

Archive of St Dympna's Hospital, Carlow¹

Identity Statement

Archive Reference	IE DA SDH
Title	Archive of St Dympna's Hospital, Carlow
Creation Dates	1832-[2001]
Extent & Medium	106 items

Context

Creator(s)	St Dympna's Hospital, Carlow
Administrative & Biographical History	<p>A system of publicly funded asylums was established in Ireland subsequent to legislation passed in 1817. Carlow District Lunatic Asylum admitted its first patient on 7 May 1832 and initially served the counties of Carlow, Kildare, Wexford and Kilkenny, and the city of Kilkenny.</p> <p>The Asylum was built to accommodate 104 patients at a cost of £18,474.5.9. The site and grounds, comprising 10 acres, had been purchased for £2,289.0.3.² The capital required for building asylums was issued by the Exchequer and repaid within 14 years through Grand Jury presentments. Day to day costs were funded entirely by the county cess until 1874 when a grant-in-aid of 4 shillings per patient per week was introduced.</p> <p>From 1821-1899, district asylums were in the general control of the Lord Lieutenant and bodies whom he appointed, namely, the Board of Control, the Board of Governors and the Inspectors of Lunatics. The Board of Control was established to oversee the erection, establishment and regulation of the district asylums. A Board of Governors was appointed to each asylum, and members were typically landed gentry, magistrates, merchants and traders, and clergy. The Board met monthly, and from 1843, asylums were managed in accordance with uniform rules called the Privy Council Rules. Inspectors of Lunatics were appointed for the first time after 1845 and the duties assigned to them included the visiting of asylums and inquiry into their condition. These duties were earlier carried out by the Inspectors General of Prisons.</p> <p>This management system changed following the introduction of the Local Government (Ireland) Act, 1898. The powers of the Lord Lieutenant and Inspectors of Lunatics regarding the appointment and removal of officers, and the regulation of expenditure, were transferred to the new County Councils. The</p>

¹ Note on language: the terminology used throughout this document and the catalogue reflects contemporary sources. Some terminology, particularly that describing patients, is outmoded but is used in order to maintain fidelity to the records

² 'A return of the expense of erecting Carlow District Lunatic Asylum...', 16 April 1833, www.dippam.ac.uk/eppi/documents/10733/eppi_pages/239261, accessed on 1 October 2014

	<p>Councils' powers were exercised through a committee of management appointed by them. This committee was known as the Joint Committee in instances where two or more counties, as in Carlow, shared responsibility for an asylum. The Inspectors' primary functions remained unchanged by the 1898 Act.</p> <p>The Carlow Asylum District was divided twice: in 1852, an asylum opened in Kilkenny city to cater for patients from Kilkenny city and county; and in 1868, an asylum opened at Enniscorthy for Wexford patients. After 1868 then, Carlow District Lunatic Asylum catered only for Carlow and Kildare patients.</p> <p>From the enactment of the Local Government Act, 1925, Carlow District Lunatic Asylum became known as Carlow District Mental Hospital. It became known by its current name, St Dymphna's, in 1958.</p> <p>During the early years, patient care was shared by the Asylum's manager and visiting physician. The first manager and visiting physician at Carlow were Francis Crofton and Dr Meade Nisbett Stone respectively. Patients were primarily treated using an approach known as 'moral treatment' or 'moral management' rather than one based on medical principles. Moral treatment was based on kindness and understanding and it encouraged recreation, religious observance, work and a good quality diet as aids to recovery. While moral treatment marked a welcome sea change in how the mentally ill were treated, it was difficult to operate due to the large numbers in asylums.</p> <p>Initially, the manager was in overall control of the Asylum and his duties included the maintenance of records and registers, the supervision of staff, the daily inspection of patients, and he was to acquaint himself with each patient's case. While a qualified medical doctor was on staff, this was in a visiting capacity only. In the case of Carlow Asylum in the early 1840s, the visiting physician ordinarily visited on two days per week. The rationale for this system was that as moral treatment was not substantially based on medical principles there was no reason why asylums should come under the exclusive management of a doctor who probably lacked the skills to manage a complex institution.³ Illustrative of this, an 1835 report states that at this time, of 91 patients in Carlow Asylum, only four were under medical treatment.⁴ An 1847 report quotes from statements by Dr Matthew Esmonde White, Carlow Asylum's visiting physician, about the moral and medical treatment regime then in place. He finds that the change of scene, improved diet, clothing and good air, and discipline and regularity of the institution of more benefit to patients than medical agents. The report goes on to say of</p>
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³ Robins, Joseph. *Fools and Mad: a history of the insane in Ireland* (Dublin: Institute of Public Administration, 1986) 93.

⁴ *Thirteenth Report of the Inspectors General on the General State of the Prisons in Ireland: 1835 34*, www.dippam.ac.uk/eppi/documents/10937/page/248758, accessed on 1 October 2014

	<p>medical treatment that ‘Except in a few acute cases of mania, and in plethoric habits, [Dr White] has not found general bleeding to be of service... Opium and hyoscyannus he recommends as the best medicines to produce composure and sleep. Blisters on the head and counter-irritants are recommended; but, upon the whole, he finds purgatives, combined with mercurials, to be the best form of medicines to order.’⁵</p> <p>The Privy Council Rules of 1843 marked the first substantial step towards placing district asylums under medical control. They assigned to the visiting physician the direction of medical and moral treatment. The transfer of Carlow Asylum from lay to medical management began in 1848 when Dr White, then visiting physician, was appointed manager, the first medical doctor to oversee the Asylum. The post of resident medical superintendent (RMS), to be held by a qualified doctor or surgeon, was created in the 1860s, and an RMS replaced the lay manager as vacancies arose. Carlow’s first RMS was Dr Michael Patrick Howlett, appointed in 1866. Visiting physicians continued to be appointed until 1891 when the post was abolished.</p> <p>The 1843 Privy Council Rules outlined the procedure by which patients were admitted to district asylums. The application had to be considered by the manager and visiting physician and was then put before the Board for acceptance. The application was to be accompanied by a medical certificate of insanity and an affidavit from the next of kin declaring the poverty of the patient. The next of kin also had to enter a bond undertaking to remove the patient from the asylum when requested to do so. The rules also provided for admission by the physician in cases of urgency. There was no provision for paying patients; district asylums were intended to cater for paupers only. An 1870 revision to the Privy Council rules permitted the admission of paying patients although the Carlow governors had been advised as early as 1836 that the admission of paying patients would help ease financial burdens.</p> <p>An alternative form of admission was permissible under the Criminal Lunatics (Ireland) Act, 1838, dealing with the admission of ‘dangerous lunatics.’ It provided for the transfer from prison to asylum (if accommodation was available) of a person considered to be a dangerous lunatic or dangerous idiot, who presented a derangement of mind and an intention to commit an indictable offence. The dangerous lunatic was committed to custody on the order of two justices of the peace who were empowered to call medical evidence to their assistance. This procedure was used quite frequently as an alternative to the aforementioned admission procedure as it had several attractions for relatives. During the 30 years of its existence, this procedure was subject to widespread abuse.</p>
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⁵ *Report of the District, Local, and Private Lunatic Asylums in Ireland, 1846: with Appendices (1847) 31-32, <http://www.dippam.ac.uk/eppi/documents/12357/page/304736>, accessed on 3 October 2014*

Numerous writers have commented that many patients admitted using this procedure were not really dangerous, rather its use was the most straightforward way to ensure admission to the asylum. Procedures for the admission of dangerous lunatics were changed under the Lunacy (Ireland) Act, 1867, and admission then required a medical certificate. Initially, districts asylums were to cater only for curable patients. The 1843 Privy Council Rules removed the ban on incurable patients and accordingly, there was a rise in numbers in asylums. A report⁶ provides a useful profile of patients resident at Carlow Asylum on 31 December 1862, and the types of illness that led to admission.

Illnesses affecting patients resident on 31 December 1862	Affected number of patients		
	Total	Males	Females
Mania	114	70	44
Monomania	25	14	11
Melancholia	36	12	24
Dementia	22	9	13
Epilepsy complicated with mania	8	5	3

It is further commented that 30 patients are returned as imbecile and epileptic, and 11 display suicidal tendencies. Patients who are 'probably curable' are returned as 69 in number 'or 34 per cent... – an exceedingly favourable proportion.' Incurable lunatics are set down at 106, idiots at 22, and epileptics at eight.

The report also lists the supposed causes of mental illness. Sixty-six cases are said to be hereditary; 36 due to intemperance; 45 cases are attributed to various moral causes including grief, fright, love, jealousy, loss of property, religious fervour and excess of study; 14 cases are due to self-abuse; six to fever; and in 34 cases, the cause is unknown. Of the 205 patients, only two are paying patients. Seventy-nine patients are described as belonging to the agricultural class; 29 to the servant classes; 12 are described as clerks and shop assistants; six are soldiers; and three are members of the [Royal Irish] Constabulary force.

The educational condition of patients is described as being 'upon a par with that which obtains in District Asylums generally': 13 are returned as well-educated; 33 can read and write well, 42 indifferently; and 46 can read only. The remainder, 71 patients, are either illiterate or their educational condition is unknown. With reference to marital status, 40

⁶ *The Twelfth Report of the District, Criminal and Private Lunatic Asylums in Ireland: with Appendices* (1863) 12 www.dippam.ac.uk/eppi/documents/14492/eppi_pages/374667, accessed on 1 October 2014

	<p>patients are married, 32 are widowed, 90 are single, and the marital status of 43 patients is unknown.</p> <p>It has been calculated that between 1832-1922, a total of 5,517 patients were admitted to Carlow Asylum.⁷ Men accounted for 55% of admissions. Most patients spent less than six and a half months in the Asylum, and a significant proportion spent less than two months. 52.4% of patients were discharged and the proportion of patients dying was 35.4%, a figure in excess of mortality in the general population. The mortality rate was usually higher in Victorian asylums than in the general population.</p> <p>Almost from the start, the level of accommodation at Carlow Asylum was inadequate to meet applications for admission. During the 1830s, existing accommodation was reorganised in order to admit more patients, but by the end of that decade, the Inspector General of Prisons recommended that a new building be provided.⁸ Building and improvement works carried out during the following decades meant that by 1871, the Asylum could cater for 178 patients, and for 426 patients in 1896.⁹ Overcrowding still occurred though. In 1911, it was reported that the Asylum had housed more than 500 patients for some years. Carlow Asylum was initially designed by William Murray. By the end of the nineteenth century, major works had been carried out under the supervision of George Wilkinson, known as the architect of many workhouses, and Edward T. Quilton, Carlow County Surveyor.</p>
Immediate Source	Records were transferred by St Dymphna's Hospital to the Delany Archive in 2014

Content & Structure

Scope & Content	<p>Records have been arranged in sixteen thematic sections.</p> <p>Minute books (1832-1912) contain minutes of meetings of the board of management, known as the Board of Governors and Directors (1832-1899) and the Committee of Management or Joint Committee (1899 onwards). Minutes generally refer to: the admission, discharge and death of named patients; appointment, disciplining, salaries, suspension, dismissal and resignation of named staff; financial matters including income and expenditure; the awarding of contracts for goods and services; building and improvements works; correspondence with civil servants and government bodies including the Lord Lieutenant, Board of Works, Board of Control and the Inspectors of Lunatics. There are also four rough minute books</p>
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⁷ Cox 135

⁸ *Eighteenth Report of the Inspectors General on the General State of the Prisons of Ireland, 1839: With Appendixes* 39, www.dippam.ac.uk/eppi/documents/11453/page/266710, accessed on 1 October 2014.

⁹ Finnane, Mark. *Insanity and the Insane in Post-Famine Ireland* (London and Totowa, New Jersey: Croom Helm, 1981) 227

	<p>(1832-1900) in which draft minutes were recorded before being written into the aforementioned minute books.</p> <p>Patient registers (1832-[1980]) take several different forms and content varies slightly. Collectively, the classes of information recorded about patients in registers include: date of admission; name; previous abode (may be a gaol, workhouse or another asylum); place of birth; marital status; gender; religious denomination; age; occupation or trade; literacy and education; next of kin; name of Magistrate or medical person certifying illness; cause and species of illness; duration of illness; previous admissions and relapses; discharge and whether recovered, relieved or not improved; and death. One register (SDH/002/008) contains physicians' monthly reports and reports of post-mortems (15 September 1852-21 November 1864).</p> <p>Reports and publications (1844-[2001])</p> <p>Maps and drawings [c 1870-1900]. Includes several drawings connected with improvement works carried out between 1893-1899.</p> <p>Finance (1891-1971)</p> <p>Employees (1892-1948)</p> <p>Correspondence (1892-1959). Includes damp press letterbook (SDH/007/001, 17 September 1892-25 October 1910) which contains copies of letters written by the incumbent resident medical superintendent to a wide range of recipients including Asylum staff, the Board of Control, Registrar of Lunacy, solicitors, suppliers and relatives of patients.</p> <p>Male case book (1906-1915). Contains detailed records regarding male patients admitted between 1 January 1906-30 September 1907. The information which is recorded includes a description of the patient's physical appearance; and clinical history and treatment. Photographs of many patients are present. [These photographs may have been taken by Stephen Nolan, the Asylum's storekeeper]. He was a keen amateur photographer.</p> <p>Media ([1909]-1994)</p> <p>Miscellaneous (1911-[1980])</p> <p>Provisions and stock records (1939-1982)</p> <p>County Manager's Orders (1942-1960). The Orders commonly refer to the appointment and resignation of named staff; the admission and discharge of named patients; and expenditure.</p> <p>Legislation (1945)</p> <p>Diet (1947-1975)</p> <p>Farm (1961-1976)</p> <p>Photograph (1971)</p>
Accruals	Due to the sensitive nature of records in this collection, some access conditions (detailed below) apply. The collection includes further records, of a similar nature to those currently available for research, which will become eligible for public access as restrictions expire.
Arrangement	Records have been arranged thematically.

Conditions of Access & Use

Access Conditions	<p>Due to the sensitive nature of records in this collection, some access conditions apply. Access applications are administered by the Archivist, Delany Archive, and are subject to the approval of the Health Service Executive (HSE). Access queries may be addressed to the Archivist.</p> <p>Detailed information about access is available from the Archivist, however, in general, the following conditions are in place: records regarding individual patients shall be available 100 years after date of admission; documentation pertaining to County Manager's Orders and personnel records shall be available 50 years after date of creation; and administration records shall be available 30 years after date of creation.</p> <p>Researchers are subject to the normal procedures of the Delany Archive. Open by appointment.</p>
Conditions Governing Reproduction	Records cannot be reproduced without the permission of the HSE.
Languages / Scripts of Material	English
Finding Aids	Item-level descriptions available in the Archive reading room and on website, www.delanyarchive.ie

Allied Materials

Publication Note	Cox, Catherine. <i>Negotiating insanity in the southeast of Ireland, 1820-1900</i> (Manchester and New York: Manchester University Press, 2012)
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Archivist's Note

Bernie Deasy

Date of description(s)

October 2014