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Interpreting Institutional Architecture:

The Long Lives and Layered Meanings of Ireland's Asylums

Volume 1: Main Text

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Declaration

I hereby declare that this thesis represents my own work.

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Abstract

Ireland's asylum network was remarkable for its early inception, peak extent and relative longevity, yet it was merely one element of the nation's architecture of containment. Ireland's health, education and welfare systems relied so heavily on residential institutions that by the late 1950s, over one-tenth of the population had direct experience of living within a 'total institution' at some point. But as contemporary society grapples with the implications of mass-institutionalisation, there is a real risk of oversimplifying complex histories and effacing earlier readings.

This thesis is based on the premise that the close study of buildings and landscapes over the *longue durée*, from conception to 'afterlife,' can help to recover the layers of meaning with which successive generations imbued them. Asylum sponsors encoded their buildings with multiple messages for different audiences, but later generations were influenced less by a founding vision than by the conditions of their continuing service, as recorded in patterns of alteration and maintenance, of neglect and demolition. I focus on the metropolitan asylums of Dublin and Cork cities as my core case studies, in the context of a growing religious and voluntary sector which came to dominate the Irish institutional landscape. Along the way, I discuss themes of civic pride and architectural grandeur, local and national politics, finance and governance, voluntary and statutory initiatives.

In drawing together these original geographic, temporal and contextual strands, I challenge the value judgements employed in current practices of architectural conservation and cultural heritage, which despite claiming greater concern for social values, paradoxically perpetuate the elite and sometimes repressive values embodied in the enduring divide between pauper and polite spaces. Understanding the long and contingent lives of buildings runs contrary to architectural history's fascination with founding ideas, but is essential to recovering the evolving social meanings of architecture.

Acknowledgements

I recently had the opportunity, between the pages of another volume, to tally the debts of gratitude which I accumulated over many years: mentors and supervisors, academic and professional colleagues, custodians of written word and built artefact. My list here is accordingly shorter, but my appreciation no less sincere. Inexplicably missing from that earlier roll-call was Dr. John Olley, to whom I owe a special and belated acknowledgment for teaching me to read the designed landscape.

Doctoral research in a pandemic is a doubly solitary endeavour. Great credit is due to Birkbeck departmental staff, and especially Professor Lynda Nead, for recreating in virtual format those gatherings essential for collegial discussion and critique. Denied the usual informal networks, my mentor, (latterly Dr.) Tamsin Silvey, was an invaluable source of experience, sanity and friendship. I am grateful to my adviser, Dr. Louise Hide, for her valued critique at key stages of this journey. Most of all, I would like to acknowledge and thank my supervisor, Professor Leslie Topp, for always achieving the fine balance between guidance and challenge, support and stimulation, needed to keep the work on track. I am privileged to have learned from somebody who possesses not only tremendous clarity of analysis and insight, but the rare ability to pass it on.

To those who must live alongside it, a PhD is akin to a black hole: absorbing energy from everything around it. My parents, Anne and Victor, and parents-in-law, Olga and Eugene, have provided the practical and emotional capacity to undertake this research, not least by volunteering to mind one, then two, and latterly three children for protracted periods. But most of all I thank my multi-talented wife Katya, for her patience, wisdom, and perspective through this long journey; I hope, one day, to return the compliment.

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INTRODUCTION

Defining the terrain

Ireland was not unique in creating and perpetuating an institutional response to insanity, but the country's asylum system began earlier, peaked higher, and endured for longer than in most comparable western nations. By the 1950s, Ireland could make the dubious boast of having the world's highest number of psychiatric beds per capita, but the mental hospitals were only one element of a comprehensive network of residential institutions catering for every imaginable social need and moral failing. Most were conceived in the nineteenth century, yet endured as a pervasive feature of Irish society until late in the twentieth. At their peak in the late 1950s, close to 3% of the population of the Republic could be found behind the high walls of a residential institution, and over one-tenth of its citizens counted amongst their 'alumni,' having lived in one at some point in their lives.

The institutional entities and the modalities of care they offered have now mostly passed into history, but the buildings that accommodated them live on as ubiquitous features within the fabric of every Irish town and city. Like the shell that outlives the snail, such buildings endure as tangible witnesses to past lives. They can be read as straightforward architectural artefacts – essays of greater or lesser design literacy distinct from the general pattern of urban development in which they sit. But I argue that the meanings they embody for societies past and present go deeper than the aesthetic. These buildings are the physical manifestation of an abstract idea – the residential welfare institution – which has played an outsized role in Irish social history. The actors who commissioned or produced an institutional building encoded it with messages for consumption by multiple audiences: the professional and political classes, prospective or actual residents and their families, to the community of rate-payers who funded its work but whose direct knowledge did not extend beyond its carefully curated public face. Over the last three decades, Irish society has begun to reckon

with the implications of a historic over-reliance on institutional solutions to social problems, such that, as medical historian Catherine Cox argues, 'the contemporary debate on the twentieth-century history of institutions... has become the lens through which the longer history of institutions is now analysed.'[1] Contemporary repudiation of the many ills of institutionalisation risks simplifying deeply complex histories; it is in this context that I see value in excavating the layered interventions of successive generations to reveal the concerns and meanings of earlier periods.

There is a general paucity of scholarship on Ireland's asylum buildings. Prior to this author's more recent foray into the field, the defining work was published by Markus Reuber in the 1990s.[2] Reuber characterised Ireland's asylums as 'expensive, modern hospitals often using innovative architecture and invariably based on the latest psychiatric thinking' which, by the mid nineteenth century, meant 'moral management.'[3] Moral management emphasised humane treatment as a means of encouraging patients to exercise self-restraint, in theory obviating the need for coercive and custodial approaches. Reuber focused on the intersection of moral management and architecture, building upon contemporaneous international scholarship. His planform analysis is informed by Thomas Markus' demonstration of how the design of asylums and other typologies embedded power structures within their very fabric,

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[1] Catherine Cox, 'Institutional Space and the Geography of Confinement in Ireland, 1750–2000', in *The Cambridge History of Ireland: Volume 4: 1880 to the Present*, (hereafter *CHOI Vol.4*) ed. by Thomas Bartlett (Cambridge: Cambridge University Press, 2018), pp. 673–707, (p. 705).

[2] Patrick Quinlan, *Walls of Containment: The Architecture and Landscapes of Lunacy* (Dublin: UCD Press, 2021).

[3] Markus Reuber, 'The Architecture of Psychological Management: the Irish Asylums, 1801-1922', in *Psychological Medicine*, 26 (1996), 1179-89, (1179). -, 'Moral Management and the "Unseen Eye": Public Lunatic Asylums in Ireland, 1800-1845', in *Medicine, Disease and the State in Ireland, 1650-1940*, ed. by Greta Jones and Elizabeth Malcolm (Cork: Cork University Press, 1998), pp. 208-29.

but in framing surreptitious surveillance as a therapeutic rather than coercive tool, he is conceptually more aligned with Jeremy Taylor's account of asylum design as a progressive response to evolving operational needs and medical knowledge.[4] Reuber is most convincing in his analysis of Francis Johnston's asylums of the 1820s and 30s, less so in his uncritical acceptance of clinical post-rationalisations for architectural approaches of the later nineteenth century which I see as distinctly un-therapeutic. This criticism aside, his work remains relevant even after two decades of international scholarship on the interface between medicine and architecture. Given that my own monograph examines at some length how Ireland's asylum architecture up to the 1850s was substantially informed by contemporaneous theorists including William Hallaran, William Stark, Samuel Tuke, William Browne, John Connolly and Eyre C. Kenny, the research that follows here dwells far less on these buildings as a response to *clinical* needs than some readers might expect.[5]

Instead, I find a richer seam for interpretation in the wider social, political and bureaucratic influences in which asylum buildings were created, used and modified. Catherine Cox has demonstrated the agency of poor families in using 'local knowledge' of legal and bureaucratic frameworks to navigate, use, and at times abuse, the institution to meet their own social needs.[6] Miranda Grimsley-Smith's study of the asylum bureaucracy – the Inspectors of Lunacy – frames them as important 'agents of boundary maintenance' who mediated between local and national actors, though in the case studies that follow, I find grounds to

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[4] Thomas Markus "The Sad, the Mad and the Bad", in *Order in Space and Society: Architectural Form and its Context in the Scottish Enlightenment,* ed. by Thomas Markus, (Edinburgh: Mainstream Publishing, 1982) pp. 25-114. Reuber referenced this earlier article rather than the 1993 monograph. Jeremy Taylor, *Hospital and Asylum Architecture in England, 1840-1914: Building for Health Care* (London: Mansell, 1991), pp. 133-56.

[5] Quinlan, *Walls of Containment,* pp. 22-3, 30-1, 48-9.

[6] Catherine Cox, *Negotiating insanity in the Southeast of Ireland, 1820-1900*. (Manchester: Manchester University Press, 2012) pp. 74-168, p. 123.

challenge her view that they 'effectively removed lunacy policy from the arena of local-executive conflict.'[7] Damien Brennan has re-theorised the general trend of asylum expansion and contraction in the Irish context, identifying the specific changes in both 'large scale social systems and structures, and... at [the] level of community, family and individual' which combined to interrupt the 'reproductive momentum of institutionalised social practices.'[8] Other scholars have researched the creation and operation of other institutional typologies: early work on industrial schools by Jane Barnes and Magdalene asylums by James Smith presaged an avalanche of literature generated in response to the very public reckoning with historic abuses in those two institutions.[9] However, surprisingly little of this addresses Eoin O'Sullivan and Ian O'Donnell's critique of the 'balkanisation' of research in this area: the tendency to see Ireland's institutional types as discrete islands, instead of as part of a complex interconnected system. And where Brennan presents the exceptional growth of the asylum in stagnant, agricultural Ireland as a riposte to Andrew Scull's construction of the asylum as a product of industrial capitalism, O'Sullivan and O'Donnell more ambitiously recast Ireland's wider history of mass institutionalisation as a critical factor in preserving the nation's socially- and economically unsustainable, yet culturally inviolable, system of agricultural tenure and family inheritance.[10] In understanding the asylum not merely as the specialist setting for the insane, but as one element of a much wider social infrastructure, I follow their lead.

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[7] Miranda Grimsley-Smith, 'Politics, Professionalization and Poverty: Lunatic Asylums for the Poor in Ireland, 1817-1920.' (unpublished PhD thesis, University of Notre Dame, 2011), pp. 14, 72.

[8] Damien Brennan, *Irish Insanity, 1800-2000* (Oxon; Routledge, 2014), p. 117.

[9] Jane Barnes, *Irish Industrial Schools, 1868-1908: Origins and Development*, (Dublin: Irish Academic Press, 1989). James M. Smith, *Ireland's Magdalen Laundries and the Nation's Architecture of Containment* (Notre Dame, Ind: University of Notre Dame Press, 2007).

[10] Brennan, *Irish Insanity*, pp. 66-7. Andrew Scull, *Museums of Madness: The Social Organisation of Insanity in Nineteenth-Century England* (London: Penguin, 1979), pp. 30-9.

More than half a century after their initial publication, Michel Foucault's arguments around the emergence and instrumentalisation of institutional typologies continue to reverberate through the practice of architectural history.[11] It hardly tenable today to consider the social meaning of institutional buildings – even those built for ostensibly charitable or benevolent purposes – without also considering their role as instruments for the exercise of power in society. In *Buildings and Power*, Thomas Markus dissected planforms and spatial relations of key building typologies to identify how the exercise of institutional power was embedded into the architectural programme through a 'deep' arrangement of spaces, segregation and internal surveillance.[12] Leslie Topp, in *Freedom and the Cage*, explores the paradox of designing secure settings to give the impression of freedom at the scales of room, building and landscape, while also revealing the political significance of asylum projects in the context of city, region, and empire.[13] Christine Stevenson's *Medicine and Magnificence* focuses on building-as-propaganda, examining how the architectural expression of asylums and hospitals embodied complex moral stances, specifically linked to their status as publicly-funded or voluntarily-endowed endeavours. She dissects the related acts of encoding (by buildings' sponsors) and decoding (by the receiving public) to reveal society's changing perceptions of what level of architectural splendour is appropriate when building for charity.[14]

Eoin O'Sullivan and Ian O'Donnell, eds, *Coercive Confinement in Ireland: Patients, Prisoners and Penitents*, (Manchester: Manchester University Press, 2012), pp. 270-6.

[11] Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, tr. by Richard Howard, (London: Tavistock, 1967). *The Birth of the Clinic: An Archaeology of Medical Perception*, tr. by Alan Sheridan, (London: Tavistock Publications, 1973). *Discipline and Punish: The Birth of the Prison*, tr. by Alan Sheridan, (London: Allen Lane, 1977).

[12] Thomas Markus, *Buildings and Power: Freedom and Control in the Origin of Modern Building Types.* (Oxon; Routledge, 1993), pp. 130-40.

[13] Leslie Topp, *Freedom and the Cage: Modern Architecture and Psychiatry in Central Europe*, 1890-1914 (Pennsylvania: The Pennsylvania State University Press, 2017).

[14] Christine Stevenson, *Medicine and Magnificence: British hospital and asylum architecture*, 1660-1815 (New Haven: Yale University Press, 2000).

Each scholar identifies themes and vantage points which have directly informed my study of Ireland's asylum buildings. Across the scholarship on institutional typologies, I observe a tendency to discern contemporary concerns by reference to the new, exemplar buildings of each age and immediate reactions thereto: the translation of rhetoric into mortar and stone, and back again. Yet in this emphasis on the novel, I contend that part of the story is potentially missed. Stevenson's rich account of Bethlem's reputational decline, as traced through popular satire over several decades, demonstrates the value in pursuing a building's longer life story, but remains an outlier amongst studies of hospital architecture and institutional buildings more broadly. .[15] In contrast with the extended temporal frame in which scholars such as Brennan, Cox, O'Donnell and O'Sullivan regularly work, architectural historians who are skilled in revealing the early intentions and interpretations of institutional typologies can seem insufficiently curious about how they continue to evolve through long working lives, much less the later fates of those buildings (as distinct from their newly-built successors). It is precisely this curiosity which my first encounter with an empty asylum sparked ten years ago: not merely a desire to discover how such a building originally came to be, but how it came to be as I found it on that damp May morning: sullen, empty, desolate. Understanding the long working lives of institutional buildings will draw upon approaches more commonly employed by historical archaeologists such as Susan Piddock, whose narratives weave together evidence from material fragments and documentary records.[16] Finally, in considering the status of institutional buildings which have outlived the uses for which they were created, I employ and

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[15] Ibid, pp. 33-5, 63-7, 90-7.

[16] Susan Piddock, '"An Irregular and Inconvenient Pile of Buildings": The Destitute Asylum of Adelaide, South Australia and the English Workhouse', *International Journal of Historical Archaeology*, 5.1 (2001), 73–95. – , 'A Place for Convicts: The Fremantle Lunatic Asylum, Western Australia and John Conolly's "Ideal" Asylum', *International Journal of Historical Archaeology*, 20.3 (2016), 562–73.

build upon the theoretical framework of institutional 'afterlives' proposed by historical geographers Graham Moon, Robin Kearns and Alan Joseph.[17]

I suggest that the original contribution offered by this thesis is fourfold. My research on Ireland's asylum buildings presents a rich architectural corpus heretofore unknown beyond its shores, and little enough known even within them. Secondly, my pursuit of the story of these buildings over the *longue durée* of their working lives, and beyond, reflects the fact that the unfolding experience of existing buildings – that is to say, the vast majority of the building stock – is no less representative of contemporary concerns and popular experience than the handful of new, flagship projects which may be added in any era, and probably more so. Thirdly, my broadening of the frame of reference reveals asylums as but one element of a wider institutional infrastructure, and one whose relative status in a competitive marketplace for finite public support diminished over time in the face of a burgeoning voluntary – for which read Catholic – sector. Finally, I bring the fruits of this geographic, temporal and contextual work to challenge contemporary value systems in architectural conservation and cultural heritage, which despite claiming concern for egalitarian / social values, still tends to reproduce the elite prejudices embedded in the historic disparity between pauper and polite spaces. Understanding the long and contingent lives of our buildings may run contrary to a disciplinary preoccupation with original ideas, but is entirely relevant to the task of recovering the social meaning of architecture in all its fluidity.

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[17] Graham Moon, Robin A. Kearns, and A. E. Joseph, *The Afterlives of the Psychiatric Asylum: Recycling Concepts, Sites and Memories* (Farnham, Surrey; Ashgate, 2015).

Setting the scene

Ireland's distinctive marketplace of state- and church-run institutions evolved in the context of a long history of political and religious contest, a period in which the island existed simultaneously a colony of the British Empire and a constituent nation of the United Kingdom. Ireland's programme of publicly funded asylums was born in an era when the British state conceded that its efforts to civilise Ireland had to be decoupled from its failed colonial project of imposing the settler Protestant religion upon a recusant Catholic majority. Central government also realised that the future development of the poorest nation of the kingdom could no longer be entrusted to a local political class of plantation landowners had proven themselves ineffective and corrupt. The manifold failures of the Anglo-Irish 'Ascendancy' in governing Ireland ultimately led to the 1800 Act(s) of Union, the dissolution of the Dublin parliament and the absorption of Irish MPs and peers into the 'Mother of Parliaments.'[18] Executive powers in Ireland were delegated to an unelected Irish Privy Council under the Lord Lieutenant – or viceroy - of Ireland based in Dublin Castle. Ireland proved a perennially unhappy member of the family of 'home nations', but its status defies simple colonial narratives – limited enfranchisement made its people *citizens* of the United Kingdom rather than mere *subjects* of the wider British Empire.[19] Political integration would disappoint Ireland's majority Catholic population as it took a generation to deliver the religious emancipation which they had been promised as a founding benefit of the Union.[20] Irish

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[18] James Kelly, 'The Origins of the Act of Union: An Examination of Unionist Opinion in Britain and Ireland, 1650-1800', *Irish Historical Studies*, 25.99 (1987), 236–63, p. 237.
[19] The term 'British citizen' was only formalised in 1948, but it remains a useful shorthand to distinguish between the population of the four 'home countries' who enjoyed some representation at Westminster, and the colonial subjects of the wider Empire.
[20] An Act for the Relief of His Majesty's Roman Catholic Subjects, 10 Geo. 4 c. 7. Thomas Bartlett, 'Ireland during the Revolutionary and Napoleonic Wars, 1791–1815', in *The*

parliamentarians, Whigs especially, nevertheless remained optimistically productive,

promoting a range of legislative initiatives for the betterment of Ireland, many of which passed

years or decades ahead of equivalent English or Scottish acts.[21] The period between Union

(1801) and Emancipation (1829) might be characterised as a period of 'constructive unionism,'

an effort to demonstrate tangible benefits to Ireland of full political union with Britain.[22]

It was in this context that a British Tory government in 1817 passed a bill sponsored by

Irish Whigs to create the world's first national, statutory, standardised system of publicly

funded institutions for the insane, and one which would be based on the latest, pioneering,

theories of moral management.[23] This legislation predated its English equivalent by a full

generation, notwithstanding that lunacy in England had recently attained a high parliamentary

profile arising from a thriving but poorly regulated trade in private madhouses.[24] Ireland had

no equivalent private 'trade in lunacy,' but its existing public provision was also meagre: a

handful of counties had exercised their prerogative under permissive legislation of 1787 to

erect lunatic wards or cells adjacent to their houses of industry, but most had not.[25] The 1817

act made it obligatory that every county would enjoy the services of an asylum, although

smaller counties could combine as districts to share a single institution. Site selection gave rise

to much politicking, resulting in a geographically uneven distribution that included Armagh,

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Cambridge History of Ireland, Volume 3, 1730-1880, (hereafter *CHOI Vol.3*) ed. by James Kelly (Cambridge: Cambridge University Press, 2018), pp. 74–101, (pp.93-4).

[21] Including a national system of primary education, a national police force, and medical dispensaries. Virginia Crossman, 'The Growth of the State in the Nineteenth Century', in *CHOI Vol.3* pp. 542–66, (p. 542).

[22] Ibid, p. 548.

[23] Lunatic Asylums (Ireland) Act 1817, 57 Geo. 3 c.106.

[24] Select Committee on provisions for better Regulation of Madhouses in England: First Report, Minutes of Evidence, HC 1816 [227] vi. Counties in England and Wales were not statutorily obliged to erect asylums until 1845.

[25] *Annual Report of the Inspectors General of Prisons 1824,* HC 1824 [294] xxii, p. 70.

Belfast and Londonderry in Ulster; Limerick, Waterford and Clonmel in Munster; Carlow and Maryborough (Portlaoise) in Leinster; and a single asylum at Ballinasloe to serve all five counties of Connaught, added to two substantial pre-existing institutions at Cork and Dublin which were ultimately folded into the system (Figure 0.1).[26] All nine new asylums were built to one of two standard designs from the hand of Francis Johnston – then Ireland's pre-eminent architect – who combined a thriving private practice with his public role as architect to the Board of Works. Johnston sought to facilitate the emerging theory of moral management in his designs – patients occupied 'galleries' in radiating wings lined with single cells and dayrooms; they and their nurses or keepers lived under the 'moral influence' (or watchful eye) of the resident governor in the central block (Figure 0.2). Airing yards and covered promenades were provided for each ward, while convalescent patients could enjoy the extensive landscaped grounds in which each asylum was set.

It does seem remarkable that the plight of a few hundred insane poor – however affecting – could have motivated such high expenditure on buildings in a country racked by agrarian unrest and where millions lived in profoundly distressed conditions. On one level, that might even have been the point – to make lavish provision for a tiny cohort deemed 'deserving' would demonstrate the state's generosity of spirit without burdening the country with an unaffordable welfare bill. The unhappy but ordinarily destitute millions would have to wait until the momentous and unpopular passage in 1838 of an Irish version of England's New Poor Law – an institutionally-fixated system that sought to avoid the moral hazard of 'outdoor relief' by limiting assistance to the unappealing confines of 130 new workhouses.[27] The

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[26] *Fourteenth Report of the Inspectors-General of Prisons*, HC 1836 [118] xxxv, p. 9.
[27] Virginia Crossman, *Politics, Pauperism and Power in Late Nineteenth-Century Ireland* (Manchester: Manchester University Press, 2006), p.13.

limewash of these new workhouses had barely dried before this nascent system would be overwhelmed by the Great Famine of 1845-49. The failure of the staple potato crop on which a plurality of the island's population of eight million subsisted led to the deaths at least one million people from starvation and disease, and the emigration of a similar number.[28]

The reluctance of Westminster governments – blinded by laissez-faire economic orthodoxy and a moral horror of dispensing alms to the able-bodied – to effect relief measures on the scale necessary to stem the carnage would never be forgotten. Yet the normal business of lunacy administration proceeded seemingly insensible to the scale of the unfolding crisis, with the Dublin Castle executive sanctioning the Irish Board of Works to procure six more asylums on the advice of its Inspectors of Lunacy. The Board of Works outsourced the design of these large and programmatically complex edifices to a new generation of private sector architects who – having been deprived of creative opportunities by use of standardised designs in the earlier asylum and workhouse programmes – eagerly exhibited their individual skill and taste. But by the time these new buildings opened between 1852 and 1855, the context had changed profoundly, and architectural embellishment became a lightning rod for wider local discontent. Accusations of poor workmanship, excess expenditure and maladministration made by local counties against the centralised bureaucracy of the Board of Works resulted in responsibility for design and construction of new asylums (and the extension of existing ones) passing to the county grand juries who also levied the local taxes that funded them, resulting in a much keener focus on cost. Later new-build asylums and extensions to existing ones grew ever larger and more technically refined, but their facades attest to diminished aesthetic ambition.

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[28] L. M. Cullen, *An Economic History of Ireland Since 1660* (London: Batsford, 1976), pp. 134–5.

Between 1814 and 1960, a total of 29 purpose-built, publicly-funded institutions for the mentally ill were erected on the island of Ireland, all but six of which were created in the course of three distinct building campaigns between 1824-35, 1850-5, and 1865-9.[29] With 23 asylums operational by 1870, the system had reached 85% of its ultimate geographic footprint, but with 6,655 patients, as yet contained little more than a quarter of its peak population. It follows that by far the greater part of the additional 19,000 bed-spaces added to the system over the following eighty years would be provided not in state-of-the-art asylums on green-field sites, but by a continuous process of extending, intensifying and adding auxiliary buildings on existing asylum sites (see Table 3.1).

By the 1870s, Ireland's lunatic asylums were also competing for public support and resources in an ever more crowded institutional landscape. Through the second half of the nineteenth century, Ireland's urban landscape sprouted countless convents and monasteries, seminaries and boarding schools, reformatories and industrial schools, orphanages and Magdalene asylums, refuges for the blind or deaf, disabled or indigent. Once mutually antagonistic, the British state and Ireland's resurgent Roman Catholic Church arrived at a compact whereby the expanding infrastructure of educational, health and social care institutions needed by a modernising society would be built and controlled by the church, with their operating costs often subsidised by the state. Where in the first half of the nineteenth century, the interventionist hand of the central state ordained for Ireland statutory, standardised national networks of lunatic asylums (1817), primary schools (1831), workhouses (1838), third level colleges (1845) and medical dispensaries (1851), in the second half it

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[29] Two of these were erected to directly replace earlier buildings which were then closed and demolished, so that 27 is the peak number of functioning institutions.

shunned any similarly ambitious initiatives, in the words of Tom Inglis, it: 'gradually handed the job of civilising and moralising the Irish over to the Catholic Church.'[30]

The pact was in many ways effective, but it was insufficient to inoculate Ireland against secessionist sentiment, especially as successive British prime ministers failed to muster the parliamentary support necessary to make good on promises of Home Rule. Agitation would recur in various forms in every decade, culminating in armed rebellion in 1916, guerrilla warfare in 1919-21, and the negotiated creation of a twenty-six county Irish Free State the following year. The six Protestant- and Unionist-majority counties of Northern Ireland remained within the United Kingdom, a constitutional settlement which has outlived the sectarian arithmetic on which it was founded. The new Free State after 1922 doubled down on this strategy, turning by default to the church to deliver most social services.[31] The Free State may have nominally succeeded in its early goal of deconstructing a loathed Poor Law system that reflected Victorian England's economically conservative terror of incentivising the 'undeserving poor', but in its place it facilitated an even more formidable institutional infrastructure that policed a moral order based on socially conservative Catholic values. In the last three decades, an avalanche of revelations of abuse in religious-run institutions have forced Irish society to critically reappraise a modern history previously defined by triumphant Catholic nationalism – a process akin to a second post-colonial reckoning. Through it all, the mental hospitals endured as part of a rump of publicly owned and managed institutions outside of direct religious control, but which I contend need to be understood in terms of the role they historically played within a very particular social system. And while the

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[30] Tom Inglis, *Moral Monopoly: The Rise and Fall of the Catholic Church in Modern Ireland*, 2nd ed., (Dublin: University College Dublin Press, 1998), p. 159.
[31] Tim O'Sullivan, 'The Contribution of Religious to Irish Healthcare', *Studies: An Irish Quarterly Review*, 108.431 (2019), 288–97.

asylum/mental hospital system has, to date, remained largely untainted by the scandals which have rocked almost every other type of residential institution in the state, I suggest that this may owe more to the absence of an organised survivor or advocacy group, than to any greater propriety in their historic conduct. Their post-institutional legacy still seems very far from settled.

Sources and methodology

The development of a national lunatic asylum system represented an enormous public investment in social infrastructure which for better or worse, proved sufficiently resilient to serve its original use for close to two centuries. Over the last decade I have undertaken first hand surveys of the surviving physical legacy – some 400 individual buildings and landscape features across 29 sites, which provides a very substantial empirical base to which I can refer to validate observations and test theories. This survey initially formed the basis for a master's thesis at University College Dublin, a work whose disciplinary emphasis lay in architectural conservation.[32] I later recast this thesis into a more accessible narrative as an architectural monograph titled *Walls of Containment: the Architecture and Landscapes of Lunacy*.[33] The work comprised a broad historical account of the development of Ireland's asylum network from inception to the present day, weaving together material drawn from historic maps, manuscript drawings, documentary records and first-hand observation. The publication also includes a gazetteer describing the unique physical evolution of all 29 sites on the island of Ireland. By its nature as an overarching typological history and gazetteer, the book touched

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[32] Patrick Quinlan, 'Cure, Care and Containment: The Architecture of Ireland's Purpose-Built Lunatic Asylums, 1814-2014', (unpublished MUBC thesis, University College Dublin, 2014).
[33] Quinlan, *Walls of Containment.*

upon several broader themes and concepts, but their fuller exploration demanded the more

focused approach of site-specific, micro-historical case-studies pursued within this thesis.

From my familiarity with the national corpus, I have selected two case study sites: the

metropolitan asylums in Cork and Dublin, (the second of which I will refer by the name of its

locality, Grangegorman). Both are rich sites which bear the imprint of successive phases of

work necessary to accommodate sustained growth, and given the number of buildings and

architects which will be encountered throughout this thesis, readers are invited to make use of

the two illustrated and annotated key-plans provided at the start of Volume 2 (Figures K.1,

K.2). Both asylums are well documented, having their genesis in eighteenth-century houses of

industry before emerging as standalone institutions serving their respective cities and adjacent

rural counties (Figure 0.3, 0.4). Both would be provided with stylistically similar new buildings

as part of a major national building programme completed between 1850 and 1855, and both

would spend their 140-year working careers in the service of institutions which vied with one

another in the league table of under-resourcing and over-crowding. By the 1980s, conditions in

both buildings had deteriorated to such an extent that their closure became politically

imperative. Thereafter, the fates of these architectural siblings diverged: Grangegorman's

1850s building was demolished, that in Cork was repurposed as a private apartment

development.

I was confident that the early archives of almost any asylum would not be lacking in

historical richness. My selection of these particular case studies was driven in large part by a

curiosity as to how the fate of these two buildings, which shared so much history, should have

diverged so dramatically in recent times. I considered that this combination of common history

and opposing outcomes would especially help to answer research questions around the

closure and post-closure dynamics of such sites, and these case studies have undoubtedly

been of service in that regard. Upon completion of a work of this nature, it is also appropriate

to reflect upon how pairings which prioritised other points of difference might have yielded

different insights. A medium-sized district asylum in a county town would have been closer to

the 'average' than the enormous metropolitan institutions on which I focused, and thus more

representative of local social, economic and political dynamics, and their interaction with the

centre. To have selected an asylum on either side of the border created in 1922 could have

illuminated the effects of a century of divergent political systems, healthcare policy and

economic performance, differences which seem especially pertinent in light of Northern

Ireland's continued commitment to traditional mental hospital accommodation. Not least, a

cross-border study might have been especially enlightening given the unanticipated weight

which this research accorded to the influence of Irish, Catholic institutional culture within

notionally non-denominational, state-run hospitals.

For the asylums did not operate in isolation, but functioned as part of a much wider

infrastructure of (predominantly) religious-run institutions, whose sombre buildings and

walled grounds colonised the fringes of Ireland's towns and cities. I contextualise my case

studies by reference to other contemporaneous institutional typologies, including Magdalene

asylums at High Park and Gloucester Street (both Dublin) and Sunday's Well (Cork); girls' and

boys' industrial schools at High Park and Artane (Dublin); the Mater Misericordiae Hospitals of

both Cork and Dublin, and the convent of St Marie's of the Isle, Cork. Comparing popular

responses to the new asylums with those of other institutional edifices of the era allows me to

perform 'control experiments' to assess how perceptions varied, whether between

architecturally similar buildings which contained different uses, or architecturally diverse

buildings which accommodated similar uses. The effort is akin to splitting a tightly-bound atom

– an attempt to distinguish between the valences that may attach to the tangible artefact by

virtue of its visual or physical properties (asylum-as-building) and those associated with its use

in the abstract (asylum-as-institution). The complex evolution and multiple structures

encountered at both Grangegorman and Cork also allow me to identify distinctions and

hierarchies between different buildings on the same site. Both case studies are revisited in every chapter in a broadly chronological fashion, but the relative emphasis on each ebbs and flows in response to the dominant themes which are foregrounded in each chapter.

I begin from the premise that these buildings and landscapes represent an under-utilised primary source whose spatial, technical and visual evidence can be interpreted to glean insights into institutional culture and wider society. The insights are most meaningful when analysed in conjunction with contemporary discourses. An image of just one window in the Cork asylum illustrates this point. The 1850s Gothic-revival asylums featured windows much larger and more favourably orientated than those in Johnston's earlier asylums: evidence of the increasing therapeutic value attached to sunlight and views (Figure 0.5). If a lay-person criticised these small paned metal casements as having a 'prison-like' appearance, their architect might defend them as a well-considered effort to discreetly submerge the security imperative beneath an architectural aesthetic. Topp's contemporary scholarship invites us to understand such efforts in the context of 'caged freedom' *a la* Foucault, a paradox which has challenged asylum designers from Samuel Tuke's day to our own.[34] An art-historical line of enquiry might lead us to seek the inspiration for a particular cut stone detail in a specific medieval precedent. A greater focus on technical and constructional matters would reveal the innovative use of cast-iron as evidence of the modernisation of local manufacturing, enabled by the dissemination of industrial capitalism across the Empire. All readings are valid and interesting, but if our task includes the recovery of popular meaning(s), such esoteric insights must not blind us to the way that the 99.96% of the population who are not architectural

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[34] Topp, *Freedom and the Cage*, p. 25.

experts interpret the buildings in their midst. Popular opinion is a fickle creature, but worthy of our attention nonetheless.

But my original curiosity around the built legacy of 'asylumdom' stemmed not from a desire to understand the finer points of their original creation – fascinating as that has proven to be – but from an interest in their contested status in our own time. What some regard as irredeemably stigmatised relics of an uncomfortable past best forgotten or abandoned, others claim as architecturally and historically significant monuments worthy of admission to the canon of cultural heritage. Inanimate stones do not imbue themselves with meaning: it is through the social process of making and using – or 'production and consumption' as Richard J Butler frames it - that inert artefacts accrue meaning for human beings.[35] Both processes are important. Yet there is no guarantee that subliminal architectural messaging will always be decoded as intended by users or 'consumers' even in its own time, much less by future generations whose views will be coloured less by the original moment of creation than by continuing acts of use. A political historian could not tenably study the poetry of the campaign while ignoring the prose of government, yet I argue this is the implication of privileging a building's founding vision at the expense of what follows.

The evolving political landscape is a core theme of Butler's separate study of the afterlives of Galway gaol, its demolition and replacement by a Roman Catholic cathedral demonstrative of a 'marketplace of memories [in which] particular historical values could rise and fall.'[36] Laura McAtackney's studies of former prisons at Kilmainham, Dublin and Long Kesh

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[35] Richard J Butler, *Building the Irish Courthouse and Prison, A Political History 1750-1850* (Cork: Cork University Press, 2020), pp. xxxi-xxxii.

[36] Richard J. Butler, 'The Afterlives of Galway Jail, "Difficult" Heritage, and the Maamtrasna Murders: Representations of an Irish Urban Space, 1882 – 2018', *Irish Historical Studies*, 44.166 (2020), 295–325, (314).

/ The Maze, Lisburn, are also richly political, but informed by a close archaeological reading of the layered material culture(s) of their inmates.[37] Loughlin Kealy describes the nineteenth- and twentieth-century restoration of medieval monastic sites for Catholic worship as the latest chapter in a centuries-long 'politico-religious struggle... a cycle of dispossession and repossession' written in stone.[38] At the urban scale, the Royal Irish Academy's *Irish Historic Town Atlas* series demonstrates the value in interpreting physical changes alongside archival sources.[39] Niall McCullough's elegiac work, *Palimpsest: Change in the Irish Building Tradition*, employs keen observation and planform analysis across a national corpus to reveal recurring patterns amidst the seemingly random interventions in historic townscapes, sites and buildings: 'the universal process of growth, change and decay [even] without reference to style... are essentially architectural, full of careful choice around convenience, lifestyle and propriety.'[40]

Returning to my example of the asylum window with this longer view in mind, we can continue to seek clues to illuminate the building's story between its creation and the present day. A decision to replicate expensive dressed stone detailing in a later extension might reveal lingering regard for the original architectural design. The rapid corrosion of those innovative iron casements was the product of climate and chemistry, but the delay in remedying such defects is a purely human affair. The installation of aluminium double-glazing might indicate

[37] Laura McAtackney, 'Graffiti Revelations and the Changing Meanings of Kilmainham Gaol in (Post) Colonial Ireland', *International Journal of Historical Archaeology*, 20.3 (2016), 492–505. - *An Archaeology of the Troubles: The Dark Heritage of Long Kesh/Maze Prison,* (Oxford: Oxford University Press, 2014).
[38] Loughlin Kealy, *Stones in Water: Essays on Inheritance in the Built Environment* (Dublin: University College Dublin Press, 2023), pp. 67-72.
[39] Irish Historic Towns Atlas, www.ria.ie/research-projects/irish-historic-towns-atlas/about, accessed 27 Jun. 2023.
[40] Niall McCullough, *Palimpsest: Change in the Irish Building Tradition* (Dublin: Anne Street Press, 1994), p. 82.

patient comfort becoming a higher priority – although notably not in our Cork example. Later again, reinstatement of frames visually closer to the original revives an earlier emphasis on outward appearance and is suggestive that at least some cost could be justified to revalorise an edifice now valued as 'heritage'. Evidence of vandalism shows that the road to restoration was not a simple one, although the window still fared better than its equivalent at Grangegorman, where the demolition of an entire building will tell its own story.

If this much can be gleaned from the life-story of a single window, then tracing that of the entire asylum building and its wider site can only be fruitful. What follows is a history of the ongoing evolution of these institutional *settings,* as distinct from the clinical *services* they accommodated*.* Asylum buildings have witnessed not only the rise and fall of an institutional model of care and the ebb and flow of power between centre and periphery, but the formation of a nation freed from a foreign colonial power, and its later transformation as it shed the shackles of domestic theological power. These themes and others intersperse my biographic account of two asylum buildings, from their original design and construction, to early reactions to them in all their crisp novelty, through long and generally less eventful working lives, to redundancy and closure. Buildings outlived the uses and institutions they were created to serve and now have 'afterlives' which are also worth exploring. The premise of this thesis is that the actions or inactions of those responsible for managing the built environment in each generation reveal more than simple binaries of pride or pragmatism, aspiration or utility. Rather, my research seeks to reveal the richer range of meanings that these buildings embody, including themes of ethics and aesthetics, power and class, politics and economics, religion, money and charity. Writing buildings' biographies through these main life stages yields new ways to decode the values embodied within legacy institutional structures. The temporal split between these stages is necessarily uneven – reflecting that greater weight does still attach to brief but meaningful events (typically around construction or

closure), compared to the longer, less eventful periods which contribute more slowly and incrementally to shifts in the social meaning of institutions, buildings and places.

The interpretation of spaces, buildings and landscapes relies not only on first hand observation, but on an exhaustive search for and close analysis of historical maps, archival drawings and early photographs. More so than many historic building typologies, the asylum is especially well endowed with documentary records. Minutes of evidence of parliamentary committees and commissions are especially rich where they include the testimony of local and expert witnesses, though not the opinions of the classes for whom the institutions were actually built. Obliged by statute to visit every institution and lay their findings in the form of an annual report before parliament, Ireland's Inspectors of Lunacy (with their predecessors, the Inspectors of Prisons, and their successors, the Inspectors of Mental Hospitals) bequeathed a documentary legacy of annual reports which spans, almost unbroken, more than two hundred years. These reports and their appendices may be accepted as authoritative source of historic facts and statistics, but more caution is warranted with respect to the inspectors' narrative accounts. As well-paid bureaucrats who enjoyed significant influence with the Dublin Castle administration, the Inspectors' view is necessarily official and always, to a degree, self-serving. The richest insights often lie in moments of transition, when inspectors rendered complacent by long service are replaced by fresh-eyed successors whose starkly divergent views of the same underlying reality undermine any claim of professional objectivity. At local level also, the activities of the asylum were documented in considerable detail, with the records of the Cork asylum now vested in that city's archives, and those of Grangegorman in the National Archive of Ireland. This research has only scratched the surface of the Grangegorman records, and within that, mainly the 'official account' as contained in the annual reports of the Resident Medical Superintendent and the minute books of the board. These can be more interesting for what they omit than for what they include: the minutes record bureaucratic, financial and operational matters in forensic detail but barely mention

clinical treatment or cure; the Superintendents' reports redress that imbalance only marginally.

The recovery of popular views of the asylum through successive generations is a research question which lies at the very core of this thesis. Medical and construction industry press disseminated and expanded the discourses of the asylum project, but served only a narrow, interested audience. The print media offers a useful proxy for the concerns and attitudes of the dis-interested masses, although it may never have truly reflected those for whom the choice between spending 6*d* on a newspaper or a loaf of bread was not really a choice at all. Yet prolonged immersion in contemporary reportage yields its own unexpected rewards. Trawling in vain for coverage of my case study asylums through lean decades instead threw up frequent and heroic accounts of voluntary fundraising for many other types of institution - almost invariably under the auspices of the Roman Catholic church. Most surprisingly, we even encounter the names of those who might seldom have spared 6*d* for the paper, but who are recorded for prayerful posterity alongside their modest donations - at the bottom of the long lists of voluntary subscribers for the new churches, schools, orphanages and refuges by which Ireland's Catholics reshaped the social space of the nation.[41] Accepting these efforts as a fair barometer of popular interests and priorities has changed the shape of this thesis and opened up lines of enquiry and argument far beyond those I originally anticipated.

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[41] The legal obligation to publish details of private charitable legacies allows researchers to recover the private volition of the asset-owning class. Patrick Doyle and Sarah Roddy, 'Money, Death, and Agency in Catholic Ireland, 1850–1921', *Journal of Social History*, 54.3 (2021), pp. 799–818.

Roy Porter's call to recover the 'views from below' has gained traction in subsequent scholarship, not least in Cox's work in the Irish context.[42] This is a task that remains challenging for the architectural historian, especially in institutional settings whose modus operandi generally acted to suppress individual agency. Patient voices are absent from the official record, and while they are captured in sometimes distressing detail within individual case notes, these remain closed for general research. Yet, the most potent view of that asylum window is not as observed passively from without, but as experienced from within. Whether or not first-hand accounts exist of the draughts that blew through its rusted fittings or the chill of winter nights when the condensation on its small panes turned to ice, the resultant shivering must have been real enough for thousands of inmates in the first dozen decades before double-glazing or central heating. Observing today a floor strewn with shattered glass, one is bound to find the inbound projectile of latter-day vandals, but in the heyday of the asylum, those shards sometimes flew outwards: rare, brief but presumably gratifying flashes of agency by individuals who were denied the freedom even of opening or closing that therapeutically informed, medievally styled, technically pioneering, thoroughly defective and long neglected window. In circumstances where the archive is silent, the occasional moment of informed speculation is not a digression, but a necessary adjunct. At the same time, it behoves us to acknowledge that few outside of the architectural discipline afford as much weight in their daily lives to symbolic and spatial matters, as do we.[43]

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[42] Roy Porter, *A Social History of Madness,* (London: Weidenfeld & Nicolson, 1987). Cox, *Negotiating Insanity,* pp. 97-124.

[43] A representative sample of the unmediated transcripts of ten patient interviews was made available to me by the responsible archivist. Spanning the years 1895-1905, most focused on the original circumstances of admission or their ongoing delusions, predominantly religious. From this small sample, lived experience was mentioned only once, in relation to the quality of food. NAI PRIV 1223/5/1 pp. 63, 126, 135-6, 309, 851, PRIV 1223/5/4 pp. 561-2, 662, 670-1, 742-3, PRIV 1223/5/6 pp. 341-2.

The shape of the argument

The thesis is divided into five chapters, aligning to the buildings' main 'life stages' which I define as conception and birth, early years, working life, old age, and afterlife. The case studies and their supporting cast of comparable institutions are used as a vehicle to explore themes of national and local politics, money and taxation, statism and voluntarism, religion, power and class, scandal and memory, via an analysis of the actions or inactions by which buildings are conceived and created, maintained or neglected, adapted or even destroyed. I dwell less on the interface of medicine and architecture but instead, I seek to understand the role of 'political priorities and ideologies from beyond psychiatry' in shaping the asylum project.[44]

In my first chapter I set out the background of my two case study institutions from the late-eighteenth century, before focusing in greater detail on the genesis of the extraordinary new Gothic Revival buildings erected at both institutions in the 1850s (Figures 0.6, 0.7). These buildings were the product of elite actors, drawn from the opposite end of the class spectrum from those confined inside. Yet, shared membership of a privileged stratum of society does not guarantee homogeneity or unity of purpose within it. I dissect the notion of a monolithic 'elite' to tease apart the micro-politics and shifting power dynamics between local gentry and national politicians, between salaried doctors, self-employed architects and the bureaucratic state as represented by the Board of Works and Inspectors of Lunacy. Each brought diverse interests to bear on the creation of Ireland's national asylum network, ultimately challenging the narrative that new asylums were consciously designed as monuments to the benevolent enlightenment of the landed elites who dominated local government.[45] By exploring the

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[44] Topp, *Freedom and the Cage*, p. 40.
[45] Cox, *Negotiating Insanity,* p. 64.

attitudes, actions and interactions of politicians, bureaucrats and professionals, we obtain a more nuanced understanding of just whose values these externally striking new buildings came to embody, and the surprisingly contingent nature of what we might mistakenly interpret as monumental intent. We also encounter in this period a reality that Jeremy Till observes within contemporary architectural practice – that buildings are shaped not solely by the self-referential concerns of the architect, but the messy interaction of multiple forces. [46]

In the second chapter, I examine how the newly minted asylums were received in their own time. My approach draws upon Butler's study of Irish courthouses and prisons, which recovers contemporaneous perceptions of new public buildings from beneath later layers of (negative, post-colonial) association. His work also reinforces the importance of economic and financial considerations in terrain traditionally dominated by discourses around social policies and phenomena – specifically, the availability of treasury loans.[47] I find that the question of cost is central to understanding the reaction which Ireland's mid-nineteenth century asylums met with upon completion, becoming as they did the subject of a struggle between local interests and central government. The nature and extent of architectural elaboration became an especially contentious issue, reprising Stevenson's exploration of 'the problem of finding the limits of charitable expenditure,' and indeed, of keeping in check architects' tendency towards 'narcissistic display'.[48] The ensuing fallout damaged perceptions of the state-sponsored asylum project at precisely the time when the resurgent Catholic Church was beginning to construct a parallel institutional infrastructure much more responsive to local needs and appealing to religious (and sectarian) values. Expensive asylum buildings increased

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[46] Jeremy Till, *Architecture Depends* (Cambridge, Mass.; London: MIT Press, 2009).
[47] Butler, *Building the Irish Courthouse and Prison,* pp. 49-51, 92-94*.*
[48] Stevenson, *Medicine and Magnificence,* pp. 197, 206.

the burden of local taxation, but their cost pales beside the sums that the Irish Catholic faithful simultaneously subscribed to the construction of new faith-based welfare institutions.[49] We ultimately see that the essential factors are not quantitative issues of 'how much' or even 'who pays,' but the qualitative gulf between expenditure which is incurred as the result of voluntary, popular and local initiative, and that which is mandated by the remote authority of the central state.

Asylum sites are complex entities, having been intensively used and continuously adapted to meet changing needs over 150 years or more. Yet insofar as architectural historians and conservation professionals consider the later evolution of institutional typologies, it is often to rue the detrimental impact of later alterations on an original architectural vision. My third chapter seeks to rectify this originalist bias by excavating and interpreting the built accretions of successive generations through the long working lives of our two case studies – an approach more familiar from the field of historical archaeology. The idealism which spurred the creation of the national asylum network yielded to pragmatism, as evident in a more utilitarian approach to many aspects of the built environment and the emergence of what I term a 'new institutional vernacular.' A similar visual language would be employed across the spectrum of residential institutions from industrial schools to seminaries, but often set in landscapes which continued to embody trappings of elite landscape culture. The twentieth-century mental hospital committees dominated by the Catholic middle classes proved to be just as protective of their institution's public-facing architectural and landscape set-pieces as the Anglican landed gentry of the nineteenth, perpetuating a historic gulf of class and social

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[49] Emmet J. Larkin, *The Historical Dimensions of Irish Catholicism* (Washington: Catholic University of America Press, 1984) pp. 15-20, 27.

worth between the governors and the governed – as first expressed in the distinction between pauper and polite spaces – into modern times.

Omission and even outright absence tell their own stories: decisions *not* to build, not to maintain, and even to demolish, can all be meaningful in different ways, as I will show. In Chapter 4, I trace the decline and closure of our two case study buildings in the era of de-institutionalisation, a period when, in the absence of new construction, we instead look to interpret meaning from acts of omission or destruction. A similar process of closure in favour of 'care in the community' is encountered in most western nations, but it appears to have played out more slowly in Ireland than elsewhere. At Grangegorman, the board responsible for the hospital recast the decaying buildings as a cause, rather than a symptom, of the institution's many failures, and harnessed the performative potential of 'ceremonial demolition' as a prophylactic exercise in public relations, maybe even as a calculated attempt to erase uncomfortable memories. Yet this act of retributive destruction remained unique to Grangegorman, despite it being far from the only hospital within which living conditions had deteriorated past the point of scandal. For the mere existence of scandalous conditions does not a scandal make – it requires the oxygen of media coverage and public outcry if it is to become a true catalyst for change.[50] The resilience of Ireland's institutions and their invulnerability to critique appear symptomatic of a society long conditioned it to uncritical acceptance of authority. What O'Sullivan and O'Donnell describe as Ireland's system of 'coercive confinement' was underpinned by a particular national 'habitus' whose roots, I suggest, owe something to the 'formation' of generations of Ireland's influential classes in

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[50] As in multiple English residential institutions in the 1970s and 80s. J. P. Martin and Debbie Evans, *Hospitals in Trouble* (Oxford: Basil Blackwell, 1984).

another type of total residential institution – the boarding school.[51] It was only in the 1990s

and 2000s that a series of inquiries into scandals in church-run institutions destroyed what

Tom Inglis described as the Catholic Church's 'moral monopoly,' prompting a new reckoning

with Ireland's institutional past and expanding the social space for critical discourse in Irish

society.[52] The public mental hospitals remained operationally distinct from the parallel welfare

system created and governed by the Catholic Church and so have escaped that organisation's

recent reputational implosion, but their growth, decline and ultimate closure were all

influenced by a wider institutional culture which I regard as quite distinct from the traditional

concerns of mainstream psychiatric history.

Today, the asylum as a founding ideal and as a living institution have passed into

history. What remain are the places: buildings and landscapes which evoke complex and

sometimes conflicting responses in the hearts and minds of the communities they were built

to serve. My final chapter builds upon my empirical survey of the current status of every legacy

asylum site on the island of Ireland. This survey identifies significant deviations from

equivalent Anglophone nations, most notably a high rate of retention within the public health

system and a very low rate of conversion to residential use. Where Moon, Kearns and Joseph's

theory of asylum afterlives tends to regard the new uses to which old asylums have been

converted as somehow final, my extended temporal outlook instead sees adaptive reuse (and

dereliction, for that matter) as merely the latest chapter, and one which is unlikely to endure

indefinitely. My survey and the questions it begets lead me to propose an alternative

framework to better reflect the continuously-evolving nature of these places. And while the

(near-) universal promotion of Ireland's asylum buildings to the canon of 'architectural

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[51] O'Sullivan and O'Donnell, *Coercive Confinement,* pp. 3-9.
[52] Inglis, *Moral Monopoly,* pp. 256-59.

heritage' might be presumed to have protected their complex historical legacy, the process is not without its own paradoxes. This protection doubtless flows from an increasing tendency to recognise buildings whose 'special interest' owes more to their social or historical significance than to traditional aesthetic or art-historical values, but I suggest that conservation and heritage professionals have yet to assimilate the implications of this shift. Buildings which are deemed to be of significance for the important *social* role they played still tend to be described in terms of the physical fabric and features which best reflect conventional *art-historical* value – however under-qualified they may be in the latter regard. The unadorned 'pauper' spaces where institutional inmates spent their waking and sleeping moments – dayrooms and dormitories, workshops and laundries – tend to be overlooked in favour of the higher status or 'polite' spaces occupied by those who exercised power within the system and the set-pieces they created for consumption by the external viewer. Ultimately, I argue that the embedded practices of heritage conservation continue to reproduce the biases and inequalities of historical institutional regimes whose values contemporary society otherwise claims to eschew.

By understanding the long life story of buildings, we can begin to interpret the meanings that societies bring to bear on the inanimate piles of brick and stone in their midst. Mid-nineteenth-century rate-payers were initially impressed by picturesque new edifices but soon appalled by their cost; in the early-twentieth-first-century, buildings which are condemned by clinicians are valorised by conservationists. By pursuing a whole-of-life biographical account between these 'book-ends,' I reveal what is missed by the temporal bounds of conventional architectural history research. The asylum system was a national welfare project conceived in the era of Anglican ascendancy and regarded in many quarters as one of its most enduring marks on the Irish urban landscape. Yet as a centrally planned and administered system imposed upon sometimes reluctant localities, it actually presaged that regime's decline, as the oligarchic local government of the eighteenth century saw its power

ebb through the course of the nineteenth. The controversies surrounding the Gothic revival asylums encountered in this research effectively drew a line under a period of increasing intervention by the central state. After that misadventure, the state returned a measure of control over asylums to the counties, but where new social initiatives were concerned, it preferred to surrender its volition to a resurgent Catholic church, leaving the asylums as the truncated rump of a welfare state which lived for a century in the shadow of a burgeoning voluntary sector. Religious dominance of the marketplace in health, education and welfare begot a culture which promoted the residential institution above other modes of provision and which endured, aloof, through transformation in local governance, national revolution, and the emergence of modern consumer society, before collapsing spectacularly into the gulf between respectable visage and distressing inner reality. The enduring nature of institutional buildings and landscapes, and the interventions layered upon them by successive generations, renders them as social and historical documents with relevance far beyond the physical limits of their walled demesnes or the professional domains of those who controlled them.

1.   CONCEPTION AND BIRTH, ante 1855

1.1.   Introduction

Within the overall objective of charting the social and cultural meanings of the Irish asylum spanning two centuries to the present day, the task of this first chapter is to capture the meanings with which these complex, extensive and expensive buildings were imbued by those who created them – what might be thought of as their founding vision(s). Writing in the 1990s as the first scholar to study Ireland's asylum buildings, Markus Reuber assessed them as 'well-considered responses to charters formulated by politicians, doctors, architects and societal pressures' which also successfully integrated the requirement for surreptitious surveillance: the 'unseen eye' upon which the early brand of moral management depended.[1] But notwithstanding Enoch Powell's later assertion to the contrary, the asylum was never merely a 'shell to contain... certain processes.'[2] As protagonists in a wider social landscape, asylums purposely encoded different meanings for different audiences. This was not uncommon amongst public buildings: courthouse architects strove to balance admonishment and confidence, prisons needed to terrorise prospective felons while simultaneously reassuring the respectable by a show of security and solidity.[3] The workhouses built under Ireland's New Poor Law of 1838 were specifically designed to be obnoxious to the poor, deterring all but the most desperate from seeking relief, while reassuring the rate-payers that the proceeds of local taxation were not frivolously deployed.[4]

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[1] Markus Reuber, 'The Architecture of Psychological Management,' p. 1179.
[2] Enoch Powell MP, Address to the National Association of Mental Health Annual Conference, 9 Mar. 1961.
[3] Butler, *Building the Irish Courthouse and Prison.*
[4] Virginia Crossman, *Politics, Pauperism and Power in Late Nineteenth-Century Ireland* (Manchester: Manchester University Press, 2006), pp. 10-11.

Jeremy Taylor's *Hospital and Asylum Architecture in England* describes how architects responded to doctors' changing conceptions of insanity and its treatment, evolving over seven decades from traditional corridor asylums through pavilion-echelon designs to freestanding villas. The less well articulated subtext is how progress in this 'special branch of architecture' became wholly fixated on the resolution of the programmatic and technical complexities of institutions of unprecedented scale, effectively eclipsing any therapeutic intent.[5] But lunatic asylums were more than just efficiently-designed settings for the delivery of clinical (or custodial) care: the facades of new buildings were frequently instrumentalised to convey the progressive and humanitarian values of the institutions and their sponsors as then construed. Carla Yanni regards the imposing facades of the classic 'Kirkbride' asylums of the United States as 'particularly important in communicating the cause of lunacy reform.'[6] Leslie Topp showed how the imperative for architecture to project a positive image could be sharpened by evidence of past failings and, in at least some quarters, unease at their continued participation in a troubling system of social control.[7] Micro-historical studies have further revealed just how high-profile, and intensely political, new asylums were in some polities, bearing the imprint not only of competing professional interests, but also of the tensions within and between political parties, local, city and regional authorities, and even nations.[8] Robert Ellis describes the enormous network of metropolitan asylums of late Victorian London as being of such political

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[5] Taylor, *Hospital and Asylum Architecture,* pp. 133-56.
[6] Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), p. 66.
[7] Topp, *Freedom and the Cage*, pp. 17-21.
[8] Ibid., pp. 57-8.

and administrative significance that they 'lay at the heart of wider discussions about the

merits, or otherwise, of the post 1888 government of London.'[9]

To date, Ireland's rich corpus of asylum buildings have not been analysed with these

concerns in mind. As a peripheral, impoverished and perennially fractious nation of the United

Kingdom, Ireland can suffer from negative bias around centre and periphery. Yet Ireland's

legitimate claim as the first Western nation to roll out a statutory, standardised and centrally

controlled national system of lunatic asylums challenges the assumption that developments in

the periphery always represent a later and inferior reproduction of the core.[10] Ireland's historic

status as quasi-colonial terrain furthers its potential international interest as an intermediate

context against which findings pertinent to straightforwardly domestic or colonial settings can

be tested.[11] Not least, its economic retardation and effective non-participation in the Industrial

Revolution provide an important counterpoint to theories which align the project of mass-

institutionalisation with the forces of urbanisation and industrial capitalism.[12]

Large building projects, as complex, capital intensive undertakings, were (and remain)

the product of those members of society who were empowered to marshal the required

resources. The choices made by those who commission buildings reflect their own concerns,

and also betray their preconceptions about the cohorts who occupy them and the wider public

who perceive them. Those who sponsored building projects and governed institutions of public

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[9] Robert Ellis, *London and Its Asylums, 1888-1914, Politics and Madness.* (*Springer International Publishing AG, 2020),* Chapter 2, 4.111. E-book, available at: https://0-ebookcentral-proquest-com.catalogue.libraries.london.ac.uk/lib/ulondon/detail.action?docID=6207049, accessed on 15 Jun. 2023.
[10] Brennan, *Irish Insanity*, p. 9, 33, 120.
[11] David Dickson, *Old World Colony: Cork and South Munster, 1630–1830* (Cork: Cork University Press, 2005). The interpretation has relevance beyond the regional boundaries of his study.
[12] Scull, *Museums of Madness*, pp. 30-9.

charity represent an elite subset of society at the opposite end of the class spectrum from those compelled to use them; in Ireland's quasi-colonial context, that divide can be compounded by differences of religious, political and national identity. As this first chapter focuses on the moment of conception and birth, my first task will be to define exactly which actors were involved, exploding the notion of a monolithic and homogenous elite to tease apart the micro-politics and shifting power dynamics. 'Elite' in the Irish context is typically presumed to refer to the Anglo-Irish 'Ascendancy', a social pyramid of predominantly Anglican landed gentry and aristocracy who dominated local government in the form of county grand juries (from which asylum boards of governors were drawn), monopolised parliamentary seats, and served on the Privy Council (Executive) under the Lord Lieutenant. But for our purposes there are several other elite groups to contend with. Obvious contenders include the bureaucrats in the Board of Works who procured the asylums, the architects who designed them and the doctors who managed them, all drawn from the professional middle classes to which members of the Catholic majority were increasingly admitted. Most influential of all were the Inspectors of Lunacy: doctors-turned-bureaucrats principally responsible for regulating the standard of care by visiting and reporting upon each institution, but whose pronouncements in planning and policy, typically adopted by the Executive, carried weight little short of law.

This chapter thus aims for a rounded reading of the social meanings of Ireland's public lunatic asylums via case studies of the various actors involved in the commissioning of new buildings at the metropolitan asylums of Dublin and Cork. I look to the buildings as documents in themselves: their internal arrangements and external countenance, to interpret meaning and intent which may reinforce, add nuance, or bluntly contradict the rhetoric in the written record, or to deputise where such sources are silent. In particular, I look with fresh eyes at the tangible reality of their urban presence and landscape setting and in so doing, question the trope – much in evidence in certain historical sources and repeated in contemporary

scholarship – of the asylum as a proud, civic landmark to the enlightenment humanitarianism of local elites. I conclude that the apparent monumentality of the completed buildings owes more to the contingent interplay of diverse medical, architectural and practical requirements than to any singular vision. I will also lay the groundwork for themes that will recur through subsequent chapters, including the perennial tussle between local autonomy and central control, the enduring gulf between polite and pauper spaces, the increasing dominance of the Roman Catholic church in the state's institutional landscape, and ultimately, the critical distinction between statutory provision and voluntary initiative.

1.2.   Politics, power, and patronage lost: The macro-politics of asylum planning

The posthumous generosity of the author and satirist Dean Jonathan Swift secured for Dublin one of the very earliest purpose-built lunatic hospitals in the British Isles – St Patrick's Hospital which opened in 1757.[13] Towns and cities across England began to erect purpose-built institutions for the indigent insane through the latter half of the eighteenth century, supported by voluntary subscription.[14] But Irish urban centres were slow to follow, for as Britain's national income was swelled by industrialisation, urbanisation and global trade, Ireland's wealth continued to derive principally from the ownership of land. Lacking the ranks of newly-minted urban industrialist-philanthropists, even Dublin's St Patrick's struggled to raise funds in its early years.[15] Modest legislation passed in the Irish parliament in 1764 obliged grand juries – the predecessors of modern county councils – to segregate 'persons of insane mind and

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[13] Known popularly as the author of *Gulliver's Travels*, and by scholars as the man who 'gave what little wealth he had, to build a house for fools and mad.'

[14] Leonard Smith, 'The architecture of confinement: Urban public asylums in England, 1750–1820', in Topp, Moran and Andrews, *Madness, Architecture and the Built Environment*, pp. 41–62, (p. 42).

[15] Joseph Robins, *Fools and Mad: A History of the Insane in Ireland* (Dublin: Institute of Public Administration, 1986), pp. 51-4.

outrageous behaviour' from other prisoners in their county gaol in a separate room.[16] More

ambitiously, further (prison) legislation in 1787 empowered (but did not oblige) grand juries to

levy taxes to erect more substantial lunatic wards to serve their counties, and on this occasion

without specifying that they should form part of the prison.[17]

Fully three decades later, barely a quarter of thirty-six city and county grand juries had

availed of these permitted powers. The paucity of provision was such that state's first foray

into public asylum provision at The Richmond, Dublin, was overwhelmed within a few years of

opening. Meanwhile, scandals in private-sector madhouses had seen lunacy reform rise up the

political agenda in Britain, culminating in 1815 in the establishment of a select committee to

enquire into the state of madhouses in England. Geographic terms of reference

notwithstanding, the committee felt bound in their opening remarks to report – based on the

brief evidence of just two witnesses – that in Ireland, 'the urgency of making some further

provision for Insane Persons appears to be more urgent even than in this part of the United

Kingdom,' not least as most of the country as yet lacked the conventional receptacle of the

poor-house. [18] Thus in 1817, another House of Commons select committee was convened to

enquire specifically into the 'expediency of making provision for the relief of the lunatic poor in

Ireland'.

The committee carefully surveyed both the quality and quantity of provision across the

island. Lunatic departments established under the permissive legislation of 1787 were found

adjacent to houses of industry or county infirmaries only in Clonmel, Cork, Dublin, Ennis,

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[16] 3 Geo. III c. 28, Sections 9 and 10.
[17] 27 Geo. III c. 39, Section 8.
[18] *Report from the Committee on Madhouses in England*, HC 1814-15 (296) iv.801, pp. 2, 4-5, 24, 181.

Limerick, Waterford, Westport and Wexford; a few more remained attached to county gaols.[19]

All were funded predominantly from local taxation, with voluntary subscriptions significant in a

handful of counties where 'the exertions and sacrifices of time and of money [by] Quakers of

independent fortune and station' had earlier been instrumental in founding and subsidising

the operation of the [public] house of industry lunatic departments.[20] Out of all of these

premises, only the asylums at Cork and Dublin could be deemed satisfactory, many others fell

grotesquely short. The work of lay manager Alexander Jackson at The Richmond and medical

doctor William Hallaran at Cork (to whose achievements we will return) were regarded as

exemplary, while the lunatic ward at the chronically underfunded Limerick House of Industry

epitomised the case for reform: patients chained in filthy and freezing cells who lost limbs to

frostbite.[21] If there was a latent concern to maintain public order, it only seldom surfaced:

'There were a great many idiots about the streets of Wexford, and there are none now, so that

from that I should think [the new local asylum] is sufficient.'[22]

Committee members displayed a sensible caution in expanding the role of the state,

questioning their witnesses on the distinction between curative and custodial care, the likely

ratio of curable to incurable patients, and the risk of accommodation for the former being

overwhelmed by the accumulation of the latter. In this, they already anticipated many of the

challenges that would recur through two centuries of public mental healthcare. Nevertheless,

faced with the evidence of gross mis-treatment, the committee averred their 'benevolent

intentions… to contribute to the cure of malady and the alleviation of wretchedness.' The

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[19] *Annual Report of the Inspectors General of Prisons 1824*, HC 1824 [294] xxii, p. 70. Butler, *Building the Irish Courthouse and Prison,* p. 159, p. 246.

[20] *Report from the Select Committee on the Lunatic Poor in Ireland*, HC 1817 [430] viii, pp. 13, 16-7. (hereafter *Select Committee Report 1817*).

[21] *Ibid*, pp. 12-15.

[22] *Ibid*, p. 8.

committee's final proposal struck an unequivocally interventionist tone which decreed that

'the relief and care [of the lunatic poor] is the duty of the State', and invoking the legal

precedent of statutory taxation for the support of County Infirmaries. The recommendation

reflected the involvement of influential Whigs such as Sir John Newport and Thomas Spring

Rice, but more surprising is that their Tory colleagues on the committee did not demur. In

weighing the trade-offs between accessibility and quality of care (familiar from the

contemporary politics of healthcare), it was considered that the single asylum in Dublin was

too inaccessible, but that individual counties could not sustain specialist skills to deliver high-

quality care. The committee compromised by recommending the erection of 'four or five' new

district asylums around the country, to be operated on the principles of moral management

and funded from local taxation levied proportionately on the counties of which each district

was composed.[23] The Tory government duly expedited legislation along these lines,

establishing in Ireland the western world's first statutory national public asylum system.

Practical tweaks to the original 1817 legislation in 1820, 1821, 1825 and 1826 demonstrated

that successive (Tory) governments were committed to ensuring that shortcomings in statute

could not be used as an excuse for inaction.[24]

The interventionist impulse was also informed by longstanding knowledge of the

shortcomings of Ireland's 'grand jury' system of local government. While convened principally

for the administration of justice, juries also levied taxes (cess) across the county to fund public

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[23] *Ibid*, pp. 4, 10, 30-3.
[24] Pauline M Prior, 'Mental health law on the island of Ireland, 1800-2010', in *Asylums, Mental Health Care and the Irish 1800 – 2010,* ed. by Pauline M. Prior (Dublin: Irish Academic Press, 2012), pp. 316-334, 317.

works in a process referred to as 'making presentments.' They had the power to raise taxation

from the occupiers of land (i.e., tenants) across the county at large to spend on projects such

as road and bridge improvements – a valued source of elite patronage. This arrangement was

prone to corruption and waste, as public investments were manipulated to maximise benefits

to a handful of influential landowners. As Virginia Crossman has shown, dire local government

was seen by both Whigs and Catholics as one of the great impediments to the improvement of

Ireland, a running sore which defied repeated attempts at reform.[25] The Tories had their own

reasons to resist general grand jury reform, but their new asylum legislation showed that they

had little more faith in Irish local government than the Whigs did. The 1817 act located the

entire process of designing and procuring the new asylums in the Dublin Castle executive and

its bureaucracy, but stopped short of centralising the costs. Capital costs incurred in

construction would be converted into loans, whose repayment, alongside operational

expenses, would be borne proportionately by the counties served by the new asylums. Grand

juries' powers of taxation remained indispensable to the whole asylum project, even as they

were deprived of the autonomy to devise their own solutions or place their own contracts. As

we shall see, the nobility and gentry from whose ranks the grand juries were formed bitterly

resented this diminution of their influence.[26] If Leslie Topp describes early-twentieth century

asylums in *fin-de-siècle* Austria-Hungary as a tool by which regional governments projected

their political effectiveness and cultural or national identities within a wider empire, the

political centralisation of Irish asylum building in the middle-nineteenth century represents

precisely the opposite.[27] Of course, for the occupiers of land upon whom the taxation was

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[26] *Report of the Commissioners of Inquiry into the state of the Lunatic Asylums… in Ireland 1858*, HC 1857–58 [2436-I]. (hereafter *1858 Commission Report*), p. 205.
[27] Topp, *Freedom and the Cage,* pp. 39-57.

levied and of whom grand jurors were unrepresentative in terms of class and creed, taxation

without representation was already an old complaint.[28] At the macro-scale, the national

asylum project represented one of the earliest explicit acknowledgements by the British

government that material progress to alleviate Ireland's many ills demanded a more

interventionist stance.

1.3.   Civic landmarks? The micro-geographies of asylum siting

Catherine Cox suggests that during the nineteenth century, Irish counties 'actively sought the

construction of institutions... not only to secure the practical advantages that an asylum

brought to a county town, but also because the lunatic asylums had become emblems of civic

pride.'[29] Distinct from my two longer-established metropolitan case-studies, it is true that the

location for new asylums in the regions was the subject of significant political jockeying.[30] It is

also generally true that counties forming a wider district proved eager over time to make

provision within their own county bounds, both for the convenience of patients and families,

and to ensure that tax raised in the county was spent in the county.[31] However, the extent to

which a pragmatic desire to secure an economically and socially useful institution equates to

'civic pride' is an interesting question, and the extent to which such pride may have found

expression through the medium of architecture, more interesting still. Later in this chapter, I

will test the question via my case studies of the new buildings erected at Cork and

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[28] Crossman, *Local Government*, pp. 29, 39.
[29] Catherine Cox, *Negotiating Insanity in the Southeast of Ireland, 1820–1900* (Manchester: Manchester University Press, Palgrave, 2012), p. 64, p. 243.
[30] For example, lobbying by Waterford and Tipperary grand juries in the 1830s secured both their own facility. Quinlan, *Walls of Containment,* pp. 28-9, 187, 195, 199.
[31] Though there are exceptions to this too: the grand juries at Kerry in the 1840s and Donegal in the 1850s were distinctly unenthused at the prospect of a new county asylum. Quinlan, *Walls of Containment,* pp. 61, 215, 219, 249.

Grangegorman asylums in the 1850s, but in the first instance, it is worth briefly providing a sense of the asylum's place in Ireland's civic landscape by that time.

Francis Johnston's standard plans for the first phase asylums (c.1820 – 1835) were rigorously classical, but clearly distinguished from his oeuvre of churches, courthouses and market houses by his refusal to employ any of the major orders (Figures 1.1, 1.2).[32] His client, the descriptively titled 'Commissioners for General Control & Correspondence & for Superintending & Directing the Erection, Establishment & Regulation, of Asylums for the Lunatic Poor in Ireland,' in January 1818 explicitly directed Johnston to produce a design 'which will be the least expensive... devoid of all unnecessary Decorations...'.[33] The first request is hardly novel, but the latter may suggest an awareness of specific controversies from Regency London. Bethlem Hospital had just moved from Robert Hooke's infamously palatial and defective edifice at Moorfields to an equally monumental and hardly less controversial structure at Southwark (Figure 1.3). The design of this new building was interrogated by a parliamentary committee in 1815, at which architect James Bevans, amongst others, testified to its myriad shortcomings: inadequacies in classification, 'excessive expense', and the 'extremely gloomy' character of the rooms shadowed by its monumental portico.[34] Bevans' own exemplar designs were appended to the committee's final report (Figure 1.4), on the strength of which he canvassed the Chief Secretary of Ireland, Robert Peel, to be considered to work on the new Irish asylums. On Peel's suggestion, the Irish Commissioners for Control and Correspondence invited him to submit plans for the new Irish asylums, alongside those from

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[32] The only example of the higher orders in the Irish asylum corpus is found in the cupola at Ballinasloe, which I interpret as a later variation by William Murray after Johnston's death.
[33] Letter, Commissioners to Robert Peel, Chief Secretary, 5 Jan. 1818, NAI 999/784, pp. 27-31.
[34] *Report from the Committee on Madhouses in England,* HC 1814-15 [296] iv pp. 32-3.

Johnston.[35] In writing, Johnston was careful to appear professionally disinterested, heaping

praise on Bevan's design while remaining reticent as to the merits of his own proposal, but he

may still have tilted the scales when presenting his plans in person, not least by offering the

Commissioners the possibility of working up a new plan with the best of both options.[36]

Johnston's final designs were dutifully restrained in appearance, but with their masonry

vaulted superstructure and finely tooled ashlar facade, were very far from cheap.[37] In

eschewing the *appearance* of costliness, I detect a carefully weighed value judgement on the

appropriate appearance of buildings of public charity which has clear echoes of the distinction

drawn by Stevenson between the rational expression of George Dance the Younger's St Luke's

and the superfluous splendours of New Bethlem.[38]

Yet such messaging would be of limited impact if the general public simply could not

see the building. Topp's efforts to re-site the viewer outside the historically secure boundary

remind us that a building's civic impact is determined not by façade design alone, but by its

actual presence in the public realm.[39] Thomas Spring Rice, in his evidence to the 1817

committee, had recommended that asylums should be prominently sited:

I have considered it also essential, that wherever the establishment is fixed, it should

be in some situation so prominent, so immediately before the public eye, as to insure,

in the first place, constant inspection on the part, not only of officers, but of the public

at large, and of the individuals who are subject to the payment of local taxes, who

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[35] Letter, Robert Peel, Chief Secretary to Commissioners, 17 Sep. 1817, NAI 999/784, pp. 12-13.
[36] Letter, FJ to Commissioners, 2 Jan. 1818, NAI 999/784, p.32.
[37] The cost-per-bed of Johnston's asylums would not be exceeded until Portrane, in the early-twentieth century.
[38] Stevenson, *Medicine and Magnificence,* pp. 95-102, 206-12.
[39] Topp, *Freedom and the Cage*, pp. 76-88, 170-5.

have acquired, if I may so term it, a right to see these funds properly laid out: and also,

in the second place, in a situation sufficiently populous as to afford due medical aid for

the proposed establishments.[40]

The Irish towns of Spring Rice's day have been characterised by Valerie Mulvin as 'a construct

around an ideal of Protestant life, with Protestant churches and institutions dominating the

plan.'[41] Butler has shown how the Anglican gentry who dominated the grand juries indulged

their own architectural appetites in the design of new courthouses which, in the age before

the municipal 'town hall,' were the principal civic buildings of each county. The siting of

publicly funded courthouses and prisons were also manipulated by landed elites to suit their

private real estate agendas, sometimes to impressive civic effect.[42]

But Spring Rice's advice did not feature amongst the committee's final

recommendations, and nowhere in Ireland did new asylums figure within the urban landscape.

Whereas the prominent urban sites of Bethlem and St Luke's rendered them immediately

familiar to thousands of Londoners, Johnston's facades remained aloof, hidden behind high

boundary walls on the periphery. His austere classicism and fine ashlar was of civic *quality*, but,

the question of whether an architecture that is all-but-invisible to the general public can be

considered demonstratively *civic*, verges on the metaphysical. In addition to a building's

physical and visual characteristics, Donald Appleyard identified how both 'singularity of use'

and 'symbolism' can lead buildings to become known more widely than might be justified by

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[40] *Select Committee Report 1817*, p. 18.
[41] Valerie Mulvin, *Approximate Formality: Morphology of Irish Towns* (Dublin: Anne Street Press, 2021), pp. 117-74; 140.
[42] As at Tullamore and Nenagh. Butler, *Building the Irish Courthouse and Prison*, pp. 91-121.

purely visual traits: an asylum did not always have to be seen to be believed.[43] Johnston's late

addition of the cupola to his prototype design appears at least partially intended to

communicate the asylum's presence to the public beyond the walls, both visually and

symbolically.[44] Within the walls, the overall ensemble in its landscaped setting presented an

image of respectability and order, reflective of the values of the governing class, but usually

seen only by a limited audience: patients and their sometime visitors, subordinate staff, and

the governors themselves as they swept up the curved avenues for their monthly meetings.[45]

Boiled down to its essence, I consider that Johnston's architecture conveyed a simple message

to the social classes for whom it was built: 'Trust and Obey.'[46]

It seems paradoxical that the most expensive work of public architecture in most

counties could be seen only from a distance, if at all.[47] Even if local elites had been minded to

manipulate the setting of new asylums as urban vanity projects, they were in fact powerless in

the matter. Under the 1817 asylum legislation, decisions about the macro- and micro-

geographies of the new asylums were all taken centrally by the Dublin Castle executive and

bureaucracy, based on reports submitted by Johnston and his cousin and business partner,

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[43] Donald Appleyard, 'Why Buildings Are Known', in *Meaning and Behaviour in the Built Environment*, ed. by Geoffrey Broadbent, Richard Bunt, and Tomas Llorens (Chichester: Wiley, 1980), pp. 135–61.

[44] Up to 1825, Armagh was drawn *sans* cupola. IAA - RIAI Murray Collection 92/46: 66.

[45] The *Commission Report 1858* refers to visiting committees only as subcommittees of asylum governors, and even they were relatively rare. The scholarship has yet to identify any tradition of lay visitors undertaking inspections in the Irish context, nor do images of the asylum ever appear to have been disseminated in pursuit of voluntary donations.

[46] Quinlan, *Walls of Containment*, pp. 34-5, 63-5, 151-2,

[47] The average cost of Johnston's nine asylums was £23,606, and those of the 1850s, over £45,000. By way of comparison, the most expensive new courthouse of the era cost £20,000, new gaols in the period 1821-38 averaged £21,000. Butler, *Building the Irish Courthouse and Prison,* pp. 88, 239.

William Murray, as well as lobbying (both for and against) by local interest groups.[48] Their

priority clearly lay with obtaining proximate and commodious sites, such as at Limerick: '... a

quarter of a mile from the end of Georges Street (the best part of town),' which met certain

practical requirements: 'fall of sewer and dryness of soil', 'copious amounts of water at all

seasons and a good road leading to it'.[49] As also concluded by Chris Philo in the English and

Welsh context, their location on the immediate urban periphery was a consequence of rational

policy decisions, the prioritisation of practical pull factors rather than exclusionary push

factors.[50]

Johnston and Murray's reports further displayed an appreciation for the asylum as

both subject and object of distant views in a wider landscape, as at Belfast: 'beautifully placed',

Limerick: 'very beautifully situated....commanding a fine view', and Derry: 'a very conspicuous

situation, and well circumstanced in aspect... The prospect of the river and the opposite shore

is beautiful, it is also in full view of the city.'[51] Far from being *urban* monuments, both

architects framed the new asylums in terms similar to contemporary mansions in pastoral

landscapes. At closer quarters, the effect would be negated by the asylum's tall boundary wall,

latterly interpreted as a symbol of carceral intent. Yet such walls were relatively unremarkable

amidst a growing suburban villa belt, where cadet branches of the landed gentry who migrated

[48] The micro-geographies of site selection could still give rise to local objections, as seen in the multiple submissions made regarding prospective asylum sites in the Waterford villa-belt. Correspondence relating to the new lunatic asylum in Waterford city, NAI: CSO/RP/1832/2119.
[49] Letter, Francis Johnston to Commissioners, 17 April 1821. Letter, Commissioners to Chief Secretary, 5 Feb, 1822. Minute book of the Commissioners for General Control & Correspondence, NAI 999/784, pp. 127-8, 164.
[50] Chris Philo, *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860's in England and Wales: This Space Reserved for Insanity* (Lampeter: Edwin Mellen Press, 2004), pp. 536, 580-1.
[51] Letter, FJ to Commissioners, 17 April 1821. Letter, Commissioners to Chief Secretary, 5 Feb, 1822. Letter, WM to Commissioners, 29 May 1826. Minute book... NAI 999/784, pp. 127-8, 164, 332.

into professional urban life created pocket-sized demesnes reflective of the rural estates into which they were born.[52] Asylums and villas would in turn be joined on the urban fringes of Ireland's towns and cities by all manner of institutions – overwhelmingly though not exclusively Catholic – in similarly bounded parkland settings. The illustrated example of the south suburbs of Waterford city may be exceptional in its sheer density, but representative of the pattern and variety observable by the later nineteenth century (Figures 1.5). The intimate proximity of such a variety of institutions, from Poor Law to elite, demolishes any lingering argument that the siting of asylums, workhouses, industrial schools *et al.* was motivated by a specifically exclusionary impulse. And even where locals did occasionally raise objections (see Section 3.4), their presence in the landscape did not, in practice, deter 'respectable' forms of development, as the suburban villa belt continued to expand in the spaces between (Figure 1.6). It seems likely that the double impermeability of tall boundary walls offered all parties a degree of comfort against the risk of 'cross-contamination' between cohorts of radically different social backgrounds and moral standings.[53] That new asylums were located amongst such respectable neighbours does not further the argument that they were a source of civic pride, but it does reframe them as but one of many types of bounded communities which studded the periphery of Irelands larger towns, a point to which I will return in due course.

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[52] Analysis of first (c.1840s) and second (c.1900s) edition Ordnance Survey maps of Carlow, Cork, Derry, Dundrum, Kilkenny and Waterford identifies upper middle-class suburban villas which both pre- and post-date asylum construction. Available at webapps.geohive.ie/mapviewer/, accessed on 15 May 2022.

[53] Each institution standing within its own walled grounds, any would be interloper from one to another would have to cross two such boundaries.

1.4.   Ethics and Aesthetics: The Gothic Revival in practice

Had the year 1845 not attained lasting infamy as the start of the Great Famine, it might instead have been remembered for the flurry of Irish reform acts passed by the second Peel administration in Westminster. The depth of the catastrophe to come was as yet unforeseeable when new lunacy legislation charged the Board of Works (BoW) with administering the second programme of lunatic asylum expansion.[54] In the same year parliament would also pass acts sanctioning the construction of three new Queen's Colleges[55] and a major expansion of the National (Roman Catholic) Seminary at Maynooth.[56] All of these projects would land on the desk of the Board of Works which, since its own reform in 1831-2, had grown to become a major feature of the British administration in Ireland. But twelve complex institutional buildings – four colleges and eight asylums - was an unprecedented undertaking for an organisation traditionally focused on civil works: roads and bridges, inland navigation, fisheries and harbours.

In 1827, William Murray had succeeded his uncle Francis Johnston as architect to the Board of Works after the latter's retirement, but was ousted during the 1831 reorganisation, retaining only his responsibilities to complete the remaining asylums of the first phase. The new incumbent, Jacob Owen, was thus spared any asylum duties until accepting the commission to design the new specialist criminal lunatic asylum – another world first for Ireland.[57] But according to the Board's 1848 annual report, the 'great increase of business

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[54] Central Criminal Lunatic Asylum (Ireland) Act 1845, 8 & 9 Vic. c.107.
[55] The intention of which was 'to afford a university education to members of all religious denominations.' Queen's Colleges (Ireland) Act 1845, 8&9 Vic. c.66.
[56] A state which only granted Catholics equality of status in 1829 had, since 1795, directed public funds to the maintenance of Ireland's national Catholic seminary. Maynooth College Act 1845, 8 & 9 Vic c.25.
[57] Robins, *Fools and Mad,* p. 149.

connected with the erection of various public buildings... rendered the employment of private

architects indispensable, to enable us to carry them out satisfactorily.'[58] The architects were

appointed with little transparency and no formal competition, though membership of the

council of the recently established Royal Institute of Architects of Ireland seems to have been a

healthy predictor of success; all but two of the appointees served alongside Owen on the RIAI

council during the 1840s.[59]

To remedy their own inexperience in the residential care of insane persons, the BoW

conducted careful research, drawing upon the practical experience of the likes of asylum

superintendent Eyre E.C. Kenny and consulting extensively with the Inspectors.[60] They

undertook a study tour of the most modern English corridor asylums to understand

contemporary best practice - including Surrey, Hanwell and Maidstone – a type of

'benchmarking exercise' that defined the asylum as a truly international building typology.[61]

The visit to Hanwell is significant, as the deputation would doubtless have been entertained by

John Conolly, whose own book was going to press at the time.[62] Most of Conolly's views would

be reflected in the extraordinarily comprehensive, professional and prescriptive brief which

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[58] *Sixteenth Report from the Board of Public Works, Ireland, with Appendices*; HC 1848 [983]
xxxvii, p. 16 (Hereafter *Sixteenth Board of Works Report*)
[59] Quinlan, *Walls of Containment*, p. 54.
[60] Eyre E.C. Kenny, superintendent of an auxiliary asylum at Islandbridge, Dublin,
simultaneously published his *Short hints and observations on the Arrangement and
Management of Lunatic Asylums* (Dublin, 1848). The draft specifications developed iteratively
in correspondence between the Board of Works and the Inspectors. *Annual Asylum Report
1848*, HC 1849 [1054] xxiii, pp. 14-23.
[61] For an account of international benchmarking in the late-nineteenth century, see Ellis,
London and Its Asylums, Chapter 5, paras. 7.17-21.
[62] John Conolly, *The Construction and Government of Lunatic Asylums and Hospitals for the
Insane* (London: John Churchill, 1847).

the Board issued to all architects in January 1848 as their *Instructions to Architects.*[63] By

contrast with the relative freedom which Francis Johnston enjoyed when conceiving Ireland's

first standard asylum typology 30 years earlier, the *Instructions* codified the key programmatic

decisions which would govern the shape and form of the new asylums, binding the architects

to spatial solutions closely dictated by clinical needs. So while the ancient form of the

cloistered courtyard would remain the default for the new colleges – even one densely as

populated as Maynooth with its 560 seminarians (Figure 1.7) – it was deemed totally

inappropriate for a hospital.[64] There would be no return to the courtyard plan of Johnston's

1814 Richmond Asylum, nor the congested angles of his radial plans of the 1820s-30s. The

imperative that corridors and dayrooms were to have an orientation close to southerly

generated linear buildings that stretched along on an east-west axis, with the occasional

projection or return, but nothing to impede effective cross ventilation. It is over-simplification

to describe the form of the corridor asylum as a courtyard building unfolded into a straight

line, but the image does help to illustrate how a corridor asylum would *appear* three to four

times larger than the same accommodation in courtyard format. Paradoxically, the

monumental scale of these buildings is but a side-effect of the pursuit of sunlight and fresh air.

The 1848 *Instructions* deviated from Conolly's recommendations in one important

matter: the overall height of the building. Conolly recommended that new asylums should be

limited to two stories only; the BoW determined that the Irish asylums would be of three

stories.[65] They contended that the operational advantages of lower buildings did not

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[63] O'Dwyer notes that most of the architects had already started work prior to the issuance of
the *Instructions*. Frederick O'Dwyer, *The Architecture of Deane and Woodward* (Cork:
University College Cork Press, 1997), pp. 90-2.
[64] Taylor, *Hospital and Asylum Architecture,* pp. 12-15.
[65] Conolly, *Lunatic Asylums,* p.10.

'counterbalance the present cost and future expense of repairs attendant on increasing the superficial extent of those buildings'; bluntly, a two-storey building would require 50% more expenditure on foundations and roofing than a three-storey building providing the same accommodation.[66] In the context of a document which otherwise adhered closely to best practice as then understood, and which did not impose any specific budgetary constraints on its designers, it appears as a strategically justifiable decision.

The price of recycling the same design for over a decade meant that by the time the last of Johnston and Murray's asylums opened to patients, buildings which were initially described as 'perfectly adapted to the ends proposed in their erection' came to be seen as 'small and inconvenient' with 'no modern conveniences.'[67] In an era of rapid material progress, there is little shame in this. More damaging is to encounter, with increasing frequency after 1846, references to their 'prison-like' character. If such harsh views had been common currency, it would have represented a remarkably rapid fall from grace of a pioneering new institutional typology. But the public at large could not see Johnston's buildings, and even if asylum visitors thought the taut classicism and sheer ashlar of his facades austere, they were not explicitly carceral. Ordinary visitors were never given access to the more obviously prison-like areas – radiating stone vaulted corridors lined with small cells lit by high windows (Figures 1.8, 1.9, 1.10).[68] The criticism was therefore not reflective of popular opinion at this stage, but a product of the professional discourse between the inspectors, asylum doctors, and Board of Works bureaucrats. First used to specify that the proposed new

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[66] The increased fire risk was supposedly mitigated by 'strong party walls' and 'constant surveillance by the numerous attendants'. *Sixteenth Board of Works Report,* p. 16.

[67] *Commission Report 1858*, p. 13.

[68] The cell windows themselves concealed an architectural sleight of hand, appearing twice as large externally as within. Quinlan, *Walls of Containment*, p. 38.

central criminal lunatic asylum should not 'partake of the character of a "prison"', the trope

was employed to prescribe the same desired outcome for the new asylums more generally,

and recurred sufficiently often as to become received wisdom. Firmly linked in the written

discourse (and likely in the professional mind) with Johnston's first phase buildings, it would

strongly influence the brief for the second generation of asylums.

The *Instructions* thus reiterated the importance of 'designing an hospital, not a prison',

and demanded that 'the appearance of restraint and confinement may be as much as possible

avoided.' The intention was unambiguous: to establish a clear psychological break between

these new asylums and their old-fashioned 'prison-like' predecessors. They further aspired

'that the buildings will be found effective for all the purposes of such institutions, and, at the

same time, not [be] devoid of architectural character.'[69] No-one could accuse Johnston's

asylums of being devoid of architectural character – that gibe was likely aimed at George

Wilkinson's recently completed workhouse network, described in their own time as 'more

forbidding, and even more gloomy, narrow and repulsive' than their English counterparts

which given the objectives of the Poor Law, might have been regarded by some as praise.[70]

These pointed attempts to distance the new asylums from the built works of the recent past is

part of a trend which recurs throughout the history of Irish mental healthcare from the 1817

committee almost to the present day: the merit of present endeavours is burnished by

exaggerating the shortcomings of what went before.

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[69] *Sixteenth Board of Works Report*, p. 16.
[70] Samuel Ferguson, 'Architecture in Ireland,' Dublin University Magazine, 29 (1847) pp. 693-708, cited in William J. Smyth, 'The Creation of the Workhouse System,' in *Atlas of the Great Irish Famine, 1845-52*, ed. by John Crowley, William J. Smyth, and Michael Murphy (Cork, Ireland: Cork University Press, 2012), p. 122.

A reliable way to achieve such a decisive break was through the imposition of a new

aesthetic. The *Instructions* stated 'the style of architecture best suited to the general quality of

the building materials in this country, and admitting also of additions being easily made to the

asylums hereafter, is the "Gothic".'[71] The earlier 'Gothick' style had become increasingly

popular amongst Ireland's country house patrons since the 1800s – with committed classicist

Francis Johnston surprisingly responsible for several of the best early examples – but took on a

new seriousness under the influence of Augustus Welby Pugin.[72] Pugin began working on his

first Irish church and college commissions around 1838, and in July 1845, thanks to the

intervention of the influential Catholic peer, the Earl of Shrewsbury, was selected to extend

the national seminary at Maynooth over the heads of the BoW who were ostensibly

responsible for the appointment.[73] Catholic dioceses were meanwhile constructing their own

seminaries, many in shades of Gothic, while all three of the architects commissioned by the

BoW to design the new 'Queen's Colleges' likewise employed Gothic, but of the 'most

mundane... Third-Pointed' (Perpendicular) style detested by the Ecclesiologists – self-

appointed arbiters of stylistic truth (Figure 1.11).[74]

It is very tempting to read the prison:hospital duality in the context of Pugin's recent

Contrasts polemic, which decried, on the one hand, the callous and dehumanising approach of

modern industrial society, while on the other, lauding the supposedly halcyon days of benign

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[71] *Sixteenth Board of Works Report*, p. 16.
[72] Megan Aldrich, 'Gothic Sensibility: The Early Years of the Gothic Revival,' in *A. W. N. Pugin: Master of the Gothic Revival*, ed. by Megan Aldrich and Paul Atterbury, (New Haven & London, 1996), pp. 15-27.
[73] Roderick O'Donnell, 'The Pugins in Ireland,' in *ibid,* pp. 137-41. Frederick O'Dwyer, 'A. W. N. Pugin and St. Patrick's College, Maynooth', *Irish Arts Review Yearbook* 12 (1996), p. 103.
[74] Including Pugin's St Peter's College in Wexford (1838-45) and William Deane Butler's St Kieran's College in Kilkenny (1835-40). 'Irish Colleges and Lunatic Asylums,' *The Ecclesiologist,* (71) 1849, pp. 289-91.

parish-and-monastic-based charity, set in hallowed halls of ecclesiastical Gothic.[75] For all that

Johnston's radial asylums were designed to facilitate the new theories of moral management,

they nevertheless lie on a spectrum of mechanistic panoptic structures which extends to the

modern prison (Figures 1.12, 1.13).[76] It is almost certain that the senior members of the BoW,

including the Commissioners and Owen himself, would have read Pugin's *Dublin Review*

articles of 1841, and most were probably familiar with *Contrasts*.[77] Pugin personally met the

BoW in September 1845 to discuss his appointment for the Maynooth seminary, and while

that project would prove immensely challenging for all concerned, his talent clearly made a

profound impression.[78]

The BoW were persuaded by Pugin's aesthetic, but whether or not they bought into

the ethics which underpinned it is another matter. It seems telling that the *Instructions* refer to

style principally in pragmatic terms: there is no evangelical reiteration of Pugin's *True*

Principles, no acknowledgement of his creed that the revival of (the right sort of) Gothic

architecture could reform society. The Inspectors of Lunacy, for their part, declined to

comment 'not feeling it their province, it being a question of taste and architectural

experience.'[79] But the very fact that these buildings of public charity for the indigent insane

ranked, in terms of cost and architectural treatment, on equal terms with the elite educational

establishments of the day, is hardly less significant. Indeed, when the BoW were struggling to

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[75] Phoebe Stanton, *Pugin* (London, 1971), pp. 88-92. Augustus W.N. Pugin, *Contrasts: Or, A Parallel Between the Noble Edifices of the Fourteenth and Fifteenth Centuries and Similar Buildings of the Present Day. Shewing the Present Decay of Taste. Accompanied by Appropriate Text* (London, 1841),p. 7 and plates: 'Contrasted Residences for the Poor', 'Catholic Town in 1440' and 'The Same Town in 1840.'
[76] Reuber, 'Moral Management and the "Unseen Eye"', pp. 177–93.
[77] Owen was also involved in the early design of Dublin's Mountjoy Prison - an early imitator of Pentonville - so knew the reformed prison typology first hand.
[78] O'Dwyer, 'St. Patrick's College,' pp. 102–9.
[79] *Annual Asylum Report 1848*, HC 1849 [1054] xxiii, p. 16.

define an appropriate budget for the new Maynooth seminary, they looked to the cost of the

new Irish and English asylums as a benchmark – not a comparison which they would have

contemplated if the asylums had been tainted with the whiff of pauperism.[80] It is worth

recalling that the Irish asylums were not legally constituted as Poor Law institutions; their

inmates may have been indigent, but were not paupers in the strict legal sense.

For its part, the architectural profession was delighted to be front and centre in the

new asylum programme, not least in light of its deeply-resented exclusion from the recent

workhouse building programme – the snub which had inspired the foundation of the Royal

Institution of the Architects of Ireland (RIAI) in 1839.[81] The editor of *The Dublin Builder*

commended the Board of Works for acting on a 'truly liberal and art-encouraging principle...

their patronage has been judiciously bestowed...[giving] the young and ardent members of the

profession ... encouragement and hope,' in stark contrast with their dismay at seeing a

'stereotyped edition... the same style, the same plan, the same arrangement, repeated in

every one, no matter what the site.' The bitterness may have been borne of Wilkinson's

monopolisation of the workhouse programme, but held equally true for Johnston's early

asylums.[82] They could not have foreseen that such 'liberal patronage' would ultimately

become a matter of controversy rather than self-congratulation.

The prescriptive brief saddled the architects with exceptionally long three storey

buildings for which there was no historic precedent in any of the periods from which they drew

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[80] At which point, the cost per seminarian at Maynooth was lower than the cost per asylum patient. O'Dwyer, 'St. Patrick's College', p. 103.

[81] Frederick O'Dwyer and Ellen Rowley, 'Royal Institute of the Architects of Ireland, 1839-2000,' in *Art and Architecture of Ireland, Volume IV,* ed. by Rolf Loeber, Hugh Campbell, Livia Hurley, John Montague and Ellen Rowley (Dublin: Royal Irish Academy, 2015), p. 48.

[82] *The Dublin Builder*, 17 Aug. 1850, p. 387.

stylistic inspiration. In less talented hands, the result might have been grim barrack blocks with

a meagre covering of architectural wallpaper, but the architects generally succeeded within

the constraints of the brief to manipulate scale, massing and roofline to picturesque effect.[83]

What resulted were mostly architectural works of the first order, fruits of top-tier

professionals eager to showcase their skill and taste. I would venture that the high profile of

these buildings in the Irish context, and the degree of ambition and sophistication invested in

them, renders them a more significant architectural corpus than their English contemporaries

built under the 1845 County Asylums Act. All were approached via sweeping avenues that

arrive obliquely at the central block through attractive landscapes that would be planted with

boundary woodlands and specimen trees, further reinforcing their presentation as high-status

buildings, which were also far more visually prominent in their respective settings. Beyond

merely proclaiming a break with the past, these buildings give every impression that their

sponsors aspired to create striking architectural monuments, but as we will see in the case

studies that follow, their overall form owes more to clinical and pragmatic concerns.

1.5.   Local initiative, rebuked: The Cork City and County Asylum

Of the eight new asylums constructed under the auspices of the Board of Works between 1848

and 1855, the largest was at Cork. The monumental Gothic Revival edifice, with a capacity of

500 patients, replaced a humbler asylum which had served the city and county since the late

eighteenth-century. If urban presence and architectural ambition were reliable proxies for civic

pride, the old asylum on its walled-in site at the South Infirmary, facing away from the city

would be dismissed as a non-entity, its landmark replacement at Sunday's Well feted locally as

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[83] Not all were of equal aesthetic merit, and Omagh comes closest to that unhappy description. Quinlan, *Walls of Containment*, pp. 50-4.

the building of the century. This case study focuses on a collision between political elites at local and national level, involving themes of autonomy and authority, professional expertise and social standing, and indeed, hubris and nemesis.

The Cork City and County Asylum began its life as a division of the city's House of Industry, soon expanding to become a significant department in its own right. The distinct accommodation needs of the lunatic department benefitted from support at the highest levels of local officialdom at a relatively early date:

> From this time, cases of insanity so multiplied for admission, that in 1791, a piece of ground was inclosed [sic], and the Mayor was requested by the Governors to assist them in the disposal of tickets for a play, to raise funds for building additional cells for the reception of Lunatics.[84]

This appeal to Cork's moneyed classes successfully underwrote a notable improvement in accommodation, which by 1792 had been rebuilt to reflect the recognisable programmatic features of the modern asylum typology: two floors of individual cells opening onto corridors or 'galleries,' symmetrically disposed as male and female wings flanking a central block, all overlooking a three acre walled garden. The building and its therapeutic landscape were programmatically advanced, but insofar as can be determined from the much altered surviving buildings, aesthetically unremarkable. The institution enjoyed neither urban presence nor architectural trappings, but neither deficit prevented it from becoming a source of significant local pride, for altogether worthier reasons (Figure 1.14).

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[84] *Correspondence and Communications between the Home Office and the Irish Government, during the Year 1827, on the Subject of Public Lunatic Asylums*, (hereafter *Correspondence and Communications*) HC 1828 [234] xxii, p. 17.

The institution was managed by Dr William Saunders Hallaran, who ranks amongst the early breed of clinicians whose reputation was built, not solely on experience, but on the dissemination of ideas through publication.[85] Hallaran's two decades of practice and independent clinical observation saw him subscribe to a nuanced view of insanity which admitted of both mental/moral and corporeal/physical causes, points on which he was prepared to debate with his peers in the international medical milieu. His emphasis on one-to-one conversations with all of his patients in preference to conventional medical interventions such as blood-letting aligned with the doctrine of moral management which was gaining traction around this time.[86] Even allowing for the tendency to lionise 'great men', Hallaran's writings give the sense of a pioneering clinician who was still humble enough to recognise medical knowledge as a permanent work-in-progress. While the spotlight internationally falls on Pinel and the Tukes, Hallaran's ideas in the Irish context would appear to be equally influential in the formative years of the national asylum system. Spring Rice's evidence to the 1817 Select Committee – grounded in extensive first hand research and refreshingly free from hyperbole - described Hallaran's pioneering work in Cork as being on a par with Tuke's at York Retreat.[87]

Edinburgh-trained Hallaran's reputation in wider professional and political circles reflected creditably on the institution he managed, and by extension, the local elites who sponsored it. The governors who had leveraged their own social position and influence to raise

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[85] William Saunders Hallaran, *An Inquiry Into the Causes Producing the Extraordinary Addition to the Number of Insane* (Cork: Savage and Wallace, 1810), *An Inquiry into the Causes and Cure of Insanity* (Cork: Edwards and Savage, 1818)
[86] Hallaran, *An Inquiry into the Causes and Cure of Insanity*, pp. 63-78.
[87] Hallaran dedicated his second edition of 1818 to Spring Rice – Rice may have encouraged its publication at a time when it was ideally placed to both contribute to and benefit from the growing political momentum around asylum reform. *Report from the Select Committee on the Lunatic Poor in Ireland, (hereafter 1817 Select Committee)* HC 1817 (430) viii*, pp. 12-16.

funds to realise Hallaran's vision could bask in the reflected glory of his success. The early

achievements in psychiatric care at Cork owe more to a happy confluence of pioneering

clinician and biddable board than to any particular plan; even Thomas Spring Rice admitted to

the committee: 'its success is a success of circumstances almost of accident.'[88] While Hallaran

does not explicitly claim credit for the design of the asylum, in the context of late-eighteenth

century Cork, only he could have defined its architectural programme. His patients remain the

focus of his gaze, the building he (probably) designed features, quite literally, as a footnote –

quite a contrast with the next generation of prominent asylum doctors such as John Conolly

and Thomas Storey Kirkbride, both of whom would devote around half of their respective

publications to the minutiae of design and construction.[89] Over the next two decades, the Cork

board of governors continued to persuade their peers on the city and county grand juries to

increase general taxation to meet the institution's growing needs. Asylum patients were

maintained at twice the cost of inmates of the adjacent House of Industry, and multiples of

what was spent on patients and inmates of institutions in other cities.[90] All of this took place at

a time when there was no statutory obligation to make any provision for the lunatic poor. The

governors seem to have been willing not only to meet the needs of the institution, but to do so

on unusually generous terms, in accordance with the advice of their highly regarded clinician,

and without any apparent desire to further burnish their civic credentials through showy

architecture.

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[88] Spring Rice acknowledged that Cork's clinical success was vulnerable to weaknesses in statute, governance and oversight, concerns which would prove to be remarkably prescient after Hallaran's passing. *1817 Select Committee*, p. 13.

[89] Conolly, *Lunatic Asylums.* Thomas Story Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* (Philadelphia: Lindsay & Blakiston, 1854).

[90] Lunatic patients in Cork and Clonmel were maintained at £20/annum v £9-£10 for other inmates. The average cost across all patients at Limerick was £3-4. *1817 Select Committee,* p. 16-7.

If we wonder at the 'the liberality and public spirit'[91] of the Cork governors in providing

for their charges, the explanation is at least partly economic. The mercantile, maritime city and

its well-connected agricultural hinterland were buoyed by a thriving trade in provisioning navy

ships during the Napoleonic Wars and so were better placed than most to finance the ventures

of a pioneering professional, at significant capital and operational cost, even when this

generated demand from far beyond their administrative borders.[92] If social control and the

maintenance of local order were the primary objectives, both could have been achieved at

much lower cost. Insofar as any Irish asylum can claim to have been a proud expression of the

humanitarian impulses and Enlightenment values of local elites, I contend that it was the

original Cork City and County Asylum. The pride lay not in its architectural or urban expression,

but in the fact that local initiative successfully founded, funded and operated a highly-regarded

institution several decades before the statutory national system came into being.

Extensions by 1817 had brought the total accommodation up to 224 and allowed for

improved classification of different categories of patient.[93] But as word spread across the

province, the institution soon attained 'so high a reputation that there are a vast number of

individuals sent to it from districts wholly unconnected with the city or county of Cork', testing

the limits of local charity just as the war-fuelled commodity boom waned.[94] Hallaran's death in

1825 and the governors' failure to invest sufficiently thereafter meant that by the 1840s, the

institution once feted as a pioneer would come to be seen as a laggard. Broadly favourable

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[91] *1817 Select Committee*, p. 5.
[92] Cork's smaller economy was more relatively buoyant than Dublin, where the loss of the national parliament was still felt. Bartlett, 'Ireland during the Revolutionary and Napoleonic Wars, 1791–1815', p. 77. *Atlas of Cork City*, ed. by John Crowley and Michael Murphy (Cork: Cork University Press, 2005), p. 178.
[93] *1817 Select Committee*, p. 35.
[94] *1817 Select Committee*, p. 12.

reports by the Inspectors-General of Prisons up to 1841 probably reinforced the governors'

sense of complacency, but with a new inspector came an abrupt change of tone.[95] What for

the long-serving Major James Palmer in 1841 was 'a great credit to the County and City'[96] was,

for freshly installed Dr. Francis White in 1842, an inefficient institution whose 'defects in

accommodation and structure' and constrained city site would come to be seen as 'serious

obstacles to the ...successful treatment of the insane.'[97] By the time Palmer revisited the

institution in 1843, he had completed a *volte-face*, even claiming that the Inspectors 'had for a

long period been very anxious about the state of this lunatic asylum.'[98]

Of perhaps greater concern to White was the fact that this institution, by now the

largest in the country with well over 400 inmates, fell outside of mainstream lunacy legislation,

and so its governors could legitimately ignore the suggestions and demands of Inspectors and

central government. White raised his concerns with the local governors, but also with the Lord

Chancellor, and in due course, was called to testify on the matter by a committee of the House

of Lords. Such national exposure was well calculated to stir up local resentment in a city and

county known – then as now – for its proud and independent sense of self. The local grandees

were 'quite averse to having their asylum established upon the same principle as that of the

district asylums, and prefer having the exclusive control and management of their own

institution.' Hubris seems to have blinded them to the vulnerability of their own position. They

fatally underestimated the political momentum attaching to lunacy reform at the national

level, and failed to realise that the word of the Inspectors of Lunacy – mere middle-class ex-

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[95] Pauline M Prior "Overseeing the Irish Asylums: The Inspectorate in Lunacy, 1845-1921", in *Asylums, Mental Health Care and the Irish 1800 – 2010,* ed. by Pauline M. Prior, (Dublin: Irish Academic Press, 2012) pp. 221-245, 221.
[96] *Twentieth Report of the Inspectors-General of Prisons 1841*, HC 1842 [377] xxii, p.96.
[97] *Twenty-first Report of the Inspectors-General of Prisons 1842*, HC 1843 [462] xxvii, pp. 91-2.
[98] *Annual Asylum Report 1843*, HC 1844 [567] xxx,p.26.

doctors – could carry more weight with the Lord Lieutenant than the gentry and nobility of the city and county.[99]

While tenacious in using their influence to achieve their desired ends, the Inspectors were not insensitive to the delicacy of the local political situation. They had been careful to acknowledge the 'exertions and intelligence... tact and zeal' of officers and governors alike, and even offered the local elites a fig-leaf for their previous inaction by noting that their capacity to fund improvements had been constrained by old legal limits on grand jury expenditure.[100] Conscious of the wider symbolic power of impressive public institutions, White also attempted to appeal to local pride, if not vanity:

> It is a matter to be regretted that where there is so much of practical benevolence and charity as appear to be displayed by the gentry of this extensive county and city, that they do not possess a nobler institution for the poor insane classes – and one that would be more worthy of their laudable exertions and humanity, and that would reflect credit on the country.[101]

Niceties aside, the Inspectors in their 1844 report were adamant that 'the subject cannot be allowed to remain any longer without some important movement taking place, and which it is to be hoped will be in the right direction.'[102]

But resentment at interference from Dublin and London, allied to concerns over the possible cost, seem to have hardened the local governors' hearts against the entire enterprise.

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[99] The Inspectors' physical proximity to power – having their office in the heart of government in Dublin Castle - doubtless helped to magnify their own influence compared to local interest groups. *Annual Asylum Report 1844,* HC 1845 [645] xxvi, pp.21-3.
[100] *Annual Asylum Report 1843*, HC 1844 [567] xxx, p. 26
[101] *Annual Asylum Report 1844,* HC 1845 [645] xxvi, p. 21.
[102] *Ibid.*, pp. 21, 84.

When the grand juries belatedly realised that the status of their institution would be changed

via primary legislation in Westminster, they lobbied the Lord Lieutenant, Lord Heytesbury,

against such a move. They scrambled to propose improvements to the existing institution – a

poorly conceived hotchpotch that would have turned the walled garden into an unhealthy and

congested courtyard.[103] But it was too little, too late. Heytesbury diplomatically promised to

'take careful account of the views' of the Cork jurors even as the legislation was passed over

their heads, and he tasked his trusted inspectorate with identifying the best solution to the

problem.[104]

It is notable that the quality of the *building* had become a tangible proxy for the quality

of the *institution* – a trope which seems almost ubiquitous across nineteenth-century

campaigns for institutional reform, from schools to prisons.[105] The Inspectors promulgated the

assumption that shortcomings in the quality and quantity of land and accommodation

inhibited the implementation of new theories of treatment, inevitably leading to inferior

(clinical) outcomes. The inconvenient fact that the old Cork asylum claimed a higher 'cure' rate

(30% cured or relieved) as a percentage of total population than any of the statutory district

asylums was glossed over with the prediction that this would inevitably deteriorate in the near

future. What is more surprising is that the governors - so vocal in defending the quality and

independence of their institution – failed to use the Inspector's own data to defend their

case.[106] As will be seen elsewhere in this research, the (supposedly) patent suitability or

[103] *Ibid.*, p. 22.
[104] *Annual Asylum Report 1844,* HC 1845 [645] xxvi, p.84.
[105] Thomas Markus, *Buildings and Power: Freedom and control in the Origin of Modern Building Types* (Oxon; Routledge, 1993), pp. 76, 95, 317-8.

[106] Cork discharged 30% of patients 'cured or relieved,' the average for the district asylums was 17%. Such statistics are inevitably subjective, yet it remains strange that this obvious metric for

unsuitability of the *building* is repeatedly conflated with the quality or effectiveness of the *institution*, with significant implications for both.

On 1 September 1845, Cork was reconstituted as a district lunatic asylum under statute,[107] and the Inspectors wasted no time imposing their will, instigating major reforms of the institution's governance, management and buildings.[108] Despite the unanimous view of the city and county grand juries that 'the erection of a new asylum is unnecessary, and that the great expenditure required for it would be unjustifiable,' central government adopted the inspectors' recommendation and Lord Heytesbury, in a parting shot before returning to London, passed an order for the new asylum.[109] Cork would have its new lunatic asylum, whether it wanted it or not. Given the heated political controversy and high public profile of the project, the Cork governors were understandably reluctant to allow themselves to be side-lined from the process of delivering the new asylum – despite lacking any legal standing to influence it. Perhaps out of deference to inflamed local sensitivities, the BoW seems to have afforded them a degree of informal input, blurring the lines of responsibility in a manner that would have repercussions later. The selection of a suitable 30-50 acre site proximate to the city became 'a matter of considerable discussion at the time among the governors.' Three tender deadlines and fourteen submissions later, they had the site that they wanted, a steeply sloping plot of land at Shanakiel, an outpost of upper-middle-class suburban villas on the city's north-western fringe (Figure 1.15). The surviving tenders are revealing of contemporary concerns, for in addition to particulars of acreage and price, many waxed lyrical about fresh

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comparing various institutions was so seldom invoked. *Annual Asylum Report 1844,* HC 1845 [645] xxvi, p. 27, p. 37.
[107] Central Criminal Lunatic Asylum (Ireland) Act 1845, 8 & 9 Vic. c.107, Section 19.
[108] *Cork Examiner*, 19 Oct 1846.
[109] Lord Heytesbury's term concluded on 8 Jul 1846. *Cork Constitution*, 17 Jul 1846.

air, serenity, water supply and opportunities for occupation.[110] Some tenderers even framed

their proposition in light of expert knowledge: tenderer No.8 claimed personal experience of

visiting similar establishments in England, while No. 4 boasted:

> it presents a remarkably extensive and delightful prospect, which is an adjunct to the
>
> curative treatment of the insane, deemed so indispensable by all who are skilled in the
>
> modern improvements in the management of the insane. The situation is particularly
>
> healthful...[111]

It is clear that much emphasis was placed on the therapeutic value of views *from* eminent and

commanding sites, but none are seen to explicitly promote the visual prominence of the new

building as seen *from* the public domain. So while the governors' preference for the Shanakiel

site may have reflected an unwritten desire to erect a shining city on a hill, I have yet to find

any evidence for it.[112] My conclusion is that the strong visual impact of the second phase

asylums is a side-effect of decisions which privileged patient health and wellbeing. Elevated

sites were chosen to deliver well-ventilated, well-lit, well-drained buildings whose occupants

might enjoy fine views out – wider visual prominence usually follows as a matter of

topographical fact.

Shanakiel had many desirable qualities, but when the time came to settle the

compensation for owners and occupiers, the final cost amounted to some £10,850 for 57

acres. At £190 per acre, this worked out at twice the average cost per acre paid for other

asylum sites in this period, exceeding even the rate paid for more centrally located and more

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[110] Hanora Henry, *Our Lady's Psychiatric Hospital Cork* (Cork: Haven Books, 1989)*,* pp. 52-5.
[111] Cited in Henry, *Our Lady's Psychiatric Hospital,* p. 57.
[112] The governors later sanctioned expenditure to move a local road to screen patients from public view.

topographically favourable land purchased in the capital city for The Richmond. The existing

occupiers put their case strongly, arguing that an earlier lease submitted as valuation evidence

underestimated 'the great increase which had taken place in the value of property' locally,

while fearing this happy state of affairs would be thrown into reverse by 'the injury which the

establishment of a Lunatic Asylum in that locality was calculated to do to the property

adjoining it'.[113] Upper middle class suburban villa dwellers did not relish the prospect of an

asylum in their midst, but neither could they prevent it.[114] We will encounter the residents of

Shanakiel again in Chapter 4, but given that the suburbs in all three locations remained

desirable from that day to this, such un-neighbourly anxiety proved ill-founded. However, the

steeply sloping site would cause its own problems, contributing to 'expense of construction...

and great difficulties of arrangement.'[115] For a local board that had been so vocal in protecting

the interests of the rate-payers, it was an inauspicious start.

At 500 beds, the replacement building which was needed to remedy the 'many well-

founded objections [to the old Cork asylum] both in a structural and sanitary point of view'

would be the largest proposed to date in Ireland, and large even by English standards.[116]

Confident that he was well placed to secure the lucrative commission, architect and local

luminary Thomas Deane (later Sir) voluntarily resigned as an asylum governor to avoid any

suggestion of a conflict of interest. Instead, the award went to a young and relatively less

known local architect by the name of William Atkins.[117] The decision to award the largest and

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[113] New District Lunatic Asylum - Inquiry on claims for compensation, *Cork Examiner*, 26 Oct 1846.
[114] Quinlan, *Walls of Containment*, p. 29, p. 203.
[115] *Treasury Minute relating to District Lunatic Asylums (Ireland)*, HC 1856 [9] liii.367, pp. 23-4.
[116] *Seventh Annual Asylum Report 1855*, HC 1854-55 [1981] xvi, p. 12.
[117] With Deane already designing the new Queen's college, O'Dwyer suggests that it would have been politically untenable to award him the Cork asylum. O'Dwyer, *The Architecture of Deane and Woodward*, pp. 53-7.

most lucrative commission of the period to such a young and inexperienced practitioner was

surprising, but Atkins ultimately proved equal to the challenge. Atkins was a competent Gothic

Revivalist and his design for Cork – like a smaller asylum Deane went on to design for Killarney

(1852) and Murray & Denny's New Richmond – is more convincingly Puginian than the

master's own efforts at Maynooth. Press descriptions of the Cork asylum as representative of

thirteenth-century architecture most probably originated with Atkins himself, but the claim

offers stronger evidence of his doctrinal attachment to Pugin than of any antiquarian impulse

on his own part to study such rare fragments from that era as survive in Ireland.[118] Even if

some of his design flourishes could be traced to a specific example in one ruined abbey or

another, Atkins' asylum bears as much relation to a Timolegue or an Ardfert as London's St

Pancras Station does to Venice's Ca' d'Oro – a handful of elements and motifs adapted and

multiplied across a structure whose scale, massing, proportions, and function would have

bewildered the masters responsible for the originals. [119]

To avoid creating an interminable wall of buildings along the Lee valley, Atkins' divided

the accommodation into three separate blocks with a clear gap between each. He likewise

sought to avoid the relentless effect of a single long corridor running the length of the building;

staggering the three blocks and offsetting the links between them so that each shorter length

of corridor could terminate in a window. The out-offices were arrayed behind the central

block, and Atkins intended that the gables of a chapel and a recreation hall / music room

would provide a picturesque interlude in the gaps between the main accommodation blocks

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[118] 'District Lunatic Asylum', *Cork Examiner*, 29 Sep 1847, 'The New District Lunatic Asylum,' *Cork Constitution*, 1 June 1852.

[119] A Franciscian Friary and cathedral respectively, with significant thirteenth century remains, within reasonable travel distance of Cork city. My non-exhaustive research has failed to identify any obvious borrowings from extant thirteenth century sites in the region.

(Figure 1.16). While the *Instructions* dictated that the new asylums should be of three storeys,

Atkins rightly raised the central administration block a further floor to provide a stronger

counterpoint to the relentlessly horizontal massing. He also introduced six steeple-topped stair

towers and three brick water towers of different heights which, together with a variety of

single- and double-gabled breakfronts and innumerable elegantly tapering lozenge-shaped

chimney stacks, add considerable visual variety and create a most picturesque silhouette when

seen from the river valley below. Atkins dressed his edifice with straight and splayed

buttresses and a mixture of shouldered and gothic-arched single, bi- and tri-partite windows in

flush tracery. Overall, he demonstrated considerable architectural skill and aesthetic

judgement in disguising the domineering scale, obligatory symmetry and repetitive character

of the underlying structure, and certainly outshone the more experienced hands of John

Skipton Mulvaney and William Farrell, both of whom struggled with the challenge of

composing asylums only three-fifths as large at Mullingar and Omagh. In isolation, any of

Atkins' three blocks individually might be seen as pleasing and proportionate – akin to his well-

received contemporary design for the nearby convent of St Marie of the Isle (see Chapter 2) –

but arrayed in series, it is still their sheer scale that overwhelms all else.

The protracted political saga surrounding the asylum had been covered by the local

press in considerable detail throughout, though all papers exercised editorial restraint in what

could easily have been whipped up as righteous battle between local interests and

overweening central bureaucracy. Any vestiges of resistance to the new asylum in print were

superseded by impatience at delays to progress: 'These public benefits come slowly. The

people will have dearly earned them when they do.'[120] As the designs were finalised, detailed

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[120] District Lunatic Asylum, *Cork Examiner,* 9 Oct 1846.

particulars of the project were shared with the press, who uncritically regurgitated the key

features of the building for the benefit of the wider public, the pointed and repeated

references to project cost clearly an attempt to counter prevailing rumours:

> The building is to afford accommodation for 500 patients, one third whom are have
>
> separate rooms, and all the arrangements have been made as to give every facility for
>
> the most improved classifications, and for the best moral and medical treatment. The
>
> style of architecture is exceedingly simple, but in its general outline will be very
>
> effective, and will convey a good idea of the style employed in conventual buildings in
>
> the 13th century. Cost will be somewhat over £50,000. A much higher figure was some
>
> time ago mentioned but erroneously. The plans are by fellow-citizen — Mr. William
>
> Atkins, who has supplied highly approved plans of other buildings in many parts of
>
> Ireland, and who is to superintend this under the Board of Works. The cost, we may
>
> observe, will be much less in proportion to the number patients than that of any
>
> Asylum that has yet been erected the country.[121]

Perhaps in an effort to de-escalate the febrile political mood, the BoW appear to have

made a special effort to keep the Cork governors informed and involved. The governors in turn

softened their stance, and ultimately found it hard to resist the appeal and excitement of

being associated with such a high profile project – Ireland's largest publicly funded civilian

building.[122] In December 1846, the 'governors fully approved of the plans... as laid before them

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[121] District Lunatic Asylum, *Cork Examiner*, 29 Sep 1847.
[122] Measured by the author. The original floor area of the Cork asylum exceeded Dublin's
largest public buildings (Custom House, Four Courts and Trinity College Parliament Square) by
an average of 50%. Of the other contemporary Board of Works projects in the period, only the
Maynooth seminary came close, and that would be delivered in phases.

by Mr. Atkins,'[123] while the wider grand jury, after inspecting the construction site in March 1850, declared their 'most perfect satisfaction' with the works.[124] In September of the same year, the governors visited in force, and in addition to deciding on the route for the avenue and agreeing to the purchase of an additional three acres of land 'so to place the high road out of view of the inmates,' they unanimously expressed 'their admiration of the architectural beauty and excellent arrangement, internally and externally, of the asylum, and expressed their high approbation of the creditable manner in which the works have been carried on under the superintendence of Mr. Atkins, the Board's Architect.'[125]

The wider public was also curious to learn more about the enormous edifice looming over the western approach to the city. A major feature piece published in May 1850 proclaimed the new building as 'one of the "sights" of the locality, and certainly well worth the inspection of strangers visiting the south of Ireland.' Leaving aside the inevitable and clichéd claims to pre-eminence in the empire, every aspect of the project was described for the benefit of the readers: the 'healthful and beautiful' site, the awesome dimensions of the whole and its parts, not least a kitchen which merited the claim of being 'large enough to afford cooking facilities for whole neighbourhood.' More pragmatic matters also featured, including the carefully conceived (and locally made) iron casement windows and the 'solid and enduring character' of the masonry laid upon an innovative bituminous damp-proof-course. The reporter was clearly impressed by the technical novelty of the pioneering heating and ventilation system, devoting one fifth of the article to the finer points of its operation. But for all the credit heaped upon the architect and building contractor, the reporter's personal

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[123] *Copy of Treasury Minute… 10 August 1855*, HC 1856 (9) LIII.367, p. 24.
[124] *Cork Examiner*, 18 Mar 1850.
[125] New Lunatic Asylum, *Cork Examiner*, 27 Sep 1850.

highlight remained the view *from* the building – the 'truly magnificent landscape that spreads itself around the foot of the building,' a 'picturesque and romantic' scene of river valley and rolling hills, enlivened by the new Queen's College and county prison, with the city in the background 'seen through thin vapour which floats over its clustering buildings.'[126]

It was inevitable that some would question the wisdom of investing so heavily for the benefit of such a niche group as the insane: as one letter to the editor of a Cork newspaper put it, 'you are building a splendid mansion for their reception; - but, indeed, the treatment of the insane is so very good, that we wonder half the poor people had not the wit to go mad'.[127] More pointed, in a country still reeling from the ravages of a catastrophic famine, was the observation made by a travelling English correspondent in respect of Deane's contemporary asylum at Killarney (Figure 1.17), and which could equally have applied at Cork:

> There is a prodigious edifice here (Killarney), of imposing appearance. We could not credit the information when told that it was a lunatic asylum. Looking from it to the styes in the outskirts of the town, where human families are huddled like swine, we could not but feel that to build such an establishment in such a place was like giving a splendid waistcoat to a man without a shirt...
>
> As we looked along its vast corridors, and our footsteps echoed under its vaulted roofs, it seemed to us like some of those grand old monasteries on the Danube or the Guadalquiver, which it makes one feel youthful and romantic to read of; and it built to accommodate in this land of hunger and rags, two hundred pauper lunatics!

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[126] District Lunatic Asylum, *Southern Reporter and Cork Commercial Courier*, 11 May 1850. The author empathises with the sense of professional affront when visitors are more enthused by the view *from* the building, than by the effort invested in the design *of* it.
[127] Letter to Editor, *Southern Reporter and Cork Commercial Courier*, 27 June 1850.

...there is surely some medium between shutting up persons with diseased brains in

gaol cells, and building palaces and providing a rich dietary for them, before the very

eves of their houseless and hungering neighbours. The state of brain produced by

fasting is a real and true insanity, by this process the building might too easily be

filled.[128]

Both correspondents echo a similar point, noting not only how the scale, but also the

qualitative characteristics of the new asylums seemed like a disproportionate allocation of

resources to a niche cohort in the context of widespread, chronic need. In seeking to distance

their new edifices from the taint of the workhouse and prison, the BoW and their architects

stand accused of going too far in the opposite direction. The reference to 'palaces' echo the

popular perceptions of London's Bethlem more than a century earlier as described by

Stevenson, though we should also accept her caution that such comparisons are easily made:

'sitting at the top of the secular hierarchy…the palace…was a convenient metaphor for praising

lesser types.'[129] What is surprising, given the deteriorating state of the country, is that such

sentiments were not more often expressed in print. Even the flabbergasted correspondent

concluded that giving 'the poor innocent prisoner of the gaol cell and inappropriate infirmary a

prospect of space, air, activity, and comfort... is pleasant to think of.'[130]

The celebratory mood in Cork reached its crescendo in June 1852 when the Lord

Lieutenant of Ireland, the Earl of Eglinton, accompanied by his wife, agreed to perform the

official opening of the new building: an honour which the local community would have

regarded as comparable with the visit of a minor royal. The official visit played out as most

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[128] The Kerry Lunatic Asylum, *Cork Examiner*, 4 Oct 1852.
[129] Stevenson, *Medicine and Magnificence*, pp. 32-3.
[130] The Kerry Lunatic Asylum, *Cork Examiner*, 4 Oct 1852.

such occasions do: the honoured guests were conducted around the new institution by a

selection of local dignitaries (with the architect and the Resident Medical Superintendent also

on hand), expressed their fulsome approval for the great efforts of all concerned and

burnished local egos with their 'well deserved tribute of approbation to Institution which, for

excellence of site, beauty of appearance, and completeness of arrangement, may well rank

with any similar building in the kingdom.' If their Excellencies exceeded their obligatory duties

for such a visit, it was in insisting upon 'being shown to the entire of the arrangements

[including] the kitchen, bake-house, and laundry [each of which] drew ... a well deserved

eulogium on their architect.' The party then retired to the more genteel quarters at the heart

of the establishment where the ebullient and self-congratulatory mood culminated in a

proposal to name the institution in honour of the Lord Lieutenant. It may have been a vanity

on behalf of a second city trying to enhance the prestige of its own institution by engineering a

vice-regal connection to match the capital's Richmond Asylum, but Lord Eglinton declared

himself honoured nonetheless.[131]

The saga of the Cork asylum is a rich example of the tensions that can arise between

those who exercise power at local and national levels. The governors were proud of past

achievements but also complacent in the face of current failings, and were unwilling to accept

constructive criticism from an outsider. They saw in the heavy hand of the state a threat to

local autonomy and status, so instead of negotiating with the bureaucrats from the capital,

they chose to close ranks against them – a stance which directly precipitated the loss of their

cherished independence. They bitterly resented the new asylum from the start, but could not

fail to be moved by its sheer scale and audacity, joining in the excitement, and ultimately

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[131] Visit to the New Lunatic Asylum, *Cork Constitution*, 15 June 1852.

basked in the reflected glory of the completed project. The public, too, seem to have been

intrigued by the new asylum, even if the scale of provision left some bewildered. But all would

change again, and change utterly, once the final bill came to paid – as we shall see in Chapter

2.

1.6.   Local indifference, rewarded: The New Richmond Asylum

While sharing Cork's genesis as the progeny of a workhouse, different dynamics were at play in

the creation of Dublin's Richmond Asylum. Dublin's new House of Industry was erected in 1772

in open fields on the north-eastern edge of the city, a move which would shape the urban plan

for 250 years. The House of Industry became the nucleus of an array of institutions for health,

welfare, reform and retribution including the Hardwicke Fever Hospital (1803), the Bedford

Asylum for Industrious Children (1808), the Richmond Surgical Hospital (1810), the Whitworth

Medical Hospital (1816) and the Richmond Penitentiary (1820). In the spaces between these

more substantial institutional edifices lurked an array of shed-like structures – the Hardwicke

Lunatic Cells. If historians still quibble over the validity of generalising the Georgian madhouse

as a place of 'shit, straw and stench', so far as sanitary arrangements of the Hardwicke Cells

can be deduced from surviving drawings, they could hardly have been otherwise.[132]

It was from these unpromising origins that the new Richmond Lunatic Asylum

emerged. The governors of the Dublin House of Industry claimed to be inundated with lunatics

and idiots sent from all over the country, but were less inclined than their Cork counterparts to

act on their own initiative.[133] They were more accustomed to relying upon central government,

with the vast majority of the institution's annual operating costs met by a parliamentary grant

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[132] Dublin House of Industry Cells, 1817, IAA RIAI Murray Collection 92/46: 405. The cells would remain in use for another thirty years. *Commission Report 1858*, p. 24.
[133] Reynolds, *Grangegorman,* pp. 20–1.

with minimal recourse to local taxation. Voluntary subscriptions and bequests through the

period represented little more than a rounding error: in 1800, just £25 from a budget of over

£18,133.[134] The governors petitioned parliament for assistance, a Commission of Enquiry

followed, and the ensuing report published in 1809 would lead to the construction of a

specialist institution to accommodate over 200 insane persons. The building opened to

patients in 1814 and was formally established under statute the following year as the

'Richmond Lunatic Asylum… [for]… the reception of lunatics from all parts of the kingdom'.[135] A

new national asylum for 200 patients may have been poor compensation for a city still reeling

from the closure of the national parliament in 1801 (and the economic loss of the seasonal

spending power of the 450 aristocrats and gentry who held seats therein), but the Dublin

governors were sufficiently grateful to name it in honour of the incumbent Lord Lieutenant of

Ireland, the Earl of Richmond, whose name would also grace the surgical hospital and

penitentiary on the same site (Figure 1.18).

A national project funded by parliamentary grants necessitated the involvement of the

Dublin Castle executive, which is likely how the design commission was awarded to Francis

Johnston. Johnston's design for the original Richmond Asylum was more advanced in several

respects than Hallaran's Cork asylum of twenty years earlier – not least for its segregation of

different patient cohorts. But so rapidly had the international discourse in asylum design

progressed in the same period that it was already rather archaic by the time it opened.[136] The

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[134] *Twenty-Seventh Report of the Commissioners of Account of Ireland*, 1801, House of Lords
Sessional Papers (1714-1805) p.11.
[135] A bill to regulate the appointment of governors of the Richmond Lunatic Asylum in Dublin
1815, 55 Geo. 3, c.359.
[136] The archaic spelling of 'Lunatick Asylum' inscribed on the parapet reinforces the sense that
this building was more a relic of the eighteenth century than a pioneer for the nineteenth.

fully-enclosed courtyard building ran contrary to contemporary preoccupation with good

ventilation and seemed to owe more to the alms-houses of an earlier century than to

contemporary curative treatises.[137] In any case, it did not take long for 'the knowledge, now

general in Ireland, of there being such an Institution in Dublin,' to overwhelm this single,

national asylum. The house filled, was extended, and filled again within two years of opening.

True to form, the governors again petitioned parliament for assistance, prompting the

formation of the 1817 Select Committee that we have already encountered.

The creation of the national asylum system saw the Richmond officially demoted from

its former status as a national institution, to that of a municipal asylum serving only the City of

Dublin and surrounding counties. This was a change that the Dublin governors had sought, but

more gratifying yet was the financial outcome. The government agreed that the Richmond

Asylum - whose total cost was by now close to £50,000 - should be given as a free gift to the

city.[138] Whereas Cork and all other counties around the country were obliged to repay to the

Treasury the capital employed in constructing their asylums, the asylum of the most populous

metropolis began its independent existence debt-free. Long accustomed to relying upon

central government assistance, the Dublin governors leveraged their proximity to power to

extract one last, extraordinary, and wholly inequitable, concession.

As the national asylum system recommended by that committee developed in the two

decades after the Richmond's opening, land came to be increasingly important to an asylum's

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[137] The 'miasma' theory held that diseases such as cholera were spread by foul air, and thus preventable by effective ventilation. Reuber, 'Moral Management and the "Unseen Eye"', p.216.

[138] *Minutes of Evidence taken before the Select Committee on Lunatic Asylums (Ireland) (Advances) Bill,* H.C. 1854-55 [262] viii.531, p. 6.

therapeutic regime, and the relative paucity of ground around the original Richmond Asylum

complex became a critical shortcoming. In response, the Richmond governors purchased 16

acres of open countryside from Lord Monck on the opposite side of Grangegorman Lane in

1836, which they laid out as an elaborate landscaped pleasure garden with several striking

garden buildings, linked to the main institution via a tunnel under the public road (Figure

1.19).[139] The purchase would prove fortuitous as the need for additional accommodation

became pressing in the mid-1840s. The Inspectors concluded that it would be preferable to

expand the Richmond by the erection of an entirely new building on the lands to the west of

Grangegorman Lane, whose gently rolling landscape and expansive views south over the city to

the Wicklow Mountains answered contemporary preferences for healthy, elevated sites. The

Privy Council passed an order in 1849 for the construction of a separate chapel, detached

infirmaries, and relatively modest standalone 160 bed asylum.[140] The order included the

purchase of some further land needed to accommodate the latter, although almost a year

would pass before a jury was empanelled to determine the compensation payable to the

existing owner and occupiers.[141] At a cost of £187 per acre, the land was second in expense

only to Cork, but as prospective building land close to the centre of the capital city, it probably

represented much better value.

As Francis Johnston's assistant for the first phase of asylums, William Murray was by

far the most experienced asylum architect in Ireland. So despite being side-lined by the 1832

reorganisation of the Board of Works, it would have been incongruous had he not secured at

least one of the commissions for the new phase of asylums. He was appointed to undertake

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[139] *Fifteenth Report of the Inspectors-General of Prisons 1837*, HC 1837 [123] xxxi, p. 18.
Historic map: OS-Dublin City-1056-Sheet 7-1866.
[140] Privy Council, *Dublin Evening Mail*, 7 May 1849.
[141] Extension of the Richmond Lunatic Asylum, *Freeman's Journal*, 24 Apr 1850.

the new buildings for the Richmond and likely completed the design of the first phase – a

modest pair of detached infirmaries in a rather pedestrian Tudor idiom flanking a central

chapel – before his untimely death from cholera in 1849 (Figure 1.20).[142] The commission for

the separate and larger 160 bed building was carried forward by his son, William George

Murray, and partner, Abraham Denny. It appears to have been a more architecturally

ambitious structure, in the stylistic vanguard of the Gothic Revival as espoused by Pugin.[143]

Indeed, where Atkins and others dressed superficially irregular details onto a rigidly

symmetrical body - to borrow from Pugin: 'All Grecian, sir; Tudor details on a classic body'[144] -

Murray and Denny ventured further to vary the massing, alternating shallow and deep

projections to add picturesque irregularity in three dimensions (Figures 1.21, 1.22). The

elaborate structure, in its salubrious and scenic parkland setting must have stood in stark

contrast with Johnston's sombre and congested courtyard, and seemed like a panacea for

many of the ills that afflicted the earlier structure.

Standing some 500 metres from the earlier building, the New Richmond was

programmed as a standalone facility, provided with a range of ancillary accommodation and

thus functionally indistinguishable from the other green-field asylums executed in accordance

with the *Instructions to Architects*, though smaller than most. In formal terms too, the new

building was centred on dignified entrance block with the usual complement of 'polite' spaces:

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[142] Casey, *The Buildings of Ireland: Dublin*, p. 259.

[143] No early drawings are known to survive. Even if Murray senior commenced the design
before his death, there is little in his repertoire to suppose that he was so well versed in
Puginian Gothic, whereas Murray junior would remain very much aligned with the frontiers of
the style and its later evolution.

[144] Pugin, describing the Palace of Westminster, quoted in Caroline Shenton, *Mr Barry's War:
Rebuilding the Houses of Parliament after the Great Fire of 1834*, (Oxford: Oxford University
Press, 2016), p. 42.

boardroom, office, and accommodation for the senior officers. The intention seems to have

been that this would indeed become the new focus of the overall complex; it was described as

serving the higher purpose of 'curative asylum for both sexes,' implying that the old asylum

would be reserved for the chronic and incurable cases.[145] Yet expediency instead saw the

genders divided between the old and new buildings – common in prison projects where the

old and discredited facility was given over to female prisoners – but which could only be

detrimental to the originally curative aspirations.[146] We will trace the implications of this

decision in the chapters that follow.

1.7.   Encoding the Asylum

In this chapter, we have focused on the processes by which asylum buildings were

commissioned and created, meeting a diversity of actors and analysing their actions. In so

doing, we have deconstructed simplistic notions of single-authorship on behalf of architects or

omniscient power on behalf of a monolithic, homogenous elite. By teasing apart the micro-

politics, shifting power dynamics and at times highly-charged actions of these different groups,

we can define more closely the social meaning(s) with which Ireland's public lunatic asylums

were originally imbued by the various actors who conceived and delivered them. It is an

approach which admits of multivalent meanings, and which speaks to what Jeremy Till

describes as the double bind of architectural practice: 'not only is [the] discipline intractably

contingent, but also the products of that discipline – buildings – are [continuously] exposed to

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[145] *Commission Report 1858*, p. 82, p. 117.
[146] Butler, *Building the Irish Prison and Courthouse*, p. 266.

the contingencies of the world.'[147] We will now revisit each of these groups in turn to understand their respective contributions to 'encoding' the asylum.

The reforms which led to the establishment and expansion of the national asylum system were a top-down endeavour, the initiative of a relatively small group of progressive Irish Whig MPs, achieved with the support of various Tory governments. They were somewhat accountable to a limited, propertied electorate, but operated in a milieu quite remote from their social peers who were undemocratically empanelled to the city and county grand juries at the half-yearly assizes. The energy and resources invested in addressing the needs of the indigent insane – representing an estimated 0.15% of the population - can seem disproportionate when compared to the paucity of provision for the millions of ordinarily destitute under the 1838 Poor Law.[148] On one hand, this is a perfect expression of contemporary moral judgements around 'deserving and undeserving poor'. But in modern parlance, the early lunacy legislation might be characterised as the niche project of a detached liberal elite – well-meant its own right, but far removed from majoritarian concerns. The implications of this disconnect between the legislators, and those on whose behalf they legislated, will become more apparent in subsequent chapters.

The prophets of asylum reform were not necessarily appreciated in their own land. Thomas Spring Rice, the most impressive witness at the 1817 committee, was elected to Parliament in 1820, and secured one of the earliest new asylums for his own bailiwick of Limerick, which opened in 1827. By 1830 he was facing a backlash from a local faction enraged at the attendant increase in taxation from this and other local improvements:

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[147] Till, *Architecture Depends*, p. 50.
[148] Even after the famine, the total number of lunatics in asylums, workhouses, prisons and at large was estimated at 10,450 in a population of 6,553,210. *Commission Report 1858*, p. 22.

> Erected to burthen you with taxes, you are unable to bear! ... The result of the present
>
> Election will devote Rice and Co. to Wards in the New Lunatic [asylum]. What pity, the
>
> height of the walls will prevent our seeing the rogues, chattering and raving over their
>
> lost hopes.[149]

The reference to wall height is a very specific barb, aimed at the fact that several patients

escaped over them shortly after the asylum opened, necessitating an increase in height at

additional cost.[150] Rice secured re-election and ultimately rose to the office of Chancellor of

the Exchequer of Great Britain and Ireland, but the lesson remains that hearts and minds are

not won over to righteous causes by legislation alone. Even the most ostensibly worthy

additions to the civic landscape are not guaranteed a universal welcome – but that too is a

matter to which we will return.

Bureaucracies such as the Board of Works and the Inspectors of Lunacy write their

own histories in real-time, and like every human institution, will incline to give the best

possible account of their motives and actions. It is most helpful that the actions of both

bureaucracies centrally involved in the delivery of the new asylums of the second phase would

be laid open to independent scrutiny, of which we will also see more in Chapter 2. The

evidence of this enquiry, and my own comparison of rhetoric and built reality, lead me to

conclude that self-serving motives need not nullify their claim that 'the first thing with us was

the comfort and wants of the patients' – at least in this specific period and within the limits of

available knowledge.[151] The *Instructions to Architects* represented an impressive synthesis of

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[149] 'The Jobs of Spring Rice,' *Limerick Evening Post*, 6 Aug 1830, and signed 'A Farmer.'
[150] Letter, William Murray, architect, to William Gregory, Under Secretary, 7 Jan. 1827 NAI: CSO/RP/1827/1373.
[151] *Commission Report 1856*, HC 1856 (9) liii, p. 4

medical and architectural best practice as gleaned from national and international experts, an early example of professionalization and specialisation which would gather pace in many aspects of life in the later nineteenth century.

For an architect of Francis Johnston's stature, in the twilight of a stellar career and safe in his public sinecure, the design a new asylum typology was as best a matter of intellectual interest, at worst an unwelcome burden. For his nephew, assistant and successor, William Murray, the re-production of facsimile buildings with but superficial tweaks over several years was probably an un-taxing adjunct to private practice. For neither man would it be a career-defining commission. But for the next generation whose professional body was founded in opposition to their exclusion from major state-sponsored building programmes, their involvement in the second phase of asylum expansion was a major victory. Alongside new (Catholic) cathedrals and diocesan colleges, an asylum was the largest professional calling-card for which an architect in 1850s Ireland could wish. The mixture of experienced hands and the 'young and ardent' produced a series of buildings which, by the standards of conventional architectural connoisseurship, are mainly of the first order. Quirks of history that we will explore further in Chapter 2 – including an over-stretched corporate client and a near-absence of cost-control – allowed architects a level of freedom seldom encountered in publicly funded projects. The high aesthetic quality of the resulting buildings was not dictated by the will of politicians or the whim of local elites, the needs of nascent psychiatry or the diktats of a bureaucratic client, but were first and foremost expressions of the vision and values, skill and taste of ambitious architects given free rein to broadcast their own 'reputation for erudition

and ... refinement'.[152] To the extent that each building gratified an audience of at least one,

they were highly successful.

From the start of the eighteenth century until the mid-nineteenth, a confident and

ascendant Anglo-Irish gentry and nobility had been the custodians and patrons of elite

architectural culture in Ireland. Beyond the embellishment of their private estates and

townhouses, they projected their taste and values onto the public buildings over whose

delivery they held significant power as members of the grand jury. Butler frames this as a

public exercise in conspicuous architectural consumption which was undertaken with at least

one eye on the activity of neighbouring counties, to which I might add that the narcissism of

small differences can allow inter-county rivalries to be felt more keenly than international

ones.[153] But it was the jurors own poor performance as administrators of public works, and

ensuing accusations of incompetence, waste, jobbery, and outright corruption, that would

spur central government to centralise control in the hands of trusted bureaucracy within the

orbit of Dublin Castle, depriving their successors of the 1830s, 40s and 50s any formal

influence in the design and construction of the new asylums.[154] Inter-county one-upmanship

was not a feature of the asylum programme.

The Tory-dominated grand juries resented being presented with the bill for the new

asylums as a *fait accompli*, which they saw as an unjust form of taxation without

representation. They also decried them as wholly disproportionate to local needs, a view

shared by at least one travelling correspondent '[the scale of provision] seemed to us an Irish

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[152] Yanni, *The Architecture of Madness*, p. 68.
[153] Butler, *Building the Irish Courthouse and Prison*, p. 89.
[154] The 1831 Public Works Act expanded the role of the Board of Works, while the 1833 Grand Jury (Ireland) Act circumscribed the spending power of grand juries. See also Butler, *Building the Irish Courthouse and Prison*, pp. 93-5.

bull of a melancholy sort... but we found that the affair is English altogether; a parliamentary enterprise, [about] which the Irish are much surprised as anybody.'[155] But their own simplistic narrative of local victimhood does not stand up to scrutiny, and their collective bitterness may owe something to philosophical differences which ran deeper than the asylum project: 'The great hobby-horse of the Whigs had always been centralisation... while the people were endeavouring to obtain local self-government.'[156] It may also have had more self-serving roots: the jurors found themselves deprived of the opportunities for patronage in the construction of high profile public buildings which their forefathers had seen as their inalienable right. Yet they were still bound by *noblesse oblige* to assume onerous and unrewarding honorary governorships overseeing the daily banalities of the institution. In this context, even the most impeccably delivered projects would have come in for local criticism, and as we shall soon see, the asylums of the second phase were very far from perfect. A potentially novel finding is that the landed elites whose outlook is generally presumed to align with the British colonial project resented the top-down delivery of the asylum project as a dilution of their own power. The dialectic in this instance is not so much between coloniser and colonised, as between centre and periphery, with the Anglican landed elites joining their disenfranchised Catholic tenants on the periphery, outmanoeuvred by middle-class bureaucrats at the centre. If the new asylums of the 1850s were intended as landmarks of demonstrative benevolence; they represented not the enlightened paternalism of the leading landowners of the county, but the heavy hand of a British state belatedly seeking to assert itself as a force for positive change in Ireland.

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[155] The Kerry Lunatic Asylum, *Cork Examiner*, 4 Oct 1852. 'Irish bull' is a ludicrous or internally contradictory statement, 'English' is shorthand for the Westminster parliament. Irish MPs were of course privy to the proceedings, but the point about decisions being taken without consent at county level still holds.
[156] Division of the County for Assize Purposes, *Cork Examiner*, 3 Sep 1860.

1.8.   Conclusion

My objective in this first chapter was to re-capture the social meanings of the Irish asylums at the moment of their birth. I have pursued the question via an exploration of the macro-politics of asylum planning, the micro-geographies of their siting, and the ethics and aesthetics underpinning their design. Detailed case studies have revealed how the ebb and flow of local power and initiative profoundly influenced their meaning. Foregrounding the diverse actors involved in the process, with a particular emphasis on the political and bureaucratic actors, offers a corrective to the medical bias in the existing scholarship. Finally by remaining mindful that stories of buildings are ultimately stories of people, we are reminded that the mere fact that these are powerful people does not make them any less prone to the frailties and failings of the human condition.

As I have shown, the siting and development of the earliest metropolitan asylums in Cork and Dublin was contingent on the location of the houses of industry from which they emerged. The siting of Johnston's asylums of the first phase was considered, but ultimately introspective, presenting the paradox of a civic architecture all but invisible to the citizenry. By contrast, the asylums of the second phase seem to offer firmer evidence of civic intent. Enormous scale, prominent setting and highly wrought facades combine to create buildings which make a powerful, one might even say monumental, impression. But here too, the picture is more complex than it seems. The priority of the bureaucrats who shaped the brief indeed appears to have been deliver what was seen as best for the patients. It is especially striking to see how the site selection process (which everywhere but Cork was managed by the BoW in consultation with the Inspectors of Lunacy) privileged health and therapeutic benefits to patients: large, elevated sites which afforded ample opportunities for outdoor employment for (male) patients, which optimised daylight and ventilation within the buildings, and which afforded excellent views beyond their immediate confines. The emphasis throughout is on the prospects *from* the asylum, not *of* it. The landmark quality of the resulting buildings was a

topographical side-effect of sites selected for health; their monumental scale was an inevitable consequence of the accommodation brief. But in combination, these factors created an irresistible opportunity for the architectural profession to put its own stamp on what were the largest publicly-funded civilian buildings of the era, with at least the implicit approval of an architecturally-disposed bureaucratic client. The county gentry that might have been expected to champion architectural monumentality as an expression of their own elite culture and civic standing had been side-lined from the process – for them, the asylums stood as funerary monuments to diminished local power.

I conclude by revisiting our earlier question of: 'civic pride, for whom?' The original Cork City and County Asylum was a clear expression of the Enlightenment values of local elites: a genuine source of civic pride. The building was no 'monument' in the architectural sense, but the creation of a well-regarded institution on the back of sustained voluntary local initiative was a matter of great pride indeed, and its enforced replacement on the word of unelected bureaucrats from the capital was bitterly resented. A stark contrast is also observed between the independent initiative of the elites of the second city, and the learned helplessness of the Dublin governors, whose first response to any need was to seek the assistance of central government, and who were thus arguably less invested in any solution that resulted. Ultimately, the centralisation of power and the delegation of responsibility to a professional bureaucracy may have made for buildings better adapted to a clinical brief, but came at a long-term cost of diminished local support. Pride here is seen, not in the creation and appreciation of fine architecture, but as a product of local, voluntary initiative against which compulsion, no matter how well dressed, can only be antithetical. It is a theme to which I will return in the chapters that follow.

2.   EARLY YEARS, 1850s

2.1.   Introduction

The previous chapter focused on the 'conception and birth' of Ireland's asylums in the period around 1850. Pursuing the approach of 'building as biography,' in this chapter, I examine how immediate, contemporary reactions to these buildings crystallised, not around the social function they served, but around how costly they were perceived to be. Scholars of 'social meaning' will observe that buildings were intended to convey different values to different audiences; the asylum evidently evoked different responses whether one was an honorary governor or a government inspector, the Resident Medical Superintendent or a subordinate attendant, a patient or a family member, a parsimonious rate-payer or a pauper. But there is also no guarantee that diverse audiences will interpret buildings in the manner expected by their sponsors. We have seen in Chapter 1 that no single actor set out to create a building for poor lunatics which could be mistaken for a palace, but this did not prevent them from being perceived as such in some quarters.

Most historical disciplines now acknowledge the importance of recovering the voices and experiences of the marginalised by attempting to write 'history from below'. This is particularly challenging when researching historic welfare institutions, as the official institutional record is far from representative of those it was built to serve. Scholars such as Geoffrey Reaume in Canada and Louise Hide in England have uncovered rich first-hand accounts of daily life from private letters in later periods.[1] Similar material may exist on patient files in the Grangegorman and Cork archives, but is least likely to survive from the 1850s, when only a minority of those admitted would have had the

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[1] Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940,* (Don Mills, Ontario: Oxford University Press, 2000). Louise Hide, *Gender and Class in English Asylums, 1890-1914* (Basingstoke, Hampshire: Palgrave Macmillan, 2014).

ability to write. The contemporary press offers a useful proxy by which to gauge public opinion more

widely, and to this end I open this chapter with a survey of the press coverage of the new Gothic

revival buildings at Cork and Grangegorman. The stark difference in reaction to both buildings led

me to conclude that neither was representative of how new asylums were generally received in the

period. I therefore widened my survey to relevant local titles across the country, revealing more

nuanced responses to the new asylums' affective qualities and relative expense.[2] But even this

survey must be heavily qualified as representing the views and interests only of the rate-paying,

literate classes with sufficient disposable income to spend the price of a loaf of bread on a

newspaper – a cohort which expanded in each generation, but which never fully embraced the class

of people for which the institutions were actually built.[3]

Efforts to recover popular social meaning too often overlook a question absolutely pertinent

to understanding how publicly funded buildings such as asylums were received in their own time:

cost. Insofar as architectural history concerns itself with matters of cost, it is often to rue the loss of

artistic and aesthetic value caused by omissions made in pursuit of economy. Such value judgements

privilege conoisseurial concerns and ignore the possibility that financial considerations can reveal

anything beyond a desire to minimise cost. I argue that our ability to draw inferences from a

building's style or splendour can only be improved by a better understanding of relative and

absolute construction costs, the availability of finance, and prevailing economic conditions. We learn

more from knowing whether an asylum bed was procured at 10% or 1000% of the cost of other

comparable typologies, than the bare fact that the overall building cost £50,000 or £100,000. And

where in Chapter 1 we saw how Cork's generous voluntary provision for its insane poor was

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[2] Including but not limited to: *Kilkenny Moderator*, 1851-53; *Kerry Evening Post*, 1851-53, *Tyrone Constitution,* 1852-4, *Sligo Champion*, 1854-56, *Westmeath Independent*, 1854-56.
[3] In 1850 the cover price of most papers was 6d, a 2lb loaf of bread ranged between 5d and 7d depending on quality. *Cork Examiner*, 01 Feb. 1850.

underwritten by a wartime commodities boom, in this chapter we encounter buildings which

opened in the aftermath of the social and economic catastrophe of the Great Famine. I show how

the unexpectedly high cost of the Cork asylum became something of a *cause célèbre* and how the

building's cut stone embellishment became a lightning rod for discontent. The New Richmond

building at Grangegorman was no less well endowed with cut stone than its regional peers, but

governors who had received a free gift of their main facility could afford to be nonchalant about the

cost of what, in the context of the rates base of the capital city, was a relatively small building.

But I find that the greatest insight comes, not just from understanding how the cost of the

asylum impacted rate-payers, but how this cost compared to the other projects to which those same

rate-payers otherwise directed their resources. For the asylums opened into a changing world,

where instead of pre-eminence amongst the handful of government-mandated institutional

typologies of prison, workhouse and asylum, they became but one element of a diverse

infrastructure created in response to Ireland's social, moral, educational and healthcare needs. Thus

citizens who resented the capital repayments on an asylum sanctioned by the central (British,

Protestant) state were simultaneously willing to donate multiples of that sum to create a network of

voluntary (Irish, Catholic) institutions.

This chapter begins with a survey of the qualitative reactions to the new Gothic Revival

asylums as captured in the popular press. I trace how the cost of architectural ornament came to

dominate the discourse, but by interrogating the actual sums of money involved, I reveal this issue

to have been substantially exaggerated. Next, I contrast the reactions to the new state-sanctioned

asylum buildings at Cork and Grangegorman with the reception afforded to contemporaneous

structures erected by the religious / voluntary sector. Ultimately, this chapter invites reflection not

just on the question of 'how much' or even 'who pays,' but also, how they are called upon to pay. In

this sense, we build upon the insight from the original Cork City and County Asylum in Chapter 1 –

that voluntary effort is a more reliable predictor of civic pride than the character of the architecture.

State-led, statutory expenditure done in the wrong way, at the wrong time, or without popular

mandate, can not only dampen enthusiasm – it can be politically counter-productive.

2.2.   'Ornamental to the county': Decoding the asylum in the popular press

When the first of Francis Johnston's nine new asylums began to appear in towns and cities across

Ireland in the 1820s and 30s, the urban context was dominated by a handful of public architectural

monuments to values of the powerful, capitalist, Anglican state: churches and market-houses, court-

houses and prisons. In such a context, one might expect the opening of a major public building such

as an asylum to have occasioned a certain amount of popular celebration.[4] Yet mild curiosity rather

than revelry appear to have been the order of the day. Curious crowds lined the avenue in Clonmel

on opening day in anticipation of a public spectacle, but were disappointed as the cream of the

county repaired directly to the board room to attend to business.[5] The local press made little

comment on asylums' actual opening, but the practicalities which attend the inception of a large

public institution are generally well recorded, and the employment and supply opportunities

advertised thereafter must certainly have been welcome. Later, as the asylums settled into a routine

pattern of existence, the institutions faded from public view, beyond dry 'public service' reporting of

the monthly governors' meetings and recurring tenders for supplies.[6]

That the asylums were of social, economic and utilitarian value locally is not in doubt. How

the actual buildings were received is another matter. We have seen how Johnston's asylums – for

reasons entirely practical – landed on the suburban edge as, in urban historian Valerie Mulvin's

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[4] As, for example, occasioned the opening of the new Tullamore Prison. Richard J Butler, *Building the Irish Courthouse and Prison, A Political History, 1750-1850* (Cork: Cork University Press, 2019), p. 270.

[5] 'New Lunatic Asylum,' *Tipperary Free Press*, 19 Nov. 1834. No large-scale organised popular festivities been encountered from a survey of the local papers in the opening years of each asylum.

[6] Monthly meetings would be consistently reported at Cork, Mulllingar. *Cork Constitution*, *Westmeath Independent*.

words, '...indiscriminate arrivals into the urban scenography, often ungenerous in their connection to existing towns and streets.'[7] As two-storey buildings on gently sloping sites and screened by high boundary walls, their architecture and appearance went unremarked. The second phase of large, elaborate and much more prominently sited asylum buildings which opened between 1852-55 generated more local curiosity, coverage and comment.[8] The elevated setting of three-storey asylums at Cork, Killarney, Sligo, Kilkenny and Omagh rendered them highly visible in their respective localities; early photographs capture their stark arrival in the landscape, unsoftened by later planting (Figures 2.1). By contrast, the Richmond's backland setting rendered it effectively invisible, which may have been a factor in the dearth of local commentary around its construction (Figure 2.2).

The coverage in this period concurred that an asylum was a public good – 'the noblest public charity under the crown.'[9] For the most part, the new buildings were 'much needed' and 'eagerly awaited,' accommodated in 'strikingly elegant' or 'beautiful edifice[s]' 'ornamental to town and county.'[10] As William Deane Butler's new asylum rose between the town and its vista of Ben Bulben, the *Sligo Champion* opined that 'it is most satisfactory that an important edifice of this description is likely to be completed in way which will give general pleasure.'[11] George Papworth's Kilkenny came in for effusive praise, described as 'one of the leading architectural ornaments' of a small city already better endowed with fine buildings than most. It even became the subject of a brief but effective public campaign to substitute a sunk fence in place of the proposed southern boundary wall which would have obscured the public view of this 'new feature in the landscape' from a popular local

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[7] Mulvin, *Approximate Formality,* p. 174.
[8] The third storey and situation on rising ground meant that the new asylums of the second phase could be seen over their boundary walls. They may also have benefited from a more numerous and vibrant press than two decades earlier.
[9] Westmeath Independent, 29 Sep. 1856.
[10] 'The New Lunatic Asylum,' *Kilkenny Moderator*, 21 Apr. 1852, *Saunders Newsletter*, 28 Aug. 1855.
[11] 'Sligo Lunatic Asylum,' *Sligo Champion*, 10 Aug 1850.

walking route by the river. The primary focus of the local campaign was admittedly to prevent the

'vile and detestible [sic] stone wall' from harming existing amenity, but it remains no less notable

that the asylum was welcomed as a picturesque addition.[12] In this context, it may also be significant

that the new asylum figured as a distant object in the landscape vista from the local ducal seat,

Kilkenny Castle, a fact of which neither architect George Papworth nor the Duke of Ormonde could

have been unaware (Figures 2.3, 2.4). At Omagh by contrast, there was local incredulity at the

relatively remote site chosen for the asylum, inviting the observation that 'such a situation for a

public building of any kind … could never be selected with any other object than that of keeping it

out the sight of the public.'[13] The motive was misattributed: two equally viable sites were in fact

offered for consideration at Omagh, which the Board of Works described respectively as offering

better proximity either to supplies from town, or to turf from a nearby bog, which could be used for

fuel.[14] Topography ensured that the building remained widely visible even from the more remote

site, but the Board of Works concern for turbary matters disappointed those locals who had rather

expected a pleasing landmark (Figure 2.5). When the building was actually completed, its barrack-

like architecture met with local silence beyond the reproduction of an editorial from the industry

journal *The Architect*, whose kindest comment was that architect William Farrell 'certainly made the

best of a bad case.'[15]

When researching architectural meaning in the Irish context, it would be easy to assume

that a majority, locally-rooted, Catholic, Irish, economic underclass might resent the expensive

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[12] Presaging similar concerns for amenity 150 years later in the face of proposed flood alleviation works along the same river. *Kilkenny Moderator*, 21 Apr, 1 May, 9 Jun 1852.

[13] 'Omagh District Lunatic Asylum', *Tyrone Constitution*, 5 Nov 1847.

[14] After selecting the latter, the institution ended up being fuelled by coal. *1856 Commission Report*, HC 1857-58 [2436-I], p. 2.

[15] A late design change saw the layout reversed, such that the front elevation was defined by the relentless repetition of individual cell windows which left little scope for variation. 'District Lunatic Asylum,' *Tyrone Constitution*, 3 Jan. 1851.

monuments created by a minority, Dublin/London-centric, Protestant, English, rentier ascendancy; herein lies the conventional explanation for independent Ireland's equivocal relationship with many aspects of its eighteenth- and nineteenth-century architectural legacy.[16] But in recovering nineteenth-century perceptions of new public buildings in Ireland, it is wise to heed Richard Butler's warning against projecting a twentieth-century, nationalist and sectarian viewpoint onto earlier generations.[17] In my non-exhaustive survey of contemporary press coverage - which includes newspaper titles aligned to the two main traditions on the island – I have not detected opinions on asylums dividing along sectarian lines.[18] Instead, as the new buildings rose – and before their true costs were known – I discern amongst middle-class newspaper readers a general appreciation of their affective quality in the wider landscape, accompanied, on occasions, by more detailed accounts of their features at close quarters. And as we can see at Omagh, the mere addition of a large but architecturally mediocre edifice in a small town was not a guarantee of uncritical admiration; just because readers were lay-people did not make them uninformed in matters of taste. The readership of titles such as the *Tyrone Constitution* or the *Killarney Evening Press* were very much connected with developments in the national capital, the empire and wider world. Local political and social news jostled for space with the proceedings of the 'Imperial [Westminster] Parliament' or the latest developments in the Crimean War. Regular readers would even have encountered articles on John Conolly's innovations at Hanwell Asylum, or gasped at the scale and cost of the new Middlesex Asylum at Colney Hatch, relayed as matters of general public interest, in the same way that the

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[16] Emer Crooke, *White Elephants: The Country House and the State in Independent Ireland, 1922-73* (Dublin: University College Dublin Press, 2018), pp. 5-8, 18-21. Loughlin Kealy, 'Conservation,' in *Art and Architecture of Ireland, Volume IV,* ed. by Rolf Loeber, Hugh Campbell, Livia Hurley, John Montague and Ellen Rowley (Dublin: Royal Irish Academy, 2015), p. 511.

[17] Butler, *Building the Irish Courthouse and Prison*, pp. 270, 337-9.

[18] In some localities, papers are overtly aligned to one or another side of the sectarian divide. In the coverage of the Cork asylum across several titles which we will revisit later in this chapter, there is no obvious division of opinion along sectarian lines.

promising results of an international cancer trial might be reported today.[19] As Anne Dolan puts it in

her eloquent resuscitation of another period of Irish life through the pages of the regional press: 'in

this one newspaper, on this one day, in all that lived cheek by jowl with the new houses and the old

politics, there is the challenge of far more than we have come to expect to find.'[20]

Ireland's asylums differ from their English counterparts in that they were never pauper

institutions in strict legal terms: they were supported from general local taxation (county cess) and

not the poor rate; destitution was not a legal prerequisite to entry. It must be noted that private

asylums were never a major feature of the Irish mental healthcare system, and the religious bodies

who dominated so many other spheres of activity would only ever be minority players in a sector

monopolised early by the state. Public asylums did therefore admit a small proportion of patients

who paid for their care in part or in full, despite this being for decades an unresolved legal grey

area.[21] However, it remains the case that the upper- and middle-class newspaper readers most likely

to appreciate 'strikingly elegant and ornamental design' were least likely to experience the asylum as

a lived reality. Even as stylistic preferences changed, Ireland's asylum architecture of almost every

era continued to encode a message to patients and their families which I summarise as 'Trust and

Obey.' Poor families were invited to entrust their loved ones to the care of a large, serious,

respected institution, and total obedience was demanded from those so committed. How and

whether this messaging was received and absorbed, or resented and rejected, remains less easily

resolved. Catherine Cox's work in the archives of Carlow asylum concludes that 'patients'

experiences were heterogeneous and they interpreted the regime's focus on employment, work,

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19 'Lunatic Asylums: The Hanwell Lunatic Asylum,' *Cork Examiner*, 12 Feb. 1845. 'No.300 The Dublin Quarterly Journal of Medical Science', *Dublin Evening Post*, 11 Dec 1851.
20 Anne Dolan, 'Politics, Economy and Society in the Irish Free State, 1922–1939', in *CHOI Vol.4,* pp. 323–48, (p. 332).
21 Alice Mauger, *The Cost of Insanity in Nineteenth-Century Ireland: Public, Voluntary and Private Asylum Care* (Basingstoke, Hampshire: Palgrave Macmillan, 2018), pp. 44-58.

religious observance and medical interventions variously as therapy, exploitation, punishment and danger.'[22] Louise Hide reflects on how difficult it is to 'grasp... patients' subjective experiences bearing in mind the terrible indignities ... the double stigma of pauper lunatic ... the noisy and dangerous ward environment.' But even Hide's work - so deeply rooted in first hand patient accounts - falls back to the official record when discussing space, interiors and material culture.[23]

This research has not attempted an archival deep-dive in pursuit of first-hand accounts of the spatial and aesthetic experience of the asylum, but it is possible to speculate as to what such an exercise might have yielded. Far from substantiating allegorical readings of architectonic features over which we as architectural historians obsess, I sense that individual subjective experiences were contingent on micro-specifics which fell far beneath the notice of those who designed the building, who operated the institution, or who now study them. The discomfort of a draughty window or the relative proximity of one's bed to the dormitory fireplace would have had far more impact on lived reality than any symbolic power vested in the cupola. Patient experiences were further influenced by many factors entirely independent of the building: social background and personal circumstances, state of mind and length of stay, resistance or resignation to the operational regime. A single cell might be a blessed relief from the stress and chaos of a large multigenerational family packed into a tiny cottage, a lonely and alienating place, or even both simultaneously (Figures 2.6, 2.7). If we measure the lived experience of architecture in terms of person-years, the time spent by thousands of patients multiplied by days or decades apiece is an order of magnitude greater than any other cohort we will encounter. That their experiences receive an order of magnitude less scholarly

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[22] Catherine Cox, *Negotiating Insanity in the Southeast of Ireland, 1820-1900*. (Manchester: Manchester University Press, 2012), p. 230.
[23] Hide, *Gender and Class,* pp. 93-9, 176-7.

attention is a shortcoming with which the discipline of architectural history – this author included –

has yet to adequately contend.

2.3.   The shortest honeymoon: Stopping the rot in Cork

In Chapter 1, we saw that by the Lord Lieutenant's visit to Cork in June 1852, local elites who once

resisted and resented the new asylum as the unwelcome imposition of the Dublin Castle

bureaucracy had actively appropriated it as a cause for local pride and self-congratulation,

sentiments which appear to have been shared at least by those who partook of the popular press.

Yet 170 years on, it feels poignant to observe that the extraordinary new asylum building at Cork

would never surpass the reputational apogee it reached that summer. In August – though works

were not yet complete – the Inspectors insisted that patients be removed from the unsatisfactory

old asylum into the new building.[24] The subsequent collision between aspiration and reality was

swift and sobering. The handover and occupation of every large, complex building gives rise to

teething issues as the structure settles and dries out, as users familiarise themselves with a new

environment, and as the omniscience of the architect is disproven by previously unanticipated needs

and patterns of use. However, the issues experienced at Cork – and most of its contemporaries -

were of a different order of magnitude. As the expert commissioners later appointed to investigate

the matter noted:

> At Omagh, Richmond, Sligo, Cork, Killarney, Kilkenny, and, in fact, at all the asylums, the
>
> driving rains from the south west and east have, more or less, caused damp in the walls
>
> facing those aspects, and the result has been, in Cork and Killarney, to render the walls
>
> absolutely reeking with wet, producing rot in the timbers inserted in them. Considerable
>
> reparations have therefore been necessary... This serious injury to the walls affects the

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[24] *Cork Constitution*, 31 Aug 1852.

stability of the buildings and their fitness for occupation, particularly by persons already in

an infirm state of health.[25]

The dampness even penetrated the rarefied surroundings of the governors own quarters: the ceiling

and joists above the boardroom and hall succumbed to rot and had to be replaced in their entirety

less than a year after occupation.[26] But damp was not the only issue giving cause for concern at Cork:

the technical innovations which had been a source of such pride during construction failed dismally

in use. A complex system of heating and ventilation based on the principle of rarefaction was only

partially realised and thus wholly ineffective. The local manufacturer of the innovative cast iron

window sashes may have come to regret their very public connection with the project as the sashes

proved hazardous to the patients before corrosion frustrated their operation, further inhibiting

comfort and ventilation.[27] The Cork governors were understandably discommoded by having to face

such a litany of defects while making arrangements to procure the thousands of items necessary for

the occupation and operation of the new facility.[28]

But it was the bill for the new building which transformed passive irritation into crusading

rage: a final project cost of £86,305 (£173 per bed) made confident predictions in the region of

£50,000 (or £100 per bed) look thoroughly foolish. The Board of Works, through the construction

process, applied for, drew down and disbursed funds directly from the Treasury. Only when the

building was complete and in use were the local governors made aware of the 'vast expenditure' of

money spent altogether without reference to the wishes of the citizens,' which was now statutorily

repayable in half-yearly instalments, raised from the cess levied on occupiers of land in the city and

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[25] *Treasury Minute... 1856*, p. 7.

[26] To Contractors, *Cork Constitution*, 4 Aug 185. *Minutes of Evidence...* HC 1854-55 [262] viii.531, p. 9*.*

[27] *Minutes of Evidence... HC 1854-55 [262] viii.531, pp. 8-10.* Mechanical and electrical engineering shortcomings are still embarrassingly common in newly opened buildings.

[28] Eglinton Lunatic Asylum, *Cork Constitution*, 15 Mar. 1853.

county.[29] 'The grand jury really...know nothing whatever.... of the expenses of the asylum, or what they are doing there, until they are called upon to pay it.'[30] As the twin architectural and financial disasters unfolded, Cork was reminded after the briefest of honeymoons why it had never wanted a new asylum in the first place. Similar sentiments began to emerge elsewhere too –an article otherwise favourably disposed to the new asylum at Mullingar stated: 'The only objection to the institution... to which very strong feeling is entertained, is the outlay upon its erection... being... £13,000 over the original estimate.'[31]

As recriminations flew, the Cork governors – in common with many of other boards who had recently taken possession of newly built asylums – began to agitate for redress. Upon the advice of Inspector of Lunacy John Nugent, the government appointed a pair of experts who spent several days examining the particulars of every alleged shortcoming at Cork. Their rigorous and sober 2,000-word report was reproduced in full in the local press, and while they vindicated some of the governors' claims, they bravely resisted the populist temptation to simplistically apportion blame: 'After taking every pain to ascertain the cause of this dampness, we have to report that it does not arise from any mal-construction.'[32] The Board of Works, for its part, was on the defensive. Its annual report for 1853 sought to cast the complaints emerging from the counties as mere teething trouble, and argued that 'allowing for the inconvenience always attendant on the occupation of new buildings, we have no reason to suppose that the new asylums are other than well built.' They were also at pains to point out that 'the average cost, per patient, of the new asylums has been £74 less than the average of the old asylums, the former being £148 per patient, and the latter £222,' and

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[29] Town Council – Thursday, *Cork Constitution*, 12 May 1855.
[30] *Select Committee on Lunatic Asylums (Ireland) (Advances) Bill,* HC 1854-55 [262] viii.531, p. 12.
[31] Co. Westmeath, *Saunders Newsletter*, 28 Aug. 1855.
[32] Eglinton Lunatic Asylum Cork, *Cork Constitution*, 1 Apr 1854, p. 4.

better value than the latest English asylums, which averaged £201 per patient.[33] But all of these numbers would still have seemed inordinately high to the audience of newspaper-reading ratepayers whose expectations of the cost of new public institutions were coloured by George Wilkinson's recent workhouses (c. £12 per head).[34] The disparity must have resonated, for the Board of Works repeatedly stressed: 'the cost of lunatic asylums must necessarily be great, and should not be compared with that of workhouses and ordinary charitable institutions, which is the comparison generally made by inexperienced persons.'[35] As modern scholarship continues to debate the balance of malign and benign intent with which asylums were originally invested, for this author, these numbers do make a compelling argument for the latter: accommodation for the poor but 'deserving' lunatic was procured at 12 times the cost of the sane but 'undeserving' pauper.

In this regard, the Board of Works deserve credit for delivering a brief far more complex and demanding than Johnston's early asylums while simultaneously reducing the total cost-per-bed by one third.[36] However, the Cork governors remained unimpressed:

> These commissioners have merely whitewashed over the iniquity of the Board of Works - like the wash of Roman Cement the house got to patch up their inefficiency and want of attention, and the report will do just as the Roman Cement did for us - leaving the thing just as bad as they found it![37]

They were offered a formal commission of enquiry but rejected it in favour of a House of Commons committee hearing, a decision they would then regret as the committee ignored local grievances to

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[33] *Twenty-second Annual Report of the Board of Works*, HC 1854 [1820] xx.485, pp. 25-6.
[34] Michael Gould, 'Workhouses,' in Loeber *et al.* (eds), *Art and Architecture of Ireland,* p. 201.
[35] *Sixteenth Board of Works Report*, HC 1848 [983] xxxvii, p. 16.
[36] Their early decision to specify three storey buildings instead of the operationally preferable two-storeys accounted for a large portion of the saving.
[37] *Cork Constitution*, 5 Feb. 1856.

dive deeply into the narrow procedural question as to whether the funds for the asylums had been correctly drawn down (they were not).[38] Perhaps inevitably, internal tensions spilled over as an angry house divided against itself: the (mercantile) interests of Cork City demanded more representation on a body they saw as dominated by (landed) representatives of the County, and campaigned for greater transparency in its operation, including a motion that the press be admitted to report the proceedings of every meeting.[39] But united at least in their unwillingness to concede defeat, the local politicians agreed at the next available opportunity to lobby the Lord Lieutenant 'who may be of the greatest possible use in redressing them.'[40] The visit in May 1855 of the latest incumbent, the Earl of Carlisle, was made under rather different circumstances to that of his predecessor three years earlier. His Excellency politely indulged the obligatory tour and the pleadings of sanity by various inmates, but the main business of the day awaited their return to the boardroom. There, the Chairman risked the 'unfitness of mixing up a pure matter of business with festive operations' by laying the complaints of the board before the Lord Lieutenant, in a speech where passion was in greater supply than accuracy:

> [The governors] were kept in profound ignorance of the cost; they were even debarred access to the building during the progress of the work. No opportunity was afforded them of making suggestions or of checking those sins of omission and commission inseparable from the construction of any public building.*[41]*

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[38] About half of the funds were not legally drawn, as one particular clerk had deviated from the approved procedure by not first obtaining sanction of the Privy Council. From the local viewpoint, the point was moot. *Minutes of Evidence... HC 1854-55 [262] viii.531, pp. 7-8*

[39] A measure controversial at the time, but for which this researcher is exceptionally grateful. *Cork Constitution*, 23 Jul. 1853, 24 Sep. 1853, 24 May 1855. The City's own delegates were not popularly regarded as representative of the citizenry, perhaps by virtue of being cadet branches of landed families. *1856 Commission Report*, HC 1857-58 [2436-I], pp. 451.

[40] Town Council, Thursday, *Cork Constitution*, 12 May 1855.

[41] Both claims were untrue, as we shall see. Eglinton Lunatic Asylum, *Cork Constitution*, 24 May 1855.

Within a decade, the same group of local elites had canvassed one Lord Lieutenant against any new asylum, proudly named the completed edifice after a second, before returning full circle to harangue a third about the gross injustices visited upon them. Few public buildings can have experienced such sharp reputational reversals in such short order.

Whether or not Carlisle thought the governors' representation indecorous, their boldness does appear to have paid off, for a Commission of Enquiry was established three months later to examine the expenditure recently incurred by the Board of Works across the entire asylum programme.[42] The Commission comprised a London architect, T.L. Donaldson, and James Wilkes, medical officer of the Stafford County Asylum, who were tasked with visiting each asylum in turn and assessing 'whether any useless and unnecessary expenditure has been incurred... having reference to the site and the materials for building available in each locality.... and whether the materials and workmanship have been sound and creditable.'[43] In addition to receiving written submissions, the commissioners set themselves the task of visiting twelve asylums in under a month – an arduous 700-mile journey at a time when the rail network was still far from fully developed.[44] At most asylums they were greeted by the Resident Medical Superintendent and deputations of governors eager to castigate the perceived mal-administration and incompetence of the Board of Works, but they insisted on always undertaking their own first-hand examination of the buildings.

The commissioners appear to have highly conscientious in assembling the facts of each case and averred unwavering neutrality in seeking 'neither to condemn nor to eulogise', but to 'record

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[42] Most of the new-build asylums of the 1850s were plagued by complaints about cost and defects, but so far as I can ascertain, the Cork board were the most politically active in pursuing the matter, and their specific representation to the Lord Lieutenant does appear to have been instrumental.
[43] *Treasury Minute... 1856,* p. 2.
[44] They also visited earlier asylums which had been extended within the same programme of works.

any departure from the prudent expenditure which should regulate this class of buildings.'[45] Their

final report carefully distinguished between defects attributable to different factors: the Board of

Works' original brief, deficient design on behalf of individual architects, poor workmanship in

execution by the contractors, or bad decisions along the way by any party – a challenging task which

remains at the core of dispute resolution in the construction industry to this day.[46] The

commissioners began with a detailed practical interrogation of the extent to which the new

buildings complied with the *Instructions* provided by the Board of Works and found them, on

balance, to be very substantially compliant. Indeed, several of the issues which gave most cause for

complaint in the finished buildings could be directly attributed to the original design brief; most

notably the specification of rubble masonry walling without applied render or plaster and the explicit

omission of any special measures for heating and ventilation. Problems with water supply on many

sites point to shortcomings in the selection of sites by the Board of Works, while defects in

sanitation and drainage were laid more squarely at the door of the architects.[47]

The commissioners' general ruling was that the Board of Works should remedy patent

defects in every asylum at no cost to the counties, and remit to the counties any expenses that they

may already have incurred in remedial works – with the legislation necessary to enable such rebates

passed in 1855.[48] The Board of Works were sharply criticised for lax oversight, and especially the

absence of cost control – and relieved of any further duties with respect to district lunatic asylums.

Responsibility for procuring designs and tendering the construction of new asylums was returned to

the local governors, whose proposals would be subject to review by a central Board of Control and

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[45] *Treasury Minute... 1856,* p. 5.
[46] Then, as now, the complexity of the process by which buildings are designed, procured and constructed frustrates lay people who yearn for clear culpability: Britain's Grenfell Inquiry and Ireland's National Children's Hospital are but the most recent examples.
[47] *Treasury Minute... 1856,* pp. 6-8, 14-17.
[48] Lunatic Asylums Repayment of Advances (Ireland) Act 1855, 18 & 19 Vic. c.109.

Correspondence. The new legislation notably stopped short of the recommendation that the Executive should retain the power to intervene 'when the local authorities obstinately refuse to discharge their duty...in order that the benevolent intent of the Legislature may not remain unfulfilled.'[49] Obstinate refusal of intransigent local boards would indeed become a source of frustration to the Inspectors later in the century, not least at the Richmond. Local influence would lead to a singular focus on pragmatism and economy – the fallout from the entire episode left little inclination on behalf of local boards to indulge in ego-boosting architectural adventures. Subsequent building projects, great and small, would be entrusted to second-tier architects and county surveyors. The British state's brief but prolific indulgence of a 'liberal and art-encouraging principle' in buildings of public charity in Ireland would not be repeated.

2.4.   The price and politics of ornament

Beyond the tangible defects associated with large and complex structures, the recurring grievance around the 'useless expense of cut stone' demands further interrogation. The 'unnecessarily ornamental character' of the elevations came to be seen, not as a return to medieval values of Christian charity as Pugin might have imagined, but as evidence of the extravagance of the Board of Works and their egotistical architects. The Commissioners, to a point, concurred:

> It must, however, be acknowledged that, at Cork and Sligo, there is an excess of embellishments, ornamental it is true, but much beyond what is suitable for such an institution, and that, at Mullingar and Killarney, some allowance should be made for unnecessarily ornamental parts and uncalled-for cut-stone quoins and dressings.[50]

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[49] *1856 Commission Report*, p. 6.
[50] *Treasury Minute... 1856*, p. 6.

However, having given the contentious matter of architectural style and embellishment their

fullest consideration, the Commissioners concluded that the original preference in the

Instructions for the Gothic style as justified, and regarded it as appropriate that asylum

architecture should publicly communicate something of its higher purpose: We consider the

style suggested to admit of effective, though simple, treatment; and it was generally

admitted in our conferences with the governors, that the public institutions of the country

should not reflect too much its poverty, its crime, or its misfortune...[51]

Their summary is especially interesting for reflecting not only the opinion of two English

professionals, but the balance of opinion across twelve operational asylums. For all that local boards

were aggrieved at being obliged to raise local taxes to repay costs incurred by others on expensive

and defective buildings, they still appeared, up to this point, to accept that architecture, for

architecture's sake, still held a civic and moral value.

With specific regard to Cork, the Commissioners conceded that 'there is an appearance of

costliness in the wrought stonework of the quoins, window-mullions and reveals, as executed in

some buttresses and projecting windows,' as well as in 'the playfulness of the outline.'[52] Yet the Cork

governors were only partially vindicated in their accusations. Having weighed all the evidence, the

Commissioners exposed the governors' ongoing involvement in and tacit approval of the project at

numerous points during the process – contrary to their own highly selective version of events. The

governors' claim for a rebate of over £15,176 on a total building cost of £70,651 was fatally

undermined by the revelation that they had 'unanimously approved' plans in December 1846 which

'were actually more expensive than what was built - the chapel and music hall were curtailed by the

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[51] *Ibid.,* p. 6.
[52] *Ibid.,* pp. 23-5.

Board of Works,' and whose elevations were 'no less decorative or ornamental than what was finally built.' Worse for the Cork governors, the blame for several poor decisions made against the advice of the Board of Works were laid firmly at their door, including the counterproductive decision to move the airing courts to the rear of the building, cut off from views and sunlight, one presumes in the interests of enhancing the formal set-piece to the front.[53] The Board of Works had not been obliged to even consult the local governors, but whether happy accident or political nous, securing their early and ongoing buy-in proved politically prescient. Amidst contradictory evidence, the Commissioners were more convinced by the professional bureaucrats of the Board of Works than by the protestations of the Cork gentry. Like the 1845 decision which compelled Cork to build a new asylum, this report represents another example of mid-Victorian middle-class professional expertise prevailing over inherited social standing. In the end, Cork had to settle for a rebate of £6,013, of which perhaps only one third was attributable to the 'excess of embellishment' (Table 2.1).[54]

	Dundrum	Kilkenny	Cork	Killarney	Omagh	Sligo	Mullingar	New Richmond	TOTALS	averages
Opened to patients	1850	1852	1852	1852	1853	1855	1855	1855		
Architect (Principal Building)	Jacob Owen, BoW	George Papworth	William Atkins	Sir Thomas Deane	William Farrell	William Deane Butler	John Skipton Mulvaney	Murray and Denny		
Raw cost of building	£ 14,072	£ 21,533	£ 70,651	£ 36,618	£ 38,731	£ 31,986	£ 29,678	£ 20,447	£ 263,716	
Land	£ 2,324	£ 1,910	£ 10,850	£ 1,804	£ 1,235	£ 1,625	£ 1,808	£ 4,106	£ 25,662	
Fitout	£ 2,858	£ 1,478	£ 4,804	£ 1,386	£ 1,439	£ 1,587	£ 2,334	£ 1,604	£ 17,490	
TOTAL COST	£ 20,296	£ 24,921	£ 86,305	£ 39,808	£ 41,405	£ 35,198	£ 33,820	£ 26,157	£ 307,910	£ 38,489
Beds when opened	120	150	500	250	300	250	300	160	2030	
Total cost / bed	£ 169	£ 166	£ 173	£ 159	£ 138	£ 141	£ 113	£ 163		£ 153
Building cost / bed	£ 117	£ 144	£ 141	£ 146	£ 129	£ 128	£ 99	£ 128		£ 129
Acres purchased	14	25	57	30	30	30	30	22	238	
Total cost / acre	£ 166	£ 76	£ 190	£ 60	£ 41	£ 54	£ 60	£ 187		£ 96
1856 rebate - ornamental work	n/a	£ -	£ 2,305*	£ 822	£ -	£ 3,000	£ 1,715	£ -	£ 5,537	
1856 rebate - remediating defects / unnecessary work	n/a	£ -	£ 3,708*	£ 632	£ -	£ -	£ -	£ -	£ 632	
1856 rebate total	n/a	£ -	£ 6,013	£ 1,454	£ -	£ 3,000	£ 1,715	£ -	£ 12,182	
Rebate as %age of building cost	n/a	0.0%	8.5%	4.0%	0.0%	9.4%	5.8%	0.0%		3.9%
Rebate, ornament as %age of building cost	n/a	0.0%	3.3%*	2.2%	0.0%	9.4%	5.8%	0.0%		2.9%

*A sum of £4,305 at Cork includes cost of ornamental stone, a superfluous basement and other items. To allow like-for-like, £2,000 for basement,etc, allocated to following cell
Source: *Treasury Minute relating to District Lunatic Asylums (Ireland)*, HC 1856 (9) LIII.367, pp. 18-31.

Table 2.1 Costs and rebates of second phase asylums. Darker shade indicates figures which are higher than average.

[53] *Select Committee*... H.C. 1854-55 [262] viii.531, p. 24.
[54] *Treasury Minute... 1856,* pp. 23-5. The £6,013 rebate included £1,708 for defects, the balance of £4,305 divided between cut stone, a superfluous basement and other items.

Despite their avowedly objective approach, I argue that the commissioners' final recommendations for remittances seem to have been swayed more by the strength of the representations made to them rather than any scientific assessment of building costs. The commissioners recommended remittances for superfluous ornament at Killarney and Cork representing between 2 and 3% of the building cost, but allowed nothing in respect of the Richmond, even though by my assessment there is little to choose between the extent of dressed stone in all three (Figures 2.8, 2.9, 2.10).[55] Rather, I suggest that the difference lies in the fact that the governors of the Richmond made no claim for redress, taking so little interest in proceedings that they did not even deign to meet the commissioners during their inspection.[56] Again, both George Papworth at Kilkenny and John Skipton Mulvaney at Mullingar employed a similar stylistic treatment, but whereas the Kilkenny governors complained only of functional defects, the Mullingar representatives demanded that the commissioners attend their asylum for a second day so that the full board could air their many masonry-related grievances. Their efforts netted themselves a rebate close to 6% of cost of a building they regarded as 'singularly extravagant and inappropriate,' despite the fact that Mulvaney had delivered the lowest per-bed cost of all.[57] Only at Sligo – William Deane Butler's extraordinary exercise in Elizabethan Revival – does the case for architectural excess seem to be inarguable on its own merits, and this was reflected in a rebate for ornamental work of close to one-tenth of the cost of the building (Figures 2.11, 2.12).

Aside from reaffirming an ancient lesson about squeaky wheels, the more important insight is that the actual sums of money directly attributable to architectural excess were, in their own right,

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[55] My assessment of the now-demolished Richmond being necessarily limited to drawn and photographic records.

[56] Ibid., p. 27. They could afford to be sanguine, having been relieved by central government of any repayments on Johnston's original asylum, see Chapter 1.

[57] Mullingar Lunatic Asylum, *Longford Journal*, 7 Apr. 1855.

so low as to be insignificant from the point of view of the rate-payer. The real issue lies in the fact

that the Gothic revival asylums were typically three to five times larger than their Johnston-and-

Murray predecessors, and hence between two and three times more expensive in absolute terms

(given the slightly lower per-bed cost). These higher capital costs also fell on a much narrower base,

and that is before considering their recurring operating costs. For example, the 150 bed Limerick

asylum cost just over £30,000 in 1829, with repayments divided between counties Clare, Kerry and

Limerick city and county.[58] At a cost just below £40,000, Kerry's 250 bed asylum at Killarney might

have been cheaper per bed, but the associated repayments for the single county would have

represented a four-fold increase (before accounting for inter-county rebates of earlier payments). In

different circumstances, this might not have mattered much; even the largest projects barely move

the needle of a national budget and so their effect on general taxation is imperceptible. But county-

based taxation for county-based institutions represents a wholly different paradigm. The

expenditure needed to maintain the new asylums and repay the capital costs would be immediately

and tangibly felt by the ratepayers of the county, who since 1838 had also borne the increasing

burden of the new Poor Rate. At this remove of history, it is difficult to fully appreciate the financial

and political ramifications of whether a new asylum added one extra penny per acre on the rates, or

four.[59]

Even for unaccountable elites who were not reliant upon a popular democratic mandate,

imposing such a sharp increase in local taxation was fraught, and that is before considering the wider

state of the nation. Buildings which were originally conceived when potato blight was reported as a

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[58] Strange as it may seem today, construction inflation appears to have been negligible in the period; perhaps even negative due to the super-abundance of labour during the Famine.
[59] Thomas Spring Rice, in his evidence to the 1817 committee, estimated the cost of the new asylums at one penny on the acre. *Report from the Select Committee on the Lunatic Poor in Ireland*, HC 1817 [430] viii, p. 18.

matter of modest concern opened their doors into a country which had lost two million of its citizens

to starvation, disease or emigration. The political system at local and national levels had proven

variously unable or unwilling to avert the catastrophe, many landed proprietors were teetering on

the brink of insolvency, and costs which may have seemed reasonable in the pre-Famine world

would now be seen in an entirely different light. The cut stone can therefore be seen as a lightning

rod for discontent whose true source was the sheer magnitude of the cost which now had to be

recouped via increased local taxation. To trace causation back one step further, we might say that

the seeds of discontent were sown in the original legislation. Where Peel's administration

sanctioned grants from central government funds for the three Queen's Colleges (£100,000 capital)

and the seminary at Maynooth (£30,000 capital and £26,000 annual subvention), no new money was

forthcoming for the as-yet-undefined number of new asylums and extensions envisaged under the

1845 act – the costs would have to be borne by the counties.[60] The legislators delegated decisions

about cost and scope to the Lord Lieutenant who relied in turn on the advice of the Inspectors of

Lunacy. The Inspectors dutifully determined the enormous scale of the building programme required

to meet present and future needs, but not its cost. The Board of Works were best placed to establish

the budget, but in the absence of politically imposed limits from London or Dublin, failed to do so.

Actors at all levels seem to have complacently trusted in the open-ended availability of Treasury

loans for the programme, but neglected to consider the financial capacity of the counties who would

have to repay the ensuing debt while remaining entirely powerless in the process. Communities

might have admired the impressive new asylums when they first emerged from the scaffolding, but

when the financial cost came to be paid, what was 'ornamental to the county' became obnoxious to

the individual ratepayer.

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[60] Except for the government-funded Central Criminal Lunatic Asylum, for which the legislation was named.

2.5.   'A palace for the poor': New Richmond and the Mater Misericordiae Hospital

In contrast with the high drama and associated media profile of the new asylum building in Cork, its counterpart at Grangegorman in Dublin seems to have barely registered in the public discourse. Even though most of the Dublin papers covered the new asylum legislation of 1845 and several habitually reprinted the annual reports of the Board of Works verbatim, Murray and Denny's new Gothic Revival building hardly featured. Only the short-lived and niche title *The Advocate, or Irish Industrial Journal* briefly recorded a site visit by the Board of Works who noted their high approbation for the 'magnificent building' of 'superior style and appearance'; observations which were justified by the gentlemen's knowledge of 'the greatest works in the kingdom,' (and presumably not their bias as the commissioning client).[61] The Lord Lieutenant, the Earl of Carlisle, made a duty-call to Grangegorman in 1855. He arrived on horseback with minimal pomp, visited both old and new buildings in under two hours, and departed with a note of faint praise that the asylum was 'such as he had expected, and well adapted for promoting the well-being of its unfortunate inmates.' Many of the latter had accosted him on his rounds and 'earnestly detailed to him the causes of their displeasure' – typically unwarranted detention in the face of perfect sanity.[62] As an event, it compared poorly with his predecessor's visit to Cork in 1852 - even allowing for the comparatively lesser novelty of a visit by a noble personage whose 'commute' saw him pass within half a mile of the institution on a daily basis.[63]

In terms of absolute scale, the new 160-bed building at Grangegorman was only a moderately large building, whereas the 500-bed asylum at Cork was a spectacle by any measure - the largest civilian project of the era, and exceeded in scale only by the most extensive military

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[61] The Lunatic Asylum, *The Advocate, or Irish Industrial Journal*, 20 Aug 1851.
[62] Visit of His Excellency the Lord Lieutenant, *Dublin Daily Express*, 21 Jul 1855.
[63] Grangegorman lying almost midway between the Viceregal Lodge and Dublin Castle.

barracks.[64] Relative to its local context the New Richmond ranked even lower: Dublin already had

many larger public and institutional buildings, most of which were far more prominent in the urban

landscape than the reclusive new asylum. In a competitive market for public attention where even

the most novel buildings and architecture rarely command more than fleeting interest, it counted

for little that it was, by my assessment, one of the most accomplished secular essays in the Gothic

Revival style yet built in Ireland.[65] The metropolitan public could instead marvel at the revolution in

travel advertised by the facades of five new railway termini, or express awe at the 'stupendous' scale

and speed of execution of the buildings of the 1853 Industrial Exhibition, Dublin's creditable

response to London's Crystal Palace.[66] In visual terms, the New Richmond was small beer in a large

and changing city.

But neither the railways nor the Great Exhibition could compete with the changes being

wrought by the Catholic Church. New spires were changing the city's skyline as the post-

Emancipation church building boom – interrupted by the famine – resumed with a frenzy, forcing

other denominations to build to compete.[67] Places of worship were only part of the story, as city and

country were also remade by the addition of scores of new religious-run institutions to meet an

ever-growing range of social needs. The asylum's relative pre-eminence within a small pool of state-

run welfare institutions was declining within an architectural landscape and institutional

marketplace increasingly dominated by the Catholic Church. Nowhere is the shift more pronounced

than in the religious fervour, pomp and festivities which marked the commencement, also in 1855,

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[64] By contrast with Britain, Ireland in this period still had very few large industrial buildings.
[65] Obviously excluding places of worship. What remains inexplicable to this author is that the industry press – which carried updates and descriptions of all of the other asylums of this era at one point or another – also failed to remark upon its arrival.
[66] The Great Industrial Exhibition of 1853, *Freeman's Journal*, 10 Nov 1852.
[67] Christine Casey, *The Buildings of Ireland: Dublin* (New Haven & London: Yale University Press, 2005), pp. 53-9.

of the 'noble edifice' of the new Mater Misericordiae Hospital, less than a mile along the North

Circular Road from Grangegorman. In a city of crowded tenements where cholera was rife, options

for the poor to access healthcare were limited to the workhouse hospitals and a handful of small

voluntary hospitals, many of which evinced a Protestant ethos.[68] Founder of the Catholic religious

order of the Sisters of Mercy, Catherine McCauley, dreamed of establishing a new charitable hospital

for Dublin, and while she did not live to see it, her successors carried her wishes into reality. Their

ambition was evident in the choice of site – the 'Royal Circus' – an urban set-piece which was to

have crowned the Gardiner Estate's century-long urban vision for the north city, but whose

execution would not survive the departure of the Irish parliament from Dublin in 1801 (Figure

2.13).[69] The significance of locating a major Catholic institution for the poor on a prominent site

salvaged from the wreckage of Protestant Ascendancy urban planning would not have been lost on

anybody, and the religious sisters appeared equally determined to secure a building worthy of the

setting. Architect John Bourke planned a 500-bed hospital to be delivered in phases, employing a

courtyard layout which was already outmoded in 1855, and would appear even more so once

Florence Nightingale's new ideas began to emanate from the Crimea.[70] For architectural historian

Christine Casey, Bourke's eclectic composition 'is a triumph of scale and material over design,'

mixing Palladian, Baroque, and Neoclassical references (Figures 2.14, 2.15).[71] But the building's

monumental qualities outshone its clinical and grammatical shortcomings. More importantly, its

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[68] Eugene Nolan, *Caring for the Nation: A History of the Mater Misericordiae University Hospital* (Dublin: Gill & MacMillan, 2013), pp. 2-10.
[69] The sisters paid £1,610 for 4 acres of prime building land – more than twice the £187/acre paid at Grangegorman. The Gardiner Estate's influence was such that the Royal Circus was marked on successive maps of the city, despite never being laid out in reality.
[70] By 1863, visiting experts would characterise the plans as quite deficient. Nolan, *Caring for the Nation*, p. 3.
[71] Casey, *The Buildings of Ireland: Dublin*, pp. 281-2.

design had received the blessing of Ireland's most powerful Catholic prelate, Archbishop of Dublin

(later Cardinal) Paul Cullen:

> Some said that the proposed building would be too expensive, that it would be too grand for
>
> the poor, and that it would be better to erect a less ornamental structure which would be
>
> more in harmony with the miserable normal conditions of our poor. Having been consulted
>
> on the question, I declared in favour of the present plan. We have palaces for guilt – we
>
> have palaces for force – we have palaces for legalised want, in which what is called
>
> pauperism is dealt with according to the principles of an unfeeling political economy. Why,
>
> then, should we not have at least one palace for the poor in which poverty would be
>
> relieved in a true spirit of charity and according to the dictates of the Gospel.[72]

On 24 September 1855, the project got underway with the laying of the hospital's foundation stone.

Extensive press coverage drowned the event in a sea of superlatives. Archbishop Cullen, 'wearing

the jewelled mitre, bearing crozier and robed in ... surplice and stole, with cope of cloth of gold,'

presided in full pomp over the ceremonial procession and blessing which was attended by a

veritable army of lay and religious dignitaries who were afterwards entertained in a 90-foot

marquee.[73] The contrast with the vice-regal visit to Grangegorman two months earlier could not be

starker. The Lord Lieutenant in almost any setting might have struggled to compete with this

spectacle, though he did have the good grace to patronise a fundraising bazaar for the hospital.[74] But

what we see is the episcopal hierarchy of a newly disciplined and increasingly powerful Roman

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[72] *Annual Report of the Mater Misericordiae Hospital Council*, 31 Dec. 1866, cited in Nolan, *Caring for the Nation*, p. 11.

[73] The Mater Misericordiae Hospital - Laying the Foundation Stone, *Dublin Evening Post*, 25 Sep 1855.

[74] Roman Catholic Church – Mater Misericordiae Hospital – Grand Bazaar, *The Advocate, or Irish Industrial Journal,* 21 Jan 1857. The event was refreshingly ecumenical, held in the Rotunda, a function space attached to the eponymous Protestant maternity hospital.

Catholic Church in Ireland – of which Cullen was principal driving force – assuming the mantle as

Ireland's new royalty.[75]

Palatial comparisons notwithstanding, the first phase of the Mater was actually similar in

scale to the New Richmond. Yet, we can see that the mere act of laying its foundation stone was

incomparably more newsworthy than the completion and opening of an entire asylum. I argue that

the difference cannot be attributed to its more prominent siting or even greater sympathy for poor

patients whose ailments were physical rather than psychiatric. Instead, I see the greater distinction

in how the project was conceived, by whom, and under whose patronage. The Mater reflected the

moral values of a Catholic-majority Irish city in a way that an asylum mandated by the British state

and patronised by its Viceroy could not. The Mater remained rare for the unabashed monumentality

of its architecture, but its genesis as a voluntary, religious institution provided a foretaste of wider

changes being wrought across Irish society, which would soon see the state eclipsed as the leading

sponsor of institutions for health, education and welfare. Tom Inglis describes the process by which

Irish society was civilised, moralised and transformed by the Roman Catholic Church. It did so with

the tacit support of a British state which had finally conceded defeat in its century-long project to

Protestantise Ireland and which needed a strategic partner to remediate the 'backwardness' which

had resulted.[76] The central state would increasingly subcontract the task of meeting the nation's

social needs to the Catholic Church, to the extent that when Queen Victoria made her final visit to

Ireland in April 1900, her itinerary included an official visit to the Mater Hospital.[77] The asylums lived

on, but as the stub of a state-controlled welfare system truncated in its infancy.

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[75] Cullen was 'the most important and influential Irishman in the generation between the death of Daniel O'Connell and the rise of Charles Stewart Parnell.' Barr, 'The Re-Energising of Catholicism', pp. 281, 301.

[76] Inglis, *Moral Monopoly*, pp. 12-13, 140-158.

[77] Nolan, *Mater Hospital*, pp. 69-71.

2.6.   Beauty in the eye of the donor: Cork Asylum and St Marie's of the Isle Convent

While the political controversy over ostentatious architecture at Cork asylum and its contemporaries may initially seem like a reprise of the old debate about the level of ostentation appropriate in buildings of public charity, I have demonstrated that the fallout actually owes less to moral judgements around magnificence in charity than to the sheer magnitude of cost imposed on local communities.[78] Yet somehow, the same communities were willing and able to fund a massive expansion of welfare institutions across Ireland in the period after 1850. It is this apparent contradiction that I will now explore, by means of a religious building built for the same client as the Mater, though of much more modest proportions.

Even while busy with plans for the new Cork asylum, architect William Atkins was simultaneously working on another strikingly similar design nearby. As one of the last Anglican architects to regularly 'cross the aisle' for Catholic commissions, he was appointed to design a new convent for the Sisters of Mercy which would be known as St Marie's of the Isle.[79] Constructed between 1850 and 1852, it exhibits many architectural devices familiar from the asylum: picturesque massing, a roofline of towers and steeply raked gables, decorative buttresses, chimney stacks, niches, and a variety of window types, all cut from the same silvery-white limestone used at the asylum (Figure 2.16). The Cork convent was originally founded in 1837, and cared for homeless women and orphans from a series of repurposed buildings which 'as far as air, light and commodiousness may be taken, is not suited to be for them much better than a prison.'[80] A long search for a site ultimately secured a property once occupied by a pre-Reformation Dominican priory

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[78] Stevenson, *Medicine and Magnificence*, pp. 90-7.

[79] Jeremy Williams, 'William Atkins, 1812-1887, A Forgotten Cork Pre-Raphaelite', in *Decantations*, ed. Agnes Bernelle (Dublin: Lilliput Press, 1992), pp. 243, 246-8.

[80] Convent of the Sisters of Mercy, *Cork Examiner*, 3 May 1850.

- 'ground hallowed by ecclesiastical reminisces,' although the proximity of tanneries and slum

dwellings belie its claim to being a 'healthy locality'.[81] The Mercy Sisters were no amateurs when it

came to building – in Colin Barr's words they enjoyed 'a latitude and scope of operation

unprecedented in Ireland and unavailable to all but the most elite or determined laywomen.'[82] Kate

Jordan has shown how nuns were quite capable of defining and controlling the spatial programme

for their new buildings, even if the price of doing so meant having to defer to the architect on

matters of external style.[83] In this, they shared with the Board of Works and the Inspectors of Lunacy

the sense that while external appearance was the rightful domain of the architect, internal

programme could only be defined by operational experts.

Whether a similar compact governed the working relationship between William Atkins and

the sisters is a question beyond this research – but we can observe that Atkins enjoyed a free hand

to realise a highly articulated façade on a charitable institution. The foundation stone was laid with

full pomp by the local bishop in 1850 before 'a large number of the respectability [sic] of the Catholic

population of the city' crowded onto a temporary viewing platform – a far larger and more public

event than that presided over by the Lord Lieutenant at the Cork asylum two summers later.[84] As

work on the convent stalled for want of money, fundraising efforts were reinvigorated by the

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[81] The re-appropriation of pre-Reformation sites held particular resonances for post-Emancipation Catholics who regarded each such example as righting a historical wrong. Convent of the Sisters of Mercy, *Cork Examiner*, 3 May 1850.
[82] Colin Barr, 'The Re-Energising of Catholicism, 1790–1880', in *CHOI Vol.3*, pp. 280–304, p. 303.
[83] Kate Jordan, 'Ordered Spaces, Separate Spheres: Women and the Building of British Convents, 1829-1939' (unpublished PhD thesis, University College London, 2015), pp. 132, 140-2. Jordan shows how McAuley dutifully complimented the Gothic Revival style imposed upon her Harmondsworth convent by its private patron while disparaging it in private correspondence. Ibid., p.142.
[84] The laying of the foundation stone of a religious building is analogous to an official opening elsewhere, as the formal dedication must usually await the completion of the chapel and/or the clearance of any debt, sometimes decades later. Convent of the Sisters of Mercy, *Cork Examiner*, 3 May 1850. Dedication of the Chapel of the Sacred Heart - St Marie's of the Isle, *Cork Examiner*, 4 Nov. 1870.

formation of a committee of influential local Catholics, whose promulgation of the many benefits of

the new institution sought to appeal to higher religious instinct:

> this noble institute, embracing as it does, the instruction of the poor, the relief of the
>
> destitute, the visitation of the sick, the care of the orphan, the protection of the friendless
>
> young women exposed to the dangers of want and temptation, ought from mere human
>
> policy, but still more from higher and holier motives, be generously sustained and anxiously
>
> watched over, and fostered by the citizens of Cork.[85]

The meeting passed a specific motion of approbation for the building's design, 'which reflects the

highest credit on the distinguished Architect, Mr. Atkins.' Atkins' drawing of the building was at the

time on display in Ireland's first National Exhibition in the city, opened by the Lord Lieutenant earlier

that summer during the same visit that saw him officiate at the asylum (Figure 2.17).[86] The attendant

press coverage rowed in behind the cause and added praise of their own:

> Everyone who sees it must be struck by its chaste conventual style, its solid and enduring
>
> character, its correctness of architectural detail, and its admirable adaptation to the
>
> important purposes for which it its intended.[87]

The asylum, as we have seen, was similarly feted in the course of construction during 1850-

52 before suffering a sharp reversal of fortune upon opening. While the true cost of the newly

occupied asylum had not yet been reported in the press by September 1852, we might infer from

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[85] The Sisters of Mercy, *Southern Reporter and Cork Commercial Courier*, 29 June 1852.
[86] Exhibition Building, *Southern Reporter and Cork Commercial Courier*, 1 July 1852.
[87] New Convent of the Sisters of Mercy, St Marie's of the Isle, *Cork Examiner*, 13 Sep. 1852. New Convent of the Sisters of Mercy, St Marie's of the Isle, *Southern Reporter and Cork Commercial Courier*, 16 Sep. 1852.

the same columnist's defensive turn that the initial rumblings of local disquiet which threatened to

thwart fundraising efforts for the convent:

> At the same time – and this is a matter not generally understood – the style is, of all, the
>
> least expensive for a building of the kind - costing little more, in the first instance, than our
>
> cement and lath and plaster houses, and requiring none of the repairs which they are
>
> constantly in need of... [88]

If the published construction costs are to be believed - a projected outturn of £6,816 for land

purchase, building shell and basic fit-out (with the chapel deferred) - the correspondent need not

have worried unduly. These costs appear anomalous, implying a per-square-metre cost less than half

that of the asylum for a similarly appointed building.[89] I have yet to establish a satisfactory

explanation for this disparity; indeed, the *rebate* eventually secured by the asylum governors in 1855

would have all but paid for the entire convent. It is also hard to imagine that St Marie's un-rendered

rubble-stone facade could have escaped the dampness which plagued the asylum, but such issues in

a privately operated institution might never become public knowledge. Instead, the convent building

settled quietly into the background of city life, featuring in print annually as the beneficiary of an

annual charity sermon. The Mercy Sisters were soon onto their next venture: the conversion of the

former Mayoralty House (and symbol of the city's Protestant ascendancy) into a medical hospital for

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[88] *Cork Examiner*, 13 Sep. 1852. The distinctive 'old red' sandstone used for the convent weathered poorly compared to the brown sandstone of the asylum, requiring extensive remedial work in the twentieth century.

[89] The capital cost cited for construction and fitout (£6,288 excluding land) would represent around 8.5% of the equivalent figure for the asylum (£74,977), for a building containing approximately 18% of its superficial area. Even undocumented factors such as donations in kind, a contractor working at-cost, or hyper-vigilant contract administration compared to the laxness of the Board of Works cannot explain such a differential. *Southern Reporter and Cork Commercial Courier*, 29 June 1852.

the poor which opened by 1857; an institution similar in purpose but smaller in scale than its

purpose-built Dublin namesake already encountered.

Even if the anomalously low build cost is correct, the headline still masks another striking

fact. Cork *city's* pro-rated share of the total capital cost of the new (city and county) asylum was but

one eighth of the total project cost: some £10,548. Repayable in interest-free instalments over 14

years, this represented a fairly modest annual charge to local taxation of £752.[90] By contrast, the

city's Catholic citizens voluntarily donated twice this sum on average, each year between 1848 and

1852, to fund the capital cost of St Marie's. The same pool of donors would also fund the fitting out

of the Mayoralty House as a Mercy Hospital in 1857, and a seemingly endless succession of

churches, convents, schools and institutions thereafter.[91] Most spectacular of all was the fundraising

drive for a new convent, Magdalene asylum and industrial school for the Good Shepherd sisters

(Figure 2.18). Co-sponsored by the Lord Mayor and Catholic bishop, the subscription list which

opened on 10 April 1870 almost immediately garnered £6,553 in donations and exceeded £12,000

by October of the same year – more raised voluntarily in six months, for this one cause, than the city

had grudgingly repaid for the original asylum over 14 years.[92]

Atkins' asylum and convent embodied similarly elaborate architectural language, yet met

with completely different popular responses, and I do not believe that the difference can be

explained only by the lower cost of the latter. Nor can we rely upon a simple sectarian narrative of a

Catholic majority hostile to the works of the Protestant state. It is true that the membership of the

convent fundraising committee and asylum board of 1852 were all but mutually exclusive, and

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[90] *Ninth Annual Asylum Report*, HC 1859 session 2 [2582] x. p. 10.
[91] The New Hospital of the Sisters of Mercy, *Cork Examiner*, 11 Mar. 1857
[92] Proposed Establishment of a Magdalen Asylum, Industrial School and Reformatory, *Cork Daily Southern Reporter*, 12 Apr. 1870; New Magdalen Asylum at Sunday's Well, *Cork Daily Herald*, 3 Oct. 1870.

divided substantially along religious lines.[93] Yet the most vocal critics of the ill-fated asylum project were the asylum's own – mainly Protestant – governors. Their Catholic counterparts, even if discommoded by rising taxation and a lack of representation, seemingly preferred to devote their energies to promoting their own solutions to the social problems in their midst. If the argument must be reduced to simple binaries, the defining difference lies not between Protestant and Catholic, between the relative 'deservingness' of sane and insane, or even between Church and State *per se*, but between local, voluntary initiative and government by decree.

British Prime Minister Robert Peel's legislative flurry of 1845 – which included legislation to expand the asylum network, to extend the national seminary at Maynooth and to create non-denominational third-level colleges – left a tangible mark on Ireland's landscape and society, even if it also contributed to the downfall of his own government.[94] But his administration was also responsible for another less obvious act which I suggest ultimately had a far greater impact on Ireland's institutional built environment than these three combined. The Charitable Donations and Bequests (Ireland) Act 1844 finally made it legal for Catholics to bequeath legacies to the church. This, and later amendments which extended the provision to include religious orders, provided the church with a steady flow of donations through the second half of the nineteenth century.[95] Much of this stock of capital would be converted into buildings: most obviously new and enlarged

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[93] Two exceptions being the Lord Mayor (ex officio) and the local brewing magnate, a staunchly unionist Catholic. It is also acknowledged that city representatives were a small minority on an asylum board numerically dominated by county interests. Committee members and donors listed in: *Southern Reporter and Cork Commercial Courier*, 29 June 1852. Asylum governors listed in: Visit to the New Lunatic Asylum, *Cork Constitution*, 15 June 1852, and Eglinton Lunatic Asylum, *Cork Constitution*, 24 May 1855.

[94] D.A. Kerr, *Peel, priests and politics: Sir Robert Peel's administration and the Roman Catholic Church in Ireland, 1841– 1846* (Oxford: Oxford University Press, 1982), p. 120. Barr, 'The Re-Energising of Catholicism', pp. 288-9.

[95] After Emancipation in 1829, Irish Catholics had fought, and won, a dispute over the payment of tithes to the Established (Anglican) Church; but their own church continued to rely entirely upon the voluntary donations of the faithful to build its chapels and maintain its clergy.

churches, but also convents and monasteries, day schools, boarding schools and seminaries,

hospitals and hospices, orphanages, reformatories and industrial schools, refuges for the ill, indigent,

or elderly, receptacles for the sensorily deprived, congenitally deficient or morally deviant.

By one contemporaneous estimate, the sums collected to maintain Ireland's main religious

denominations– around £1.5 million in 1860 – roughly matched the total payable in statutory local

taxation (county cess and the poor rate combined). But where the c. £700,000 in tithes which

maintained the Established (Anglican) Church were also a statutory burden, the similar sums

committed to the Roman Catholic Church were – at least in legal terms – entirely voluntary.[96]

Historian Emmet Larkin estimates that the voluntary donations of the Catholic faithful, beyond what

was needed to maintain their clergy, funded between £4.5 and £5.5 million of capital works between

1800 and 1865. Two-thirds of this was spent on some 1,800 churches, but the balance was

estimated to have built 217 convents, 40 colleges or seminaries, and 44 hospitals, asylums and

orphanages, and with increasing Catholic prosperity, their numbers kept rising through to the end of

the century. He estimates that the Catholic Church in the period absorbed 3% of the Catholic share

of national income, or 15% of surplus income, although his argument that this was an economic drag

which reduced the amount of capital available for productive investment slightly missed the point

that these resources were mostly directed to social services that might otherwise have been funded

– like the asylums – from higher statutory taxation.[97] The significance of these numbers lies not only

in the tangible change that it rendered in the Irish built environment, but also in what it tells us

about the society in which our asylums existed. Larkin goes on to describe the:

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[96] Division of the County for Assizes Purposes, *Cork Examiner*, 3 Sep 1860.
[97] Emmet J. Larkin, *The Historical Dimensions of Irish Catholicism* (Washington: Catholic University of America Press, 1984) pp. 19-20, 34-6.

...energy... ingenuity ... perseverance and... confidence that would make the most hard-headed exponent of the Protestant ethic gasp. Bazaars, pilgrimages, shrines, altar societies, sodalities, confraternities, special collections on almost every Sunday and holiday of the year, and clergy collecting and canvassing the far-flung Irish missionary empire became an integral part of the Irish Catholic way of life.[98]

Larkin inclines towards a view of avaricious clergy and submissive parishioners, but archival research by Patrick Doyle and Sarah Roddy instead presents donations and legacies as important evidence of the values and volition of ordinary individuals whose opinions are not otherwise documented. But while only the more notable or controversial bequests tended to register in the institutional archives, Peel's legislation of 1844 actually required that all bequests to the Church must be made public. Late-nineteenth and early-twentieth century newspapers thus record a continuous stream of legacies received by a wide variety of church-run institutions, source material which could only enrich Doyle and Roddy's line of inquiry. But the insight from the papers is not limited to the wills of the wealthy. Almost every other week in the larger cities one finds reports of special collections and appeals to support the erection or maintenance of one or another church-run institution. These accounts frequently included named lists of individual donors alongside the sum given, which might range from a single donation of £100 or £50, down to dozens of offerings of 2 shillings or less. (Figures 2.20, 2.21). The practice is easily framed as a form of peer pressure which would have seemed especially invidious to those who couldn't even afford to buy the paper, but the very real challenges faced by the poor do not give us the right to assume that they, too, were not sincerely invested in the social and spiritual cause at hand, and gratified by exercising their limited financial agency. Inglis casts public displays of piety – including public giving – in utilitarian terms as a

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[98] Ibid., p. 28.

means of signalling 'respectability' and enhancing social and cultural capital amongst peers, and therefore rational in the long-term pursuit of improved economic capital.[99] Doyle and Roddy offer a more rounded view that people gave 'because it served multiple and important purposes in their outward social and their interior religious lives, in both its earthly and anticipated spiritual forms.'[100] If we accept published donation lists as a proxy for the heretofore elusive voices of lower socio-economic groups, we can extend Doyle and Roddy's argument beyond the highly-charged circumstance of the death-bed to the life-long giving habits of the greater part of the Irish population.

2.7.   Conclusion

In this chapter, I have attempted to decode the meanings which newly completed asylums embodied for wider society. With the exception of scandal or disaster, a public institution is never more newsworthy than in the moment that it opens for use. I had hoped that the popular press would reveal some of the contemporary reactions to these striking new buildings, and indeed we see that most were welcomed as picturesque additions to the local landscape. The sheer audacity of the construction project at Cork – following on from its controversial birth – ensured that it received an exceptional amount of coverage, while its counterpart in Grangegorman, perhaps by virtue of relatively modest scale and reclusive setting – arrived almost unnoticed. The governors at Cork, having overcome their earlier misgivings, publicly embraced the high profile project and sought to further burnish its reputation by naming it in honour of the monarch's representative in Ireland. Regardless of whether or not the public valued such gestures as much as the governors, we might

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[99] Inglis, *Moral Monopoly*, pp. 68-76.
[100] Patrick Doyle and Sarah Roddy, 'Money, Death, and Agency in Catholic Ireland, 1850–1921', *Journal of Social History*, 54.3 (2021), pp. 799–818.

reasonably have expected it to burnish civic pride in the institution, had other circumstances not

intervened.

However, the positive sentiment at Cork and other asylums was soon soured by the

appearance of multiple serious defects in the new buildings. In fairness, the task entrusted to the

Board of Works – of simultaneously constructing a portfolio of twelve major public buildings of

unprecedented scale and technical complexity, embodying numerous innovative features and

spread across all four provinces of a poorly connected (and latterly starving and lawless) country –

would be probably be regarded by its present-day successor as impossible. That they substantially

achieved their goals did not spare them from the ire of local governors, or indeed from criticism in

the various enquiries that followed. The BoW also stood accused of wasteful expenditure on

architectural vanity – the same features which enhanced the appeal of the buildings as they

emerged from their scaffolding became weaponised in a battle for financial compensation. From the

rhetorical positioning of the governors, one could be forgiven for thinking that the half of the budget

that was not spent on defective fabric was frittered on useless ornament. Stepping back from the

heat of this debate, my focus on the cold numbers has been revealing. The actual sums

independently assessed as being attributable to excessive ornament were quite small – around 3%

on aggregate across all of the total cost of all seven asylum buildings. Even setting aside my

suggestion that these rebates were influenced more by the vigour of the claims than their

substance, the fact remains that extraneous embellishment was not a significant driver of cost,

merely its most visible.

Where Stevenson's observation that asylums 'remained liable to the powerful conviction

that ornament is always purchased at the expense of utility, exteriors at the expense of interiors'

might have seemed apt here, I instead conclude that the concerns in the Irish context were more

practical than moral.[101] The governors did not desire a cheaper façade in order to invest in internal

comfort, but rather, to reduce the absolute cost to rate-payers. Defective fabric made life

uncomfortable for patients and subordinate staff, but it was the burden of extra maintenance and

repair that was intolerable to management. Further interrogation of the figures suggests to me that

what really turned local hearts and minds against the enterprise was the sharp increase in local

taxation felt in every rate-paying household. The lower cost-per-bed mattered little when a county

became solely liable the cost of an asylum twice as large as the one whose upkeep it previously

shared with two, three or four other counties. The fundamental iniquity of taxation-without-

representation rankled, but the visible features of fine architecture represented a more tangible

target than the defective legislative and funding arrangements under which it was built.

Historic newspapers have been an invaluable source, but my wider survey of press coverage

left me surprised that these physically large, visually arresting and socially significant new buildings

did not attract far more attention in all their novelty. Reading around this absence reveals that many

more column inches were dedicated to the various new institutions erected by the Roman Catholic

Church, and this inadvertent insight has profoundly changed the shape of the thesis that follows.

Once we start looking past the asylum, it is impossible to avoid accounts of fundraising committees,

bazaars and charity sermons in support of religious-run voluntary institutions. Published lists of

donations large and small demonstrate that the poor whose voices we so seldom hear were of one

mind with their richer neighbours, supporting the same collections according to their respective

means. Stone-laying ceremonies led by the local bishops took on a performative quality which

captured the public imagination and nourished the popular narrative of a Catholic nation resurgent

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[101] Stevenson, *Medicine and Magnificence*, pp. 210-11.

and triumphant. No asylum opening, and not even the Lord Lieutenant in all his pomp of office,

could compete.

I conclude that the binaries of statutory / voluntary and central / local offer a productive

lens through which to reprise the stories of Cork and Grangegorman asylums thus far. The

eighteenth-century Cork City and County Asylum was a classic example of locally funded voluntary

initiative, and a repository of civic pride whose independence was jealously guarded. Its successor

was initially resented as the unwelcome imposition of a hostile power (central government), briefly

feted and latterly despised as evidence of the waste and incompetence of the bureaucracy – all

ironically by grand juries of city and county who themselves could boast a long track record of mal-

administration. By contrast, I have encountered little evidence to suggest that Dublin's Richmond

Asylum ever inspired much by way of civic pride – an over-reliance on central government seems to

have dulled its governors' own sense of initiative. At the national level, the political construct of the

centrally-mandated but locally-funded asylum system which existed between 1835 and 1856 was

insensitive to local conditions, denied local agency, suppressed initiative and bred resentment.

By contrast, the responsiveness of religious orders to local need, their high moral standing,

and their relevance to a national narrative of resurgent Catholicism, meant that their institutions

enjoyed high levels of popular support. The institutional Catholic church shared with the Protestant

ascendancy who administered the asylums a preference for acting autonomously of central

government. But where the latter had by the early nineteenth century substantially shredded their

legitimacy in the eyes of both the public and the Westminster government through avarice and

incompetence, the former commanded the absolute confidence of the vast majority of the Irish

populace, and would continue to monopolise it for close to 150 years. Ireland's Catholics trusted

their church more than the British state as an intermediary in the distribution of social welfare. Rich

and poor gave generously in life and after death, certain that the church could be trusted to use

their donations effectively in pursuit of morally impeccable objectives. In a curious paradox of late-

colonial history, the British state also came to regard the Roman Catholic Church in Ireland as a more reliable partner than the loyal unionists of its own local government structures, and learned that it was more productive to incentivise and support voluntary initiative, than to command and control from Dublin or Westminster. As the voluntary sector came to dominate the institutional landscape, the asylum system ended up as a historical dead-end in administrative terms, a minority venture in spite of its ever-expanding scale.

I conclude this chapter with the image of a nascent Irish, Catholic nation who despite (or perhaps because of?) their substantial disenfranchisement from local and national politics, directed their resources not only to raising and adorning parish churches to the glory of God, but to the development of a whole range of social services which reflected their needs much more closely than the actions of a remote government. The Cork ratepayer who resented the increase in taxation to pay for Atkin's excessive embellishment in the asylum and cared little for its cause, is the same donor who gave generously in support of the same architect's identically detailed convent and school at St Marie's of the Isle and identified with the values it represented. The moral worth of a cut stone quoin is determined not by the finesse of its tooling, but by the volition through which it was purchased.

3.   WORKING LIFE, 1860s – 1950s.

3.1.   Introduction

Writing in the context of Ireland's vernacular architecture, Niall McCullough observes that 'the tradition of change, albeit inimical to the idea of art as a perfect form, has its own strong patterns and traditions' which are no less worthy of our understanding, exploration and codification.[1] It is a stance steeped in the intellectual tradition dating back to William Morris' 'anti-scrape' position on conservation, and restated in the 1964 Venice Charter, which exhorts respect for the 'valid contributions of all periods.'[2] The 1979 Burra Charter, from which emerged the contemporary practice of preparing 'conservation management plans' for historic sites, obliges conservation practitioners to document the long evolution of the places that they study as a basis to inform value judgements around their significance, albeit within an interpretative framework better placed to analyse tangible fabric than intangible meaning.[3] Architectural historians do have a long scholarly tradition of deciphering the layered interventions in structures of ancient, monumental or 'high' artistic character, as exemplified, for example, in the interpretative guide to any medieval church or cathedral. Much scholarship has been invested in understanding the evolving urban morphology of settlements, within which changes to the urban fabric are seen not only as the product of grand gestures, but as

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[1] McCullough, *Palimpsest*, p. 4.
[2] ICOMOS, International Charter for the Conservation and Restoration of Monuments and Sites: The Venice Charter (Venice: ICOMOS, 1964), Article 11.
[3] Australia ICOMOS, *The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance* (Burra: ICOMOS, 1979), Article 6. James Semple Kerr, *The Conservation Plan* (Sydney: National Trust of Australia, 1982). Aylin Orbaşli, 'Conservation Theory in the Twenty-First Century: Slow Evolution or a Paradigm Shift?', *Journal of Architectural Conservation*, 23.3 (2017), 157–70, p. 163.

the cumulative result of hundreds of individual interventions in the ordinary building stock.[4]

Vernacular buildings too, have come to be appreciated as documents whose special richness

and interest derives not from an original design, but from the layered intervention of

successive generations according to their needs and means.[5]

Yet when architectural historians study the civic and institutional typologies of the

eighteenth and nineteenth centuries – asylums, prisons and workhouses included – the

'contributions of later periods' are commonly treated as being less valuable or valid. Where

social and medical historians gladly pursue the ebb and flow of institutional enterprises over

the *longue durée*, architectural scholars have tended to focus on the compelling clarity of

original, professionally conceived plans, disregarding and even disparaging the layering of later

interventions. I suggest that this may owe something to the practice and profession of

architecture itself. Jeremy Till criticises architects for privileging their own vision of order and

reason captured in 'a frozen moment of "completion"', futilely resisting and bitterly resenting

the entropic social and environmental forces which inevitably assail it.[6] Architectural historians

too can consider their work done once the nirvana of opening day has passed and the objects

of their research pass from abstract theory into lived reality. By privileging this original vision

over later developments, the complex layers of social meaning accrued through years of use

are downplayed or ignored, which in turn affects how the site may be interpreted and treated

in the present.

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[4] For example, Niall McCullough, *Dublin: An Urban History: The Plan of the City*, (Dublin: Anne Street Press and Associated Editions, 2014), and the Survey of London series, which now runs to 55 volumes.

[5] For example, *A Wexford Farmstead: The Conservation of an 18th-Century Farmstead at Mayglass*, ed. by Roberta Reeners (Kilkenny: Heritage Council, 2003).

[6] Till, *Architecture Depends*, pp. 96-107, p. 107.

I argue that this oversight is problematic beyond the individual edifice. The nature of buildings as enduring artefacts means that the novel edifices of any generation can only ever represent a small proportion of the total stock, whereas the surviving majority must undergo continuous adaptation to serve evolving needs. In the specific example of Ireland's asylum system, very few new institutions were erected after 1870; the network's continued growth thereafter would mostly be accommodated by intensification of existing sites rather than adding new ones (Table 3.1). So where a conventional study of the period covered in this chapter might naturally focus on the new 1,200 bed asylum opened at Portrane in 1901 to relieve overcrowding at Grangegorman, my approach emphasises the circumstances of the 2,400 patients who would continue to be accommodated on the legacy site.

Buildings which were once valued for 'newness' or 'utility' accrue alternative values with age – originally described by Alois Riegl in terms of *Gegenwartswerte* (present-day) and *Erinnerungwerte* (commemorative) values.[7] But Riegl's neat divide between the practical and the symbolic does not adequately acknowledge that a building can embody both simultaneously, or that long use and venerable age can also accrue valences which are decidedly more mixed. Such a constricted outlook ignores the fact that the thousands of people who encounter an institutional building in its lifetime are influenced more by the messiness of its everyday lived reality than by the original ideal of any sponsor or designer. Even the most compelling founding vision cannot emerge unscathed from the 'myriad of repetitive practices and accumulated traces of the past [whose] very incompleteness is always subject to reformulation.'[8] Yet, architectural history, even as it transcended its traditional

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[7] Alios Reigl, Der moderne Denkmalkultus, 1903, cited in Françoise Choay, *The Invention of the Historic Monument /* (Cambridge University Press, 2001), pp. 111-3.
[8] Till, Architecture Depends, p. 98.

focus on 'high architecture' to tackle more 'socially relevant' subjects, continues to overlook the rich insights to be gleaned from studying their long lives in service. Rather, it is historical archaeology – with disciplinary roots in excavating and interpreting layered sites – that seems more adept at setting aside subjective value judgements which privilege one period over another. Although less commonly applied to recently occupied structures, Laura McAtackney's study of Northern Ireland's most notorious prison successfully integrates 'both the material dimensions and human experiences of Long Kesh / Maze as a contained, physical entity and imaginary construction.'[9] McAtackney also contributed to a recently published study of Donnybrook Magdalene Laundry in Dublin, a work whose rich diversity of disciplinary and survivor voices and complete temporal range offers a promising template for future institutional histories.[10]

However, for the lone researcher, temporal ambition presents practical challenges. When focusing solely on the conception and birth of a building, it is possible to interrogate more or less exhaustively all relevant actors and to contextualise their views and actions in a specific social, economic and political milieu; it also helps that the processes of designing and commissioning are often well documented. It is not feasible to achieve a similarly comprehensive view of all subsequent periods within a thesis of this nature. The researcher can foreground only some episodes, some actors, and some issues in any given period, potentially replacing one large limitation (a focus on original ideas) with multiple minor

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[9] Laura McAtackney, *An Archaeology of the Troubles: The Dark Heritage of Long Kesh/Maze Prison,* (Oxford: Oxford University Press, 2014), p. 44.
[10] Laura McAtackney, 'Contemporary Archaeology and Donnybrook Magdalene Laundry: Working with the Material Remnants of an Institutionalized Recent Past', in *A Dublin Magdalene Laundry: Donnybrook and Church-State Power in Ireland*, (hereafter *DML*) ed. by Mark Coen, Katherine O'Donnell, and Maeve O'Rourke (London: Bloomsbury Academic, 2023), pp. 203–20.

subjectivities. I consider the risk worthwhile. Where the traditional approach offers one clear

view as if looking straight through a single window, my longitudinal study captures a sequence

of partial views as if glimpsed through successive openings. Each view says something specific

about its own time, but also offers oblique angles which enrich our understanding of earlier

and later periods.

Asylum sites are especially complex, having been intensively used and continuously

adapted to meet changing needs over 150 years or more. So while I open this chapter with a

brief account of the new asylums, the primary emphasis is on the long working lives of our two

case study asylums at Cork and Grangegorman. In excavating the built accretions of successive

generations, I will extend the same research and interpretative methodologies already used in

earlier chapters, synthesising a variety of documentary, drawn and built sources, with one

collection of historic photographs proving to be an especially rich source for the lived reality of

the institution as it approached its maximum extent in the 1950s. A longitudinal study

inevitably reveals differences across time and between places, but the most meaningful

insights are gleaned when we can make direct comparisons, either between similar buildings

on different sites, between different buildings on the same campus, and even between

different parts of the same building. Comparing the architectural treatment of the principal

buildings and their later extensions, auxiliary ward blocks and detached chapels, reveals where

the architectural priorities and values of nineteenth-century asylum governors lay. As I trace

the implications of the continuing disconnect between external presentation and internal

reality, I encounter distinct and intersecting dynamics: an internal spatial divide between

pauper/patient and polite/powerful spaces, and an external distinction between those

elements which formed part of the visual set-piece, and those which did not. Even in the

twentieth century where actual building projects were fewer in number, evidence of the

treatment of the designed landscape offers a viable proxy which demonstrates that these

hierarchical value judgements from the early days of the asylum project remained potent

almost a century later.

3.2.   Architectural sobriety I: New asylums of the third phase, 1863-69

I have noted how the ideal standards to which new, greenfield projects aspire are

unrepresentative of the greater number of existing sites which continue in service. But it

remains useful to understand what the 'state-of-the-art' looked like in any era, if only to

benchmark how interventions on legacy sites compared to contemporary best practice.

Following the protracted controversy surrounding the Gothic Revival asylums of the 1850s, the

Board of Works were relieved of any further duties with respect to district lunatic asylums and

a new Board of Control charged with 'superintending and directing the Erection, Establishment

and Regulation of Pauper Lunatic Asylums.'[11] What this meant in practice is that local asylum

boards, still drawn from county grand juries, would act as client bodies, appointing architects

and procuring builders, being obliged only to submit proposed designs and contracts to the

Board of Control for approval.

The third phase of asylum expansion from 1863-9 was profoundly shaped by this new

dynamic. Local boards – aligned to the interests of the rate-payers on whom the burden of

capital repayments would fall – were disinclined to appoint top-tier architects, resulting in

buildings which were less formally accomplished than their predecessors. Just as architects of

the second phase of asylums distanced themselves Johnston's austere classicism, so too the

designers of the third phase pointedly avoided the Gothic Revival style of their predecessors.[12]

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[11] *Report of a Commission Inquiring into the Erection of District Lunatic Asylums in Ireland*
(hereafter *1856 Commission Report*), HC 1856 [9] liii, p. 1. See also Lunatic Asylums Repayment
of Advances (Irl) Act 1855, 18 & 19 Vic. c.109.
[12] In both cases, wider architectural tastes did not change as rapidly as the abrupt stylistic
break would imply.

This may be no bad thing: had less experienced designers attempted to employ the Gothic on the scale of an asylum minus the costly three dimensional decorative devices of buttresses, oriel windows and picturesquely undulating rooflines, the results could have been grimmer even than William Farrell's joyless effort at Omagh (Figure 2.5).[13]

That is not to say that the new asylums of the 1860s were entirely lacking in visual interest. We saw in Chapter 2 how the 1856 Commission accepted that a level of architectural propriety was warranted so that 'the public institutions of the country should not reflect too much its poverty, its crime, or its misfortune.' They then continued:

> ... the lunatic asylums, at the same time that they receive a sober architectural
> treatment, should not be mere repetitions of the character of an union workhouse or
> prison, and thus give an unhappy aspect to a locality. [14]

This imperative to create rhetorical distance between different institutional typologies recurs with such frequency in the official record as to be worthy of discussion. Official actors at both local and national levels seemed eager to dissociate the asylum from the taints of pauperism and criminality which marked the other major publicly funded institutions. They did this by emphasising the curative and benevolent nature of their venture, but also by a continuing concern with architectural decorum. Yet in protesting too much, we may also infer an underlying insecurity. Had the champions of the asylum detected negative associations circulating in the community which they felt obliged to counter? Or did they retain a

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[13] See Chapter 2 and Quinlan, *Walls of Containment*, pp. 54, 218-9.
[14] 1856 Commission Report, HC 1856 [9] liii. See also Lunatic Asylums Repayment of Advances (Irl) Act 1855, 18 & 19 Vict., c.109 s.5.

sufficiently critical stance as to discern for themselves the discomfiting similarities of their

inner workings, even while remaining unable to publicly acknowledge it?

Either way, it remained incumbent upon the sponsors and designers of new asylums of

the 1860s to maintain a certain level of architectural propriety, within a strict hierarchy.

Architectural ornament was mainly concentrated in the central administrative block, as in

James Bell's Italianate arcade at Enniscorthy (likely borrowed from Samuel Dawke's Colney

Hatch Asylum, London), William Fogarty's conservative but finely executed Georgian style

block at Ennis, or Henry Smyth's idiosyncratic tower at Downpatrick (Figures 3.1, 3.2, 3.3). The

flanking patient wings in each case are of subdued and economical design, though still better

articulated and of superior quality materials than the rear elevations. Exceptions to the

virtuous rule of architectural sobriety were desirable only in that central portion of the

building reserved for asylum governors and their principal officers.

Judged solely by outward appearance, one might reasonably expect the asylums of the

third phase to be considerably cheaper than their predecessors. Indeed, the Inspectors of

Lunacy John Nugent and George Hatchell had predicted that the new asylums could be

constructed at a total cost of £70 per bed including land, buildings and fittings – an estimate

that was either intentionally disingenuous or dangerously delusional.[15] In the event, the

average cost of buildings of the third phase (£153/bed) was almost precisely the same as the

maligned Gothic Revival buildings (£156/bed) and much less than Johnston's early asylums

(£227/bed).[16] But costs previously regarded as a source of scandal proved surprisingly

uncontroversial on this occasion. Economic circumstances were certainly more propitious than

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[15] *Ninth Annual Asylum Report 1859*, HC 1859 session 2 [2582] x, pp. 7–8.
[16] Phase 1: 936 beds @ £212,461. Phase 2: 1,870 beds @ £292,609. Phase 3: 1,738 beds @ £266,108.

in the immediate aftermath of the famine, and the assistance of the newly created County
Surveyors can only have reduced post-occupancy defects, especially in the areas of heating,
ventilation and drainage.[17] But I also wonder if local elites who re-discovered first-hand the
true cost and difficulty of procuring even one large, complex building, might quietly have
empathised with the Board of Works' herculean effort to deliver twelve simultaneously.[18]
Either way, the mere fact of giving local actors agency in decisions around design and
procurement seems to have eliminated the potential for tension between centre and
periphery.

3.3.   The challenges of the age: Dangerous lunacy and demeaning conditions

The six new institutions completed during the 1860s represented the last major phase of
asylum construction, and effectively marked the completion of the island's asylum network.
The 23 asylums in operation in 1870 accounted for 85% of the system's maximum geographic
footprint; four later institutions were erected ad-hoc in response to local circumstance rather
than national initiative.[19] Yet the asylum population, which stood at 6,655 in 1870, would
almost quadruple over the next 80 years, overwhelmed by what clinicians and politicians
feared as a sea of insanity, and what historians today regard as a multi-faceted social
phenomenon. The vast bulk of the extra space needed to accommodate this growth would not
be found in the rational geometries of new greenfield asylums, but in the scores of extensions

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[17] Quinlan, *Walls of Containment*, pp. 62-3.
[18] Viz.: the Central Criminal Lunatic Asylum, seven district asylums, three Queen's Colleges and
the National Seminary at Maynooth.
[19] The four comprising: Holywell, 1898; Portrane, 1901; Ardee, 1933; Castlereagh, 1939. Two
others – Belfast and Derry - would move to entirely new sites at Purdysburn and Gransha, but
with little net gain of beds.

and annexes added, ad-hoc, to existing sites, represented by the gap between the two trend

lines (Table 3.1).[20]
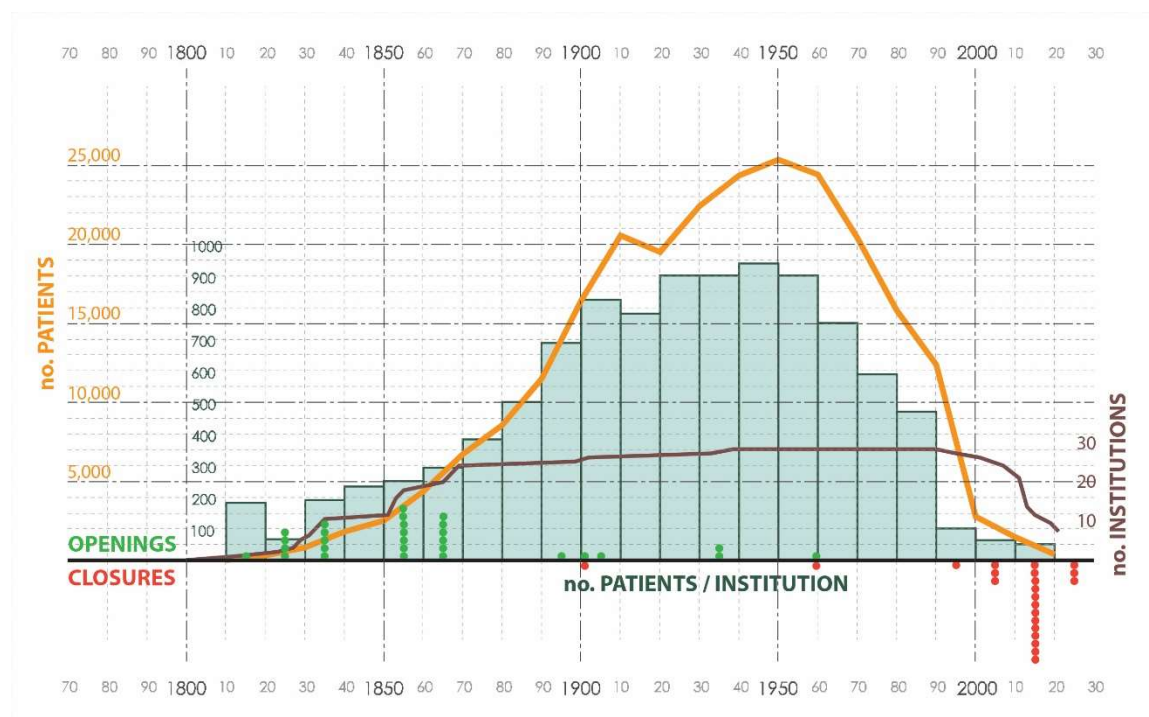
Table 3.1: Numbers of Patients, Institutions and Patients/Institution.

See Appendix 3.1 for data sources.

Much of the growth in numbers can be attributed to a fateful piece of legislation

passed in 1867, widely known as the 'dangerous lunatics' act.[21] The act was presented as a

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[20] Peak population, all-Ireland, in excess of 25,383. Capacity of the 4 new-build institutions: 2,370. Balance to be accommodated by extension and intensification of established institutions: 16,358.
[21] Lunacy (Ireland) Act 1867, 30 & 31 Vic. c.118.

humanitarian measure to prevent the unwarranted detention of the insane in prisons by

allowing for direct admission to the asylum. In the last year before this legislation, 31 patients

were admitted to Grangegorman via Dublin prisons on foot of committal warrants – mostly

attributable to threatened or actual assaults on family members.[22] Almost overnight, the

number of patients admitted as 'dangerous lunatics' trebled and continued to rise

inexorably.[23] Two decades after the passing of the act, some 70% of admissions to Irish

asylums and 80% of admissions to Grangegorman (420 people) – were committed in this

way.[24] The act consolidated what Damien Brennan describes as 'a permissive system of judicial

admission', whereby it became relatively easy for families and communities to obtain

committal orders for the involuntary commitment of an individual, difficult for asylum

management to refuse, and next to impossible for that individual to resist.[25] This act

crystallised a system of admission which operated by default as a one-way valve, with little to

check its flow, and which left asylum management and governors like passengers on a vessel

over whose trajectory they had little control.[26]

The new legislation also helped propagate a crisis in Cork which finally burst open in

1890, in circumstances which would have been uncannily familiar to anyone old enough to

remember how dramatically the old city asylum fell from grace between James Palmer's

inspection of 1841 and Francis White's one year later (see Chapter 1). White's successor as

Inspector of Lunacy, John Nugent, remained in post for forty years, stubbornly resisting

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[22] Convict Reference Files, NAI CRF/1866.
[23] *Eighteenth annual report... 1868,* HC 1868-69 [418] xxvii*,* pp. 6-8*.*
[24] *Thirty-ninth annual report... 1889,* HC 1890 [6148] xxxv, p. 54.
[25] Brennan, *Irish Insanity,* p. 84. Also Cox, *Negotiating Insanity*, Table 3.1, p. 88.
[26] Pauline M. Prior, 'Dangerous lunacy: The misuse of mental health law in nineteenth-century Ireland', in *The Journal of Forensic Psychiatry & Psychology* 14:3 (2003) pp. 531-6; Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (London: Croom Helm, 1981), p. 101.

retirement until persuaded by the carrot of a knighthood and the stick of a statutory inquiry into his conduct.[27] His successors, George Plunkett O'Farrell and E. Maziere Courtenay, revealed just how far inspection standards had slipped during Nugent's long tenure. Helpfully for the historian, the pair revived the long dormant practice of publishing the memoranda of individual inspections in their annual report.[28] Beyond the overcrowding and defective sanitary arrangements common to most asylums of the era, their three-day inspection at Cork yielded an eight-page litany of shortcomings, not least a dysfunctional laundry department and lack of attention to personal care which encouraged a thriving population of lice, fleas and rats. Nor did the inspectors hesitate to identify the cause: 'undue economy' on behalf of governors whose per-capita cost of maintenance at £18 7s 4d was the second lowest in the country.[29]

The Cork press reproduced the report in full and covered, verbatim, the meeting at which indignant governors sought to lay blame at any door but their own, attempting to shift responsibility to the Resident Medical Superintendent who was in post only a few months and repeatedly invoking the previous approbation of the late Inspectors as an excuse for current shortcomings. None seemed to realise how closely they were echoing the protests of their grandfathers in the 1840s, and they appeared equally oblivious that their apparent ignorance of longstanding substandard conditions only served to prove their own dereliction of duty in not conducting monthly inspections. One spoke for many in ridiculing the notion that governors should be expected 'to go and visit every bed in the place,' a rhetorical flourish

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[27] His obituarists did not mince their words, decrying his 'wanton rashness and... perfectly pithecoid love of mischief.' Dictionary of Irish Biography, available at: www.dib.ie/biography/nugent-sir-john-a6251, accessed on 3 Nov. 2022.

[28] The reports on individual asylums diminished in length during the 1870s and were discontinued after 1875.

[29] Only deeply rural Omagh was cheaper, and Cork faced the costs of operating in a large city. *Fortieth Annual Report... 1890*, HC 1890-91 [6503] xxxvi, pp. 125-33, and Appendix A, Table XVIII.

intended to mask the fact that none of the genteel personages had deigned to inspect any

beds whatsoever. The meeting concluded not with an agreement to shoulder their

responsibilities in this regard, but with the approval of the Chairman's proposal that 'in order

to keep the governors more closely acquainted with the state of the house... a book should be

kept in which the head of each section should make an entry on the day of the board, stating

the condition of his own section.' Even the threat of reputational damage could not persuade

them to regularly venture past the polite confines of the boardroom to inspect the reality with

their own eyes.[30]

The embarrassment of bad press provides a strong incentive to the powerful to live up

to their responsibilities. If it also leads to popular outcry, it can provide political cover for

higher public spending on vulnerable cohorts. The episode did lead the governors to sanction

capital works, including a new laundry and sanitary annexes. They went so far as to 'invite

inspection of the establishment by members of the public' to dispel 'exaggerated ideas' about

the state of the institution. But the governors were able to rest easy, as the press, at any rate,

records little by way of public outrage. The newspaper-reading ratepayers might secretly have

applauded the fact that their governors not only exercised strict economy, but by illegitimately

over-claiming government capitation grants over the course of a decade, reduced the burden

on the local rates by some 40%: 'the Government grant has been used not... to improve the

care and treatment of the insane – but simply to lessen the taxes on the ratepayers.'[31] In the

late-eighteenth century, the gentry of Cork had taken pride in patronising a highly regarded

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[30] 'Cork District Lunatic Asylum: Recent Report of the Inspectors,' *Cork Constitution*, 10 June
1890, pp. 6-7. 'Cork District Lunatic Asylum: The Recent Inspection,' *Cork Constitution*, 8 July
1890, p. 3.
[31] *Fortieth Annual Asylum Report 1890*, HC 1890-91 [6503] xxxvi, pp. 130-2.

voluntary asylum. Their successors one hundred years later seemed to regard achieving the

lowest cost of maintenance per patient as evidence of a job well done.

3.4.   Architectural sobriety II: New institutional vernacular

Neither inspectors nor governors could have foreseen it in 1890, but the two decades that

followed would witness even more profound pressures as the national asylum population rose

by close to 80% off an already large base. This represented on average an additional 455

patients per year, or expressed in terms of buildings, this was little short of adding Atkins'

original Cork asylum, every year, for twenty years. But with only two new greenfield projects

completed in the period, demand would instead be met by adding annexes and detached ward

blocks on almost every asylum site. Most were buildings of robust construction, laid out

internally as enormous, open-plan dormitories and day-rooms commonly containing around

40 patients apiece.

I first observe the trend towards such cavernous spaces beginning in Grangegorman,

some 20 years earlier. Having resisted the first of many entreaties by the inspectors to start

afresh on a greenfield site, the governors agreed to construct an extension to the rear of

Murray's Gothic Revival asylum.[32] The resultant three-storey, barrack-like block known latterly

as the 'Top House' was completed in 1870, and may have been the work of George Wilkinson

(Figures 3.4, 3.5).[33] As architect for all of Ireland's union workhouses, Wilkinson could claim to

have delivered a greater quantum of accommodation in Ireland than any architect before (or,

quite possibly, since) within the strictest of budgets, but he was therefore also the individual

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[32] *Seventeenth Annual Asylum Report*, H.C. 1867-68 [4053] xxxi, p.27.

[33] I have not found documentary evidence to identify the architect, but Una Sugrue, formerly of the Grangegorman Development Agency, attributes it to George Wilkinson, who had just finished the Church of Ireland chapel on site. Given the workhouse-like quality of the architecture, I see no reason to disagree.

most directly responsible for introducing that 'unhappy aspect' to so many localities.[34] Being

out of sight even of visitors to the asylum, there was no imperative to apply the least amount

of architectural elaboration. It was built to house 200 male patients in what were effectively

six vast spaces – four fifty-bed 'associated dormitories' over two day-rooms. It boded ill that

less than fifteen years after taking possession of Murray's architecturally accomplished Gothic

Revival building, the first major project commissioned independently by the Grangegorman

governors should result in such a regressive building – and this in an asylum district whose

existing loan repayments were exceedingly modest.[35] The resulting cost - £23,000 or £76 per

bed – represents probably the lowest possible cost for a new-build institutional structure in

the age, and tantalisingly close to the Inspectors' flawed estimate for new-build asylums.[36] The

balance of the increase in accommodation in Grangegorman in the period – which rose from

620 beds in 1855 to 1100 in 1890 – was achieved by intensifying the existing stock:

repurposing spaces originally designed for recreation or therapeutic purposes, including day-

rooms, school-rooms and work-rooms, to create more and larger dormitories. [37] Where Topp

describes the single room as a source of philosophical debate within the wider 'no-restraint'

movement, in Ireland, the knocking together of what were occasionally referred to as 'useless

single rooms' appears as a straightforward measure to maximise bed-spaces at minimum

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[34] Responsible for 160 workhouses each accommodating between 200 and 2000 inmates. Denis Cogan, 'The Irish Workhouses: a study of their architectural legacy' (unpublished MUBC thesis, 1998).
[35] The £75,000 cost of Johnston's original asylum building was written off by central government as a 'free gift' to the district. Repayments of the £26,159 loan for the 'New Richmond' were insignificant compared to far higher costs borne by much smaller counties.
[36] Proving that such a figure could never be viable – vast open dormitories being the cheapest part of the programme for any asylum.
[37] *Eighth Asylum Report 1857*, HC 1857 session 2 [2253] xvii, p.5, *Fortieth Annual Asylum Report 1890*, HC 1890-91 [6503] xxxvi, p. 170. Office of Public Works, 1899, Richmond Lunatic Asylum Drawings, NAI OPW/5HC/4/799.

cost.[38] Francis Johnston designed the original Richmond Asylum of 1814 almost entirely as

single cells, but over the decades at least half had been knocked together to form open wards

of around 30 beds apiece, and in 1887, the prospect of merging the rest, to net an additional

50 beds at the cost of £100 per additional bed, was in contemplation (Figure 3.6).[39] The annual

reports ceased to collate statistics on sleeping accommodation after 1875, but already by then,

the direction of travel was clear: in Grangegorman in the space of just six years, the number of

patients sleeping in rooms of four or less dropped from 38% to 18%, those in dormitories of 10

or more went from 41% to 62% (Appendix 3.3).

The spatial poverty of Grangegorman's 'Top House' was without precedent amongst

Ireland's new greenfield asylums of the 1860s, in which the perennial tension between capital

cost and operational effectiveness had settled in favour of dormitories typically containing 7 –

15 beds and a continuing high proportion of single rooms.[40] Instead, the building seemed

closer in conception to the London's Metropolitan Asylum Board precisely contemporary

'imbecile asylums' at Leavesden and Caterham, buildings which Henry Burdett memorably

critiqued as being 'well arranged for the *storage* (we use the word advisedly) of imbeciles,'

(Figure 3.7).[41] Such vast, open-plan spaces – to which the description of economic 'storage'

appears well suited – became the standard solution for the overwhelming majority of later

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[38] Leslie Topp, 'Isolation, Privacy, Control and Privilege: Psychiatric Architecture and the Single Room', in *Healing Spaces, Modern Architecture, and the Body*, ed. by Sarah Schrank and Didem Ekici, (London: Routledge, 2018), pp. 85–102. *Forty-fourth Report...* 1894, H.C. 1895 [7804] liv, pp. 11-12.
[39] *Report of the Resident Medical Superintendent for the year 1887*, NAI PRIV/1123/28/170, p. 7. Unlike the rest of Johnston's Phase 1 asylums, the Richmond cells were not vaulted over in masonry.
[40] Ascertained from manuscript drawings: NAI-OPW/5HC/4/944 (Downpatrick), NAI-OPW/5/HC/4/800 (Ennis), IAA-96/5 (Castlebar).
[41] Taylor, *Hospital and Asylum Architecture*, pp. 142-9. Henry C Burdett, *Hospitals and Asylums of the World: Volume 2: Asylum Construction, Plans and Bibliography* (London: J&A Churchill, 1891), p. 103.

additions to Ireland's asylums. The Inspectors of Lunacy – who in the early days of the enterprise had taken such care to optimise sites and buildings for therapeutic efficacy – now reported upon asylum accommodation as little more than a numbers game, punctuated by intermittent, vain pleas to governors to abandon discredited sites and start anew. Indeed, one corollary of the dearth of new-build asylums after 1870 is that Irish psychiatric and architectural professionals were largely denied the vehicle of the idealised greenfield project through which to negotiate contemporary concerns and test new theories. The vibrant professional discourses as observed, for example, by Topp in early-twentieth-century Austria have no obvious equivalent in the period in Ireland.[42]

The new ward blocks which proliferated across the country in the 1890s did materially improve on Grangegorman's Top House in several respects. Cheaper glass allowed for larger windows and brighter interiors, many also included high-level openable hoppers for more effective ventilation. Sanitary annexes became semi-detached for improved ventilation, more numerous, and better appointed; the few which survive unchanged to this day invite contemporary admiration for the quality of the wall-to-wall terrazzo and dismay at the indignity of half-height WC cubicles. Here, on the face of it, is the standard of building that asylum boards deemed to be desirable and appropriate for their charges in the period – robust, conservative, economic structures which nevertheless reflected at least some contemporary features of general healthcare design, even if seemingly insensible to the profound difference between passing a few weeks in a 40-bed Nightingale ward as a medical convalescent, and living for many years in a psychiatric one. Externally, they were of minimal

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[42] Belfast's new villa-colony asylum at Purdysburn was an exception: Gillian Allmond, 'Light and Darkness in an Edwardian Institution for the Insane Poor: Illuminating the Material Practices of the Asylum age,' in *International Journal of Historical Archaeology* 20:1 (2016), pp 15–17. Topp, *Freedom and the Cage*, pp. 10-12.

architectural pretension; large slabs leavened by a modest smattering of applied ornament,

comparable to the generic blocks churned out for all manner of hospital typologies by

London's Metropolitan Asylums Board.[43] While some included feeble references to one

revivalist style or another, most were astylar, and despite the involvement of professional

architects, their underlying pragmatism and lack of pretension leads me to characterise them

less as works of architecture in the traditional sense than as a type of vernacular for the

institutional age – a new institutional vernacular.

The largest example of the type was completed at Cork in 1894, containing

accommodation for 434 male patients (Figure 3.8). It had been acknowledged that any further

extension of Atkins' original building would - to borrow an earlier expression – have

'perpetuated the absurd.' Instead, local architect William Hill designed a double-pile block four

storeys over basement and thirty-three bays in length to the east of the original building, to

which he linked it via a quarter of a kilometre of institutional corridor of exactly the type that

Atkins had striven to avoid.[44] A pair of gable-topped bay windows and contrasting yellow brick

dressings seem like a fairly nominal attempt to enliven a frontage of harsh, machined red brick

whose superficial extent is equivalent to one-third of a football field. It is easy to dismiss Hill's

architecture as reductive and austere, especially when seen alongside Atkins' elaborately

crafted confection. However, caution is warranted when applying value judgements from

either earlier or later periods to material choices in an era where both traditional and

industrialised building materials were potentially viable, and where choices are influenced by

market conditions for materials and labour which varied both by time and geography.

Unforeseen events could derail the architect's original plans, as when the brick originally

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[43] Taylor, *Hospital and Asylum Architecture*, pp. 10-13, 105-110, 142.
[44] *Forty-Fourth Annual Asylum Report 1895*, HC 1895 [7804] liv, p. 109.

specified by architect Hill proved defective.[45] The continued use of cut stone elements in other

works on the site might seem notable after all the consternation that attended its ornamental

use in an earlier time, but in the 1890s, its use in place of concrete arose from successful

lobbying by the local stone-cutters' society.[46] The hospital committee, half a century later,

would reprise similar arguments around the employment benefits of locally quarried natural

slate compared to cheaper asbestos-cement from further afield.[47] Their default imperative to

minimise costs to the ratepayers occasionally collided with an autarkic desire to enhance local

economic prospects by keeping money circulating within county bounds; architectural effect

was seldom the only matter informing material choices, and the architect no longer the final

arbiter of such decisions.

But that is not to say that Hill, or the Cork governors, were wholly insensible to the

visual impact of his main façade. For regardless of the politics or economics of individual

material choices, there is one source of evidence that permits reliable interpretation in every

period: the qualitative differences in material and detailing between the front façade and the

rear. It may be reliably inferred that the rear elevations of institutional buildings, never seen by

outside parties, reflect the most basic, functional and economic construction specification in

the period. The extent to which the front elevation varies from this baseline represents a

reliable measure of the value placed on architectural appearance as an end in itself. The

monastically inspired façade of Atkin's 1852 asylum was immeasurably better appointed than

its grimly repetitive posterior. The difference between the front and rear of Hill's 1894 block is

less pronounced, but still noticeable: the polychromatic brick façade facing the city contrasts

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[45] 'Cork District Lunatic Asylum,' *Cork Constitution*, 6 Mar. 1894, p. 7.
[46] Henry, *Our Lady's Psychiatric Hospital*, p. 552.
[47] Ibid., pp. 345-8.

with the cheaper masonry of the rear elevation (later rendered). My own national survey

affirms that these observations hold true across the wider corpus of buildings of this 'new

institutional vernacular'. While none embodied higher aspirations for the communicative

potential of architecture, their architects invariably included some features to raise them

above the baseline. I suggest that this architectural treatment did continue to convey one

common message: here lies the appropriate balance between prudent governance and public

charity.

Such a vast block occupying the same elevated ridge as Atkins' original asylum made

for an unmissable addition to the city skyline, yet its completion and opening seem to have

been perfectly miss-able, going unremarked in the local press.[48] The opening of the city's

largest public institutional building for a generation did not even merit a mayoral ribbon-

cutting, and this in an institution that might have benefitted from some good press, given the

unwelcome coverage surrounding the inspectors' report a few years earlier. However, I find

evidence to suggest that the new block actually made a very deep impression in its most

immediate locality. In 1896, when discussions around purchasing the suburban villa alongside

the asylum's eastern boundary to facilitate further expansion were made public, the residents

of the adjacent suburb of Shanakiel were outraged (Figure 3.9). I suspect that locals had been

oblivious of the scale and uncomfortable proximity of Hill's new building until it was too late to

intervene, and were now concerned to avoid a repeat. At a special meeting convened for the

purpose, one doctor, two Reverend Fathers, three Justices of the Peace, and other assorted

paragons of upper-middle class respectability demonstrated grotesque levels of prejudice in

their mission to protect their property values from the perceived 'contamination' of yet more

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[48] Beyond some routine progress updates included within the standard reportage of the monthly governors' meetings. 'Cork District Lunatic Asylum,' *Cork Constitution,* 6 Feb. 1894.

asylum buildings and their disease-carrying inhabitants.[49] Eight-foot walls were no match for

the fertile imaginations of residents who feared:

> ...danger [to] their lives if the asylum was extended as proposed. [Very Rev. Father
>
> O'Callaghan] also pointed out that taking Shanakiel they would be taking possession of
>
> the cistern supplying water to the city. One could [not] account for the doings of the
>
> poor inmates, and perhaps some of them might think they had permission to poison
>
> the water.[50]

Like many vocal and indignant lobby groups, they presumed themselves, without evidence, to

represent 'universal' public opinion. They invoked contemporary practice in England to suggest

that the asylum should move far into the countryside and in an impressive contortion of logic,

they even managed to argue that the interests of ratepayers would be better served by

adopting any number of alternative sites, even though the cheapest of them would still burden

the rates by an additional expenditure of close to £4,000 on site works.[51] The 'influential

deputation' achieved their goal; after an intensive debate, the governors dropped the plan.

Residents rose again in protest when the plan resurfaced in another guise a generation later,

although on that occasion, the idea was killed by central government parsimony rather than

local bigotry.[52] Yet even without the controversial purchase, the asylum still profoundly

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[49] Many occupiers in a suburb of this nature would have been 99 year leaseholders rather than freeholders, but such leases still represented a store of value.
[50] 'Cork District Lunatic Asylum,' *Cork Constitution*, 15 July 1896.
[51] 'Cork District Lunatic Asylum,' *Cork Constitution*, 15 July 1896.
[52] In 1932, the hospital committee proposed to purchase the next adjacent property, Shanakiel Hospital. Henry, *Our Lady's Psychiatric Hospital*, p. 338.

influenced the shape of the city by physically impeding suburban development along the

north-western slopes for more than a century.[53]

3.5.   Spatial opportunism: The architecture of urgency

What I have described as the new institutional vernacular represented the architectural

standard that asylum boards deemed to be appropriate when they were willing and able to

commit funds to permanent buildings – and reflected the same standard applied to the patient

wings of the later new-build asylums. But such was the surge of cases between 1890 and 1910

in particular that few boards could keep up with the demand for space, and the challenges

faced by the large metropolitan asylums were of an even greater magnitude. Cork and

Grangegorman both experienced growth rates well in excess of the national average between

1890 and 1910 from already high bases: patients under care in Cork more than doubled from

1,031 to 2,087, numbers chargeable to Grangegorman rose from 1,368 to 3,157: an increase of

130% (Table 3.2).

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[53] A regression analysis of historic mapping shows that the north-western slopes attracted less high-status suburban development in the later nineteenth century than the north-eastern slopes, despite both enjoying many of the same natural advantages for the suburban villa-builder and terrace-dweller: proximity to the city, appealing landscape character and excellent views. But before inferring that the asylum was a social deterrent, we should note that on such steep terrain, development is most easily facilitated by roads which run parallel with rather than perpendicular to the contours, but incremental westward growth was blocked by the large asylum landholding. Ordnance Survey Historic Map Viewer, at https://webapps.geohive.ie/mapviewer/index.html, accessed on 7 Oct. 2022.
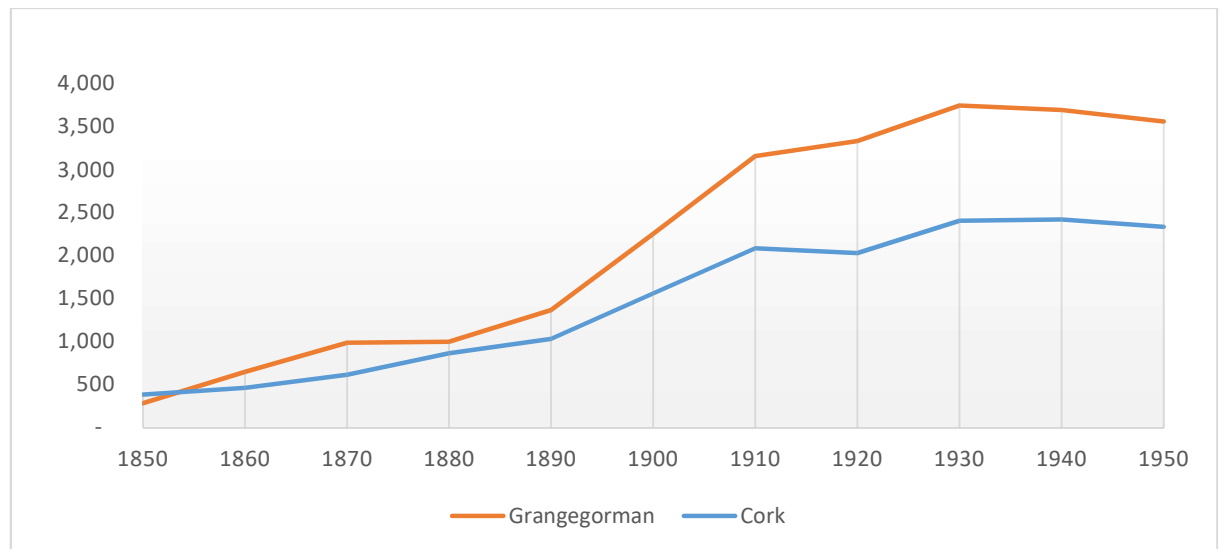
Table 3.2: Graph showing absolute growth in patient numbers in each decade, with the greatest growth evident between 1890 and 1910.

See Appendix 3.2 for data and sources.

The Medical Superintendents at Cork and Grangegorman had to conjure up around 50 or 90 additional beds respectively per year, every single year, for two decades. Both institutions had also been overcrowded to begin with – operating at 11% and 18% in excess of capacity in 1890.[54] The time that it took to deliver William Hill's 434-bed block in Cork meant that it was full the day it opened; the governors would have had to commission another just to stand still. The public institutions of prison, workhouse and asylum were obliged by statute to accept all eligible comers, but no workhouse or prison of this era had to contend with such extraordinary pressures.[55] And nowhere was the difference with religious-run institutions more evident than in this matter – the orders who ran industrial schools, boarding schools, and

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[54] *Forty-second Annual Asylum Report 1892*, HC 1893-94 [7125] xlvi.
[55] Ireland's prisons and workhouses both experienced even greater pressure during the great famine 1845-50 before falling back. Prison populations fell through the rest of the century, workhouse populations fluctuated within a narrow range. Butler, *Building the Irish Courthouse and Prison*, p. 535. Virginia Crossman, *Poverty and the Poor Law in Ireland, 1850-1914*, (Liverpool: Liverpool University Press, 2013), Figure 2.3, p. 48.

Magdalene asylums all reserved the right of admission. They never had to deal with the

problems of uncontrolled, and uncontrollable, growth. They might choose to expand in

response to popular demand, state incentives or at the request of the hierarchy, but did so

strictly on their own terms.[56]

The inspectors and national politicians continued to regard greenfield institutions as

the optimal solution to the challenges of congested legacy sites. In 1891, the Grangegorman

governors purchased the 469-acre Portrane Estate on a remote peninsula 13 miles north of the

city, permanently aired by healthy breezes blowing off the Irish Sea. It took until 1895 to

arrange an architectural competition for a new 1,200 bed asylum, while all the time, the

problems at home were only getting worse. The state of the Richmond was debated in the

House of Lords on three occasions in 1895, even though central government could do little

more than exert 'strong moral pressure' on the local bodies responsible.[57] The depth of the

crisis is strikingly illustrated by the fact that their lordships were less concerned with the

details of Portrane – the largest civilian building project ever undertaken during the period of

the British administration of Ireland – than with the extent of additional investment needed to

bring the Richmond itself back up to a tolerable standard *after* drafting off 1,200 patients to

the new asylum.[58] The key question was thus: 'whether it would not be better to build a

[second] new asylum in a more healthy locality, rather than to spend a large sum of money in

repairing and altering an old building on a bad site?' Having thoroughly contrasted the

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[56] State capitation to industrial schools reflected their licenced capacity, incentivising them to
operate at precisely full occupancy. Barnes, *Irish Industrial Schools*, pp. 70-7. The population
of Magdalene asylums fluctuated slowly, but even the largest never exceeded 250. *McAleese
Report*, p. 159. Boarding schools, seminaries and novitiates were more 'market-led' and some
grew quite substantially, but more so towards the mid-twentieth century.
[57] House of Lords (HL) Debate, 7 Mar 1895, vol. 31, cc. 527-528; 25 Mar 1895, vol. 32, cc. 8-11;
16 May 1895, vol. 33, cc. 1299–1306.
[58] Quinlan, *Walls of Containment*, p.3.

repeated outbreaks of disease at the Richmond with the commonly acknowledged benefits of

rural asylum sites, Lords on both benches concurred that the best solution for the patients was

to escape 'the disagreeable associations which seemed to hang about the old site' and start

over by building a second asylum at Portrane or elsewhere, but their rhetoric was not

underpinned by any offer of resources.[59] Instead, the local Board of Control had cautioned that

the whole Richmond site would struggle to fetch £20,000 if sold for building land, 'whereas,

while used for the accommodation of lunatics, for which purpose they were adapted, they

were worth at least £100,000.' The £80,000 of capital value destroyed by selling to rebuild

simply could not be justified. The 'very expensive tinkering policy' of spending £60,000 to

make a bad situation bearable was both unappealing and unavoidable.[60]

But such were the pressures in the period that speed arguably outranked even cost as

a priority. From conception to occupation, it could take a decade or more to deliver a new

greenfield asylum. Thus two approaches recommended themselves above all others – the

adaptation of existing buildings, and the erection of new, pre-fabricated 'temporary'

structures. Thus, when the Cork governors were denied the opportunity to purchase and

convert the substantial suburban villa at Shanakiel, they decided on a prefabricated ward block

of timber and tin construction, erected on a large terrace expensively carved from a piece of

hillside well away from any neighbours. Flat-pack, mail-order buildings, such as those sold by

Humphreys Ltd, were born of the rapid-erection field hospitals for the military and widely

deployed by local authorities across Britain and Ireland in response to outbreaks of infectious

diseases, but proved equally useful in addressing the apparent 'epidemic of insanity' at the

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[59] In proposing to locate the second asylum at Portrane, their lordships were likely conscious of the emerging 'Epsom cluster' of five asylums outside London, commenced 1896.
[60] HL Debate, 16 May 1895, vol. 33, cc. 1299–1306.

turn of the century (Figure 3.10). Even where governors in all sincerity intended these sheds to be as short-lived as those erected to accommodate urban cholera victims or the wounded of the Boer War, in Cork, Grangegorman, Clonmel, Limerick and Mullingar, the 'temporary' label would endure as a polite fiction which excused their patent inferiority for as many as seven decades.[61]

For all that their interest in the therapeutic efficacy of building design had diminished, long-serving inspectors John Nugent and George Hatchell retained one of the founding doctrines of moral management - that cures could be best effected in purpose-built structures. In the period up to 1890, they were generally successful in prevailing upon asylum boards to create new buildings or extensions and resisted most plans to convert conveniently empty buildings nearby.[62] But the exceptional growth in the subsequent two decades obliged their successors to relax this policy. Redundant poor law buildings were adapted to provide auxiliary accommodation for asylums at Monaghan and Ballymena (Belfast) while former country houses were converted at Sligo, Kilkenny, Portrane and Purdysburn (also Belfast). In 1904, a former poor law industrial school in the metropolitan town of Youghal was adapted and extended as an auxiliary to the Cork asylum providing a further 410 beds catering mostly for the 'quiet and harmless cases' - it would continue to accommodate residents with learning disabilities until 2019, comfortably outliving its parent institution (Figure 3.11).[63]

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[61] Quinlan, *Walls of Containment,* pp. 83, 199, 213, 227.

[62] The Inspectors made recommendations directly to asylum governors, but also advised the Board of Control and Lord Lieutenant in Dublin Castle on accommodation proposals submitted by individual institutions.

[63] *Fifty-third Annual Asylum Report 1904*, HC, 1905 [2262] xxxv, p. xxxiv. A Successful Move in Youghal, *Cork Independent*, 5 Oct. 2022, available at: www.corkindependent.com/2022/10/05/a-successful-move-in-youghal/, accessed on 29 Oct. 2022.

Back in Grangegorman, architect W. H. Byrne proposed a strange but ingenious transformation of Murray & Denny's Gothic Revival 'Upper House,' turning it back-to-front and constructing a new core of ancillary spaces, all linked via a web of corridors in a passable imitation of the prevailing pavilion-echelon model (Figure 3.12).[64] In the event, this proposal did not progress, perhaps due to the scepticism with which cost estimates for construction projects were greeted, then as now: 'In Ireland it was the universal practice of architects to spend twice the amount of their original estimate.'[65] Instead, make-do-and-mend was taken to its limits, with timber and corrugated-iron appendages added haphazardly to various extremities of the institution (Figure 3.13). But the true measure of how far the asylum project had fallen from its optimistic heights was seen in the urgent petition from the asylum governors to the Lord Lieutenant, seeking to requisition the old Richmond Penitentiary – a building which they had rented from 1868-72 to accommodate the surge in admissions brought about by the 1867 Dangerous Lunatics Act.[66] In 1897, the Inspectors reported that the Richmond governors had managed to refashion a 'very unsuitable building' as a 'useful annexe' to the main asylum.[67] For Inspectors O'Farrell and Courtenay, who had entered office in 1890 with high-minded aspirations of reforming a failing system by creating model villages and boarding-out patients with asylum staff or lay families, the collision between aspiration and reality must have been depressing.[68]

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[64] Irish Architectural Archive, WH Byrne Collection, IAA: 2006/142.

[65] HL Debate, 16 May 1895, vol. 33, cc. 1299–1306.

[66] Reynolds, *Grangegorman*, p. 140. *Report of the Resident Medical Superintendent for the year 1872*, NAI PRIV/1123/28/160, p. 14.

[67] *Forty-Seventh Annual Asylum Report*, HC 1898 [8969] xliii p. 23; *Forty-Eighth Annual Asylum Report*, HC 1899 [9479] xl, pp. 33–4. Quinlan, *Walls of Containment*, pp. 164-9.

[68] *Fortieth Annual Asylum Report 1890*, HC 1890-91 [6503] xxxvi, pp. 25-6.

3.6.   Keeping up appearances I: Nineteenth-century Anglican gentry

We have seen how the building projects of the later nineteenth century spanned from economic but solid structures of the new institutional vernacular, through mail-order flat-pack wards, to the grim depths of a repurposed prison and workhouse. But there are notable exceptions to this litany of architectural decline, and that exception is found in works which were visible as part of the architectural and landscape set-piece. Extensions to the principal building which were visible from the front came in for special architectural treatment, of which the first addition to William Atkin's Cork asylum is a notable example. Two decades after opening as one of the largest asylums in either Britain or Ireland, and despite the construction of a separate infirmary, more space was needed. Unexpectedly, given their vocal disavowal of his earlier excess of embellishment, it was to Atkins that the governors again turned. Stranger still, his pair of infill extensions were as finely detailed as his earlier work, if not more so (Figure 3.14). It would be natural for Atkins to be respectful to his own work, even if he probably rued the destruction of his underlying concept by joining the three freestanding blocks into an unrelenting 285-metre-long wall of masonry. The relationship between Atkins and the governors ended acrimoniously in a battle over his fees, but the governors still executed his elaborate designs.[69] The Cork governors were not alone in this. At almost every other asylum on the island, later extensions to the main façade of the principal building respected the material and architectural detailing of the original building. Visually prominent extensions to the Gothic-revival buildings at Dundrum (1860s), Killarney (1870s, 1890s), Sligo (1870s) and Omagh (1890s) were executed in a style which matched the original buildings,

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[69] Jeremy Williams, 'William Atkins, 1812-1887, A Forgotten Cork Pre-Raphaelite', in *Decantations*, ed. by Agnes Bernelle (Dublin: Lilliput Press, 1992), p. 248. *Twenty-fourth annual report...* HC 1875 [1293] xxxiii, p.37.

either precisely or very closely (Figure 3.15). The point also holds true in the treatment of

Johnston's classical asylums of the 1820s and 30s, all of which were extended at some point

during the nineteenth century, including the replication of finely tooled ashlar, cornices and

parapets, even as such work was increasingly removed from the most economic form of

construction in the period (Figure 3.16).[70] What all of these later extensions have in common,

as at Cork, is the deference they show to the original buildings, achieved at a cost well in

excess of what was necessary just to enclose the utilitarian patient spaces within. Mere

conservatism in architectural taste seems insufficient motive in its own right, not least in the

context of a class who were culturally accustomed to changing architectural fashions in the

context of their own family seats. Rather, it appears that the original facades continued to hold

sufficient meaning for the asylum's ruling class that they were prepared to invest additional

resources to maintain its decorous appearance. To understand why this might be so, we need

to explore some of the original programmatic features of these buildings.

In Irish asylums of every era, the finest architectural treatment was reserved for the

central or entrance block. It is an observation that may seem so obvious as to be beneath

notice, and one which is consistent across contemporary institutional typologies, workhouse

and prison included. In the rational and reliably symmetrical world of the Enlightenment, the

governor by convention resided in a well-defined central block, a practice which clearly

differentiates modern civil and voluntary residential institutions from their medieval, monastic

forbears.[71] The provision of adequate lodgings for the institution's most senior officer (and

often his family) was a matter of some importance. Internally, the accommodation should befit

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[70] The larger type, used only at Limerick and Ballinsasloe, are exceptions whose later flanking extensions were not visible as part of the set-piece.
[71] Markus, *Buildings & Power,* p.95-101.

the social standing of the candidate in both its quantity (number of reception rooms,

bedrooms and separate servants' quarters) and its quality (chimneypieces, joinery, and

plasterwork). While the cold and cheerless interiors endured by Irish asylum inmates were

subject to unfavourable comparison with their English counterparts, the central block was as

comfortably appointed as any contemporary gentleman's residence.[72]

Outwardly, the architectural treatment of the superintendent's residence - which in

the case of Francis Johnston's first phase asylums (1824-35) was also crowned with a cupola -

became a key device in expressing institutional power and status. Johnston's cupola, while

functionally blind, became the visible symbol of this invisible moral force, unambiguously

denoting the seat of institutional power (Figures 1.1, 1.2).[73] For the RMS, respectable

architectural trappings probably represented a reassuring armature which asserted his social

and moral superiority over his charges and reinforced his status amongst his peers *extra-muros*

by insulating him from any social stigma which might arise from living at such close quarters

with the 'lower orders.' But while the line between polite and pauper spaces in Johnston's

asylums might seem reasonably clear from reading the facade, this distinction breaks down if

we think instead in terms of private and public spheres. Whereas the resident governor of an

early-modern 'hospital' (in the earlier, broader meaning of the word) with a small and steady

population might have been able to administer the institution from a writing desk in his private

drawing room, the bureaucratic burden of running the larger, statutorily regulated entities of

the nineteenth century was immeasurably greater, begetting an administrative corps which

grew over time. Johnston's central block thus accommodated public and administrative spaces

alongside private and residential functions. The entrance door and ground floor of Johnston's

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[72] *1858 Commission Report*, HC. 1857-58 [2436-1], p.p. 13-14.
[73] Quinlan, *Walls of Containment*, pp. 35, 151.

asylums were self-evidently 'polite,' but also public and very busy – the route by which

patients were admitted and interviewed, examined and discharged, and where visiting families

and friends were received. This constant procession of the great unwashed – and most

especially the tumult associated with admitting reluctant cases – would have made for

disorderly scenes quite at odds with the polite surroundings.

Compared to Johnston's classical asylums and those of the later period, the façades of

Cork, the New Richmond, and the other 1850s Gothic Revival asylums appear surprisingly

egalitarian. The administrative core is of course legible as the focus of the composition, but the

absence of domineering cupolae and clocktowers, and the reasonably equitable distribution of

architectural articulation across the façade suppressed the outward distinction between polite

and pauper parts. Tempting as it is to read this as a built expression of philosophical

underpinnings of the Gothic Revival illustrated in Pugin's *Contrasts*, the explanation is more

likely to lie in the artistic licence enjoyed by ambitious architects uninhibited by customary

cost controls.[74] But quasi-egalitarian facades did not translate into equality of treatment

between polite and pauper spaces within. Quite apart from the aesthetic and tactile

differences of fit and finish already mentioned, I find the question of thermal comfort to be

quite revealing. The central blocks are in all cases seen to contain a much greater density of

chimneys than the patient wings - in the extreme example of Mullingar, the central block was

warmed by as many hearths as the rest of that enormous building combined (Figure 3.17).[75]

The architects of the Gothic Revival asylums also sought to restore a sense of order within the

central block, providing secondary entrances to allow patients and visitors to access the male

or female wings directly and so reserving the main entrance door for elite users. This new

[74] Pugin, *Contrasts*, pp. 7-8.
[75] Quinlan, *Walls of Containment*, pp. 47-9, p. 249.

arrangement – uncalled for in the written brief but with a precedent in Jacob Owen's Central

Criminal Asylum - ensured that the occupants of the central block could remain undisturbed by

the reality of asylum life, an island of genteel sanity in a sea of pauper lunacy (Figure 3.18).[76]

Even within the bounded, 'othered' place that was the asylum, internal boundaries served to

reproduce differences of class and status, and I suggest also reinforced the symbolic

significance of the administrative core as a *zone sanitaire* or, I propose, a *'zone saine.'* This

mid-nineteenth century spatial division of polite / powerful from pauper / patient would prove

remarkably resilient both in the physical sense, and in influencing the outlook of its occupants,

for another century.

Another feature which distinguished the Enlightenment institution from its monastic

forbears was governance by a lay board whose members contributed their time on a voluntary

basis in the spirit of *noblesse oblige*. Most Irish asylum boards in the nineteenth century

counted one or more peers and Anglican bishops amongst their members, though the more

regular and committed attendees tended to be drawn from the lower ranks of the gentry and

clergy – the less noble had more time to oblige.[77] The monthly asylum board meeting

represented a gathering of the great and the good of the county who expected to be

accommodated in suitable surroundings. Later asylums would include stabling for governors'

horses and carriages while attending meetings – equivalent in an era of horse-powered

transport to a visitor's car-parking space today, but still an inefficient use of resources, given

their infrequency of use.[78] The central block of every Irish asylum therefore included a

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[76] With the documentary sources surprisingly silent on this feature, I have inferred the original purpose and meaning from a study of layouts of every Irish asylum for which original drawings exist.

[77] For a full list of all asylum governors and their attendance record, see *Fortieth Annual Asylum Report*, 1890, HC 1890-91 [6503] xxxvi, pp. 56-65.

[78] 'Clare County Lunatic Asylum,' *Dublin Builder*, 15 Mar 1866, pp. 71–2.

dedicated boardroom for the exercise of power and as a venue for ceremonial functions – of

which the vice-regal visits at Cork and Grangegorman represent the prime examples (see

Chapter 2). The well-appointed central boardroom would remain part of the brief for new

asylums, mental hospitals, and a wide range of public institutions long after accommodation

for resident officers had ceased to be a functional requirement.[79] Resident Medical

Superintendents in older asylums gradually decanted to more spacious, detached lodgings

elsewhere on the grounds, but it was the presence of the boardroom which would continue to

define the institutional 'seat of power,' in many cases, right unto closure. The respect with

which successive generations of governors treated the architectural set-piece of the principal

building makes more sense if we consider that they were not paying to adorn just another

patient ward, but to maintain a level of decorum in the institution's administrative seat

equivalent to what they would expect of their own ancestral seat.

We have already encountered the profound pressure of numbers which overwhelmed

the Grangegorman and Cork towards the close of the nineteenth century, and the

compromises which boards of governors made in accommodating them. Yet there was one

other area of architectural endeavour where the boards proved themselves willing to commit

public funds to architectural effect, and that is in the asylum chapels. Johnston's asylums made

no programmatic allowance for a chapel space, but this was soon regretted. Chapels were

included as part of the programme for the Gothic Revival asylums, centrally located so as to be

'conveniently accessible from both sides of the asylum' as recommended by John Conolly in

1847.[80] Most architects integrated their chapels inconspicuously at an upper level to the rear

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[79] Ranging from the Rotunda Hospital, Dublin, 1757, to early twentieth-century municipal
buildings such as swimming baths.
[80] Instructions for the guidance of Architects when furnishing Designs for Lunatic Asylums',
appendix to *Sixteenth Board of Works Report,* HC 1848 [983] xxxvii, p. 236. John Conolly, *The*

of the central block, where it took no part in the architectural set-piece, but free-standing

chapels featured early at both Cork and Grangegorman. Grangegorman's chapel was

conceived as a modest set-piece in itself, flanked by male and female infirmaries in 1849

(Figure 1.20). However, the ecumenical horror of Roman Catholics and Anglicans using the

same space for worship became a recurring complaint through the later decades of the

nineteenth century – even when internally partitioned as at Grangegorman - leading to

recommendations for the provision of separate chapels:

> We think it desirable that all grounds for these objections should, as far as possible, be
>
> removed, and that, where necessary, a separate and distinct place should be set apart
>
> for the celebration of divine service by each chaplain...[to] prevent any cause being
>
> afforded for religious disputation or excitement among the inmates.[81]

Asylum governors thus added chapels to their accommodation to-do list, and free-

standing chapels would ultimately be erected at on almost every site between 1860 and

1910.[82] Most new chapels were designated as Catholic, but on around half of sites, a second

(smaller) chapel for Church of Ireland patients would also be added, sometimes constructed at

the same time, by the same architect and in a similar idiom. Grangegorman's chapel reverted

to exclusively Catholic use when a new Anglican chapel was added in 1860. William Atkins'

original design for Cork, which was already unusual in featuring three disaggregated blocks,

had included a detached, shared chapel. The construction of a new Anglican chapel in 1884

allowed the original chapel to revert to Catholic use, it was replaced in 1898 after a fire at the

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Construction and Government of Lunatic Asylums and Hospitals for the Insane (London: John Churchill, 1847), p.8

[81] Report of the Commissioners of Inquiry into the state of the Lunatic Asylums … in Ireland. H.C. 1857-58 [2436-I] [2436-II] p10

[82] Quinlan, *Walls of Containment*, p. 83.

significant cost of £4,000, just as the governors were battling the accommodation crises already described.[83]

The freestanding chapels at Grangegorman, Cork, and most other asylum sites demonstrated a level of architectural aspiration far in excess of basic expedience, and most were entrusted to prominent church architects, including names such as T.M. Deane, W.G. Doolin, and George Ashlin. If we were to compare the architectural ambition of these chapels to contemporary ecclesiastical architecture, they might be seen to be correspond with new churches in smaller towns or prosperous rural parishes. The asylum chapels were obviously less elaborate than those in religious residential institutions, but much better appointed, for example, than the austere garrison chapels encountered on barrack sites. Asylum boards which continued to be dominated by Anglican landlords were willing to sanction expenditure on dignified places of worship for their mostly Catholic patients, even while pursuing the most rigid economy in their living quarters.

3.7.   Keeping up appearances II: Twentieth-century Catholic councillors

The most significant legislative reform of the later nineteenth century affecting Ireland's District Lunatic Asylums was not actually in the area of insanity, but local government. The 1898 Local Government Act, which established county councils in their modern form, also reformed the governance of the asylums.[84] Boards dominated by unelected Anglican landed gentry and nobility were replaced with committees of management, largely populated by local councillors whose ranks were in turn dominated by (Catholic) merchants and 'strong' farmers. The new committee members were socially, economically, religiously and culturally distinct

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[83] Henry, *Our Lady's Psychiatric Hospital*, pp. 548-51.
[84] Local Government (Ireland) Act 1898, 61 & 62 Vict., c.37

from their predecessors, yet demonstrated little inclination to change the institutional modus

operandi they inherited. If anything, with elected representatives now directly accountable to

a newly enfranchised electorate, the political imperative to contain the costs of the system

became sharper, [85] and sharper still after the financial crunch which followed Independence in

1922. We thus enter a period in which very little is actually built on either of our case study

sites, and this presents a challenge for research based on the interpretation of architecture.

However, there are other areas of material culture where we can recover meaning in the

period, and one of these is landscape. Twentieth-century institutional landscapes fall well

outside the canon of traditional garden and landscape history, but for this author, they present

another empirical source capable of being read continuously for meanings and inferences. [86]

Even where governors in the earlier periods could not dictate building design, their

influence is readily apparent in the landscapes which surrounded them. The trappings of

'polite landscape' – demesne walls and finely articulated entrance gates, gate lodges and

boundary woodland, sweeping drives through tree-studded parkland - are found at every

asylum site. The Cork governors in 1868 (belatedly) voted a sum of £1,000 to laying out the

steeply sloping ground 'in a highly creditable manner [to give] a most pleasing effect'.[87] In

Grangegorman, several governors were personally invested in the matter:

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[85]After 1909, central government grants were capped and all further increases fell on the local
rate payers.

[86] Irish landscape literature focuses on the early and the elite. Finola O'Kane, *Landscape Design
in Eighteenth-Century Ireland: Mixing Foreign Trees with the Natives*, (Cork: Cork University
Press, 2004). Her research of the landscape of the school run by Ireland's revolutionary leader
is a rare exception: 'Nurturing a Revolution: Patrick Pearse's School Garden at St Enda's',
Garden History, 28.1 (2000), 73–87.

[87] *Eighteenth Annual Asylum Report*, HC 1868-69 [418] xxvii, p. 19.

The pleasure and exercise grounds too have been much improved, the former being tastefully laid down with shrubs and flower-beds, under the direction of Sir George Hodson, one of the oldest and most regular of the attending Governors; while Lord Powerscourt, recent[ly] appointed a Member of the Board, has presented some thousands of evergreens, which have been decoratively planted around the buildings.'[88]

While the major structural elements of a designed landscape – avenues, woodland and so forth – are almost as enduring as the buildings they flank, high maintenance ornamental features such as clipped shrubberies and flowerbeds exist only by virtue of a conscious decision which must be reaffirmed in every growing season – in effect, a 'real-time indicator' of values and priorities. What I have found at Cork is that the hospital committee of the mid-twentieth century continued to maintain and enhance their inherited landscapes in a manner which their predecessors would have found creditable, and perhaps even excessive. Evidence in this regard comes from a series of three aerial photographs of superb detail and clarity, recorded in April 1954 by pilot-photographer Captain Alexander Campbell Morgan. These were most likely taken as part of a wider commission to record the dozens of hospital improvement projects funded by the Irish Hospitals Sweepstakes, an international lottery established to benefit the Irish healthcare system. While there was no new buildings at Cork, Morgan nevertheless captured Atkins' Gothic revival edifice of 1852 and Hill's institutional slab of 1894 set in an impeccably manicured landscape. Hundreds of neatly clipped shrubs and geometrical flowerbeds stocked with bedding plants are arrayed across a tightly mown lawn, symmetrically disposed paths of raked gravel flanked by box hedges guide pedestrian visitors from the

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[88] *Twenty-third Annual Asylum Report 1873*, HC 1874 [1004] xxvii, p. 94.

entrance gates to the front door of the principal block (Figure 3.19, 3.20). It is an ambitious

set-piece worthy of an aristocratic mansion – except that by the 1950s, there were few

aristocrats left in Ireland, and fewer yet with the surplus resources necessary to indulge in such

vanities. Horticultural ostentation demanded a superabundance of labour to maintain but – in

contrast with the well-stocked kitchen gardens nearby – contributed nothing to the economic

functioning of the institution.

The many men and few women who served on the mental hospitals committees of

mid-twentieth century Ireland do not appear as natural aesthetes, architectural connoisseurs

or obsessive horticulturalists – most were diligent pragmatists whose definition of a job well

done was to audit every item of expenditure at their monthly board meetings.[89] The typical

committee member would have brought plenty of first-hand knowledge to bear on the

management of the hospital's (productive) farm, but were unlikely to see value in the

(unproductive) features of polite landscape culture, much less feel inclined to donate a

thousand saplings. Yet the striking image of the front–facing landscape in Cork as it reached its

historical apogee leaves us in no doubt that committee members were playing their part in a

century-long effort to project an image of order and decorum, even if the actual work was

achieved using patient labour. And mental hospital committees were not alone in preserving a

landscape culture associated with the Anglican elite: the key elements of genteel landscape

design had also become a well-established part of the scenography of Catholic residential

institutions. Some appropriated earlier demesne landscapes, but many others consciously

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[89] The author's great-grandfather served on the committee of Clonmel Mental Hospital, and chaired the meeting where it was decided to repurpose a redundant workhouse instead of the recommended new building. Lonergan, *St Luke's Hospital*, p64.

replicated their features.[90] Elite landscape culture was not limited to settings of boarding

schools and seminaries, but was also employed to maintain an outwardly respectable

appearance in institutions which contained groups regarded as disadvantaged or deviant.[91]

The Artane Industrial School in Dublin was flanked by a high-maintenance set-piece

comparable to Cork's – it was even engraved as the title image in a promotional book

published to raise funds for the institution (Figure 3.21).[92] Unto its final closure on the eve of

the new millennium, the 'flowery borders... green chestnut trees [and] 'quiet shady lawn

which stretched itself in front of the handsome pile of grey-stone buildings' at High Park

convent had changed little from the effusive descriptions penned by a visitor 90 years earlier

(Figure 3.22).[93] But while the outward appearance of institutions serving opposite ends of the

social scale may have been similar, if we ask by whose hands these landscape set-pieces were

maintained, and for whose benefit, the fundamental difference becomes evident. Prosperous

parents did not pay boarding school fees in the expectation that their offspring would have to

dirty their hands; inmates whose board was paid for by the state, the rates or their own labour

had little choice but to muck in. The twelve boys who maintained the fine landscape at Artane,

and the eighty who worked on the farm, at least did so as part of a structured vocational

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[90] Some, such as Clongowes Wood, Co. Kildare, or Glenstal Abbey, Co. Limerick, appropriated eighteenth-century demesnes. New diocesan seminaries such as St John's College, Waterford, and St Patrick's College, Carlow, created their own. All may be gleaned from observation of the Ordnance Survey 25 inch series, mostly surveyed 1890-1910. Geohive map viewer at: webapps.geohive.ie/mapviewer/index.html, accessed 16 Sep. 2022.

[91] Including industrial schools at St Joseph's Ferryhouse, Co. Tipperary and St Louis', Co. Monaghan. The only purpose-built reformatory at Danesfort, Co. Cork, substantially expanded the landscape features inherited from an existing demesne.

[92] And I consider it safe to extrapolate its retention into the 1950s, on the basis that the system otherwise changed so little in that time. *Souvenir of Artane Industrial School, Dublin* (Dublin: Eason & Son, Ltd., 1907)*,* frontispiece.

[93] Nora Tynan O'Mahony, 'In a Magdalen Asylum', *The Irish Monthly*, 34.397 (1906), 374–77, (374). The scene described in 1906 was almost pristine when I visited in 1998, but already undergoing transformation in 1999.

training.[94] Just as in the early asylums, agricultural and horticultural work made an important

contribution to the economic operation of the institution, but were promoted and presented

in the first instance on the basis of their therapeutic value to the individual.[95] Yet when the

Inspector of Mental Hospitals in the 1950s made the (statistically dubious) claim that 75% of

patients at Cork were 'usefully and regularly employed,' he measured this success solely by the

contribution they rendered to the operation of institution, without even deigning to invoke the

fig-leaf of therapeutic value. Patients (invariably male) may well have continued to benefit

from their horticultural endeavours, but in 1950s Ireland, I see any therapeutic value gained as

incidental to goal of maintaining the institution's image, not the objective.[96]

In July 1955, Captain Morgan also captured a comparable aerial image of

Grangegorman (Figure 3.23). The angle initially seems curious, foregrounding the service

quarters of the Gothic revival Upper House. Morgan may have been intending to capture the

new, Sweepstakes funded nurses home, but actually centres his lens on the austere landmark

of Francis Johnston's former Richmond Penitentiary. This makes sense when we learn that the

institution's administrative seat, as indicated by the presence of the boardroom, relocated to

this building from the 'Lower House' sometime before 1935.[97] This repurposed prison, which in

1897 was described as 'very unsuitable' for asylum patients found itself elevated to serve as

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[94] *Souvenir of Artane Industrial School,* p. 34.

[95] Sarah Rutherford, 'The Landscapes of Public Lunatic Asylums in England, 1808-1914' (unpublished PhD, De Montford University, 2003), pp. 190-3, 225-8. Clare Hickman, *Therapeutic Landscapes: A History of English Hospital Gardens since 1800* (Manchester: Manchester University Press, 2013), pp. 94-103.

[96] *Report of the Inspector of Mental Hospitals 1953*, p. 23. *Report of the Inspector of Mental Hospitals 1954*, p. 23.

[97] Margaret O'Farrell, 'The Annexe, St Brendan's Hospital', in *Contacts: The Journal of the Eastern Health Board*, 1:5, July 1975, p. 6.

the administrative seat and symbolic capital of Ireland's largest residential institution.[98] In the

penitentiary's favour as a prospective headquarters was its character as a monumental,

austere, edifice, crowned with a muscular pediment and squat cupola, and I believe that the

hospital board was not wholly insensible to the building's landmark qualities. Two seemingly

insignificant footnotes bear me out. In 1942, the Dublin Health Authority purchased another

landed estate on the northern outskirts of the city as the site for a new mental hospital and

sanatorium.[99] The mansion burnt and the plan was aborted, but the demesne's fine entrance

gates would not go to waste. Sometime between 1955 and 1963, they were re-erected at the

Grangegorman's main entrance, perfectly on axis with, and clearly intended as an adornment

to, the institution's administrative seat, although at odds with the changing mood of the times

(Figure 3.24). In another small but telling episode, their successors in the 1980s, discovering

that Johnston's cupola housed the 'oldest known flat-bed clock in Britain and Ireland',

sanctioned its full restoration, despite simultaneously lacking the resources to prevent the

actual collapse of buildings still accommodating patients (see Chapter 4), and this at a time

when the restoration of a similar clock in the State Buildings at Dublin Castle was deemed too

costly.[100] These modest interventions were of no benefit to the patients confined within the

institution. Instead, they offer evidence that even the most diligent pragmatists did retain

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[98] Forty-Seventh Annual Asylum Report, HC 1898 [8969] xliii p. 23; Forty-Eighth Annual Asylum Report, HC 1899 [9479] xl, pp. 33–4.

[99] Santy Court Demesne, on 222 acres. The rest of the land was sold in 1963 with the promise that 'the funds derived... would be devoted to St Brendan's Hospital. *Irish Times*, 4 January 1963.

[100] 'Timepiece' podcast, first broadcast 14 Oct. 2021, available at https://www.ria.ie/news/grangegorman-histories/grangegorman-histories-timepiece-podcast, accessed on 13 July 2023. Cover picture, *Irish Times*, 25 Oct. 1986. 'Decision on clock tower criticised,' *Irish Times*, 20 April 1987.

some regard for material culture and architectural propriety, but only where the decorum or

public image of their own head-quarters was concerned.

3.8.   Institutional impressions at the historic peak

Ireland's recent history has seen the official narrative of most institutional typologies

challenged by the publication of survivor testimony. Yet, publicly available first-hand patient

accounts of life in a mid-twentieth century Irish mental hospital remain – with a handful of

exceptions – rare. But there are other sources by which we can reconstruct the realities of

hospital life behind the manicured lawns and decorous facades. To peruse the minute books of

the Grangegorman Mental Hospital in the early years of the Free State is to witness the inner

workings of a large and complex corporate entity with a workforce approaching one thousand

employees and annual financial turnover close to £200,000 – a sum which translates to €25

million in 2023 monetary values, but better understood as closer to €150 million if attempting

to operate a similarly sized undertaking today. Upholding standards of horticulture and animal

husbandry, the repairing of roofs and laying of drains, the hiring and firing of staff, the letting

of contracts and vetting of supplies, the checking of stock and auditing of accounts, the pursuit

or defence of legal cases: all drew heavily upon the life experiences of the farmers,

businessmen and professionals who populated the joint hospital committee. One is again left

in little doubt that these were serious people committed to maximising value for public

money.

Except, perhaps, in assessing whether any of this expenditure actually contributed to

achieving the ostensible objective of the institution: the relief or cure of mental illness. It feels

remarkable to observe that apart from the Resident Medical Superintendent's report of

outbreaks of infectious diseases or of deaths requiring post-mortem examination, the only

substantive references in the minute books of 1920s Grangegorman to the individuals for

whose benefit the institution purported to exist – the actual patients – are found within the

report of the finance sub-committee. Here, the assembled lay people would consider the individual circumstances of a dozen or so different patients and make specific recommendations – but of a pecuniary, rather than clinical, nature. The January 1926 entry for patient no.33341, 'A.O'N' records: 'Patient is a widow with two children, one of whom is in Artane Industrial School and the other in High Park Convent, Drumcondra. This patient has a pension of 26'8" from the British Ministry of Pensions.' The contemporary reader may dwell on the heartbreak of a woman whose husband likely perished 'in Flanders' fields' and whose prolonged struggle and ultimate failure to cope saw her family dispersed to three separate institutions across the north side of Dublin; a family divided upon entry to the early workhouse might at least have been able to communicate across the airing yard wall. But these facts were pertinent to the finance committee only insofar as they were satisfied that there was no other claim on her pension and thus the cost of her maintenance at Grangegorman could be charged against it.[101] The human tragedy implicit in that terse biographical note illustrates to devastating effect how Grangegorman and its ilk were but one element of a complex and intimately woven institutional web.

Reading the Grangegorman minute books, we are bound to concur with J. P. Martin and Debbie Evans' conclusion that 'the secondary aims of care, legitimate as means to ends, often became elevated to ends in themselves.' They were writing in the context of care scandals in English long-stay institutions in the 1960s-70s, but their sharp analysis holds true in earlier and later times, not least the realisation that such inversions were an almost inevitable consequence of governance arrangements which expected lay people 'to take legal responsibility for running vast social organisations of almost unique complexity, dominated by

[101] Grangegorman Mental Hospital Minute Book, 6 Jan. 1926, p. 1010.

entrenched professions, and to do this on the strength of their experience in their own walks

of life.'[102] But local lay-people were not the only ones to conflate secondary aims for primary.

The 1927 report of the expert commissioners charged by the new Free State government with

reviewing the care of the sick and poor, 'including the insane poor,' focused entirely on

administrative, legislative and financial aspects of what were now renamed as mental

hospitals. They regarded actual treatment as the exclusive domain of medical expertise, but in

terms which betray their limited faith in the enterprise:

> With regard to *treatment* as distinct from *care* this, of course, rests entirely with the
>
> medical staff and obviously depends on the knowledge, skill and zeal which these
>
> officers bring to their duties and the means of treatment at their disposal. Beyond
>
> drawing attention to the importance of this side of the work of the mental hospital
>
> and expressing a hope that every effort will be made to develop it so that suitable
>
> treatment on modern lines will be everywhere available for those who can benefit by
>
> it, we prefer not to refer to it.[103]

I exaggerate slightly by suggesting that the entries in the Grangegorman minute books

of the 1950s differ from those of the 1920s only in date.[104] But whereas architecturally

ambitious 'admissions units' at hospitals such as Monaghan, Sligo and Ballinasloe have allowed

me to challenge the view that the entire Irish mental hospital sector had yielded to glum

despondency in these lean decades, so far as Grangegorman and Cork are concerned, the

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[102] J. P. Martin and Debbie Evans, *Hospitals in Trouble* (Oxford: Basil Blackwell, 1984), pp. 86-91, 243-50.

[103] Emphasis added by author. Report of the Commission on the Relief of the Sick and Destitute Poor, Including the Insane Poor (Dublin: The Stationery Office, 1927).

[104] The finance committee no longer interrogated relatives' financial standing, and the visiting committees were more diligent in reporting their impressions of buildings, farms, gardens, and occasionally even patients. Grangegorman Mental Hospital, Minute Book, 1952.

conclusion that 'nothing much else happened' remains largely apt.[105] The only major building

added at Grangegorman in the first half of the twentieth century was a nurses' home. The

perpetually parsimonious Cork committee prevaricated over various ambitious developments,

but eventually settled for a redesign to render their latest 'temporary' ward block as slightly

more permanent structure.[106] Even the lure of generous grants from the Irish Hospitals

Sweepstakes failed to galvanise improvements as they were unwilling to commit sufficient

matching funds. Cork's allocation of Sweepstakes grants in the period 1933-50 was the second

lowest of any of the hospitals in the period, less than £10 per patient, compared to

Grangegorman's £86 or Ballinasloe's £122.[107]

Overcrowding was a feature of almost every hospital in the period, and noted by the

Inspector of Mental Hospitals as 'serious' and 'extreme' in Grangegorman, but the most severe

criticism in the period was reserved for Cork. Visiting in May 1955 – just one month after

Captain Morgan captured the photographs we have already encountered, the Inspector noted:

> In some sections conditions are such that the proper nursing of patients is rendered
>
> almost impossible. The medical and nursing staff were doing very satisfactory work
>
> under extremely difficult and frustrating conditions.[108]

To understand the inner realities of life under 'extremely difficult' conditions, we can turn

again to Morgan's triptych.[109] The superb quality of his equipment meant that he recorded not

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[105] Dermot Walsh and Antoinette Daly, *Mental Illness in Ireland 1750–2002: Reflections on the Rise and Fall of Institutional Care* (Dublin, 2004), p. 32. Brendan Kelly, *Hearing Voices: The History of Psychiatry in Ireland* (Dublin: Irish Academic Press, 2014)*,* pp. 155-70. Quinlan, *Walls of Containment*, pp. 98-102.

[106] Henry, *Our Lady's Psychiatric Hospital*, pp. 338-58.

[107] De Barra, Eamon and John O'Sheehan, eds, *Oispideal na hEireann: Ireland's Hospitals 1933-1950.* (Dublin: Hospitals Trust, 1956), p. 8.

[108] Report of the Inspector of Mental Hospitals, 1955, pp. 21, 24.

[109] National Library of Ireland, Morgan Aerial Photographic Collection, NPA MOR 979, 980, 981.

only the iconographic set-piece of the principal building in its landscaped grounds, but also the ordinary, unscripted activity of hundreds of patients and staff. Focusing on the presence and absence of people, rather than built and landscaped features, is to invite a wholly alternative reading of the place. The manicured grounds in front of the building are almost entirely devoid of people (Figure 3.20). A handful of staff occupy a cabin monitoring the public entrance but apart from these, the only individual at liberty to enjoy the splendid setting is the RMS himself, striding purposefully back from his private residence after lunch (Figure 3.25). The patients – by my count about a quarter of the total complement – are safely contained out of sight behind the main building. The female patients who work in the laundry have been making the most of the good drying weather, though many of their comrades appear to have so little confidence in the efficiency of that department that they preferred to retain and wash their own items, drying them on the hedges around their three designated airing yards (Figure 3.26). Some male patients are also confined to separate airing yards, but many more are seen, apparently partaking of a walk in the grounds (Figure 3.27).

Examined more closely, they are being marched in groups of 40-50 – each group a single dormitory - under the watchful eye of their uniformed attendants. Read alongside the 'official' history of the institution, we learn that the men were not just out for a constitutional, but would shortly be instructed to stand to attention at intervals up that hill so that the RMS could complete his afternoon 'ward rounds,' an undertaking akin to inspecting a barrack parade ground. The incumbent, a Dr Honan, displayed military commitment to hard work, 'early rising and early retiring' and to patients being out of doors 'for as long as weather permitted.' Upon his retirement in 1961, he indulged in the boast that he had overseen the 'best run' mental hospital in Europe. This may even have been true, if one measures success by compliance with the quasi-militaristic regime necessary to operate an impossibly large

institution on an impossibly small budget – again the cheapest per patient in the country.[110]

Most alarming is that all activity plays out under the sinister eye of three sentry-towers - this in

a supposedly therapeutic environment that in 1955 calls itself a hospital (Figure 3.28). I have

studied historic maps and drawings and physically explored every former asylum on the island

of Ireland, but to date not encountered documentary or built evidence of such unequivocally

prison-like features on any other site. These towers are evidence that at Cork, the debasement

of the culture of care neither began nor ended on Honan's watch, but was shaped over

decades by the most reductive economic and custodial impulses; the secondary aims of

efficiency firmly displacing curative goals. The gulf between the image presented by a

decorous façade set in immaculately manicured grounds, and life behind that façade or under

its sentry towers, could hardly have been wider.[111]

Creating and maintaining a pleasant landscape is not in itself problematic – indeed,

patients in many modern general hospitals might be grateful if more attention were paid to

such matters. The problem lies in the treatment of landscape as a '*zone saine*': a sterile set-

piece from which all disreputable inmates – and with them any risk of 'havoc' - have been

safely excluded (Figure 3.29).[112] Whereas the landscape settings of the earliest asylums were

expressly designed for the therapeutic benefit of patients and with the intention that the

'convalescent' cases, at least, would be allowed access to the front-facing parkland, their total

banishment in this later period to gloomy yards guarded by sentry towers, as seen in Cork, is

expressive of a system irrevocably divorced from the ideals on which it was founded.[113] One

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[110] Cork: £121/head and Youghal Auxiliary, £88/head. National average: £165/head. Highest: £197/head. Report of the Inspector of Mental Hospitals 1954, p. 19.
[111] Henry, *Our Lady's Psychiatric Hospital*, pp. 359-61.
[112] Havoc, as defined by Erving Goffman, *Relations in Public: Microstudies in Public Order,* (New York: Basic Books, 1971), pp. 356-9.
[113] Hickman, *Therapeutic Landscapes,* pp. 78-80, 90-3. Quinlan, *Walls of Containment*, p. 156.

might even speculate that the havoc which the powers were most eager to contain was not

the exposure of the unsuspecting visitor to a traditional outburst of uncontrolled madness, but

the risk of an encounter with an all-too-rational inmate whose testimony about the reality

which pertained beyond the supervised confines of the visitors parlour might puncture the veil

between representation and reality.

3.9.   Conclusion

In contrast with the earlier chapters, this period is mostly free of high political drama and

tension between centre and periphery. Deep-seated grievances around political

disenfranchisement – for which the excess of cut stone had been but a highly visible lightening

rod – appear to have been appeased by devolving spending power to local asylum boards. The

new greenfield asylums of the 1860s cost just as much as the controversial Gothic Revival

asylums of the 1850s, but met with little adverse reaction. Greenfield projects were presented

as the preferred solution to the relentless rise in patient numbers, but even the

admonishments of peers in the House of Lords could not force a local board to sanction

spending on such ventures against their will. So where populous counties in England built

second and third asylums, the geographic footprint of the Irish system expanded little after

1870, even as patient numbers quadrupled.

Having been deprived by the dangerous lunatics act of 1867 of most control over

admissions, asylum governors found themselves engaged in a near-continuous process of

planning and building through which we can discern and interpret shifts in aesthetic ambition

and spatial provision. The internal standard of accommodation followed a consistent trajectory

towards ever-larger dormitories and day spaces. The ubiquity of forty-bed dormitories betrays

a certain attitude to patient welfare: economies in spatial provision and supervision were

purchased at the price of individual dignity. But these vast undifferentiated interiors lay behind

facades which varied considerably, and in this fact I found a rich seam for interpretation. When

the need for space is actually consummated in bricks and mortar, most new structures

converged towards a common architectural standard, what I describe as a new institutional

vernacular: large, robust and simple structures enlivened with an economic smattering of

applied ornament – polychromatic brickwork, selectively articulated entrances and window

openings. But urgency trumped even cost as the overriding concern, resulting in a proliferation

of temporary buildings and low-grade adaptations of existing structures which condemned

patients to inferior living conditions for generations. Perhaps the only thing worse was a failure

to spend at all; the scandalous conditions we encountered in Cork in 1890 and again in 1955

correspond with periods when the board boasted the lowest annual cost per patient of any

asylum in the country.

The local government reforms at the turn of the century neatly cleave this chapter in

two. Nineteenth-century asylum boards composed of Anglican elites who enjoyed social

position as a birth-right were replaced on twentieth-century hospital committees by a

prospering class of Catholic merchants and farmers, elected via popular mandate. The two

groups held little in common beyond a shared interest in the hunting field and the county

agricultural show,[114] yet I show that in the matter of institutional decorum, both groups were

more closely aligned than might be supposed. Anglican governors did not stint when

commissioning fine chapels for use by their Roman Catholic charges. Catholic board members

continued to commit resources to maintain the appearance and decorum of the building which

housed the institution's administrative seat, as defined by the presence of the boardroom. I

contend that the *building* which hosted the administrative 'seat of power' came to define the

institution's visual identity and by extension, this was the place where the social identity of the

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[114] Turtle Bunbury, *Clonmel Show, 150 Years, A History, 1865-2015*, ed. by Patrick Quinlan, (Clonmel, 2015), pp. 13-19.

governors intersected with that of the institution they governed. As seen especially at Cork,

the further the *modus operandi* of the organisation drifted from its original vision, the keener

the imperative that the set-piece should remain decorous. It is a paradox which is at least as

old as Hooke's Bethlem, but perhaps novel in this case is that the dubious credentials of an

institution where 'too much [was] sacrificed to outward show' are demonstrated by the

ephemeral evidence of bedding plants.[115]

We saw in Chapter 2 a resurgent Catholic society whose broad ambivalence towards

the top-down asylum project of the British state contrasted with a serious moral and financial

commitment to a variety of new welfare institutions run by the Irish Roman Catholic church.

Local government reforms meant that members of hospital committees reflected the priorities

and interests of the society they represented, but society's priorities seem not to have

changed all that much: minimising the burden on the rates. I will expand on this theme further

in Chapter 4, where we will see how the public continued to prefer welfare institutions

legitimated by church involvement over those controlled by state or local government, even

when the local government was democratically representative rather than oligarchic, and even

when the state was Irish rather than British.

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[115] Stevenson, *Medicine and Magnificence,* p. 206.

4.   OLD AGE, 1950s – 1980s

4.1.   Introduction

By the time Ireland's mental hospital system reached its peak in the late 1950s, it accommodated 0.7% of the population of the state. The drivers of this exceptional growth have been the subject of much debate, but its decline over six subsequent decades has only begun to be explored by scholars. Clinicians such as Brendan Kelly and Dermot Walsh have offered a narrative of de-institutionalization in terms of progress towards community based care, informed by public policy, clinical best practice and empowered by new pharmaceutical therapies.[1] Damien Brennan downplays the role of official policy and argues for a confluence of biomedical developments and social change sufficient to interrupt the 'reproductive momentum of institutionalised social practices' which had driven the growth of the institutions.[2] More recent scholarship by David Kilgannon adopts a more critical stance towards the process of institutional decline in all its complexity, and argues that progressivist narratives 'elide those who were the last to depart these ailing and ill-equipped hospital facilities, neglecting their experiences and producing a simplified transition from institutional to community-based psychiatry.'[3]

My case study approach – pursuing the ongoing evolution of the institutional *settings,* as distinct from the clinical *services* – represents another angle from which to understand this chapter of mental healthcare in Ireland, and contributes some new insights beyond the

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[1] Kelly, *Hearing Voices,* pp. 210-53. Walsh and Daly, *Mental Illness in Ireland*, p. 121.
[2] Brennan, *Irish Insanity,* pp. 117-20.
[3] David Kilgannon, 'A "Forgettable Minority"? Psychiatric Institutions and the Intellectually Disabled in Ireland, 1965–84', *Social History of Medicine*, 34.3 (2021), 808–27, p. 826.

divergent narratives of clinicians and historians. However, the task of gleaning meanings from

buildings at a time when almost nothing is built, and when what already exists is being

rendered redundant by a system in decline, represents a novel challenge for the architectural

historian. The utilitarian extensions and temporary annexes encountered in the preceding

chapter at least lent themselves to empirical observation and hermeneutic interpretation, but

in this period we are denied even that modest source. However, I hold the view that for as

long as buildings stand, they have something to tell us if we are willing to look closely enough.

Omission and even outright absence tell their own stories: decisions *not* to build, not to

maintain, and even to demolish, can all be meaningful in different ways, as I will show. The

task is challenging in a time of chronic under-resourcing: ubiquitous disrepair obscures the

distinction between the reluctant patching of a despised legacy structure for want of

alternatives, and well-intentioned but inadequate efforts to maintain something which was

still valued. Reading the built (and unbuilt) evidence in parallel with the documentary record,

most notably in this chapter the minutes of the Grangegorman hospital committee and its

successor, the Eastern Health Board (EHB), my research reveals that the status, upkeep, and

indeed very survival of buildings was strongly influenced by whether they were occupied by

the administrative bureaucracy, or by patients. The continued maintenance of administrative

quarters while patient accommodation slid into decay indicates that the Victorian hierarchy

between pauper and polite, between spaces designed for patients and those occupied by the

powerful, endured into the 1990s.

This chapter continues to pursue the story of the principal buildings at Cork and

Grangegorman until their final closure at the start of the 1990s. Each closure narrative offers

distinct insights, but the richest is that of Grangegorman's Lower House, where the acts of

closure and demolition took on a performative quality, actively publicised and manipulated to

serve a particular narrative. My research has revealed several sub-plots behind the media

coverage which - even if undertaken to raise popular consciousness of and support for reforms

within the mental health service - in practice involved a cynical subordination of the rights of vulnerable patients. Even unto final closure, legacy buildings were once again employed within a recurring discourse where future clinical aspiration is validated by castigation of the past.

Graham Moon and his co-authors, whose theories on asylum afterlives we will encounter at length in Chapter 5, observe that closure dynamics in every instance are 'contingent on specific [national] health system, local circumstance, location [and] timing.' [4] The individual case studies in this chapter, and their comparison with the national corpus of mental hospitals, affirm the importance of local circumstance and location. But these case studies still fail to explain the relatively slow pace of decline of the Irish institutional regime compared to systems in other Anglophone nations which shared its historical underpinnings. (Table 4.1) While Ireland's body-politic was not in thrall to the neo-liberal economic ideologies that Andrew Scull describes as a key driver of 'decarceration' in both the UK and USA, the budgetary pressures of a state experiencing near-permanent economic malaise surely represented no less of an incentive to reduce the burden on the public purse.[5] Budgets were indeed squeezed, but the effect was seen more in privations visited upon the cohorts who remained within the legacy system, than by their wholesale ejection into the vagaries of 'care-in-the-community' or private sector providers.

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[4] Moon et al., *Afterlives*, pp. 26.
[5] Andrew Scull, *Decarceration: Community Treatment and the Deviant: A Radical View*, 2nd ed (Cambridge: Polity, 1984), pp. 138-151.
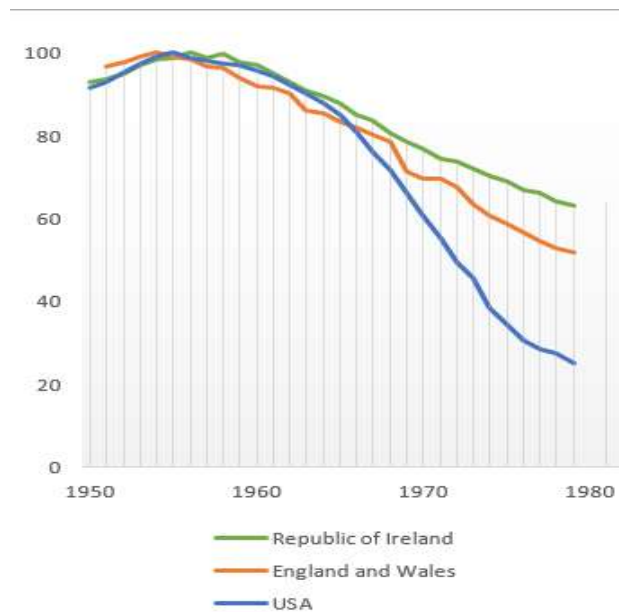
Table 4.1: Relative rate of decline of mental hospital inpatient population across three jurisdictions. Peak population = 100.

For data sources see Appendix 4.1

When the degradations within this legacy system occasionally surfaced in the public discourse, they sparked little popular concern and almost nothing in the way of critical discussion and inquiry. Louise Hide's description of how 'exclusion as a social mechanism allowed appalling conditions and practices to persist in [English] mental hospitals over many years' rings familiar in Ireland. But whereas revelations of such conditions in England led to statutory inquiries and scandals, the Irish mental hospitals never faced an equivalent reckoning.[6] This point appears to be pertinent to the exceptional longevity of the Irish mental hospitals, but to understand quite how, I suggest that we need to look beyond clinical developments and practices within in the narrow field of mental health to the wider phenomenon of Irish institutionalisation. I therefore revisit the spectrum of church-run welfare institutions already encountered in earlier chapters, but this time, framed as part of what Ian O'Donnell and Eoin O'Sullivan have described as Ireland's system of 'coercive confinement.'[7] It

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[6] Louise Hide, 'Mental Hospitals, Social Exclusion and Public Scandals', in *Mind, State and Society*, ed. by George Ikkos and Nick Bouras, (Cambridge University Press, 2021), pp. 60–68, (p. 65).
[7] O'Sullivan and O'Donnell, *Coercive Confinement,* p. 4.

was a system in which religious-run institutions for the underprivileged were popularly

regarded not as a regrettable-but-necessary expedient, but as inherently worthy ventures by

virtue of those who ran them.[8] The asylum system predated institutional Catholicism's project

to render Ireland civil, moral and respectable and I do not suggest that they shared in its aura

of popular piety, but attitudes to them were nevertheless shaped and framed by this very

particular context: a context in which institutional power was seen as infallible, and remained

so right into the 1990s.

Tom Inglis describes this deference as part of an 'Irish Catholic habitus' which

permeated Irish society for most of the twentieth century.[9] But I further argue that Irish

society did not just accept the regime of the total institution, but was actively shaped by it. The

total institution was not merely a means of controlling the poor or deviant, but is also found in

the parallel infrastructure of seminaries, monasteries, convents and boarding schools built for

the more privileged classes. Erving Goffman, notwithstanding his primary focus on the asylum,

included all of these types in his definition of the total institution: settings where inmates

'work, play and rest... in the same place, and under the same single authority... in the

immediate company of a large batch of others,' and where all activities play out 'according to a

pre-determined schedule... [under] a single, rational plan purportedly designed to fulfil the

official aims of the institution.'[10]

Taken collectively, I show that over one tenth of the Irish population in mid-century

Ireland had direct experience of living under a disciplined regime behind high institutional

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[8] Cox, 'Institutional Space,' pp. 686-8.
[9] Inglis, *Moral Monopoly:* pp. 10-11, 157-8.
[10] Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Anchor Books, 1961), pp. 4-6.

walls, including many of those who went on to exercise power and influence in Irish society. As

the boarding-school students of the 1920s took their seats on the mental hospital boards of

the 1950s, I suggest that their institutional 'formation' meant that they had a conceptual blind-

spot which impaired their ability to see the patent failings of the total-institutional model, to

propose improvements beyond the cosmetic or administrative, or to experiment with non-

residential modalities.

So ubiquitous were the residential institutions of mid-century Ireland, and so profound

their impact on the Irish psyche, that we could invert the topographical balance implied in the

image of the 'institutional archipelago.' Irish 'free' society dwelt in narrow moral and

intellectual straits between its large and numerous walled islands. While public and political

debates on key moral issues became more prevalent in Irish society through the 1980s, it was

the succession of scandals in church-run institutional settings through the 1990s and 2000s

that shattered the Catholic Church's 'moral monopoly.' As the flood waters of scandal

successively inundated each island of the 'institutional archipelago,' Ireland's narrow 'moral

straits' widened, which in turn expanded the (social) space available to conceive of alternatives

to the status quo.[11] I propose that this distinctly cultural reading represents an additional, and

potentially productive lens through which to understand the ubiquity, longevity, and ultimate

decline of Ireland's institutional edifice.

4.2.   Local leadership and the reform agenda

The Ireland of the 1950s may have fulfilled Éamon de Valera's moral and cultural vision of a

country whose 'people who were satisfied with frugal comfort and devoted their leisure to the

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[11] Brian Girvin, 'Ireland Transformed? Modernisation, Secularisation and Conservatism since 1971', in *CHOI Vol.4*, pp. 407–40.

things of the spirit,' but at the cost of an economic stagnation and levels of emigration which

made a mockery of his parallel proclamation that 'no longer shall our children, like our cattle,

be brought up for export.'[12] The *First Programme for Economic Development*, published in

1958, is seen as the beginning of a process of opening Ireland up to the wider world in

economic terms; channels opened by the trade in goods also facilitated the exchange of

ideas.[13] This new intellectual openness would, in due course, seep into the consideration of

social issues, including mental healthcare.[14]

The number of inpatients in Ireland's mental hospitals reached their all-time peak in

1956, when just over 20,000 patients were recorded in the Republic's twenty-one hospitals,

with another 5,500 in six institutions in Northern Ireland – representing 0.71% and 0.44% of

each nation's population and ranking respectively as the highest and fourth-highest rates of

mental hospitalisation in the world.[15] Patient numbers thereafter declined steadily year-on-

year. Much of the credit for this decline was attributed to new pharmacological treatments

such as chlorpromazine (schizophrenia) and imipramine (depression), although scholars

latterly tend to describe these as just one element within a wider interplay of scientific,

humanitarian, economic and ideological forces.[16] In all of this, the role of central Government

would be relatively passive, and right through to the end of the twentieth century there is no

single national politician who could be argued to have played a transformative role in the

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[12] Éamon DeValera TD, 'On Language and the Irish Nation,' St Patrick's Day radio broadcast, 17 March 1943. Éamon DeValera TD, speech in Dail Eireann, 1934.

[13] Eunan O'Halpin, 'Endword: Ireland Looking Outwards, 1880–2016', in *CHOI Vol.4,* pp. 809–38.

[14] Brian Girvin, 'Stability, Crisis and Change in Post-War Ireland 1945–1973', in *CHOI Vol.4,* pp. 381–406, (pp. 399-402).

[15] Brennan, *Irish Insanity*, p. 33, Table 2.

[16] Dermot Walsh, 'Psychiatric Deinstitutionalisation in Ireland 1960–2013', *Irish Journal of Psychological Medicine*, 32.4 (2015), 347–52. Brennan, *Irish Insanity,* pp. 117-20.

mental health service. When Enoch Powell as UK Health Secretary in 1961 sought 'nothing less

than the elimination of by far the greater part of this country's mental hospitals as they exist

today,' his Irish counterpart, Seán McEntee, speaking to a similar audience of professional

psychiatrists later that year, was more circumspect: 'The idea that all mentally ill persons

require treatment in a mental hospital is no longer tenable.'[17] The Minister had just set up a

Commission of Inquiry on Mental Illness to investigate, *inter alia*, the startlingly high

hospitalisation rate in Ireland compared to international norms.[18] Expert analysis and political

attention to this question was long overdue: the nineteenth-century asylum system was

shaped by reports from no less than seven significant parliamentary committees or

commissions of inquiry, while the first sector-specific effort of the twentieth century did not

appear until the 1960s.[19] Hindsight might record it as an auspicious moment to undertake such

an enquiry: 1961 also saw the publication of Michel Foucault's *Madness and Civilization,* Erving

Goffman's *Asylums* and Thomas Szasz's *The Myth of Mental Illness.*[20] Russell Barton's

Institutional Neurosis and R.D. Laing's *The Divided Self* had only recently been published.[21] The

Commission's report, published in 1966, extensively referenced the most up-to-date peer-

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[17] Enoch Powell MP, Address to the National Association of Mental Health Annual Conference, 9 Mar. 1961, Sean McEntee, TD at a conference of Irish psychiatrists in December 1961, cited in Joe McDermott, *St Mary's Hospital Castlebar: Serving Mayo Mental Health from 1866* (Castlebar: Western Health Board, 1999), p. 137.

[18] Sean McEntee TD, Dáil Éireann,, 8 Feb. 1961, 186:1.

[19] Parliamentary select committees in 1804, 1817, 1843, 1891, Commissions in 1856, 1858, 1878. Asylums featured peripherally in a 1908 Commission on the Care and Control of the Feeble Minded, and to a slightly greater extent within the 1927 Report of the Commission on the Relief of the Sick and Destitute Poor.

[20] Michel Foucault, *Folie et Déraison: Histoire de la Folie à l'Âge Classique* (Paris: Plon, 1961), translated as *Madness and Civilisation* (tr. Richard Howard; New York, 1965). Goffman, *Asylums.* Thomas Szasz, *The myth of mental illness: foundations of a theory of personal conduct*, (New York: Hoeber and Harber, 1961),

[21] Russell Barton, *Institutional Neurosis* (Bristol: John Wright and Sons, 1959), R. D. Laing, *The Divided Self,* (London: Tavistock, 1960),

reviewed clinical literature from the UK, the USA, a smattering from mainland Europe, and

over twenty reports of the World Health Organisation (including *The Community Mental*

Hospital, 1953) – in itself a notable progression from earlier, insular enquiries. Freud and Jung

are even allowed a mention, but the commission appears to have remained insulated from the

intellectual currents loosely described today as 'anti-psychiatry'.[22] Ireland of the 1960s might

have been more open to expert ideas and influences from beyond the British Isles, but was not

yet ready to countenance such starkly counter-cultural concepts.

The 1966 report was nevertheless the first official document in 150 years to deviate

from the national policy of institutionalisation, although as noted by Brennan, the Commission

was belatedly endorsing an evolving reality, not leading it.[23] For almost a decade, mental

hospitals the length of the land had already been toppling gates, lodges and boundary walls, in

each case at the behest of a new generation of reform-minded Resident Medical

Superintendents (RMS).[24] For all that historical accounts stand accused of privileging the

achievements of 'great men' while suppressing the contributions of other actors, I find the role

of the RMS to be the key driver of reform in all that follows.[25] National politicians proved more

willing to commission reports than to implement them, their local counterparts who populated

the hospital committees lacked the expertise and focus to instigate change of their own

volition. In the strictly hierarchical and authoritarian environment of the total institution,

subordinate staff members were not empowered to take initiative unless the space for them

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[22] Kelly's and Walsh's accounts of the period also make no reference to them.

[23] Brennan, *Irish Insanity,* pp. 99–101.

[24] Robins, *Fools and Mad*, pp 198-9. For individual examples see: Donal Murphy, *Tumbling Walls: The Evolution of a Community Institution, St Fintan's Hospital Portlaoise, 1833–1983* (Portlaoise, 1983), p. 55. Joe McDermott, *St Mary's Hospital Castlebar: Serving Mayo Mental Health from 1866* (Castlebar, 1999), p. 154. Eamon Lonergan, *St Luke's Hospital Clonmel*, p. 77.

[25] Following pioneers at English hospitals such as Russell Barton at Severalls in Essex and Duncan Macmillan at Mapperley, Nottingham, rather than innovating on their own account.

to do so was created by the RMS, and incumbents who had spent decades in the service of an

authoritarian model could hardly be expected to change the habits of a working lifetime.

Grangegorman's long-serving RMS John Dunne was impressed by his 1955 visit to study the

'open hospital' model at Warlingham, Croydon, but upon returning home, lapsed into the well-

worn view that 'it would never work here.'[26] Hence it took the accession of the new generation

of RMSs to drive change in each hospital. At the level of the individual institution, we would

characterise this as a top-down exercise, but at the national scale, far from being the fruit of

central government policy, the reform of the psychiatric service is in this period is the story of

multiple independent local initiatives.

At Cork, RMS Honan retired in 1961, and the militaristic regime he upheld relaxed

markedly under his successor.[27] RMS Dunne remained in post at Grangegorman a few years

longer, and was succeeded in 1966 by Ivor Browne, a reformer whose name figures largest in

the later twentieth-century history of Grangegorman. Browne's signal achievements are well

documented in the Irish literature, including a reduction in patient headcount by 15% in his

first year in post by discharging many whose presence in the hospital owed more to

organisational inertia than clinical need. A new assessment unit he pioneered in 1979 reduced

admissions by 40% in two years by diverting less ill patients to community based services.[28]

Such statistics are grist to the mill of deinstitutionalisation narratives in many jurisdictions, but

I find Browne's contribution of particular interest for his wider and deeper analysis of the

political and social context in which he worked.[29] Browne was, and until his passing in January

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[26] Reynolds, *Grangegorman,* p. 281.

[27] Henry, *Our Lady's Psychiatric Hospital*, pp. 359-61.

[28] Kelly, *Hearing Voices*, pp. 210-11.

[29] Ivor Browne, *The Writings of Ivor Browne: Steps along the Road - the Evolution of a Slow Learner* (Cork: Atrium, 2012).

2024 remained, an independent thinker and an exceptional character; certainly few of his professional peers or predecessors could lay claim to being 'one of the most important intellectuals in Ireland.'[30]

Browne's first achievement appears to have been in persuading a heretofore conservative local health authority to appoint him, not to the traditional role as RMS of Grangegorman, but as Chief Psychiatrist of a psychiatric *service* which as yet did not exist outside of its walls. He secured the board's buy-in to a programme of reform to shift from an institutionally focused service rooted in Grangegorman to diverse services in various settings dispersed across the region.[31] He recognised the psychological power that the institution seemed to exert over all in its orbit and chose to establish his own headquarters off-site, later advising that:

> the administrative headquarter of each team [should be] in its community sector area rather than in its mental hospital, for the location of the administrative headquarters of each team as much as any other factor will determine its therapeutic outlook.[32]

It was almost certainly he who encouraged the chairman of the Dublin Health Authority to 'ceremoniously topple... the first of the skilfully placed stones in a symbolic

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[30] As described by Fintan O'Toole, foreword to Ivor Browne, *The Writings of Ivor Browne: Steps along the Road - the Evolution of a Slow Learner* (Cork: Atrium, 2012), p. xi.
[31] Co-drafted with Dermot Walsh. Browne, *The Writings of Ivor Browne,* p. 304.
[32] Eastern Health Board (hereafter EHB), *Report of the Psychiatric Services Review Committee* (Dublin: Eastern Health Board, 1982), p. 10. The board prevailed upon him to return to Grangegorman in 1979 out of concern that the legacy institution was being neglected. EHB, Minutes, 1 Feb. 1979.

gesture of the new attitude towards the treatment of what is now called psychiatric illness':

the first of several examples we will encounter where progress is communicated via the

destruction of the physical remnants of asylumdom.[33] Yet any attempt to transform the mental

health service for one third of the population of the nation was constrained by the continuing

imperative to care for the living, breathing reality of 3,600 patients spread across two legacy

sites – Grangegorman and Portrane – and by the financial reality that made it difficult even to

maintain standards, let alone contemplate improvements.[34] Denied the capital funding to

deliver the vision, trade-offs were inevitable and it was logical that initial efforts should have

been focused on 'easy wins' of reducing the flows into hospital and moving less challenging

cases out. The result was that while thousands of patients did experience a better mental

health service – many were spared the experience of ever entering Grangegorman - others

within the 'rump' of the legacy institution would find that their lived experience deteriorated

in inverse proportion to the progress made and lauded in other quarters.

4.3.   Disparity of esteem: Pauper and polite spaces

If the realities within a 1950s mental hospital ranged from sociable self-sufficiency to

militarised austerity, patients' lived experiences through the 1970s and 80s also lay between

two extremes. A patient admitted to, assessed, treated and discharged from one of the new

units might have found the experience comparable with any other department in a general

hospital – the age-old dream of early treatment, 'cure' (or at least symptomatic relief) and

discharge had finally come to pass. These units would abate the numbers joining what Hanna

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[33] 'Chairman's symbolic gesture,' *Irish Times*, 29 June 1966. The Dublin Health Authority was a
short lived predecessor of the Eastern Health Board.
[34] Despite the Republic having eight health board areas, one third of the population fell under
the remit of just one: the Eastern Health Board.

Greally described as the 'legion of the lost,' but did little to help the accumulated chronic, long-

stay cases.[35] Capital investment in the 1970s and 80s was understandably focused on new

facilities, but the resources available to maintain the legacy settings were also drastically

reduced.[36] The Mental Treatment Regulations of 1961 stipulated that patients could only be

applied to tasks 'in accordance with therapeutic principles' rather than in service of

institutional ends, and made limited provision for payment of patients.[37] By 1966, the RMS at

Portrane was ruing the administrative challenges of losing 'the type of good, long-stay [and

deeply institutionalised] patient which was an economically imperative feature of all mental

hospitals.'[38] Hospital management struggled to find the funds to replace the free labour which

for over a century had helped to maintain complex buildings and expansive grounds. Cork's

elaborate 1950s flowerbeds and shrubberies had, by the 1980s, mostly vanished under an

expanse of lawn (Figure 4.6).[39]

In Grangegorman, the buildings were not merely a chronic impediment to patients'

comfort and dignity, but presented an acute risk to life. In 1975, the EHB recognised the

impossibility of evacuating 400 frail and bedridden patients from the Lower House in the event

of a fire, but could not fund the necessary fire safety works.[40] The elaborate Victorian fabric of

Murray & Denny's Upper House was faring even worse than the simple solidity of Johnston's

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[35] Hanna Greally, *Birds Nest Soup*, 2nd ed., (Cork, Attic Press, 1987) p. 95. A similar 'two-tier' system emerged in the UK. Hide, 'Mental Hospitals, Social Exclusion and Public Scandals,' pp. 65-6.

[36] In Ballinasloe, the acute unit housing 20% of patients received 10 times as much capital funding as the remaining 80%. Magill, 'The Scandal of the Mental Hospitals.'

[37] Mental Treatment Regulations, 1961, S.I. 261 of 1961.

[38] Cited in Reynolds, *Grangegorman*, p. 292.

[39] All that remained in 1987 was the hospital name, in clipped box hedging. RTE News, 'Cork Psychiatric Hospital Cuts,' first broadcast 23 Sep. 1987. Available at: www.rte.ie/archives/collections/news/21257873-cork-psychiatric-hospital-cuts, accessed on 22 Sep. 2022.

[40] EHB Minutes, 1 May 1975.

late-Georgian Lower House. The board had already decided in 1978 to decommission the

Upper House, but was overtaken by events. In February 1979, it was noted that many of the

high and heavy coping stones had come loose and were in danger of falling, while more

modestly sized projectiles of slate and brick were a regular occurrence.'[41] Some 80 patients

were still in residence in February 1980 when a section of a lath-and-plaster ceiling, riddled

with dry rot, fell onto a sleeping patient, who fortunately survived the incident (Figure 4.1).[42]

In an article for the investigative magazine *Magill* in 1980, Helen Connolly inspected twelve

hospitals around the country and concluded:

> We have found that most of the larger hospitals are in a state of physical
>
> disintegration, oppressive congestion, demoralisation, often squalor and inadequate
>
> staffing, and that conditions were entirely inadequate to begin to cope with the
>
> problems of the patients… A pervading stench of urine, excrement and sweat
>
> confronts the visitor to the sleeping areas of many of the psychiatric hospitals in the
>
> country, most notably Our Lady's Hospital, Cork, and sections of St. Brendan's Hospital,
>
> Dublin.[43]

The simple explanation for this state of affairs is that the health boards responsible for

Grangegorman, Cork, and the other very large hospitals of Ballinasloe and Mullingar failed to

invest sufficiently to maintain their capital assets, even as authorities elsewhere did better in

this regard.[44] The more interesting question revolves around the extent to which this was a

case of incapacity or unwillingness. The distinction would have mattered little to those woken

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[41] EHB Minutes, 27 March 1980.
[42] EHB Minutes, 1 March 1980.
[43] Helen Connolly, 'The Scandal of the Mental Hospitals', *Magill*, 30 Oct. 1980.
[44] 'The Scandal of the Mental Hospitals,' *Magill*.

by the shock of falling plaster, but is quite important for our purposes, as it betrays underlying attitudes in a manner analogous to the effort invested in the new buildings of earlier periods. The case for incapacity seems stronger than I had previously supposed. The amalgamation of county-based health authorities into regional health boards in 1970 saw the hospitals governed and administered as one part of a wider healthcare *system* for the first time, but it also diminished local autonomy.[45] Health budgets thereafter were set nationally by the Minister for Health and allocated to each region. The local politicians who populated their boards no longer had the power to raise revenue locally, but were legally obliged to balance their books, and to apply to the minister for additional grants to plug funding gaps or undertake new initiatives.[46]

While in Chapter 2 we encountered the implications of taxation without representation, its inverse – representation without powers of taxation – is also problematic. With most spending accounted for by fixed overheads or block grants to voluntary hospitals outside their control, asset maintenance represented one of the few discretionary items within the health board's budget where savings could be eked out.[47] Even in the wake of the collapsing ceiling in March 1980, the EHB was obliged to debate 'severe reductions' in maintenance spending to balance the budget, and resolved once again to appeal to the Minister, citing the 'danger that the fabric of the Board's premises will deteriorate beyond repair.'[48] Yet i the EHB were not entirely without options – when the Minster refused

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[45] Ruth Barrington, *Health, Medicine and Politics in Ireland, 1900-1970* (Dublin: Institute of Public Administration, 1987), pp. 274-8.
[46] 'A health board shall not, save with the Minister's consent, incur expenditure for any service or purpose within any period in excess of such sum as may be specified by the Minister in respect of that period.' Para 31(1), Health Act, S.I. 1 of 1970
[47] EHB Minutes, 22 February 1979.
[48] EHB Minutes, 27 March 1980.

additional funds for fire safety in 1975, the Board framed their ensuing choice 'between

spending monies to improve fire precautions and cutting back [more politically popular]

expenditure in community services, e.g. Child Health, Grants to Voluntary Organisations,

domiciliary services such as Home Helps, Meals on Wheels, etc.'..[49] At heart, the EHB do

appear to have been sincerely committed to Ivor Browne's vision for a new mental health

service and therefore reluctant to 'waste' money on legacy buildings which were surplus to

future requirements.[50] Yet the board was in an unenviable double-bind: buildings which were

still needed to serve the transition period were expiring a decade too soon – and many

decades sooner than comparable buildings on other sites. Profound and prolonged under-

investment over several decades was impacting at the close.[51]

One other episode seems worthy of note. In parallel with the other challenges they

faced in the 1980s, the EHB also needed a new administrative headquarter building, to replace

its existing, 'totally unsuitable,' premises adjacent to St James' Hospital: an acute hospital on

the site of the former South Dublin Union workhouse.[52] In 1982, the Department of Health

agreed to fund a new EHB headquarter building as the price of surrendering their old premises

to facilitate the redevelopment of St James' as a specialist cancer centre.[53] Plans to build a new

headquarter building on the Grangegorman campus proceeded slowly, but when an

alternative opportunity to purchase and reconfigure the landmark eighteenth-century

buildings of the recently closed Dr. Steeven's Hospital, the board acted with extraordinary

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[49] EHB Minutes, 1 May 1975.
[50] EHB Capital Programme 1983: Special Hospital Care, pp 12-13.
[51] The Upper House had a lower rate of defects in its original construction than its peers (see Chapter 2), yet none of the others deteriorated to the point of actual disintegration, either in 1980 or since.
[52] EHB Minutes, 2 Dec. 1982.
[53] EHB Minutes, 7 August 1986.

alacrity.[54] Within a month of appointing a subcommittee in May 1988 to 'investigate and

pursue' the opportunity, the board signed off on the purchase, and by July 1992, were able to

convene their board meetings in the comfortable and architecturally acclaimed surroundings

of their newly refurbished headquarters (Figure 4.2).[55]

For Ireland's growing architectural conservation lobby, the reuse of the historically and

architecturally significant Dr Steeven's Hospital was a welcome development, but the story has

several less worthy subtexts. Bureaucratic inertia, ponderous decision-making and funding

gaps are often cited to excuse the slow pace with which public bodies deliver projects for their

service-users. Much of Grangegorman's later twentieth-century history would bear this out,

not least the two decades it took to rehouse the residents of the Lower House to more suitable

settings. The speed and decisiveness with which the board acted in respect of its own

headquarters cannot pass unremarked. And while the board had plenty of redundant buildings

of its own, it seems to have regarded all as unworthy of the corporate self-image it sought to

project.[56] The spatial double-standard between 'polite' and 'patient' spaces, in evidence from

the earliest asylums, was still alive and well.

But ultimately, the headquarter saga returns our attention to the fact that practical

health policy was dictated by those who held the purse-strings – the Department of Health. In

the same year that the Department approved funding for the EHB's new headquarters and the

redevelopment of St. James' Hospital, the board presented its proposals for the reform of

psychiatric care for one third of the national populace. The Department wholeheartedly

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[54] *Irish Times*, 3 September 1986. EHB Minutes, 2 July 1987, 3 May 1988, 23 June 1988.
[55] EHB Minutes, 3 May 1988, 23 June 1988, 17 December 1992.
[56] The conversion of redundant asylum buildings to office use being eminently feasible in architectural and structural terms.

commended the vision while refusing to provide the additional resources necessary to realise

it. This 'tactical side-stepping' was accompanied by a request to go away and propose a much

reduced version. Instead of changing their plans, the EHB psychiatric services committee

instead confronted the dynamic that saw their efforts repeatedly stymied, preparing a

thorough analysis of the deeply seated structural, political, economic and social reasons for

the continued neglect of the service.[57] The committee diagnosed the biases underlying the

decisions of Department of Health bureaucrats, who consistently favoured the prestigious

general hospitals while under-resourcing the unglamorous, second-tier service within which

lay most public psychiatry and social care for the geriatric, disabled and marginalised.[58] The

committee identified two parallel health services divided by a fault line which lay not between

general and mental health *per se*, but between a voluntary (mostly religious-run) sector which

had long monopolised public support and resources and which was able to choose which

cohorts to serve, and a rump which was obliged to accept all comers, whose genesis lay in the

old poor law institutions, and which continued to be treated accordingly:[59]

> The continued existence into 1982 of such seriously deficient conditions inherited
>
> from, and perpetuated in the tradition of the Poor Law system is a social and political
>
> scandal. These conditions have a demoralising effect on the entire institution.[60]

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[57] Eastern Health Board, *Report of the Psychiatric Services Review Committee* (unpublished report, 1982). Although not named as the author, I find Browne speaking clearly through this document.

[58] A similar experience is described in contemporary Canada: Tim Stainton, 'Bureaucracy and Ideology: A Case Study of the Development of Community Living Policy in Ontario in the 1970's', *Journal on Developmental Disabilities*, 4.1 (1998), 75–89.

[59] The asylums were not poor law institutions, but the shorthand is understandable.

[60] *Report of the Psychiatric Services Review Committee*, pp. 8, 15-18.

The 'dead hand' of the parsimonious local ratepayer might have been removed from mental hospital purse-strings, but the tightly clenched departmental fist proved no more generous. In the absence of either popular clamour for change or the personal commitment of a major political leader, there was little impetus to adjust long-standing priorities.

4.4.   Blaming buildings: The performative potential of destruction

Public sector budgets in the 1980s were if anything, tighter than the decade before. Governments took office and fell in quick succession, the national economy went from bad to worse, emigration returned with a vengeance, and (almost) nobody noticed that once again, Ireland's mental hospitals were going un-inspected.[61] The achievement of those managing wards in Grangegorman's legacy buildings in the period would be measured not in improvements in the service, but in daily evading disaster. The closure of the Lower House remained both a high priority and a distant prospect. Francis Johnston's main quadrangle was still mostly occupied in 1986, when the demolition of an annexe taken over from the adjacent North Dublin Union workhouse acquired a level of symbolic significance wholly disproportionate to its utilitarian genesis. At the invitation of a board desperate to demonstrate tangible progress, the television cameras of the national broadcaster, RTÉ, attended to record the demolition for the main evening news. The chairperson of the EHB presided over the event in full chains of office, even taking the controls of the demolition excavator in the ceremonial inverse of laying a foundation stone. 'The demolition of units L, M

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[61] No inspection reports were tabled for the period 1979 – 1989. The opposition deputy whose question to the then Minister for Health forced the publication of reports for 1977–79, now found himself as minister defending the very same failings. Quinlan, *Walls of Containment*, p. 125.

and N symbolises the end of an era,' she proudly declared, 'Today sees, in practical terms, the

beginning of the end of the large psychiatric institution' (Figure 4.3).[62]

In fact, it took until 1987 for a team to be appointed to begin the process of resettling

patients from the Lower House to alternative settings,[63] and more than half were still in

residence on a fateful night in November 1988, when only the quick reactions of one staff

member prevented a minor fire becoming a catastrophe.[64] The 'urgent' task of finding new

homes for the remainder took a further year and even after such a long lead-in, the final move

in December 1989 proved to be a chaotic affair (Figure 4.4). The last thirty frail elderly patients

would be forced to undergo a distressing 'double-decant', lodging for three months in a

crudely reconfigured former dance hall known as Unit J before being moved onwards. For their

first few days there, workmen rushed to complete the renovations around them.[65] In a sign of

greater willingness to air such matters publicly than pertained a decade previously, the

Psychiatric Nurses Association penned a scathing letter on the episode to the *Irish Times*,

prompting a few letters of support from relatives, a defensive response by senior clinicians,

and ultimately a visit by an *Irish Times* journalist to see for herself.[66] The matter was raised in

the Dáil, obliging the Minister for Health to defend the botched move on the grounds that 'the

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[62] 'End of an era for St Brendan's,' Irish Times, 27 Nov. 1986; St Brendan's Demolition, RTÉ Television, first broadcast 26 Nov. 1986, www.rte.ie/archives/ collections/news/21232208-st-brendans-demolition, accessed on 28 Oct. 2020.
[63] Letters, *Irish Times*, 28 Dec. 1989
[64] Sebastian Barry in conversation with Ivor Browne, in *Meetings With Ivor* (Parzival, 2017)
[65] Letters, *Irish Times*, 22 Dec. 1989.
[66] The Psychiatric Nurses Association deserve credit for flagging this episode, but also took advantage to promote its own agenda, including their opposition to the mixed wards. Letters, *Irish Times*, 22 Dec. 1989. Their accusations were rebutted by the Rehabilitation Team responsible for the move. Letters, *Irish Times*, 28 Dec. 1989. Relatives sided with the nurses. Letters, *Irish Times*, 30 Dec. 1989. A more balanced view was offered by an Irish Times journalist who visited the temporary unit to see for herself, 'Patients don't see the shabbiness, but the families do,' *Irish Times*, 30 Dec. 1989.

fear of a total failure of the electrical and heating systems in the Lower House made it

imperative to transfer patients out of the building without further delay.'[67] The defence was

implausible: the likelihood of systems which had limped along for decades failing in the final

few days of occupation was low, and certainly lower than the risk presented by moving frail

elderly patients to a building where live works were still underway and where there was,

initially, no heating at all.[68]

So why did a public health authority insist on continuing with the scheduled move,

when the worst effects on patients could have been mitigated by waiting another few days?

The answer would appear to lie in the board's penchant for ceremony and symbolism as

sources of positive PR, as already encountered in 1966 and 1986. As the last patients were

stretchered out of the Lower House and loaded into waiting ambulances to travel the hundred

metres down the avenue to the old dance hall, the television cameras were again on hand to

record the final, momentous closure of the building in which Ireland's story of state-funded

psychiatric care had started, 175 years before. The film crew had been booked for 15

December and, one presumes, were not easily rearranged.[69] Incomplete building works

elsewhere on the campus was not sufficient cause to deny the chairman of the board, in chains

of office, his opportunity to turn the key in the door of the Lower House for the last time and

announce to the nation on prime-time television news that 'the days of the large institution

[67] Rory O'Hanlon TD, Dáil Éireann, 30 Jan. 1990, 394:8.
[68] Letters, *Irish Times*, 22 Dec. 1989.
[69] The idea of filming a symbolic door locking on 15 Dec, for broadcast a few days later, seems not to have occurred!

are over' (Figure 4.5).[70] The performative power of the closure narrative took precedence over the lived reality of the individuals behind the headline.

What justification might we discern for such a seemingly cynical turn? Given their long struggles to deliver systemic change, the EHB needed another tangible marker of progress. The small scale and very ordinariness of group homes, sheltered hostels and their ilk may be presented as a virtue in terms of normalising the presence of formerly institutionalised patients in the community, but make for underwhelming photo opportunities. By contrast, the closure of a landmark historical building that seemed to embody all that was wrong with the old institutional regime offered a much more resonant image and narrative, and I suggest that the board may have had three distinct audiences in mind. Most obviously, the elected representatives would have wished to validate their own position in the eyes of the general public whose interests they represented. Secondly, clinical staff frustrated at the slow pace of improvement to dire conditions on the wards might be more reassured by a feature piece on national television news than any number of internal management communiqués, and perhaps buoyed by the thought that their contributions might be recognised in their wider communities.[71] Not least, I suggest that the desire for national media exposure may have been intended to lay down a marker to central government, and especially the bureaucracy in the Department of Health, that reform of the psychiatric service was no less important, no less newsworthy – and hence no less deserving of its share of scarce resources – than developments in other health sectors. The last act of the Lower House would not be to retire

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[70] 'Last patients leave Grangegorman', RTÉ Television, first broadcast 15 Dec. 1989, https://www.rte.ie/archives/collections/news/21376245-last-patients-leave-grangegorman/, accessed on 11 May. 2021.
[71] Instead, they were aghast at the hypocrisy as 'a disgrace and a shameful sham.' 'Patients don't see the shabbiness, but the families do,' *Irish Times*, 30 Dec. 1989.

quietly into obsolescence, but to publicly offer up its symbolic value as a sacrificial offering on the altar of progress.

Thus stripped of the purpose for which it was built, the Lower House joined a diverse array of historic hospital buildings across Dublin which had discharged their last patients in the closing years of the 1980s.[72] Other closures heralded an outpouring of pride and nostalgia for a proud history of public service, in several cases spanning over 250 years.[73] Yet at Grangegorman, the EHB chief executive instead indulged in a final character assassination. In an interview with the *Irish Times*, he described the Lower House as being like 'everyone's nightmare vision of a mental asylum, with thick, grey stone walls and 40 bedded wards... infamous for its stench and its dungeon-like architecture' whose demolition would be 'symbolic of a revolution in healthcare.'[74] He and his board were not the first to blame the ills of an institution on the inadequacy of the buildings which housed them – right from the beginning of this story, we have seen how the Inspectors of Lunacy conflated the quality of buildings (or lack thereof) with quality of care provided within (see Chapter 1). What is notable in this instance is that the harshest critique came not from outsiders or regulators, but from the very board on whose watch the buildings had been allowed to deteriorate.

There are many reasons why buildings may be destroyed in peacetime – irrelevance to the changing nature or needs of surrounding communities, benign or culpable neglect,

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[72] In addition to Dr Steeven's (founded 1718) already encountered, Jervis Street (1718), Mercers (1734), Sir Patrick Dun's (1808), The Richmond / St Laurence's (1810) and Baggot Street / The Royal City of Dublin (1834) Hospitals all closed within five years.
[73] Davis Coakley, *Doctor Steevens' Hospital: A Brief History* (Dublin: Dr Steevens' Hospital Historical Centre, 1992), Eoin O'Brien and Philip Curtis, eds, *The Charitable Infirmary, Jervis Street, 1718-1987: A Farewell Tribute*, (Monkstown, Co. Dublin: Anniversary Press, 1987).
[74] 'Grangegorman's Lower House to be sold off,' *Irish Times*, 16 Dec. 1989.

technological obsolescence and the pursuit of modernity.[75] These are doubtless relevant in the

case of the Lower House, which was assessed by the health board's consulting architect as the

least suitable of the legacy buildings for physical reuse, and offering the greatest utility as a

cleared site.[76] But what appears significant is that the rhetoric of destruction extended beyond

purely practical grounds to symbolic ones. One reason to seek such an irrevocable break with

history might be a desire to prevent any risk of backsliding into old ways (and old spaces) on

grounds of 'temporary expediency,' a recurring curse throughout asylum history. However, I

find that the tone of the language employed by the EHB in respect of the Lower House goes

even further, straying into the terrain of political retribution more commonly encountered in

the context of post-conflict zones than decrepit hospitals. In *The Destruction of Memory*,

Robert Bevans states:

> Fundamentally, it is the reasons for their presence and behind the desire to obliterate
>
> them that matter. Buildings are not political, but are politicized by why and how they
>
> are built, regarded and destroyed.[77]

Bevan's work focuses mainly on sites which bore witness to violent bloodshed or

where cultural erasure was employed as a weapon of war – by every measure a wholly

different context to former healthcare institutions whose fate is unlikely to cause the spillage

of anything more than ink. However, the discourse around the Lower House chimes with

Bevans' observation that 'buildings that have become part of urban history are being erased

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[75] Robert Bevan, *The Destruction of Memory: Architecture at War* (London: Reaktion, 2006), p.
11.
[76] Brian O'Connell, interviewed by the author 29 Sept. 2022 for inclusion in the 'Instituting
Grangegorman' podcast. Available at: https://www.ria.ie/news/grangegorman-
histories/instituting-grangegorman-podcast-launches-dublin-festival-history-2022, accessed on
12 March 2023.
[77] Bevan, *The Destruction of Memory*, p. 12.

from memory precisely because they are historically burdened.'[78] The board celebrated closure as a symbolic marker of progress towards care in the community, but embraced demolition as a means of distancing present-day actors from a difficult history in which they were also implicated. Destroying all traces of the building would remove the most obvious reminder of a difficult history; comprehensively redeveloping the site on which it stood would ensure that the fact that the EHB ever operated such a 'nightmare asylum' would ultimately be forgotten.[79]

4.5.   Institutional *omerta* and public acquiescence

But despite how grim matters in Grangegorman had become, my reading of the contemporary public discourse suggests that the EHB overestimated the need for such performative gestures. The cessation of annual reporting by the Inspector of Mental Hospitals between 1962 and 1989 – with the exception of one omnibus report in 1979 – mitigated the risk to both the health boards and to central government of the conditions in the mental hospitals becoming public knowledge. In 1971, Hanna Greally published a searing account of her time as an involuntary patient in Mullingar Mental Hospital. Admitted at the age of 19, she spent almost two decades in a 'deadly monotonous routine of work, sleep, eat...,' unable to leave because no family member would 'claim' her. Under a regime of forced labour masquerading as therapy, she had 'sewn thousands of garments, and ironed thousands of shirts,' but even that was preferable to her five year detention in the chief security ward, 'No Hope Hold,' where she described being 'allowed out of bed, but only just, to the toilet and to the weekly bath. I was

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[78] Ibid., p. 194.
[79] 'Grangegorman's Lower House to be sold off,' *Irish Times*, 16 Dec. 1989.

kept under constant supervision...' Greally's account is also valuable for its spatial and sensory

portrayal of a mid-twentieth century mental hospital:

> Beds were everywhere. There were about ten along both sides of the Hold and a circle
>
> of about twenty in the centre. I was on the fire-side, facing the six large caged
>
> windows. The window mesh was a fixture and allowed in only dim, fractional light. The
>
> bare wooden floorboards were damp now, from recent scrubbing, and smelt strongly
>
> of Jeyes fluid...[80]

But neither such harrowing accounts, nor even the author's subsequent appearance

on the national television broadcaster's prime time *The Late Late Show*, generated much wider

discussion on the life experience of mental hospital patients. Conditions in Grangegorman

deteriorated steadily through the 1970s, but it took the publication of an open letter by junior

hospital doctors in November 1978 to launch the issue of mental hospital conditions into the

public sphere. The matter briefly gained traction in the mainstream media, opposition

politicians visited to see for themselves, raising the stakes for the Minister for Health to do the

same.[81] The result was a debate in the Dáil in November 1978 and the announcement of a one-

off ministerial grant of £250,000 for remedial works at Grangegorman. The issue fell again

from public consciousness, and even the collapsing ceiling of February 1980 gained little

attention, although it did beget the publication of a weak and in places disingenuous report by

the Inspector of Mental Hospitals, Vincent Dolphin, for the years 1977-79. Dolphin seems to

have understood that the price of his peaceful 25 year sinecure was a fig-leaf to take the heat

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[80] Greally, *Bird's Nest Soup*, pp. 79, 101, 122-3.
[81] Boland to visit St Brendans, *Irish Times*, 14 Nov. 1978. No rats at St Brendan's but there are bigger problems gnawing away, *Irish Times*, 20 Nov. 1978. Cover-up alleged at St Brendan's, *Irish Times*, 22 Nov. 1978. Patients clothing problem at hospital, *Irish Times*, 23 Nov. 1978. Haughey keeps options open on future of St Brendans, *Irish Times*, 12 Dec. 1978.

off his political masters: 'Subject to [specific] adverse comments, I am satisfied otherwise with

the standard of care, welfare and treatment of persons of unsound mind.'[82] Neither Helen

Connolly's revelations in her hard-hitting article for *Magill* magazine in October 1980, nor a

follow-up article three months later, captured the attention of politicians, the popular press or

the public. [83]

The EHB at least demonstrated the will to reform and improve, apparently unlike their

counterparts in the Southern Health Board (SHB), the body responsible for the Cork Mental

Hospital. When reporting finally resumed in 1988, the newly installed Inspector of Mental

Hospitals, Dermot Walsh, was moved to break the protocol of decorous language that had

characterised his office for generations, calling out the 'indescribable filth, dirt and sub-human

conditions … litter in profusion… windows grimed with opaque matter and walls peeling' that

he encountered at Cork. And unlike many of his predecessors, Walsh looked beyond the

broken toilet seats and faeces-encrusted floors to diagnose the organisational root causes of

such malaise. His report identified in Cork a bureaucracy whose 'inability or unwillingness to

direct the service in the interest of patients' compounded an 'inexplicable resistance' to

change on behalf of a trenchantly unionised – if themselves long-suffering – staff. The result

was the perpetuation of 'the worst form of custodial care', with patients 'forced to continue to

live in poor, or more correctly, squalid, conditions'.[84] Such a bluntly devastating report – which

also featured examples of the prolonged use of restraint in some cases spanning the entire

period for which reporting had been suspended - might even have stirred the public

conscience where the Magill report eight years earlier had not. But the SHB appear to have

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[82] *Report of the Inspector of Mental Hospitals, 1977–1979,* p. 5. For more detailed dissection of this report, see Quinlan, *Walls of Containment*, pp. 123-7.
[83] 'The Woods Cover-up,' *Magill*, 30 Dec. 1980.
[84] *Report of the Inspector of Mental Hospitals, 1988–1989*, pp. 143–9.

been allowed a grace period to rectify matters quietly, so that . by the time the reports were actually published in 1992, all 23 wards visited by Walsh in Atkins' 1852 building had closed completely, and the most potentially explosive scandal of all was defused.[85]

In England, a litany of revelations concerning long-stay hospitals through the 1960s, 70s and 80s resulted in high profile, public scandals. It took the perseverance of the exceptionally committed Barbara Robb to raise public awareness to the point that the political and bureaucratic establishment felt compelled to act, but once the issue was on the radar, others felt empowered to follow.[86] Hide has dissected the typical life-cycle and impact of such scandals, which often started with revelations by a concerned family member or internal whistle-blower, through media exposure and growing public awareness, to the point of political action, inquiry and reform.[87] The inquiries that followed these scandals collectively transformed the culture of the health service and recast constructive criticism from being a sign of disloyalty to a prerequisite for service improvement.[88] Yet in the Ireland of 1980, the response to similar revelations was muted. The issue failed to generate the interest and momentum that is necessary to transform a disgraceful reality into the public 'scandal' anticipated by the *Magill* headline. The most obvious explanation is that in an era when public services generally were under pressure, mental health was a low priority, as the Minister for Health diagnosed:

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[85] Quinlan, *Walls of Containment*, p. 126.

[86] Barbara Robb, *Sans Everything: A Case to Answer,* (London: Nelson, 1967). Claire Hilton, *Improving Psychiatric Care for Older People: Barbara Robb's Campaign 1965-1975* (London: Palgrave Macmillan, 2017), pp. 254-6.

[87] Louise Hide, 'Mental Hospitals, Social Exclusion and Public Scandals', pp. 60–68. Louise Hide, 'Removing the "Veil of Secrecy": Public Inquiries as Sources in the History of Psychiatry, 1960s - 1970s', in *Sources in the History of Psychiatry, from 1800 to the Present*, ed. by Chris Millard and Jennifer Wallis (London ; New York: Routledge, 2022), pp 149-164.

[88] Martin and Evans, *Hospitals in Trouble*, p 251.

> Would that some of the marches that have taken place, the banners that have been
>
> waved, the drums beaten about, for instance, the role of the general hospitals, had
>
> been undertaken to procure improvements in the district mental hospitals.[89]

The Minister was in many senses correct. Politicians govern by responding either to widely

shared popular demands or to narrow but vocal special interest groups. In the case of the

mental hospitals, popular concern was low, and the most influential lobby groups tended to

represent staff, not patients. Less commonly, a politician may lead public opinion and

champion an issue on the strength of personal conviction, but I cannot identify a single

national politician through the twentieth century possessing such motivation. Where neither

the public nor their politicians regarded something as a priority, relative neglect ensued.

It seems notable that first public challenge to institutional authority in 1978 actually

came from a comparatively privileged group of insiders – junior hospital doctors – who

benefited from a relatively recent university education and some exposure to critical culture.

Auxiliary Bishop of Dublin, James Kavanagh, may have had their letter-writing activities in mind

when, at a graduation ceremony in Grangegorman four years later, he appealed to newly

fledged nurses 'not to use patients as stepping stones to secure a settlement of disputes.'[90]

This could read as a well-intentioned intervention in a period of worsening industrial relations,

as anattempt to prevent the institution's reputation from damage by 'disloyalty' from within,

or perhaps both. if it was a warning, the psychiatric nurses did not heed it – it was they,

supported by their union, who publicly called out the cynicism in the stage-managed closure of

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[89] Charles Haughey TD, Dáil Éireann, 21 Nov. 1978, 309:8.
[90] The bishop had no jurisdiction in the hospital, but he would have been considered an honoured guest at a graduation in a lay-run institution, demonstrating the continuing symbolic power of the Catholic church. 'St Brendan's Graduation Day,' *Contacts: The Journal of the Eastern Health Board*, 8.6, (1982), p. 5.

the Lower House in December 1989, an act which in an earlier era would have been punished as gross insubordination.[91]

Yet, the group who we might reasonably expect to have been most vocal in criticism of the degraded living conditions of the 1970s and 80s – the families of patients – are notable for their relative silence. Here, it is important to correct the notion that every patient in a hospital such as Grangegorman or Cork had spent a whole lifetime within the walls: while the 'abandoned' long-stay patient who had lost all family contact was a real and tragic phenomenon, many were first admitted in old age with dementia related conditions by families who lacked the means to pay for private care, while a sizeable cohort were younger people with profound learning disabilities.[92] The establishment in the late 1970s of an association of the parents and friends of severely disabled residents in Portrane was a rare exception, but their spirited campaign failed to gain wider traction, and their request for 'a public inquiry, as a last-resort to raise standards...' fell on deaf ears.[93] But in general, families that we might assume to have been highly motivated to advocate for better care for their loved ones seldom raised their voices in public.[94] Perhaps they feared the social stigma of publicly acknowledging a family member with a disability or mental illness, but I suggest that right through the 1970s and 80s, families felt inhibited to challenge to institutional authority in any form. It was as if relatively little had changed since the censorious atmosphere of 1931, when the Grangegorman committee threatened legal measures against an individual who had

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[91] Psychiatric Nurses Association, Letters, *Irish Times*, 22 Dec. 1989.
[92] Annie Ryan, *Walls of Silence* (Callan: Red Lion Press, 1999) p. 22.
[93] Ibid., p. 100.
[94] Only a small handful penned letters to the press when these issues surfaced in print: Letters, *Irish Times*, 21 Nov. 1978, Letters, *Irish Times*, 29 Dec. 1989. I have not encountered any family advocates in the television news archives of the national broadcaster, and have not been able to undertake a comprehensive search of the radio archives.

been spreading 'scurrilous allegations' about the hospital in public, on the basis that such

claims 'gave a false impression to the public and [cause] pain to the families of inmates.'[95] In

suppressing a potentially scandalous special report on Clonmel Mental Hospital in 1959, the

authorities invoked the similar justification of preventing 'great distress ...to relatives of

patients who were in the hospital' to justify withholding it even from the local hospital board.[96]

The maintenance of the public image of the institution remained paramount and any

challenge to this image would be firmly resisted. Ireland's mental hospitals were not unique in

exhibiting defensiveness and a resistance to publicly admitting weakness or failings – large,

institutions seem prone to such reactions almost by default.[97] Marie Keenan describes a similar

'theology of scandal' in the context of Catholic institutions – concerted efforts to avoid

scandalising the public by exposing weakness or failure.[98] But what seems notable here is not

the reflexive instinct of institutional authorities to limit any negative perceptions at source, but

that the receiving audience seemed uninterested even when the seeds of potentially cathartic

and transformative scandal did enter the public domain. It is as if Irish society – right up to the

late 1980s - had not yet realised that public interrogation and challenge of institutional

authority was a normal and legitimate mode of political action. Ivor Browne was not the only

one to observe that a society so long conditioned to 'deference and dependence' lacked the

critical skills to challenge the status quo of institutional authority, but coming from the

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[95] Reynolds, *Grangegorman*, p. 245.
[96] Report cited in Ryan, *Walls of Silence*, pp. 24-30.
[97] Martin and Evans, *Hospitals in Trouble*, pp. 110-1, 245-51.
[98] Marie Keenan, 'Sexual Abuse and the Catholic Church', in *Are the Irish Different?* ed. by Tom Inglis, (Manchester: Manchester University Press, 2014), pp. 99–109, p. 106.

professional who spent his career trying to reform the custodial regime he inherited at

Grangegorman, the observation carries special weight.[99]

The explanation for this collective quiescence may lie in what Tom Inglis describes as a

deep-rooted Irish Catholic 'habitus': a culture that promoted obedience over independent

inquiry, which encouraged its subjects to surrender their volition to authority figures, figures

who themselves were the products of a similarly self-referential and self-replicating system.[100]

Although based on conservative middle-class values, this habitus effectively 'permeated all

classes'; even those deprived of economic capital could earn social esteem by through public

displays of piety and thus gain admission to the ranks of the 'respectable'. The imperative to

protect family status through the pursuit of respectability acted as a self-regulating control on

the thoughts and action of Irish society for generations, reaching its zenith in the 1950s but

enduring for decades thereafter.[101] This 'Irish Catholic habitus' is distinct from, but clearly

linked to what Cox identified as 'a specifically Catholic culture of confinement.'[102] To

understand the how these two phenomena remained relevant to our discussion of lay-

governed, state-funded mental hospitals as late as the 1980s, we need to briefly reprise the

shape of the Irish institutional landscape at it reached its mid-century peak.

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[99] Ivor Browne, *The Writings of Ivor Browne: Steps along the Road - the Evolution of a Slow Learner* (Cork: Atrium, 2012), pp. 100-1.

[100] Louise Fuller, *Irish Catholicism Since 1950: The Undoing of a Culture* (Dublin: Gill & McMillan, 2004), pp. 161-7.

[101] Inglis, *Moral Monopoly*, pp. 10-11, 140-58, 241-2, 252-8

[102] Catherine Cox, 'Institutional Space,' p. 686. Christina Quinlan proposed the intriguing term 'Latin Eugenics' as shorthand for the Roman Catholic Church's role in institutionalising morally defective people in secluded celibacy. Post-lecture discussion, Brendan Kelly, 'Grangegorman Histories: Stages of Memory,' 5 May 2022.

4.6.   A totality of institutions: The extent of Ireland's institutional infrastructure

When the Irish Free State achieved independence in 1922, it inherited a dense infrastructure of institutions of social welfare and reformation. James Smith describes these institutions as an 'architecture of containment' through which church and state collaborated as 'hegemonic partners in social control.' He regards the 'emergence of a preference for institutionalisation' as the product of nativist and pious post-colonial political culture.[103] In fact, the preference was embedded decades earlier, but was certainly strengthened by the forces Smith describes. Major institutions directly controlled by the central state or local government included prisons (for adult convicts), workhouses, county infirmaries and the lunatic asylums. But much more numerous were the institutions controlled by Catholic religious orders, which included reformatory schools (for convicted juveniles), industrial schools (for children placed in care by court order), as well as numerous specialist asylums or homes for various forms of disability. Other denominations provided equivalent institutions for their own adherents, but (much like the diminutive private sector in Irish mental healthcare) for all that they were important in their own terms, they remained statistically insignificant south of the border. The new Free State prioritised the abolition of the 'odious, degrading, and foreign Poor Law system', reinventing former workhouses as 'County Homes' to mainly house the elderly indigent, and establishing a separate network of publicly-funded, but religious-run, mother and baby homes to contain the risk of 'moral corrosion' presented by that 'prototype of immorality': the unmarried mother.[104] Some women who gave birth in these homes would be referred onward to the existing network of religious-run Magdalene asylums, which, in addition to their role in

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[103] Smith, *Ireland's Magdalene Laundries*, p. xvi.
[104] Lindsey Earner-Byrne, 'Donnybrook Magdalene Asylum and the Priorities of a Nation', in *DML,* pp. 47–64, (p. 54). Cox, 'Institutional Space,' p. 691.

upholding the moral order of conservative Catholic values, also served as an informal

extension of the new Free State's criminal justice system.[105] Successive Irish governments

committed to the doctrine of 'subsidiarity' outlined in the papal encyclicals *Rerum Novarum*

and *Quadragesimo Anno*, which decreed that the state should not assume functions that could

be undertaken by 'lesser and subordinate' organisations, such that the state turned to the

voluntary sector almost by default to meet new social needs.[106] Up to the close of the

twentieth century, the government practice of funding voluntary sector initiatives ahead of

those of its own health boards meant that non-elected organisations were, in effect, defining

public policy and priorities.[107]

Across diverse institutional typologies, we can identify a common tendency to

pathologise, categorise and quarantine 'the least socially valued and most marginalised

people' away from wider society.[108] Ian O'Donnell and Eoin O'Sullivan describe this

phenomenon as 'coercive confinement,' and estimate that some 31,500 people were thus

contained across some 129 individual institutions – or some 60 times the state's average

prison population in the 1950s.[109] But a point that is commonly overlooked in contemporary

discussions around Ireland's 'containment culture' is that many aspects of institutional regimes

and spaces designed for the socially marginalised are also found in those which served more

privileged groups. Institutions for all classes offered living accommodation against which

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[105] Earner-Byrne, 'Donnybrook Magdalene Asylum and the Priorities of a Nation', p. 55.
[106] Katherine O'Donnell, '"Magdalene": Testimony from the Donnybrook Laundry', in *DML,* pp. 101–28, (pp. 107-9). Ryan, *Walls of Silence*, pp. 45-56.
[107] Most notably in mental handicap services, as they were then known. Ryan, *Walls of Silence*, pp. 108-13.
[108] Louise Hide and Joanna Bourke, 'Cultures of Harm in Institutions of Care: Introduction', *Social History of Medicine*, 31.4 (2018), pp 679–87, (p.684).
[109] Prison numbers remained below 500 through much of the 1950s. O'Sullivan and O'Donnell. *Coercive Confinement,* pp. 7-8, 256.

DeValera's vision of 'frugal [domestic] comfort' seemed luxurious.[110] High boundary walls are commonly employed today as short-hand for carceral intent, yet such walls were historically a feature of almost every type of residential institution, whether it contained the 'disreputable poor' or educated future leaders of church and state.

Institutions for elite and marginalised cohorts subscribed to the same principle of 'alienation' that underpinned the original asylums: that curative, educative or reformative efforts depended upon maintaining a 'complete measure of control over the [inmate's] "associations".' [111] The Catholic religious orders who operated the majority of Irish industrial schools were reluctant to admit day-pupils who might remain under the malign influence of chaotic and morally dubious homes - even though the founding legislation of 1858 had allowed for same - and they defended their strictly residential model decades after their British counterparts closed.[112] Elite boarding schools promoted secure, spatial isolation as a virtue to fee-paying parents.[113] Convent boarding schools also commonly accommodated a day school for paying pupils and a free school for poor girls, but all three schools had to be 'separate and perfectly distinct from the other, each having its own special teachers, class halls, and recreation,' – even different names.[114] Keeping well-to-do boarders and poor day-girls apart is a straightforward example of class segregation, but the need to separate even 'the daughters

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[110] Éamon DeValera TD, 'On Language and the Irish Nation,' St Patrick's Day radio broadcast, 17 March 1943.

[111] Michael Ignatieff, *A Just Measure of Pain: The Penitentiary in the Industrial Revolution, 1750-1850*, (Harmondsworth: Penguin, 1989), p. 67.

[112] Barnes, *Irish Industrial Schools,* pp. 43, 77-8, 84-7. Cox, 'Institutional Space', p. 685.

[113] Mary Hatfield, 'The School and the Home: Constructing Childhood and Space in Dublin Boarding Schools', in *Urban Spaces in Nineteenth-Century Ireland*, ed. by Georgina Laragy, Olwen Purdue, and Jonathan Jeffrey Wright (Oxford, US: Liverpool University Press, 2018), 84–105, pp. 104-5.

[114] Anne V. O'Connor, 'Influences Affecting Girls' Secondary Education in Ireland, 1860-1910', *Archivium Hibernicum*, 41 (1986), 83–98, p. 85.

of the more respectable townspeople' from boarders is notable. Something similar is observed where separate day schools for poor students were co-located on industrial school sites.[115]

In these examples, the risk of 'contamination' arose not from a socio-economic differential, but from the mere fact of externs coming into contact with residents. Elite boarders and rate-aided industrial school students were both cast as vulnerable and in need of protection from extra-mural corrupting influences. Paternalistic instincts are also encountered in the foundation of institutions which served 'respectable' older women who – while clearly not regarded as posing a threat to the nation's sexual morality as for those committed to the Magdalene asylums – were deemed, like the latter also, to need protection from society.[116] Wider society threatened the ordered world that the institutional authorities strove to create within their own walls, and enclosed religious communities felt especially defensive towards the disruptive influence of the ungoverned outsider on their own strictly cloistered lives. The religious-run residential institution was understood as a protective setting for vulnerable or impressionable cohorts of various ages, genders and social classes and thus accepted by public and politicians as the option of first, rather than last, resort.

I therefore argue that we should frame the discussion in terms of Ireland's wider *institutional* culture, as distinct from what is now generally discussed as *containment* culture. O'Donnell and O'Sullivan criticise the 'balkanisation of research' in the context of Ireland's institutions, yet to focus only on places of coercive confinement is to perpetuate the failure by

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[115] A phenomenon which Irish religious missionaries brought with them to many corners of the British Empire. See Edwina Kay, 'The Archaeology of Institutions: Exploring the Abbotsford Convent Site through Legislation', *Australasian Historical Archaeology*, 31 (2013), 68–77.
[116] M. R., 'The Founder of St. Joseph's Asylum, Dublin', *The Irish Monthly*, 25.292 (1897), 543–47.

overlooking the wider context of mid-century Ireland. [117] Even as economic stagnation and high

emigration presented a grim rebuke to thirty years of self-government, the 1950s was also the

period when the institutional Catholic church in Ireland was close to its apogee, its seminaries

and novitiates swelling with the new recruits which would drive membership of religious

communities towards their all-time peak close to 30,000 in 1967.[118] Most of these religious

lived in what today would be characterised as 'congregated settings,' very many of which

were, prior to the reforms of the Second Vatican Council after 1965, formally enclosed.

Boarding school students were almost as numerous, accounting for approximately one third of

Ireland's secondary school enrolments up to 1960.[119]

Whether boarding school or seminary, convent or Magdalene asylum, reformatory or

monastery, mother-and-baby home or mental hospital, all involved the circumscription of

individual freedom and the subordination of personal volition to a powerful institutional

regime. Taken together, this means that a further 50,000 Irish people, drawn mostly from the

ranks of the comfortable middle-classes and above, were voluntarily resident in 'total

institutions' – or two-thirds as many again as those from less privileged backgrounds who

populated the coercive variety.[120] This discussion is not intended to downplay the absolute

qualitative difference between being enrolled in a boarding school by dutiful parents and

being placed in an industrial school by court order, or between pursuing one's religious

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[117] O'Sullivan and O'Donnell, *Coercive Confinement*, pp. 3-4.

[118] Second Vatican Council, 'Decree on the Adaptation and Renewal of Religious Life,' *Perfectae caritatis*, 28 October, 1965. Daithí Ó Corráin, 'Catholicism in Ireland, 1880–2015: Rise, Ascendancy and Retreat', in *CHOI Vol.4,* pp. 726–64, (p. 749).

[119] Up to 1960, about one third of ca. 60,000 secondary school enrolments in the Republic of Ireland were boarders. Adrian E. Raftery and Michael Hout, 'Maximally Maintained Inequality: Expansion, Reform, and Opportunity in Irish Education, 1921-75', *Sociology of Education*, 66.1 (1993), 41–62, (pp.45, 58).

[120] Questions of volition or coercion in a young person's choice of school or religious vocation being very far beyond the remit of this research.

vocation into the poverty, chastity and obedience of papal enclosure or finding oneself

involuntarily sectioned to live under similar terms on the back-ward of an asylum. But it does

allow us to form a more rounded picture of Ireland's institutional landscape in the late 1950s:

some 86,000 people – 3% of the population – could be found living in congregated,

institutional settings.[121]

Table 4.2: Total Institutional Prevalence: Residents and Alumni

Type of Institution	Total living 'alumni'	LIVING IN IRELAND IN 1960			
		of whom, currently resident	of whom, no longer resident	adjustment factor for prior institutionalisation	of whom, never previously institutionalised
Industrial Schools	37,778	4,300	33,478	5%	31,804
Boarding Schools	131,602	21,000	110,602	5%	105,071
Mother and Baby Homes	24,309	806	23,503	20%	18,802
Magdalene Asylums	9,449	1,200	8,249	33%	5,527
Mental Hospitals	78,179	19,442	58,737	30%	41,116
County Homes	27,954	9,766	18,187	30%	12,731
Religious living in enclosed communities	29,984	29,984	-	n/a	
Population of Ireland, 1960:	2,818,341				
Total no. of unique individuals currently living in a 'total institutional' setting in Ireland in 1960:		86,498			
as a %age of total population		3.07%			
Total no. of unique individuals now living in 'free society' who had previously lived in a 'total institutional' setting					215,052
as a %age of total population					7.63%
Total no. of individuals living in Ireland in 1960 who had direct experience of living in a 'total institutional' setting		301,550			
as a %age of total population		10.70%			

Table 4.2: Total Institutional Prevalence: Residents and Alumni

See Appendix 4.2 for data tables, sources and methodology

But the rate of incarceration on a given day is but a fraction of the total number who

have carried an experience of life within the walls back into the wider social milieu. Assessing

just how many is a complex undertaking for which the relevant metric is first admissions rather

than residents, with further adjustments necessary to take account of mortality, emigration,

and repeat admissions of the same individuals to the same, or different, institutions. I possess

neither the full suite of data nor the necessary statistical training to provide a definitive

answer, but using the sources available and applying informed judgements in their absence, I

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[121] See Appendix 4.2.

estimate that the number of people living in the Republic of Ireland at the dawn of the 1960s

who had either passed through or remained resident within a 'total institution' was around

301,550, or 10.7% of the population (Table 4.2).[122] It hardly stretches credibility to suggest that

every Irish family had direct lived experience of at least one type of institution. What is

especially notable is that the comfortable classes – from which boarding school students and

religious vocations were principally drawn – were actually more likely to have spent a period of

years living under the regime of a total institution than those from less privileged backgrounds.

This, I believe, is a critical point in understanding the wider phenomenon of Irish institutional

culture.

4.7.   Respectability, deference, and the long tail of Irish institutional culture

As a sanctified *modus vivendi*, the life of celibate obedience within an enclosed religious

community was regarded as occupying the highest moral plane in Irish life until the last decade

of the twentieth century, and this reflected on the institutions religious orders operated in

complex and sometimes surprising ways. It would be easy to dismiss as the hollow propaganda

of a captive bureaucracy, claims by a nineteenth-century Inspector of Industrial Schools that

students of the system he oversaw were popularly seen as a 'thoroughly innocent and religious

class...models of honesty, piety and good behaviour.' Yet, Barnes concurs in her conclusion

that 'there is little doubt that Irish industrial schools achieved a very respectable image in

[late] nineteenth-century Ireland... pupils even gained an elevated status in the community

[and were] much sought after by employers.'[123] Such attitudes would have been sustained and

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[122] Tens of thousands more took their experiences with them on the emigrant boats. The Irish
Government continues to fund mental health support for Irish expatriates in Britain to this day
as part of the settlement arising from the institutional abuse inquiries.
www.icap.org.uk/about/, accessed on 10 Sep. 2022.
[123] Barnes, *Irish Industrial Schools,* p. 69.

even strengthened as Ireland's Catholicism reached its mid-twentieth-century apogee, even as

gross offences simultaneously played out behind school walls. Cox agrees that in the early

decades of the Free State:

> In examining officials' responses, scholars identify a deeply-held conviction among
>
> relevant actors that religious-run institutions provided a model of care based
>
> on spiritual and moral welfare that was preferable to those in operation
>
> elsewhere and that the state should not interfere.[124]

To push this line of argument one step further, I posit that popular perceptions of the

institutions now collectively described as coercive were influenced not by the low moral or

economic standing of their inmates, but by the seemingly unimpeachable moral position of the

religious orders who ran them. This has echoes of the asylum system in its early days - where

the co-option of the local gentry and nobility as governors was intended to offer the new

institutions a veneer of respectability – but which was ultimately eclipsed as the Catholic

middle-classes pledged their support to institutions run by people of their own class and creed.

The public whose donations and bequests funded the construction and of these institutions

and whose ongoing commitment via voluntary subscription sustained and improved them

were convinced of the moral righteousness of their mission. To the middle-class mind, it was

self-evidently better to remove working-class children from their defective parents, or to

remove from general circulation girls at risk or already suspected of sexual transgression and

entrust them 'to persons of high class attainments and superior culture' – not least because

they voluntarily took similar decisions on behalf of their own offspring.[125] In a context where

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[124] Cox, 'Institutional Space,' pp. 686-8.
[125] *Fourteenth Report of the Inspector of Reformatories and Industrial Schools, 1875*, HC 1876
[1494] xxxiv, p. 33.

the accrual of social capital was contingent on compliance with Catholic cultural norms, even those belonging to lower socio-economic groups could be expected to support (and support publicly, see Chapter 2) a system upon which a family member or neighbour might one day need to rely.[126] Katherine O'Donnell frames this as an example of 'coloniality,' in which 'the minds of the dominated people ... are still trying to prove themselves as undeserving of the racist stereotyping by the colonizer and deserving of the status of respectability again according to the mores of the (former) colonizer.'[127] It is a reading which seems worthy of further exploration – not least given the ambiguous identity of the 'colonizer' (or succession of colonizers) in this construct – but alas beyond the scope of my current research.

But for all of the comparisons that can be drawn between various aspects of Ireland's crowded mid-twentieth century institutional tableau, the mental hospitals remain distinctive for never having come under religious control. They were established at the behest of central government and overseen by state bureaucrats. Their internal management arrangements were substantially settled long before the proliferation of religious institutions and they were governed in every age by local lay people, with the presence of Catholic and Anglican chaplains as ex-officio board members. I do not argue that the mental hospitals enjoyed the same aura of reverent respect that surrounded the religious-run institutions, even if they strove to maintain some differentiation from the legacy poor law institutions latterly rebranded as county homes. Rather, the church influence lay in shaping the 'habitus' of the entire society in which they were situated. The sheer ubiquity of residential institutions meant that Irish society at large was conditioned to regard living in a congregated setting as normal, the conditions of a mature civil society in which powerful establishments could be constructively criticised or

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[126] Inglis, *Moral Monopoly*, pp. 68-76.
[127] O'Donnell, '"Magdalene": Testimony from the Donnybrook Laundry', p. 107.

alternative modes of provision proposed did not exist. I believe that this context is relevant

both to the governance of the mental hospitals, and wider public attitudes towards them, as

they reached their 1950s peak, and for several decades thereafter.

According to the official reports, the statistically average patient in a 1950s mental

hospital was a male in his 50s.[128] To colour in his bare outline from other sources: we can say

that he probably finished formal education after primary school to work as an agricultural

labourer, never married, and even if he was 'discharged relieved or cured' to his four-roomed

labourer's cottage on its one acre plot, almost certainly never would.[129] He was a man who

cycled to Sunday mass but stood in the back porch. His social betters - the members of hospital

boards - were not the sort of people accustomed to the indignity of having their demographic

details tabulated, but we can also reconstruct a collage from snippets in individual institutional

histories, meeting minutes, newspapers and photographs. A typical board member was also

male, an elected representative, and a farm or business owner.[130] Like our 'statistically

average' patient, he too would probably have been born a decade either side of 1900, but was

more likely to be married, to have children attending a religious-run boarding school, and to

have spent several years enrolled in one himself. If he wasn't the first in the village to own a

car, that was likely because the doctor and priest had beaten him to it. Putting family names

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[128] *Report of the Inspector of Mental Hospitals for the year 1955,* p. 55,
[129] Marital and occupational statistics drawn from a detailed survey of 1963: Dermot Walsh, 'The 1963 Irish Psychiatric Hospital Census', 1963, available at: https://www.lenus.ie/handle/10147/247931, accessed 17 Feb. 2023, pp. 6-12.
[130] On average 75% of council seats in Meath County Council in the years 1920-45 were held by farmers, professionals, merchants or company directors. Labourers varied from 12 – 26%. Thomas M. Wilson, 'From Patronage to Brokerage: Local Politics of Eastern Ireland', *Ethnohistory*, 37.2 (1990), 158–87, p. 166. The 'farmer-councillor' is discussed in anthropological terms in: Marilyn Silverman and P.H. Gulliver, '"Common Sense" and "Governmentality": Local Government in Southeastern Ireland, 1850-1922', *Journal of the Royal Anthropological Institute*, 12.1 (2006), 109–27.

on church pews was 'too Protestant' a concept to be undertaken literally, nonetheless

everyone knew which one to leave vacant pending his family's entrance. Unlike in the days of

gentry-dominated boards, both 'governor' and (potentially) governed attended the same

primary school and worshipped under the same roof; in the sectarian context of post-colonial

Ireland, this fact alone did much to legitimate in the eyes of the 'governed' the continued

exercise of power by a new elite within an inherited institutional framework.[131]

I posit that the board member's direct lived experience in his formative years would

have internalised acceptance of the living conditions associated with the total institution and

dulled the tendency to challenge or change. He brought this habitus, acquired over a lifetime,

to the monthly board meeting. So did everybody else, as the minute books encountered earlier

in this chapter attest. These were the boards who, while obliged to contain staff wages or trim

patient comforts, were nevertheless of one heart and mind with them in other ways: all

glowed with pride and devotion at the erection of grottoes, statues and shrines in hospital

grounds to mark the Marian year of 1954 (Figure 4.7).[132] These were the boards who,

individually and independently but ultimately without a single exception amongst the 21

hospitals in the Republic, saw value in renaming their [Town Name] Psychiatric Hospital, and in

many cases the individual wards within them, after one patron saint or another, attempting to

reposition them within the mainstream of Catholic institutional life and perhaps even hoping

to shelter under the associated halo, even if life on the worst wards was closer to an

underworld. Fully two centuries after Bentham's utilitarianism inspired the most 'ungodly of all

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[131] Class divisions re-asserted themselves at secondary school level. Caitríona Clear, *Social Change and Everyday Life in Ireland 1850-1922* (Manchester: Manchester University Press, 2007), pp. 42-56, 142-58.
[132] Fuller, *Irish Catholicism*, pp. 24, 29. Quinlan, *Walls of Containment*, p. 111.

built forms'[133] – the Panopticon - his vision of a society where a 'total institution' existed to

remedy every social ill could be said to have reached its apogee in the ubiquitous, dominant,

durable, complacent, conservative and controlling institutional archipelago of 1950s Ireland

(Figure 4.8).

It is a characteristic of large and long-established institutional organisations that they

perpetuate themselves by replicating their own practices; the sheer weight of their

bureaucratic, administrative, built and lived reality effectively resists external change.[134]

Andrew Scull also observed how 'the bourgeois emphasis on the virtues of self-discipline and

regularity' which underpinned moral treatment too easily became 'a celebration of order and

obedience for their own sakes.'[135] In institutions run by religious orders (which is to say, the

overwhelming majority of Irish residential institutions that were not mental hospitals or

county homes) this effect was further compounded by the rule or *règle* of community life as

enshrined in the founding constitution of each order. These rules and values were conceived

by their adherents as timeless precepts and therefore sacrosanct – even though most had

existed for little more than a century.[136] The most obvious implications of such rules were seen

in a privileging of spatial enclosure and in blind obedience to the dogmas and disciplines of

daily life. The moral standing of the religious who ran them and the stultifying effect of their

sanctified *règle,* allied to other self-reinforcing characteristics of large institutions generally,

made Ireland's institutions especially resistant to change. The example of the industrial

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[133] Kate Jordan, 'Ordered Spaces, Separate Spheres: Women and the Building of British Convents, 1829-1939' (University College London, 2015), p. 204.
[134] Goffman, *Asylums*, pp. 80-2.
[135] Scull, *Museums of Madness*, p. 209.
[136] Few of the orders who operated Irish residential institutions for the poor were established any earlier than the seventeenth century (Our Lady of Charity, 1641) and more commonly the nineteenth (Christian Brothers, 1802; Sisters of Charity 1815; Rosminians, 1828; Sisters of Mercy, 1831; Good Shepherds, 1838). Prunty, *Our Lady of Charity of Refuge*, pp. 455-70.

schools, as elaborated by Barnes, is again instructive. The outright abolition of industrial

schools in England in 1933 led some in Ireland to question the continued suitability of the

model, resulting in the establishment of an inquiry in 1934.[137] The resulting Cussen Report,

published in 1936, criticised many aspects of the existing regime and made recommendations

for changes, but ultimately concluded that the system could remain in the hands of the

religious orders, who then proceeded to ignore many of the recommendations. The written

submission made in defence of the status-quo at Artane Industrial School noted that 'the air

has become charged with reports of even drastic changes' but cautioned that the changes

afoot in England were unproven, and concerned 'a people of a different temperament, of

different religious opinions.'[138]

It is hard to improve on Catriona Clear's pithy summary: 'Institutions [i.e., religious

orders] were running institutions, and this made them effective, impervious to criticism and

long-lasting.'[139] If, as Jacinta Prunty has shown, a self-governing convent such as High Park was

capable of resisting reforms suited to the modern age even when specifically requested by

Dublin's formidable Archbishop, John Charles McQuaid, to dismantle, 'as soon as we can, the

present Penitentiary system,' then civil power had little chance of effecting change, even if

minded to do so.[140] It took the transformational recommendations of the Second Vatican

Council, and specifically, the 1965 Decree on the Adaptation and Renewal of Religious Life,

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[137] Barnes, *Irish Industrial Schools,* pp. 57, 77.

[138] Cited in: The Commission to Inquire into Child Abuse*, Report of the Commission to Inquire into Child Abuse, Volume 1*, (Dublin: The Stationery Office, 2009), Chapter 7, p. 108. .

[139] Caitríona Clear, *Social Change and Everyday Life in Ireland 1850-1922* (Manchester: Manchester University Press, 2007), p. 122.

[140] McQuaid was the most powerful and influential Catholic leader of twentieth-century Ireland. Quoted in Jacinta Prunty, *The Monasteries, Magdalen Asylums and Reformatory Schools of Our Lady of Charity in Ireland, 1853-1973*, (Dublin: Columba Press, 2017), pp. 411-2, 455-63.

Perfectae Caritatis, to open the possibility of change from within, as religious orders were encouraged to challenge the dogmas underpinning their daily regimes. Change followed only slowly, as institutions such as Magdalene asylums, like the mental hospitals, had to contend with the living, breathing reality of a cohort of long-term and deeply institutionalised residents – and personnel. The irony is that the same religious orders which gave late-twentieth century Ireland (and, via overseas missionaries, the global south) many of its most dynamic and innovative social entrepreneurs were simultaneously running ossified institutions decades past their sell-by date.[141] It was not only the residents of mental hospitals and Magdalene asylums that were institutionalised, but also those who ran them.

Central government finally began to consider alternatives to institutionalisation in the 1960s, with reports on the reform of the services for the mentally handicapped and mentally ill respectively published in 1965 and 1966, although as we have seen already, policy did not always translate rapidly into action.[142] The industrial school system again came under investigation in 1967, at which point fully 29 residential industrial schools, accommodating some 2,000 children, continued to operate under the provisions of the 1908 Children's Act. The publication of the commission's report in 1970 finally recommended a shift away from an institutionally-focused model of care and in this instance, did lead to the rapid closure of the remaining legacy institutions – fully forty years later than those in the UK.[143] This was the first

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[141] Mark Coen, *The Religious Sisters of Charity: Origins, Development and Controversies,* in *DML*, pp. 31, 34. Internationally: Joe Humphreys, *God's Entrepreneurs: How Irish Missionaries Tried to Change the World* (Dublin: New Island, 2010).

[142] *Report of the Commission on Mental Handicap* (Dublin: Stationery Office, 1965). *Report of the Commission of Inquiry on Mental Illness* (hereafter *1966 Commission Report*) (Dublin: Stationery Office, 1966).

[143] *Kennedy Report 1970*, pp. 6-7. Closure may have been facilitated in this instance by the existence of a clear contractual relationship between state and church. Once the state determined to cease paying capitation grants for industrial school students, closure became inevitable.

major element of Ireland's institutional infrastructure to be de-constructed since the

workhouses, yet another two decades would pass before survivors felt able to speak publicly

of what really transpired behind the walls, and then – as we will see in Chapter 5 - only after

the first cracks in the edifice of institutional Catholicism had become apparent. It took a

commission of inquiry established in 2000 almost a decade to fully explore and reveal the

breadth and depth of abuse perpetrated in these schools, and the revelations that emerged

from this and other enquiries finally played the conclusive role in breaking the spell of

institutional infallibilism.[144] It is in this context that we should understand the stubborn

resilience of Ireland's large mental hospitals, and their peculiar invulnerability to criticism even

when criticism was most definitely warranted.

4.8.   Conclusion

It might seem counterintuitive to pursue an architectural-historical line of enquiry through a

period when very little was actually built. But the buildings, like the landscapes we examined in

Chapter 3, can still provide evidence that helps us to interpret the concerns of those who

managed the institution. To the extent that the originally conceived set-piece of dignified

façade and parkland setting conveyed an impression at odds with the Spartan nature of the

interiors within, this gap widened further in the twentieth century. Hospital boards continued

to keep up appearances – to striking effect at Cork – even as overcrowding on the wards

outstripped the stock of available adjectives. It is easy to conceive of 'overcrowding' in terms

of spatial poverty alone – vast dormitories, congested dayrooms, scarce sanitation and the

like. But the lived experience of overcrowding was far more profound than what can be

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[144] Commission to Inquire into Child Abuse Act, 2000, no. 7 of 2000. Final report published 2009.

measured in the three dimensions of classical geometry – it implied nothing less than the impoverishment of every aspect of life. The natural corollary of overcrowding is under-staffing, against which even heroic efforts cannot ultimately prevent the descent into a regime of economic containment guaranteed to suffocate any vestige of individual freedom or therapeutic initiative. Physical overcrowding thus has temporal implications too, as witnessed in the militaristic timetable which pertained in Cork in the 1950s.

My own national survey suggests that the priorities on display in the well-tended flowerbeds of Cork reflect those of other hospital boards across the country. However degraded the living conditions within, the fabric of principal buildings continued to be at least minimally maintained unto the date of closure, which for most was in the second decade of the twenty-first century. The deterioration of Grangegorman's buildings to the point of actual collapse in the 1980s therefore presents as something of an outlier. The descent of inhabited buildings into near-dereliction was doubtless exacerbated by the peculiarly straitened budget of the largest regional health authority in the country, but also indicates that the old apartheid between the spaces allocated to pauper and power endured into the 1980s. However degraded the inner world of the ward, hospital authorities everywhere ensured that their own seat of institutional power continued to present a respectable countenance; the only difference at Grangegorman is that the administrative and bureaucratic function was removed to a wholly separate building. The historic Upper and Lower Houses which on any other site would have represented the public face of the institution were, uniquely in Grangegorman, mere utilitarian ward blocks, and (mis)treated accordingly. The EHB bemoaned their own inability to maintain the Upper and Lower Houses, yet the similarly antiquated Clocktower building in which they held their monthly meetings fared better than either, and that is before considering the Board's award-winning repurposing of another historic hospital to serve as their new headquarters.

Irish accounts of the period of deinstitutionalisation have tended to simplify the closure narrative as the corollary of progress towards delivering mental health services 'in the community.' By following the health service to its myriad new settings, such accounts may legitimately be taken as representative of the experience of a growing majority of service-users. In Britain, critical histories have better dissected the shortcomings encountered when care in the community failed to live up to its promises.[145] However, less attention in either jurisdiction has been paid to the experiences of the diminishing minority who remained within the legacy institutions as they wound down towards closure.[146] In pursuit of the long history of the place rather than of the service, my research has refocused attention on marginalised cohorts whose experiences sit outside of the mainstream positive narrative of deinstitutionalisation – mainly geriatric and learning disabled cohorts. On one level, new acute units represented a 'rediscovery' of the importance of classification of patients, but the removal of the 'curative' function forcefully revealed why recurring proposals for the creation of 'asylums for the chronic insane' were often greeted with scepticism: the tendency to residualise and demoralise those for whom no curative aspirations were held.[147] This was the experience of the long-stay patients in both Cork and Grangegorman during the 1970s and 80s, who found the legacy buildings in which they dwelt disintegrating around them. Attempts to

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[145] Peter Barham, *Closing the Asylum: The Mentally Ill in Society* (Harmondsworth: Penguin, 1992). Sarah Payne, 'Outside the Walls of the Asylum? Psychiatric Treatment in the 1980s and 1990s.', in *Outside the Walls of the Asylum: The History of Care and Community 1750-2000*, ed. by Peter Bartlett and David Wright (London: Athlone Press, 1999), pp. 244–65.
Kathleen Jones, *Asylums and After: A Revised History of the Mental Health Services: From the Early 18th Century to the 1990s* (London: Athlone Press, 1993).
[146] A notable exception which captures both sides is: Barbara Taylor, *The Last Asylum: A Memoir of Madness in Our Times* (London: Hamish Hamilton, 2015).
[147] The arguments were rehearsed periodically in the reports of the Inspectors of Lunacy as each generation seemingly hit upon this silver bullet anew. See especially *Annual Asylum Report 1844*, HC 1845 [645] xxvi, pp. 64–81.

recast buildings as the cause, rather than a symptom, of a failing institution allowed those in power to deflect blame for their past decisions onto inanimate objects. Hence we see the performative potential of closure and even demolition harnessed as prophylactic exercises in public relations. And even if the demolition of Francis Johnston's Lower House of 1814 was justifiable on practical and commercial grounds, the language used in the context of its destruction portrays a deeper will to permanently erase uncomfortable memories of all that the building had come to represent.

Public hospital facilities accommodating patients who relied on the state for long-term residential care were allowed to fall into deeply degraded condition, but when evidence of these political and administrative failings were brought to light, the Irish public seemed little moved. Residential institutions simply represented the 'natural order of things,' part of the backdrop of daily life, unremarkable and generally unremarked-upon. Ireland is of course noteworthy for having such a high proportion of the population resident in 'total institutions' at any one time, and I find that institutional ubiquity reverberated through society more widely than has been understood to date. Catherine Cox noted that the 'success of the distinct reformative models... [depended on] isolating the subjects of reform – children, prisoners, single mothers, the mentally ill – from external sources of contamination,' especially that of the working class family.[148] But it was not only institutions intended to contain and reform the poor that operated in this way – 'total institutions' built for elite cohorts – boarding schools, seminaries, monasteries and convents were also defined by a secure boundary. For religious orders, enclosure was a way of life which society at large regarded as occupying the highest moral plane. For middle-class parents, enclosure and containment were appealing

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[148] Maria Luddy, *Women and Philanthropy in Nineteenth-Century Ireland* (New York: Cambridge University Press, 1995), p. 90. Catherine Cox, 'Institutional Space,' p. 685.

characteristics when entrusting their offspring to an educational setting.[149] A plurality of those

who would go on to occupy positions of power in Irish society into the later twentieth century

were 'formed' in church-run boarding schools, directly influencing the governance of Irish

mental hospitals, and indirectly shaping the Irish Catholic 'habitus' whose values permeated all

classes. I do not argue that mental hospitals partook of the special aura of sanctity which

surrounded religious-run institutions, but I do conclude that they can only be understood in

the context of a society where all classes were long conditioned to unquestioning acceptance

of mass-institutionalisation. . Residential institutions did not simply stand behind their high

walls as passive receptacles for what fell off the end of the social conveyor-belt; their physical

presence in the landscape actively shaped the 'social space' of the nation. This a line of

thought that needs much further testing, especially via comparative analysis with other

jurisdictions to determine if the Irish experience of institutionalisation really was

exceptional.[150] I hope that my own first attempt to quantify the alumni of total-institutions

may prove useful in this regard.

Irish society deferred to institutional power even when faced with evidence of its

shortcomings, and this deference, I believe, goes some way to explaining the circumstances

revealed by my continuing biographic account of the asylum buildings of Cork and

Grangegorman. It is axiomatic that there are no votes in mental health, and on the face of it,

this might have sufficed to explain the relative neglect of the sector through the twentieth

century. But temporarily setting aside the valences of 'mental' has revealed some additional

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[149] Mary Hatfield, 'The School and the Home: Constructing Childhood and Space in Dublin Boarding Schools', in *Urban Spaces in Nineteenth-Century Ireland*, ed. by Georgina Laragy, Olwen Purdue and Jonathan Jeffrey Wright, (Liverpool: Liverpool University Press, 2018), pp. 84–105, (pp. 85, 104-5).

[150] Tom Inglis, 'Searching for and Explaining Difference,' in *Are the Irish Different?* ed. by Tom Inglis, (Manchester: Manchester University Press, 2014), pp. 222-9, (p. 225).

cultural understandings of the 'institution.' The doctrine of scandal dictated a general policy of

silence; it took an elite and educated group – non-consultant hospital doctors – to air the first

public criticism of deteriorating conditions within the mental hospitals. They would be joined

over the following decade by journalists, opposition politicians and psychiatric nurses. None of

these voices quite succeeded in mobilising the concern of a public so long accustomed to

exercising deference before power and disinclined to dissent, even when presented with facts

which in other jurisdictions gave rise to scandals, inquiries and systemic reform. The 'social

space' in which the ordinary Irish citizen could challenge institutional authority only began to

emerge in the late 1980s – rare press discussions of proto-scandals in the mental hospital

sector were but minor tremors which presaged the earthquakes of the 1990s and the terminal

collapse of the myth of institutional infallibilism in the 2000s. Just as mass-institutionalisation

contributed to the creation of Irish Catholic habitus, public revelations of the contradictions at

its heart would drive and define its demise.

5.   AFTERLIFE, 1980s to present

5.1.   Introduction

Successive policies since the 1960s have sought to pivot away from institution-based model of care, to run down the legacy mental hospitals and ultimately, to close them completely.[1] But tensions between national policy and local initiative saw Ireland's legacy institutions endure for far longer than anyone might have predicted. The survival of inpatient beds in aging buildings well into the twenty-first century came to be seen as an affront to the progress made in so many other aspects of the mental health service, resulting in a concerted effort to finally remove all inpatient services from legacy settings.[2] Yet even unto extinction, the old asylums continued to loom both literally and metaphorically over the modern successors – new facilities and services often erected in the grounds of the old and whose sponsors at times seemed to celebrate them more for what they were *not*, than for any intrinsic qualities of their own.[3]

Earlier chapters describe how Ireland's physical asylum infrastructure evolved in response to the bell-shaped curve of in-patient numbers – which rose from low hundreds at the dawn of the nineteenth century to an all-island peak in excess of 25,000 in the mid-1950s before returning to low hundreds in the 2020s.[4] The quantum of built accommodation can be

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[1] *Report of the Commission of Inquiry on Mental Illness* (Dublin: The Stationery Office, 1966). *The Psychiatric Services – Planning for the Future: Report of a Study Group on the Development of Psychiatric Services* (Dublin: The Stationery Office, 1984*). A Vision for Change: Report of the Expert Group on Mental Health Policy,* (Dublin: The Stationery Office, 2006).
[2] *Mental Health Commission, Under the Clock Towers: An Overview of Remaining Nineteenth-Century Public Psychiatric Hospitals Due for Closure* (Dublin: Mental Health Commission, 2011), p. 23.
[3] Quinlan, *Walls of Containment*, pp.137-8, 149.
[4] Brennan, *Irish Insanity,* p. 23.

seen to rise in parallel with patient numbers, though with a time lag as demand during the era

of expansion perennially outstripped supply. This spatial increase was three-fold: the

intensification of existing buildings by combining smaller rooms into larger dormitories and

reducing the amount of space available per patient, the addition of large extensions and

annexes to existing asylums, and to a lesser extent after 1870, a geographic expansion via the

erection of new greenfield institutions. The physical spaces created during the period of

growth almost all remain in existence today, even as the number of patients remaining in

legacy settings had declined to the low hundreds (and almost all of those in Northern Ireland).

The scholarship in the field of asylum afterlives is led by the international collaboration

of Graham Moon, Robin Kearns and Alun Joseph, who have drawn together the fruit of two

decades of research in: *The Afterlives of the Psychiatric Asylum: Recycling Concepts, Sites and*

Memories, a key work to which I will refer throughout this chapter. Geographers by discipline,

they developed a 'critical visual methodology' to analyse sites across England, Canada and New

Zealand in terms of 'cultural significance, social practices and power relations' to identify

themes and concerns relevant to the present place of the historic asylum. While their

acceptance of the role of neo-liberal economic ideology as a driver of asylum closure does not

fit the facts of the Irish experience, I otherwise share their conviction that the observable fates

of these places are in themselves valuable primary sources that can help to reveal how

contemporary society addresses or suppresses difficult histories.[5] Loughlin Kealy posits that

our decisions to conserve or destroy, to celebrate or ignore buildings inherited from the past

collectively represent 'an essay on the fate of history': of how we perceive ourselves as a

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[5] Moon et al., *Afterlives,* pp. 13-16, 28-9.

nation.[6] As I will show, the present state of the national asylum estate speaks of contests between local and national, lay and professional, expediency and ideology which continue to the present day.

Commenting on the imminent closure of what might be described – to borrow Barbara Taylor's formulation – as 'Ireland's last asylum,' the chief psychiatrist of the Central Mental Hospital (Ireland's national forensic mental hospital), Harry Kennedy, anticipated the moment when the legacy buildings in which he and his team had so long struggled to deliver a decent mental health service to some of the nation's most troubled individuals would 'transition from the world of science and medicine to the world of art and history.'[7] Yet the Central Mental Hospital – as an institution which continued to operate a traditional enclosed, residential and custodial role at full capacity up to a single closure date – is also unique amongst Ireland's historic asylums. For the remainder, closure is not so much a moment as a slow process of closing down (the institution) and opening up (to the community) which played out over several decades.[8] The goal of this chapter is to unpick the different forces at work throughout this process and so help to interpret the multivalent meanings of the built legacy of asylumdom in the present day.

Legacy asylum sites have come to mean something very different to those who rely upon them as the setting for the exercise of their clinical expertise, and those would exercise jurisdiction over them by virtue of professional expertise in the built environment. What

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[6] Loughlin Kealy, 'Remembering and Forgetting: Building Conservation as an Essay on the Fate of History', in *20th Century Architecture, Ireland* ed. by Annette Becker, John A. Olley, and Wilfried Wang, (Munich: Prestel, 1997), pp. 67-71.

[7] Harry Kennedy, speaking at the launch of *Walls of Containment*, 1 Jun 2021.

[8] Mark Finnane, 'Opening up and Closing down: Notes on the End of an Asylum', *Health and History*, 11.1 (2009), 9–24.

psychiatry regards as an inconvenient relic which impedes the delivery of care and stigmatises

those who use it, professionals in architectural conservation regard as an important historical

patrimony. A pair of roughly contemporary quotes describing the same building convey two

distinct professional narratives around Ireland's legacy asylum buildings (Figures 5.1, 5.2):[9]

> ...residents' environment was drab, desolate and depressing.... With old-fashioned
> toilets and bathrooms not suitable for modern living. [Its] continued existence
> [perpetuates] the impression that the care and treatment is institutional focused
> rather than the progressive care one would expect in the 21st century.[10]

> ...[it forms] an important component of the nineteenth-century built heritage with the
> architectural value of the composition... centred on an elegant arcade; the
> construction in a vibrant red brick offset by silver-grey Kiltealy granite or yellow brick
> dressings producing a lively palette...[11]

Asylums are not the only historic institutional structures whose contemporary users struggle to

adapt to them to changing needs and practices, nor are they the only settings where such a

decline in functional value plays out in parallel with a rise in cultural value. In this chapter, I

will explore how other legacy institutional structures – including workhouses and a Magdalene

Asylum - have transitioned from functional facility to cultural heritage, revealing those aspects

that seem peculiar to the asylums. Ultimately, I find that the starkly diverging viewpoints

captured in the above quotes – of 'irredeemably stigmatised' or 'culturally significant' places –

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[9] In this instance, St Senan's Hospital, opened in 1868 as the Enniscorthy District Lunatic
Asylum.
[10] Mental Health Commission, *Under the Clocktowers: an overview of remaining 19th century
public psychiatric hospitals due for closure* (Dublin: Mental Health Commission, 2011), p. 19.
[11] St Senan's Hospital, Enniscorthy. National Inventory of Architectural Heritage, surveyed
2005. Available at: https://www.buildingsofireland.ie/buildings-
search/building/15604052/killagoley-enniscorthy-co-wexford, accessed on 22 Jan. 2023.

both stem from internal discourses within defined professional groups, but are not necessarily

shared by a wider, lay audience.

Cork and Grangegorman represent interesting examples of the adaptive reuse of

legacy asylum sites and buildings in the private and public sectors respectively, and are thus

representative of common 'afterlife' experiences internationally. The divergence between

them can be seen to rest upon the availability – or not – of transformative levels of capital

investment. Yet, it is clear from looking across the national corpus that they are not at all

representative of the typical Irish experience, where we instead encounter many buildings and

sites which have adapted more organically to serve new uses. The specifics of the individual

case studies described Moon, Kearns and Joseph also appear substantially contingent on local

circumstance, but it was only by combining observations from case studies across three

jurisdictions that they were able to identify meaningful macro-trends. In the same way, I

propose to draw upon my body of empirical research undertaken between 2011 and 2021

spanning all 27 extant sites on the island of Ireland to better understand the forces which have

shaped the built legacy of asylumdom more widely. I define this corpus as comprising those

purpose-built, state-funded, 'total institutions' that provided the traditional physical and

organisational locus for the delivery of public mental health services for one or more

counties.[12] I will examine the Irish corpus through the framework of asylum afterlives or 'fates'

proposed by Moon et al: *Trans-institutionalisation* (to other public uses, most commonly

education), *Conversion* (to commercially viable uses, most commonly residential) *Retention*

(for mental health or related uses), and *Dereliction / Demolition*.[13]

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[12] The definition excludes later twentieth century typologies created as the monolithic hospital
dis-integrated, and omits repurposed buildings.
[13] Moon et al., *Afterlives*, pp. 17-27.

Town / Hospital	County / District	Building		Principal Use					Note
		Substantially intact	Substantially demolished	Retention (public health)	Trans-institutionalisation	Conversion (private sector)	Vacant, pending…	Dereliction	
Ardee	Louth	1		1					Public health campus
Ballinasloe	Galway	1						1	Derelict with no use identified
Castlebar	Mayo	1			1				Third level education
Castlerea	Roscommon	0.75	0.25		1				Secure prison
Clonmel	Tipperary	1		1					Health administration offices
Carlow	Carlow	1		1					Public health campus
Cork	Cork	1				0.75		0.25	Private residential - planning stage
Dundrum	National	1					1		Private residential - planning stage
Ennis	Clare	1						1	Derelict with no use identified
Enniscorthy	Wexford	1					1		Private residential - planning stage
Grangegorman	Dublin	0.5	0.5		1				Third level education
Kilkenny	Kilkenny	1		1					Health administration offices
Killarney	Kerry	1					1		Falling derelict, no use identified
Letterkenny	Donegal	1		1					Public health campus
Limerick	Limerick	1		0.25			0.75		Conversion likely - not yet planned
Monaghan	Monaghan, Cavan	1		1					Public health campus
Mullingar	Meath, Westmeath	1					1		Falling derelict, no use identified
Portlaoise	Laois	1		1					Public health campus
Portrane	Dublin	1					1		No use identified, conversion possible
Sligo	Sligo, Leitrim	1				1			Private hotel
Waterford	Waterford	1		0.25			0.75		Conversion likely - not yet planned
Northern Ireland									
Armagh	Armagh	1		1					Public health campus
Antrim	Antrim	1		1					Public health campus
Omagh	Tyrone, Fermanagh	1		0.5			0.5		Public health campus
Purdysburn	Belfast	1		1					Public health campus
Downpatrick	Down	1		0.25	0.75				Civic offices, and retained health use
Gransha	Derry	1		0.75				0.25	Public health campus
TOTALS **27**		26.25	0.75	12	3.75	1.75	7	2.5	0
		97%	3%	44%	14%	6%	26%	9%	

References

Research based on analysis of current land use of asylum sites based on first-hand surveys 2012-2022

Where more than one major circumstance is observed, a simplified proportionate allocation is made

Where a site is currently undergoing transition, or a firm trajectory towards a new use can be discerned, this is shown using arrows.

Table 5.1: Survey of Asylum Afterlives, all-Ireland.

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From this survey, it becomes apparent that the Irish experience in recent decades diverges markedly from what is observed in other English-speaking countries whose asylums share similar historical underpinnings (See Table 5.1). 'Retention,' or more accurately, a continuity and evolution in public health use is much more common than rupture and revolutionary transformation, a difference which demands inquiry into causation. Ultimately, we will find that many of the conclusions reached in earlier chapters remain relevant in the present day: outcomes continue to be shaped by tensions between national policies and local initiative, with the latter prevailing more often than might be supposed. These findings in turn challenge the existing theoretical frameworks of asylum afterlives. I therefore propose some alternative concepts to better reflect local, contingent and temporal influences while also anticipating places whose fluid future trajectories are unlikely ever to regain the stability of purpose and meaning which characterised their past. I conclude this chapter with an interrogation of the process by which the asylum has transitioned from useful object to heritage asset, but also challenge the traditional value judgements at work in this canonisation, and their compatibility with the values of a society which now purports to value the social significance of the governed over the architectural monuments of the governors.

5.2.   Revisiting the 'four fates' model of asylum afterlives

Based on their research into asylum afterlives in the UK, Canada and New Zealand, Moon, Kearns and Joseph proposed a theoretical framework which allowed former asylums to be categorised according to four common fates: trans-institutionalisation, conversion, retention, and dereliction or demolition. In the main, they find that public health services were eager to divest themselves of facilities they saw as redundant and in many cases the subject of stigma, and where possible, to realise their value as assets. The majority of former mental hospitals faced a moment of final closure, after which some buildings were deployed to new uses, others abandoned to dereliction, demolition, and ultimately redevelopment. In the section that follows, I will discuss the Irish corpus initially by reference to each of these four 'fates',

revealing that the Irish experience – with uniquely high levels of retention in public ownership and use – deviates markedly from comparable nations in the Anglosphere.

Trans-institutionalisation

Moon et al. have adopted the term 'trans-institutionalisation' to describe the phenomenon of mental health buildings being adapted for other public institutional uses, most often tertiary education in the public sector. [14] This type of transition was most likely to preserve the public goods associated with the old hospital, including local employment and accessible, landscaped grounds. Most examples they describe acknowledged the site's past use, but in a manner that was often partial and selective. In the 1990s, both Cork and Grangegorman were considered as venues for university campuses, but the vision has been realised only at the latter. In Chapter 4, we saw how the highly-charged rhetoric of the 1980s laid many of Grangegorman's ills at the door of the Lower House. The Eastern Health Board's (EHB) desire to demolish the building was not merely a commercial move to allow the site to be sold for redevelopment, but an ideological statement in itself, an attempt to erase the built evidence of an unhappy past. But the board proved as slow to demolish as to decant, and the increasingly derelict building attracted a new kind of notoriety as an informal refuge for Dublin's homeless – with sometimes fatal consequences.[15] Government intervention finally saw three sides of Francis Johnston's Lower House demolished in 1994. The entrance front, complete with Lord Richmond's coat of arms, was spared and listed for protection in the Dublin City Development

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[14] Recycling a term used to describe the movement of service-users between different institutions. Moon et al, *Afterlives*, pp. 87–106.

[15] 'Demolition work on Grangegorman complex to begin 'immediately',' *Irish Times*, 17 Oct. 1994.

Plan, but that did not save the building from sliding ever deeper into dereliction over the following quarter-century (Figure 5.3).

In 1998 an EHB report to consider the future of the wider Grangegorman site identified an opportunity to co-locate the disparate departments of the Dublin Institute of Technology on the site.[16] The project won political backing with the creation of a statutory agency to oversee the development in 2006. The first major act of the new Grangegorman Development Agency was to announce an international competition to create a masterplan for the site, which was won by a suitably international consortium (Figure 5.4). The completed masterplan went on to garner six major international awards, an extraordinary change in fortune for a place which, for most of the twentieth century, barely registered on the local political agenda. Such high-profile exposure probably helped to maintain momentum in the face of the subsequent economic recession. Money was provided for an impressive new mental health facility on part of the site known as the Phoenix Care Centre, which was officially opened on 28 February 2013 – allowing the last patients to finally depart the legacy buildings 199 years to the day since the first admission to the original Richmond Asylum. In the same year the Government committed some €188 million to the project as part of a wider stimulus package for the battered economy, and after a few false starts, construction work on several major new academic buildings got underway in 2017.

At time of writing, the former site of Ireland's largest asylum is home to thousands of students of what may one day become Ireland's largest third-level institution, relaunched as

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[16] Eastern Health Board, Draft proposal for the future of St Brendan's Hospital, Grangegorman (unpublished report, 1998).

the Technological University, Dublin.[17] The open parkland with its views over Dublin has been

reshaped at the heart of a dense new campus whose founding vision is 'an urban quarter with

an open future'.[18] Many of Grangegorman's historic buildings are being repurposed for

university use, including the long-derelict remnants of the Lower House and various secondary

structures from the later nineteenth century – infirmaries, ward extensions, the hospital

laundry and mortuary – whose retention helps to preserve more subtle aspects of the

institution's history for future generations. The formidable boundary wall is retained, but

deliberately punctured to create new links with the surrounding city. In a curious twist, the

fragmentary foundations of the 'Upper House' became the subject of a detailed archaeological

excavation, acquiring a greater heritage value than the standing building enjoyed less than 40

years earlier.[19] Most remarkably, a photo of the repurposed infirmaries now features on the

front cover of Ireland's National Development Plan (Figure 5.5).

The EHB was not the only organisation to identify the educational potential of its

redundant healthcare assets. In the four decades from 1970-2010 when numbers resident in

the Republic's psychiatric institutions fell 94%, enrolments post-secondary education surged

700%, a potentially serendipitous co-incidence of supply and demand.[20] Surplus spaces at

Letterkenny and Gransha were temporarily adapted to educational uses, but only one other

former asylum – Castlebar – made a lasting transition as a campus for Galway Regional

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[17] Enda Kenny TD, Dáil Éireann, 23 Apr. 2013, 799:4. Grangegorman Development Agency Newsletter, Dec. 2019. As of June 2022 Technological University, Dublin claimed 29,700 student enrolments compared to the current largest: 32,000 at UCD.
[18] *Grangegorman: An Urban Quarter with an Open Future* (Kinsale: Gandon Editions, 2014).
[19] Teresa Bolger and James Hession, Grangegorman Dublin 7, Report on Investigation and Recording of Structural Remains at Proposed Site for Central Quad (2013). I am grateful to Una Sugrue, Grangegorman Development Agency, for sharing this unpublished report.
[20] The hospital population fell from 15,392 to 893, students enrolled in higher and further education grew from 24,496 to 196,187. Department of Education, Statistical Report 1968-72 and Higher Education Authority, https://hea.ie/statistics-archive, accessed on 27 Dec. 2019.

Technical College, latterly the Atlantic Technological University.[21] Educational reuse initially

appeared to be on the cards for the landmark principal buildings at Sligo and Cork, but both

proved abortive.[22] After its closure in 1992, University College Cork (UCC) identified the Cork

complex as a potential solution to the growing university's accommodation crisis. Feasibility

studies were prepared but the estimated £20 million cost of purchase and refurbishment far

exceeded the university's internal resources and could only be realised with a major injection

of funds from national government. The university attempted to sweeten their pitch by

exaggerating the benefits to social inclusivity of opening a satellite campus (less than one

kilometre) closer to disadvantaged communities on the city's north side, but their pitch was

ultimately rebuffed.[23] The university instead purchased the more manageably sized and better

maintained Good Shepherd Convent (the former Magdalene Asylum and Laundry encountered

in Chapter 2) nearby, and spent three years planning its reconfiguration before also

abandoning that scheme when land closer to their main campus became available for

purchase and redevelopment (Figure 5.6).[24]

Given the many apparent benefits - including a reasonable level of spatial

compatibility between asylum and third level educational uses and its social and economic

[21] Galway Regional Technical College (RTC) first leased space in 1994 while the mental hospital was still in operation, expanding incrementally to accommodate 1,100 students. Michael Martin TD, Dáil Éireann, 22 Jun. 1999, 506:5. ATU Mayo Campus, https://www.gmit.ie/gmit-mayo-campus, accessed on 26 Apr 2022.

[22] Sligo Vocational Educational Committee considered purchasing the empty asylum beside their campus, but declined to bid and the historic building was sold to a private developer. Mary O'Rourke TD, Dáil Éireann, 17 Apr. 1991, 407:1.

[23] 'UCC's push to the northside,' *Irish Times*, 22 Nov. 1994, 'UCC seeks £20m state aid to develop second campus,' *Irish Times*, 23 Jan. 1995. Southern Health Board Annual Report 1995, p. 38.

[24] Good Shepherd Convent, UCC, https://www.odonnell-tuomey.ie/good-shepherds-convent-ucc, accessed on 26 Apr. 2022. 'Cork city's Good Shepherd Convent back up for sale with planning for 202 units,' *Irish Examiner*, 1 May 2019.

benefits to host communities - we can validly ask why so few Irish asylums successfully

transitioned to educational use during the peak years of third level expansion. The experience

at Cork offers some clues. The university's preference – as for most institutional users – was

for new buildings purpose-designed to meet their specific needs, ideally co-located on a single

campus. The alternative of rehabilitating another institution's redundant relics was attractive

only if it proved quicker and cheaper than building anew – precisely echoing the circumstances

faced by the asylums themselves a century earlier. Indeed, one calls to mind Francis Johnston's

own words, when asked at the very inception of the asylum project in 1817 to review the

possibility of adapting old barracks: 'from the experience I have had in converting old buildings

from one use to another, I have never yet found the object wished for attained, nor in the end,

any saving in expense worth considering.'[25] Certainly, the prolonged physical neglect and

deterioration of the asylum buildings at Cork (as also at Sligo and Grangegorman) meant that

rehabilitation would be neither cheap nor quick, and so beyond the ability of the university to

undertake within its own resources. The success at Castlebar (and of shorter term re-use at

Letterkenny and Gransha) arose from situations where surplus space was made available

within buildings which otherwise continued to be heated, occupied and maintained as working

hospitals, and so were adaptable within very modest budgets. Only at Grangegorman did

central government (eventually) sanction the exceptional levels of state funding needed to

achieve a transformational change, and in that atypical example, the retained legacy structures

in any case represent but a tiny fraction of the projected institutional footprint.

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[25] Letter, Francis Johnston to Commissioners, 21 Nov. 1817. NAI 999/784, pp. 33-4.

Conversion

Moon et al. identified conversion to residential uses as the predominant solution for asylum

sites, especially those in proximity to larger urban centres. In England and Wales, fully one-

third of sites had been converted to residential uses by 2017.[26] They observe that developers –

wary of the sensitivities of private home-buyers – tend to valorise the historic nature and

architectural quality of the retained buildings, while ignoring the former use and submerging

its identity beneath an entirely new name.[27] A similar trend was observed at Cork where,

following UCC's failure to secure the necessary government funding, the principal building and

some lands were sold to a private developer who renamed it for its architect – Atkins' Hall. In

1998, the first of almost a dozen planning consents was obtained to convert the existing

building into apartments and to construct dozens more on the grounds. The new-build blocks

were rapidly erected and the resultant profits were harvested, but works to convert the

historic buildings progressed much more slowly, hampered by recession, arson and the

liquidation of the developer, and are still inching forward some twenty years later.[28]

Notwithstanding the grotesque conditions which precipitated its closure in 1992 and myriad

setbacks along the way, the hospital's status as an architectural landmark worthy of protection

and ultimate reuse seems never to have been in doubt, even before its designation as a

Protected Structure (under the 2001 Planning and Development Regulations). Notwithstanding

the tumultuous development process, even the kitchens and other ancillary structures which

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[26] Green, 'The Continuing Presence of the Psychiatric Asylum,' pp 85-6. Many demolished sites were also redeveloped as housing, indicating that conversion could also have been an option.
[27] Moon et al., *Afterlives*, pp. 107-30.
[28] 'Lance Developments placed into liquidation,' Companies Registration Office, Gazette 2010/D/23.

so impressed the Lord Lieutenant in 1852 have been retained and repurposed (Figures 5.7, 5.8).

Lucrative residential sale values provide the financial wherewithal to meet the onerous costs of conserving statutorily protected but dilapidated historic buildings, though frequently at the cost of the demolition of many interesting ancillary spaces, and invariably reliant upon additional 'enabling development' in the attendant grounds. But to date, Cork remains the only former asylum in Ireland where private households permanently reside in spaces once occupied by public patients. Sligo was converted in the early 2000s to serve as a four star hotel, an outwardly impressive restoration achieved at the expense of most of the historic spaces and fabric behind its florid Elizabethan-revival façade. The business case can be seen to have relied upon the large quantum of new-build student housing erected on the attendant lands (Figure 5.9). In 2017, a local consortium purchased the former Enniscorthy asylum: a 12,000-square-metre edifice on 46 acres of potentially developable land for little more than what might be paid for a similarly sized residential farm.[29] The new owners commendably invested in conserving the fabric of the principal building from the outset while obtaining planning consent to redevelop it as retirement apartments, and as of August 2023, the first phase is nearing completion even before the development of the surrounding lands for housing.[30]

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[29] 'Victorian building guiding just €6 a square foot at Enniscorthy,' *Irish Examiner*, 12 Jan. 2017, www.irishexaminer.com/ property/victorian-building-guiding-just-euro6-a-square-foot-at-enniscorthy-438812.html, accessed on 27 Dec. 2019
[30] 'Permission granted for housing units at St Senans,' *Wexford Independent*, 2 Mar. 2022, www.independent.ie/regionals/wexford/enniscorthy-news/permission-granted-for-housing-units-at-st-senans/41400440.html, accessed on 24 May 2023.

The Republic's Land Development Agency is currently preparing a residential

masterplan for the lands remaining in public ownership at Cork, but too late to save the Hill's

auxiliary ward building there from arson (Figure 5.10).[31] The same agency is also progressing

plans for the residential redevelopment of the Central Mental Hospital in Dublin. The

extraordinarily valuable land-bank in a well-connected suburb of the capital city meant that

there was little risk of this building languishing long enough to fall derelict, but the fact this is

the only site in the country where planning for the future of the place commenced well before

the last patients departed the building is an indictment of the management of the asylum

estate at large (Figure 5.11).

Dereliction / Demolition

Moon et al encountered so many empty, mouldering asylums in their research that they

investigated them as a distinct phenomenon in their own right - places 'rendered excitingly

"Other" through their abandonment and stigmatised reputation.'[32] But outright abandonment

and dereliction are much less common in Ireland. As of 2023, the principal buildings on seven

sites stand completely empty, of which two already discussed – Dundrum and Enniscorthy –

appear in the course of being redeveloped for residential uses.[33] For the remaining five – large,

complex, statutorily protected structures hampered by deteriorated condition, peripheral

location, and in some cases both – the future does look uncertain. The public sector deems

them to be surplus to operational requirements and lacks the resources to secure or maintain

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[31] 'Housing scheme at former hospital site starts in new year,' *Irish Examiner*, 29 Dec. 2021, https://www.irishexaminer.com/news/munster/arid-40774692.html, accessed on 3 May 2022.

[32] Moon *et al., The Aftelives of the Psychiatric Asylum*, pp. 131-56, p. 149.

[33] While a section of the principal building at Cork remains derelict, around two thirds has by now been converted to apartments. The large auxiliary ward building on the adjacent site has also been subject of a redevelopment masterplan by the state's Land Development Agency. Neither is therefore included in this total.

them, but to date private developers seem unenthused at the prospect of converting vacant

buildings at Ballinasloe, Ennis, Killarney, Mullingar or Portrane to new uses (Figure 5.12). The

experience at Grangegorman – discussed in Chapter 4 as the site of a dramatic demolition and

in this chapter as a flagship regeneration – reminds us that large, complex sites can embody

more than a single fate, and that partial demolition can help improve the viability of a wider

reuse agenda.

By contrast with the strict greenbelt policies in Britain which compel housebuilders to

reckon with the challenges of previously developed 'brownfield' sites, a more permissive

zoning regime in Ireland means that there are many easier ways for developers to build homes

without taking on the risks and challenges of a semi-derelict asylum.[34] But even if purchasers

are forthcoming, that is only the first step in a long process whose outcome is far from certain,

as earlier experience at the former Ennis asylum attests. First sold by the Mid-Western Health

Board in 2002, the hospital lands were developed by a state agency as a (failed) 'Information

Age' business park, leaving the principal building to languish before being sold on. Planning

permission was secured in 2013 to reuse the building as part of a private healthcare

development, but a project that was ambitious even by Celtic Tiger standards looked wholly

implausible during a deep property crash. The cumulative effect of two decades of physical

neglect now outweigh this site's original advantages of manageably sized buildings and

relatively central urban location. The building has passed through successive owners, none of

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[34] For United Kingdom, see: National Planning Policy Framework, Chapter 11.
www.gov.uk/guidance/national-planning-policy-framework, accessed on 15 July 2022. For
Republic of Ireland, see: *National Planning Framework* (Dublin: Department of Housing,
Planning and Local Government, 2020), p. 28.

whom even secured it against trespass, let alone attempted to halt its continued deterioration (Figure 5.13).

Even so, it is notable that as of 2023, the principal buildings on these five sites, as at every other Irish asylum site, remain substantially extant.[35] Such a survival rate appears to be unique in the English speaking world, and by a considerable margin. Mardita Murphy's 2016 survey revealed that fully 55% of the classic 'Kirkbride' asylums in the United States have been demolished.[36] A similar picture emerged from Joshua Green's 2015 survey of county or borough asylums in England and Wales: from a peak total of over 100 institutions, 33% had been demolished and a further 19% lay derelict.[37] In Ireland, even allowing for some losses amongst auxiliary buildings and ancillary structures, the total quantum of built space remains little changed from its 1950s peak, despite a 99% reduction in inpatient numbers.[38]

Retention

If so few of Ireland's asylums have been repurposed as seats of learning, converted by developers or are crumbling in anticipation of the wrecking ball, how are the remainder accounted for? The answer is that the majority – fully 60% – of legacy asylums continue within the public health service. This is a figure which the international literature on asylum afterlives

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[35] The principal building being that which served as the institution's administrative headquarters.

[36] Mardita M Murphy, 'Preserving the Kirkbride Legacy: An Analysis of the Extant State of the Plan and Challenges of Adaptive Reuse' (unpublished MFA Thesis, University of North Carolina, 2016), pp. 37-40.

[37] 11% retained in use for mental health, 19% derelict, 33% demolished. From the author's direct knowledge, several more have moved from the first category to the last in the years since Green's survey. Joshua James Green, 'Towards a Conceptual Understanding of the Continuing Presence of the Psychiatric Asylum in Contemporary Urban Britain' (unpublished PhD Thesis, University of Southampton, 2017), pp. 85-6.

[38] The aggregate stock of buildings remained broadly unchanged as the handful of demolitions in the period was offset by modest additions.

confirms to be exceptional, and where retention is observed, it has tended to be associated

with the construction of a new, secure (forensic) mental health unit on the grounds of the

original building.[39] In Northern Ireland, inpatient beds for mental health patients may still be

found in legacy buildings on all six sites at time of writing, often alongside other healthcare

uses. The principal buildings south of the border have only recently been stripped of their

remaining inpatient beds, but across the island, ten such buildings have been repurposed in

whole or in part to serve a diverse range of public health uses. Sites such as Armagh, Carlow,

Portlaoise and Purdysburn stand out as thriving multi-purpose campuses accommodating a

selection of healthcare uses: primary care centres and community hospitals, outpatient clinics

for services as diverse as dentistry, ophthalmology, physiotherapy, occupational and speech

and language therapies (Figure 5.22). Traditional uses persist on the wider sites in the form of

mental health outpatient services, new-build inpatient units, and residential, day centres and

special educational and training facilities. At Letterkenny and Monaghan, these are joined by

an even wider array of community, voluntary and sporting organisations, from sports clubs and

theatre groups to sheltered workshops and 'Mens' Sheds', bringing new life to under-utilised

grounds and ancillary buildings. Other sites appear to be at an earlier stage of a transition

which may (or may not) lead to a similar destination, while those at Kilkenny and Clonmel

seem content to play a less public role as health administrative offices.[40]

If the main value of surveying fates across the entire national corpus was to identity

the most relevant questions to ask of our subject matter, the question in this case appears to

be quite why health authorities over seven decades have proven much more inclined to retain

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[39] Regional variation is evident within Britain, more legacy sites remain in service in Wales, less in South-East England where land values are higher. Moon et al., *Afterlives*, pp. 60-6, 72-5.
[40] Quinlan, *Walls of Containment,* pp. 137-9. This book also contains individual historical accounts for each of the sites referenced within this chapter.

and adapt legacy buildings than their peers in comparable nations. The transition from old to

new uses is a process which is dependant, in Moon's words, on the 'specific characteristics of

the health care system to which it belongs and the interplay of its location and the timing of

closure'.[41] Closures and demolitions were already the norm in Britain – over forty of the largest

hospitals containing over 1,000 beds had closed in the decade between 1972 and 1982, which

meant that the number of operational hospitals remained broadly aligned with the percentage

decline in patient numbers.[42] Ireland's mental inpatient population during the age of de-

institutionalisation followed the same direction of travel as other nations, albeit falling more

slowly from a higher base (see Table 4.1).[43] By 1991, inpatient numbers (north and south) had

fallen almost 60% to 10,134, yet every single one of the legacy hospitals remained in

operation.[44] The decline in patient numbers continued through the 1990s, but only one

institution closed its doors in the entire decade.[45] Most remarkably – and despite over forty

years of public policy and three major reports to the contrary - residential mental health

services continued to be delivered from 22 legacy settings on the island of Ireland into the

2010s. Only in the last decade has this number been whittled down to the six Northern Irish

asylums, all of which suggests that 'timing of closure' can offer clues to explain exceptionalism

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[41] Moon et al., *Afterlives*, pp. 26-9.

[42] Cited in Payne, 'Outside the Walls of the Asylum,' p. 247.

[43] In 1956, the Republic of Ireland recorded the highest number of mental hospital beds per capita in the world, at 710 / 10,000. Northern Ireland ranked 4th, at 440 / 10,000. Brennan, *Irish Insanity*, p. 33. The ratio of inpatient mental health beds per head of population gradually converged towards international norms, reaching 119, but in chasing a moving target, it long remained one of the highest in the world. Dermot Walsh and Antoinette Daly, *Mental Illness in Ireland 1750–2002*, (Dublin: Health Research Board, 2004), pp. 77-8.

[44] Combined data drawn from Tables A3 (Northern Ireland) and A17 (Public Institutions in the Republic of Ireland) in Brennan, *Irish Insanity*, pp. 127, 142-3.

[45] Numbers in public institutions in RoI declined from 6,797 to 4,734. Brennan, *Irish Insanity*, p. 153. NI data not available.

of the Irish case. It is to this question of quite why Ireland's asylum buildings have enjoyed a near-perfect survival rate to date that we now turn.

5.3.   Cultural significance and heritage valorisation

One possible answer might lie in the fact that asylum buildings have been recognised as culturally significant artefacts. The principal building on every site on the island of Ireland now enjoys statutory legal protection – a circumstance unique amongst Anglosphere countries, and doubly curious given post-Independence Ireland's often fraught relationship with much of its eighteenth- and nineteenth-century architectural heritage. Loughlin Kealy observes that for the first fifty years after Irish independence 'national heritage' was seen to reside primarily in its early Christian architecture, 'respected in [its] antiquity as part of the pre-colonial past.' Buildings of the eighteenth and nineteenth centuries, by contrast, were cast as 'remnants of a colonising power and as obstacles to progress.' Kealy characterises the popular rehabilitation of the latter in the closing decades of the twentieth century as reflective of the nation's changing view of its own history.[46] To be more specific, the buildings which invited nativist antipathy (expressed, in the 1920s, via arson) were those directly associated with the colonial regime – the residences of the gentry and nobility, courthouses and prisons, and of course the despised workhouses.[47] A far greater number of buildings of the period bore no such negative associations (say, railway stations) or were positively valued (churches). But even these remained vulnerable to inappropriate physical treatment arising from lack of knowledge in a country where the field of architectural conservation – and popular interest in it - lagged behind Britain by several decades. I sense – though I look to other scholars to pursue the point

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[46] Kealy, 'Remembering and Forgetting,' pp. 67-70.
[47] Crooke, *White Elephants,* pp. 2-5, 35-8. Butler, *Building the Irish Courthouse and Prison,* p. 335. Barrington, *Health, Medicine and Politics*, p. 96.

– that the late flowering of appreciation for Ireland's historic architecture at large was partly

enabled by the moderation in attitudes towards those high profile building types most closely

associated with the colonial project. So far as the asylums are concerned, I have yet to

encounter any reference to the asylum in post-Independence Ireland as an unwanted relic of

the colonial regime. I tentatively suggest that the asylums were unaffected by the ebb tide of

historic hostility to the political monuments of the 'old foe', but were lifted by the subsequent

general flow of appreciation for historic buildings.

Both the Republic of Ireland and Northern Ireland (as part of the United Kingdom)

were signatories to the *Convention for the Protection of the Architectural Heritage of Europe*

(1985 Granada Convention), which established a common framework for the systematic

inventorisation and protection of architectural heritage. Northern Ireland's system for

surveying and statutorily protecting or listing architecturally and historically significant

structures existed since 1970; under which asylums at Omagh (1981) and Downpatrick (1983)

were identified and listed, with Armagh and Antrim added in 1997 following a more detailed

'second survey'. The Republic was slower to fulfil its obligations under the convention, only

establishing its National Inventory of Architectural Heritage in 1990 and not ratifying the

convention until 1997.[48] While some cities in the Republic maintained their own (voluntary)

lists, it was only after the passing of the Local Government (Planning and Development Act),

1999 that all authorities were obliged to do so. Over two subsequent decades and concluding

with the recent addition of the Central Mental Hospital, Dublin, and the 1905 block at Gransha,

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[48] Council of Europe, https://www.coe.int/en/web/conventions/full-list?module=signatures-by-treaty&treatynum=121, accessed on 29 May 2022.

Derry, principal buildings on every asylum site on the island (and dozens more auxiliary buildings) now benefit from statutory protection.[49]

For a building in either jurisdiction to be statutorily protected, the professional surveyors must appraise it as embodying one or more cultural values. The 1999 legislation in the Republic defines these values in terms of 'architectural, historical, archaeological, artistic, cultural, scientific, social or technical interest.'[50] Most asylums are assessed as being of architectural, historical and social interest, and some further noted for artistic or technical interest. The framework used in Northern Ireland headlines only architectural and historical interest, but then employs a series of 20 sub-criteria by which a building's special interest may be more closely defined.[51] Using these criteria, all are seen to be valued for their style, proportion, ornamentation, plan form, with most also cited for setting, group value, and - surprisingly in light of my own observations - 'quality and survival of interior.' In historical terms, all are noted for 'rarity' value, with values of authorship, social, cultural or economic importance less frequently and inconsistently cited.

The physical treatment of the buildings themselves also offer evidence of their changing status. The observations that follow are based upon my own fieldwork and surveys of every asylum site on the island of Ireland undertaken over the last decade, informed by my

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[49] Northern Ireland's centralised Buildings Database includes date of first listing. https://apps.communities-ni.gov.uk/Buildings/buildMain.aspx?Accept, accessed on 15 Apr. 2023. The Republic's Historic Environment Viewer includes all buildings identified by the National Inventory of Architectural Heritage, but the statutory Records of Protected Structures are still maintained by 31 local authorities. https://maps.archaeology.ie/historicenvironment/, accessed on 15 Apr. 2023.
[50] Section 2, Local Government (Planning and Development Act), 1999, no. 17 of 1999.
[51] Department for Communities, Criteria for the Scheduling of Historic Monuments and the Listing of Buildings of Special Architectural or Historic Interest, (Belfast: Department for Communities, 2019).

own specialist training, technical knowledge and professional experience in the field of

architectural conservation. As I argue throughout this thesis, motives and attitudes can be

interpreted from decisions around how, or even whether, a building is managed and

maintained. At one end of the spectrum, we have seen in Chapter 4 how the (partial)

demolition of an annexe near Grangegorman's Lower House was leveraged and publicised for

its symbolic value, with total erasure seen a highly desirable outcome. The abandonment of

other buildings to decay and dereliction might imply a disregard for heritage values, but from

my own observations and discussions with custodians at local level, inaction is more likely to

reflect a lack of resources rather than a lack of will. The fact that a building is allowed to

deteriorate can indicate latent hostility towards it, but is seldom conclusive proof of such.

The nature and quality of works undertaken to occupied buildings offer a tangible

marker of the rise of heritage values. Works of repair or renewal on almost every site through

the 1970s, 80s and 90s were essential for continued serviceability but inattentive to aesthetic

considerations or conservation practice. Buildings were regarded as utilitarian objects, with

even the longstanding commitment to maintaining the decorum of the central set-piece

fraying. Common works in the period include concealing vaulted masonry behind suspended

ceilings, reroofing with modern materials and installing windows which improved occupant

comfort at the expense of external appearance (Figures 5.14, 5.15). In the later 2000s and

2010s, we can see greater use of historically appropriate materials and techniques when

undertaking essential repairs to fabric – a sign of rising awareness amongst building custodians

of their duties to care for what had since been designated as protected structures (Figures

5.16, 5.17). This observation is not unique to asylums, but reflects growing interest in

architectural conservation, and the resources devoted to it, in the period.[52] And for buildings which have transitioned to new uses, we increasingly encounter works of a discretionary nature to reverse later interventions and reveal earlier features once more. Classic examples include the removal of later floor coverings and dropped ceilings to expose barrel vaulted ceilings and stone flagged floors as at Carlow and Downpatrick; the very features which had invited criticism for their penal and pauper associations are celebrated with feature lighting (Figures 5.18, 5.19). But the ultimate demonstration that a building has entered the canon of cultural heritage is when decisions around the treatment of its historic fabric are the subject of professional reflection, debate and publication, as with the transformation of many of Grangegorman's redundant buildings.[53]

Across the corpus, we can see that in a period principally between 2000 and 2010 in the Republic, and earlier in Northern Ireland, asylum buildings which had been regarded as utilitarian objects were professionally appraised as worthy of statutory protection. However, I believe that it would be erroneous to attribute the exceptional survival rate of Ireland's asylums to the legal provisions of architectural heritage protection. For a start, the post-1970 survival rate is the same on both sides of the border, despite the framework for architectural heritage protection in the Republic lagging behind that in Northern Ireland by almost thirty years. Indeed, the Northern Ireland framework has more in common with that which pertains in the other nations of the United Kingdom where, as we have seen, the survival rate is lower and indeed where later-nineteenth and early-twentieth century asylums continue to be

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[52] Conservation techniques once reserved for the highest-status buildings are now employed in more ordinary stock, for example in the re-instatement of tuck-and-wigging pointing. See also Kealy, 'Remembering and Forgetting,' p. 67.
[53] 'Journey of Recovery,' *Grangegorman Newsletter*, Spring 2021.

demolished up to the present.[54] So while statutory protection will be an important factor in the *future* of Ireland's asylum buildings, it fails to explain their survival rate to date. Rather than owing their survival to statutory protection, I posit the inverse: that asylums endured long enough to benefit from a more robust system of statutory protection, which redirects the enquiry towards the reasons for their resilience.

To gain some clues around the durable character of public institutions, it may be instructive to briefly examine the 'afterlives' of another typology we have encountered repeatedly along this journey – the workhouse. A total of 163 workhouses were built under the Irish Poor Law (1838), each serving a distinct geographic area or 'Union' unrelated to any earlier territorial division, and administered by a locally elected Board of Guardians under the oversight of central Commissioners. The first sitting of an independent Irish Dáil in January 1919 set out its intention of 'abolishing the present odious, degrading, and foreign Poor Law system, substituting therefor a sympathetic native scheme for the care of the Nation's aged and infirm, who shall not be regarded as a burden, but rather entitled to the Nation's gratitude and consideration.'[55] Even before the formation of the new Free State, and with gathering momentum thereafter, individual 'County Schemes' saw the former Unions amalgamated and reorganised along county lines. Several workhouses in each county would close and those that remained in use were re-designated to serve more specific roles, whether as county, district or fever hospitals, county homes (for the elderly), or mother and baby homes.[56]

Various fates attended those workhouses deemed surplus to requirements in the 1920s; some were repurposed to low-grade industrial or agricultural uses, others demolished

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[54] Including Severalls and Runwell Hospitals, Essex, demolished in the 2010s.
[55] Piaras Béalsaí TD, Dáil Éireann, 21 Jan. 1919, F:1.
[56] Local Government (Temporary Provisions) Act, 1923, S.I. 9 of 1923.

to accommodate new land uses, especially local authority housing. The plurality which

remained within the health service were regarded in purely utilitarian terms, and subject to

alteration, extension and partial or complete demolition and replacement in response to

evolving healthcare needs. The newly fledged state was ideologically committed to the

deconstruction of the loathed Poor Law, but financial constraints meant it was only possible to

replace its administrative arrangements, not the containers which enabled it. Even if the

county schemes succeeded in temporarily cleansing the stigma of the workhouse, subsequent

chapters of use then added their own layers of meaning. Thus architecturally identical and

geographically proximate workhouse buildings could come to embody very different meanings

during the twentieth century. Those housing general hospitals came to be accepted as part of

the mainstream healthcare landscape, those designated as the county home for the elderly

indigent - or worse, a mother and baby home - acquired a new layer of stigma which would

endure for several decades more.[57] The 'odious' historical role of the workhouse continued to

be reinforced to successive generations of children via the school history curriculum as part of

a post-colonial narrative – which must have seemed like a particularly bitter irony for those

children who we now know to have survived the horrifying mortality rates in workhouses

repurposed by the Free State as mother-and-baby homes at Kilrush, Pelletstown and Tuam.[58]

Denis Cogan argued for the cultural significance of the remaining workhouse buildings

in his 1998 thesis *The Irish Workhouses: A Study of Their Architectural Legacy*, but seemed to

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[57] Many county homes evolved into modern geriatric units. My own grandmother in the 2000s balked at receiving rehabilitative care in a specialist geriatric unit in a building which she was unable to think of other than as the County Home, the reference was lost on me at the time.
[58] An average mortality rate of 15%. *Final Report of the Commission of Investigation into Mother and Baby Homes*, (Dublin: Department of Children, Equality, Disability, Integration and Youth, 2021) p. 4.

hold little confidence that his call would be heeded.[59] At that point, only 13 of the 65

substantially intact structures in the Republic of Ireland were listed for protection in various

county development plans, and Cogan cautioned that 'there is at present no surviving

workhouse in good condition whose future can in any sense be said to be assured or safe.'

Twenty-five years later, I conclude that Cogan's fears proved unfounded. Just as his own

interest in the topic was quite likely triggered by the 1995 sesquicentenary of the Great Irish

Famine – a traumatic period with which the workhouse ever afterwards remain strongly

associated – so too a wider upsurge in both academic and popular interest would help to

revive interest in the built remains of the workhouse. This, I suggest was also enabled by a

society which was increasingly receptive to the protection and celebration of architectural

heritage.[60] In the quarter-century since Cogan's study, the workhouse has transitioned from

utilitarian or marginalised structure to mainstream cultural heritage. Long abandoned

workhouses found themselves subject of best-practice conservation works which afford the

buildings a level of respect almost unimaginable given their previous status.[61] From the early

2000s, community groups coalesced to rehabilitate disused workhouses as heritage assets,

including in the study area: Tipperary Town, as a tourist hostel (later aborted) and

Kilmacthomas, as a greenway stopover. Further afield, Donaghmore, Co. Laois, is now a famine

museum, and Portumna, Co. Galway, opened as the Irish Workhouse Centre in 2011 (Figure

5.20). In all cases, those buildings least-altered by modern interventions proved best suited to

telling the story of the earlier age and so were most easily repackaged as 'heritage.'

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[59] Denis Cogan, 'The Irish Workhouses: A Study of Their Architectural Legacy' (University
College Dublin, 1998), pp. 87-90.
[60] Kealy, *Stones in Water*, pp. 191-2.
[61] Recent examples include Kilmacthomas (café, restaurant) and Lismore (residential), both in
Co. Waterford, and Callan, Co. Kilkenny (local authority offices).

But more significant for my purposes, dozens more workhouse sites and buildings

remain in healthcare use and continue to dominate Ireland's modern geography of health and

social care a century on from the county schemes.[62] In the absence of more recent scholarship

on Irish workhouse afterlives, I carried out my own brief survey of nineteen workhouse sites in

the administrative area of the former South Eastern Health Board – a body which was also

responsible for five mental hospitals across five counties and a geography with which I am

directly familiar (Table 5.2). [63] I found substantial portions of thirteen out of nineteen buildings

still intact, eight of which continue to serve modern healthcare uses, while healthcare remains

the dominant land-use even where the buildings themselves have been replaced. The genesis

of these places as workhouses is not forgotten, but buildings layered with the physical

modifications and social meaning of 180 years of continuous public service are no longer

defined by it (Figure 5.21). Later versions of the official surveyors' handbook issued by the

National Inventory of Architectural Heritage specifically invoke 'the Wilkinson-designed

workhouses in each county' as an exemplar of the type of structure which warrants a

'Regional' rating, and thus statutory protection via entry onto the Record of Protected

Structures.[64] Wilkinson's cheap and ubiquitous buildings became renowned as sites of historic

trauma, were subject to an ideologically driven closure campaign in the 1920s, yet many would

live on as the backbone of the nation's health and social care infrastructure. They survived by

serving as utilitarian objects for long enough to achieve promotion to the status of

architectural heritage as part of a wider expansion of heritage values. Parallels with the asylum

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[62] Perhaps as many as 90, if the 57% rate in my survey is replicated nationally.
[63] Comprising a regression analysis of historic and contemporary mapping, coupled with first hand observation. Ordnance Survey Ireland Historical Map Viewer, www.geohive.maps.arcgis.com, accessed on 7 Jun. 2022.
[64] *NIAH Handbook*, (Dublin: Dúchas, The Heritage Service, 2002), p. 20.

are clear and manifold, but there are differences also. Interpreting workhouses through the

prism of the famine cast them as symbols of colonial oppression; their early histories, while

dark, are reasonably uncontroversial. If and when a museum is proposed to portray the later

history of public institutions which served an oppressive role within the Free State, the

curatorial challenge will be of a different order.

County	Workhouse	Building		Original Building in Public Health Use	Principal Use on Site		Note
		Substantially intact	Substantially demolished		Public Health	Other	
South Tipperary	Cashel	1		1	1		Community Hospital (Geriatric)
	Carrick-on-Suir		1			1	Demolished (public housing scheme)
	Clonmel	1		1	1		General Hospital
	Clogheen		1		1		Community Hospital (Geriatric)
	Tipperary	1				1	Industry, latterly heritage
Kilkenny	Callan	1				1	Local Council Offices
	Urlingford		1			1	Demolished (public housing scheme)
	Thomastown	1		1	1		Community Hospital (Geriatric)
	Castlecomer	1		1	1		Community Hospital
	Kilkenny		1			1	Local Govt offices, shopping centre
Waterford	Kilmacthomas	1				1	Heritage, leisure
	Waterford	1		1	1		Community Hospital (Geriatric)
	Dungarvan	1		1	1		Community Hospital (Geriatric)
	Lismore	1			1		Community Hospital (Geriatric)
Carlow	Carlow		1			1	Third level education
Wexford	Enniscorthy	1		1	1		Community Hospital (Geriatric)
	Gorey	1				1	Private residential
	New Ross		1		1		Community Hospital
	Wexford	1		1	1		General Hospital
TOTALS	19	13	6	8	11	8	
		68%	32%	42%	58%	42%	

References

Research based on analysis of current land use of historic workhouse sites by reference to contemporary mapping.

https://webapps.geohive.ie/mapviewer/index.html, accessed on 22 June 2022.

https://www.google.com/maps, accessed on 22 June 2022.

Table 5.2: Survey of Workhouse Afterlives, former South-Eastern Health Board Area.

5.4.   The policy and politics of hospital closure

If the increase in asylum accommodation up to the 1950s was achieved in varying proportions

by three processes of extension, intensification, and geographic expansion, the period of

decline mainly reversed the first two – retrenching activities from peripheral wings towards

the cores of the principal buildings, and (eventually) affording more personal space to

individual patients.[65] Ireland's exceptionalism seems to lie in the resilience of the system's

geographic footprint, and the explanation for this is largely political. When the first two mental

hospitals in the Republic – Castlerea and Carlow - were slated for outright closure as part of a

sweeping package of cutbacks announced in the government's 1986 budget, a sharp political

backlash followed.[66] While expressing some concern for the patients, it is not difficult to infer

that the Castlerea community were motived principally by the predictable economic impact

upon a small rural town with few other employers in a period of high unemployment and

emigration.[67] Their energetic campaign over several years successfully delayed closure until

1994, by which time a commitment had been secured to locate a prison on the site (Figure

5.23).[68]

UK Health Minister Enoch Powell is best known in other quarters for his use of

incendiary language against minorities, but his contribution in the field of mental health policy,

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[65] Based on the author's first hand surveys of every site. Quinlan, 'Cure, Care and Containment,' pp. 96-7.

[66] Barry Desmond TD, Dail Eireann, 30 Jan. 1986, 363:6, Liam Naughten TD, Dail Eireann, 4 Feb. 1986, 363:7.

[67] Castlerea Psychiatric Hospital, RTÉ Television, first broadcast 20 Feb. 1986, www.rte.ie/archives/collections/news/21212697-castlerea-psychiatric-hospital, Castlerea Psychiatric Hospital, RTÉ Television, first broadcast 14 Feb. 1989, www.rte.ie/archives/collections/news/21308226-castlerea-psychiatric-hospital, both accessed on 18 May 2022.

[68] Despite giving rise to less protest initially, Carlow discreetly endured until 2011.

as articulated in his famous 'watertowers' speech, was no less combative. For all the

controversy which surrounded him, Powell was correct in diagnosing the weight of local

institutional inertia as an impediment to the systemic reform he sought:

> It would be more than flesh and blood to expect them to take the initiative in
> planning their own abolition, to be the first to set the torch to the funeral pyre... it
> [is] easier to envisage things going on much as at present, or with small or gradual
> modifications, than deliberately to choose and favour the unaccustomed, the
> drastic...[69]

No national politician in the Republic seemed inclined to demonstrate the 'ruthlessness'

Powell prescribed as the midwife of revolutionary change – nor, for that matter, in Northern

Ireland where Powell himself represented the constituency of South Down.[70] Instead, they

heeded the lesson from Castlerea: a public which may be content to overlook substandard

conditions within psychiatric institutions for many decades could mobilise overnight if local

jobs were at risk, and remain mobilised through successive electoral cycles.[71] I suggest that this

realisation, combined with a generally improving economic outlook in the 1990s and an

authoritative prediction by an outgoing Inspector of Mental Hospitals that the demise of the

'long-stay' patient was a demographic inevitability, reinforced a complacent attitude towards

closure in the political centre.[72] Once the state's acute budgetary crises of the 1980s had

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[69] Enoch Powell, MP, Address to the National Association of Mental Health Annual Conference,
9 Mar. 1961. https://navigator.health.org.uk/theme/enoch-powells-water-tower-speech,
accessed 20 Jan 2021
[70] Further research is merited in respect of Northern Ireland, but it may be that different local
circumstances (the effects of direct rule and a disproportionate reliance upon public sector
jobs) shaped similar outcomes.
[71] Castlerea Hospital was an issue in elections in 1987, 1989 and 1992. The fate of the general
hospital in nearby Roscommon would become a similarly loaded political issue for an even
longer period. 'We have been protesting for this hospital for 35 years,' *Irish Times*, 9 Jul. 2011.
[72] Walsh and Daly, *Mental Illness in Ireland 1750–2002*, pp. 68-70

passed and as long as the trend in bed-numbers ticked slowly but consistently downwards, it

made little sense to waste political capital to accelerate an outcome which would ultimately be

achieved by natural attrition. But the old hospitals refused to dwindle away completely. Some

had long been reduced to a 'residual' population of geriatric or mentally handicapped patients,

but others were continuing to receive acute admissions in direct contravention of national

policy, a proportion of whom had needs that were hard to meet in other settings and who

would in turn become new long-stay patients.[73]

The landmark 2006 report of the expert group on mental health, *A Vision for Change,*

restated the need to re-orientate the service away from legacy settings and models of care,

but as ever, policies are more easily written than implemented.[74] Despite the Republic's

regional health boards being amalgamated under the centralised Health Service Executive

(HSE) in 2005, realities on the ground continued to be locally determined. Five further years of

relative inaction eventually spurred the Mental Health Commission into action. In 2011 the

Commission redefined the closure of all remaining legacy institutions and buildings as a project

in its own right, publishing a report with the unambiguous title: *Under the Clock Towers: An*

Overview of Remaining Nineteenth-Century Public Psychiatric Hospitals Due for Closure.[75] The

Commission's rhetoric was less incendiary than the Powell speech it clearly referenced, instead

using the threat of non-registration of individual 'Approved Centres' to force the actions which

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[73] The Psychiatric Services – Planning for the Future: Report of a Study Group on the
Development of Psychiatric Services (Dublin: The Stationery Office, 1984), pp. 1, 50–1.Many
settings only closed to acute admissions in 2011. *Under the Clocktowers,* p. 23.
[74] *A Vision for Change,* pp. 9, 218-9.
[75] Mental Health Commission, Under the Clock Towers: An Overview of Remaining Nineteenth-
Century Public Psychiatric Hospitals Due for Closure (Dublin: Mental Health Commission,
2011).

were necessary to achieve their final closure.[76] By the time of writing in 2022, the goal has

been substantially achieved in the Republic, finally severing the link between long-stay

residential mental health *services*, the *institutions* which traditionally operated them and the

historic *buildings* which housed them – often by the expedient of renaming services and

moving them to new or refurbished accommodation within the same site.[77]

No such a concerted effort is in evidence in Northern Ireland where, as of 2022,

residential mental health services continue to operate from legacy buildings on all six sites,

including acute admissions in several cases. The issue is not simply inertia, for despite an

apparently similar historical evolution, twenty-first century policies diverged on either side of

the border. As recently as 2012, a new acute admissions unit was built at Derry's Gransha

Hospital, running precisely contrary to policy south of the border and on the UK mainland,

where co-location of acute mental units on general hospital sites has been settled policy for

decades.[78] Northern Ireland's latest mental health policy references the construction of 'three

new mental hospitals', a term and a concept likely to induce shudders amongst the Republic's

planners of modest 'replacement units' and 'facilities'.[79] A fuller cross-border analysis is sadly

beyond the scope of this research.

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[76] In effect, local service providers faced a choice between immediate forced closure, or a grace period of 2-3 years to allow alternative arrangements to be put in place.
[77] New build units on legacy sites include Clonmel, Ballinasloe and Grangegorman, refurbishments include Mullingar and Monaghan. The latter is interesting as the patients were moved from a ward in within the principal building to a recently extended pavilion building of the same age built as part of architect John McCurdy's original 1868 design. It appears that the MHC see stigma residing in the landmark, principal building, rather than arising from the age of the building alone.
[78] Quinlan, *Walls of Containment*, pp. 139, 272-75
[79] *Mental Health Strategy 2021-31,* (Department of Health for Northern Ireland, 2021), p. 66.

5.5.   The professional genesis of stigma

I am not qualified to discuss the relative clinical merits of such policy alternatives, but I can observe another difference between north and south which may help to explain the most recent divergence in outcomes, and that is the issue of place-based stigma. The stigmatising potential of the institutional edifice was recognised, and indeed actively employed as such, long before Goffman's conceptualisation of 'spoiled identity' and the 'total institution.'[80] Examples relevant to the topic and historic period of the asylum include both the penal and poor law systems, whose respective institutions of prison and workhouse consciously employed both practical and symbolic measures – physical privation and façade design – to deter wrongdoing and idleness respectively.[81] Both building typologies clearly branded those within who had already transgressed while simultaneously communicating a potent warning to potential transgressors. But as I have demonstrated in Chapter 1, the sponsors of Ireland's asylums did not share these motivations. Serious facades may have communicated a message of 'trust and obey,' but held no intent to terrorise or stigmatise. Indeed, they were created for a cohort whose involuntary condition rendered them 'deserving' in eyes of the early Victorian society and therefore sheltered, at least initially, from the stigma that attended indigence or criminality, which were seen as self-inflicted. Even if property-owners adjacent to some asylums were occasionally prone to hysterical outbursts of prejudice as we have seen in Chapter 2, these appear unrepresentative of the views of the literate classes which tended to

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[80] Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity*, Penguin Psychology (London: Penguin Books, 1990).

[81] Robin Evans, *The Fabrication of Virtue, English Prison Architecture, 1750-1840* (Cambridge: Cambridge University Press, 1982), pp. 408-11. Peter Gray, 'Conceiving and Constructing the Irish Workhouse, 1836-45', *Irish Historical Studies*, 38.149 (2012), 22–35.

dwell in a range between indifference and parsimonious resentment of the burden on local taxation.

But even if the asylum was not intended to stigmatise its inmates, they remained inherently vulnerable to 'othering' by virtue of their altered mental state, and doubly so by being held securely in a single place removed from society. To draw again upon Goffman: the total institution functioned to contain and label the potentially 'discreditable' as actively 'discredited,' and thus as valid objects of social stigma.[82] As we have seen in Chapters 3 and 4, Irish officialdom was quick to defend the public reputation of the institution and slow to acknowledge its potential for harm, and the same holds as regards its stigmatising potential. The 1966 Commission Report saw stigma residing only in the intersection between mental health and the criminal justice system, and was concerned to protect the district mental hospitals generally from the stigma associated with accommodating 'custody patients' – never acknowledging that the district hospitals might be sites of stigma in their own right.[83] The word did not even feature in *Planning for the Future*, 1984, a report whose language remained relatively uncritical of the existing institutions even while recommending a continued shift in focus away from them.[84] The failure to address stigma was criticised at the time, citing the results of surveys which demonstrated just how prevalent negative stereotypes of mental illness remained amongst the Irish public.[85] Through the 1990s, the reports of Inspector of Mental Hospitals, Dermot Walsh, pointedly and frequently criticised physically degraded conditions and the spatial unsuitability of some legacy settings to serve new models of care.

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[82] Goffman, *Stigma,* pp. 57-8. - *Asylums,* pp. 4-5, 63.
[83] *1966 Commission Report*, pp. xxv, 92-3.
[84] *The Psychiatric Services – Planning for the Future: Report of a Study Group on the Development of Psychiatric Services* (Dublin: The Stationery Office, 1984).
[85] Paul O'Mahoney, 'A Blinkered View of Mental Illness,' *Irish Times*, 22 Jul. 1985.

The recommendations in his fourteen annual reports drove (tangible) improvements in patient living standards and precipitated the elimination of notable 'blackspots' in Cork and Grangegorman, but actually made no mention of the (intangible) stigmatising potential of the built environment as a concern.[86]

It is not until the major 2006 report *A Vision for Change* that the issue of stigma was seriously addressed within healthcare policy. The term appears 49 times in the report, used with reference to language, social inclusion, poverty, and the perennial double-stigmatisation of those who have also had contact with the criminal justice system. Pertinent to our inquiry, the report notes that 'much of the current mental health service activity now takes place in unsuitable and sometimes institutionalised and stigmatised structures that do not provide the quality of accommodation necessary for modern mental health care.' It continues: 'the stigmatised traditional psychiatric hospital buildings are totally unsuitable for modern mental health service delivery' and concludes that 'many mental health service premises are inadequate in terms of space and design, are badly maintained and can present a stigmatising and negative image. Such an environment is not conducive to either treatment or recovery.'[87]

The authors *of A Vision for Change* drew not only upon the expertise of a core panel of professionals, but also consulted extensively with service-users and members of the public.[88] By including the views of service users and lay people, the report represents a significant break from almost two centuries of policy initiatives in the sector, which were consistently dominated by empowered and expert voices: politicians and clinicians. Extreme caution is therefore warranted before presuming to challenge findings of a document which explicitly

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[86] Reports of the Inspector of Mental Hospitals, 1989 – 2003.
[87] *A Vision for Change*, p. 181, p. 183, p. 236.
[88] *Ibid.*, pp. 7, 12-14.

canvassed users with lived reality of the modern mental health services. However, careful

reading of the main report, and in particular the reports of the public and inpatient service-

user consultations which informed it, allow me to observe that lay voices – vocal on so many

aspects of stigma in mental health – did not actually draw links between stigma and the legacy

building stock.[89] Where the public and service-users commented on the physical environment,

criticisms related to drab décor and practical shortcomings rather than symbolically-laden

settings. And while stakeholders rated additional investment in the building stock as a higher

priority than programmes to reduce stigma (19% v 12% respectively), respondees were as

likely to suggest refurbishment and redecoration as new buildings: 'Requests for entirely new

premises were uncommon.'[90] Especially insightful were practical suggestions for improvement,

like the provision of quiet areas for reading, self-service tea and coffee, access to garden areas,

and dedicated rooms where patients could enjoy privacy with family visitors, including

children.[91] These are precisely the granular responses, based on lived experience, which we

struggle to recover from earlier periods.

In architectural terms, healthcare is a demanding master. Best practice evolves

continuously in response to 'evidence based design' and practical experience, the time-lag

between state-of-the-art and dysfunction can be shorter than the time it takes to deliver a

large modern hospital. Lunatic asylums constructed in the mid-nineteenth century naturally

struggle to meet the needs of the early twenty-first without adaptation and investment. It is

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[89] *Quality in Mental Health-Your Views: Report on Stakeholder Consultation on Quality in Mental Health Services* (Dublin: Mental Health Commission, 2005), pp. 70-1.
[90] Expert Group on Mental Health Policy, *Speaking Your Mind. A Report on the Public Consultation Process.* (Dublin: Department of Health and Children, 2004), p.29.
[91] Elizabeth A. Dunne, *The Views of Adult Users of the Public Sector Mental Health Services: Report of a Survey for the Mental Health Commission* (Dublin: Mental Health Commission, 2006), pp. 65-7.

also true that the spatial and operational needs of any corporate or institutional user at a

moment in time are more predictably answered by a purpose-built facility which perfectly

answers the design standards of the day, than in the negotiated compromises of retro-fit. But

while some of the legacy inpatient settings listed in the 2011 report were beyond redemption,

the spatial diversity of multi-phase asylum buildings is such that few are truly impossible to

reconfigure to accommodate new models and standards of care.[92] I make this statement not

only as a professional with experience in contemporary healthcare design, but by reference to

a wider body of empirical evidence. Highly rated private and voluntary providers continue to

operate from a range of historic buildings of similar age and character to the public asylums.[93]

Health and Social Care Trusts in Northern Ireland continue to deliver acute and long-stay public

mental health services within identical historic structures, hoping for their eventual

replacement, but not disparaging them in the meantime.[94] Legacy workhouse buildings

continue to be adapted to accommodate every imaginable need spanning acute medicine,

public health and social care. Even the supposedly stigmatised asylum buildings themselves

have been successfully adapted to a bewildering array of uses – provided that the range

excludes inpatient mental health.

As neither the public nor the patients described care settings as 'stigmatised' or

'stigmatising,' I infer that these views of the legacy buildings were introduced by professional

stakeholders, and in a sense, represent the latest ideological intervention in a history littered

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[92] The large, open plan dormitories and dayrooms late-nineteenth and early-twentieth centuries are especially suitable for adaptation.
[93] Including eighteenth-century buildings at St Patrick's Hospital and nineteenth-century buildings at St. John of God's and Highfield Healthcare, all in Dublin.
[94] The plan in Northern Ireland is to construct three major new inpatient units at a cost of £206m. Department of Health for Northern Ireland, *Mental Health Strategy 2021-31* (Department of Health for Northern Ireland, 2021), p. 66.

with them. I suggest that mental health professionals in general and the Mental Health

Commission in particular – frustrated at decades of neglect by Ireland's political classes

through economically straitened times – saw in an era of rising prosperity their opportunity to

finally escape legacy settings which were both physically challenging and professionally

dispiriting. They also saw – in the heady days of Ireland's property-fuelled economic boom –

'considerable equity in buildings and lands' whose sale proceeds could pay the almost €800-

million cost of replacement facilities for specific cohorts: the acutely ill, those with complex

care needs and the elderly who would continue to be met in larger inpatient units – as distinct

from the groups already catered for 'in the community'.[95] But even without the property crash

of 2008–2012, anticipating multi-million valuations for such complex entities was both naive

and optimistic – the presence of numerous protected structures in various states of disrepair

significantly depresses the underlying land value. *A Vision for Change* also ignored the reality

that many legacy asylum sites around the country had already been repurposed for other

public goods, a fact which presents as a source of deep resentment for the psychiatric

profession who regard such ventures - no matter how worthy - as a form of asset-stripping

that unjustly short-changes the mental health service.[96] While this too is understandable in the

light of the decades-long battle for scarce resources, such attitudes ignore asylums' historic

role as a 'large, unwieldy social welfare system' which offered care to many cohorts whose

needs were social rather than medical.[97] The traditional asylum was never purely a 'mental

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[95] *A Vision for Change*, pp. 177, 179-85.

[96] Siobhan Barry, Justin Brophy and Dermot Walsh, *The Lie of the Land: Psychiatric Service Land Disposal and Failures and Delays in Capital Development of Community Based Mental Health Services* (Blackrock: Irish Psychiatric Association, 2008), pp. 1-2.

[97] Brendan Kelly, One Hundred Years Ago: The Richmond Asylum Dublin in 1907,' *Irish Journal of Psychological Medicine*, 24.3, (Sept 2007), 108-14.

health service' in the modern sense – nor, I would argue, are its assets in the present day the exclusive patrimony of psychiatry.

But once embedded within the document that would direct the development of mental health services in the Republic until superseded fourteen years later, the stigmatised nature of the legacy building stock became received wisdom and settled policy. This would provide the additional (and by virtue of its subjectivity, inarguable) justification for the concerted push, after 2011, to finally remove all inpatient beds from legacy buildings, regardless of whether the service in question was highly compliant or dangerously failing, whether housed in a building which was a decaying relic or a thriving multi-functional community health facility, whether the alternative of refurbishment was feasible or impossible. Patients, in their own words, might have wanted brighter lighting, better décor and the dignity of a self-service tea station and visitor room, but the doctrine of replacement smothered the possibility of refurbishment. In circumstances where the standard for compliance was defined as a new building, then even the best quality refit could only fall short. The irony for service users is that the continued pursuit of perfection may have even further deferred the achievement of good.

Implicit in the 2011 report calling for full-scale closure *Under the Clocktowers* is the sense that the final closure of all legacy asylum buildings in the Republic was as conceptually attractive to the twenty-first-century Mental Health Commission as the completion of a full county-based system was to their predecessors, the Inspectors of Lunacy, in the 1860s. The stigmatising potential of large, over-crowded and under-funded mental institutions was once very real, and the deplorable conditions that pertained in the likes of Grangegorman and Cork into the early 1990s would have been a formative early-career experience for experts many who contributed to *A Vision for Change*. Yet such extremes were not representative of the historic experience of many smaller and better administered mental hospitals, or of the sites

which in modern times had evolved to the point that stigma was a historic memory rather than a continuing reality. I do not deny that for some the best solution was closure and replacement, but I do suggest that an insistence on new-build inpatient units to replace facilities within complexes that had already transformed into well-maintained, multi-purpose community health centres privileged ideology over evidence.

5.6.   Unfolding afterlives: Journeys, not destinations

Measured from population peak of 1955 to final closure, it took around sixty years to close the typical Irish mental hospital. We have already seen how this protracted process was influenced by various historical trends at macro level. But to be more precise, what we see in the 1970s, 80s and 90s is a relative vacuum at the political centre, which was filled by local agents acting on their own initiative: in this case the members of the Republic's eight regional Health Boards between 1970 and 2005, and Northern Ireland's four equivalent Health Boards between 1973 and 2009. Each Health Board assumed responsibility for between one and five mental hospitals and in many cases, they were the largest assets under the board's direct control and ownership.[98] So even as the overall direction of travel continued to reflect the de-institutionalisation agenda, local actors in many quarters reflexively sought to create services to fill empty buildings with little regard to national policy or wider strategic objectives.[99] Regardless of whether the desire to defend local services was driven more by concern for service users, employees, or local economics, the point remains that projects I describe as

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[98] As a result of the historically mixed-market in Irish healthcare, many of the larger general hospitals were controlled by voluntary and religious bodies, rather than the state.
[99] For example, at Ballinasloe, see: *Report of the Inspector of Mental Hospitals, 1988*, pp. 195-201. At the same hospital as late as 2011, acute admissions wards were expensively refurbished at local initiative, despite there being no service to occupy them and in direct contravention of the strategic plan. Mental Health Commission, 'Approved Centre Inspection Report, St Brigid's Hospital', Aug. 2012, p. 1.

'subversive initiatives,' running contrary to national policy would continue for decades,

enabled by absence of advocacy and oversight by the Inspector of Mental Hospitals for much

of the period between 1966 and 1988.[100] But it also became apparent that these large

buildings and their even larger sites offered ample opportunities for their Health Board owners

to accommodate many of the other functions that fell within their remit. Recently vacated

spaces which were already heated and maintained could be economically and expeditiously

adapted within annual capital works budgets.[101] Few seem to have resulted from any form of

long term, strategic planning, but neither were they dependent upon transformative capital

grants from central government.[102] The cumulative effect of several decades of low-key,

locally-driven evolutionary change would nudge these buildings onto a sustainable trajectory

which attained sufficient momentum to endure after the last mental health inpatients

departed. A run-down process which eventually spanned seven decades did not cause such

organic, serendipitous outcomes, but it clearly enabled them.

In other asylum buildings – most notably Ballinasloe, Enniscorthy, Killarney, Mullingar

and Portrane, it was only the continued presence of a shrinking cohort of inpatients and

associated staff that kept the lights shining, the central heating boilers firing, and the roof

more watertight that not. The wards which remained in use mostly benefited from

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[100] Barring one 'omnibus' report in 1979, no annual reports were published between 1966 and 1988, after which they resumed annually.

[101] And often leaving little documentary trace beyond a passing note in minutes or a single line in an annual report. *Midland Health Board Annual Report 1998*, (Midland Health Board, 1998), p.28, *South Eastern Health Board Annual Report 2000*, (South Eastern Health Board, 2000), p.41.

[102] Absence of evidence is not evidence of absence, but with the exception of reports for St Brendan's Hospital, Grangegorman (1998) and St Ita's Hospital, Portrane (1998), neither my conversations with estate managers around the country, nor my searches of the Department of Health files in the NAI and the national health repository, www.lenus.ie, have revealed strategic estate planning documents.

refurbishment projects throughout the 1990s, though the effort required just to stand still meant that many failed to keep pace with the rising standards expected of such settings, with obvious implications for residents.[103] I have found no evidence of outright resistance to the principle of reusing these buildings in earlier decades, but it does seem likely that each ultimately passed an imperceptible tipping point beyond which it made little sense to allow prospective occupiers a foothold in a building or complex likely destined for outright divestment. The trajectory became 'circular and self-reinforcing' as maintenance backlogs were allowed to accumulate,[104] the true financial cost of which only becomes apparent when prospective new occupiers balk at the cost of refurbishment, as seen after the earlier closures of deteriorated buildings at Cork and Sligo.

The withdrawal of mental health services leading to the final closure of an institutional building is a moment of significant historical rupture which results in irrevocable change. Transforming to any new use after that point becomes an undertaking of revolutionary rather than evolutionary character, demanding an extra-ordinary investment of resources that only central government or a well-capitalised private developer can bring to bear. The building's future becomes contingent either on securing political support and funding for a new public use (trans-institutionalisation), or the confidence of a private developer in obtaining a return in the marketplace (conversion). In the context of an empty and deteriorating building, the magnitude and cost of the task increases rapidly over time; the likelihood of a successful

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[103] See Dermot Walsh's commentary bookending his period as Inspector of Mental Hospitals: *Report of the Inspector of Mental Hospitals*, 1990, p. 21, *Report of the Inspector of Mental Hospitals*, 2003, p. 5.
[104] Moon et al, *Afterlives*, p. 18.

outcome diminishes in inverse proportion, and the standing building may ultimately acquire a negative financial value.

My research to date has failed to reveal any overarching explanation as to why the same Health Board might have encouraged new uses in one building under their control but not another; the outcomes seem entirely contingent on local circumstance. While some health boards in the Republic appear to have been better custodians of their legacy asylum buildings (North-Eastern Health Board, both substantially reused) than others (Southern Health Board, both left empty and deteriorating), every other Health Board is seen to have at least one example in each camp, suggestive of an ad-hoc rather than strategic approach to estates management within these organisations. Ultimately, the diverging fates of former asylums observed in the present day owe less to discourses within psychiatry or architectural conservation, or to policy initiatives at national level, than to the reflexive actions of local actors decades earlier. In the face of such an apparently banal conclusion, we might seek reassurance in Jeremy Till's affirmation that contingency is not an exception or aberration, but an intractable and inescapable precondition of every interaction between humans and buildings.[105] A contingent decision is not the same as a random one – the actors in question were making logical decisions within certain parameters to achieve the best outcomes for the communities they served. The 'contingency' lies in their inability to predict that relatively insignificant decisions around whether or not to allocate space to a physiotherapy clinic or upgrade a heating system might have been just enough of a nudge to establish a forty year trajectory that sees some major architectural landmarks today revelling in a second life, while

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[105] Till, *Architecture Depends*, pp. 48-54.

others unravel into ruin. Written histories naturally emphasise the visible moments of historic

rupture, but the discreet nudges play a role, too.

In a refinement of the four fates model offered by Moon, Kearns and Joseph, Joshua

Green's 2015 survey asylums in England and Wales appropriately redefined dereliction as a

transitory stage.[106] However, in other respects the existing scholarship continues to treat new

post-asylum uses as somehow final, which is problematic in the context of historic buildings

whose statutory legal protection presupposes their survival in perpetuity. The earlier

experience of Ireland's country houses helps to illustrate the point. Hundreds were abandoned

by their owners after the 1920s; assets transformed by economic and geopolitical

circumstance into liabilities. Some secured a new role through the twentieth century in the

hands of new institutional users – predominantly Catholic religious orders.[107] Falling vocations

have seen many of these orders retrench and depart in their turn, leaving the houses once

again redundant and at the mercy of the market.[108] The 'sustainable new uses' of the 1920s-

50s had become unsustainable by the 1990s.

Damien Brennan attributes both the growth and the decline of the large institution to

the 'reproductive momentum of institutionalised social practices that resist change [until

interrupted by] forces that enable rapid change to occur at a particular point in time.'[109] Even if

Brennan's inclusion of the adjective 'rapid' seems inapt to describe processes which played out

over decades, his construct of reproduced social practices remains useful. Reproduced

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[106] Green, 'The Continuing Presence of the Psychiatric Asylum,' p. 31.
[107] Crooke, *White Elephants,* pp. xv, 13-16, 43, 69-70.
[108] This latest turn in the wheel of history came in an era of economic surplus which allowed many to be 'restored' by private owners or hotel operators to their former role as sites of elite leisure and conspicuous consumption, such as Castle Durrow and Ballyfin House, both in Co. Laois, and Castlemartyr, Co. Cork.
[109] Brennan, *Irish Insanity,* p. 117.

practices, or more succinctly, *trajectories*, can be relied upon to continue predictably into the future unless either modified by a weak influence or *nudge*, or transformed, stopped or reversed by a strong influence or *rupture*. So rather than define institutional afterlives as a series of terminal fates, I suggest that it may be more productive to consider each as a series of *trajectories,* which are affected by either *nudges* or *ruptures*. Based on the trends identified via close observation of the buildings, I can propose some alternative conceptualisations relevant to the discussion of afterlives, beginning with a modest refinement to Brennan's theory of the period of decline.

Brennan posited a general trajectory of institutional decline after the 1950s, driven at macro level by a combination of legal and policy reforms, medical innovations and social changes. These reduced the reliance on the traditional hospital model and should, in the absence of other forces, eventually have resulted in their closure.[110] To this, I would add that weaker countervailing forces at local level resisted this overall trend of institutional contraction, prolonging the existence of inpatient services within legacy settings far beyond what national policy makers deemed desirable and which might well have continued to the present day. It took another strong external force - the rupture of Mental Health Commission's closure imperative after 2011 - to remove all remaining inpatient mental health services to new settings.[111] These trajectories all describe the status of traditional inpatient mental health services within legacy settings. In circumstances where the building exclusively accommodated these services, the withdrawal of the service also resulted in the closure of the building. Such

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[110] Brennan, *Irish Insanity*, p. 5.
[111] The rupture occurred earlier at some sites due to identifiable local factors, including Sligo and principal buildings at Cork and Grangegorman. Of those closed in the 2000s, only Ennis experienced a rupture, as new uses were established in the main buildings at Kilkenny and Castlebar before the last patients departed.

buildings are seen to follow a trajectory entirely familiar from the international experience.[112]

During the run-down period, a reproduced practice of minimal-maintenance led to a trajectory

of decline which deterred positive intervention. The external force that removed their

remaining inpatient services precipitated the final closure of the building – the historic rupture

we have already discussed. Closed and vacant asylums experience a self-perpetuating

trajectory of decay and deterioration which will, in the absence of other influences, lead to

worsening dereliction. This trajectory can only be altered by a very strong external force in the

form of transformative capital investment to deliver one of the new uses previously discussed -

another form of rupture. If such an investment is not forthcoming within a certain timeframe,

the trajectory may ultimately terminate in demolition.

We can also describe the distinctively Irish trajectory which led to so many buildings

being repurposed for other uses within the public health service. During the run-down period,

an early nudge at local level initiated a reproduced practice of minor investments to

accommodate new uses, ultimately creating a trajectory which saw them evolve into viable

centres for the delivery of public health services. The external force that removed their

remaining inpatient services did not affect this trajectory. Buildings which have adapted to a

'sustainable new use' are likely to maintain a self-sustaining trajectory, albeit with the proviso

that they must always continue to evolve in response to future political, economic,

organisational or social change to avoid the risk of rupture growing again over time. I suggest

that this conceptualisation more successfully captures the temporal dimensions of afterlives

than the range of terminal 'fates' as proposed by Moon *et al.*, including the anticipation of

continued change into the future. Public institutional uses – whether a continuing healthcare

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[112] Christopher Payne and Oliver Sacks, *Asylum: Inside the Closed World of State Mental Hospitals* (Cambridge, MA: MIT Press, 2009), p. 204.

use or a transformative educational use – remain subject to the contingent forces of political, economic, organisational and social change.[113] Private sector conversions are self-evidently exposed to market fluctuations during planning and construction, but the risks do not end with completion. A commercial use which relies on trading revenue is forever exposed to the risk arising from market cycles; it is notable that the hotel in the former Sligo asylum has survived two potentially existential crises in the hospitality sector since opening.[114] Significantly, of all the uses to which a former institution may be put, only conversion to residential units for private sale, and the resulting dissection into scores of individual freehold or long leasehold titles, seems both permanent and substantially irreversible – a point worth bearing in mind when weighing the relative merits of alternative future uses.[115]

I suggest that the legal protection which all principal buildings now enjoy has been marginal to this process to date, and even now provides only limited protection in practice. It serves to inhibit wilful acts of destruction by a building's owner, but local authorities have few meaningful powers to prevent destruction by neglect. Statutory protection has not prevented Ennis' descent into dereliction under multiple owners over two decades, and more ominously, is even now being reframed as part of the problem. Eager for progress in any form, the local council at time of writing seem poised to partially or wholly 'de-list' the building in order to

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[113] Before even attempting to consider the implications of entering an era of irreversible environmental change.

[114] The financial crash and its aftermath, 2008-12 and the Covid-19 pandemic, 2020-22.

[115] The creation of multiple individual legal titles of (typically) 999 year duration represents a formidable barrier to re-combining or even co-ordinating a future change of use. It creates multiple stakeholders with a direct personal and financial vested interest in maintaining the nature and character of the place and, not least, its property values.

facilitate private sector redevelopment of a site now regarded as an eyesore.[116] The proposal is at once entirely pragmatic, and laced with moral hazard.

The closure of the last inpatient beds was a historically significant moment for each building, but one experienced differently in different places. Where buildings had evolved to serve new uses, it passed as little more than an opportunity to adapt another empty ward to a productive purpose. In buildings whose role never expanded beyond the traditional asylum model, the cessation of services represented a critical historical rupture. I contend that discussing afterlives via a framework of trajectory and rupture rather than fixed fates more accurately represents the dynamic realities of buildings and places whose state is seldom truly stable. Put simply: to survey fates is to capture a current moment in time, to study underlying trends is to understand the historic context from which these fates emerged, but to synthesise both is to understand the trajectories that are likely to define the future, the nudges which may modify the direction of travel, and the ruptures which may transform it.

Conservation doctrine emphasises the importance of securing sustainable new uses for buildings which have fallen from use, but by then it is already too late. Identifying and funding a single, sustainable new use for large and complex buildings *after* the point of rupture is too difficult to be a viable policy: of the ten principal buildings which were allowed to fall entirely vacant during the period under examination, to date only three have been successfully brought back into use, in all cases with substantial loss of historic fabric.[117] The most successful transformations are those for which the groundwork was laid before the building was

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[116] 'Councillors urge delisting of key Ennis site to help development,' *Clare Champion*, 17 Jan. 2022, at https://clarechampion.ie/our-ladys-hospital-site/, accessed on 21 May 2022.
[117] Sligo, Cork and the Lower House in Grangegorman.

vacated.[118] But I suggest that the most important lesson of all lies in the buildings which

evolved gradually to serve alternative uses. They collectively demonstrate that even very

modest early interventions – the *nudge* - can decouple the *trajectory* of a public building from

that of a declining traditional use, avoiding historic *rupture*, enabling it to respond organically

to changing needs over time, and delivering benefits for both buildings and the communities

they serve at far less cost than transformative flagship projects. I therefore propose that the

concepts of trajectory, nudge and rupture could contribute to more productive discussions

around the afterlives of all manner of building typologies. The theory appears to hold when

tested against the legacy workhouse buildings already encountered: a national policy which

called for the closure of a discredited form of social provision was mediated in practice by

pragmatic decisions at local level to close, retain or repurpose. Despite the level of stigma

which may have attached to the original structures, many went on to play a central role in

Ireland's geography of health and social care, and continue to do so to this day.

5.7.   Meaning and memory: A perpetual work-in-progress

Moon, Kearns and Joseph confronted the reality of lingering stigma on asylum sites via an

exploration of the strategies employed to diminish, deny or deflect from less palatable aspects

of a site's former use: 'strategic forgetting' and 'selective remembrance.'[119] Strategic forgetting

is especially evident internationally on sites subject to 'conversion' which must achieve

commercial viability in the free market. Developers fearful of repelling prospective occupiers

erase references to institutional names and past uses, while simultaneously valorising the

historic architecture and landscape in an act of 'selective remembrance.' Both strategies are in

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[118] Castlebar, Downpatrick and Grangegorman's other legacy buildings.
[119] Moon et al., *Afterlives,* pp. 14, 87–130.

evidence at Ireland's only two asylums to have been converted by private sector developers to

date: Sligo and Cork in the early 2000s. Both projects celebrate the landmark quality of the

historic asylum buildings (or at any rate, their facades) in their retained landscape setting. The

apartment development at Cork was named in honour of architect William Atkins – a suitably

neutral historic reference. The developer's rebranding of Sligo was so comprehensive that they

even managed to rename the public road after the hotel – short-sighted given the limited

shelf-life of hotel and leisure brands.[120] On both sites, architectural heritage is selectively

remembered and celebrated, even as social history is strategically forgotten.

In their 2011 report outlining plans to finally close the old hospitals, the Mental Health

Commission concluded that the 'closure of the above hospitals should also include changing

the name of the new services that will be established in their place.' [121] The Commission saw

such 'strategic forgetting' as essential to erasing lingering traces of stigma – echoing Moon et

al.'s diagnosis in other quarters of 'the active vilification of the institutional approach to

mental health care and a consequent willingness to embrace a future that erased the past.'[122]

However, local actors have proven to be unwilling accessories to such superficial attempts to

erase history. All but three of the nineteen sites in the ownership of the public health

authorities continue to bear the name of the legacy institution, some exchanging the

monolithic 'hospital' suffix for the more inclusive 'campus' or 'complex.'[123] The resilience of

such names implies that they remain meaningful in their respective communities – perhaps

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[120] The hotel has already been rebranded as Clayton, Clarion Road lives on.

[121] Mental Health Commission, *Under the Clock Towers,* p. 23.

[122] Moon et al., *Afterlives*, p. 124.

[123] For the avoidance of confusion with an earlier similar reference: general health uses are encountered on 19 *sites*, but within only 16 *principal buildings*. Based on site surveys 2011-2021 and a survey of relevant websites, including: www.hse.ie/eng/, www.mhcirl.ie, www.belfasttrust.hscni.net, www.northerntrust.hscni.net, www.setrust.hscni.net, www.southerntrust.hscni.net, www.westerntrust.hscni.net, accessed 15 May 2022.

even positively valued. The replacement services may rejoice in the palliative power of

arboricultural, topographical or gaelicised bromides, but the name of the institution from

which they were born stubbornly lives on: usually as the second line of their official postal

addresses.[124] Central authority may have regained the initiative in shaping the modern mental

health service in line with national policy, but local actors feel no imperative to surrender their

own narratives of their past.

A notable development is that the state's Land Development Agency, which is

preparing masterplans for the residential redevelopment of the Central Mental Hospital,

Dublin and the remaining publicly owned lands around Hill's 1894 block at Cork, openly

acknowledges the past use of both sites within their project titles.[125] This level of official

candour, in the context where land will ultimately be sold into the market for development,

can only be a positive sign. An obvious interpretation is that residual place-based stigma

diminishes with the passage of time, but this is negated by the fact that the Central Mental

Hospital site remained fully operational until2022, and as the historic setting for individuals

tainted by the double-stigma of mental illness and association with the criminal justice system,

might be presumed to carry more place-based stigma than any other. Rather, I prefer to see it

as indicative of a wider shift in societal attitudes – now conditioned by almost three decades of

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[124] Representative examples include Sycamore Unit, Whitethorn House, Lakeview Unit, Sliabh Mis Unit, Eist Linn, Linn Dara, Cluain Lir. https://www.mhcirl.ie/what-we-do/regulation/approved-centres, accessed on 15 May 2022. Addresses verified using: https://finder.eircode.ie, accessed on 15 May 2022.
[125] Project websites: www.dundrumcentral.ie, www.stkevinsshd.com, both accessed on 13 Jul. 2022.

institutional revelations, scandals, public inquiries and official apologies[126] – that it is healthier to acknowledge difficult histories than to suppress them.[127]

The Grangegorman project may be seen as an exemplar in this regard. The reinvention of the physical place and its legacy structures is accompanied by a 'public history programme of research and shared discovery' known as 'Grangegorman Histories.' The programme is a collaboration between the Grangegorman Development Agency, the Technological University Dublin (which will occupy the site), the Royal Irish Academy and the local community. In contrast to what is observed by Moon, Kearns and Joseph on comparable 'transinstitutional' sites internationally, the project appears suitably expressive of the critical culture of a newly fledged university, while the plural 'histories' recognises that Grangegorman defies definition by any single narrative.[128] As an open and participative attempt to engage with the complexities and contradictions of a challenging place, the programme marks a welcome step forward from 'selective remembrance' and 'strategic forgetting.' [129]

Moon *et al.* also examine physical memorialisation on asylum sites, and find it more notable for its general absence.[130] In Ireland's asylums – and with exceptions at Grangegorman and Castlebar - explicit memorialisation of social history is limited to burial grounds. Memorial

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[126] A litany which includes: Bishop Eamon Casey affair (1992); High Park exhumations and Fr Michael Cleary affair (1993); Fr Brendan Smyth affair, which collapsed a government (1994); States of Fear Documentary (1999); Residential Institutions Redress Scheme (2002); Ferns Report (2005); Ryan Report and Murphy Report (2009); Cloyne Report (2011); McAleese Report (2013); Mother and Baby Home Report (2021).

[127] *Redress: Ireland's Institutions and Transitional Justice*, ed. by Katherine O'Donnell, Maeve O'Rourke, and James M. Smith, (Dublin: University College Dublin Press, 2022), pp. xviii-xix.

[128] Moon et al., *Afterlives*, pp. 90-9.

[129] The author is not a neutral observer in this matter, having been invited to contribute to the programme via various media, including a blog and a podcast. www.ria.ie/research-projects/grangegorman-histories, accessed on 13 Jul. 2022.

[130] Moon et al., *Afterlives*, pp. 95-105

stones or crosses have been erected at all twelve known asylum burial grounds, invoking the

memory of perhaps as many as ten thousand patients who repose anonymously within their

bounds.[131] These retrospective memorials are expressive of how sharply the unmarked

'pauper's grave' affronts later twentieth century sensibilities, a point evident from earlier

famine memorials of the 1990s and especially pertinent when we consider the genesis of two

of the biggest contemporary reckonings with Ireland's institutional past.[132] The journey which

culminated in the 2013 publication of the report into state involvement in the Magdalene

Laundries may be seen to have begun with the disinterment of 155 bodies at the High Park

laundry twenty years earlier to facilitate the sale of land for development (Figure 5.24).[133] The

public outcry which led to the 2021 report into Mother and Baby Homes was sparked by the

revelation in 2014 that up to 800 infants had been buried in a former septic tank at the Tuam

Home; 'one of the most complicated forensic investigations in the world' to exhume and

identify their remains is due to begin in summer 2023 (Figure 5.25).[134] Both issues first entered

the public consciousness by virtue of disrespectful treatment of the dead (or the perception

thereof) rather than accounts of the abuse of the living. Local initiatives to memorialise asylum

burial grounds can be read as culturally sensitive efforts to publicly acknowledge and honour

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[131] I have conservatively estimated the total across the 12 burial sites as at least 8,800, and probably in excess of 10,000. Quinlan, *Walls of Containment*, p. 76.
[132] Emily Mark-FitzGerald, *Commemorating the Irish Famine: Memory and the Monument* (Liverpool: Liverpool Univ. Press, 2013), pp. 102-17.
[133] '133 bodies to be exhumed,' *Irish Times*, 25 Aug. 1993. Report of the Inter-Departmental Committee to establish the facts of State involvement with the Magdalen Laundries (Dublin: Department of Justice, 2013).
[134] 'Inquiry into 800 deaths at Tuam Home sought,' *Irish Times*, 4 June 2014. Final Report of the Commission of Investigation into Mother and Baby Homes (Dublin: Department of Children, 2021). 'Labelling 'every little bone': Tuam faces a difficult exhumation,' *Irish Times*, 3 June 2023.

the lives lived in these places. If cover-up is the condition-precedent of scandal, owning-up to and owning the past is an effective prophylactic.

5.8.   Defining Significance: The Authorised Heritage Discourse

The promotion of both asylums and workhouses to the official canon of heritage might be seen as part of what has been described by David Lowenthal as the 'threefold enlargement of heritage: elite to vernacular, remote to recent, material to intangible,' or more compactly by Graham Fairclough as the 'temporal, thematic and geographic expansion of concepts of heritage'.[135] However, ever-expanding definitions of heritage sit uneasily with the premise on which the modern practice of architectural conservation is founded – the immutable value of the fabric of historic monuments which is 'imbued with a message from the past'.[136] The old doctrine of 'intrinsic and universal' values is ceding ground to the view that 'heritage value is a social construction imposed upon physical structures and artefacts', and in this, we can see a key gap open between heritage status of the workhouse and the asylum.[137] The cultural significance of the workhouses lies almost entirely in their status as sites of social provision and historic trauma, whose stories are typically told from the point of view of the inmate, and not in their merit as works of 'architecture'. Workhouses in many communities have been embraced by grass-roots organisations and several provide the focus for local heritage events during Ireland's annual Heritage Week – a convenient bell-weather for popular conceptions of

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[135] David Lowenthal, *The Heritage Crusade and the Spoils of History* (Cambridge: Cambridge University Press, 1998), p. 14. Graham Fairclough, 'New Heritage: An Introductory Essay,' in *The Heritage Reader*, ed. by Graham Fairclough (New York: Routledge, 2008). pp 295-312, 296.
[136] Preamble to the Venice Charter. ICOMOS, International Charter for the Conservation and Restoration of Monuments and Sites: The Venice Charter (Venice: ICOMOS, 1964).
[137] Arthur Parkinson, Mark Scott, and Declan Redmond, 'Competing Discourses of Built Heritage: Lay Values in Irish Conservation Planning', *International Journal of Heritage Studies*, 22.3 (2016), 261–73, (p. 262).

heritage.[138] The asylum, by contrast, has yet to capture the public imagination as a popular

heritage asset. Its cultural status relies mainly upon the judgement of professionals of the

historic built environment who continue to privilege the aesthetic (and to a lesser extent,

programmatic) vision of the architect above all other considerations.[139] Social and historic

significance is acknowledged, but the emphasis remains on the formal set-piece of ambitious

façades in landscaped setting, the physical expression of order which was valued by asylum

officers and governors through every generation. This way of dealing with asylum buildings is, I

argue, an example of what Laurajane Smith describes as the 'authorised heritage discourse' at

work: 'an exercise in power by which expert and elite values are privileged over and imposed

upon subaltern groups.'[140]

To fully understand the implications of this, I will turn briefly to another institutional

typology. In 1996, the last remaining Magdalene Asylum in Ireland, at Sean McDermott Street

in Dublin's north inner city, closed. The complex – comprising convent, chapel, residential

refuge and laundry - passed to Dublin Corporation. After lying vacant for a decade, the laundry

department was damaged by fire and later demolished. A mixed-use redevelopment proposal

in 2007 was rendered abortive by the property crash and a further ten years would pass before

the Council announced that the building would be sold for redevelopment as a hotel. However,

objections by survivor groups saw the City Council vote down the proposal in 2018, instead

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[138] See https://www.heritageweek.ie/event-listings, accessed on 7 July 2022. To date and insofar as I can ascertain, asylum sites have yet to similarly feature amongst the ca. 1000 events annually. A longitudinal survey National Heritage Week events since its inception in 2005 would offer a fascinating record of popular conceptions of heritage, but sadly the Heritage Council have not maintained the necessary records.
[139] With a special exception made for works of vernacular architecture.
[140] Laurajane Smith, *Uses of Heritage* (London: Routledge, 2006), pp. 3-6, 28-30.

passing a motion in 2019 that the site be redeveloped as a multi-purpose 'Site of

Conscience.'[141]

Interest groups are often heard to campaign for the preservation of one or another

redundant historic building as a museum or cultural centre, but the odds are stacked heavily

against achieving such an outcome. Public authorities struggle to justify the investment

required to restore a deteriorating building and to underwrite its future operating costs,

especially when the alternative of sale to a private sector developer would represent an

immediate and significant source of revenue. But the Sean McDermott Street complex

presents as a notable exception to the rule. The decade between the first redevelopment

proposal in 2007 and the second in 2017 saw a major shift in how the building was perceived,

understood and valued. The publication of the McAleese Report in 2013 represented a very

public recognition of a story which first came to public attention with the exhumations at High

Park twenty years earlier.[142] The long-dominant narratives of church and state would be

challenged and ultimately overwhelmed by the personal testimonies of those who had been

confined.[143] A country which acclaimed the religious and mercilessly judged their charges now

does the opposite; the status of 'disreputable' individuals residing in institutions rendered

respectable by virtue of the involvement of the Catholic Church has been perfectly inverted.[144]

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[141] Timeline collated by the Atlas of Lost Rooms project: www.atlasoflostrooms.com/history/, accessed on 15 June 2022.

[142] Martin McAleese, *Report of the Inter-Departmental Committee to Establish the Facts of State Involvement with the Magdalen Laundries* (Dublin: Department of Justice and Equality, 2013).

[143] 'The Laundry Girls,' *The Irish Times*, 4 Sep. 1993.

[144] Patrick Quinlan, 'Person, Place and Culture: An Irish Catholic Obituary', *Brief Encounters*, 6:1 (2022), https://doi.org/10.24134/be.v6i1.299, accessed on 16 Jul. 2022.

The discipline of architectural history is not immune from this shift.[145] Christine Casey's

entry on the complex in *Buildings of Dublin* – employing the longstanding descriptive

conventions of the Pevsner series of architectural guides - lauded the 'urbane' convent

building and revelled in the art-historical qualities of the 'exceptionally fine...rare and

delightful' Italianate chapel interior.[146] In Merlo Kelly's 2015 *An Introduction to the*

Architectural Heritage of Dublin North City, the complex was selected as the representative

example from countless nineteenth-century religious institutions, despite being in no way

exemplary in terms of architectural appearance, nor unique in possessing a fine chapel. Rather,

its inclusion is clarified by the caption, which emphasises its historical interest as 'the last of

Ireland's Magdalene laundries operating when it closed in 1996.'[147] But even as Kelly

recognised that the significance of the complex at Sean McDermott Street lay in its

associations with a social history which was re-centring on the voices of survivors, she

continued to represent it using conventional architectural-historical imagery: one photo apiece

of W.H. Byrne's 'urbane façade' and 'delicate Italianate interior' (Figures 5.26).

The disconnect lies in the values represented by these objects: the principal (convent)

building occupied by the religious sisters was designed to present a respectable and ordered

face to the wider world, whereas the rather less urbane quarters occupied by the women were

located, out of public sight, within the depth of the site. The elaborate chapel represented the

most tangible expression of the religious values of the order who ran the institution, but

contrasted starkly with the utilitarian spaces of the working laundry. Continuing to position the

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[145] Even allowing for the fact that the *Introduction* series tries to appeal to a far broader
audience than the *Pevsner* guides.
[146] Christine Casey, *The Buildings of Ireland: Dublin*, The Buildings of Ireland (New Haven,
Conn.; London: Yale University Press, 2005), p. 140.
[147] Merlo Kelly, *An Introduction to the Architectural Heritage of Dublin North City* (Dublin:
Department of Arts, Heritage and the Gaeltacht, 2015), p. 70.

spaces valued by institutional officialdom as representative of the marginalised voices we now

purport to hear is to reproduce the historical power imbalance so much criticised in these

institutions. The lesson is directly relevant to the asylums, whose iconic set-pieces and 'polite'

spaces were valued throughout history by the governors, and which continue to be privileged

in conventional architectural-historical readings of these complexes.

A more recent project, the *Atlas of Lost Rooms*, proposes a different approach.

Grounded in Jacinta Prunty's meticulously researched historical account of the institution, the

researchers reproduced a chronology of the Sean McDermott Street complex, recalling not

only the transformative building projects such as the new convent and chapel, but also the

minor internal upgrades and improvements, the bathrooms and lifts, re-floorings and re-

decorations which seldom register in the realm of architectural history, but whose impact

would have been more immediately felt, and perhaps appreciated, by residents.[148] The output

of the project is an interactive three-dimensional computer model of the complex in all its

parts, which may be accessed and explored via the project website (Figure 5.27). It is an

extraordinary act of historical reconstruction, and a methodology which itself seems to hold

potential for wider emulation. But to admire the effort invested in recreating the complex in

three dimensions is to mistake the means of the project for its end. The model merely provides

a vehicle, a (virtual) setting in which the testimonies collected during the Magdalene Oral

History Project could be tangibly linked to the spaces they recalled, even if the physical spaces

have been erased.[149]

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[148] Prunty, *Our Lady of Charity in Ireland,* pp. 505, 531, also pp. 463-70 for equivalent works at High Park.
[149] The Oral Histories Project is an initiative of the Magdalene survivors' groups, enabled by Government funding and delivered in partnership with respected academic institutions. The five women provide invaluable insights of spaces previously overlooked in architectural and

The project description opened with a statement that 'as of 2020, little of the original site remains.' On the face of it, the claim seems outlandish - the convent and chapel buildings described and illustrated by Casey and Kelly remain surprisingly intact in light of their long period of disuse, though they are still waiting to learn what it means to be repurposed as a 'Site of Conscience.' The introduction then clarifies: 'All buildings connected with the operation of the Laundry have been demolished.' The site is a Magdalene Laundry, without a laundry. The goal of the project is to recover from oblivion the working laundry and other 'secondary' spaces occupied and used by its residents, on the basis that it is here, more so than in the architectural set-pieces, that the social and historical significance is seen to reside.

It is in its treatment of these spaces that the *Atlas* project threatens to up-end conventional approaches to the assessment of significance in the built environment. The suggestion that 'little of the original site remains' makes sense only if we invert the value judgements we traditionally make as architectural historians, to privilege the unadorned and utilitarian spaces of the governed above the architecturally elaborated spaces of the governors. To fully absorb the implications of this turn, we need to be able to think the seemingly unthinkable. Legally protecting a structure does not mean that it is possible, or even desirable, to preserve it in its entirety. In projects to conserve and reuse large, complex structures, expert assessments of relative architectural significance inform strategies around selective retention and demolition, usually resulting in the sacrifice of ancillary spaces to allow resources to be focused on the more architecturally significant principal building. However, if acknowledging social significance is to privilege the spaces occupied by the marginalised over

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heritage discourses. It is understandable in the context, but still important to note, that the voices of those who did find the institution to be a refuge from an even harsher alternative, and those of the religious who managed it, are not here represented.

those of the powerful, this conventional approach is turned on its head. Taken to its

conclusion, the implication is that the *architectural* set-pieces of principal building and chapel,

and polite spaces of officers' quarters and boardroom, might validly be sacrificed to save the

more *socially* significant kitchens and laundries, stores and workshops, sanitary annexes and

dormitories.

This proposition is intentionally provocative – a challenge to the tendency of the

'authorised heritage discourse' to embed and reproduce its own elite values. The presumption

that the essence of a public building lies in its façade and polite spaces is so in-grained as to go

largely unquestioned. My goal is not to argue for the demolition of one element at the

expense of another: even losses which can be justified in pursuit of other goods diminish our

understanding of history. To destroy the physical relics of 'smug officialdom' in reaction to

these latest readings of the spaces of coercive confinement would soon be regretted as an act

of reactive, retributive iconoclasm. These formal set-pieces also shaped residents' experiences,

even if sometimes as symbols of the power of a regime to be resisted. Nevertheless, I argue

that the provocation remains valuable as a thought experiment, for the challenge it lays down

to the conventional hierarchical approach to appraising and ranking the relative significance of

discrete elements of complex sites. Merely opening ourselves to the philosophical possibility of

such a proposition could transform how value judgements are made about such places.

I contend that these lessons from the recent history of Ireland's Magdalene Laundries

resonate with many of the issues which we have already encountered in our exploration of the

asylum corpus, and may indeed anticipate areas of future contestation. We have seen in

Chapter 3 how the set-piece of a dignified principal building in its appealing landscape setting

embodied the values of order, stability and respectability so dear to the elites who governed

the asylum in each era. We further saw in Chapter 4 how a spatial apartheid was reproduced

right into the 1980s at Grangegorman, as evidenced by the contrasting levels of urgency in

providing appropriate accommodation for vocal service-administrators compared to vulnerable and voiceless service-users. If we continue to ascribe cultural value to the architectural and landscape set-pieces of the institution – and I do believe that we should – these values must be framed by an understanding of what ends those set-pieces served within the institutional regime. To borrow from recent discourses on public memorials: the minimum price of retention should be explanation.

These buildings were never neutral, and it is therefore untenable to appreciate their visual qualities independently of their political meaning. Just as Christine Stevenson highlights the tensions and paradoxes of palatial façades on buildings of charity in their early years, we who appraise them in ripe old age must also remain wary of rushing to judgement based on elite professional values alone.[150] Ethics and aesthetics are indeed intertwined, but for all the appeal of Pugin's polemic, pleasing aesthetics cannot be conflated with positive ethics.[151] Historical monuments are seldom 'imbued with [just one] message from the past,' but many. Buildings can act as 'living witnesses of age-old traditions,' but different parts of the same building can testify to multiple and conflicting traditions.[152] According social-historical value to the architectural-historical elements of an institutional complex, while ignoring those elements most directly linked to the social-historical aspects we now claim to champion, is at best intellectually inconsistent, at worst disingenuous. If a Magdalene Laundry without its laundry is like a prison without cells, we are bound to question which parts of complex former asylum

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[150] Stevenson, *Medicine and Magnificence*.
[151] Till, *Architecture Depends*, pp. 176-9.
[152] Preamble to the Venice Charter. ICOMOS, International Charter for the Conservation and Restoration of Monuments and Sites: The Venice Charter (Venice: ICOMOS, 1964).

sites are so central to our understanding as to positively define them.[153] My short answer to

that question – for what it is worth – is not the publicly recognised exclamation mark of the

water-tower, but the private inner world of the ward corridor (Figure 5.28).

5.9.   Conclusion

The new asylums of each generation were expressions of faith in the power of environmental

determinism, promoted by professionals by contrasting them with the discredited settings of

the past. For half a century, official health policy aimed to break up the monolithic mental

institutions in favour of acute units aligned with general medicine and longer-term

community-based care. The resilience of the old mental hospitals through the 1980s owed

much to a political calculus which found them too financially expensive to maintain and too

politically costly to fully close. But neither of these issues can explain the continued survival of

inpatient wards on every site into the twenty-first century. Rather, we encounter the reality -

belatedly acknowledged - that the public mental health system could not entirely dispense

with congregated settings as a venue for continuing care, and thus a continuing need for

(some) institutional buildings.

However the manner in which clinical professionals in the mid-2000s invoked a

universal narrative of 'irredeemably stigmatised' places to press the case for entirely new

buildings was, I argue, the latest echo of a trope which reverberates throughout asylum

history. Likewise, the contemporary discussions of stigma were the fruit of professional rather

than popular discourses. Deteriorating buildings may be a tangible symptom of a system of

care which is failing its users, but as in the example of Eastern Health Board's performative

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[153] I also observe that the 27 asylum/hospital laundries collectively are likely to account for an
order of magnitude more 'woman-years' of involuntary laundry work than the 10 Magdalen
asylums – a fact that has yet to gain popular traction.

destruction in the 1980s, symptom and cause are too easily conflated. Latterly, new buildings

have once again part of the prescription for delivering a satisfactory public mental health

service, but I caution that while service users may benefit from new buildings in the short

term, intermittent binges of capital spending are an inefficient way to assuage perennial ills.

The latest report of the Mental Health Commission finally acknowledges that the recurrence of

'premises-related concerns in HSE approved centres' in certain localities cannot be blamed on

aged buildings or inadequate resources alone, but significantly, owes much to 'poor

governance arrangements.' [154] The public mental health service has, over time, been a poor

custodian of its own facilities; the realisation that the causes are as much managerial as

architectural is a hopeful sign for the future. The long history of the asylum proves that

buildings alone cannot achieve what human beings will not.

During the period under consideration in this chapter, buildings on every asylum site

on the island of Ireland have been listed for statutory protection, albeit I find this to be more a

result of the buildings' longevity, rather than its cause. Ireland's asylums seem to owe their

place in the canon of heritage to professional recommendations based on elite values of

architectural connoisseurship. Even when such professionals claim to value social significance,

they remain bound by conventional value judgements: conservation decisions continue to

focus on the set-pieces and polite spaces of the governors at the expense of the living and

working spaces of the governed. Yet to truly privilege the socially significant spaces of

historically significant buildings is to turn architectural theory on its head. This need not also

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[154] *Mental Health Commission Annual Report 2021*, pp. 77-8, and accompanying press release:
www.mhcirl.ie/news/2021-annual-report-gaps-care-between-private-and-publicly-funded-
mental-health-services, accessed on 16 Jul. 2022.

invert practice to the point of iconoclastic retribution against the spaces of the powerful, but it does demand more in terms of how we explain and interpret them.

The ever-present tension between national and local actors resurfaces again in this chapter. During periods of relative strength, the Inspectors of Lunacy (and their successors in the Mental Health Commission) considered it as both their right and duty to constructively criticise actions at local level and disseminate best practice as currently understood. When local actors are less willing to act in accordance with the wisdom thus dispensed, they are chided as conservative and entrenched forces resistant to change and progress – and sometimes justifiably so. But during much of the period in question, weakness at the political centre and the prolonged silencing of the Inspectorate gave space for local 'subversive initiatives' which ran counter to national policy, but which may have more accurately reflected local needs and concerns in practice. In the complete absence of central guidance on how to manage (or, for that matter, destroy) the spaces rendered redundant by de-institutionalisation, pragmatic and reflexive local decision making resulted a higher proportion of former asylums being retained in public service than in any other Anglosphere country.

I regard the most 'significant' buildings of all as those that have evolved almost organically to serve their local communities. The most notable thing about the asylum sites which have evolved in this manner is their very ordinariness; place-based stigma cannot abide the bright light of intensive public use. The architectural significance of legacy buildings and landscapes is respected, but seldom explicitly valorised. The buildings never attain the state of perfection of the expensively restored, but comfortably wear the dents and scratches of daily use. I would argue that the usefulness of their continuing healthcare role is more socially meaningful to contemporary communities than either the arts/cultural/heritage centre so beloved of campaign groups, or the immaculately restored but exclusionary conversion of the private developer. For as long as the use can continue to evolve in response to social needs,

the historic container which accommodates it can be assured of a long and stable future

(Figure 5.29).

It is an observation that chimes with my reconceptualization of afterlives as

trajectories rather than terminal fates, whose course is modified by nudges or transformed by

ruptures. For all that is exemplary about the new Grangegorman, I am led to conclude that

continuity via evolution is preferable on most counts to rupture and revolution. It represents a

responsible stewardship of public assets by avoiding the waste of disuse and dereliction, and

consequent expense of recovery. The more that legacy buildings can evolve to remain relevant

and serve the ordinary needs of daily life, the better they fulfil their founding vision as sites of

public welfare. In a political sense, it is an approach with potential to appeal both to 'big-state'

promoters of the public ownership of public services, and 'small-state' advocates for local

empowerment and initiative. Enoch Powell may recoil in horror, but I believe this is a

sentiment with which both Whigs and Tories on the 1817 parliamentary committee could

agree.

CONCLUSION

Ireland's historic asylums represent a national infrastructure of buildings comparable in extent only to the workhouse system, and of considerably greater architectural interest, quality and variety. The original *idea* of the asylum rested on a premise that a combination of architecture, kindness and moral guidance could cure insanity or help to alleviate suffering. The *institution* emerged as an organisational entity to deliver those goals. And the *place* provided the physical setting that was supposed to make it all possible. The optimistic ideals of the asylum were laid to rest amidst the pauper graves of those whom it had failed to cure, but the institution continued on a trajectory of growth and decline right into the second decade of the twenty-first century, and the places adapted continuously to suit. The old institutions have now mostly passed into history, but the places remain, complex and challenging artefacts which embodied different meanings, to many different people, at different times. They have outlived not just the individuals involved in their creation and the uses for which they were created, but the political, economic and class structures of entire societies.

My founding premise was that the layering of physical interventions encountered in these places represents a rich primary source which can be excavated for insights into how successive generations perceived these institutions. From this flowed my decision to write architectural history in the form of a biography of two case study sites – which I have further broken down into key life stages of conception and birth, early years, working life, old age and afterlife. A fundamental challenge within this research has been to distinguish between the meanings which attached to the asylum-as-institution – that is, by virtue of its singular and highly-charged use – and those which accrued to the building as an architectural artefact. Comparative analysis of the divergent experiences of different asylum buildings within the same case-study site, and between superficially similar buildings built to serve different uses on different sites, have been key to unlocking these subtle distinctions. The result has been to

shift the emphasis of this research from a traditional focus on the intersection of architecture and psychiatry, towards wider questions of politics, governance, finance and religion.

To maintain a degree of continuity through changing societal contexts, I have tended to define the various audiences for these buildings not solely by their social or professional standing in their own time, but by more general parameters: whether they were more likely to shape the building, or be shaped by it, whether they were intimately familiar with its inner workings, or casually acquainted with its public face. In seeking to understand the different ways that these socially and temporally diverse groups understood the buildings in their midst, I have found it useful to frame the question in terms of overlapping and sometimes competing values. To capture all possible combinations is clearly impossible, but amidst the various intersections of periods, people and priorities, my case study approach has brought into focus new readings and interpretations of the asylum not heretofore captured in the literature. I argue that the historical and present status of legacy mental institutions can only be understood in the context of a society where the residential 'total' institution became the default and enduring response to all manner of social needs and moral failings. I explode the notion of civic pride as the inevitable corollary of architectural grandeur, and find that what a building looked like, or even how much it ultimately cost, mattered less than the question of how it was funded. Ultimately, I reveal that the biggest influence on how an institution was perceived lies not in the relative 'deservingness' of those it was built to serve, but in whether it was mandated by the central state or born of local, voluntary initiative.

Butler framed the construction of Ireland's courthouses as an exercise in conspicuous architectural consumption by grand jury patrons. The highly wrought Gothic revival asylums of the 1850s might seem to invite similar readings, but we actually see that these local actors were denied any influence over their design. Instead, the central bureaucracy of the Board of Works produced a functional brief which prescribed the buildings' (clinical) programme in fine

detail, but then allowed their talented architects almost free licence in the aesthetic realm. If any group in this specific period can be said to have indulged in 'narcissistic display' for their own personal consumption or as a means of exhibiting their taste to a peer group, I propose that it was the architects themselves. Their defective and expensive buildings gave rise to considerable political fallout, but my closer examination illustrates how aggrieved local elites leveraged these shortcomings to force the government to devolve to local actors the power to build (and perhaps as importantly, not to build).

Local lay people – whether by virtue of privileged birth or democratic mandate – would thereafter assume a long-term role as custodians of architectural *products* – the buildings – punctuated by spells as commissioners of architectural *services*. The newly empowered localities were more keenly attuned to the sensitivities of their rate-payers and thereafter looked to less eminent designers to produce buildings whose limited outward pretension often masked greater technical complexity within. The apparent epidemic of insanity made space – or lack thereof – a perennial problem for asylum boards and the hospital committees that succeeded them, but even in the most straitened times, these actors were never entirely without choice, and the choices they made speak of priorities and predispositions which were not solely defined by the concerns of professional psychiatry. Governors considered it a solemn duty to erect dignified places of worship for patients even while consigning them to dwell in vast, undignified and frequently overcrowded dormitories and dayrooms. Committee members continued to maintain the polite appearance of inherited administrative buildings and formal landscapes even as the spaces occupied by patients descended into squalor. My biographical research approach further demonstrates that in periods when little is built, even acts of omission or destruction can be read for deeper meaning.

At the institutional peak in the late 1950s, this cohort of lay board members, together with the Resident Medical Superintendents, other ex-officio officers, and their architects, probably did not exceed 700 individuals across the island of Ireland. But like a small bulb at the heart of a many-layered onion, the actors with sufficient influence to 'produce' asylum and hospital buildings (and leave a written record of their actions) represent but a fraction of the total population who used or viewed them. Recovering views from the overlooked outer layers is a task which this research achieves only in part. The views of those who experienced the buildings most intimately – the patients – were historically afforded little weight, and the institutional regime had plenty of tools at its disposal to quell dissent from within.[1] Of the c. 25,000 individuals enumerated amongst the all-time peak population in 1955, I know of just one – Hanna Greally – who published a substantive first-hand account of her experience. By my own calculations, the number of mental hospital 'alumni' living in the community at that time was around double the number still living behind the walls – a huge cohort of individuals both uniquely familiar with the inner reality of the institution and theoretically free to speak of it (Table 4.2). The social imperative to escape the stigma of a stay in the 'big house' seems to have been a more effective guarantor of silence than the most robust non-disclosure agreement.

At the next layer of remove we find patients' families – a group who were not resident in the institution but who were more than ordinarily familiar with it, and who might conceivably have numbered 200,000 at the 1950s peak. Yet we find them to have been as reluctant as their inpatient relatives to communicate any opinions of the institution, and

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[1] Goffman, *Asylums*, pp.31-52.

remained so even decades after their peers in England had proven successful in raising public

awareness of substandard conditions and advocating for change. In the Republic of Ireland, at

least, I suggest that the social taboo of challenging institutional power remained strong right

into the 1990s, a phenomenon which I in turn trace to the 'Irish Catholic habitus' described by

Tom Inglis. Finally, the outermost layer of the 'onion' comprises the disinterested balance of

the general public, which in this period amounted to around 4 million people.[2] Insofar as these

most detached 'consumers' of asylum and mental hospital architecture held any opinions on it,

they were informed not by direct experience, but by reputation and passive observation of the

public face of the institution. But my attempt to recover the popular views of the asylum from

the press in each generation proved unsuccessful, and not just because of editorial reluctance

to reproduce the anecdotes and prejudices which doubtless circulated orally in communities.

Rather, outside of the defining events of official opening, visiting dignitaries and final closure,

the asylum for most of its existence proved to be a most un-newsworthy subject. That is not to

say that Irish society was uninterested in institutional provision for public health and social

welfare, but that its attentions in this regard were focused elsewhere, and aligned to different

sets of values.

Amidst the ubiquitous union workhouses and military barracks which attested to the

poverty and un-governability of mid-nineteenth century Ireland, the asylum was one of a

handful of major public buildings whose presence was regarded as a reliable marker of a

town's elevated civic status. It was most commonly encountered in the county town where it

formed an institutional trifecta with the courthouse and county goal, and shared with both a

governance structure rooted in the grand jury system of local government inherited from the

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[2] Interpolating between consecutive censes, the Island of Ireland population sat just under 4.3 million in 1955.

previous century. Nineteenth-century travel guides and directories invariably noted the presence of the county lunatic asylum in a town, trusting their readers to infer the civic import of this information. Yet even as the asylums grew in scale and economic weight through the nineteenth century, their pre-eminence as a civic marker declined. Where the opening in 1852 of Cork's new asylum for 500 patients had merited the full ceremony of a vice-regal visit, four decades later, the completion on the same site of a new ward block for almost as many patients was not even reported upon. The aura attributable to having governors drawn from the cream of county society gradually dissipated, and evaporated entirely after local government reform in 1899. Yet their successors, drawn from the next social stratum of strong farmers and merchants, proved equally committed to maintaining decorum in its place – the public-facing set-piece – while exercising rigid economy almost everywhere else. Their vision of the asylum was not as a pre-eminent urban or civic landmark, but as an important and serious institution to which respect and deference were due. Performative displays of public pride were instead reserved for the new edifices of resurgent Catholicism: official launches such as that of Dublin's Mater Misericordiae Hospital were conducted with levels of episcopal pomp which would have made a monarch blush. For the supermajority of Ireland's population who professed the Roman Catholic faith, the most meaningful buildings were religious, rather than secular and civic. Insofar as this was reflected in the relative status of towns, I suggest that the later-nineteenth-century trinity of Catholic cathedral, episcopal palace and diocesan seminary superseded the Protestant Ascendancy's unholy trinity of asylum, courthouse and goal as the pre-eminent landmarks in Ireland's townscapes.

More prosaically, every act of constructing and maintaining a building is intertwined with the matter of money. How a public building was received in its own time was heavily influenced by its cost – both relative and absolute – and how it was funded. The newspaper reading public might not have expected a lunatic asylum to cost the same as a workhouse, but would also have struggled to accept that it could cost twelve times as much per patient. Local

ire at excessive and unaccountable expenditure was understandable, and in the crisply dressed stone of the Gothic Revival asylums, found a relatively easy target. But closer dissection of the actual costs and the quantum of ornament leads me to conclude that the issue was exaggerated by self-interested governors in pursuit of their own political objectives. The loan repayments on Cork's expensive asylum were actually quite modest when spread over fourteen years, and this in a city whose citizenry in any given year were capable of raising multiples of that sum in voluntary subscriptions to support various initiatives of the Roman Catholic church.

Yet when democratically enfranchised in the twentieth century, these same citizens consistently returned local politicians with the mandate to exercise strict parsimony in the administration of their state-run institutions. Hospital committees populated by these local politicians made architectural decisions with economy uppermost in their minds, though not all such decisions were necessarily unsophisticated. Conscious of their wider economic impact and social remit, committees agonised over whether their communities were better served by buying more expensive local materials to support employment, or buying more cheaply from afar but witness their spending leak across county bounds. At the grander scale, the entrenched local reluctance to entirely relocate Grangegorman to a green-field site in the late 1890s, in the face of moral pressure from Westminster, becomes clearer when we realise that such a decision would have effectively destroyed some £80,000 in (municipally owned) capital value. Latterly, it seems fair to condemn the EHB for allowing these same buildings to deteriorate to the point of collapse, not least as similar stock operated by other authorities fared much better. However, our criticism is tempered when we discover that all health budgets after 1970 were set centrally (and not necessarily equitably) in the Department of Health, leaving regional boards as notional political representation, but with no powers of taxation. The tension between who decides, and who pays, and whether they do so locally or nationally, voluntarily or statutorily, lies at the very heart of this story.

As new religious-run institutions proliferated to become as ubiquitous as the workhouses whose ills they sought to remedy, the asylum receded to become just one welfare institution amongst many – always the largest and most economically significant, but seldom the most prominent. I argue that this shift was reflective of a much deeper transformation in Irish politics and society. The asylum system was a creature born of state command-and-control: parliament devised policy, a centralised bureaucracy scoped the need, determined the solution and expended the capital, and receiving communities were duty-bound to repay the cost through local taxation. The voluntary sector, by contrast, developed not according to any defined plan or strategy, but as a result of scores of individual quasi-entrepreneurial initiatives which created institutions in places where need was seen to exist. They relied almost exclusively on their own resources – the donations and bequests of the faithful – to meet the capital costs of any new venture, yet this seems to have been no impediment to a spectacular expansion. For the society that built them, they represented a powerful collective expression of piety and pride that the state-funded sector could never emulate. Self-reliance created, and voluntary effort helped to sustain, a parallel entity which answered the social, educational, health and welfare needs of society, and to which a supine state would subcontract ever more of its social responsibilities. Rather than presage the era of the modern welfare state, the asylums, as lay-governed, publicly-owned and rate-payer funded entities, would prove to be the exceptions, a historical dead-end in a welfare sector which would be dominated by religious-run institutions for another century. At their heart, these different models reveal deeply divergent philosophical stances concerning the role of state and church, of individual citizen and committed Catholic. The relative decline of the asylum in the institutional landscape of later nineteenth-century Ireland speaks of a nation which preferred its social welfare to be administered via a free market in private charity rather than the heavy hand of state intervention, albeit this was a market itself in the grip of a near-monopoly power.

Early in this journey, I formed the view that the asylum had been intensively studied in its role as a setting for the practice of psychiatry, and therefore I elected to focus less on clinical values and interpretations than might some readers might expect. Nevertheless, my particular combination of broad, deep and long readings of Ireland's asylums has revealed some new angles within well-trodden terrain. Contrary what is axiomatic in the field of general medicine, the great metropolitan institutions were not automatically synonymous with innovation and best practice, and their sheer scale has often been inimical to both.[3] For all that the original asylums were designed on the principles of internal classification and separation of patients, the overcrowded mental hospitals of mid-twentieth century Ireland were characterised by an indiscriminate mixing of old and young, chronic and acute, debilitated and disturbed. As the catch-all welfare institution of last resort, they were obliged to accept the cases which other settings would not, and in this respect they came to resemble the workhouses from which their founders had so strenuously sought to distance them. The religious-run institutions, by contrast, remained focused on their intended cohorts, reserved the right of admission, and kept numbers strictly in check. Religious Superiors and Superioresses enjoyed levels of autonomy undreamed-of by generations of Resident Medical Superintendents, and could thus maintain standards of institutional order – if not necessarily care - which were impossible to emulate in perennially overcrowded hospitals.

Buildings also appear as useful proxies in wider discourses. Contemporary healthcare architects are familiar with the relatively short shelf-life of modern acute hospitals, but it is telling to observe just how quickly state-of-the-art new asylum buildings came to be

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[3] Grangegorman was the site for experimentation in *medical* treatments of varying levels of efficacy, but within an institutional context which was in most other respects acutely anti-therapeutic. Kelly, *Hearing Voices*, pp. 167-78. Reynolds, *Grangegorman*, pp. 264-7.

disparaged by their officers and governors, and with such frequency as to become a recurring

trope. Not only has psychiatry demonstrated a tendency in every generation to blame its tools,

but the condemnation of the architecture (and actions, more widely) of the past seems to have

become a requisite to validating progress in the present. In our own time, shortcomings

attributable to failures of maintenance have been conflated with underlying fitness for

purpose, while new buildings with new names are prescribed as a palliative for historic failures

of service delivery, despite the fact that providers in the private and voluntary sectors feel no

inhibition in continuing to use their own legacy buildings. Only as this research was drawing to

its close has Ireland's Mental Health Commission acknowledged what this author has long

sensed to be true: that many of the ills encountered in any survey of the public mental health

estate have their roots in management and maintenance, not just architecture and design.[4] If

Ireland's nineteenth century asylums were indeed 'irredeemably stigmatised,' that stigma

arose from the prolonged neglect of buildings and under-resourcing of clinical services therein,

not the original qualities of the architecture, or even their long association with mental illness,

per-se. If we listen closely to the voices canvassed in the course of drafting the new mental

health policy, *A Vision for Change*, we might conclude that the lived experience of service users

and their families could in some cases have been improved more quickly, and with far fewer

resources, by commissioning skilled interior designers to transform the look and feel of

existing facilities, rather than an ideological pursuit of brand new steel and concrete.

Through almost the entire period under consideration, independent inspection was

considered to be the best prophylactic against abuses. Compared to the abstract nature of a

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[4] 'Mental health report warns of gap between public and private standards,' *Irish Times*, 30 Jun. 2022. Mental Health Commission, *Annual Report 2021*, pp. 77-8. --, *Annual Report 2022*, p. 85.

model of care or the deeply subjective nature of individual experiences, buildings represented a form of evidence which was tangible, accessible, and (apparently) objective. Inspectors of Lunacy in the later nineteenth century, even when bereft of ideas to effect cures, never failed to recommend additional building works. Structural improvements could be presented as evidence of concrete progress in an era when clinical efficacy was wanting. In the later twentieth century, it was revelations of deplorable physical conditions, rather than allegations of abuses against individuals, that intermittently threatened to visit scandal upon the sector. The walls could not quite talk, but they could serve as an imperfect proxy for the neglect of patients who silently endured life within them. The greater paradox, after more than three decades of revelations of abuses in church-run institutions, is that many of the worst offences of Ireland's institutional archipelago appear to have occurred in settings characterised by their order, cleanliness, and moral authority, and not the chaotic, congested and dilapidated back-wards of the public mental hospitals.

It is not uncommon for buildings once valued principally for their present usefulness to accrue symbolic value with age. The process is gradual and imperceptible, yet the moment that a building is formally admitted to the canon of cultural heritage is deceptively precise – the date when its official 'listing' gives it the benefit of statutory protection. However, the certitude of the date and the methodological rigour of listing belie a process which is more problematic than it first appears. The expansion of 'heritage' from the major historic and architectural monuments to include socially interesting edifices of more recent and modest character is widely welcomed as a shift from elite to egalitarian values. The rehabilitation of many of Ireland's long-despised workhouses is but one notable example, some of which now serve as heritage sites offering an authentic setting in which to re-tell narratives of innocent, native victimhood at the hands of malign, foreign power. Quite how the nation deals with institutional settings whose darkest days played out in much more recent times, and where the malign 'other' is actually ourselves, remains to be seen. But what is clear is that even when

institutional buildings are listed for their *social*-historical interest, the professional discourse

continues to describe their special interest as lying in those elements which best reflect

traditional *architectural*-historical values. In the specifically laden context of institutional

buildings, this mismatch has the effect of perpetuating historic inequalities, privileging the

polite spaces and formal facades which reflected the values of the governors while overlooking

the dayrooms and dormitories, laundries and workshops occupied by the governed.

Asylums, like other public institutions, were designed to encode simultaneously

different meanings for different audiences. The new buildings of each era are not born into a

vacuum: their primary sponsors harness their potential as prominent material artefacts to

support their own positions in a continuing discourse which entwines criticism of the past with

aspirations for the future. But no matter how compelling the founding vision for a new

building, the reality that finally emerges from behind the scaffold is contingent on the

intersection of multiple actors, priorities and circumstances. The thousands of people who

then experience that building during its existence are in turn influenced less by the

circumstances of its birth than by the continued unfolding of its life. The cessation of its

original use or the emergence of new uses in turn change how it is viewed in the present. Its

elevation to the status of heritage object affects how it will be treated in the future, but

paradoxically by perpetuating value systems from a past which today's society might otherwise

be expected to find unpalatable.

Whether Ireland's surviving asylums adapt to serve new uses, or moulder away into

dereliction, is almost entirely contingent on local circumstance, and often disproportionately

influenced by seemingly minor decisions made decades earlier. I believe that my conceptual

framework of *trajectory, nudge* and *rupture* better captures the temporal dynamics of

institutional afterlives than Moon, Kearns and Joseph's static model, and I hope that this

theory may prove broadly applicable when considering other types of public and religious

buildings, many of whose trajectories appear headed towards the rupture of final closure and disuse. If lessons can be drawn from the contrasting afterlives of Ireland's former asylums, it is that an early nudge towards accommodating complementary functions while the building is still in use is more likely to achieve sustainable future uses than waiting for the white knight of public exchequer- or private developer-funded regeneration after dereliction has set in.

Whatever fate befalls the individual asylum buildings, I predict that it is dynamics at the national level that may yet define their collective place in the national memory, just as we have seen in other institutional typologies. Between the sombre morning of 11 September 1993 when the 155 'consecrates' of High Park Magdalene Asylum were re-interred in Glasnevin Cemetery, and the high-noon of the Taoiseach's apology to the Magdalene women on 19 February 2013, twenty years of (mostly) voluntary activism changed the nation's understanding of its own history, influenced political action in the present, and altered its future trajectory. A similar reckoning in respect of Mother and Baby Homes was achieved by fewer actors over an even shorter timeframe, benefiting from a society growing accustomed to hearing previously silenced, and especially female, voices. Despite being the most numerically significant site of coercive confinement in Ireland, no similar revolutionary reckoning has yet come to the asylum door. If ever it does (which is not guaranteed) we could expect popular perceptions of legacy asylum sites to shift, perhaps radically and rapidly. A second wave of physical memorialisation could be expected to wash across most sites. Popular support for survivors' causes might generate sufficient political momentum to fund the creation of a national asylum centre at whichever site (or burial ground) begot the campaign. Any developer minded to reconfigure a legacy site would need to engage much more seriously with survivor testimony and memorialisation, while facing the real risk that dissenting voices

may prove so irreconcilable that some projects become tainted by a new layer of popular controversy, or even end up being cancelled outright.[5]

But for all that inquiries are cathartic and their lessons vitally important, I remain ambivalent about the latter scenario. My hope for the future of Ireland's asylums is one where institutions erected in the service of local communities and paid for from the resources of those communities, continue to serve meaningful and useful roles which meet Ireland's many contemporary needs – although perhaps even I had not anticipated a situation where Ireland's 'last asylum' at Dundrum would host a tented village for a new generation of asylum seekers.[6] It is of places whose challenging and complex histories are acknowledged and communicated, but whose future is not hostage to those histories. It is of buildings and landscapes whose special interest is valued, but which otherwise form part of the ordinary backdrop to daily life, no longer places apart, but a part of the communities they were built to serve. No cold stone memorial can ever do justice to the lives and deaths of the many thousands who were institutionalised in a poorer and harsher Ireland, but I believe that the ordinary, daily ritual of using the same spaces that they did is itself a living memorial, and gives the best chance that their story will live on to be retold to successive generations.

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[5] Observed on the anniversary of the disastrous fire in London's Grenfell Tower, as debates continue on the future of its charred shell. Opinions amongst survivor groups range from retention and memorialisation to outright obliteration, but a solution which pleases all parties simply may not exist.

[6] 'Asylum Seekers to be housed in tents at former Central Mental Hospital in Dundrum,' *Irish Times*, 8 Jun. 2023. www.irishtimes.com/politics/2023/06/08/asylum-seekers-to-be-housed-in-tents-at-former-central-mental-hospital-in-dundrum/, accessed on 11 June 2023.

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