Landscape and the Irish asylum

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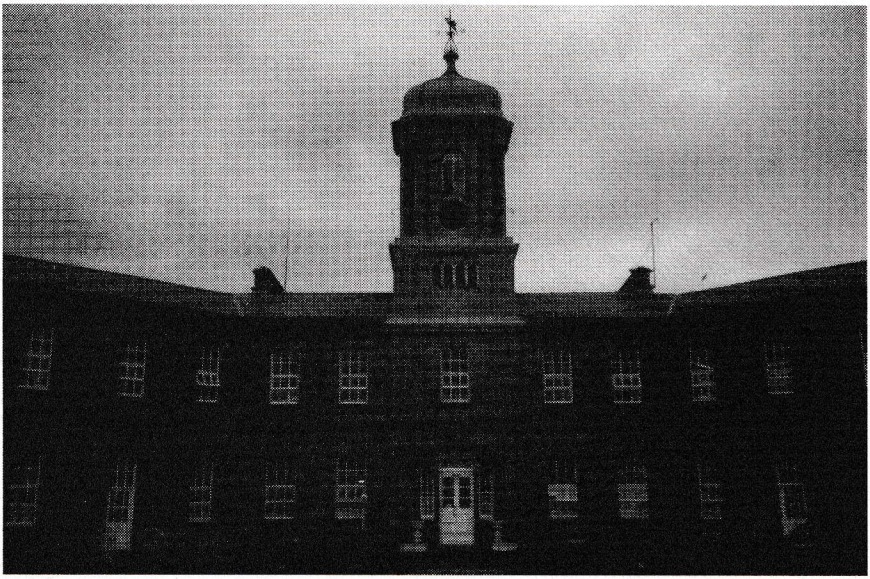
The landscape of the West of Ireland has long been associated with a romantic primitivism, and a unique connection with both a spiritual heritage, and a direct link to a more elemental way of life. Folk belief persisted there for longer than any other part of the country,[1] and throughout the nineteenth century the province of Connaught became a happy hunting ground for proto-anthropologists, writers, and scientists who each sought their own particular evidence for the survival of a 'pure' Irish culture.[2] Severely affected by the famine, and never part of the limited wave of industrialisation that changed other parts of Ireland, the West remained a relatively unspoiled landscape, with a topographical profile in the nineteenth century little different from the seventeenth. There was one significant addition to this landscape from the start of the century, however, that both changed the appearance of the environment, and altered fundamental patterns of family and community life: the creation of the District Asylum system.[3] Grand in scale and aspiration, the asylums were a visible reminder of Ireland's relationship to Britain, coming as they did as part of a metropolitan desire to deal with an apparently growing problem, and also a self-conscious testament in stone to science and modernity. In this essay I will approach the relationship between the institution and the landscape from the perspective of the use of local landscape as a therapeutic tool, and the interior landscape of the asylum itself as a force for recovery.

BUILDING MORAL THERAPY

The Connaught District Lunatic Asylum was opened in 1833, and was one of the first, and largest, of the new wave of District Asylums built in Ireland in the early to mid nineteenth century. It is now St. Brigid's Hospital, Ballinasloe, and the original buildings are still in daily use (fig. 1).[4] The earliest structures retain a certain beauty,

1 This was also the case in other parts of the country. For an example of how folk belief survived in Co. Tipperary for a period alongside a more modern medical approach, see Angela Bourke, *The burning of Bridget Cleary: a true story* (London, 2001). Cleary fell ill, and her husband sought assistance from the local doctor, and the folk healer, simultaneously. 2 *Visions and beliefs in the West of Ireland* by Augusta Gregory (London, 1920), was the defining text, but J.M. Synge's plays, and Douglas Hyde's early work on old Irish literatures, confirmed the sense that the West remained the repository of an ancient way of life. 3 This was a nationwide expansion, which saw the construction of twenty-two asylums by the 1870s. 4 At the time of writing, the hospital is closing (having officially been scheduled



1 Main entrance with clock tower, from original buildings of 1833.

despite some drastic remodelling over the years, and stand as important, but sadly neglected, elements in Irish architectural history (Fig. 2). The important thing to note about the early construction of the CDLA is that it took place during a period when 'moral therapy' held sway in the treatment of the mentally ill. Pioneered in France, moral therapy came to prominence in Britain in the late eighteenth century, when the Tuke family incorporated key elements in the treatment of patients at the York Retreat.[5] In brief, moral treatment, also known as moral management or moral therapy, sought to eliminate force and coercion in all their forms. The treatment of the insane prior to this development had largely depended upon force as a means of control: patients were to be intimidated into good behaviour through a system of punishments and threats, backed by the widespread use of mechanical restraint in the form of chains, fetters, padded wrist and ankle muffs, and so-called 'straight waistcoats'. Institutions routinely used purging and bleeding as a means of weakening patients physically, and thereby making them more amenable to the instructions of their keepers. More drastic methods of control included the 'rotary machines', that whirled patients violently, and made them sick and disorientated – this description by its inventor, Joseph Mason Cox, indicates how effective it could be:

for closure in September 2006), and mental health services are to be provided on a community and out-patient basis. **5** For the best account of the workings of the York Retreat, see Anne Digby, *Madness, morality and medicine: a study of the York Retreat, 1796–1914* (Cambridge, 1985).

2 Admissions block, St Brigid's Hospital.

> [It could produce] ... the most violent convulsions ... of every part of the animal frame. It could be employed in the dark, where from unusual noises, smells, or other powerful agents, acting forcibly on the senses, its efficacy might be amazingly increased. By reversing the velocity of the swing, the motion being suddenly reversed every six or eight minutes, pausing occasionally, and stopping its circulation suddenly ... [it secures] ... an instant discharge of the contents of the stomach, bowels, and bladder, in quick succession.[6]

This was, of course, nothing more than torture and exhaustion, a treatment, for want of a better word, which would result in cowed and debilitated patients who might be easier to deal with in the asylum. The rotary machines were most popular on the continent, although they were used in Britain and Ireland (at Cork in particular, where Dr William Saunders Hallaran refined the machine in order to protect the patient's neck, while ensuring the complete evacuation of stomach and bowels[7]) in the early years of the century. Much more common here though were purging, bleeding, and restraint, with various forms of hydrotherapy (especially immersion in cold water, that temporarily numbed the individuals) employed in many institutions.

6 Andrew Scull, *The most solitary of afflictions: madness and society in Britain, 1700–1900* (New Haven, 1993), p. 77. **7** Halloran was in fact a firm believer in moral therapy, but retained a belief that the 'circulating swing' produced favourable results. See Joseph Robins, *Fools and mad: a history of the insane in Ireland* (Dublin, 1986), pp 57–60.

However, none of these strategies were in any sense curative, and while they may have produced a more easily managed patient body, they did not result in a large number of permanent, or even semi-permanent, cures. But moral therapy, once popularised, did appear to hold out hope that patients could be rehabilitated and returned to the community as productive members of society. Moral therapy absolutely condemned all of the coercive forms of treatment mentioned above. Its underlying principle was that if patients were treated humanely and gently, they would eventually be restored to mental health. This meant that no form of violence was ever to be offered to patients, they were not to be punished or threatened in any way, restraint was only to be employed for their own safety, or the safety of other patients, and solitary confinement, a common punishment, was to be eliminated. Crucially, the patients were to live in an environment that would be conducive to their recovery. Thus, asylums were to be built on gracious lines, modelled on the great country seats of the aristocracy.[8] They were to be close to towns and cities, and not hidden away from view, and of course supervision. They were to have extensive landscaped grounds to be used for walking, painting, and light agricultural work for the labouring patients. Bars and screens should not be used, and as far as possible, the interior of the asylum should reflect a domestic environment, and not, as they had done to date, a prison. Patients should have unrestricted access to calming views of the countryside, and the grounds should include areas for games such as croquet, cricket, and later in the century, rugby and lawn tennis.

The rules and regulations of the institution also indicate how seriously moral therapy was taken at Ballinasloe,[9] and above all else, a rigid timetable was to be adhered to, in order to give patients the security of routine, and the calmness that physicians felt a structured existence would offer. The lives of staff and patients alike were to be governed by 'the large bell', which rang 'at the proper hours for the patients rising and retiring for the night, at the hours for breakfast, dinner and supper, and at the appointed times'. The smaller bells were used to indicate hours of exercise, to call work parties from the farm, and to indicate the start and end of indoor entertainments. Although perhaps suggestive to the modern reader of a repressive, penal structure, this was intended to provide patients with a living example of the benefits of a calm, regulated life. As Edward Shorter has noted in relation to similar regimes in France,'[this] timetable breathes the philosophy that orderly life is restorative'.[10] In many ways, it was a structure highly suitable for Ireland, echoing as it did the highly regulated existence of convents and monasteries, where one's life was also delineated by rigid structures, and the imperative of the bell.

If this sort of approach sounds a utopian ideal for a group that had routinely been abused and ridiculed, it is surprising how many asylums in Britain and Ireland actu-

8 For a discussion of the emergence of asylum architecture, see Christine Stevenson, *Medicine and magnificence: British hospital and asylum architecture, 1660–1815* (New Haven, 2000) **9** Bye-Rules and Regulations for the Government of the Connaught District Lunatic Asylum, 1853. **10** Edward Shorter, *A history of psychiatry: from the era of the asylum to the age of prozac* (New York, 1997), p. 19.

ally attempted to enshrine moral therapy in their buildings, and their treatments. Most of the District Asylums in Ireland followed moral treatment principles, especially in terms of the location of the institutions (usually close to town, often on heights) and in their handsome facades. The Connaught Asylum is for example less than ten minutes walk from the centre of Ballinasloe, and was described by Thackeray as being 'as handsome and stately as a palace'.[11] Indeed, the institution appeared in its planning to conform to the idealistic model outlined by no less an individual than W.A.F. Browne, a champion in Scotland and England of the enlightened treatment of the insane. In the 1830s, Browne had delivered a series of public lectures on the necessity to reform asylums, published as a single volume in 1837. The CDLA would appear to conform to his ideal notion of a modern institution:

> The next requisite is an establishment properly placed and constructed ... It certainly is indispensable that the situation chosen should be healthy, that it should possess the advantage of a dry cultivated soil and an ample supply of water, that it should be so far in the country as to have an unpolluted atmosphere, a retired and peaceful neighbourhood, and yet be so near to a town as to enjoy all the comforts and privileges and intercourse which can only be attained in large communities.[12]

The Ballinasloe asylum did just that. The River Suck winds to the rear and side of the institution (of which more later), following a basic moral therapy injunction to include river views where possible, and also provided the establishment with water. Although the land upon which the asylum was built was not in fact dry or cultivated (it proved unsuitable for farming), it was regarded as valuable for town expansion, and was relatively expensive to purchase. When the Dublin to Galway railway line opened in 1850, adding to the transport network provided by the Grand Canal (1828), the town and its asylum were indeed at the heart of both a vibrant community, and a reconfigured and sophisticated landscape, that possessed the most modern of infrastructures.

The very buildings at Ballinasloe also enshrined moral therapy principles. Rooms were light and airy, with views of the surrounding landscape. However, there were many difficulties inherent in implementing moral therapy at Ballinasloe, not least because as soon as the asylum opened, it was literally swamped by the admission of institutionalized, long-stay lunatic inmates from the workhouses and gaols of Mayo, Galway, Roscommon, Sligo, and Leitrim. These patients represented a cohort least likely to respond to moral therapy, since by the time of their arrival they were already deemed incurable. They were moreover often without relatives to either offer any

11 William Makepeace Thackeray, *The Irish sketch book* (London, 1883), p. 459. **12** W.A.F. Browne, *What asylums were, are, and ought to be* (Edinburgh, 1837), edited with an introduction by Andrew Scull, *The asylum as Utopia: W.A.F. Browne and the mid-nineteenth-century consolidation of psychiatry* (London, 1991), p. 181.

information as to their previous state of health, family medical history, or, crucially, to take care of them if they recovered and were released. The asylum authorities rapidly found that the buildings were ill-fitted to accommodate such patients, and were forced to make rapid alterations. The manager, for example, laid a report of deficiencies before the Board, which included the fact that many of the incontinent patients admitted from the workhouses had irreversibly damaged the wooden flooring, which could not be cleaned, and had made several abortive attempts to escape through the unbarred windows, which had conveniently low sills for the better enjoyment of the views. Within months, the Board was forced to approve of alterations that eliminated the moral therapeutic purpose of the original construction. The wooden floors were ripped up, and replaced with stone flags for easier cleaning. Bars were placed on the accessible windows, blocking the views of the landscape. The open fires in the day rooms, regarded as necessary to not merely heat the rooms, but provide a cosy, domestic atmosphere, were bricked up, leading to a constant debate regarding the difficulty of providing heat for the patients, without also providing a means of harm. Moreover, the rapidity with which patients were presented for admission, and the consequent overcrowding, made it a matter of urgency to find more accommodation. Highly unsuitable buildings were pressed into service, and in fact remained in use for almost fifty years. The manager reported that the 'defects [of overcrowded accommodation] have been partially remedied by converting a Store room and two workrooms into Dormitories containing 31 beds with Keepers apartments'.[13] The storeroom had no windows, and the workrooms high windows that let in light, but did not allow the patients to look out. In almost an instant, then, the therapeutic benefits of landscape views were lost to the patients, and in the case of bedridden inmates, all visual contact with the environment was severed. The Board were hampered by governmental insistence upon saving money where possible – the adaptation of these rooms cost not more than £20, according to the manager.

LOCAL POLITICS, PUBLIC HEALTH

The architecture of asylums has attracted academic attention in recent years, and reveals a good deal regarding the manner in which the state, and individual cities and towns, regarded the mentally ill. Contrary to the earlier impulse to disguise the buildings, or place them in remote areas, and by extension hide their inmates from view, nineteenth century asylums were bold additions to expanding towns. Indeed, competition to secure the new asylums was intense, and the subject of vigorous political lobbying. Such an institution was a tremendous boost to the local economy, bringing extensive employment, and adding considerable sums to the annual turnover, through wages and contracts. In 1846, for example, despite the collapse of the economy because of the famine, the Ballinasloe asylum expended almost six

13 Board of Governor's Minutes, 7 June 1837.

thousand pounds locally. Successive boards of governors jealously sought to protect their institutions, even to the point of opposing the construction of others elsewhere. When the new asylum was proposed for Sligo in the early 1850s, and another at Castlebar a decade later, there was strenuous opposition from Ballinasloe, despite a history of many years complaint to the lord lieutenant regarding the overcrowded nature of the institution, and the necessity for expansion. It would appear that there was a reluctance to allow any another asylum to be constructed in Connaught, in case it would undermine Ballinasloe's importance: there was no suggestion that the existence of the asylum itself was under threat, and the new institutions were intended to cater only for patients from their respective catchment areas. Nevertheless, the Ballinasloe administrators and governors resisted not merely its establishment, but also the transfer of Co. Mayo, Leitrim and Sligo patients to the new asylums on their opening. District Asylums were prestigious bodies, conferring a considerable status upon the local area, despite the anxieties some felt regarding the congregation of mentally ill. As significant public institutions, asylums should also be regarded as civic statements, and expressions of a public pride in modernity itself, as well as modern medicine. Like the town halls and public libraries of nineteenth-century Northern England, Irish asylums were not merely a response to concerns regarding the treatment of the mentally ill, but a marker of progress.

But of course, as so often occurred with regard to lofty ambition, there was a significant gap between aspiration and reality. Although the Ballinasloe asylum occupied a prominent position in the town – on the main Dublin to Galway road, and unavoidable as travellers entered the town – its interior landscape failed to match the hopes of its planners. In the first instance, although the institution proved an imposing structure, it was far less impressive as a working asylum. Indeed, one might argue that in an attempt to ensure that the asylum stood as an emblem of modernity and progress, the architect achieved a triumph of form over function. The handsome facades hid a multitude of problems, some of which contributed materially to the ill-health of the patients and staff. A pressing problem was the sewerage system. The main sewer ran underneath the centre of the asylum, discharging foul smells, and worse. In 1845, the clerk of the asylum requested that he be given an increase in salary, to compensate for his increased duties, but also to allow him to rent apartments in the town, as he could no longer bear the smell from the main drain which permeated his rooms.[14] As these were three floors above the drain itself, it is an indication of how foul the air had become (the request was rejected by the lord lieutenant's office, and the clerk went on to rent accommodation at his own expense). However, there were patients housed in the basement rooms of the institution, which lay directly above the offending drain. As the inspector noted in successive years, this had a detrimental effect upon the inmates in these rooms, but it proved impossible to find alternative accommodation for them. Even when the drain was implicated in several outbreaks of dysentery, the lord lieutenant's office was reluctant to fund repairs, or

14 Board of Governor's Minutes, 24 December 1845.

consider alternative waste disposal. Indeed, it was not until extensive building works were undertaken in the 1880s, almost fifty years after the asylum opened, that the drains in the original building were temporarily modernised. Even then, the work was done both because, as the resident medical superintendent noted, 'the overflow sewerage drain [had] become offensive to the neighbouring householders', and also because the solution (to simply use the effluent as fertiliser on poor land) allowed one of the governors, the earl of Clancarty, to lease additional acerage to the asylum.[15]

One might ask why there appeared to be such reluctance to address a pressing problem. An obvious answer lies in the cost of renovation: correspondence between the asylum and the lord lieutenant's office amply demonstrates the difficulties the board of governors experienced in extracting anything more than the bare minimum of funding from government. And the asylum inspectors were also conscious of the necessity to keep the County contributions to the lowest level, in light of the impoverished population of the West of Ireland. In discussing a proposed building programme to accommodate the estimated 358 'excess' patients in residence in 1897, the inspector noted that 'it is of course most desirable that in the chronic section, the structural arrangements should be as simple and inexpensive as possible, and having regard to the poverty of the holders of so many wretched tenements in this district, it rests as a special duty on all concerned to try and keep down expenditure which has to be defrayed out of a tax – the county cess – which is levied on the poor as well as on the wealthier classes'.[16]

But one might also suggest that it reflects a complex response to the individuals who were admitted to the hospital, and one that signalled a somewhat ambiguous attitude towards the pauper insane in Ireland. On the one hand, they were legitimate objects of sympathy and concern, driven out of their minds through no fault of their own. As such, they ought to have fulfilled the demanding Victorian criteria of 'deserving poor' without difficulty, all the more because there was a general consensus that no one would enter an asylum unnecessarily. On the other, though, there was a sense that the standard of living offered in the asylum was in many cases so superior to that they had enjoyed at home, they should be grateful for the treatment and shelter offered, and endure any discomforts that would prove too costly to remedy (even if, as in the case of the defective plumbing, it was potentially fatal). For example, when a Catholic chapel was finally constructed in the asylum grounds, the inspector, Dr John Nugent, articulated a sense that pauper inmates might be expected to be a hardy lot. He instructed the resident medical superintendent 'to consider whether a costly heating apparatus for the Chapel is needed, it being unknown in ninety nine per cent of the ordinary Chapels throughout Ireland; in fact, under existing circumstances it appears to be uncalled for'.[17] Similarly in 1895 the inspector expressed only mild disapproval of the fact that 'the male wards on the ground floor

15 Report of the Resident Medical Superintendent, February 1882, p. 4. **16** Inspector's Report, 22 May, 1897, p. 9. **17** Letter from J. Nugent to R.V. Fletcher, October 25, 1881, included in the Ballinasloe District Asylum Annual Report for 1881, p. 7.

are infested with rats', and 'the male patients are so crowded in their dayrooms as to have barely room to sit down'[18]: His statements are made with quiet regret, rather than any real anger. Of course, the likelihood of such sums as were necessary to remedy all of the defects being released by the lord lieutenant were slim, and the Inspectors, as well as the asylum administrators, were careful to couch their criticisms as temperately as possible, to avoid the very real possibility of cuts in the government subsidy. But the sense that the patients were not to expect luxurious treatment was strong. In the same year, the Inspector reported on the case of a patient who died shortly after admission: 'In this case a woman, admitted on the 22nd December, had been driven a very long distance on an open car, in very severe weather, and was in a very exhausted state on admission, and never rallied. The Coroner's Jury considered that no blame was attachable to anyone. No doubt, both the police and the relatives considered it most advisable to remove the woman to the Asylum without delay, and in such remote parts it is impossible to get a covered vehicle'.[19]

WORKING THE LAND

In the first decade of its existence, the institution was continually under pressure to accept cases it regarded as incurable, and therefore not suitable inmates under its own rules (the Connaught Asylum, like the other district asylums, was intended for the treatment of curable cases only). However, even with this difficulty, the board of governors, and the asylum physician, continued to promote as far as possible a regime of moral treatment. In this context, the land and landscape surrounding the asylum came to play a key role. The majority of the patients were landless labourers and domestic or farm servants. Moral therapy called for the continuation as far as possible of the patient's ordinary mode of life while inside the asylum, and in the case of Ballinasloe this meant providing farm work for the men, and a variety of domestic labour for the women. But a problem immediately presented itself: the asylum had an original land holding of only eleven acres, most of it unfit for cultivation. The first years then were ones in which the majority of the male patients were unoccupied, and only a few of the women, principally in cleaning and in laundry work. However, the board steadily increased pressure upon the lord lieutenant to release funds for more land purchase, and the holdings increased substantially over the century. As the asylum grew, so too did the perceived importance of therapeutic labour on the farm, so much so that it became a prerequisite for release. As a patient's notes were updated, outdoor work featured increasingly as an indicator of mental health. One man, described as a difficult case, received a rather damming assessment from the admitting physician: 'He has one answer delivered after a long reaction period to all questions "I don't know" why he was sent here, what he did, where he is, or anything else asked. He is surly, obstinate, pig-headed, ignorant, impulsive and badly contorted

18 Inspector's Report, 1895, pp 8–9. **19** Ibid.

but doubtfully insane in the strict sense but unsocial at all times and probably brutal when vexed'. A month later it is noted that he 'refuses food at times, [is] stubborn and obstinate emotional without cause; has to be dressed at times and resists; does no work; memory bad'. Within five months, however, he gradually consented to work on the farm, and his final note stated that he 'is now in ward 12 and much improved. Works well in the division answers rationally and coherently but does not know why he was sent here except that he was contrary'.[20] He was discharged recovered within two weeks of this note, the curative power of work on the farm having taken effect. Thus the landscape came to play an increasing role in the rehabilitation of patients, and was a key strand within moral treatment at Ballinasloe. Through agricultural labour, patients could not merely be restored to mental health, but the successful completion of tasks set by the physician and keepers was crucial if a patient wished to be discharged.

However, this was not necessarily the case with the female patients, who, although the majority shared a background of manual, agricultural labour with the men, were not as central to the running of the asylum farm. Thus the emphasis in the male records is placed upon a willingness and ability to work well, and follow instructions without delay, whereas for women the criteria was rather more traditional: they were to present 'a neat and cheerful appearance', and to occupy themselves principally with laundry work and sewing. The healing properties of land, so often cited for the men, was rarely mentioned in the women's records, beyond the necessity for the patients generally to take the air in the exercise yards. But what was an absolute imperative, if the asylum was to continue to secure the support of government, was to demonstrate convincingly its efforts to achieve self-sufficiency. Every annual report detailed to the penny the amount of money either saved through the manufacture of food and clothing, or the actual profit turned by the sale of Asylum produce. This is not surprising in itself: in an era before mass mechanisation, the patients themselves came from backgrounds where they produced much of what they consumed throughout their lives. What is noteworthy, though, is the manner in which the medical discourse of moral therapy became entwined with a hard-nosed Victorian economic sensibility, that insisted upon a payment of some description in exchange for food, shelter, and treatment. Thus a general, and endlessly recycled, statement is made each year by the Inspectors about the value of farm labour as a therapy, followed by a minute presentation of how much money the farm saved and produced in the preceding year. Occasionally the two objectives are sandwiched together, with the distinctions between the differing objectives blurred:

> The purchase of the additional land has now been completed, and the acquired ground added to the farm, which now consists of 150 acres ... It will, therefore, be possible at an early date to supply at least part of the milk from the Asylum farm. Considering that the contract price for milk is at

20 Male Case Book, no. 3377, 11 September 1883.

> present nine pence per gallon, this, if properly managed, ought to result in a very great saving. The extension of the farm should, therefore, tend to greater economy in management, but above everything else, will serve to render the lives of the male patients happier and will improve their mental condition.[21]

In 1891 a similar attitude had prevailed: 'A new and commodious Laundry has recently been erected, in which only 16 patients are at present employed, whereas, with a little more energy on the part of the female staff, five times that number might be usefully occupied. The employment of the more noisy and turbulent patients would result in peace and quietude in the Wards, and would aid, above all things, in improving their mental condition and adding to their happiness, while at the same time lessening the cost of their maintenance'.[22]

The board were no less concerned with the question of productive work from patients, and discussed frequently the advantages of using patient labour wherever possible. They noted that 'the Governors are of opinion that the importance of keeping the patients employed is too much lost sight of in ordering machinery and plumbing work',[23] and urged frequently that long-stay patients in particular be trained up in a variety of occupations, including tailoring, shoemaking and repair, masonry, and painting.[24] These skills were to be expended exclusively in the service of the asylum: even when patients had worked for several years at a particular trade or occupation, they rarely seem to have transferred that experience to the outside world.[25]

WATER AND THERAPY

As mentioned earlier, the Ballinasloe Asylum is built close to the River Suck, which winds about it in a pleasing manner. The river played an important part in the life of the asylum, providing water for the institution, and at one stage a means of waste disposal, and was to become an essential element in the farming calendar, flooding the callow lands in due season.[26] Despite its adherence to the best moral treatment principles, though, in providing a calming spectacle, the river was to play a far more sinister part throughout the life of the asylum, by becoming one of the principal means of suicide, and attempted suicide, for escaped patients. Indeed, if one wanted to go west from the asylum, and to avoid the public road, the river would have to be

21 Inspector's Report, 1894, p. 6. **22** Inspectors Report, 10 March 1891, p. 11. **23** Board of Governors Minutes, 3 January 1856. **24** Board of Governors Minutes, 5 March 1888. **25** It is difficult to show what occupation a patient followed on discharge, unless, ironically, they were readmitted, when a note was taken of how they had spent their time. Perhaps as a result of prejudice against former inmates, or a desire to protect the few semi-skilled jobs that existed in the area, discharged patients rarely continued the trades they learned outside the asylum, but reverted to agricultural labour, or unemployment. **26** Callow Lands are those lying near a river, and which are subject to flooding in winter and spring.

crossed at some point or other. Thus what may have seemed a logical and progressive element at the planning stages, proved something of a liability, especially as the asylum grew enormously throughout the century. The issue of suicide in the asylum is a difficult one. Although the authorities were vigilant in attempting to establish suicidal tendencies in a patient (indeed, a claim of suicidal intent was one of the easiest means to secure the admission of a relative), and constantly monitored such patients, attempts were regularly made in and out of the asylum. However, unless the cause of death could be absolutely established beyond doubt, the authorities were reluctant to label it as such. This was partly to avoid any charges of negligence: patients were supposed to be in the care of specialists, after all, but it also appears to have been in response to a contemporary horror of the mortal sin of suicide. Patients themselves testified to the dread with which they regarded suicidal tendencies: indeed, they reported urgings to commit murder more readily, and openly, than suicide. When an unexpected death occurred in the asylum (one unrelated to any underlying physical disease) it was the subject of at least a coroner's inquest, and often an official investigation. All suicides were supposed to be the subject of investigation, and in the cases of the unfortunate patients who hanged themselves, or inflicted fatal injuries with implements, these took place. It was a relatively straightforward procedure, as the cause of death, and the intent, were clear to all. However, the deaths by drowning were treated differently. Because all that the authorities had to go on was the fact of death by drowning, these cases were frequently described as accidental, and as having taken place as a result of escape attempts, as opposed to deliberate suicide 'One patient (WH), who escaped, was drowned on the 11th of June, 1891, while trying to swim the River Suck';[27] 'MD got into difficulties when attempting to cross the river, and drowned';[28] 'We have had one accidental death by drowning, of a male patient who attempted to swim across the River Suck.'[29] This approach allowed the authorities to record a verdict of accidental death, as opposed to suicide, which made a tremendous difference to the relatives. Suicide was not merely illegal, but carried a dreadful stigma. Suicides could not be buried in consecrated ground, and were considered to have brought great shame on a family, regardless of the obviously distressed nature of the individual who undertook such action.

Despite the continual complaints regarding overcrowding, underfunding, and the reservations some expressed regarding levels of comfort, the CDLA did attempt to cling to moral therapeutic principles, even when it had largely fallen from favour. In 1894, the inspector pleaded for the continued importance of a humane and generous approach. In expressing regret that not all of the patients could eat together, he indicated how Ballinasloe still held moral treatment in high regard:

> It must be a matter for regret that it was not found possible to build a hall sufficiently large to accommodate both sexes, as has been done with advan-

27 Inspector's Report, 30 June, 1893, p. 7. **28** Resident Medical Superintendent's Report, 28 August 1888, p. 3. **29** Resident Medical Superintendent's Report, 27 July 1895, p. 4.

> tage in many of our other Asylums. Nothing breaks the monotony of an Asylum day better than bringing the patients together at meals, and nothing tends more to quiet and decorum than the example which the tranquil and orderly patients show those who are excitable or refractory. It is to be hoped that by degrees the resident medical superintendent will be able to introduce table cloths, glass and delph vessels, and knives and forks. These articles are now almost universally used. Some persons do not understand why we recommend such things for pauper lunatics, or why we should seek to surround them with amenities and comforts, to which they have been unaccustomed in their own homes. As we have already said, reporting on other Asylums of the Province, it is not because birds and flowers, and bright rugs and easy chairs are pleasing to the eye of visitors and inspectors that they are recommended. It is because such things, like the farm, which provides means of physical exercise, enter into the curative treatment, and help largely to divert the morbid thoughts and suggestions of the insane. Indeed the modern treatment of insanity might be almost summed up in the two words – occupation and recreation. In the farm and in the workshops we try to find a healthy vent for the patients excitement, while indoors we seek to turn their morbid thoughts into new channels by amusement and interesting objects.[30]

I want finally to return to the interior landscape of the Ballinasloe Asylum, and raise one particular element that was literally central to the patient experience. The Ballinasloe asylum was originally laid out as an 'X', with two 'arms' of wards and offices radiating from a central spoke, in which the reception area was and is housed. When patients were admitted, they passed through the main reception area, and before they were taken to their dormitories, they passed through a further small central area in which this enormous mirror is housed (fig. 3). It dominates the space, going floor to ceiling, and is lavishly decorated with a shell, life-sized birds, and floral details. As yet, I have not found any reference to the mirror, or to its function, in the asylum minute books. Some staff in the hospital believe that it was a gift from one of the Board members – representatives from the local gentry including Lord Cloncarty, Lord Ashtown, and Lord Clonbrock all served (or failed to serve) as board members throughout the nineteenth century – and this fantastic piece may well have come from one of their great houses. Others have said that they were told that the asylum was literally constructed around this mirror, as it is too large to have been taken in through any of the original doors or windows. Whether this is true or not, the mirror would have been an extraordinary part of patients' lives in the nineteenth century. They would have passed it repeatedly during their stay, and it must have made some impression upon them. One might speculate that it had some sort of therapeutic function, albeit for many a sort of shock therapy. When one thinks of Synge's *Playboy,* and of Christy's reaction to seeing himself properly for the first time

30 Report of the Inspector of Lunatic Asylums, 1893, pp 7–8.

3 Mirror, main reception block, St Brigid's Hospital.

in an unbroken mirror, it is a reminder that even hand mirrors were a luxury out of the reach of most Irish cottiers and labourers in the early and mid nineteenth century.[31] Imagine then the possible reaction amongst patients literally confronted by a full-length reflection of themselves for the first time, as they were brought to the

31 J.M. Synge, *Playboy of the Western World*, Act II (Boston, 1911), p. 44.

asylum, possibly in distressed or violent states. Was it hoped that this image would jolt them back into sanity? Were they supposed to retain their first view of themselves, to hold against the presumably calm and possessed reflection they would present on their discharge? Why have such a large and obviously valuable mirror in a District Asylum that catered for pauper lunatics, unless it was intended to provoke some sort of reaction? Mirrors were routinely banned in many English asylums, because of the danger they posed if broken by violent patients. Yet here is this enormous piece of baroque furniture in an impoverished West of Ireland asylum, placed where patients could secure regular glimpses of themselves. Was it part of the general impulse towards moral therapy, that drove the asylum throughout the nineteenth century, by providing not merely a functional reflection of themselves, but one framed in an exceptionally lavish way? Perhaps for patients who had limited interaction with others, they could at least be in the company of themselves.