

Family Involvement in the Care, Control, and Confinement of Pauper  
Lunatics in Nineteenth-Century Belfast District, 1838-1878

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### **Abstract**

Following the creation of a national district lunatic asylum system in Ireland in 1821, the care of pauper lunatics officially became the duty of state. District lunatic asylums were set up across the country, such as Belfast's District Lunatic Asylum which was established in 1829, and they were soon filled past capacity. Yet many pauper lunatics remained outside the walls of the asylum, cared for by family or wandering free as vagrants. This study will argue that, despite state intervention in the care of pauper lunatics, families remained closely involved in the care, control, and confinement of their insane relatives in nineteenth-century Belfast.

Many families in Belfast district spent months or years caring for their insane relatives before making the decision to commit them to the asylum. Chapter one will analyse the extent to which the extramural care of pauper lunatics existed in Belfast between the years 1848 and 1878. It illustrates the persistence of extramural care in Belfast and argues that the positioning of the asylum as the primary location for the care of the insane in the historiography is misplaced and that equal consideration should be given to the family as a provider of care.

Chapter two of this study focuses on the involvement of families in the admission process to Belfast asylum. An analysis of committal warrants to Belfast asylum highlights the frequency with which information leading to committal was sworn by a close family member thus illustrating the key role that families played in the admission process and supporting the findings of other local studies. The widespread depiction of the asylum as a dumping ground for the unwanted is challenged through an exploration of the multitude of reasons that could influence a family's decision to commit their insane relative. It argues that Belfast asylum was used strategically and flexibly by families to cope during times of hardship. Ultimately,

this study promotes a multidimensional understanding of the lunatic asylum and argues that to reduce the asylum to a simple means of social control is unsatisfactory as it fails to encompass the diversity of lived experience.

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### Personal Statement

This dissertation is entirely my own work and builds upon material submitted for the end of module assessment for module A825. No part of this dissertation has previously been submitted for a degree or other qualification at the Open University or at any other university or institution.

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## 1. Introduction

The nineteenth century witnessed a dramatic change in cultural attitudes towards, and legislative provisions for the poor, criminal, and insane. Pre-nineteenth century these groups were largely treated as a homogenous mass of undesirables who, if found to be particularly disorderly or disruptive, were locked up in a 'variety of penal institutions where all were treated with great harshness.'<sup>1</sup> In light of medical, scientific and humanitarian developments at the close of the eighteenth century, the treatment of lunatics in particular underwent a major transformation as more humane, rationalised forms of treatment were developed, pioneered in the work of Phillippe Pinel, who symbolically struck the chains from the limbs of Parisian lunatics, and William Tuke, a Quaker whose York asylum became renowned for its use of 'moral treatment' of the insane.<sup>2</sup> Following the creation of a network of district lunatic asylums across Ireland in 1821, the number of pauper lunatics confined in Irish asylums steadily increased as the nineteenth century progressed. From 1<sup>st</sup> January to 31<sup>st</sup> December 1876, 10,387 individuals had been treated in Ireland's district asylums with many more confined in workhouses or gaols.<sup>3</sup> Yet a further 4,662 lunatics from the lower classes were said to be at large in Ireland, either living as vagrants or cared for by their friends and family and this group is often overlooked.<sup>4</sup> This study will examine the family's role in the care and confinement of pauper lunatics, at home and in the asylum, in Belfast district between 1838 and 1878.

While there have been many studies on individual district asylums in Ireland, very little exists which relates to asylums and the insane in the North of Ireland,

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<sup>1</sup> Joseph Robins, *Fools and Mad: a History of the Insane in Ireland* (Dublin: Institute of Public Administration, 1986), p. 24.

<sup>2</sup> Robins, p.55.

<sup>3</sup> *Lunatic Asylums—Ireland. Report on District, Local and Private Lunatic Asylums in Ireland*, Command Papers, 39: C.2037 (1878), p. 6.

<sup>4</sup> *Lunatic Asylums—Ireland* (1878), p. 25.

specifically Belfast. That which does exist is largely institutional in nature and ignores the social context within which insanity was defined and treated. Thus, this project will adopt a social history approach, placing the patient and their family at the centre of the study, to further our understanding of the patterns, contexts and reasons behind the care and confinement of the pauper insane in nineteenth-century Belfast district. The catchment area for the Belfast District Lunatic Asylum included Antrim, Down and Carrickfergus until 1869 when an asylum was erected in Downpatrick to cater to the insane population of County Down. As such, the figures relating to the distribution of lunatics in Belfast district will constitute both Antrim, Down and Carrickfergus unless otherwise stated. The date range of 1838 to 1878 was chosen to incorporate important legislative changes in the admission of lunatics to asylums, most notably the 1838 Criminal Lunatics Act and its 1867 amendment, and to chart change over time in the prevalence of institutional and extramural care of the insane.

There were two pathways to asylum admission in Ireland. Firstly, a direct application could be made to the asylum, usually initiated by a close family member. The informant had to swear an affidavit before a magistrate attesting to the patients' 'mental derangement', their length of residence in the county, and their condition as a pauper.<sup>5</sup> The admission form also required certificates to be signed by a doctor, magistrate, and parish minister. Details about the patient's social condition and species of insanity were also to be filled out along with the details of their next of kin. Oonagh Walsh has argued that from 1838, but more especially after the 1867 amendment, the Criminal Lunatics Act became the 'default means of admission' to asylums in Ireland with normal admission procedures rarely used.<sup>6</sup> Under the terms of the 1838 Act an

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<sup>5</sup> Public Records Office Northern Ireland (PRONI), HOS/28/1/5/1, Printed Annual Reports of the Belfast District Lunatic Asylum, 1833-1855.

<sup>6</sup> Oonagh Walsh, 'Gender and Insanity in Ireland, 1800-1923' in *Gender and History: Ireland, 1852-1922*, eds Jyoti Atwal, Ciara Breathnach and Sarah-Anne Buckley (London: Routledge, 2023) pp. 117-129, (p. 119).

alleged dangerous lunatic, providing they were considered a danger to themselves or others, could be arrested and admitted to gaol on the evidence sworn by any individual before two justices of the peace until a place could be secured for them in a district asylum.<sup>7</sup> The subsequent amendment of the act in 1867 made it illegal to admit a dangerous lunatic to gaol thus making it a legal requirement for them to be admitted directly to the asylum which caused severe overcrowding as the asylum could not legally refuse to admit them.<sup>8</sup>

The key primary sources used in this study include archival material relating to the Belfast District Lunatic Asylum, local newspapers, and the annual reports written by the Inspectorate of Lunacy on district, local, and private lunatic asylums in Ireland. The asylum's annual reports contain details on how long patients were ill before admission to the asylum, the length of time spent in the asylum, and whether they were discharged improved or recovered; all of which have been useful for highlighting the centrality of the family to the care of pauper lunatics pre- and post-admission, and for illustrating the multi-dimensional role that the asylum played in Irish society. Committal papers from Belfast asylum at ten-year intervals between 1838 and 1878 were used to carry out a quantitative survey that highlights the key role that family members played in the admission process by recording the relationship (or lack of) between patient and informer. The annual reports of the Inspectorate of Lunacy have provided data which has been useful for making comparisons between the local and national picture on the distribution of pauper lunatics in institutions and at large. Of particular importance for chapter one is the 1858 *Report of the Commissioners of Inquiry into the state of the lunatic asylums* as it details the amount of pauper lunatics 'at large' in the community, both nationally and by district, categorising them into

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<sup>7</sup> 1 Vic., c. 27

<sup>8</sup> 30 & 31 Vic., c. 118.



those who were vagrants or resided with family, and whether they were well-treated or neglected.

The historiography of insanity in the United Kingdom and Ireland has undergone a dramatic shift in the last few decades. With the emergence of social history and the shift from macro-histories to micro-histories, from top-down approaches to bottom-up approaches, so too has the historiography of insanity changed direction. Earlier studies of insanity were influenced by Foucauldian discourse and social control theories and displayed an inherently institutional bias, adopting the asylum as the lens through which to study insanity, most notably in the work of Andrew Scull.<sup>9</sup> More recently, studies of insanity have begun to highlight the extramural care of the insane, to examine the role of the family in their care or committal, and to re-imagine the asylum as an institution that performed a multitude of functions for the community, not simply one of control. This analysis of the historiography of insanity as it pertains to England and Ireland illustrates how the emerging debates have influenced the focus of this study and its subsequent findings.

One of the early pioneering academics in the field is Andrew Scull, a sociologist, who charted the major transformation in the societal response to and treatment of insanity in England between the mid-eighteenth and mid-nineteenth centuries.<sup>10</sup> Scull's main interest lay with explaining 'the rise of a segregative response to madness', with a particular focus on the primacy of the lunatic asylum in the care and confinement of the insane.<sup>11</sup> According to Scull, the majority of insane people in the eighteenth century were at large in the community or being cared for at

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<sup>9</sup> W.F. Bynum, Roy Porter, and Michael Shepherd, 'Introduction', in *The Anatomy of Madness, Volume II: Institutions and Society*, eds W.F. Bynum, Roy Porter and Michael Shepherd (London: Tavistock, 1985), pp. 1-16 (p. 5).

<sup>10</sup> Andrew T. Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979), p. 13.

<sup>11</sup> Scull, *Museums of Madness*, p. 30.

home with only a select few confined in gaols or houses of industry having been assimilated into larger groups of the poor and criminal.<sup>12</sup> However, with the rise of a capitalist market economy and the resulting ‘ever more through-going commercialization of existence’, this traditional response to insanity, with care based in the household, began to be abandoned.<sup>13</sup> This will act as the antithesis of chapter one which will seek to highlight the extent and persistence of the care of pauper lunatics by family members in the home in nineteenth-century Belfast district. For Scull, the conditions created by industrial capitalism - namely overcrowding, the separation of the home and workplace, emigration, the proliferation of jobs with long hours and low pay – made it increasingly difficult for families to care for and sustain a ‘non-productive’ insane family member at home.<sup>14</sup> He argues that a lunatic residing in the household would quickly become a ‘serious drain’ on the family’s resources with the poor having little option but to resort to the asylum ‘as a way of ridding themselves of what...was undoubtedly an intolerable burden.’<sup>15</sup>

Historians concerned with Ireland’s district lunatic asylum system, such as Mark Finnane, Oonagh Walsh and Elizabeth Malcolm, have argued that Scull’s correlation between the rise of lunatic asylums and the emergence of a capitalist economy cannot be applied to Ireland’s experience. Scull does acknowledge that capitalism had not quite reached the ‘Celtic fringe’, but fails to explain why Ireland witnessed the introduction of a district lunatic asylum system almost three decades before England without this so-called driving force.<sup>16</sup> Ireland did not follow the same industrial capitalist trajectory as England. Rather Ireland, with the exception of

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<sup>12</sup> Scull, *Museums of Madness*, p. 13.

<sup>13</sup> Scull, *Museums of Madness*, p. 30. Andrew T. Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (London: Yale University Press, 1993), p. 1.

<sup>14</sup> Scull, *Solitary*, p. 26.

<sup>15</sup> Scull, *Museums of Madness*, p. 34. Scull, *Solitary*, p. 332.

<sup>16</sup> Scull, *Solitary*, p. 30.

industrial Belfast, remained largely rural with a somewhat backward agricultural economy yet a district lunatic asylum system was written into law in 1817, 28 years before a similar system would be introduced in England.<sup>17</sup> Various theories have been put forward to explain this discrepancy. Finnane has argued that it was the ideological stance and determination of Ireland's leaders, Peel and Sir John Newport, that secured the district asylum system in Ireland fuelled as they were by the lack of a national poor law or any special provision for lunatics in a country as poverty-stricken as Ireland.<sup>18</sup> For Walsh, the emergence of the district asylum system in Ireland was in line with other attempts to increase the centralisation of Ireland's administration in the early nineteenth-century.<sup>19</sup> Following the Act of Union in 1800, Ireland had witnessed developments in the fields of policing, public health, prisons, and education; and Walsh argues that the district lunatic asylum system was yet another attempt to strengthen the stability and security of a restless Ireland by confining lunatics who threatened the social order.<sup>20</sup> What most of these theories have in common is the power which they assign to the politicians and the administration at the expense of the lunatics and their families. However, as Elizabeth Malcolm has shown, the asylum system could not have emerged and flourished as it did without the community's demand for asylum care, a fact that will be further discussed in chapter two.<sup>21</sup>

Following John K. Walton's study of lunatics in industrial Lancaster, Scull's contention that lunatics were no longer cared for at home but primarily confined in asylums began to be challenged. Walton disagreed with Scull's argument that the

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<sup>17</sup> Damien Brennan, *Irish Insanity: 1800-2000* (Abingdon, Oxon: Routledge, 2014), p. 8.

<sup>18</sup> Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (New Jersey: Barnes & Noble, 1981), p. 20.

<sup>19</sup> Oonagh Walsh, "'The Designs of Providence': Race, Religion and Irish Insanity", in *Insanity, Institutions and Society, 1800-1914: A Social History of Madness in Comparative Perspective*, eds J. Melling and B. Forsythe (London: Routledge, 1999), pp. 223-242 (p. 224).

<sup>20</sup> Walsh, "'The Designs of Providence'", p. 224.

<sup>21</sup> Elizabeth Malcolm, "'The House of Strident Shadows': The Asylum, The Family and Emigration in Post-Famine Rural Ireland", in *Medicine, Disease and the State in Ireland, 1650-1940*, eds Elizabeth Malcolm and Greta Jones (Cork: Cork University Press, 1999), pp. 177-191 (p. 178).

family were unwilling to care for unproductive, insane family members and highlighted the experiences of working-class families from the textile industry in Lancaster.<sup>22</sup> He claimed that they viewed the asylum much as they viewed the workhouse; a place to be avoided at all costs and cited evidence of community and family support networks to sustain dependents. This departure from the primacy of the asylum in the historiography of insanity continued with the influential work of David Wright. Wright maintains that equal weight must be given to the extramural care of the insane to enrich the history of insanity.<sup>23</sup> He argues that to focus primarily on the asylum as Scull did is to read only ‘one chapter in the often tortured and tragic lives of individuals, households and communities struggling to cope’ with mental illness.<sup>24</sup> Families continued to care for their insane relatives even as the asylum rose in prominence; and even when families did resort to the asylum it was often only a temporary solution.

Scull concluded that asylums became ‘dumping grounds’ for the unwanted and inconvenient; ‘museums for the collection of the unwanted’ containing a ‘horde of the hopeless.’<sup>25</sup> In the Irish context, Joseph Robins, a contemporary of Scull’s, reached a similar conclusion as to the role of the asylum in Irish society, arguing that it acted as a ‘depository for all the unwanted in the community.’<sup>26</sup> Scull’s work is characterised by the cynical and fatalistic motives which he assigns to the asylum and the families of the insane – the asylum sought to control, not cure, the insane, and families had little capacity or willingness to do anything other than commit their relatives to the asylum. Thus, for Scull, a diagnosis of insanity usually only had one outcome –

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<sup>22</sup> John K. Walton, ‘Lunacy in the Industrial Revolution: A Study of Asylum Admissions in Lancashire, 1848-1850’, *Journal of Social History*, 13:1 (1979), 1-22 (p. 17).

<sup>23</sup> David Wright, ‘Re-placing the Lunatic Asylum in the History of Madness’, *History Australia*, 19:1 (2022), 161-176, (p. 175).

<sup>24</sup> Wright, ‘Replacing the lunatic asylum’, p. 170.

<sup>25</sup> Scull, *Museums of Madness*, pp. 250-251. Scull, *Solitary*, p. 272.

<sup>26</sup> Robins, p. 146.

institutionalisation, and once institutionalised, pauper lunatics were likely to remain in the asylum long-term making the asylum's primary function ultimately a custodial one.<sup>27</sup> Just as Scull's primary focus on the asylum has been challenged, so too has his conception of the asylum as a dumping ground for the unwanted in society.

The departure from a one-dimensional interpretation of the asylum's role in society has enriched the historiography of insanity and has opened new avenues for research. Examinations into the reasons behind the family's decision to commit have helped to uncover the existence of a 'moral economy of compassion and sentiment' among poor families and has highlighted the many different functions that the asylum performed for the family and community of the insane.<sup>28</sup> Contrary to what Scull claimed, families did not always dump their insane relatives in the asylum because they were unwilling to care for them. Committal to an asylum was an important decision that was not taken lightly and a decision that should not be equated with a lack of feeling. Poverty and mental illness could put pressure on even the most caring of families, and admission to the asylum may have been the only way they could think of to help their afflicted relative. Families, influenced by greater public confidence in asylums and tales of the successes of moral treatment, may have genuinely believed that the asylum was the best place to ensure the treatment and cure of their insane kin. Or they may have reluctantly made the decision due to a change in circumstances and a subsequent inability to provide care at home. The family made strategic use of the asylum system at times when resources were scarce, if the insane individual became

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<sup>27</sup> Scull, *Solitary*, p. 272.

<sup>28</sup> Joseph Melling, Bill Forsythe, and Richard Adair, 'Families, Communities, and the Legal Regulation of Lunacy in Victorian England', in *Outside the Walls of the Asylum; The History of Care in the Community 1750-2000*, eds Peter Bartlett and David Wright (London: Athlone Press, 1999), pp. 153-180 (p. 153).

uncontrollably violent, or when there were changes in the household unit such as the illness or death of a caregiver as will be discussed in chapter two.<sup>29</sup>

In his seminal work Finnane, examined the social context in which lunatics were ‘defined, processed and confined’ in nineteenth-century Ireland.<sup>30</sup> Significantly, Finnane highlighted the central role that the family played in the process of confinement. He argued that the key agents in the committal of the insane were the family rather than the interference of authority figures or the imposition of medical personnel.<sup>31</sup> It was the family who first identified an individual as mad and it was the family who made the decision to commit them to the asylum. His examination of committal warrants for Omagh asylum between 1861 and 1901 revealed that the majority of admissions were initiated by immediate family members.<sup>32</sup> Cox’ examination of Carlow district committal warrants yielded similar results.<sup>33</sup> Cox and Finnane’s methodology and results will feature in chapter two of this study as it seeks to carry out a similar survey of asylum committals which were instigated by family members in Belfast district between 1838 and 1878 and to uncover any differentials between the urban and rural asylum districts.

Ultimately, this study, while acknowledging Scull’s contention that the nineteenth-century witnessed an increase in lunatics committed to institutions and asylums, will draw on the work of David Wright and others to highlight the persistence of care in the home and will attempt to offer a multidimensional picture of the asylum, one in which the asylum was used strategically by families for respite and treatment, and not just as a custodial institution for the unwanted.

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<sup>29</sup> Melling, Forsythe and Adair, pp. 171-173.

<sup>30</sup> Finnane, p. 15.

<sup>31</sup> Finnane, p. 162.

<sup>32</sup> Finnane, p. 170n.

<sup>33</sup> Cox, p. 149.

## 2. Extramural Care of Pauper Lunatics in Nineteenth-Century Belfast

Even before the advent of Ireland's national asylum system, the generally held belief among politicians and legislators was that those suffering from insanity should be confined in an institution. In a parliamentary debate in 1816 on the state of the lunatic poor in Ireland, Sir Robert Peel stressed 'the impropriety of uncontrolled lunacy' and argued that 'it was not right these unhappy beings should go abroad free from restraint.'<sup>1</sup> In 1817, the Committee set up to inquire into the provision of relief for the lunatic poor in Ireland concluded that it was 'the duty of the state' to provide for the relief and care of lunatics.<sup>2</sup> The subsequent establishment of a district asylum system in 1821 further propagated the idea that the asylum was the most appropriate place for pauper lunatics. However, in reality, many pauper lunatics in Ireland existed outside of the asylum and were being cared for at home or in the community or were wandering free as vagrants. This chapter will explore the extent of extramural care of pauper lunatics in nineteenth-century Belfast using the annual estimations of lunatics 'at large' provided in the Inspectorate of Lunacy reports supplemented with details from asylum records and local newspapers.

The existence of pauper lunatics outside the walls of the asylum is often overlooked in historical studies of insanity. Andrew Scull argued that by the mid-nineteenth-century 'virtually no aspect' of the traditional response to insanity remained, in which the insane were left to wander at large in the community or were being maintained at home by their family, having been abandoned and replaced with an asylum system that would 'physically and symbolically' isolate the insane from

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<sup>1</sup> Oonagh Walsh, 'Lunatics and Criminal Alliances in Nineteenth-Century Ireland' in *Outside the Walls of the Asylum; The History of Care in the Community 1750-2000*, eds Peter Bartlett and David Wright (London: Athlone Press, 1999), pp. 86-114, (p. 134).

<sup>2</sup> *Select Committee on Relief of Lunatic Poor in Ireland. Report, Minutes of Evidence, Appendix*, House of Commons Papers, 430: 8 (1817), p. 4.

wider society.<sup>3</sup> However, Peter Bartlett and David Wright have argued that the asylum did not replace the traditional care of lunatics in the household but rather supplemented it.<sup>4</sup> Families cared for their insane relatives at home ‘prior to and in lieu of confinement’ and may well have continued to care for them after discharge and in the interim before readmission.<sup>5</sup> Therefore, the family and the household persisted as an important ‘locus of care’ for the insane even as the asylum rose in prominence and, as such, Bartlett and Wright have stressed the importance of giving equal attention to this form of care in the historiography as it remained a reality for many individuals and their families.<sup>6</sup>

It is acknowledged by Joseph Robins that at the beginning of the nineteenth-century, the majority of lunatics in Ireland were ‘wandering at large or confined to peasant cabins or outhouses’ however, following the creation of Ireland’s district asylum system an increasing number of lunatics were confined in asylums.<sup>7</sup> Robins and Mark Finnane have acknowledged that some pauper lunatics remained ‘at large’ in Ireland even after the creation of the district asylums but, like Scull, their primary focus lay with the rise of the asylum and the institutionalisation of lunatics. Pauper lunatics that resided outside institutions and the role their families played in caring for them rarely feature in studies of the history of Irish insanity. While the sheer volume of meticulous records generated by the asylum have made the asylum and its patients a popular area of investigation for historians, the scarcity of qualitative sources relating

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<sup>3</sup> Andrew T. Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (London: Yale University Press, 1993), p. 1. Andrew T. Scull, *Museums of Madness; The Social Organization of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979), pp. 13-14, p. 30.

<sup>4</sup> Peter Bartlett and David Wright, ‘Community Care and its Antecedents’, in *Outside the Walls of the Asylum; The History of Care in the Community 1750-2000*, eds Peter Bartlett and David Wright (London: Athlone Press, 1999), pp. 1-18, (pp. 4-5).

<sup>5</sup> David Wright, ‘Getting out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century’, *Social History of Medicine*, 10:1 (1997), 137-155, (p. 154).

<sup>6</sup> Bartlett and Wright, pp. 4-5.

<sup>7</sup> Joseph Robins, *Fools and Mad: a History of the Insane in Ireland* (Dublin: Institute of Public Administration, 1986), p. 60.



to pauper lunatics in the domestic environment may explain why the domestic care of lunatics in Ireland has been largely overlooked. However, there are several useful sources that can be analysed to highlight the continued importance of the family in the care of pauper lunatics and to challenge the dominance of the asylum in the historiography.

Of particular use in quantifying the number of insane who were located outside the walls of the asylum in nineteenth-century Ireland are the annual reports of the Inspectorate of Lunacy which were published from 1844 and contain estimations of 'lunatics, idiots, imbeciles, and epileptics', often undifferentiated at the time, who were at large adjudged by members of the Royal Irish Constabulary (RIC) in each district.<sup>8</sup> This method of quantifying the number of insane at large was often criticised in government reports as the numbers were based on the local knowledge of the constabulary and involved a degree of hearsay often based on neighbourhood gossip.<sup>9</sup> In 1878 an inquiry into the care of lunatics argued that the RIC, though an efficient and well-organized force, were unqualified for such a task as they did not have the knowledge to categorise mental disorders and lacked sufficient authority to investigate private homes and families.<sup>10</sup> However, Joseph Robins has argued that the absence of a clear-cut definition of insanity, even among professionals of the time, coupled with the close relationships fostered between constables and their local districts means that it is unlikely that professionals would have reached a significantly different total; rather a considerable degree of underestimation may have taken place if families made a concentrated effort to conceal their insane relatives from public view.<sup>11</sup> Figures

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<sup>8</sup> Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (New Jersey: Barnes & Noble, 1981), p. 105.

<sup>9</sup> Robins, p. 77.

<sup>10</sup> *Poor Law Union and Lunacy Inquiry Commission (Ireland). Report and evidence with appendices*, Command Papers, 31: C.2239 (1878-79), p. lxxxvi.

<sup>11</sup> Robins, p. 77.

relating to the distribution of pauper lunatics in prisons, workhouses and asylums, both nationally and locally, are also featured in the annual Inspectorate of Lunacy reports which can be used to chart change over time in the extramural and institutional care of pauper lunatics as well as revealing any local variations to the national picture.

In 1846 the total number of ‘lunatics’ and ‘idiots’ in Belfast district was estimated at 1,199 of which 621 (or 51.8 per cent) were ‘at large’ constituting both those who were vagrants or residing with family or friends.<sup>12</sup> Only 21 per cent of the insane in the district were confined in Belfast asylum with a further 24 per cent confined in the union workhouses of Antrim and Down and 2.8 per cent in the county gaols.<sup>13</sup> This was largely similar to the national picture at the time. By 1858 the percentage of insane in the district who were at large had fallen to 37.9 per cent with a corresponding rise in those confined in the asylum (37.2 per cent) but those ‘at large’ still outnumbered those in the asylum as seen in Table 1.<sup>14</sup> The 1878 inquiry into the treatment of pauper lunatics found that the number of lunatics at large in Ireland had doubled in the two decades since 1858 from 3,352 to 6,709 of which 4,662 were said to be from the lower classes, however the total number of the insane poor had also risen exponentially during this period meaning that those pauper lunatics at large now only constituted 28.9 per cent of the insane population of Ireland.<sup>15</sup> Within Belfast district (including County Down) the number of pauper lunatics at large had increased by 60 per cent between 1858 and 1878 meaning that its proportion of lunatics at large remained similar to that of Ireland as a whole.<sup>16</sup> An analysis of the data reveals that

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<sup>12</sup> *Lunatic Asylums--Ireland. Report on the District, Local, and Private Lunatic Asylums in Ireland, 1846*, Command Papers, 17: 820, XVII.355 (1847), p. 89

<sup>13</sup> *Lunatic Asylums – Ireland. Report 1846*, p. 73, p. 88.

<sup>14</sup> *Lunatic Asylums, Ireland, Commission. Report of the Commissioners of Inquiry into the State of the Lunatic Asylums and Other institutions for the Custody and Treatment of the Insane in Ireland: Part I.--Report, tables, and returns*, Command Papers, 27:159, XXVII.1, 159 (1858), p. 22.

<sup>15</sup> *Poor Law Union and Lunacy Inquiry Commission (Ireland)*, p. lxxxvi.

<sup>16</sup> *Lunatic Asylums Commission (1858)*, pp. 114-115. *Lunatic Asylums—Ireland. Report on District, Local and Private Lunatic Asylums in Ireland*, Command Papers, 39: C.2037 (1878), p. 25.

the proportion of the insane at large, both locally and nationally, did fall between 1846 and 1878. It shows the rise of institutional confinement as a response to insanity as the nineteenth-century progressed just as Scull claimed. However, it also shows that by 1878 about 29 per cent of pauper lunatics, both at the national and local level, remained at large thus highlighting the existence of pauper lunatics outside the walls of the asylum well into the nineteenth-century and contradicting Scull's claim that the traditional, family-based care of pauper lunatics had ceased to exist.<sup>17</sup>

*Table 1 Distribution of Pauper Lunatics in Belfast district (including Antrim, Down and Carrickfergus). Figures taken from Inspectorate of Lunacy Reports and 1851 census report on the state of disease.*

	<i>'At large'</i>	<i>In District Asylum</i>	<i>In Union Workhouses</i>	<i>In Prisons</i>	<i>Total number of Pauper Lunatics in the District</i>
1846	621	251	293	34	1,199
1851 <sup>18</sup>	433	299	165	16	913
1858	336	330	219	2	887
1878	542	766	550	0	1,858

*Table 2 Distribution of Pauper Lunatics in Ireland. Figures taken from Inspectorate of Lunacy Reports and 1851 census report on the state of disease.*

	<i>'At Large'</i>	<i>In District or Local Asylums</i>	<i>In Union Workhouses</i>	<i>In Prisons</i>	<i>Total number of Pauper Lunatics in Ireland</i>
1846	6,217	2,966	2,238	482	11,985
1851	4,635	3,436	1,623	286	9,980
1858	3,352	3,842	1,707	166	9,049
1878	4,662	8,073	3,372	2	16,109

<sup>17</sup> *Lunatic Asylums—Ireland* (1878), p. 25. Scull, *The Most Solitary of Afflictions*, p. 1.

<sup>18</sup> *The Census of Ireland for the Year 1851. Part III. Report on the Status of Disease*, Command Papers, 58: 1765, LVIII.1 (1854), pp. 50-51.

Lunatics who resided outside the walls of the asylum posed a large enough concern that there were calls for Irish law to be brought into line with English law to address the neglected lunatics of Ireland. Despite a fall in the *proportion* of insane at large in Ireland in 1878, the overall numbers had risen between 1858 and 1878, as seen in Table 2, prompting calls for legislative reform. The 1858 commission proposed that police be given the power to ‘arrest and bring before a magistrate every person wandering at large and deemed to be a lunatic’ or those lunatics who ‘though not wandering at large...is not under proper care and control or is cruelly treated or neglected by any relative or person having the care or charge of him.’<sup>19</sup> This had already been implemented in England with the Lunatic Asylums act of 1853.<sup>20</sup> The proposals made by the 1858 commission remained unanswered and, in the decades following, further calls were made for legislative reform concerning lunatics at large. In 1878 another commission recommended that regular inspections of lunatics at large should be carried out by dispensary medical officers to ensure that they were being properly cared for and that those who were neglected but harmless should be catered for in spare workhouse buildings.<sup>21</sup> W. Neilson Hancock of the Statistical and Social Inquiry Society of Ireland, claimed that the rise in numbers of the insane at large in Ireland, as revealed by the 1878 commission, was in part because of the non-extension of the English act of 1853 to Ireland.<sup>22</sup> Hancock echoed the proposals put forward by the commission, calling for Irish law to be assimilated with English law, but also suggested that Ireland adopt the Scottish practice of boarding-out harmless incurable lunatics to the community or family to free up spaces in the asylum for the curable

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<sup>19</sup> *Lunatic Asylums Commission* (1858), pp. 88-89.

<sup>20</sup> 16 & 17 Vic., c. 97.

<sup>21</sup> *Poor Law Union and Lunacy Inquiry Commission (Ireland)*, p. ci.

<sup>22</sup> W. Neilson Hancock, ‘On the assimilation of the law in England, Scotland, and Ireland, as to the care of lunatics and their property’, *Journal of the Statistical and Social Inquiry Society of Ireland*, 8: 56 (1879-80), 79-82, (p. 79).

insane.<sup>23</sup> These proposals never came to fruition due to the oppositions' fear that any amendments to the lunacy law would increase the 'financial burden' on the poor rates but the persistence of these calls for reform over decades highlights the pervasiveness of this problem throughout the nineteenth century.<sup>24</sup>

Yet despite the call for further provision to be made for pauper lunatics at large, it was very much targeted at those who were being mistreated or neglected. When Robert Stewart, manager of the Belfast asylum, was examined by the 1858 commission and asked if he thought it was advisable to detain the lunatics at large in Belfast district he replied, 'unless there is positive evidence of being dangerous to themselves or others, I would allow them to have their liberty; that is if they were harmless, and if they had friends that would look after them.'<sup>25</sup> In the commission's final report they echoed Stewart's sentiments and advised that those who were well-treated at home should not be interfered with as it would be 'an intrusion on domestic privacy, and an unveiling of secret afflictions, would give pain without any corresponding benefit or advantage, and be as offensive to the feelings of the family as uncalled for and unnecessary.'<sup>26</sup> Clearly, despite the rising prominence of the asylum as a means of treatment for the insane, many still believed families should be able to provide care at home, if they were willing and able to, without interference from the state.

Care in the home did not only exist as an alternative to confinement in the asylum. Rather, many pauper lunatics were likely to have experienced both at some stage in the duration of their illness. Wright argued that families often spent months or years caring for their insane relatives at home before a crisis necessitated admittance

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<sup>23</sup> Hancock, p. 80.

<sup>24</sup> Finnane, p. 103. Pauline Prior, 'Mental Health Law on the Island of Ireland, 1800-2010' in Ireland' in *Asylums, Mental Health Care and the Irish 1800-2010*, ed. by Pauline Prior (Dublin: Irish Academic Press, 2012), pp. 316-334, (p. 321).

<sup>25</sup> *Lunatic Asylums Commission* (1858), p. 327.

<sup>26</sup> *Lunatic Asylums Commission* (1858), p. 89.

to the asylum and this was echoed in Catherine Cox's study of Carlow asylum district which found that many lunatics were cared for in the domestic environment by their family for many years 'despite the financial and social difficulties' that it entailed until the individual became especially violent or unmanageable.<sup>27</sup> Some examples of this in Belfast district include Henry Mulholland who was admitted to Belfast asylum in 1839 after being insane for 14 years, Terence McKeever who was admitted in 1840 having been insane for 31 years, and Hugh McAlinden who was admitted in 1869 having been 'astray in his mind' for the last 16 years.<sup>28</sup> Those admitted after being ill for longer than a decade were extremely rare but those who were ill for months or several years were more common as revealed in the annual reports of Belfast asylum.

Usefully, the annual reports of the Belfast District Lunatic Asylum contain information relating to how long patients that had been discharged or died during the year were ill before admission to the asylum. Of the 143 patients who were discharged or died during the period 1 April 1847 to 31 March 1848, 44.8 per cent had been ill for less than three months before their admission.<sup>29</sup> Those who had been ill for 3 to 12 months constituted a further 34 per cent meaning it was most likely for patients to be ill for less than a year before admission. While most patients were admitted fairly quickly following the onset of their insanity, 21 per cent had been ill for more than a year before they were admitted to the asylum, ranging from 1 year to 20 years. Of this number, only 3.5 per cent had been ill for more than five years. Presumably, before their admission to the asylum they were receiving some form of care at home especially given the close involvement of family members in the admission process as

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<sup>27</sup> David Wright, 'Re-placing the Lunatic Asylum in the History of Madness', *History Australia*, 19:1 (2022), 161-176, (p. 170). Catherine Cox, *Negotiating Insanity in the Southeast of Ireland, 1820-1900* (Manchester: Manchester University Press, 2012), pp. 114-115.

<sup>28</sup> Public Records Office Northern Ireland (PRONI), HOS/28/1/1/1, Belfast Asylum Minute Book, 1829-1843. HOS/28/1/13/12, Belfast District Lunatic Asylum Committal Papers, 1868-1869, no. 4267.

<sup>29</sup> PRONI, HOS/28/1/5/1, Printed Annual Reports of the Belfast District Lunatic Asylum, 1848, (p. 24).

will be seen in chapter two. Data from the 1878 annual report is remarkably similar to that of 1848 with 81 per cent of patients who were discharged or who died having been ill for less than 12 months and only 18 per cent for more than 12 months.<sup>30</sup> However, when looked at in smaller increments of time some subtle changes become evident. In 1848, 44.8 per cent of patients had been ill for less than three months before their admission to the asylum but by 1878 this had grown to 54 per cent illustrating the increased receptivity of the public to the asylum as a form of treatment.<sup>31</sup> As the century progressed, families, whether influenced by popular rhetoric, tales of successful treatment, or the pressures of industrialisation, were resorting to asylum care quicker than before with many patients admitted less than three months after the onset of their insanity. While this would seem to support Scull's argument about the decline in the traditional, family-based response to insanity, the continued existence of a small number of patients who were ill for much longer periods prior to admission shows that familial care of pauper lunatics persisted well into the nineteenth century in Belfast district.

Oonagh Walsh has argued that women were cared for at home for longer than men as physically they were not as difficult to control, and because of the important role they played in the domestic and agricultural economies which would be disrupted if they were sent to the asylum.<sup>32</sup> Yet data from Belfast asylum's annual reports for 1848 and 1878 reveals that women were more likely to be admitted to the asylum earlier in their illness than men. Only 16 per cent of women who were discharged or who died in 1848 had been ill for longer than one year compared to 28 per cent of

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<sup>30</sup> PRONI, HOS/28/1/5/3, Printed Annual Reports, 1878, (p. 29).

<sup>31</sup> PRONI, HOS/28/1/5/1, Printed Annual Reports, 1848, (p. 24). HOS/28/1/5/3, Printed Annual Reports, 1878, (p. 29)

<sup>32</sup> Oonagh Walsh, "A Lightness of Mind" : Gender and Insanity in Nineteenth-Century Ireland' in *Gender Perspectives in Nineteenth-Century Ireland : Public and Private Spheres*, eds Margaret Kelleher & James H. Murphy (Dublin: Irish Academic Press, 1997), pp. 159-167, (p. 160).

men.<sup>33</sup> More than half of women were admitted within three months of their illness but for men this constituted only 36 per cent. This gendered pattern remains similar in 1878 with women still more likely to be admitted within a shorter period from the onset on their insanity.<sup>34</sup> The discrepancy between Belfast's data and Walsh's argument suggests an urban-rural differential. Walsh's argument was based on her study of Connacht District Lunatic Asylum which catered to the population of western Ireland, a predominately rural area. In rural areas, where work and homelife was often performed concurrently, it was easier for families to care for a lunatic at home. The involvement of women in cottage-based industry in Western Ireland meant that women's work was largely confined to the home.<sup>35</sup> Should a woman suffer an attack of insanity, the proximity of other family members working in the home or on the land could enable families to care for them at home thus lessening the disruption to the domestic economy. In contrast, Belfast was already experiencing significant industrialisation by the mid-nineteenth century, and the subsequent separation of the home from the workplace would have made it increasingly difficult to provide care at home. For women, their increasing involvement in Belfast's thriving industrial economy relocated their place of work from the home to the factory. By 1881, 73 per cent of those employed in Belfast's textile industries were women, many of whom were contributing to the family income while concurrently performing domestic duties.<sup>36</sup> As such, an attack of insanity in a woman could pose a great disruption to the family economy. Unlike their rural counterparts, women who worked outside the home in urban areas were not easily hidden from view should they become insane, and the separation of work from the home meant that fewer family members were available to

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<sup>33</sup> PRONI, HOS/28/1/5/1, Printed Annual Reports, 1848, (p. 24).

<sup>34</sup> PRONI, HOS/28/1/5/3, Printed Annual Reports, 1878, (p. 29).

<sup>35</sup> Ciara Breathnach, 'The Role of Women in the Economy of the West of Ireland, 1891-1923', *New Hibernia Review*, 8: 1 (2004), 80-92, (p. 82).

<sup>36</sup> Olwen Purdue, 'Surviving the Industrial City: the Female Poor and the Workhouse in Late Nineteenth-Century Belfast', *Urban History*, 44: 1 (2017), 69-90, (p. 72).



provide domestic care. The admittance of women to Belfast asylum earlier in their illness than men resulted from pragmatic and strategic decisions taken by families who were unable to provide care at home with the hope that early intervention would result in a quicker recovery thus restoring their ability to contribute to the domestic and financial economy. For example, when Ellen Walker was admitted to Belfast asylum in 1848, she had been ill for only two months.<sup>37</sup> She was married with six children and worked in the spirit trade with her husband. Ellen was discharged only six months later possibly because her husband could spare her no longer and needed her help to care for the six children and run the business. An in-depth comparison of pre-admission data for males and females from select urban and rural asylum districts could further our understanding of how patterns of extramural care and asylum committal were impacted by gender and location but, unfortunately, this is beyond the remit of this study.

Wright has also highlighted the importance of the process of discharge from the asylum as many lunatics were discharged back into the care of their families. He argued that families were key in the process as the discharge of a patient often depended on the 'ability and willingness of the family to accommodate the lunatic back into the household.'<sup>38</sup> Between 1846 and 1858 an average of just below 20 patients per year were discharged relieved (not fully recovered) from Belfast asylum.<sup>39</sup> Presumably these patients were released into the care of their family or friends even though they were still showing some signs of insanity. For example, a widow from Larne, Nancy Moore, had been discharged from Belfast asylum into the care of her

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<sup>37</sup> PRONI, HOS/28/1/13/6, Committal Papers, no. 1938.

<sup>38</sup> David Wright, 'The Discharge of Pauper Lunatics from County Asylums in Mid-Victorian England: The Case of Buckinghamshire, 1853-1872', in *Insanity, Institutions and Society, 1800-1914: A Social History of Madness in Comparative Perspective*, eds J. Melling and B. Forsythe (London: Routledge, 1999), pp. 93-112, (p. 95).

<sup>39</sup> PRONI, HOS/28/1/5/1, Annual Printed Reports, 1846-1855. HOS/28/1/5/2, Annual Printed Reports, 1855-1858.

father when she sadly committed suicide.<sup>40</sup> In a similar case, Arthur Donnelly was discharged from Belfast asylum though he was ‘not yet quite sane’ into the care of his wife but when his wife left him alone to do work on the farm, he hung himself.<sup>41</sup> Care in the household was also a reality for those who were admitted to the asylum on multiple occasions with families providing care in the interim between discharge and readmission. For example, within the space of a year, Eliza Doherty, a 55-year-old housewife and mother of nine children was admitted to Belfast asylum three separate times.<sup>42</sup> In her first committal warrant dated June 1846 the affidavit attesting to her insanity was sworn by her husband, James, who claims that she had suffered many ‘night attacks’ caused by the death of her child.<sup>43</sup> It is noted on the warrant that ‘Mrs Doherty is at present in a most excited state; and the poor man, her husband, entirely unable to manage her.’<sup>44</sup> The last committal warrant is dated May 1847 by which time Eliza is now a widow whose daughters have taken on the responsibility of orchestrating her committal to the asylum after trying and failing to care for her at home.<sup>45</sup>

Those pauper lunatics said to be at large in the annual estimations of the RIC included those who were vagrants and those who were under the care of family or friends. A particularly useful report from the 1858 Lunatic Asylums Ireland Commission categorizes those pauper lunatics ‘at large’ into those who resided with family or strangers, those who resided alone or those who were vagrants.<sup>46</sup> A further distinction is made between those who lived with parents or spouse, siblings or children, other relations, and strangers. While such information provides only a

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<sup>40</sup> *Banner of Ulster*, 30 November 1849.

<sup>41</sup> *Dublin Evening Mail*, 26 December 1860.

<sup>42</sup> PRONI, HOS/28/1/13/5, Committal Papers, numbers 1693, 1723, 1802.

<sup>43</sup> PRONI, HOS/28/1/13/5, Committal Papers, no. 1693.

<sup>44</sup> PRONI, HOS/28/1/13/5, Committal Papers, no. 1693.

<sup>45</sup> PRONI, HOS/28/1/13/5, Committal Papers, no. 1802.

<sup>46</sup> *Lunatic Asylums Commission* (1858), pp. 114-115.

snapshot in time from 1858 it is nevertheless useful as a lens through which to analyse the extent to which families were involved in the extramural care of their insane kin in mid-nineteenth century Belfast. It reveals that of the 336 pauper lunatics at large in Belfast district only 15 per cent were vagrants.<sup>47</sup> Vagrant lunatics often had no family support or care but may have received charity or food in exchange for doing odd-jobs. One such 'wandering eccentric' was Mary Ann Leckey, an inmate of Belfast asylum for three years who was discharged while 'still half-insane' and occupied her time by wandering the countryside and carrying messages between constabulary barracks.<sup>48</sup> Only 2 per cent of lunatics at large lived alone, and the rest resided with family and friends.

In David Hirst and Pamela Michael's study of the extramural care of lunatics in mid-nineteenth century Wales, they found that many lunatics were living with their families or were boarded out in the community.<sup>49</sup> Their analysis of Welsh lunacy returns revealed the importance of the immediate family in the care of the insane and the limited involvement of the extended family.<sup>50</sup> A similar pattern in Belfast emerges when analysing the data gathered by the 1858 commission. In 1858, 62.5 per cent of pauper lunatics at large resided with members of their immediate family, including parents, spouse, siblings, and children as seen in Table 3.<sup>51</sup> Of the 278 pauper lunatics residing with others only 6.5 per cent lived with extended family members which was even less than those who lived with non-kin. Akihito Suzuki, in his study of the domestic care of middle-class lunatics in eighteenth century London, argued that the most important family tie for maintaining the domestic care of a lunatic was that of

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<sup>47</sup> *Lunatic Asylums Commission* (1858), pp. 114-115.

<sup>48</sup> *Banner of Ulster*, 23 February 1858.

<sup>49</sup> David Hirst and Pamela Michael, 'Family, Community, and the Lunatic in mid-nineteenth-century North Wales', in *Outside the Walls of the Asylum; The History of Care in the Community 1750-2000*, eds Peter Bartlett and David Wright (London: Athlone Press, 1999), pp. 66-85 (p. 67).

<sup>50</sup> Hirst and Michael, pp. 76-77.

<sup>51</sup> *Lunatic Asylums Commission* (1858), pp. 114-115.

marriage as evidenced by the proliferation of single lunatics in institutions.<sup>52</sup> Conversely, Hirst and Michael found that parents, individually or jointly, carried out the bulk of domestic care of lunatics in North Wales.<sup>53</sup> In Belfast, it was most common for lunatics to reside with parents or a spouse but unfortunately, the results from the 1858 commission grouped them together as a category making it impossible to discern whether parents or spouses were more involved in the care of pauper lunatics. However, the near-equal involvement of parents and spouses in the admission process, as seen in the next chapter, together with the large number of pauper lunatics who resided with either parents or spouse suggests that both family ties were extremely important for maintaining the domestic care of pauper lunatics in Belfast.<sup>54</sup> Ultimately, more than 25 per cent of the total number of pauper lunatics in Belfast district were residing with family members, both immediate and extended, in 1858 illustrating the continued importance of familial care in the maintenance of pauper lunatics.<sup>55</sup>

*Table 3 Insane Poor at Large in Belfast District (including Antrim, Down and Carrickfergus). Numbers taken from Lunatic Asylums, Ireland, Commission (1858)*

<i>Residing with</i>				<i>Living Alone</i>	<i>Vagrant</i>	<i>Total insane at large in district</i>
<i>Parents. Husband. Wife.</i>	<i>Brothers. Sisters. Children.</i>	<i>Other Relations</i>	<i>Other Persons</i>			
163	47	18	50	7	51	336

However, as Bartlett and Wright have warned, it is important not to conflate the prevalence of care in the home with more humane treatment.<sup>56</sup> Even though the 1858 commission found that most pauper lunatics at large lived with family or others, this did not necessarily equate to their better treatment and care. They found that, of

<sup>52</sup> Akihito Suzuki, *Madness at Home : The Psychiatrist, the Patient, and the Family in England, 1820-1860* (Berkeley: University of California Press, 2006), p. 157.

<sup>53</sup> Hirst and Michael, p. 77.

<sup>54</sup> *Lunatic Asylums Commission* (1858), pp. 114-115.

<sup>55</sup> *Lunatic Asylums Commission* (1858), pp. 114-115.

<sup>56</sup> Bartlett and Wright, p. 9.

those lunatics at large in Belfast district, 51 per cent were well-treated but the remaining were ‘neglected.’<sup>57</sup> Unfortunately, there is no way to distinguish between those who were being neglected as vagrants or those who were being neglected while under the care of their family, but it is clear from these figures that Bartlett and Wright’s contention that ‘neither institutions nor the community had a monopoly over kindness or cruelty’ is true.<sup>58</sup> For example, in 1842 an insane man named Samuel Hall brought his wife and son before the courts, accusing them of ill-treating him; it was claimed that his family ‘treated him like a dog, and beat and abused him upon all occasions’ and during his examination he said, ‘I don’t wish to have them punished; but all I want’s [sic] to make them do justice to me, and treat me as they should.’<sup>59</sup> In another case, the Belfast police court found James McConnell guilty of unlawfully imprisoning his insane wife.<sup>60</sup> He had locked her in the attic for seven months after suspecting her of killing their newborn child. When sentencing James to six months imprisonment the residing magistrate said, ‘if she was not in her right mind, the lunatic asylum was the proper place for her.’<sup>61</sup> Jane herself described her treatment at the hands of her husband to the court stating that ‘the window was nailed down...I could not cry out or see out of the window. I did not get the common necessaries of life. My face was washed only three times since May last. Had but one sheet to my bed. I had no fire during the time of frost or snow...I did not know the day of the month, nor of the week, nor when it was Sunday, but by the ringing of the bells.’<sup>62</sup> Depositions from the insane themselves in cases like these provide a rare insight into the personal experiences of pauper lunatics who resided outside the walls of the asylum. Clearly, the insane poor

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<sup>57</sup> *Lunatic Asylums Commission (1858)*, pp. 114-115.

<sup>58</sup> Bartlett and Wright, p. 18.

<sup>59</sup> *Northern Whig*, 22 November 1842.

<sup>60</sup> *Belfast News-Letter*, 15 March 1852.

<sup>61</sup> *Belfast News-Letter*, 15 March 1852

<sup>62</sup> *Belfast News-Letter*, 15 March 1852.

in Ireland were a particularly vulnerable group who were at risk of cruelty or mistreatment wherever they were located.

This chapter has charted the changes over time in responses to insanity in Belfast and across Ireland from 1846 to 1878. Despite a growth in the confinement of pauper lunatics in institutions as the nineteenth-century progressed, evidence gathered from the Inspectorate of Lunacy reports and the 1858 and 1878 commissions highlights the continued existence of pauper lunatics outside the walls of the asylum well into the nineteenth-century. The evidence presented in this chapter contradicts Scull's contention that the traditional familial response to insanity had ceased to exist and supports the work of Wright and Bartlett who have challenged the primacy of the asylum in the historiography of insanity. In particular, the evidence gleaned from the 1858 commission has reinforced Wright's contention that families remained integral to the extramural care of the insane and cements the particular importance of the immediate family as carers of the insane in nineteenth-century Belfast.

### 3. Family involvement in the Admission of Pauper Lunatics to Belfast District Lunatic Asylum

Despite the persistence of extramural care of the insane in Belfast, as illustrated in the previous chapter, Scull's claim that the nineteenth-century witnessed a large-scale confinement of the insane cannot be denied. Many families may have tried to care for their lunatic relatives at home for a time, but the reality was that most pauper lunatics in Belfast district would at some point end up in the asylum whether it was for a brief stay or for much longer. This chapter will examine the role that families played in confining their insane relatives to the asylum. Firstly, the family's role in the committal process itself will be explored using data gathered from committal papers to highlight the central role of families in the confinement of the insane. Then the reasons behind the decision to commit an insane family member will be explored; considering the myriad of reasons why families chose asylum committal rather than to care for the insane at home. Lastly, an analysis of the length of time that patients were confined in Belfast asylum will be used to challenge Andrew Scull's one-dimensional interpretation of the lunatic asylum as a 'dumping ground' for the unwanted.

From its creation in 1829, Belfast District Lunatic Asylum struggled with overcrowding in the face of high demand. Initially built to accommodate only 104 patients, additional beds had to be added within a year to cope with the influx of patients.<sup>1</sup> By 1832, the number of patients under treatment at the asylum had surpassed capacity, totalling 142.<sup>2</sup> Subsequently the asylum was further expanded to accommodate 420 patients by 1877.<sup>3</sup> Letters between the Manager of the Belfast asylum, Robert Stewart, and the Belfast Board of Guardians reveal a constant struggle

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<sup>1</sup> *District lunatic asylums, Ireland. Returns relating to district lunatic asylums in Ireland*, House of Commons Papers, 695: XXXIV.69 (1833), p. 12.

<sup>2</sup> *District lunatic asylums, Ireland* (1833), p. 12.

<sup>3</sup> *Lunatic Asylums—Ireland. Report on District, Local and Private Lunatic Asylums in Ireland*, Command Papers, 39: C.2037 (1878), pp. 42-43.

to offload patients in the face of overcrowding. In 1842 Stewart requested that the workhouse admit 'three quiet and harmless patients' to relieve the asylum's overpopulated male ward, promising to readmit them to the asylum should they become 'turbulent and unmanageable'.<sup>4</sup> However, when the Board of Guardians subsequently requested that the asylum readmit a lunatic from the workhouse who had since become dangerous again, Stewart stated that there was no vacancy for him, there already being outstanding cases waiting to be admitted, but if he proved to be completely unmanageable at the workhouse then he could be readmitted to the asylum 'provided that another harmless incurable be received in his stead at the workhouse'.<sup>5</sup> Clearly, vacancies in the asylum were in high demand. By 1877 Belfast asylum had treated a total of 593 patients in one year, a substantial increase from the 225 treated in 1834 made more significant by the removal of County Down from Belfast district in 1869 following the establishment of its own district asylum at Downpatrick; if the numbers for those treated at Downpatrick asylum are included, as they previously would have fallen under the catchment area for Belfast, it would raise the number under treatment for 1877 to 1,018.<sup>6</sup>

Scull links the increase of patients admitted to lunatic asylums with the processes of industrialisation and capitalism.<sup>7</sup> However, in the absence of advanced industrialisation or capitalism in Ireland at the time, Elizabeth Malcolm has put forward an alternative driving force for the rise of district asylums in Ireland, placing the responsibility for the emergence and expansion of Ireland's asylum system directly

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<sup>4</sup> *Select Committee of House of Lords on State of Lunatic Poor in Ireland. Report, Minutes of Evidence, Appendix, Index*, House of Commons Papers, 625, X.439: 10. (1843), p. 111.

<sup>5</sup> *Select Committee of House of Lords on State of Lunatic Poor in Ireland*, p. 112.

<sup>6</sup> *Lunatic Asylums—Ireland* (1878), pp. 42-43.

<sup>7</sup> Andrew T. Scull, *Museums of Madness; The Social Organization of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979), p. 30.



into the hands of the family and community of the insane.<sup>8</sup> Without the demand from families of the insane for free asylum care, the district asylum system would have been obsolete. Similarly, Damien Brennan has acknowledged that Ireland witnessed a ‘rapid expansion in institutionalisation’ during the second half of the nineteenth century but challenges Scull’s theory about the impact of industrialisation by cementing the family as the ‘core social and economic system’ in Irish society.<sup>9</sup> For Brennan and Malcolm, the increase in the institutional confinement of pauper lunatics in Ireland could only have occurred with the active participation of families and communities in the committal process, a contention supported by the number of committals in Ireland that were initiated by family members.

Mark Finnane’s examination of committal warrants for Omagh asylum between 1861 and 1901 revealed that over 80 per cent of admissions were initiated by immediate family which he defines as husband, wife, mother, father, or sibling.<sup>10</sup> Catherine Cox’ examination of Carlow committal warrants between 1838 and 1867 yielded similar results; with over 78 per cent of patients committed on the testimony of their parents or spouse.<sup>11</sup> Likewise, Walsh found that 86 per cent of patients in 1879 at Connacht District Lunatic Asylum (CDLA) were committed on the evidence supplied by family members.<sup>12</sup> An analysis of committal warrants to Belfast District Lunatic Asylum reveals that of 618 patients admitted at ten-year intervals from 1838 to 1878, 61 per cent were committed on the information sworn by their immediate

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<sup>8</sup> Elizabeth Malcolm, ‘“The House of Strident Shadows”: The Asylum, The Family and Emigration in Post-Famine Rural Ireland’, in *Medicine, Disease and the State in Ireland, 1650-1940*, eds Elizabeth Malcolm and Greta Jones (Cork: Cork University Press, 1999), pp. 177-191, (p. 178).

<sup>9</sup> Damien Brennan, ‘A Theoretical Exploration of Institution-based Mental Health Care in Ireland’ in *Asylums, Mental Health Care and the Irish 1800-2010*, ed. by Pauline Prior (Dublin: Irish Academic Press, 2012), pp. 287-315, (p. 294, p. 300).

<sup>10</sup> Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (New Jersey: Barnes & Noble, 1981), p. 170n.

<sup>11</sup> Catherine Cox, *Negotiating Insanity in the Southeast of Ireland, 1820-1900* (Manchester: Manchester University Press, 2012), p. 149.

<sup>12</sup> Oonagh Walsh, ‘Lunatics and Criminal Alliances in Nineteenth-Century Ireland’ in *Outside the Walls of the Asylum; The History of Care in the Community 1750-2000*, eds Peter Bartlett and David Wright (London: Athlone Press, 1999), pp. 86–114, (p. 141).

family members who were also listed as their next of kin.<sup>13</sup> In this study, immediate family will include spouses, parents, siblings, and adult children. In only 15.5 per cent of the committal warrants examined was the affidavit regarding the patient's insanity sworn by an official, doctor or reverend. In a further 19 per cent of committals, it was impossible to discern the relationship between the patient and the person swearing the affidavit as they were not listed as one of their next of kin although in some of these cases the informant and patient had the same surname, yet no relationship was overtly stated.

In Cox's study of Connacht asylum's committal warrants she found that 45.9 per cent of asylum committals were made on the testimony of the patient's parents and a further 32.9 per cent were committed on the testimony sworn by their spouse.<sup>14</sup> Findings from Belfast's committals papers reinforce the importance of parents and spouses in the committal process as they featured the most regularly. Of those committed to Belfast asylum on information sworn by immediate family, 35 per cent were committed by their parents and further 32 per cent by their spouse. In Walsh's study of CDLA, she observed a gendered pattern to admissions with women more likely to be committed on the word of their closest female relative, usually their mother.<sup>15</sup> Conversely, of the women committed to Belfast asylum by immediate family, 75 per cent of warrants were signed by male relatives. Women were most likely to be committed by their husband (40 per cent) followed by their parents (32 per cent) but for men the reverse was true. Men were far more likely to be committed by their

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<sup>13</sup> Public Records Office Northern Ireland (PRONI), HOS/28/1/13/2, Belfast District Lunatic Asylum Committal Papers, 1 April 1838 – 31 March 1839. HOS/28/1/13/6, Committal Papers, 1 April 1848 – 31 March 1849. HOS/28/1/13/8, Committal Papers, 1 April 1858 – 31 March 1859. HOS/28/1/13/11 and HOS/28/1/13/12, Committal Papers, 1 April 1868 – 31 March 1869. HOS/28/1/13/19, Committal Papers, 1 April 1878 – 31 March 1879.

<sup>14</sup> Cox, p. 149.

<sup>15</sup> Oonagh Walsh, 'Gender and Insanity in Ireland, 1800-1923' in *Gender and History: Ireland, 1852-1922*, eds Jyoti Atwal, Ciara Breathnach and Sarah-Anne Buckley (London: Routledge, 2023) pp. 117-129, (p. 121).

parents (38 per cent), usually their father, than their wife (26 per cent) reflecting both the preponderance of single males in the asylum and the patriarchal nature of nineteenth-century Belfast society in which men held more power and control as evidenced by the 65 per cent of family committals that were initiated by men.

Cox argues that it was primarily members of the nuclear family who provided testimony for the committal of their insane relatives but that it was highly unusual for adult children or siblings to feature, and that extended family members (such as aunts, cousins, and grandparents) did not feature.<sup>16</sup> Conversely, an analysis of Belfast asylum's committal warrants reveals a more diverse picture. While spouses and parents do appear most frequently in committal warrants as informants, siblings also feature significantly. Of those patients who were committed by immediate family, 27 per cent were committed by their siblings.<sup>17</sup> As those living in Belfast had a lower life expectancy than their rural counterparts due to poor conditions, and overcrowding facilitating the spread of disease, it is not unsurprising that many patients were committed by siblings, perhaps as their parents had already died.<sup>18</sup> Adult children also appear, albeit a lot less frequently constituting only 6 per cent which is to be expected due to the youth of asylum patients, the majority of whom were aged between 20 to 40 years old and single.<sup>19</sup> The involvement of extended family members in the committal process was certainly unusual but it did occur, with aunts, uncles, cousins, and in-laws featuring unlike in Cox's study of Carlow district in which extended family did not feature. This is perhaps linked to the large number of migrants who moved to

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<sup>16</sup> Cox, p. 149.

<sup>17</sup> PRONI, HOS/28/1/13/2, Committal Papers, 1 April 1838 – 31 March 1839. HOS/28/1/13/6, Committal Papers, 1 April 1848 – 31 March 1849. HOS/28/1/13/8, Committal Papers, 1 April 1858 – 31 March 1859. HOS/28/1/13/11 and HOS/28/1/13/12, Committal Papers, 1 April 1868 – 31 March 1869. HOS/28/1/13/19, Committal Papers, 1 April 1878 – 31 March 1879.

<sup>18</sup> John Fitzgerald, 'A Hundred and Fifty Years of Vital Statistics: Documenting Demographic Change in Ireland', *Journal of the Statistical and Social Inquiry Society of Ireland*, 45 (2016), 177-201. (p. 188).

<sup>19</sup> PRONI, HOS/28/1/5/3, Printed Annual Reports of Belfast District Lunatic Asylum (1878-79).

Belfast from the surrounding countryside, seeking support from extended kinship networks after their move to the industrial city. For example, in August 1878, 30 year-old Ann Ward was admitted to the asylum on information sworn by her cousin, John Ward.<sup>20</sup> Ann was born in Castlewellan but was working in Belfast as a servant and living at the same address as her cousin and aunt who were also listed as her next of kin.

While the percentage of those admitted on the information sworn by immediate family members is significantly lower than the findings of Finnane, Cox and Walsh, it ultimately still places the family at the centre of the admission process in most cases. This discrepancy could perhaps be due to a difference between rural and urban districts. In rural districts, people were more likely to be surrounded by family and well-known in the community. In contrast, urban districts like Belfast, which had witnessed an influx of migrants from the surrounding countryside in the wake of the Great Famine, provided individuals with a degree of anonymity. Those who migrated from the surrounding countryside or further afield may have left their family behind to seek economic independence and improved employment opportunities in Belfast's flourishing industries. Cut off from family ties and living in a heavily populated, overcrowded town it is not unsurprising then that more patients were committed to Belfast asylum on the testimony of non-family than their rural counterparts. For example, in April 1878, Michael Blessing, a young sub-constable in the RIC was admitted to Belfast asylum on the testimony sworn by a fellow sub-constable.<sup>21</sup> Blessings' mother and father were listed as his next of kin but as they were farmers living in County Leitrim it would have been difficult for them to make the appropriate arrangements for their son's treatment. In November 1868, Dubliner Bridget Keegan

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<sup>20</sup> PRONI, HOS/28/1/13/19, Committal Papers, no. 5769.

<sup>21</sup> PRONI, HOS/28/1/13/19, Committal Papers, no. 5705.

was admitted as a dangerous lunatic to Belfast asylum after a failed suicide attempt.<sup>22</sup> She was said to be an outcast with no known friends or family. As such, her committal was initiated by a staff member of the Rose Vale home, a refuge for fallen women, where she resided. Thus, in these cases, the distance or absence of family and friends meant that non-family had to step in to secure the patient's admission to the asylum.

While recent scholarship has witnessed a greater recognition of the family's role in the process of confinement, there has been less attention paid to the influence that family structure had on patterns of committal. According to Malcolm, an understanding of the 'peculiarities' of the post-Famine Irish family structure is key to understanding the role that the family played in asylum committals.<sup>23</sup> Ireland witnessed a major shift in family structure in the wake of the famine. Ireland's population rapidly diminished by deaths and emigration with an estimated population loss of more than two million between the years 1841 and 1851.<sup>24</sup> She cites the pioneering demographic study of Arensberg and Kimball which highlighted the impact that the famine had on the structure of the normative Irish family.<sup>25</sup> Arensburg and Kimball's study found that marriage was in decline in post-Famine Ireland with individuals choosing to defer marriage or remain celibate.<sup>26</sup> These trends were accompanied by a change in inheritance systems whereby only one child (usually the eldest son) was chosen to inherit the family farm. The inheriting son thus had to live with his parents until they died resulting in a shift in the typical Irish family structure towards the stem family whereby three generations lived and worked together under the same roof: grandparents, adult children and their spouses, and their children.<sup>27</sup>

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<sup>22</sup> PRONI, HOS/28/1/13/12, Committal Papers, no. 4230.

<sup>23</sup> Malcolm, p. 184.

<sup>24</sup> Ciaran O Murchadha, *The Great Famine: Ireland's Agony, 1845-1852* (London: Bloomsbury, 2013), pp. 179-180.

<sup>25</sup> Malcolm, pp. 184-185.

<sup>26</sup> Malcolm, pp. 184-185.

<sup>27</sup> Malcolm, p. 184.

Malcolm argues that this may have increased the potential for family conflict as adult children found themselves living under their parent's control well into adulthood.<sup>28</sup> She links the increased potential for familial discontent brought on by the reorganisation of family life with asylum committals and argues that the family could use the asylum to 'control and neutralize their "strident" members.'<sup>29</sup> Ciaran McCullagh makes a similar argument for those who were 'marginalised by the reorganisation of family life'; namely the non-inheriting children who through a lack of resources and support were unable to marry or form their own household.<sup>30</sup> He claims that many of these individuals may have ended up in the asylum and refers to Finnane's finding that the Irish asylum population consisted mostly of young, single people from peasant backgrounds to support his claim.<sup>31</sup>

While the typical farming stem family may not fit Belfast's experience due to its unique urban and industrial character, some of Malcolm and McCullagh's arguments about the influence of family structure on asylum committals could still be applied to Belfast. Belfast's demographic changes followed a similar trajectory to the national trends with later age at marriage and rising rates of celibacy.<sup>32</sup> While most of Belfast's population were employed in the industrial manufacturing sector and thus did not have a family farm over which to squabble for inheritance, the later age at marriage would still have resulted in adult children living at home for longer, unable to form their own household and potentially increasing domestic tensions. In April 1848, 27-year-old unmarried Hamilton Singer from Lisburn was admitted to Belfast

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<sup>28</sup> Malcolm, p. 184.

<sup>29</sup> Malcolm, p. 186.

<sup>30</sup> Ciaran McCullagh, 'A Tie that Blinds: Family and Ideology in Ireland', *The Economic and Social Review*, 22:3 (1991), 199-211, (p. 208).

<sup>31</sup> McCullagh, p. 208.

<sup>32</sup> Diane Urquhart, 'Gender, Family and Sexuality, 1800-2000' in *Ulster Since 1600: Politics, Economy, and Society*, eds Liam Kennedy and Philip Ollerenshaw (Oxford: Oxford University Press, 2013) pp. 245-259 (p. 246).

asylum by his mother with whom he lived.<sup>33</sup> He was listed as having no occupation and his insanity manifested itself by ‘excessive extravagance’, ‘buying unnecessary outfits of dress’ and being destructive. It is not difficult to see how an unemployed adult son, still living at home, coupled with his unrestrained spending would have increased tensions within the household leading to an asylum committal.

There were a multitude of reasons that could have contributed towards a family’s decision to commit their insane relatives. While many families in Belfast did continue to provide care at home, any change in circumstances could precipitate a decision to commit the insane to the asylum. This could be because of an escalation of the symptoms of insanity, the death or absence of caregivers or a change in the family’s economic position. John Walton argued that families did not resort to the asylum lightly; rather the asylum was seen as a place of last resort often used to care for the violent and unmanageable.<sup>34</sup> Malcolm has argued that most committals to Irish asylums were precipitated by some form of violent behaviour.<sup>35</sup> This is particularly evident from the rise in the number of patients admitted as dangerous lunatics to Belfast asylum between 1848 and 1878, from constituting 12 per cent of admissions in 1848 to 40 per cent in 1878.<sup>36</sup> Those who admitted their insane family member as dangerous lunatics often describe some form of violent assault in their statement and subsequent attempts to forcefully restrain the lunatic. For example, William Smyth was ‘obliged to be tied with cloths and a number of persons keeping watch over him for fear he would do some person serious bodily harm’ after he had assaulted a family friend.<sup>37</sup> Hugh McAlinden, who had been insane for 16 years but cared for at home,

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<sup>33</sup> PRONI, HOS/28/1/13/6, Committal Papers, no. 1932.

<sup>34</sup> John K. Walton, ‘Casting Out and Bringing Back in Victorian England: Pauper Lunatics, 1840-70’ in *The Anatomy of Madness; Essays in the History of Psychiatry, Vol. II; Institutions and Society*, eds W.F. Bynum, Roy Porter, and Michael Shepherd (London: Tavistock, 1985), pp. 132-146, (p. 141).

<sup>35</sup> Malcolm, p. 181.

<sup>36</sup> PRONI, HOS/28/1/5/1, Annual Report (1848-49). HOS/28/1/5/3, Annual Report (1878-79).

<sup>37</sup> PRONI, HOS/28/1/13/11, Committal Papers, no. 4146.

had become so violent that he had to be bound as his family were in fear of their lives.<sup>38</sup>

All were subsequently committed to Belfast asylum when their violent behaviour made it increasingly difficult for their families to manage them at home.

Melling, Forsythe and Adair have shown how changes in the household unit could also lead to asylum admission.<sup>39</sup> The death of a caregiver or a breadwinner could have a drastic effect on the family's ability to provide care at home. The death of elderly parents may especially explain those patients who were committed by their siblings. For example, siblings Jane and David Kirk were committed to the asylum by their brothers on the same day in 1842.<sup>40</sup> Both were unmarried, in their 40s and had been suffering from melancholia for months. While the lack of Irish death records pre-1864 makes it impossible to confirm whether their parents had died, it is likely to be the case as their brothers were listed as their next of kin. Their brothers may have been unwilling or unable to take on the burden of care that had previously been undertaken by their parents. High levels of emigration and the increased participation of women in the workforce, as highlighted by David Wright, would also have had a major impact on the availability of caregivers.<sup>41</sup>

A lack of resources – time, effort, and money –also influenced a family's decision to commit. Insufficient income to support a dependent lunatic was perhaps the biggest reason for people to resort to asylum care. For many families Scull's contention rang true; that the stresses of commercialisation and industrialisation made it increasingly difficult to provide care at home.<sup>42</sup> Those who had other commitments

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<sup>38</sup> *Newry Examiner and Louth Advertiser*, 16 January 1869

<sup>39</sup> Joseph Melling, Bill Forsythe, and Richard Adair, 'Families, Communities and the legal regulation of lunacy in Victorian England' in *Outside the Walls of the Asylum; The History of Care in the Community 1750-2000*, eds Peter Bartlett and David Wright (London: Athlone Press, 1999), pp. 153-180, (p. 173).

<sup>40</sup> PRONI, HOS/28/1/13/3, Committal Papers, no. 1253 & 1254.

<sup>41</sup> David Wright, 'Family Strategies and the Institutional Confinement of "idiot" Children in Victorian England', *Journal of Family History*, 23:2 (1998), 190-208, (p. 197).

<sup>42</sup> Scull, *Museums of Madness*, p. 30.



to attend to such as work or domestic responsibilities may have found the prospect of caring for a dependent lunatic overwhelming. For example, in November 1868, William McAllister, committed his 20-year-old son Thomas to Belfast asylum as a dangerous lunatic and commented that as he was ‘a poor man having a large family to support [he] cannot give up his whole time to watch him and prayed that he would be sent to the asylum.’<sup>43</sup>

Brennan has highlighted the existence of ‘chronic social deprivation’ in nineteenth century Ireland and argues that this was exacerbated by the famine of 1845-1852 which left many vulnerable and without adequate resources to survive.<sup>44</sup> He argues that this ‘absence of resources...coupled with the existence of an extensive publicly funded asylum system, contributed to the tendency towards institutionalisation’ in Ireland.<sup>45</sup> Cox has shown how the famine contributed to the overcrowding of Connacht district asylum and argued that families had incorporated the asylum as another strategy for survival during the famine.<sup>46</sup> Despite contention that Ulster experienced minimal impact from the famine, Christine Kinealy has refuted this claim and attempted to show how the famine’s effects were felt by the Belfast poor highlighting in particular the distress faced in Ballymacarrett, a suburb of Belfast.<sup>47</sup> In 1847 a local newspaper reported that ‘there are many cases of suffering in the immediate neighbourhood of Belfast not less distressing than in any other part of Ireland.’<sup>48</sup> In Belfast, 1848 witnessed a small yet significant spike in admissions to the asylum – from an average of 111 admissions in the three years previous to 140 admissions in 1848.<sup>49</sup> Just as many paupers were driven to the workhouse during the

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<sup>43</sup> PRONI, HOS/28/1/13/12, Committal Papers, no. 4233.

<sup>44</sup> Brennan, ‘A Theoretical Exploration’, p. 310.

<sup>45</sup> Brennan, ‘A Theoretical Exploration’, p. 310.

<sup>46</sup> Cox, pp. 36-37.

<sup>47</sup> Christine Kinealy and Gerard McAtasney, *The Hidden Famine: Belfast, 1845-52* (London: Pluto Press, 2000), p. 5.

<sup>48</sup> *Banner of Ulster*, 5 Feb. 1847

<sup>49</sup> PRONI, HOS/28/1/5/1, Annual Reports (1845-1848)

famine, seeking shelter and food, so too may the asylum have been utilised by family's to unburden themselves of their insane kin in such difficult times. High levels of emigration during and after the famine may also have inadvertently contributed to an increase in asylum committals as kin groups were disrupted and potential carers for the insane left the country resulting in fewer family members upon which to rely on for informal care of lunatics.<sup>50</sup>

For those families with limited resources, committal under the 1838 Criminal Lunatics Act offered practical advantages that have been highlighted by Pauline Prior.<sup>51</sup> Under the terms of the act, transport to the asylum was the responsibility of the police saving the family time, effort and money especially for those who lived a greater distance from the asylum. As the asylum could not legally refuse to admit a dangerous lunatic, Prior has argued that many families used and abused this piece of legislation as a strategic method of guaranteeing admission.<sup>52</sup> Families may have fabricated or exaggerated incidences of self-harm or violence to guarantee admission to the asylum. Belfast asylum's manager and resident physician, Robert Stewart, noted that of those admitted under the act in 1839 many had been admitted for committing only minor offences such as throwing stones in the street or 'attempting a trifling assault.'<sup>53</sup> In the 1858 annual report, Stewart referred to the 'increasing evil' of this type of admission and called for the committing magistrates to ensure they have the 'most rigid proof' that the individual is dangerous as it was suspected that it was simply becoming seen as 'the most certain and least difficult way to gain admittance into the asylum.'<sup>54</sup>

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<sup>50</sup> Cox, p. 37.

<sup>51</sup> Pauline Prior, 'Mental Health Law on the Island of Ireland, 1800-2010' in Ireland' in *Asylums, Mental Health Care and the Irish 1800-2010*, ed. by Pauline Prior (Dublin: Irish Academic Press, 2012), pp. 316-334, (p. 321).

<sup>52</sup> Pauline Prior, Prior, Pauline, 'Dangerous Lunacy: The Misuse of Mental Health Law in Nineteenth-Century Ireland', *The Journal of Forensic Psychiatry*, 14:3 (2003), 525-541, (p. 531).

<sup>53</sup> *Belfast News-Letter*, 31 May 1839.

<sup>54</sup> PRONI, HOS/28/1/5/2, Annual Report (1858-59).

The strategic use of the asylum and the law relating to asylum admission by the families of the pauper insane could thus be seen as an important strand in the poor's economy of makeshifts. The economy of makeshifts as described by Alannah Tomkins and Steven King, is 'the patchy, desperate and sometimes failing strategies' that the poor employ for material survival involving a combination of 'manipulation, ingenuity, and desperation.'<sup>55</sup> Common strategies included casual or seasonal employment, crime, reliance on family or community support networks, immigration, the pawning of effects, begging, or charity, but statutory welfare is subsequently being recognised as an important strand in the economy of makeshifts by historians such as Olwen Purdue.<sup>56</sup> Thus, just as the poor strategically used the workhouse during times of hardship, so too did they utilise the asylum as and when they needed it.

The influence of Foucauldian discourse on earlier studies of insanity and asylums has led to an assumption that the asylum operated as a tool to exercise social control and to segregate those who were a threat to the social order. While Scull argued that this control was exercised by the officials and medical professionals, Malcolm placed power into the hands of the families.<sup>57</sup> She argued that it was the family who wielded the asylum as a weapon to 'control and neutralize their "strident" members.'<sup>58</sup> There certainly is evidence of families using the threat of the asylum to attempt to frighten others into submission. In 1865, at an inquest into the suicide of Bridget Cullen, her husband stated that when she began to show symptoms of insanity, he 'threatened to send her to the lunatic asylum if she didn't keep quiet. She was afraid

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<sup>55</sup> Alannah Tomkins and Steven King, 'Introduction,' in *The Poor in England 1700-1850: An Economy of Makeshifts*, ed. by Alannah Tomkins and Steven King (Manchester: Manchester University Press, 2003), pp. 1-38, (p. 1).

<sup>56</sup> Tomkins and King, p. 4. Olwen Purdue, 'Surviving the Industrial City: The Female Poor and the Workhouse in Late Nineteenth-Century Belfast', *Urban History*, 44:1 (2017), 69-90 (p. 74).

<sup>57</sup> Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900*, (London: Yale University Press, 1993), p. 39. Malcolm, p. 186.

<sup>58</sup> Malcolm, p. 186.

of that from the time she had been there previously.’<sup>59</sup> One family who seem to have used the asylum regularly to control their wayward family members were the Duncans from Antrim. In September 1878, John and James Duncan, aged 16 and 18 years old, were committed to the asylum by their parents for using threatening and blasphemous language, being ‘moody and quiet’ and at times violent.’<sup>60</sup> James had been admitted twice before in the preceding year, and two more siblings were said to be in the asylum.<sup>61</sup> It would seem as though these parents were using the asylum to control and discipline their unruly children.

However, David Wright has argued that it is important not to conflate changes in the family’s ability to care for their insane relatives with a willingness to commit or a lack of feeling.<sup>62</sup> Many have viewed the asylum as the most appropriate place for their lunatic family member. A place where they could be treated and, hopefully, cured and where round the clock care would ensure that they could not injure themselves or others. In 1859, Eliza Aicken’s aunt brought her before the Belfast police court charged with threatening to commit suicide; she was ‘anxious’ to have her admitted to the asylum ‘where she would receive proper treatment.’<sup>63</sup> The mother of Hamilton Singer who had him admitted in 1848 had been insane and a former patient in the asylum herself; that she was willing to commit her son suggests that she had experienced the curative abilities of the asylum firsthand and was convinced that it was the best place for her insane son.<sup>64</sup> For some families, the asylum offered them a safe place with which to place their insane family members; a refuge for the destitute and abused. Just as Brennan has argued that Irish asylums acted as ‘refuges from poverty and

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<sup>59</sup> *Ulster Gazette*, 27 May 1865.

<sup>60</sup> PRONI, HOS/28/1/13/19, Committal Papers, no. 5779 & 5782.

<sup>61</sup> PRONI, HOS/28/1/13/19, Committal Papers, no. 5782.

<sup>62</sup> David Wright, ‘Getting out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century’, *Social History of Medicine*, 10:1 (1997), 137-155, (p. 152).

<sup>63</sup> *Belfast Morning News*, 26 August 1859.

<sup>64</sup> PRONI, HOS/28/1/13/6, Committal Papers, no. 1932.

degradation', so too did they act as refuges for the abused as shown by Finnane who claims they were sometimes used as refuges for wives faced with domestic violence at home.<sup>65</sup> For example, in December 1839, Catherine Green, a 30-year-old married woman was admitted to Belfast asylum by her father.<sup>66</sup> The cause of her insanity was said to be due to a 'severe beating by her husband.' Her mother and father were listed as her next of kin, not her husband, which suggests that her parents sent her to the asylum to protect her from further violence at the hands of her husband.

Cathy Smith's case study of Northampton General Lunatic Asylum challenged Scull's interpretation of the asylum as a 'last-ditch repository' for troublesome and disorderly members of society by examining patient's length of stay.<sup>67</sup> She found that most patients, rather than being long-term residents of the asylum, only stayed between six months to a year.<sup>68</sup> Similarly, Cox found that most patients in Connacht district asylum spent one year or less confined in the asylum, and even among the small number of long-stay patients, the average stay was only three and a half years.<sup>69</sup> The findings for Belfast asylum are similar. Of those patients discharged from the asylum between 1 April 1847 and 31 March 1848, 80 per cent had spent less than a year in the asylum.<sup>70</sup> This remained the same in 1868 but had risen to nearly 90 per cent by 1878.<sup>71</sup> However, to focus on the length of stay of those discharged is to overlook those who remained in the asylum for significantly longer periods of time or those who were never discharged such as Jane McClelland who was admitted to Belfast asylum in

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<sup>65</sup> Brennan, 'A Theoretical Exploration', p. 310. Mark Finnane, 'Asylums, Families and the State', *History Workshop*, 20 (1985), 134-148, (p. 139).

<sup>66</sup> PRONI, HOS/28/1/13/2, Committal Papers, no. 830.

<sup>67</sup> Cathy Smith, 'Family, Community and the Victorian Asylum: a Case Study of the Northampton General Lunatic Asylum and its Pauper Lunatics', *Family & Community History*, 9:2 (2006), 109-124, (p. 111).

<sup>68</sup> Smith, p. 111. p. 121.

<sup>69</sup> Cox, p. 141.

<sup>70</sup> PRONI, HOS/28/1/5/1, Printed Annual Reports, 1848, (p. 24).

<sup>71</sup> PRONI, HOS/28/1/5/2, Printed Annual Reports, 1868, (p. 10). HOS/28/1/5/3, Printed Annual Reports, 1878, (p. 30).

April 1848 and remained there until her death in February 1896.<sup>72</sup> Malcolm has shown that the length of stay for patients was extremely variable – it could vary from as little as a few months to several decades, with many Irish asylums having substantial re-admission rates.<sup>73</sup> Indeed, an analysis of the length of residence of those patients who remained in Belfast asylum at the end of each year reveals a more varied picture. In 1858 only 23 per cent of the patients still residing in Belfast asylum had been resident for less than a year, 27.3 per cent had been confined between one to four years, 21.5 per cent between four and ten years, and 27.6 per cent had been in the asylum for more than a decade.<sup>74</sup> By 1878, over 60 per cent of the patients residing in the asylum had been confined between one and ten years.<sup>75</sup> Clearly the longer a patient spent in the asylum the less likelihood they had of being discharged. Scull's interpretation of the asylum as a 'dumping ground' for the unwanted may apply to some patients who were confined in Belfast asylum for long periods of time, however the frequency with which patients were discharged from the asylum (constituting an average of 51 per cent of admissions between 1829 to 1878) highlights the need for a multidimensional interpretation of the asylum.<sup>76</sup> The asylum did not simply perform a custodial role rather as Smith has argued, the Victorian asylum was a 'flexible institution' whose role varied depending on the needs of the local community; it could function invariably as 'a place of long-term care or short-term respite, as keeper of the dangerous and suicidal and as a hospice for the chronically ill.'<sup>77</sup>

This chapter has explored the use of the asylum to care for and control the insane by the family. While acknowledging that the nineteenth-century did witness a

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<sup>72</sup> PRONI, HOS/28/1/13/6, Committal Papers, no. 1939.

<sup>73</sup> Malcolm, p. 180.

<sup>74</sup> PRONI, HOS/28/1/5/2, Printed Annual Reports, 1858, (p. 23).

<sup>75</sup> PRONI, HOS/28/1/5/3, Printed Annual Reports, 1878, (p. 33).

<sup>76</sup> Scull, *Museums*, p. 252. PRONI, HOS/28/1/5/3, Printed Annual Reports, 1878, (p. 16).

<sup>77</sup> Smith, p. 121.

rise in the number of pauper lunatics confined in institutions, specifically the lunatic asylum, as per Scull's claim, this chapter has highlighted the importance of the family in this process. It supports the studies of Finnane, Cox and Walsh who have cemented the centrality of the family to the admission process and has explored the contexts of committal. Scull's social control centred theory may hold sway for some cases, but an analysis of cases admitted to Belfast asylum has revealed a more complex picture in which the asylum was used for a variety of reasons. Walsh has argued that 'a simple interpretation of the asylum as an unproblematic means of social control is unsatisfactory' and this is precisely what this chapter has found.<sup>78</sup> The lunatic asylum was used in multiple ways and for a variety of reasons by a diverse range of families thus no single interpretation will appropriately encompass the diversity of experiences.

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<sup>78</sup> Walsh, 'Lunatics and Criminal Alliances', p. 152.

## 4. Conclusion

### *Summary of Findings*

This study set out to assess the extent to which families were involved in the care and confinement of pauper lunatics living in Belfast district between 1838 and 1878. Using a range of primary sources, from local newspapers to asylum records and parliamentary inquiries, it sought to highlight the continued importance of the family in both the extramural care of the insane and in the asylum admission process, and to present the asylum as a flexible institution which was used strategically by families for many different reasons and not just as a dumping ground for the unwanted.

Chapter one challenged Andrew Scull's contention that by the mid-nineteenth century lunatics underwent a process of mass institutionalisation, and instead highlighted the continued existence of pauper lunatics living outside institutions in mid to late-nineteenth century Belfast. Evidence from RIC estimates on the number of pauper insane at large in each district, revealed a significant number of pauper lunatics living outside the asylum well into the nineteenth-century contrary to Scull's claim that the traditional response to insanity had been abandoned by this period.<sup>1</sup> It was acknowledged by legislators and politicians after the establishment of the district asylum system that the care of the insane was the 'duty of the state', yet there was a reluctance to intrude upon the domestic sphere and the family's right to care for their insane relatives at home, except in cases of cruelty and neglect. The persistence of pauper lunatics outside of the asylum was further demonstrated by the calls for legislative reform concerning wandering or out-of-control lunatics that continued throughout the nineteenth-century yet were never implemented in Ireland.

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<sup>1</sup> Andrew T. Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (London: Yale University Press, 1993), p. 1.



The distribution of pauper lunatics in Belfast did change over time with a greater proportion being confined in institutions as the century progressed but extramural care persisted. Contrary to Scull's claim that families became unwilling and unable to provide care at home after the onset of industrialisation, evidence from Belfast asylum's annual reports revealed that many patients were cared for at home for months or years before their admission to the asylum, just as Cox and Wright claimed.<sup>2</sup> Families in nineteenth-century Belfast were instrumental in providing care for their insane relatives both before their admission to the asylum and after their discharge. There were some discrepancies between Belfast and studies of rural asylum districts when comparing the pre-admission histories of men and women. Unlike Walsh's analysis of Connacht District Lunatic Asylum which found that women were cared for at home for longer than men, data from Belfast suggests the opposite.<sup>3</sup> Women in Belfast district were admitted to the asylum earlier than men after the onset of their insanity, and this is partly explained by the integral role that women played in Belfast's thriving industrial economy coupled with their importance in maintaining the domestic economy.

Evidence taken from the 1858 commission revealed that the majority of pauper lunatics residing outside institutions in Belfast district were living with immediate family members thus cementing the importance of the immediate family in the extramural care of the insane and supporting the findings of Wright, Hirst and Michael. Parents and spouses were the most involved in caring for insane family members, but siblings and adult children also contributed. More lunatics resided with non-kin than

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<sup>2</sup> Catherine Cox, *Negotiating Insanity in the Southeast of Ireland, 1820-1900* (Manchester: Manchester University Press, 2012), pp. 114-115. David Wright, 'Getting out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century', *Social History of Medicine*, 10:1 (1997), 137-155, (p. 154).

<sup>3</sup> Oonagh Walsh, "'A Lightness of Mind': Gender and Insanity in Nineteenth-Century Ireland' in *Gender Perspectives in Nineteenth-Century Ireland: Public and Private Spheres*, eds Margaret Kelleher & James H. Murphy (Dublin: Irish Academic Press, 1997), pp. 159-167, (p. 160).

with extended family thus supporting Hirst and Michael's argument about the minimal involvement of the extended family in the extramural care of the insane.

Chapter two acknowledged that many pauper lunatics did experience institutional confinement during the nineteenth-century but reevaluated the driving force behind this process. Unlike Scull, who argued that industrialisation and capitalism were to blame for the rise of the asylum system, this study concurs with Malcolm that the emergence and expansion of Ireland's district asylum system was driven by demand from families and the community.<sup>4</sup> To support this claim, chapter two highlighted the frequency with which asylum admissions were instigated by immediate family members. Findings from a sample of Belfast asylum committal papers between 1838 and 1878 revealed that 61 per cent of patients were committed on information sworn by their immediate family thus reinforcing the centrality of the family to the admission process as argued by Finnane and Cox.<sup>5</sup>

When looking at the family's involvement in the admission process some differences between Belfast and other studies of rural asylum districts arose. Belfast's percentage of patients admitted on the testimony of family members was significantly lower than other asylum districts as featured in Finnane and Cox's work. In 34.5 per cent of Belfast committal warrants examined, testimony securing admission was sworn by non-family (including doctors, parish ministers, workhouse masters, and officials, and cases where the relationship between the patient and informer was not given). Further, a greater proportion of patients in Belfast were admitted on the information sworn by siblings, adult children, and extended family when compared with Cox's study of CDLA which found that it was predominately members of the nuclear family

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<sup>4</sup> Elizabeth Malcolm, "'The House of Strident Shadows': The Asylum, The Family and Emigration in Post-Famine Rural Ireland', in *Medicine, Disease and the State in Ireland, 1650-1940*, eds Elizabeth Malcolm and Greta Jones (Cork: Cork University Press, 1999), pp. 177-191, (p. 178).

<sup>5</sup> Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (New Jersey: Barnes & Noble, 1981), p. 170n. Cox, p. 149.

that were involved in committing their insane relatives.<sup>6</sup> Such discrepancies are attributed to the urban character of Belfast, and its large number of economic migrants. Physical distance from immediate family and the anonymous existence of city living may have led some migrants to rely on extended kinship networks or even strangers when they became ill thus explaining the involvement of both extended family and non-family in some asylum admissions.

The asylum's use as an instrument of social control is challenged by examining the contexts behind committal. The asylum may have been used to control the insane, but this was only one way in which the asylum could be utilised by families. Families also used the asylum strategically during times of economic hardship, for treatment and respite, or to protect themselves from outbursts of violence from the insane. As such, this study portrays the asylum as another strand in the poor's economy of makeshifts. Scull's contention that the asylum became a 'dumping ground' for the unwanted is contested by showing the variations in the length of patient's stay in Belfast asylum.<sup>7</sup> While many patients were confined in the asylum for years, and some certainly were left there until they died, an average of over half of those admitted between 1829 and 1878 were discharged, the vast majority of whom had been resident for less than a year. Thus, chapter two supports Cathy Smith's depiction of the asylum as a 'flexible institution' that was used by families for many different reasons and not simply as a 'last-ditch repository' for society's unwanted.<sup>8</sup>

### *Further Research*

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<sup>6</sup> Cox, p. 149.

<sup>7</sup> Andrew T. Scull, *Museums of Madness; The Social Organization of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979), p. 252.

<sup>8</sup> Cathy Smith, 'Family, Community and the Victorian Asylum: a Case Study of the Northampton General Lunatic Asylum and its Pauper Lunatics', *Family & Community History*, 9:2 (2006), 109-124, (p. 111).

This study has focused on pauper lunatics that resided within Belfast district between 1838 and 1878. Throughout this work, comparisons have been made with other studies of local asylum districts highlighting some discrepancies in patterns of extramural care and asylum committal between urban and rural districts, and by gender. This could offer an opportunity for further research. A more in-depth analysis of pre-admission data and committal warrants from Belfast could be compared with results from another urban asylum district, such as Dublin, and then further comparisons made with rural districts to further our understanding of how region and gender intersected to influence patterns of extramural care and institutional confinement of pauper lunatics in nineteenth-century Ireland.

### *Conclusion*

In nineteenth-century Belfast, families remained intricately involved in the care, control, and confinement of their lunatic relatives. Despite the rising number of patients confined in Belfast asylum as the century progressed, pauper lunatics continued to exist outside the walls of the asylum. Some were vagrants and some lived alone, but the majority were living with and being cared for by family. Even when circumstances changed and admission to the asylum became a necessity, it was the family who instigated the process, and it was back into the family's care that patients were usually discharged. Familial care of pauper lunatics continued to exist into the nineteenth-century to supplement, or as an alternative to, asylum treatment. Families used the asylum strategically, not just as a way of controlling their insane relatives, but for many different reasons and thus, we must adopt a multidimensional interpretation of the asylum to truly understand the role it played in nineteenth-century society.

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