

'A person of the second order': the plight of the intellectually disabled in nineteenth-century Ireland

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INTRODUCTION

Medical history has proven itself to be an exceptionally rich field for social constructionists. The belief that the mad, for example, are made, not born, has underpinned many major works in the history of psychiatry.¹ This approach permeates much of the broad field of medical history, with the development of each specialism – obstetrics, psychiatry, and surgery in particular – analysed by sociologists and historians in terms of ulterior social and cultural motives, with scientific and technical advances often a barely acknowledged footnote. Issues of authority and control lie at the heart of the engagements, with mental health regarded as perhaps the most obvious area in which patient autonomy might be subject to the overwhelming power of the physician.² But even within this often-rancorous and well-trodden field, significant gaps remain. Despite two decades of substantial research in international psychiatric history, intellectual disability remains a relatively neglected field.³ This may be partly explained by the powerful attraction that madness holds for the general as well as the academic population, succinctly noted by Roy Porter: 'madness continues to exercise its magic, but mindlessness holds no mystique'.⁴ There is arguably a certain glamour attached to some mental illnesses, which is underpinned by a cultural belief in the

1 Michel Foucault's works, especially *Histoire de la folie à l'âge classique* (Paris, 1972), are the most important, but polemics including Thomas Szasz's *The myth of mental illness* (New York, 1974, first pub. 1960) also had a formative influence upon the academic anti-psychiatry movement. 2 Perhaps the two most influential early works in this regard are Andrew Scull's *Museums of madness: the social organization of insanity in nineteenth-century England* (New Haven, CT, 1979) and Elaine Showalter's *The female malady: women, madness and English culture, 1830–1980* (London, 1987). Both works provided a new scholarly framework within which to evaluate institutional histories, and influenced a generation of sociologists and historians. 3 A number of groundbreaking works have been published including David Wright and Anne Digby (eds), *From idiocy to mental deficiency: historical perspectives on people with learning disabilities* (London, 1996), Mathew Thomson, *The problem of mental deficiency: eugenics, democracy and social policy in Britain, c.1870–1959* (Oxford, 1998), and David Wright, *Mental disability in Victorian England: the Earlswood Asylum, 1847–1901* (Oxford, 2001). But given the numbers of 'mental defectives' in workhouses, asylums and the community at large, historical studies are surprisingly rare. 4 Quoted in Wright, *Mental disability*, p. 3.

association between insanity and creativity, but mental handicap is a different matter. The dichotomy is clearly expressed in popular culture: the term 'crazy' can be positively applied to an ambitious, if reckless, individual, but the playground insult 'retard' has no positive connotations.

The contrast in attitude towards the mentally ill and the mentally deficient is apparent from historic efforts to accommodate and treat the respective groups. At its most cruel, the distinction between the two was reduced to a relatively simple equation: the mentally ill had a mind and lost it, the mentally deficient never had a mind to begin with. In early nineteenth-century Ireland, when asylum physicians as well as the State optimistically believed in the likelihood of large-scale cures of the insane, the incurable mental defectives were a problematic cohort. Mental deficiency was in some ways more easily accommodated in the pre-industrial era, with those individuals who survived their early years (a perilous time, when neglect or indeed active ill-treatment saw high mortality rates) finding a place in communities as the 'village idiot'.⁵ But as the nineteenth-century State became increasingly interventionist, creating and making compulsory basic standards of education and medical care, those who were deemed incapable of benefiting from either became increasingly marginalized. The rise of the institution further accelerated the division of citizens into productive and dependent populations, and government investment was geared towards maximizing the former and minimizing the latter. The primary impulse behind the huge expansion of the district asylum system in Ireland was curative, and each institution operated on the understanding that their goal was to return patients to society as productive members. Within this rubric, the intellectually disabled were deemed problematic, and a general belief in their unvarying condition ensured that few philanthropists or reformers placed emphasis upon their training or education. But the second half of the nineteenth century saw the first recognition that this cohort deserved, and required, specialist treatment, and the early initiatives were undertaken by voluntary groups. This chapter seeks to examine the development of institutions for the care of the intellectually disabled in nineteenth-century Ireland, and looks at the respective roles played by the State and voluntary institutions in shaping primary care systems.

INSTITUTIONAL CARE: THE STATE

A note on terminology. The terms 'idiot', 'imbecile', and 'feeble-minded' are used in this paper as a reflection of their use in Victorian and Edwardian records. They are

⁵ Although it is important not to romanticize this period, as Foucault had a tendency to do: his interpretation of the 'Ship of Fools' in his *Histoire* as carrying beings with universally recognized wisdom and insights was an allegorical ideal, not an historical reality. There is no evidence to suggest that the intellectually disabled were treated with a greater degree of humanity, but more accurate to state that the growth of institutional care made them a more conspicuous group.

not interchangeable; 'idiocy' and 'imbecility' in particular generally referred to children, and the feeble-minded were a category deemed educable to a reasonable standard by reformers, often in contrast to the former group. In Ireland, however, idiots in particular were included in legislation relating to insanity, leading to a delay in the development of specialist provision. Moreover, it limited an understanding of their specific needs, as they were conceptualized in terms of the potential danger they represented, and not the manner in which they might be integrated into mainstream society.⁶ I am dealing here for the most part with the first two categories, and with individuals who were believed to be mentally incapable from birth or early childhood. The feeble-minded were quite a separate category, and were a source of great anxiety for the State and philanthropists alike at the end of the nineteenth century. Often 'indistinguishable' from the majority of the population, they were regarded as potentially highly disruptive elements. This was the cohort often referred to as 'moral imbeciles' in order to distinguish them from 'congenital idiots and imbeciles'. The 'feeble-minded' could 'pass' as normal, but contained the potential to weaken the national stock through unregulated reproduction. They were regarded as immoral, and as most likely to engage in low-level crime. Although reformers often attributed their criminal tendencies to economic and indeed nutritional deprivation, the general response was to deal with them punitively: many found themselves the inmates of borstals and industrial schools in the early twentieth century. Idiots and imbeciles were on the contrary more frequently categorized under a variety of terms intended to refer to shared physical characteristics that suggested mental incapacity. Thus 'mongol' and 'cretin' were used to describe children who were also 'mentally retarded', and their physical appearance was an important part of the diagnosis. I use the modern term 'intellectual disability' to refer to individuals, children and adults, who became the focus of attention from State and voluntary agencies from the mid-nineteenth century, and embraced a wide range of ability and disability.

Ireland had, in common with other European countries, well established folk and popular beliefs that explained intellectual disability. The most important of these is the changeling. According to myth, fairies stole babies from their cots, substituting their own unwanted, malevolent baby in place of the human child. These fairy offspring were recognizable by their physical appearance – always ugly, with disproportionately large heads, thin limbs, and dark, deep-set eyes. They made incessant, meaningless noise, had voracious appetites, and smiled vacantly or gleefully when the family suffered misfortune. The characteristics add up to a broad-brush description of many mentally and physically handicapped children, and, although overwhelmingly negative, permitted parents to accommodate the 'misfortune' of a profoundly handicapped child.⁷ But as Catholicism took an increasingly firm hold on Irish

6 The Dangerous Lunatics Act applied to dangerous idiots as well as the mentally ill, ensuring that the asylum was the default institution for care in the nineteenth century.

7 C.F. Goodey and Tim Stainton, 'Intellectual disability and the myth of the changeling myth', *Journal of the History of Behavioural Sciences*, 37:3 (Summer 2001), p. 225.

culture, the conceptualization of idiots and imbeciles underwent a significant alteration. Intellectually disabled children were now seen as deserving objects of charitable support, and indeed as specific tests of Christian charity. Such individuals were conceptualized, in modern parlance, as 'special': singled out by God, and a sign of his Divine will. This re-evaluation was expressed in popular terminology that persists today. The intellectually disabled were often described as 'touched' – the full term is 'touched by the hand of God'. Older people will still say 'God Bless the Mark', referring to someone who has been 'marked' as different by God. And the term 'Duine le Dia' or person of God, commonly used to mean the intellectually disabled, suggests a favoured elite and an entitlement to the protection of the able-bodied population because of, not in spite of, their mental incapacity.

This does not imply, however, that the intellectually disabled were a privileged group in Irish society. Although their presence provided individuals with the opportunity to demonstrate charity and forbearance through their support of a demonstrably helpless group, the reality was that they were more often the objects of abuse and mockery. Idiots were especially vulnerable to ill-treatment, and to exploitation. Those who were cared for by families at home had at least the protection of a recognized status, and could depend upon a shared community responsibility for the less able (a social contract that tended to be broken rapidly once parents died or became themselves dependent), but it was the so-called 'wandering idiots' that suffered most:

Again, the reference to the torture inflicted by children (and, it might be said, ill-disposed grown persons, too) on wandering idiots is merely a hint which no one would care to have amplified whose feelings have been harrowed by having witnessed the matter referred to. Finally, much might have been said as to evils resulting from idiots of both sexes being allowed to wander unprotected through the country – often a source of hideous immorality. Not unfrequently idiot females are known or suspected to be the subjects of rape, and the number of cases of this kind that come under the notice of the police is probably small compared with the total.⁸

This is not to say, however, that Irish institutional care provided an ideal solution, or an especially high standard of treatment. Joseph Robins, on the contrary, argues that those 'idiots at large' were better off homeless in the community, than in either the workhouse, or the early specialist idiot and imbecile homes.⁹ The experiences of vulnerable children in Irish industrial schools and reformatories were certainly far from ideal, with even the most optimistic inspectors noting instances of cruelty and abuse.¹⁰ Throughout the nineteenth century, institutionalized children endured

⁸ H. Trentham Butlin, 'The Lunacy Inquiry Commission', *The Medical Press and Circular*, 29 (Jan.–June 1880), p. 43. ⁹ Joseph Robins, *From rejection to integration: a centenary of service by the Daughters of Charity to persons with a mental handicap* (Dublin, 1992), p. 28. ¹⁰ Jane Barnes, *Irish industrial schools, 1868–1908* (Dublin, 1989).

appallingly high mortality rates, with the youngest suffering most. Even at the start of the twentieth century, there was a truly shocking death rate of over 40 per cent amongst children under the age of 24 months in the North Dublin Union's two nurseries.¹¹ Intellectually disabled children frequently suffered from chronic illnesses that included respiratory and heart ailments, and were more susceptible to infectious diseases than most children. But they faced additional problems in coping with the highly competitive environment of the workhouse, and often failed to secure even their meagre entitlement to food and care. It is painful indeed to imagine the lot of children who could not easily communicate, either to ask for help, or to complain about their treatment. One such child was sent from Roscommon workhouse to the Ballinasloe Asylum in 1891, with his condition reflecting his vulnerable state:

He is an idiot child of about eleven years of age, and was brought under a charge of violently striking another inmate. His hair is matted and filthy, and his clothes in a ragged and filthy state. His stature is small for his age and he appears ill-grown, although free from any obvious physical malformation. His manner is fearful and timid, and he replies to questions with low incomprehensible sounds: I cannot detect any propensity to violence, on the contrary he seems eager to please.¹²

The treatment of idiots at home varied. Children in supportive households, however impoverished, were undoubtedly better off than in institutional care. But even with the best of intentions, it proved difficult to satisfactorily address the needs of such dependent children, especially in environments where the rest of the family were absent during the day. In 1879, Major William LePoer Trench presented his report on the state of the lunatic poor in Ireland, which became the basis for the Bill 'To Make Better Provision for the Lunatic Poor in Ireland'.¹³ He included the plight of unregistered idiot children in his brief, and provided ample evidence of domestic neglect:

I found [a] little boy, 14 years of age, an idiot, and he was perfectly naked, lying in a filthy bed, wretchedly neglected, unable from confinement to bear the light, and who ought to have been in an institution. That was a child lapsing into blindness from neglect. The next on the list is J.B., aged 16, another pitiable case – a congenital epileptic idiot lying on straw in a wretched room. He was whining and sobbing when I went in to see him. He was alone in the house, and the neighbours all stated that he ought to be looked after. He was lying naked, his limbs were contracted, his body filthy, and chilblains on

¹¹ Catriona Clear, *Social change and everyday life in Ireland, 1850–1922* (Manchester, 2007), p. 115. ¹² Case No. 3171, 13 Nov. 1891. ¹³ The Bill had its second reading in the House of Lords in July 1883, but soon became embroiled in a debate regarding the difficulties of funding appropriate provision for Irish pauper lunatics and idiots. *HL Deb*, 3 July 1883, vol. 281, cc160–8.

his feet. That gives an idea of the condition of these unregistered idiots at large.

There is absolutely nothing done for them. I have found cases in my visitations . . . where parents when they were obliged to go out to do their day's work, simply locked the imbecile children in. I have found them sometimes in a cabin in company with a pig, or a cat, or sitting over a fireplace without a fire in it in the middle of winter.¹⁴

The intellectually disabled were a highly vulnerable group in nineteenth-century Ireland, with no State and very limited philanthropic support. The majority were cared for by the family, with a substantial minority (estimated at one-fifth of the total idiot population) resident in workhouses.¹⁵ In the first half of the nineteenth century, the district asylum system was also an important State means of care for idiots, imbeciles and mental defectives. The numbers varied from asylum to asylum, but at the Ballinasloe asylum, idiots and imbeciles accounted for between seven and ten per cent of admissions in the 1870s, out of an average annual intake of 110 patients per year.¹⁶ Many of these individuals were repeat admissions: it proved a characteristic in the treatment of the intellectually disabled that they moved repeatedly between the local asylum and the workhouse, discharged and readmitted in a distressing pattern of evasion of responsibility. One child was shunted seven times between the workhouse and asylum at Ballinasloe over the course of several years, finally settling permanently in the asylum as a dangerous idiot.¹⁷

The idiotic population in asylums attracted official, as well as charitable, attention. The asylum inspectors made frequent note of their presence (most often to state that they should be housed elsewhere), and commented in particular upon the hardship faced by children who were placed in environments with often violent and unstable patients. The Ballinasloe asylum's annual report for 1882 reiterated the necessity to provide suitable accommodation – 'It is pitiful indeed to see these idiot children wander about the asylum grounds, with little prospect of an improvement in their condition' – and this was envisaged as being outside the asylum, rather than as a distinct element within it.¹⁸ Because so many areas within the asylum required attention, little was done to improve their lot. The asylum authorities prioritized other

14 The plight of such children was a matter of continued debate. Trench's findings were presented by W. Neilson Hancock to the Statistical and Social Inquiry Society of Ireland, with the demand that provision follow the varied model already in place in England, including idiot colonies and boarding-out. 'On the Report of the Irish Lunacy Inquiry Commissioners, and the policy of extending the English Law for the Protection of Neglected Lunatics to Ireland', *Journal of the Statistical and Social Inquiry Society of Ireland*, 7, Part 55 (1878–79), pp 454–61. **15** The numbers of 'known idiots' varied significantly, owing not least to a reluctance on the part of parents to acknowledge such disability in their children. **16** Calculated from committal warrants, and the Register of Admissions of the Connaught District Lunatic Asylum, 1871–80. **17** Case No. 2477, first admission 24 Sept. 1882. **18** 31st Annual Report for 1882.

pressing issues, including salary arrears, overcrowding, the need for a post-mortem room, additional staff, and a long litany of vital improvements in the asylum's accommodation, in their correspondence with the Lord Lieutenant's office, with requests for additional funds to care for the intellectually disabled tagged on to other petitions. The group did not thus have a particular champion, and in an often chaotic environment, such inmates often became the target of abusive patients. One such delighted in 'tormenting' the idiots and the bedridden, and was also suspected of sexual assault.¹⁹ The idiotic had food stolen from them, and were easily ousted from seats at the fire, and other favoured places. Difficulties with speech proved a further disadvantage, although staff made efforts to protect them: 'Nurse N. reported that she had instructed another patient to mind TN when he is in the ward: she tells me that the other patients move him from his place by the fire, and mock his attempts to remonstrate'.²⁰ There were some individuals who found security and fulfilment within the asylum, including one who became 'a most useful drudge to the carpenter, to whom he is inordinately attached, and accompanies around the asylum ready to do his bidding.' But such cases were rare enough to be specifically noted, and the more pressing needs of mentally ill inmates always took priority over the cases which could never be cured. There was however one area in which the asylum idiots were favoured over others, and which constituted a minor form of philanthropy within the State system. In common with other institutions, including orphanages, prisons, industrial schools, and residential homes for the elderly, Ballinasloe asylum received numbers of visitors who came to inspect the institution, and were taken on tours of the premises. Such visitors often left sums of money to buy treats, or to support improvements such as libraries for the inmates. The Ballinasloe Board of Guardians often dedicated this small fund to the idiots, noting rather poignantly that they were the inmates who were least likely to receive visits, letters, or parcels from home.²¹

One of the issues that hampered voluntary efforts on the part of idiots and imbeciles was that their numbers in Irish asylums were difficult to establish, not least because the classificatory systems used were so imprecise. 'Idiots' were prone to epileptic seizures, and occasionally appear in the records under both 'idiot' and 'epileptic' patients, leading to them being counted twice in the patient registers. Individuals were often represented as 'simple' and 'wandering in their thoughts' as part of committal evidence, but without any additional proof of mental inadequacy. Families were also reluctant to admit to a mentally defective offspring or sibling, and did not record numbers accurately in official returns. The publication of the 1889 royal commission on the condition of the blind, deaf and dumb marked an attempt to quantify the scale of the problem, but found that little notice of the group, or their numbers, had been taken since 1881: 'In Ireland nobody looks after them. So little are they looked after that no Department has even taken the trouble to have

¹⁹ For a discussion of the case, see Oonagh Walsh, 'A perfectly ordered establishment' in Pauline Prior (ed.), *Asylums, mental health care and the Irish, 1800–2012* (Dublin, 2012), pp 263–4. ²⁰ Case No. 2841, 19 Oct. 1885. ²¹ Board of Guardians Minute Book, 14 July 1893.

them enumerated since the census of 1881... [when]... it was found that there were then 6,700 of these persons all over the country, a large proportion of them being children.²² However, by 1909 this figure had been drastically revised, suggesting a four-fold increase of known idiots and imbeciles: '... there are in Ireland 25,415 mentally defective persons, or 66.05 per 10,000 of the population, in addition to the 25,050 insane (56.18 per 10,000) already in institutions under certificates ... The numbers in proportion to the population are very much greater than in England and Scotland.'²³

State provision for the mentally afflicted had expanded and improved greatly during the nineteenth century. The district asylums had been established to offer the most modern of treatments to the mentally ill, and with the specific intention of rehabilitating patients and restoring them as productive members of society. But they were highly unsuitable for the intellectually disabled, despite large numbers being committed as dangerous idiots under the Dangerous Lunatics Act. Incurable cases such as idiots and imbeciles were not regarded as fit subjects for admission to asylums, which had been established for the treatment of 'curable lunatics' only. The 'tranquilly demented', for example, were supposed to be cared for in workhouses (under the Poor Law Act of 1838), as were the harmless 'idiots and imbeciles'. Epileptics, if not violent, were intended for the workhouse or the 'epileptic wings' added to Irish asylum buildings throughout the nineteenth century. Despite this, large numbers of intellectually disabled individuals were inmates of the district asylums, often for protracted periods of time. The problem was exacerbated by the fact that the few institutions that existed for the care of feeble-minded, idiotic and imbecilic children could not accommodate adults, so many were admitted to the asylums once they reached the age of 14. Thus, despite the unsuitability of the environment, the intellectually disabled constituted a considerable percentage of the asylum population nationally, creating therapeutic problems that persisted until the mid twentieth century.

But the available alternatives were little better, and in some cases worse. Until the 1880s and 90s, when special schools began to be established in Britain, the primary locus of care for the intellectually disabled was the workhouse. The presence of idiotic and imbecilic residents was a constant source of anxiety for the workhouse inspectors who, while acknowledging the eligibility of this group for public support (most fulfilled effortlessly the poor law imperative of extreme poverty, and an inability to support themselves), also recognized that the workhouse could do little to improve their limited lot. In any case, education and training were not the primary purpose of the workhouse, nor was it envisaged as a place of permanent residence, or even an asylum in the sense of a refuge for the vulnerable. Rather it was more

22 *Report of the royal commission on the blind, the deaf and dumb, &c., of the United Kingdom. 1889.* This Report embraced idiot and imbecile children, as many also suffered from sight and hearing problems. **23** W.R. Dawson, 'The Irish recommendations of the royal commission on the care and control of the feeble-minded', *Transactions of the Royal Academy of Medicine in Ireland*, 27:1 (Dec. 1909), p. 345.

accurately a place of last resort for those utterly without resources, succinctly summarized thus: 'For those on the fringes of society the workhouse was a central element of the mixed economy of makeshifts'.²⁴ And even here, in the company of those equally marginalized, the idiotic and imbecilic were subject to harsh treatment and liable to be discharged on spurious grounds. The 1876 Report of the Charity Organization Society had highlighted the problematic position of idiot and imbecilic children and adults in the workhouses, who had neither remedial education nor basic training for employment.²⁵ Indeed, it was clear from the evidence included in the Report that this group received even less than their miserly entitlement, especially with regard to food:

... no difference of opinion can exist as to the advisability of taking from the workhouses ... imbeciles and idiots, for whose proper management nearly all the conditions are there wanting; there being, moreover, neither suitable education for the children nor industrial occupation for the adults; and it being difficult to persuade the guardians that a more than usually nourishing diet is absolutely necessary for them.²⁶

As the nineteenth century advanced, there was a growing conviction in any case that the overburdened workhouses and asylums offered poor value for money in terms of nursing idiots and imbeciles. There was insufficient room for the numbers of insane who clamoured for admission to the district asylums (or more accurately whose relatives did so) and to the workhouses, and the persistent presence of incurable intellectually disabled inmates put further pressure upon strained resources. Thus discussion focused upon the role to be played by philanthropists, who could be appealed to on the grounds that the state was already heavily committed, and in any case these pitiful objects were more deserving of charity. There was a general acceptance that there was no more money to be extracted from Irish ratepayers, who were already stretched by the demands of other dependent groups:

Owing to the comparative absence of wealth in Ireland, the resources of benevolence are very limited, while, having regard to the poverty of the country as a whole, and to the fact that many of the ratepayers are themselves steeped in poverty, and already heavily burdened with lunacy charges, they cannot justly be expected to bear any further heavy impost for founding or supporting institutions for the training of imbeciles and feeble-minded persons.²⁷

24 Virginia Crossman, 'The poor law in Ireland', *History in Focus* 'Welfare', Issue 14 (Winter 2008). **25** *Report of the Charity Organization Committee on the legal provisions in Ireland for the care and instruction of imbeciles, idiots, deaf and dumb and blind, with suggestions for amended legislation* (1876). *Journal of the Statistical and Social Inquiry Society of Ireland*, vii, part li, 1876/1877, pp 136–7. **26** 'The education and care of idiots, imbeciles and harmless lunatics', *British Medical Journal*, 28 July 1877, p. 109. **27** *Royal commission on the care and control of the feeble-minded*, 1909, p. 229.

There was an increasing expenditure in Ireland on infrastructure, education, and health, in an effort to bring Ireland up to the prevailing mainland standards. This investment could be justified in terms of an anticipated reward in healthier, better-educated citizens, who would contribute to the nation's prosperity through employment. By contrast, the permanently dependent offered little return other than the promise of a life-long financial burden. Poor law expenditure rose towards the end of the century, despite the universally acknowledged misery of indoor relief in workhouses, and a scanty system of outdoor support.²⁸ Thus, the claims of a group that would never recover and contribute to the economy, nor had the claim of prior value, as in the case of the aged, were far down the list of welfare priorities for a care system under severe pressure.

PHILANTHROPY: VOLUNTARY INSTITUTIONS

The intellectually disabled became the object of philanthropic attention towards the end of the nineteenth century, as much by default as by deliberate intent. In the 1870s, a concerted focus upon this group emerged, and a significant effort, based on voluntary care, began to address them as a distinct body which might be capable of improvement. Debates over the perceived problem of mental disability were taking place, with the medical profession taking an active part: Ireland's care systems for idiots and imbeciles were firmly predicated upon a medical model, which was to have negative implications for their long-term care.²⁹ Concern for their position resulted in two influential reports, which identified the precarious existence of many, especially children, but with few suggestions as to how the problem might be approached. The *Report of the Charity Organization Committee on the legal provisions in Ireland for the care and instruction of imbeciles, idiots, deaf and dumb, and blind, with suggestions for amended legislation* of 1876 presented often harrowing detail of the impoverished position of children with learning difficulties throughout the country, while the *Report of the Charity Organization Committee on imbeciles, idiots and harmless Lunatics* of 1877 reflected a philanthropic concern for neglected children at home, and in workhouses. Each supported the arguments made in successive workhouse and asylum inspectors' reports regarding the necessity for separate accommodation for the mentally disabled. This period is also characterized by significant changes in poor law provision, which had a direct impact upon the large numbers of intellectually disabled children and adults in the poor law system. The 1861 *Report of the select committee on poor relief (Ireland)*, and the 1879 *Report of the Poor Law Union and Lunacy Enquiry Commission (Ireland)*, along with the annual poor law commissioners'

²⁸ Virginia Crossman, *The poor law in Ireland, 1838–1948* (Dundalk, 2006), p. 50. ²⁹ John Sweeney, 'The role of the Irish division of the Royal Medico-Psychological Association in the development of intellectual disability nursing in Ireland', *Canadian Bulletin of Medical History*, 28:1 (2001), pp 95–122.

reports reflected an unease regarding the lack of appropriate accommodation and treatment for the mentally defective, but were unwilling to suggest large-scale state provision, owing to the expense. A small number of idiots' colonies had been established in England, but proved costly to run, and the Irish commissions were reluctant to propose them for Ireland. It thus fell to private charity to fill the breach. In the case of the Catholic Church, there was a logic to their advance into this area: their growing role as providers of education in Ireland had brought them forcefully into contact with those who clearly found little benefit from a 'learning by rote' system.

Indeed, one of the most important influences on care for the intellectually disabled was the introduction of compulsory education in Ireland from the 1870s onwards.³⁰ For the first time, children with learning difficulties began to stand out from their increasingly literate peers, and schools complained that such children either 'derived no benefit from education', or were disruptive in the classroom. A basic standard of literacy was now regarded as an integral element in eventual economic independence, and employers increasingly expected their workers to be literate and numerate. It was also an essential part of every migrant's skills, and young men and women leaving Ireland knew that they were entering a market where the illiterate were badly disadvantaged. The intellectually disabled were perceived to be an increasingly problematic cohort who could not contribute to the domestic economy, or to the workforce, in any position that required basic numeracy or literacy skills. Moreover, it brought into even sharper focus the unsuitability of the district asylums for this group. No Irish asylum was required to provide any form of education. Although some did recognize the importance of training, which could include basic literacy skills, their efforts were focused upon recovering lunatics, and not in the provision of the specialist remedial teaching required by idiots and imbeciles. Finally, as the nineteenth century advanced, schools adopted a 'payment by results' system that led to a focus upon brighter children in the classroom, who could be intensively coached to secure high examination grades: the school received a 'bonus' payment for every successful candidate. The pressure that teachers were placed under to secure good results meant that slower children were at best ignored, and at worst excluded from schools completely.

But the outlook was not entirely bleak. National compulsory education also had an interesting, and positive, impact upon approaches to the education of the intellectually disabled. Although many children failed to flourish in mainstream schools, teachers found, and testified to the royal commissions on education, that they were in many cases capable of a substantial improvement in their general condition if they received special education. With help – and indeed the language used persisted well into the twentieth century, including phrases such as 'sheltered' accommodation, and

³⁰ The national system of education began in 1831, but it was principally towards the end of the century, through the compulsion of the 1880 School Attendance Act, that Ireland achieved high levels of literacy. Donald H. Akenson, *The Irish education experiment: the national system of education in the nineteenth century* (London, 2012 (1970)), p. 9.

'special' assistance – it was argued that 'slower' children could master the fundamentals of reading and writing, and, perhaps more importantly, they could be trained up in repetitive tasks, and under instruction make a contribution to the economy in areas such as laundry work, basket weaving, and basic domestic and agricultural tasks. It was recognized that such improvements required the investment of a considerable degree of time and effort, but it was spurred on by an increasing tendency of schools to exclude children with learning difficulties, sending them home on often spurious charges of disruption and inattention.

PROTESTANT INTERVENTION

The question of whether harmless idiots and imbeciles could be productively trained did not go unnoticed by the medical profession. In 1869, the first philanthropic institution for their care was established in Palmerston, Co. Dublin by Dr Henry Hutchinson Stewart, a staunchly Protestant medic (his father as well as his wife's father were clergymen) with a strong social conscience. As a doctor working in North Brunswick Street in Dublin he had noted the plight of intellectually disabled children in the inner city, and the lack of appropriate educational and training facilities for them. He established 'The Stewart Institution for Idiots' which became in 1879 'The Stewart Institution for Idiotic and Imbecile Children', offering a sophisticated regime that included hydrotherapy, occupational therapy, and an early engagement with sensory therapy. Stewart had significant experience with the treatment of mental illness – a private asylum of his own establishment shared the original site of the idiots' institution – and it was his realization that the intellectually disabled were languishing in such large numbers in the asylums that prompted the creation of his Institution. It was established along classic asylum moral therapeutic principles (despite the impossibility of his charges regaining their 'senses'), in a beautiful wooded setting, with forty acres of parkland for the diversion and entertainment of the inmates. Daniel Hack Tuke noted its ample provisions on a visit to Ireland in 1875, and bemoaned the fact that it was the only specific institution for the care of idiots in Ireland: 'A large mansion at Palmerston, in the neighbourhood of Dublin, was in 1875 ... being adapted to the requirements of an asylum ... Let us see how far the opportunities meet the want, and what becomes of those idiots and imbeciles for whom no distinct provision is made.'³¹ The institution targeted Dublin's inner city populations, and sought to serve those whom the doctor had seen 'in states of utmost neglect, denied that opportunity for communion with their fellow man that is the right of all'.³² Stewart personally believed that the children would benefit to the greatest extent through removal from their families, many of whom were impoverished and with limited resources to educate an intellectually disabled child. In this he

³¹ Daniel Hack Tuke, *Chapters in the history of the insane in the British Isles* (London, 1882), p. 161. ³² Flyer advertising the opening of 'The Stewart's Institution for Idiots', 1869.

followed the general trend towards the establishment of 'colonies' of intellectually disabled children in England in particular, and set a pattern of segregation that continued until the second half of the twentieth century in Ireland.

Stewart's was established on non-denominational lines, and catered for a tiny minority of the country's total population of intellectually disabled. The first intake consisted of only 12 children, a tiny drop in the vast ocean of potential candidates, who ranged across the full spectrum of impairment from total mental incapacity to mere learning difficulties. But its opening provoked a swift and antagonistic response from Catholic Church leaders, who saw in Stewart's the ever-present threat of Protestant evangelism. Late nineteenth-century Dublin was a veritable battleground for souls. The city sustained an enormous philanthropic effort that catered for all denominations, and almost every conceivable subject, including distressed gentlemen, unmarried mothers, prostitutes, disabled servicemen, indigent labourers, and groups at every possible stage of the human lifecycle from pre-natal (homes for unmarried mothers) to the afterlife, in the form of cemetery associations.³³ Although some organizations were free from any religious influence, the majority were not, and if they lacked an explicit link with a specific denomination they were underpinned by a broadly Christian philosophy and outlook. Most reflected a religious perspective (all of the larger bodies had clergymen as ex-officio committee members), and several were explicitly evangelical. Thus any new charitable endeavour was subject to intense scrutiny until its targets, and its territory, had been identified. Children's charities tended, especially in the early years, to attract more generous subscriptions. The plight of helpless infants, especially those 'crippled' in some way, was far more heartrending than the elderly, and few could resist an appeal to help 'heaven's special child'.³⁴

Irish intellectual disability care emerged from this environment of competitive philanthropy, in which a priority was placed upon the removal of idiots and imbeciles from society, but their actual treatment and care was a secondary consideration. Even Stewart's Institution, established by a skilled physician, placed more practical emphasis upon removing children from unsuitable or neglectful environments, than upon training or rehabilitation. This is noteworthy, as Dr Stewart was an experienced alienist with a substantial private as well as public practice, and one who adopted a medical model (based on his private asylum) for his idiots' institution. From the mid nineteenth century idiots and imbeciles in England became part of a sophisticated classificatory system, underpinned by the work of individuals including John Langdon Down. Down developed both a scale of intellectual ability, to distinguish between idiot children, and a practical system for training the 'higher' ranking

33 An indication of the number and scale of exclusively Protestant female philanthropic endeavour in Dublin in 1910 is evident in the 91 separate organizations listed in Oonagh Walsh, *Anglican women in Dublin: philanthropy, politics and education in the early twentieth century* (Dublin, 2005), pp 213–19. **34** Paul Longmore, "'Heaven's special child": the making of poster children' in Lennard J. Davis (ed.), *The disability studies reader* (4th ed., New York, 2013), p. 35.

individuals.³⁵ Drawing upon both medical and anthropological writings, Down's classifications became the accepted standard for specialist institutions, and despite some modern criticism of 'an overtly "racist" taxonomy of mental disability that stigmatized those with trisomy 21 for the next century', his work, and his name, were synonymous with this group until the 1970s.³⁶ In Ireland, debates about idiocy and imbecility were equally intense, especially with regard to how such individuals should be maintained. However, the medical and scientific approach characteristic of many institutions in England and Scotland did not transfer to Ireland. Rather, the driving issue was that of State versus private responsibility, and an increasing faith in the importance of segregating the mentally sub-normal from the remainder of the population.

Stewart's Institution, the first philanthropic home for the intellectually disabled in Ireland, proved both a success and a failure. Its success lay in providing a model for care which, if it did not achieve its initial objective of training children to a standard that they might earn their livings in a supported environment, proved convincing enough to be followed by other bodies including the Catholic St Vincent's Homes in Dublin and Limerick. It consolidated a belief that segregation was the appropriate method for dealing with such children, and was held up as an example of what might be achieved through philanthropic means. The reality of the inmates' existence was somewhat different, however. On Dr Stewart's death, the institution declined to a degree, and the early optimism about making the children productive members of society faded away. The institution faced a greater demand than it could cope with, funds were erratic and unreliable, and the training programmes did not result in the semi-independent citizens that had been envisaged. By 1901 the home was overcrowded, and had a population of long-stay inmates who were entirely dependent. The Census returns show that the age range of the idiot residents was from 7 to 68 years, with the majority in their twenties.³⁷ Only a minority were under the age of 14 (29 out of 91), despite the institution's commitment to the education and training of the young. Thus, the institution was unable to accept many new admissions, and had the responsibility for caring for admissions for the remainder of their lives.

CATHOLIC EFFORTS

The Catholic Church's role in intellectual disability provision is interesting, and stands in sharp contrast to their virtual absence from the asylum system in the same period. The Daughters of Charity began to work voluntarily in the North Dublin Union workhouse in 1884, and were welcomed by poor law guardians because of their willingness to labour for virtually no pay (a token £20 to £30 per year). By the

35 Wright, *Mental disability*, Chapter 9. 'Down's Syndrome', pp 155–76. 36 Cited in Wright, *Mental disability*, p. 155. 37 Census of Ireland, 1901, Form I, 'Return of Lunatics and Idiots in Public Institutions and Private Lunatic Asylums', for Stewart's Institution.

early twentieth century, they were firmly ensconced as administrators as well as nursing and teaching staff in the workhouse, and after the creation of the Free State took complete responsibility for the care of intellectually disabled children from the former North Dublin Union workhouse.

The vulnerability of mentally deficient children to proselytism had long been recognized. In 1878 the largely toothless 'Bill to Make Better Provision for Idiots, Imbeciles and Other Afflicted Persons in Ireland' included a 'conscience clause' – 'No pauper shall be sent to any hospital, institution, asylum or establishment under the provisions of this act, unless the same is under the exclusive management of persons of the religious denomination to which he belongs' – recognizing the particular problems faced by inmates who might not be able to articulate their opposition to conversion.³⁸ But the emphasis upon protecting the individual's soul, rather than mind and body, meant that more imaginative options were not explored. In England, for example, in addition to the colonies that were established for supported care, there were also philanthropic bodies that adapted the boarding-out system long utilized for lunatics in Scotland. In parts of England, the work of the Guardian Society facilitated an early model of 'care in the community' by placing mentally deficient children in approved family homes.³⁹ This model was not adopted to any substantial degree in Ireland, despite the fact that several charities, Anglican in particular, routinely placed orphan children with families until they reached the age of 14.⁴⁰

Catholic Church attitudes in particular had a profound effect upon their conceptualization and treatment in the twentieth century. From the outset, there was a determined characterization of the intellectually disabled as child-like, regardless of their actual age or stage of development. They represented an unambiguous childish innocence, a still-prevalent representation that has caused a great deal of anger, denying as it does a fully adult identity. Idiots and imbeciles were conceptualized as eternal innocents, among the purest of God's creation. Because they could not reason, they could not sin. Incapable of adulthood, they were necessarily incapable of any taint of sexuality, or so the logic ran. Promotional literature published by the Daughters of Charity emphasized this element of innocence constantly, describing their charges as 'affectionate, entirely free from connivance or jealousy, and the most perfect expression of childish innocence'. The reality of course was that the inmates were complex individuals, and the wilful casting of them as a whole in an infantilized manner caused tremendous difficulties. As many reached adulthood, they often proved difficult to manage. Once they stepped beyond the rigid definitions laid

38 The Act empowered local authorities to fund the costs of maintaining several vulnerable groups in appropriate institutions via rates, but the more pressing problem of a lack of specialist centres was not addressed. *The Poor Afflicted Persons Relief (Ireland) Act, 1878*.

39 Louise Westwood, 'Care in the community of the mentally disordered: the case of the guardianship society, 1900–39', *Social History of Medicine*, 20:1 (2007), p. 61. **40** The Protestant Orphan Society, for example, paid board, lodgings and a clothing allowance to families who accommodated children, as well as an annual stipend to the head of the household. Protestant Orphan Society Records, National Archives of Ireland, 1045/5/5.

down for them, they often faced life back in the district asylums, admitted as dangerous lunatics, with no prospect of discharge and no specialist treatment. Descriptions of adults returned to the asylums are often remarkably similar, and cite 'the display of vicious propensities' as a precipitating factor in transfer. If they remained cheerful, malleable and indeed innocent and child-like, they often remained in the care of the Daughters until death (many intellectually disabled patients had chronic physical illness, and died young). But more complex ranges of behaviour could and often did mean expulsion – it seems everyone had to 'play the game' even if the rules were not clear to all. However, one rather poignant point that should be made is that the level of available care for such a vulnerable group was, despite the recommendations of successive royal commissions and reports throughout the nineteenth century, non-existent. The Catholic Church remained the single largest provider for the intellectually disabled for a century and a half,⁴¹ and it was a responsibility that was not shirked, even as it moved away from a mildly reformist agenda that focused on the poor, to a more socially conservative stance in the twentieth century.⁴²

The care of the intellectually disabled by nuns had a further internal logic. The presentation of these individuals as children, regardless of age, cast the sisters into the role of mothers, as pure embodiments of the Marian ideal – virgin births indeed. But because this particular role was unending, in that the patients would not recover and would require constant care, it was the fullest expression of a life of self-sacrifice, and a life in the service of individuals who could not understand the extent of the help they received. The Daughters of Charity emphasized this element in their own rare comments on their mission: 'It is a life of forbearance, one lived in the knowledge that those whom we help labour under such privations that gratitude is inexpressible: let that not deter us from our work, which is truly God-given.'⁴³ The care of the mentally ill was led by university trained physicians, who hoped that they would cure, or at least improve, the mental afflictions of their charges. Asylums vied with each other to record high cure, recovery and discharge rates, and the reputation of individual asylums rose and fell on the basis of these figures. But there were no such triumphs in the idiots' homes, a fact that underpinned the self-sacrificing nature of a nun's life. One might argue that in both cases ego was served – the asylum physician was praised for his skill in cure and treatment, the nuns for the fact that no cure was possible, but they persisted regardless. The intellectually disabled certainly needed the care offered by the Daughters of Charity, but one might also say that they offered in turn an exceptional opportunity to these women to fulfil their own religious mission.

In another important regard, the model of care adopted by Irish nuns for idiots

⁴¹ Robins, *From rejection to integration*. ⁴² Tony Fahey, 'The Catholic Church and social policy', *The Furrow*, 49:4 (Apr. 1998), p. 146. ⁴³ Anon, 'Our mission', *The Sacred Heart Messenger* (Sept. 1899).

and imbeciles proved compatible with both their own self-sacrificing philosophy, and a medical approach that favoured the isolation of the mentally vulnerable. The tendency towards the segregation of idiots and imbeciles reflected the foundational principles of many orders, several of which were enclosed, with the absolute segregation from the outside world a highly visible statement of sacrifice by nuns. Orders such as the Carmelites exemplified the ideal that God's work was best carried out away from a potentially corrupting modern society, and that a withdrawal from the world was inherently spiritual. Removing those who could not care for themselves, and assuming a life-long responsibility for their welfare, underlined the value of the nuns' work. Thus, those who rejected the world, and those whom the world rejected, created communities of acceptance that prioritized spiritual and not material worth. Some critics of segregation have argued that it was merely a less brutal form of sterilization, given that one of the primary objectives was to prevent the undesirable from reproducing – '... histories of the eugenics movement show the degree to which this population labelled "feeble-minded" was at the top of the eugenic agenda, and how segregation was as much a eugenic control option as sterilization ... specialized custodial institutions for the mentally deficient were essentially manifestations of eugenically-driven social policy' – but this is to ignore both the complexity of social attitudes towards the mentally deficient, and the many expressions of concern about the quality of life for vulnerable individuals on the fringes of society.⁴⁴ Although those in the care of the Daughters of Charity had not chosen a life of celibacy, these two complemented each other: the virgin mothers and the eternal children, each supplying a Divine justification for their respective existence.

This characterization offered a unique advantage to the Irish intellectually disabled. Although their provision lagged behind that of the rest of the United Kingdom prior to Independence (and indeed well after – it was not until 1959 that the first Inspector for Special Education was appointed by the Minister for Education), and was unhelpfully driven by a battle for religious supremacy rather than the needs of the group, Ireland stood well in advance of the western world in her lack of engagement with practical eugenics, and a desire to limit the reproductive capabilities of the idiots and imbeciles. There was a concern regarding the heritable nature of idiocy in particular, and a substantial body of literature, penned by the asylum inspectors as well as individual physicians, concerning the dangers of uncontrolled marriage and reproduction by idiots, imbeciles and lunatics. But Ireland never engaged with the rhetoric and reality of eugenics with regard to mental incapacity, nor promoted ideals of racial or ethnic superiority, in the manner of other, arguably more advanced, countries. In this sense, the broad brush characterization of the intellectually disabled as harmless children, an effective refusal to acknowledge an adult sexuality, and a rigorous policy of segregation in institutions protected idiots and imbeciles from enforced sterilization and denunciation.

⁴⁴ John P. Radford, 'Sterilization versus segregation: control of the "feeble-minded", 1900–38', *Social Science and Medicine*, 33:4 (1991), p. 450.

The mass sterilization campaigns of the Third Reich are a by-word for intolerance and cruelty. But the earlier eugenics movement of the late nineteenth and early twentieth centuries was equally repugnant, and arguably of a greater reach. Opinions as to how the mentally 'undesirable' might be prevented from reproducing themselves varied substantially, but within respectable as well as extreme medical, philosophical, and even philanthropic circles there was a unanimity of opinion as to the necessity to control (by force or statute) the 'undesirable' from replicating themselves. Hereditary factors in the tremendous increase in institutionalized insane were accepted by Irish asylum inspectors, with intermarriage regarded as an important element in explaining the growth in the mentally ill. There had also been long-standing concerns regarding the sexual exploitation of idiots and imbeciles at liberty, a concern that was a recognition of their vulnerability as much as worry about the 'national stock'. In England, the discussion of what to do with 'defectives' was far more explicit than in Ireland, and secured wider levels of support within high political circles.

But this is not to say that there was no concern in Ireland about the negative impact of the intellectually disabled on society. Irish lay and medical figures shared a wider British concern with children as the embodiment of national aspiration, and a desire to promote good mental and physical health.⁴⁵ The creation of Na Fianna Éireann in 1909 by Constance Markievicz was prompted by political developments, but the rhetoric regarding health and purity was analogous to that of the Boy Scouts and other, similar, organizations that made increasing divisions between the fit and unfit. In part a development attributable to the widely perceived *fin-de-siècle* 'decadence', each of these organizations promoted 'a healthy mind in a healthy body', leaving aside those who possessed neither.⁴⁶ In the early years of the twentieth century, low intelligence became increasingly associated with deviance, and as an element to be controlled rather than changed. The Irish response to the potential weakening of the national stock was simply to segregate, and protect the vulnerable individuals as well as future generations:

In addition to these [idiots and imbeciles 'at large'], there is one particular class well known in Irish workhouses, which I may specially mention. I refer to those women amongst the wastrels and ne'er-do-wells, who, through mental defect, are easily misled, and who spend their time in and out of workhouses,

⁴⁵ As infant mortality rates slowly improved, children and indeed childhood itself was reconceptualized. Children were now a national as well as a familial asset, and a range of specialisms developed to address the emergent cohort. Interestingly, although child psychiatry did not formally emerge as a discipline until the 1930s, its origins lie in this period, as children came increasingly under scrutiny from a range of professionals. See Alexander Von Gontard, 'The development of child psychiatry in nineteenth-century Britain', *Journal of Child Psychology and Psychiatry*, 29:5 (Sept. 1988), p. 569. ⁴⁶ Marnie Hay, 'The foundation and development of Na Fianna Éireann, 1909–16', *Irish Historical Studies*, 36:141 (May 2008), p. 53.

giving birth to illegitimate children, and thus perpetuating the social canker. I think that some means should be devised by which such women – on being proved mentally defective, although not certifiably insane – should be placed in institutions where they could no longer be the means of swelling the ranks of the submerged tenth.⁴⁷

This wilful characterization of idiots and imbeciles as harmless, helpless children underpins, I believe, an important element in the Catholic Church's attitude towards mental disability, and mental illness. The Church's increasing dominance in post-Famine Ireland has been well documented, and her incursion into the formative realms of education and medicine (especially maternity care) is particularly important in understanding Irish society throughout the twentieth century.⁴⁸ But one of the very few areas in which little attempt at incursion was made was in mental health care. The district asylums remained largely under the control of non-denominational boards, and although it became common for Catholic priests to act as asylum board members from the early twentieth century, it was equally common practice for Protestant ministers to fulfil the same role. Most asylums had Catholic chapels on their grounds by the end of the nineteenth century, but the administration, staffing, and medical direction remained largely free from overt religious influence.⁴⁹ Why was the fate of so many vulnerable individuals (there were 17,000 inmates in district asylums in 1900, with an additional estimated 8,000 'lunatics at large') largely ignored by the Church, when it responded so vigorously to the perceived threat by Stewart's *Institution to the souls of idiot children*?

Part of the answer may lie in the often-complex and challenging behaviour of asylum patients, and the misunderstood nature of mental illnesses in the nineteenth century. Despite an increasingly scientific and medicalized interpretation of insanity in Ireland, that sought to dispel beliefs in demonic possession, many still feared the often unpredictable expression of mental illness, and were uncomfortable with the integration of former patients into mainstream society. Moreover, many patients were violent and unpredictable, and had few inhibitions. In particular, they were likely to express blasphemous thoughts – religious delusions were extremely common,

⁴⁷ *Royal commission on the care and control of the feeble-minded*, p. 78. The 'submerged tenth' was a term used in the late nineteenth century to refer to a permanently impoverished population cohort who, despite general economic and social improvements, would never raise themselves above absolute poverty. ⁴⁸ In 1851 there were 1,500 nuns of various orders in Ireland; by 1901 this had increased to over 8,000, against a total population that had almost halved to 4,400,000 in the same period. Maria Luddy, *Women and philanthropy in nineteenth-century Ireland* (Cambridge, 1995), p. 23. ⁴⁹ There were however clashes over the role of religion, and religious worship in asylums. In institutions with substantial minority patient populations, and a tradition of evangelism, there were clashes at Board level with regard to the appointments of ministers and priests. Pauline Prior and D.V. Griffiths, 'The chaplaincy question: the Lord Lieutenant of Ireland versus the Belfast Lunatic Asylum', *Eire-Ireland*, 33:2 & 3 (1997), pp 137–53.

including beliefs that patients were Divine, or were the recipients of messages from God or the Devil – or to articulate sexually explicit hallucinations, and to attempt sexual assaults on fellow-inmates or nursing staff.⁵⁰ Nursing orders of nuns had traditionally placed limits upon the types of patients whom they could treat, and the environments in which they could work, and still retain the modesty necessary to their religious calling. Thus work in the district asylums was, I believe, potentially too great a challenge to their self-perception to be countenanced, despite the very great need for nursing care in these large-scale institutions. The intellectually disabled were a different matter. As long as the predominant characterization of ‘eternal children’ could be maintained, nuns could cheerfully assume life-long nursing responsibilities requiring substantial sacrifice with little obvious reward.

The plight of the intellectually disabled in nineteenth-century Ireland was indeed problematic. As society divided increasingly into productive and non-productive members, they found themselves on the margins of both State and philanthropic provision, cared for in institutions that failed to address their needs adequately. Although not mentally ill, they entered asylums; although not criminal, they were sent to industrial schools and to prisons. The voluntary bodies that sought to assist them imposed standards of behaviour and conceptualizations that ignored the complex reality of their abilities and limitations. Yet for all their inadequacies, the efforts made by Dr Stewart, the Daughters of Charity, and the individual staff in the district asylums at least began a process whereby the intellectually disabled began to be recognized by Irish society, and their needs partially, if far from wholly, addressed.

50 The threat of sexual violence against female nurses was common, and attempted assaults were frequently brought to the attention of the Board of Governors at Ballinasloe throughout the nineteenth century. See Oonagh Walsh, ‘Psychiatric nurses and their patients: the Irish perspective’ in Pamela Dale and Anne Borsay (eds), *Nursing the mentally disordered: struggles that shaped the working lives of paid carers in institutional and community settings from 1800 to the 1980s* (Manchester, 2014) for a discussion of the impact this had upon the status of the psychiatric nurse.