

had reached 347/100,000 population by 1901 and was to continue to increase until 1957 when, at 694 in number, the rate had almost trebled to 899/100,000 to decline to 191/100,000 by 2001.

In addition to the 393 Ennis residents in 1901 (Inspector, December) there were 263 residents (lunatics and idiots) in the eight workhouse asylums (Census figures) bringing the total rate to 576/100,000 – not far off the rate in 1957.

Compared with the national picture Ennis in 1901 had higher resident and admission rates, a lower proportion of first admissions and of 'dangerous lunatic' admissions. However costs per resident were similar to the country as a whole as were the diagnostic composition of patients and the proportion of admissions that came from workhouses.

Workhouse asylum residents were more 'chronic' in the sense of longer duration of disease, with a lower proportion of those suffering from mania and dementia and a much higher proportion of intellectually disabled persons, 30% against 2% in the asylum, which had risen to 18% in Our Lady's by 2001.

Contrasted with the Ennis asylum in 1901, Our Lady's in 2001 had become a much more active entity with 481 admissions as against 122 and discharging the great majority of its admissions after short stays.

While the asylum clientele was a great deal younger than that of the 2001 hospital, the number of very long stay residents was not all that different. Nor was the gender distribution – 53% male in 1901 and in 2001.

Declaration of Interest: None.

Note: The words asylum, lunatic, idiot and imbecile, although offensive to modern thought and usage have been employed in this paper as they appeared in contemporary documentation.

References

1. Finnane M. *Insanity and the Insane in Post Famine Ireland*. London: Croom Helm, 1981.
2. Robins JA. *Fools and Mad. A History of the Insane in Ireland*. Dublin: Institute of Public Administration, 1986.
3. Walsh D, Daly A. *Mental Illness in Ireland 1750-2004*. Dublin: Health Research Board, 2004.
4. Reynolds J. *Grangegorman. Psychiatric Care in Dublin since 1815*. Dublin: Institute of Public Administration, 1992.
5. Government of Ireland. *Local Government Act, Section 79, 1925*.
6. Department of Health. *Report of the Commission of Enquiry on Mental Illness*. Dublin: The Stationery Office, 1966.
7. *Parliamentary Papers for the Session First January to Thirty First December 1901*. Volume XL, 1902. Reports of Commissioners, Inspectors and others. Lunacy (Ireland). The 51st Report of the Inspectors of Lunacy on the District, Criminal and Private Lunatic Asylums of Ireland. HMSO. Dublin: Alex Thom.
8. *Inebriates Act, 1898*.
9. *Criminal Lunatics (Ireland) Act, 1838*.
10. *The Central Criminal Lunatics Asylum Act (Ireland), 1845*.
11. *Lunacy Act, 1867*.
12. Walsh O. "The Designs of Providence". Race, religion and Irish insanity. In: Melling J, Forsythe B, Eds. *Insanity Institutions and Society, 1800-1914*. London and New York: Routledge, 1999.
13. Prior PM. *Dangerous lunacy: the misuse of mental health law in nineteenth-century Ireland*. *J Forensic Psychiatry & Psychology* 2003; 14(3): 525-541.
14. O'Grada C. *The Great Irish Famine*. Dublin: Gill and McMillan, 1988.
15. Malcolm E. "The House of Strident Shadows": the Asylum the Family and Emigration in Post-Famine Rural Ireland. In: Jones G, Malcolm E, Eds. *Medicine, Disease and the State in Ireland 1650-1940*. Cork University Press, 1999.
16. Dawson WR. The presidential address on the relation between the geographical distribution of insanity and that of certain social and other conditions in Ireland. *J Mental Sci* 1911; 52: 239
17. Daly A, Walsh D. *The Irish Psychiatric Hospital Census 2001*. Dublin: Health Research Board, 2002.

Letters to the Editor

Ir J Psych Med 2009; 26(4): 211

New long-stay patients in Irish psychiatric inpatient services

Dear Editor – The paper by A.Daly and D.Walsh entitled "An audit of new long-stay patients in Irish psychiatric inpatient services" in your issue of September 2009, was well written and informative, as one would expect from this source. It described again the evolution of our national mental health policy since 1966. This could be paraphrased in the oft repeated numbers since 1966 has indeed been dramatic the evidence for linking this trend with better national mental health is not immediately clear.

The authors find it "deeply disappointing" that all public psychiatric hospitals are not yet closed.

Even allowing for the fact that the article was submitted before the recent financial crisis I find their projections unrealistic. I also find the penultimate paragraph dealing with the transfer for the remaining patients to generic services where they could be "easily accommodated" to be deeply disturbing. It appears that the implementation of our 46 year old

policy must proceed to the bitter end irrespective of patient needs.

It brought to mind a situation very familiar to me in earlier years when children with autism were routinely found to have a mental handicap at age 16, a discovery linked more to the practice of child psychiatry than to any clinical realities!

In a recent letter to the Irish Times I have drawn attention to the fact that in Worcester Mass. they have recently embarked on the construction of a 320 bed public psychiatric hospital. This is a remarkable development in a State where de-institutionalization and inclusion were embraced at a very early stage! I intend to visit this development next spring and further would encourage our College to organise a fact finding tour. Apart from viewing the actual construction it would be interesting to learn what has led to such a remarkable change in policy. Perhaps there are lessons to be learnt?

Michael Mulcahy
Consultant Psychiatrist
73 Merrion Road
Dublin 4,
Ireland.