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Title	Emaciated, Exhausted and Excited: The Bodies and Minds of the Irish in Nineteenth-Century Lancashire Asylyms
Authors(s)	Cox, Catherine; Marland, Hilary; York, Sarah
Publication date	2012-11
Publication information	Journal of Social History, 46 (2): 500-524
Publisher	Taylor and Francis
Item record/more information	http://hdl.handle.net/10197/7967
Publisher's statement	This is a pre-copyedited, author-produced PDF of an article accepted for publication in Journal of Social History following peer review. The definitive publisher-authenticated version Journal of Social History, 46(2): 500-524 (2012) is available online at: http://jsh.oxfordjournals.org/content/46/2/500.
Publisher's version (DOI)	10.1093/jsh/shs091

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J Soc Hist. Author manuscript; available in PMC 2015 February 13.

Published in final edited form as:
J Soc Hist. 2012 ; 46(2): 500–524. doi:10.1093/jsh/shs091.

Emaciated, Exhausted and Excited: The Bodies and Minds of the Irish in Nineteenth-Century Lancashire Asylums

Catherine Cox, **Hilary Marland**, and **Sarah York**

Abstract

Drawing on asylum reception orders, casebooks and annual reports, as well as County Council notebooks recording the settlement of Irish patients, this article examines a deeply traumatic and enduring aspect of the Irish migration experience, the confinement of large numbers of Irish migrants in the Lancashire asylum system between the 1850s and the 1880s. This period saw a massive influx of impoverished Irish into the county, particularly in the post-Famine years. Asylum superintendents commented on the impact of Irish patients in terms of resulting management problems in what became, soon after their establishment, overcrowded and overstretched asylums. The article examines descriptions of Irish patients, many of whom were admitted in a poor state of health. They were also depicted as violent and difficult to manage, though reporting of this may have been swayed by anti-Irish sentiment. The article suggests that a hardening of attitudes took place in the 1870s and 1880s, when theories of degeneration took hold and the Irish in Ireland exhibited exceptionally high rates of institutionalization. It points to continuities across this period: the ongoing association between mental illness and migration long after the massive Famine influx had abated, and claims that the Irish, at one and the same time referred to as volatile and vulnerable, were particularly susceptible to the challenges of urban life, marked by their intemperance, liability to general paralysis, turbulence and immorality. Asylum superintendents also noted the relative isolation of the Irish, which led to their long-term incarceration. The article suggests that commentary about Irish asylum patients provides traction in considering broader perceptions of the Irish body, mobility and Irishness in nineteenth-century England, and a deeper understanding of institutionalization.

> This case (an Irishman who, after an injury to the head from a gunshot wound received during the Indian mutiny, had annihilated his reason by excessive drinking) was a typical case of a class which is unfortunately very numerous in this Asylum, in which a condition of extreme bodily and mental weakness is combined with the most bellicose propensities.[1]

Over the course of the last two centuries Irish people have been depicted as particularly prone to mental illness, associated in the late twentieth century with high rates of depression and schizophrenia, alcohol and drug-related conditions, and psychiatric hospital admissions.[2] High rates of mental breakdown have been observed in both the Irish who remained at home and those who migrated overseas. While historical scholarship has produced an impressive volume of research and literature on the experiences of Irish migrants and the "Irish problem" in nineteenth-century Britain,[3] it is only recently that this has come to focus on what one historian of Irish psychiatry has described as one of the "most traumatic aspects" of Irish migration, the high incidence of mental breakdown and

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confinement in asylums amongst Irish migrants to Britain and other destinations after the Famine.[4] Here we explore one of the most marked expressions of what appears to have been a global phenomenon, the movement of Irish migrants into one of the largest systems of confinement in the world, the asylums of Victorian Lancashire.

Throughout the second half of the nineteenth century, Lancashire was positioned second only to Middlesex in the grim league table that recorded the massive rates of confinement of pauper lunatics in each English county; by the early 1880s around 4,000 pauper patients were housed in Lancashire's four county asylums and a further 3,000 in workhouses and private asylums.[5] In 1882 the Commissioners in Lunacy were prompted to comment on the major contributions of the Irish in producing these figures, as well as their disruptive impact on the institutions: "A very large proportion of the patients are Irish, and of the lowest strata in the population of Liverpool, and these contribute many to the more excitable occupants of the wards."[6] This was something that the medical superintendents of Lancashire's vast public asylums had been grappling with for several decades, their annual reports referring repeatedly to the enormous impact of the Irish influx.

Boosted by Famine migration, almost one-quarter of the population of Liverpool was Irish-born by 1851, and a large number of these migrants moved onwards – often via the workhouse and to a lesser extent the prison – into Lancashire's asylums. John Walton's study of the patient population of Lancaster Moor Asylum indicated that in 1851 22 per cent of patients had migrated from Ireland.[7] By the late 1850s around half of the admissions to Liverpool's Rainhill Asylum were recorded as Irish-born. According to the 1861 census, 18.9 per cent of Liverpool's resident population was Irish-born, suggesting that the proportion of Irish in Rainhill was almost double the proportion of Irish-born in Liverpool. Irish patients had also spilled out into the county's other public asylums, workhouse lunacy wards and private asylums.[8] Asylum superintendents emphasized in their annual reports that much of this patient intake was made up of recent migrants from Ireland, despite the fact that migration reduced to a steadier flow between 1851 and 1871 after the huge influx of the Great Famine.[9] In what is likely to have been one of the largest – and most enduring – migrations of a particular ethnic group into any asylum system at any point in history, the doctors charged with managing these institutions were alarmed by this numerical onslaught, which aggravated problems of overcrowding and limited resources. Many Irish patients arrived at these institutions in poor physical condition, their bodies and minds undermined by destitution and extreme hardship and ravaged by the effects of "bad" living. At the same time, despite their physical degradation, as the opening quote demonstrates, Irish patients were regarded as highly disruptive and difficult to manage. They were also likely to have been highly mobile prior to admission, but, once in the asylum system, very difficult to shift out again.

The asylum, particularly the massive phase of public asylum building that marked the second half of the nineteenth century, has preoccupied a large historical literature.[10] More recently, the impact of migration, internal and transnational, on these institutions has also attracted serious historical study.[11] Much of this work has focused on North America and the Antipodes, contexts which were notable for the high proportion of Irish admissions.[12] In mid-nineteenth-century Newfoundland, for example, Irish-born migrants made up over 40

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per cent of the intake to a provisional asylum set up to cope with the sudden rise in mental illness; in Nova Scotia asylum Irish-born patients constituted 19 per cent of admissions even though they only accounted for 3 per cent of the general population.[13] Irish patients made up 25 per cent of the asylum population of New South Wales by the 1880s, with Irish Catholics being particularly prominent.[14] Exploring the influx of Irish migrants into the asylums of northwest England, along what were by the second half of the nineteenth century established migration routes, provides a nice contrast with the experiences of settler colonies.[15]

Drawing on the annual reports of the Commissioners in Lunacy, asylum reception orders, annual reports and patient case notes, as well as a unique set of notebooks produced from the late 1860s onwards by the Lancashire County Council in their quest to establish the settlement of Irish patients for the purpose of chargeability, this article traces the links between the social, physical and mental status of Irish-born patients entering Lancashire's four county asylums at Lancaster Moor (1816), Rainhill (1851), Prestwich (1851), and Whittingham (1873), focusing particularly on Rainhill Asylum and the period from the 1850s to the 1880s. Rainhill bore the brunt of Irish admissions and its casebooks offer detailed information on individual admissions as well as clearly identifying Irish-born patients.[16] The article suggests ways in which the concerns of these institutions reverberated with a wider set of social and public health issues connected to Irish migration and the experiences of Irish migrants beyond the walls of the asylum. The reflections of those commenting on the minds and bodies of Irish patients – the medical superintendents, lay Committees of Visitors, and the Lunacy Commission – appear to be based in part at least on racial stereotyping, in terms of describing individual patients as well as the inadequate response of the Irish as a body to the challenges of city life. The high rates of admission amongst the Irish were also attributed to the stress of migration, poverty, dire living conditions and poor bodily health. The relationship between these factors and the high and enduring incidence of mental illness will be surveyed across two phases. First, the immediate post-Famine period, the 1850s and 60s, when the arrival of Irish migrants intersected with major welfare, public health and civic crises triggered by the influx of impoverished migrants, and, second, the 1870s up until the 1880s, when the continuing presence of large numbers of difficult Irish patients segued into anxieties about the "increase" in insanity and its hereditary origins, as well as fascination with the perpetual challenges the Irish imposed on themselves through their extraordinary mobility and migration to major manufacturing cities. This article will also suggest that commentary about Irish asylum patients provides considerable traction in exploring broader perceptions of the Irish body, mobility and Irishness in nineteenth-century England.

Irish migration to Lancashire

Irish migration to England pre-dated the Great Famine (1845-51) and the 1841 census listed nearly 290,000 Irish-born people as resident in England and Wales, 106,000 of them concentrated in Lancashire.[17] The late 1840s, however, was marked by a huge acceleration in migration, and by 1855 the Great Famine had forced around 1.5 million Irish to leave their homeland. Often desperate and attracted by the prospect of work and relief through the English Poor Law, large numbers traveled to the major towns and cities of northwest England, predominantly through "the premier European emigration port" of Liverpool.[18]

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Though considerable numbers of Irish traveled onwards to North America or to New South Wales, for many – due to lack of resources or illness – Lancashire became the end point of their journey. Only those born in Ireland were recorded as "Irish" in nineteenth-century census returns and according to the returns, the Irish-born population of Lancashire nearly doubled between 1841 and 1851 to reach over 191,000, 10 per cent of the county's inhabitants.[19] In Liverpool across the same decade, the Irish-born population rose from 49,639, 17.3 per cent of the total population, to 83,813, or 22.3 per cent.[20] By 1871, despite a falling off in Irish emigration, Irish migrants still made up over 15 per cent of Liverpool's population.[21]

Large numbers of Irish disembarking at Liverpool during the Famine were in a state of extreme distress, destitution and exhaustion. In 1850 251,369 Irish migrants arrived in the city, of whom 77,765 (31 per cent) were recorded as paupers.[22] Although recent studies have acknowledged considerable variation in the occupation and standing of Irish migrants across the nineteenth century – as well as questioning the myth of the "ghetto Irish"[23] – John Belchem has argued that by the time the Famine influx rendered Liverpool "the hospital and cemetary [*sic*] of Ireland" the Irish were located firmly at the bottom of the social and occupational hierarchy.[24] The arrival of large numbers of Famine migrants caused shock and alarm amongst Liverpool's citizens, concerned about the burden on rates, the impact on the city's health, as well the dreadful suffering of the migrants, concerns which dominated press reports throughout the late 1840s and early 50s. During 1846-54, 31 per cent of all poor relief, some £112,000, was spent on the Irish in Liverpool, including the support of many transient immigrants.[25] The *Liverpool Mercury*, for the most part liberal and sympathetic to Irish Famine victims, reported in the winter of 1847

> The fact is; that in the cold and gloom of a severe winter, thousands of hungry and half naked wretches are wandering about, not knowing how to obtain a sufficiency of the commonest food nor shelter from the piercing cold. The numbers of starving Irish men, women and children – daily landed on our quays is appalling; and the Parish of Liverpool has at present, the painful and most costly task to encounter, of keeping them alive, if possible…[26]

The medical journal, the *Lancet*, referred to the deep impact of the Irish exodus, describing the "starving and fever-stricken" migrants who arrived in the first six months of 1847; "80,000… located themselves in dog-kennels and cellars, and remained to glut the labour market and propagate a wretched mode of life. In this unhappy year, 60,000 persons were attacked with fever, and 40,000 with dysentery."[27] In 1851 Dr William Duncan, Liverpool's Medical Officer of Health (the first to be appointed to such a post in England), described Liverpool as "a City of the Plague," the result of "hordes of sickly and half-starved Irish" flooding into the city and spreading fever.[28] The Irish encountered a broader culture of anti-Irishness related to the squalid state of the districts that many were compelled to inhabit, where vile conditions of overcrowding and lack of sanitation were punctuated with regular outbreaks of epidemic disease. The Irish gave the impression of colonizing entire streets and neighborhoods and were known to inhabit the worst housing – places abandoned in disgust by the poorest non-Irish residents. The *Lancet*'s 1870 analysis reflected back on the way "Irish" streets were struck by typhus, scarlet fever and influenza in 1847-48, cholera and

diarrhea in 1849, cholera again in 1854 and 1866, scarlatina and typhus in 1863, and relapsing fever in 1870, when the death rates from a variety of infectious diseases were far higher than the rates in the very poorest areas of East London.[29]

Fanned by negative press reporting, the Irish presence was linked to a wider and well-documented range of social evils that threatened the equilibrium of Liverpool and Lancashire: the rising incidence of pauperism, alcoholism, violence, crime, vagrancy, prostitution, and declining wages, evils still being associated with the Irish well into the late nineteenth century.[30] In February 1850 the *Liverpool Mercury* reported the "lamentable excess of crime in Liverpool"; 3,264 of the 6,194 persons brought before the city's magistrates in the previous year "*were natives of Ireland!*… This constant influx of Irish misery and crime it is almost impossible to restrain."[31] Liverpool, with its marked "urban pathologies" of sharp trade fluctuations, high levels of migration – in terms of throughput as well as influx – and casual labor, heavy drinking, rough entertainment and prostitution, had "a formidable reputation for crime and disorder" and was notable for high rates of prison committals compared with other Lancashire towns.[32] In 1871, when the Irish-born made up 15.6 per cent of Liverpool's population, they accounted for 33.4 per cent of arrests, and this overrepresentation of the Irish in crime figures was also a feature of other Lancashire towns. Assaults were a major cause of arrests, and were associated with the practice of fighting in rural Ireland as well as being a response to the stress of urban-industrial living and poverty.[33] Crime, violence and turbulence would also be strongly associated with Irish admissions to the county's asylums.

In terms of bodily status, while being regarded as a source of pestilence, Irish migrants were also recognized to be a crucial source of labor, vital to the local economy at times of peak employment. Irish emigration to Britain developed only slowly up until the 1840s. Anderson suggests that in the case of Preston, Lancashire migration patterns were varied by mid-century, featuring young families, as well as single men and women, including teenagers, and individuals in later life attracted by work in the mills, though repeated and severe trade crises made weaving a perilous form of employment.[34] From the 1860s onwards the young and single came to dominate, individuals lacking family support networks and vulnerable to institutionalization in times of unemployment. When work was scarce, opinions on the usefulness of the Irish shifted. The Irish were depicted as being willing to work for less pay than their English counterparts, thus depressing wages, and they were used as strike-breakers, adding ammunition to anti-Irish sentiments. Most Irish migrants entered lower classes of work, gravitating towards the dirtiest and unhealthiest occupations and heavy laboring jobs. Though by the 1870s many Liverpool Irish were working as skilled artisans, merchants, shopkeepers and clerks, 82 per cent were listed as unskilled manual laborers,[35] while 80 per cent of emigrants leaving Ireland in 1881 and providing details of their occupation described themselves as laborers and 84 per cent of women as domestic servants.[36] Subsisting on what was perceived to be the typical poor Irish diet, made up predominantly of potatoes, buttermilk and occasional herring or bacon, Irish workers also appeared able to endure long hours of labor.[37] Tied inexorably to the local economy and often the worst-paid workers, the Irish were likely to have been especially vulnerable to the effects of trade depression, unemployment and poverty. This portrayal of the Irish as able to

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take on the jobs no-one else wanted, to survive on very little, and to inhabit the most squalid areas of town, resonates with accounts of Irish asylum patients. Once even these limited resources were withdrawn, the Irish appear to have been very liable to mental breakdown, and numerous Irish admissions were noted to be in a terrible bodily condition, diseased and starving.

Management of Irish Insanity in the Post-Famine Years

During the 1850s and 1860s Irish patients at times outclassed English admissions and the intake of other nationals to the Lancashire asylums and Liverpool's Rainhill Asylum and Prestwich Asylum, which catered for Manchester and Salford, were particularly overwhelmed. This was an influx that even one of largest asylum systems in the country could not easily absorb, and large numbers also ended up in local workhouses. And while the pattern of Irish migration varied across the century, as did the kind of migrant traveling from Ireland, most of those entering the asylum appear to have been impoverished, living on the margins of existence as low-paid laborers or, in the case of female admissions, domestic servants, a loose category including poorly paid and casual labor.[38] Almost half of single female patients taken into Rainhill Asylum for years sampled between 1856 and 1906 were described as "domestic servants." In keeping with the profile of the general post-Famine emigrant, across the same years most Irish patients – 52 per cent – were not married when admitted and the majority was less than thirty-five years of age.[39] Though the County Council notebooks establishing settlement indicated diverse occupations amongst the Irish after 1867, work as a tailor or shoemaker or smith provided an apparently limited buffer against a rapid decline into poverty, and many Irish patients entered the asylum following confinement in the workhouse.[40]

As the new county asylums established themselves in the 1850s, their superintendents strongly opposed attempts by the Poor Law authorities to retain cases of insanity in workhouses, and the issue sparked a good deal of debate and acrimony between Poor Law and asylum officials and the Commissioners in Lunacy as legislation – in theory – prohibited the confinement of lunatics in workhouses.[41] In practice, however, there was considerable traffic between the workhouse and asylum and also prison and asylum, the three constituting to some degree an "interconnected system" (Table 1).[42]

Reception Orders suggest that the admission registers may have considerably under-recorded admissions from the workhouse. The registers often provided details of previous domestic residence even when patients had spent some time in the workhouse en route to the asylum. Between October 1865 and April 1866, for example, the Reception Orders noted that 22 out of 31 Irish admissions to Rainhill Asylum (71 per cent) had been transferred from workhouses.[43] The notebooks recording the movements of individual patients prior to asylum admission confirm these patterns of exchange between institutions. Margaret Murphy was moved from Walton Workhouse where she had resided for several years, after being "found wandering" in Bootle and apprehended by the police; "is supposed to have come from America." Though aged only 41, she was described as "an old woman" and was "very violent at times, she will rush upon other patients to injure them."[44] Many of the Irish patients removed from workhouses and prisons to asylums were noted to be violent and

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unmanageable, and indeed it was the onset of spectacular or violent behavior that could prompt their removal from the workhouse or prison, as in the case of Margaret Murphy who was moved after becoming destructive and noisy.[45] John Currie was removed from Kirkdale Prison, where he had been sent for stealing clothing, to Rainhill in November 1874, where he was diagnosed with mania of six weeks duration. He was badly bruised on admission, and had been "very restless the whole of the time he has been in there [prison]… had set fire to his bedding."[46] Arguably for some patients, spells in prison had also triggered or exacerbated existing mental disorders. For Martin Naylor, brought to Rainhill in November 1866, imprisonment for unlawful wounding "seems to have produced his mental disease."[47] Dennis McKeon claimed to have been badly beaten in prison, and was "one mass of bruises from head to foot" when he was admitted to Rainhill in August 1868. His troubles continued in the asylum after he stole food from other patients resulting in "a very awkward scalp wound." He was in due course sent out on trial, but was brought back after his wife claimed that he had tried to kill her.[48]

Patient intake in general tended to become increasingly globalized, spurred on in Liverpool by the admission of seafarers and others involved in transient occupations, yet Irish admissions continued unabated, which prompted asylum superintendents and Commissioners in Lunacy to refer specifically to them in their reports, focusing on Irish-born patients. Dr Thomas Lawes Rogers, Asylum Superintendent at Rainhill Asylum from 1858 to 1888, noted in 1870 that the nationality of patients recorded in the annual reports were "determined by the place of birth." He recognized that the figures for Irish admissions were underestimates, as by the 1870s a large proportion of the population of Liverpool and also its institutions were not Irish-born but nonetheless were culturally and ethnically Irish. These patients were "essentially Irish in everything but their accidental birthplace."[49] In 1871 the number of Irish patients recorded in the annual reports made up 46 per cent of the resident population of Rainhill Asylum; in this year there were slightly more resident Irish than English patients in the institution (313 Irish compared with 308 English patients) (Tables 2 a and b), while Irish-born people made up only 15.6 per cent of Liverpool's population.[50] An enduring feature was the apparent mobility of this group at the point of entry to the asylum, bolstering contemporary depictions of the Irish as a "tramping" people. Many were recent migrants to Lancashire or had traveled extensively around the county or from much further afield – a considerable number were noted to have returned from America or were ex-soldiers. Yet this very mobility was also a factor that led the Irish to be "keepers": marginal and isolated, proportionally fewer Irish left the asylum recovered or relieved than non-Irish patient groups (Table 3).[51]

The Irish had a huge impact on the management of mental illness and the day-to-day running of Lancashire's asylums, and, not surprisingly, the institutions' medical superintendents referred specifically in their reports to the pressure placed by the Irish on what were – almost as soon as they opened – to become overcrowded and overstretched institutions. The optimism that marked the opening of the new asylums was quickly dimmed as incurables were swept in from the workhouses and Haydock Lodge private asylum, which catered almost exclusively for pauper lunatics.[52] The new buildings became packed with cases complicated by epilepsy, paralysis, "dirty habits" and intemperance. Of the 222 cases brought in from other institutions to Rainhill Asylum on its opening in 1851, only 12

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"appeared to afford much hope of recovery." Of the 48 deaths occurring that year, 16 were ascribed to intemperance, 19 to general paralysis, 7 to phthisis, 5 to "gradual decay of vital powers," and 8 to maniacal exhaustion. The report noted too the high incidence of Irish patients who accounted for around one-third of admissions (76 out of 252).[53]

Although these poor results cannot be conclusively linked to Irish patients (this level of detail is not noted in the annual reports), it is interesting to compare rates of recovery and death amongst Irish patients reported in the Rainhill casebooks. Out of 34 female Irish-born patients recorded in the casebooks in 1851, only 5 were discharged recovered (15 per cent; two more were discharged but later readmitted), 2 were transferred to the workhouse and 5 to other asylums, and 20 died (59 per cent). A few of the deaths followed short periods in the asylum, but most of these women remained in the institution for many years; 5 died after 14 years in Rainhill and one after 19 years. Of the transfers, 3 of the women were moved to Whittingham when it opened in 1873 after they had been in Rainhill for 22 years. Mary Dunn, a 57-year-old married women and wife of a laborer, was transferred in January 1851 from Haydock Lodge in "feeble health" and died of bronchitis in 1860. Other deaths resulted from disease of the lungs, pneumonia, heart disease and "natural decay."[54]

The first surviving male casebook for Rainhill Asylum is for 1853, and out of the 11 Irish-born cases admitted that year, 8 died (73 per cent), 2 recovered and one patient was taken back to Ireland by his sister. However, in contrast to the female cohort, most male deaths noted in the casebook occurred within a few months of admission and several were associated with general paralysis. One such case was Thomas Curren, a 38-year-old, single warehouse man, who was noted on admission in December 1853 to be suffering from "mania with general paralysis" and to be intemperate, his intellect "almost obliterated" and his senses "all impaired and slow". He rapidly worsened and died within 4 months. Thomas McKenna, married and aged 45, was more unusual in terms of social standing, a lawyer's clerk who had formerly kept a public house. He was admitted in July 1853 suffering from mania and general paralysis, "probably intemperate," his senses very defective, his sight and hearing impaired, his intellect "nearly gone." He declined after admission "his mind is quite gone & his corporeal powers v. feeble. The animal functions all much impaired," and he died in February 1854, after almost 7 months in Rainhill.[55] While we can support Laurence Ray's assertion that general paralysis was often recorded as a complication or accompanying forms of insanity such as mania rather than as a discrete disorder, there was little reluctance, even in the 1850s, to attribute deaths directly to general paralysis.[56]

In 1854 Dr John Cleaton, Medical Superintendent at Rainhill, noted the two chief features of admissions to be the high proportion of Irish patients and high levels of physical exhaustion; 29 per cent of admissions that year, and a third of male admissions, were Irish and over half of all patients were described as reduced and exhausted. Exhaustion referred rather indiscriminately to symptoms and was noted to be a consequence of lifestyle and circumstances, related to factors such as tramping in search of work, a reduced state of health and lack of food, but was also described as being produced as well as exacerbated by long-term mental disorder, particularly mania. Intemperance and poverty were also directly implicated in many cases of insanity.[57] In 1856 intemperance was linked to 26 per cent of all new cases.[58] Absorbing huge numbers of Irish admissions, it was notable that Rainhill

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was the only asylum in the Lancashire system that closely recorded levels of poor physical health and debility on admission. Indeed the emphasis placed on the physical condition of the Irish and concern with physical etiologies tended to overshadow moral causes such as grief and anxiety, though the two sets of factors were also clearly seen as interrelated. These earlier accounts also resonate with the kinds of disease etiologies that we might anticipate several decades later, particularly with regard to high rates of general paralysis and the physical decay that this disorder produced among patients, whose symptoms included convulsions and tremors and who often became bedridden.[59] In 1851 Prestwich was compelled to open its doors before the building was fully operational to move in 428 patients from Lancaster Asylum, Haydock Lodge and local workhouses, around one-tenth (45) of whom were suffering from general paralysis, "many in advanced stage," 74 were subject to epilepsy and many afflicted with incurable diseases.[60] In 1854 Prestwich's Medical Superintendent, Dr Joseph Holland, calculated that since it opened three years previously general paralysis had been responsible for 32 per cent of the institution's mortality compared with 25 per cent in a selection of other English county asylums, which he attributed to the proximity of the asylum to Manchester.[61]

The impact of migration was also referred to repeatedly in annual reports as stressful and liable to cause mental breakdown; so too was disappointment at not migrating onwards to America and Australia. Dr Rogers, Cleaton's successor at Rainhill, was "unsurprised" at the high number of Irish admissions in 1856, given the prevalence of Irish emigrants in Liverpool, as well as the port's absorption of returning Irish "poor people, who have been crushed by disappointment in a foreign land."[62] Alongside and aggravating the impact of migration itself, the medical superintendents referred in their annual reports to the stress of urban life, particularly when this involved migrants – or, in the case of the Irish, "peasants" – from rural areas. The Irish, migrating predominantly in the mid-nineteenth century from the rural midlands of Ireland to the bustling commercial centres of Lancashire, were described as particularly vulnerable. Dr Cleaton reported that patients admitted from Liverpool were "much more seriously shattered in bodily health and condition, from poverty, dissipation, and other noxious influences incidental to large towns."[63] In their Annual Report on Rainhill Asylum in 1864, the Lunacy Commissioners noted that "Many of the Patients… are brought from Liverpool; and, both, as regards their bodily health and mental condition, these are generally of a very bad class."[64] In 1866 Dr Rogers noted how "the character of a large proportion of the patients in this Asylum, being drawn from the Irish quarters in Liverpool, is intrinsically bad and their mental condition such as to afford no hope whatever of ultimate recovery."[65]

What is never referred to – astonishingly given its resonances for Lancashire's welfare system and its enormous impact on the physical fabric and image of the city – is the Famine and its potential relationship to rates of lunacy. This may well be because the workhouses and vagrant sheds bore the immediate brunt of Irish migration, while the two new Lancashire asylums at Rainhill and Prestwich opened in 1851 just as the Famine was waning. Yet the absence of any discussion on the impact of the Famine on mental health – in either published medical journals or the reports of the institutions – remains a puzzle, particularly given the repeated references to the poor physical and nutritional status of patients admitted during the 1850s, as well as the value placed on food as part of the asylum

regime and a means of improving the mental and physical wellbeing of patients. It was also noted that the Irish drained resources more than other patients due to their need for extra dietary items and extra care in administering them.[66] Though a puzzle, this is not unique: the Irish Lunacy Inspectors were also relatively quiet on the subject. In a rare comment made in 1848, they observed that "insanity arising from starvation was a mere prelude to death."[67] It appears that only in retrospect was the Famine seen as having a potentially devastating impact on Irish minds. Continuing high levels of confinement in Ireland in 1914 caused the *Lancet* to argue that this was "a legacy of mental weakness dating from the sufferings of the famine years," while in 1913 the Irish Lunacy Inspectors speculated that the "nervous equipment" of survivors of the Famine was seriously impaired.[68]

Individual Irish patients were certainly described in the case notes as "thin," "weak" and "deteriorated" in bodily health, the consequence of poverty, unemployment, poor living conditions and disease. Michael McGorley, admitted to Rainhill in June 1853 suffering from mania, was described as emaciated and extremely troublesome. Gradually he became weaker, was confined to bed, and died 7 months after admission.[69] Admitted in July 1866, Michael Cunningham was noted to be in a "very thin and reduced" state, pulse, circulation and respiration all very weak. He died 8 days after admission, and the post-mortem examination revealed congestion of the brain and pulmonary disease.[70] Many admission certificates and casebook entries reported cases of food refusal in addition to poor health. Ann Cremin, a 19-year-old domestic servant, was admitted to Rainhill in May 1870 suffering from melancholia: "The patient appears to have been very badly nourished & clad for some time & has recovered from relapsing fever." Ann refused to eat, believing the food to be poisoned and had to be fed with a stomach pump. She lost 16lbs following admission, but after several months her condition improved. Ann became a permanent resident in the asylum, finally developing "dementia, degraded & dirty in habits," and she died in 1901, aged 50, from cardiac disease after over 30 years in the asylum.[71] Ann's illness career from diagnosis with melancholia to dull listlessness, dementia and slow physical deterioration was an outcome many Irish patients shared, particularly female patients.

Demonstrating an awareness of the economic and social vulnerability of their patients, the asylum superintendents situated the pressures their institutions faced in the broader context of economic downturns and the consequent increase of poverty. Dr Rogers commented in 1869, following the devastating Lancashire Cotton Famine, how the care and treatment of the insane poor "is so closely interwoven with the still more important one of how to deal with the general pauperism of the county."[72] Irish admissions were likely to be particularly vulnerable to the impact of unemployment, given that many migrants were single and had fewer family members and other resources to draw on; married patients were statistically under-represented among Irish admissions.[73] Half of the Irish male admissions to Rainhill were single compared with 40 per cent of non-Irish admissions across our sample years between 1856 and 1906. For women, there was less variation – about 40 per cent of all female admissions were single. However, a far higher number of Irish patients were widows, who constituted a highly vulnerable group: 17.4 compared with 11.6 per cent. The liability of this group to confinement appears to have been particularly acute by the end of the century; in 1896 30.3 per cent of female Irish patients were widows compared with 6.8 per

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cent of non-Irish female patients.[74] In contrast to John Walton's findings with respect to the textile areas of Lancashire where families tended to look after their own as far as possible before consigning them to an asylum, Irish patients tended to be isolated and without access to kin, which Anderson argues may well have been a major source of difficulties for the Irish more generally in seeking employment or assistance in sickness.[75] Admission certificates noted time after time "nearest relative unknown," "no friends" or that the nearest relative was in Ireland.[76] Other Irish patients were "found wandering" or "previous abode not known." This isolation diminished only slightly over the decades: in 1896 35.6 of Irish patients were described in these terms, a decrease from 46.8 per cent in 1873 and 45 per cent in 1856.[77]

Around half of all single women admitted were described as domestic servants, and Irish servants were likely to be even more vulnerable than English ones given their distance from family and employers' disinclination to take on Irish domestic servants.[78] Elizabeth Rourke, a 25-year-old domestic servant, was left in dire straits when her mistress "went away with her clothes and without paying her wages, in fact leaving her destitute." She went into the workhouse and "becoming melancholic was transferred to the asylum [Rainhill]."[79] Yet families, if they had them, were potentially a burden. The breakdown of the 50-year-old Irish shoemaker, Peter Edmonds, described as "depressed and care worn," was related to "poverty" and "domestic distress." He "says that he has had hard work to maintain his wife & family with what he has earned and has been distrained once or twice for rent which has made him depressed and melancholy."[80] Despite the fact that Irish patients presented asylums with additional challenges, responses to their attempts to ensure economic survival and to maintain their families could be positive and even sympathetic. Mary Birmingham, a single woman and hawker, was admitted to Rainhill in March 1869, rambling and incoherent, nervous and suspicious that some injury was about to be done to her. She refused to eat and spent hours on her knees in prayer, "A poor wretched looking old woman evidently half starved. She seems to have borne the brunt of every weakness." "This old woman has been a hawker & traveled all over the country, getting very little food, seldom more than one meal a day & that consisting of perhaps tea and bread. She says she has never taken any stimulating drinks." It was established that she had only been in Liverpool six months. Mary continued to refuse food once in the asylum, "saying with the help of God almighty she can do without it." She was fed with the stomach pump and persuaded to take two meals a day, but died just over a month after admission ostensibly from disease of the lungs.[81]

Irish patients were not only numerically, physically and socially challenging, they were also noted in admission certificates and case records to be excessively disturbed, unruly and volatile, an association likely to have been encouraged by traditional stereotypes of the Irish as excitable, bellicose and willful. They were regarded as putting a particular strain on doctors and attendants struggling to impose order and routine in overfull asylums. Mania was the most common form of mental disorder among all asylum patients, and in Rainhill Asylum was diagnosed in 20 per cent of non-Irish patients. In contrast, over half of all male and female Irish patients were diagnosed with mania, a phenomenal difference.[82] Mania was associated with incredible energy and strength manifested in violent, oftentimes unmanageable, outbursts, even among patients who were described as being weak and in

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poor bodily health. Time and again violence, dangerousness to others and frightening physicality was reported in the admissions certificates and case books amongst Irish patients: "wild and furious," "strikes anyone in his way," "raging violently," "threatens each person in charge of him."[83] Mary Meade, a single domestic servant, aged 30, was brought from the workhouse to Rainhill in September 1873. She was thin and weak, but also "very violent at all times," abusive and threatening. After several years in the asylum she was moved to the infirmary after becoming emaciated and her "lungs found to be breaking up." She died in March 1877 from phthisis.[84] Mary Kelly, a 31-year-old domestic servant, was admitted to Rainhill in December 1867, having been in various other asylums, as well as Rainhill, from which, Mary boasted, she had escaped a year previously. Mary, described as strong, robust, and healthy, though "fearfully disfigured" with marks of smallpox and "noisy & violent," proved to be a taxing and assertive patient, quarrelsome and annoying to the other patients, noisy at night, and demanding additional food – "is always asking for a mutton chop." She was whisked off to Whittingham Asylum as soon as it opened in 1873.[85] Descriptions of challenging patients' behavior are far from unique to the Irish, but there were simply very many of them to manage.

Irish Insanity, Degeneration and Despair 1870s-1880s

While the post-Famine period was marked by the association of mental illness with poverty and destitution, poor bodily health and the stress of migration, by the late nineteenth century the idea that bodily and mental failing was embedded within Irish populations as a degenerative trait came increasingly to the fore. The Lunacy Commissioners and Medical Superintendents, like Rogers at Rainhill, conceived mental breakdown as a devastating, but largely unavoidable, side effect of the growth of cities containing vulnerable people, a response to fluctuating economic fortunes and the temptations and grim conditions of city life. After the 1870s the ever worsening situation in terms of demand on the asylums, coupled with the high proportion of chronic, incurable cases remaining unmovable in the institutions, was reinforced by theories of degeneration, a darker pessimism and harsher language.[86] The timing of this shift coincided with outbreaks of sectarian violence associated with the Irish in the Lancashire region and negative newspaper coverage.

In many ways heredity theories, rather than marking a sea change, added to what was already a dire situation, but none the less they made their mark. By 1887 it was reported how patients admitted to Lancaster Asylum included a large number of incurables, general paralytics, epileptics, idiots and imbeciles, and many cases of senile and chronic insanity. The Medical Superintendent's report concluded, "A family history of phthisis and a family history of intemperance, are found on inquiry, to be common," a factor depressing recovery rates.[87] In the same year, it was reported that hereditary predisposition was present in 265 out of 977 cases admitted to Prestwich Asylum 265 (27 per cent).[88] In 1900 the Medical Superintendent at Whittingham noted "The more one sees of insanity… the more the importance of heredity is forced upon one."[89]

Towards the end of the century, debates on the rise of insanity focused on the high rates of admission of pauper lunatics, a factor exacerbated in the overcrowded Lancashire asylums during the 1880s, by the practice of workhouses emptying their inmates, often chronic cases,

into newly-built asylum annexes. Meanwhile, the persistent contribution of the Irish to asylum numbers was reinforced by the production of worrying figures, demonstrating the susceptibility of the Irish to confinement wherever they resided. Rates of confinement of the Irish in Ireland were claimed to be higher than elsewhere in the British Empire. In 1884 Dr Thomas More Madden reported that, despite population decline in Ireland, there was one lunatic to every 214 inhabitants compared with one to every 414 in England and Wales.[90] Daniel Hack Tuke, referring to the certification of lunatics and idiots in Irish asylums between 1875 and 1893, noted an increase of 60 per cent compared with 22 per cent in England and Wales. He attributed this – contradicting Lancashire's experience – to migration of the strongest, as well as poverty, loss of land, heredity insanity and intermarriage.[91]

Overcrowding in asylums was far from new by the 1870s, nor was the patient profile changing that much: high levels of hereditary association, general paralysis, intemperance and bodily disease had been observable as causes and accompaniments of mental illness from the 1850s onwards, as had the silting up of asylums with chronic patients. The Committee of Visitors at Lancaster Asylum already commented in 1854 that the county was facing a critical situation, overwhelmed by vagrant lunatics entering asylums where "the modern treatment of the insane has a tendency to add much to the longevity of those cases where medical skill has failed to effect [*sic*] a permanent cure."[92] So unable to cure and discharge patients, but keeping them alive for longer, the asylums would become packed with long-term incurable patients. Many others involved in the management of the mentally ill would make a similar assessment, but this had more force in the particular context of Lancashire and particularly with regard to the intake of Irish patients, for whom rates of discharge were low, notably with respect to patients resident in the asylum for over 10 years and amongst female admissions (Table 3). Many Irish patients are likely to have remained in the institutions because they had no-where else to go and no family to claim them, and their recovery rates were also poor.[93] Rates of recovery were significantly lower for female Irish patients, whether they were single, married or widowed.[94] For example, only 27 per cent of single Irish women sampled between 1856 and 1906 recovered compared with 41 per cent of non-Irish single female patients. For married women the rates were 36 compared to 50 per cent respectively, and for widows they fell to 12 and 29 per cent. Though the differences were smaller amongst Irish men, they were still significant – around a quarter of all Irish male admissions recovered compared with a third of non-Irish male patients.[95]

All four Lancashire asylums greatly expanded their capacity during the second half of the nineteenth century. In 1886 a new annex opened at Rainhill for 1,000 patients, the addition being more than double its original capacity of 400 in 1851. An asylum system, which by 1867 contained some 2,553 patients, out of which only 346 were deemed "probably curable" and which was pressing to add a fourth asylum, had swelled to 6,416 by 1890, with an additional 2,309 pauper lunatics being maintained in workhouses. Most of these patients were paupers supported by the rates, and, even with this increased capacity, overcrowding remained a critical issue.[96] Whittingham opened in 1873 for 1,100 patients and within a decade a 674-bed annex had been added. Whittingham, with its focus on long-term, chronic patients, was to become the receptacle for large numbers of Irish patients, a "dumping

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ground" for desperate cases; in 1900 Irish patients accounted for a third of the resident population, and those without settlement – and without family support networks – were particularly liable to be moved there.[97]

By the late nineteenth century the number of Irish patients had fallen as a proportion of admissions, but they were still noted as making a huge contribution to overwhelming numbers. In 1874 Dr Holland at Prestwich Asylum reported that more than 25 per cent of his patients were natives of Ireland, including many recent arrivals.[98] "The abundance of work and the high rate of wages obtainable in Lancashire attract to it a never failing stream of immigrants from Ireland and elsewhere, many of whom failing in the race of life, break down and find their way into our Asylums."[99] By 1885 one quarter of Lancaster's patients were Irish (408 out of 1,605), in Prestwich in the same year 22 per cent of patients (469 out of 2,095) and in Rainhill 27 per cent (179 out of 663).[100] Increasingly, heredity was invoked as contributing to the high proportion of Irish admissions, tied in to the process of ongoing migration. In 1884 Prestwich's Annual Report noted that

> The large percentage of cases traced to heredity, which year by year appears in the returns of this Asylum, I think is due, in a great measure, too the fact that in Lancashire there is a constant immigration going on from Ireland and the neighbouring counties of people attracted to the manufacturing districts by the hope of finding employment. Many of these are persons of originally defective mental organization, who are easily upset by the hardships and worries of their new life…[101]

A range of degenerate behaviors and hereditary peculiarities were highlighted amongst Irish patients. They were noted to be immoral ("bad Irish character"), intemperate, violent, criminals (many Irish patients were sent on from Broadmoor as well as local prisons), their dissipation resulted in high rates of general paralysis, and they were described as "failures in the race of life." Signs of degeneration were described as imprinted on the facial features of Irish patients. In 1873 Patrick Gibney was noted to be "quite demented and resembles more a monkey than a human being."[102] Bridget Devaney was noted in 1874 to be thin and small, "Head small & ill shaped & forehead narrow" and used foul language "in her native & adopted tongue."[103] Such depictions and stigmatization of Irish patients can be linked to the culture of anti-Irishness prevalent in contemporary commentary and publications. Caricatures of the Irish as "wild Frankenstein's monsters" or "half-crazed Fenian monkeys" appeared in the periodical *Punch* and national and provincial newspapers across the same period.[104]

The vast majority of Irish admissions to Lancashire's asylums were Roman Catholic, but this factor appears to have been regarded more as a management issue (asylum officials were obliged to provide Roman Catholic services, chaplains and eventually chapels), than something that impacted strongly on the behavior of individual patients. Instances of religious mania and obsessional behavior associated with intense religiosity amongst Irish patients were recorded, but not in a large number of cases. However, one stereotype was persistently reinforced in asylum records – the habitual wandering of the Irish. The Irish utilization of vagrant sheds as a means of survival was a constant complaint in the 1850s and 60s, as they tramped around the county drawing on the poor rate and cluttering workhouses

and asylums. By the late 1860s admissions to the asylum demonstrated how these wanderings increasingly took place on a global level, and many Irish patients bore the wounds of these long-distance migrations in the form of physical disease, general paralysis and drunkenness. Admissions to Rainhill in 1867-68 included Thomas Riley, an old soldier who had served in the Crimea and India, noted to be demented and suffering from paralysis; Michael Manning, a 23-year-old laborer, returned from America, suicidal and with drink problems; and Richard Tobin, a 28-year old laborer who had traveled back from Australia on the steamship "Great Britain."[105]

Drink remained a persistent bugbear for asylum superintendents and a fertile cause of insanity, with the Irish depicted as being particularly prone to intemperance and drunken disorder. In the very earliest reports of the asylums, intemperance was reported as an assigned cause of mental breakdown in a large number of cases, associated, for example, with one-quarter of admissions to Rainhill in 1854.[106] In a no win situation, drink was linked with surplus income in good economic periods, as well as the desperation resulting from loss of work and impoverishment. The characterization of Irish migrants as heavy drinkers appears to have been borne out by figures, though diagnosis may also have been linked to anti-Irish sentiment. In 1874 intemperance was given as the assigned cause of mental breakdown in 20 per cent of Irish male patients admitted to Rainhill compared with 12 per cent of non-Irish male patients.[107] Michael Whelan, a 40-year-old laborer admitted to Rainhill in 1874, manifested a potent mix of mania and violence. He stated "that he came over from Ireland & was en route for America, spent the little money he had in Liverpool, foot became sore through walking about L'Pool after he had been drinking & went to the Workhouse." The notebook recording settlement confirmed that he had traveled from Ireland at the beginning of the year and had been in Liverpool two weeks before admission to the asylum. Once in the asylum he made "a very violent attack on a harmless patient" and he was finally moved to Whittingham Asylum.[108]

By the 1880s the link between bodily condition and mental disorder was, according to Dr Rogers, crucial to the understanding of the causes of mental disturbance. He asserted that "the idea that insanity is a disease of mind pure and simple is no longer tenable." Insanity needed, in his opinion, to be regarded as the "outcome of disturbance, either organic or functional of one or more organs of the body" and more attention placed on the condition of the bodily functions.[109] The Annual Report of Whittingham Asylum in 1887 noted bodily illness to be one of the chief factors in the production of insanity, alongside hereditary tendency, previous attacks and alcoholic excess.[110] In 1888 the Annual Report of Prestwich Asylum described how the number of patients suffering from organic brain disease, including general paralysis, had more than doubled in the last 20 years. Dr Thomas Clouston, Medical Superintendent of the Royal Edinburgh Asylum, which also admitted significant number of Irish patients, noted how

> the general tendencies of civilization, in large cities and populous manufacturing districts, are such as to exhaust nervous vitality and predispose to structural degenerations. The Irish peasant, in his native country, has a marked immunity from these fatal forms of brain disorders, but when transplanted into centres of

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> labour in Lancashire … he is often apt to break down and acquire a form of mental disease.[111]

In the same year, Dr David Cassidy, Superintendent at Lancaster Asylum, referred to general paralysis as "a disease of cities and large towns; even the Irish who have immunity in Ireland, furnishing their contingent."[112] The rise of general paralysis in asylums was a major source of anxiety; it was incurable, contributed to high death rates and was exceedingly difficult to manage. In 1887 the Medical Superintendent of Whittingham Asylum described the GP patient as degraded, broken down, demented, marked by shambling restlessness, has no mind left, filthy and dirty who "may be seen as long as even six or seven years in our wards before the closing scene occurs."[113] It was also strongly associated with large manufacturing cities and decent wages which permitted excess and temptation in terms of alcohol and immoral activities. "The Irishman," according to Clouston, "and Scotch Highlander need[ed] to come to the big towns or go to America to have the distinction of being able to acquire it."[114]

Conclusion

Though supported and reinforced by interest in degeneration and theories of heredity, much of what was going on in Lancashire's asylums from the 1870s onwards was old news in terms of the scale and profile of admissions. However, by the close of the nineteenth century, asylum superintendents were arguing more forcibly that their case loads were unmanageable and that they were no longer, in many cases, even dealing with mental illness, but rather accumulations of the chronically sick, weary, feeble, elderly and rambling, bed-ridden patients who would best be cared for in less specialized institutions. Even the characteristics of general paralysis were said to have changed and the furiously excited, exalted and delusional cases of the mid-nineteenth century had transformed into helpless, demented paralytics who survived much longer. Throughout, the accumulation of Irish patients, the "Irish problem," remained a persistent challenge, with Irish patients becoming emblematic in many ways of the typical asylum patient and exemplars demonstrating just how bad things had become in these institutions.

From an early stage, asylum officials attempted to quantify the impact Irish patients, the majority Irish-born, had on the Lancashire asylum system. Their decrepit physical condition, many passed on from workhouses and prisons, was difficult to ignore and it came to dominate the identification of disease etiologies. While poverty, living in overcrowded dwellings, the stresses and strains of migration and working conditions in large towns forced the Irish into precarious lives, it was argued increasingly in the late nineteenth century that Irish patients also had a particular propensity to low living, immorality, vice and inherited conditions. Asylum superintendents fused issues of poverty and urban living with ideas of degeneration and in so doing failed to make a clear distinction between the physical, moral and hereditary causes of mental disturbance, increasingly emphasizing bodily functions over functions of the mind. The Irish were recorded as being particularly susceptible to moral causes linked to "bad" living related to the city: intemperance, criminality and vice. Asylum superintendents allowed racial stereotypes and the reality that the Irish were very poor, vulnerable and debilitated to blur into each other. Emphasis was placed on behavior

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associated with Irishness – immorality, intemperance, violence and recklessness, a liability to roam – that intersected with broader anti-Irish sentiments. And as anxieties concerning the increase in insanity, particularly amongst the Irish, became acute, the idea persisted that insanity continued to be "imported" into England by Irish migrants from a homeland itself swamped by cases of mental illness. This negative portrayal of Irish migrants as mentally "weak" and prone to mental breakdown contrasted sharply with the perception that the weaker and less ambitious remained in Ireland while the robust emigrated.[115]

The bodies of the Irish in the asylum can be best envisaged not so much distinctive as more vulnerable to the problems of poverty, disease, moral weakness and overcrowding that characterized Lancashire's manufacturing towns and cities, especially the global port city of Liverpool. Their sheer numbers gave Irish patients great visibility, as did the association of the Irish with both the physicality and institutional disruption expressed in mania and general paralysis as well as poor health and bodily weakness. The impact of the city read through the Irish body has perhaps less to do with Scull's ethos of capitalism, but rather the vicissitudes of industrial life, with "industrial crises and trade depressions and their attendant trials and privations, likely to be particularly productive of mental alienation," and the Irish particularly likely to suffer the consequences.[116] The movement of the Irish into asylums was not the result of straightforward migration in many cases, but complex patterns of mobility and erratic lives, involving exposure to physical and moral turpitude, patterns persisting into the late nineteenth century. The vulnerability of Irish patients, exacerbated by their social isolation and mobility, and reflected in poor recovery rates, consigned them to prolonged periods of institutionalization, and in many cases, to die, in some of the largest asylums in England.

Acknowledgments

This article results from an ongoing project "Madness, Migration and the Irish in Lancashire, c.1850-1921," Wellcome Trust Project Grant/WT089220/A/09/Z. We are grateful to the Trust for supporting this work and to the anonymous referee for valuable feedback on an earlier version of this article.

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and Wales." The early 1870s also saw a surge in Irish admissions to Rainhill Asylum in response to the opening of Whittingham Asylum, which released spaces for new cases.

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Table 1

Proportion of Patients admitted to Rainhill Asylum from other institutions*

	1856 %	1866 %	1871 %	1873 %	1874 %	1896 %	1906 %
Non-Irish	17.5	23.0	26.0	29.0	22.6	34.6	28.0
Irish	11.9	29.0	32.8	39.0	30.6	47.0	31.4

Source: M614 RAI/5-14, Rainhill Asylum Admission Registers, 1851-1906 (database).

*Most patients were admitted from workhouses but the figures also include prisons and jails

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Table 2

a Rainhill Asylum: Country to which Patients Admitted during 1871 Belong

	Male	Female	Total (%)
English	44	33	77 (51.0)
Irish	29	30	59 (39.0)
Scotch	4	2	6
Welsh	1	3	4
German	2	-	2
Nova Scotian	1	-	1
Pole	1	-	1
Unknown	-	1	1
Total	82	69	151

b Rainhill Asylum: Nationality of Patients in the Asylum on December 31st 1871

	Male	Female	Total (%)
English	160	148	308 (45.6)
Irish	133	180	313 (46.3)
Scotch	8	8	16
Welsh	3	11	14
German States	10	3	13
Manx	2	3	5
Chinese	1	-	1
Dane	1	-	1
Negro	1	-	1
Bohemian	1	-	1
New Brunswicker	-	1	1
Creole	-	1	1
Russian	1	-	1
Total	321	355	676

Source Tables 1:*a and b:* LRO M614 RAI/40/2/2, Annual Report Rainhill Asylum, 1871; Tables XIII and XV.

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Table 3

Rainhill Asylum: Length of Stay of Irish and Non-Irish admissions, 1856-1906

	Irish		Non-Irish	
Years	**Male (%)**	**Female (%)**	**Male (%)**	**Female (%)**
1	88 (38.9)	96 (33.4)	314 (50.8)	193 (43.8)
1+-2	25 (11.1)	28 (9.8)	91 (14.7)	58 (13.1)
2+-5	27 (12.0)	47 (16.4)	80 (12.9)	62 (14.1)
5+-10	18 (8.0)	33 (11.5)	53 (8.6)	50 (11.3)
10+-20	26 (11.5)	41 (14.3)	50 (8.1)	34 (7.7)
20+-35	10 (4.4)	14 (4.9)	17 (2.8)	19 (4.3)
35+-55	1 (0.4)	4 (1.4)	2 (0.3)	7 (1.6)

Source: M614 RAI/5-14, Rainhill Asylum Admission Registers, 1851-1906 (database).