St. Joseph's Hospital
ARCHIVE COLLECTION

Darkness Gives Way to Light
Mayor’s Prologue

St Joseph’s Hospital is one of Limerick’s oldest institutions. I am delighted to see that the archival collection will be preserved locally as the large numbers that passed through the hospital, both staff and patients, means that it is a major part of our shared past. The natural sensitivity of the collection means that access conditions have been put in place but the collection will be made available for historical analysis in line with these conditions. Mental illness is a part of every culture, in every age, and the archive ensures that we can assess this key aspect of our past, one which relates so directly with our present. I would like to thank the staff, past and present of The Health Services Executive who worked with our City Archives to ensure that this collection was preserved and transferred to Limerick City Archives. I believe it is good work and on behalf of Limerick City Council would like to congratulate all involved.

Cllr. Gerry McLoughlin
Mayor of Limerick

This booklet and the descriptive list to the archival collection has been co-written by Jacqui Hayes, City Archivist and Grainne Higgins, M.A., intern with the City Archives.

Thanks to Dr. Matthew Potter, Historian, Limerick City Archives and Alan Dukes, intern with the City Archives for their assistance.

Designed by AViD Graphic Design | Photographs by Deirdre Power
St. Joseph’s Hospital was founded as Limerick District Lunatic Asylum in 1827 and records of the institution survive in the archive from that date. The collection records the management and administration of the hospital and the people that passed through its doors. It is in their memory, and to mark their experiences that the collection will be preserved. The records were moved many times throughout the hospital as extensions and renovations went on and thanks to the enlightenment of key staff they have survived and have been transferred to Limerick City Archives.

Limerick was the second of 22 district mental asylums built under the provisions of the Lunacy (Ireland) Act, 1821 and initially covered Limerick City and County as well as Clare and Kerry. This represented the first concerted state initiative to provide for mental illness and the ‘lunatic poor’ in Ireland. The building was designed by Architects, William Murray and Francis Johnson, and constructed by Gilbert Cockburn and Arthur Williams, octagon in shape with patients housed in the four wings radiating out from the centre where offices were located. The building was to cater for 150 patients, a number almost immediately exceeded.

The Lunatic Asylum system is one of the oldest state institutions in Ireland and one which saw least change from its establishment in the early nineteenth century until the late twentieth century. Prior to this, in medieval and early modern times the mentally ill were frequently confined in jails and the records of the Limerick House of Industry notes the presence of many such ‘lunatics’. The new District Asylums were built in a relatively enlightened era under the ‘Moral Management’ ideology when ‘lunacy’ was viewed as a temporary condition which could improve with understanding, in a nurturing environment. The ‘Moral Managers’ in each asylum
were expected to acquaint themselves with their patients and converse daily with them as the main instrument of recovery. In 1826 Mr. John Jackson was appointed as the first ‘Moral Manager’ to the Limerick District Lunatic Asylum, while his wife Eliza was appointed as Matron. They both held these positions until 1849. By the 1850s however the sheer numbers in the asylums meant this approach was unworkable and the medical approach in the form of the appointment of Resident Medical Superintendents prevailed.

‘The good intentions of the paternalist and the sanguine claims of the moral therapist were stalled by the overcrowding, the routinisation of asylum life... ’

2
Lunatic Asylum.

COMMITTAL
OF A
DANGEROUS LUNATIC
OR
DANGEROUS IDIOT,
UNDER THE

Date: June 30, 1890.

Printed by Alexander Thomson, 58 Jerningham Street, Printer to the Queen's Most Excellent Majesty.
The asylum was administered by a Board of Governors, drawn from local gentry and clergy and appointed by the Lord Lieutenant, under the tight central control of the Chief Secretary's Office in Dublin Castle. From 1898, management of the hospital was transferred to local authorities operating as the Limerick District Mental Hospital Committee while still under the inspection of the Inspectorate of Lunacy. This local committee became the Limerick Mental Hospital Board under the Mental Treatment Act 1945. The minute books for these committees survive in the archive from the first meeting in 1827 to the final meeting of the Board in 1960 when it was taken over by the Limerick Health Authority.

The minute books note the changes in name, from Limerick District Lunatic Asylum, to Limerick District Mental Hospital in 1923 and finally to St Joseph's Hospital in 1959. The first minute book notes the admission of the first patient; M. K. admitted to the asylum on 30 January 1827.

'It appears that she was about two months ago, brought from Dublin to attend as resident Midwife in the Lying In Hospital. She was suddenly seized on Saturday last with indisposition, became quite frantic, and was yesterday so bad, that three persons were employed to restrain her from injury and a straight waistcoat was procured and placed on the poor object'.

3
The minute books in the archives document that from the earliest days overcrowding was a constant and ongoing problem for the Board of Governors, and the first extension to the building was completed as early as 1835. The asylum held over 337 patients in 1848, only 20 years after opening, and by 1888 it housed 494 patients. In 1874 the Inspectors of Lunatic Asylums reported

‘from the statistics before us we deduce that there is considerably more of genuine lunacy in the Limerick District than is to be found elsewhere in Ireland, and that types of the malady there are more variable and pronounced.’

‘By the close of the nineteenth century asylums were perceived locally as both a necessary social intervention and an important economic driver in terms of direct employment and the consumption of locally produced goods.’

Numbers continued to increase and in 1940 the Limerick District Mental Hospital held 885 patients. The continuing increase in patient numbers was mirrored in all mental hospitals in Ireland despite a continuous fall in population. A 1966 landmark report noted

‘In Ireland, approximately 7.3 psychiatric beds were provided in 1961 per 1,000 of the population; this rate appears to be the highest in the world... about one in every seventy of our people above the age of 24 years is in a mental hospital.’

This report which led to seismic change a number of decades later, suggested the reasons for this high committal rate lay in Ireland’s high emigration rate, the low marriage rate, problems of employment and social and geographic isolation in a largely rural country with few large centres of population. Recent studies point to
‘the physical asylum buildings, the supportive administrative systems and the preferential positioning of institution-based treatment of mental illness became deeply embedded at both personal and societal level, resulting in extremely high levels of occupancy in asylums/mental hospitals in Ireland for more than two centuries.’

The availability of the archives of St Joseph’s Hospital and other mental hospitals will assist further research into this fundamental societal issue.

‘about one in every seventy of our people above the age of 24 years is in a mental hospital’.
A large collection of committal forms survive in the archives, although none at all survive from its opening in 1827 until 1844 when a single committal form survives and was in fact purchased at auction to supplement the collection. For the following two decades, committal forms are sparse but from the 1880s onwards they are almost intact providing an excellent record for the causes and methods of admission. There are noticeable jumps in the number of admissions in some years, notably during the First and Second World Wars. The largest increase for any one year was 1939 when 251 patients with ‘mental defects’ were transferred to the hospital from the County and City Homes, as opposed to 93 the previous year. The relative ease with which individuals could be admitted to the asylum, was no doubt a contributing factor to the consistent rise in asylum numbers.

While the asylum system was instigated in the 1820s as a place of refuge and sanctuary for the ‘lunatic poor’, the 1838 Dangerous Lunatics Act meant that asylums also became the official response for the criminally insane as well as ‘Dangerous Idiots’. This ease of committal under this category meant that the vast majority of people with mental illness were classified as Dangerous Lunatics, i.e criminals, in order to gain admission relatively easily to the asylum. The vast majority of the committal forms in the archival collection for St Joseph’s Hospital are made under this legislation.

From 1838 to 1868 patients had first to spend a night in jail before being transferred to the asylum.

‘For relatives or friends, there was considerable advantages in the use of the judicial procedure rather than the ordinary mode of admission’.

By making the person in essence a ‘criminal lunatic’ the judicial procedure entailed a public responsibility for his maintenance.’ Essentially the state would pay
if a person’s mental state was defined as being that of a 'dangerous' or 'criminal lunatic' and the hospital could not refuse to take patients committed under this legislation. From 1868 the law was changed so the patient was not first obliged to be jailed- and a medical certificate was also deemed essential. From 1868 onwards, an accusation of insanity made against an individual by another in front of two Justices of the Peace, with an examination by a physician, was sufficient for committal to the asylum under this legislation. As these committals were essentially criminalised, release was not dependent on a medical opinion of recovery, it also required the signature of two justices of the peace- one of which had to have signed the patients’ original committal form. A randomly selected committal form in the archive for June 1895 notes that Ms M. was brought before two Justices of the Peace, for assaulting her brother with stones. The probable ‘cause of derangement’ was noted as ‘family trouble’. Ms. M remained a patient in the hospital until her death in 1918.9 This act was applicable only in Ireland and did not extend to England or Scotland.

The other method of admission was on a blue 'Ordinary' form or ‘House’ form made on application to the manager by a relative or friend, endorsed by a magistrate or clergyman testifying that the person was poor enough to be entitled to public care, with a medical certificate confirming insanity. They could be refused by the Hospital and these patients could also subsequently be discharged by the hospital when they were deemed to have recovered or relieved. This more normalised method where admission was on medical grounds, the hospital could refuse admission and relatives would have to accept back the patient on recovery are very much the minority in the archive bundles of committal forms.
Admission Registers and causes of admission

Unfortunately admission registers do not survive for almost the first fifty years of the asylum, but are continuous from 1880 to 1957. In 1892 the admission registers show that of the 56 patients admitted during that year, 37 subsequently did not leave and died in the institution. Approximately one third were discharged within a year of admission, but those that weren’t often went on to become part of the long stay permanent population of the hospital. In the same year the majority of admissions were male in a 32:24 ratio, ‘mania’ being by far the most common cause of admission, with 44 patients categorised as such - 6 with monomania, 7 with religious mania, 4 with mania aetata, 1 with homicidal mania and 1 with suicidal mania. 5 admitted suffering from dementia and 6 with melancholia.

Of the 25 admitted with undefined ‘mania’, the ‘supposed cause of admission’ include sunstroke, hereditary (4), mental trouble, trouble of mind, epilepsy, disease of brain, puerperal, effects of climate, recurrent (2), intemperance and family trouble.

Without any surviving case books it is impossible to know the full history of the patients care, but the admission records do provide excellent raw material into causes of admission and length of stays in the mental hospital. There are quite a few admissions due to the ‘Great War’, and ‘shellshock’, reflecting contemporary society with some admissions due to ‘severe fright from black and tans’ and ‘political excitement’.

All social classes and religions are recorded among patients admitted to the hospital. The vast majority are adults but some minors, (aged 17 or under) were committed, mainly under the 1838 Act as ‘Dangerous Lunatics’, although most of these in a sample taken, seem to be discharged. Much research is required to provide accurate statistics on these areas.
Management

There were only five Resident Medical Superintendents in Limerick from 1849 covering a period of over 100 years.

Dr. Robert Fitzgerald, 1850
Dr. E. Courtenay, 1873
Dr. Edward O’Neill 1890
Dr. Peter Irwin 1916
Dr. Niall B. O’Higgins 1949

The Resident Medical Superintendent lived on the grounds of the Hospital, in a self contained house known as Elmhurst. Tony McCarthy, whose father worked as a psychiatric nurse in St Josephs, grew up in St Dympnas' Terrace, with a back gate leading directly into the hospital grounds, spoke very fondly of his childhood, in the 1970s and 1980s, growing up literally within the grounds of St. Joseph’s hospital, with unlimited access to all the amenities within the institution; the fields, the glasshouse and orchards. He spoke of interaction with both staff and patients in the hospital and said there 'was never the slightest bit of fear whatsoever.'

Inspection

The system was supervised by annual Inspections by the Inspector of Lunatic Asylums and a local Visiting Committee made up of local businessmen and gentry. While care was highly custodial it was never permitted to involve cruelty to patients and the death of a patient was taken very seriously. There was a major controversy in 1872 when a patient, Mr. J D, died after being submersed in a bath. Submersion in baths had been introduced in many asylums as a curative method but became mainly used as a method of punishment to control difficult patients. The incident was raised in the House of Commons and led to a sworn public investigation by the Inspector of Lunatic Asylums Ireland, a criminal trial and the dismissal of the Resident Medical Superintendent, Dr. Robert Fitzgerald.
From 1898 lunatic asylums came under the full control of local authorities and were funded by both local rates and government grants. This was the administrative backdrop to the Annual Report issued by the Limerick District Lunatic for the year ended 31 December 1900, held in the archival collection which provides a snapshot of life in the institution after seventy years in existence. Dr. Edward O’Neill, the Resident Medical Superintendent notes ‘how the death rate was exceptionally high’, and refers

‘to the very severe weather experience during the early part of the year must be attributed a number of deaths, among the old patients who succumbed after a few days illness to general debility, pneumonia and bronchitis. The most frequent cause of deaths among the insane is phthisis (Tuberculosis) and that this dire disease should be so, is little to be wonder at, as our Asylums are not adapted for the isolation and treatment of the disease’.14

Overcrowding with 40 patients per ward allowed TB to spread easily to both staff and patients. In 1940 alone, fifteen patients died from Tuberculosis. 15

Limerick was similar to all other mental hospital in Ireland as depicted in a 1966 Commission of Inquiry report

‘Complete custodial care and rigid segregation of the sexes. All doors were locked and the gates at the entrance had to be opened by the gatekeeper. Toilets have to be unlocked on request. Night toilets off dormitories are also kept locked and chamber pots were very much in evidence in dormitories. Shutters are still used on windows - this must be particularly depressing as most patients retire at 7 p.m’.
This landmark report was heavily critical of the large institutions and its findings greatly influenced the alteration radically the direction of mental health services in Ireland away from the past; ‘isolation and safe custody’ of the mentally ill. Isolated, they did not obtrude on the public conscience. Safe custody was regarded as desirable so that patients could not harm themselves or others. It was acceptable to untrained attendants as it was much easier to herd and guard patients than to provide them with treatment; it was acceptable to the general public as it was far cheaper than the provision of active treatment. Moral Managers were replaced by Resident Medical Superintendents frequently the person who was regarded as the best medical superintendent was he who ran his hospital most cheaply and who ensured that those under his care were so carefully guarded that none escaped.\(^\text{16}\)

'I think there is still as much mental illness in the world as there ever was in our time, but at that time they were all collected in institutions like here because they came and became institutionalised and became dependent on the place'.\(^\text{17}\)
The development of a farm on the grounds of the asylum and later in Roxboro and Lemonfield, commenced soon after the asylum opened and proved not only a highly profitable enterprise but combined with all the other trades in place in the institution to make the asylum self-sufficient, a ‘total’ institution. St. Joseph’s Hospital had its own bakery, laundry, cobbler, butcher, tailors, upholsters and permanent tradesmen to maintain the buildings including masons, carpenters, grounds men and painters. The Morning Statement books record the daily activities of patients, whether employed in the kitchens, laundry or sewing. Sixty patients often used to go to work on the farm depending on the season. Staff were also obliged to go to the farm and nurses who disliked this activity had little option. Patients and staff diet reflected the produce of the hospital farm and later the crops from the glasshouses and orchards. Up to the 1970s the hospital fed its c. 900 patients and 400 staff on a daily basis using its farm produce. The planting of orchards and rhubarb supplemented the farm. Former staff recall that food was plain but plentiful, with daily desserts such as semolina, tapioca, rhubarb and apple provided and was probably more constant than that prevailing outside the hospital especially in the 1930s and 1940s when the Economic War and the Emergency meant significant poverty for many.

Apart from its role as a hospital for the mentally ill, St. Joseph’s was also a major engine of economic activity within the city. Its requirements in terms of fuel, clothing, flour, and other supplies provided city and county traders with the opportunity to engage in business with the hospital. Local mills such as Ranks and Harris’ tendered for the supply of flour, while local drapery shops, like Cannock’s and The Limerick Clothing Company tendered for the supply of uniforms. The question of whether this became a self perpetuating role is part of the historical analysis that requires study.
The practice of psychology and the writings of Freud and Jung among others meant that medical knowledge and political thinking began to evolve in the early twentieth century albeit more slowly in Ireland, where the national question resulted in social stagnation, but eventually resulted in the 1945 Mental Treatment Act. This provided for a professional nursing structure and a reformed admission procedure, as the 1838 act which had remained in force for over 107 years was finally repealed. The system based on judicial admission was finally replaced by one based on medical admission, under a

‘narrower set of admission criteria... through a more tightly regulated legal procedure for admissions’.

The Act also provided for ‘routine and regular reviews of patient treatment, and consequently, the possibility of long term institutionalisation became increasingly problematic. The new act introduced three categories of admission to the Hospital:

Person of Unsound Mind (P.U.M.)
Patients admitted as ‘Persons of Unsound mind’ were detained in the hospital, until deemed fit for discharged by medical staff. The PUM category became very rarely used in the subsequent decades.

Temporary
A Temporary patient could only be detained in hospital for six month but if necessary, three further six month periods of detention could be applied.

Voluntary
A Voluntary patient, admitted for treatment to the hospital, was allowed leave the hospital at any time, provided he give 72 hours notice. Every effort was made to admit patients as voluntary.
In the decades following the Mental Treatment Act of 1945, the introduction of drugs and ‘active’ treatment was revolutionary. Wards that had been previously been

‘very disturbed, noisy, distressing places’.18

became much calmer and the use of physical restraints became a thing of the past. Gradually staff, who were responsible for everything from washing the windows to shaving the patients became trained as psychiatric nurses, as new approaches began to take practical effect. Although many of these treatments have since been discredited such as the use of insulin therapy and ECT (Electric Convulsive Therapy), without anaesthetic, they did represent efforts to treat mental illness as a curable medical condition, which, would facilitate the discharge of patients.

In the 1950s the hospital was heavily segregated for both patients and staff.

'Most wards were locked. Male admissions 3, 9, and 10 were open, but other than that almost all other wards were locked. In that, if you came to the door and there was a patient standing inside wanting to go out, you couldn’t let him out. It was the same on the female side’.19

There was a ward for ‘mental defectives’ on both the male and female side.20 Lives were wasted as people with intellectual disabilities were accommodated in an unsuitable environment where they could never reach their potential. Without the support of a concerned and caring family, many patients with relatively minor issues became institutionalised, lost their confidence and remained in the institution for the rest of their lives, often with very little therapeutic intervention.
Funding was a major issue and all expenditure was carefully monitored. The mental hospital was funded by a combination of central funding and local authority rates until 1973. As increases in domestic rates would have been very unpopular locally, increased funding was a politically difficult issue. The building was heated by open turf fires until the first turf fired central heating was introduced. Storage of turf and large amounts of food meant rats and cockroaches were difficult to control with such a high concentration of people until the advent of modern pesticides.
Staff

Staff were obliged to ‘live in’ until they qualified as psychiatric nurses up until the late 1960s. They had to acquire ‘passes’ to leave and recall working long hours with few days off. In oral histories staff reflect that they were in effect locked up and became institutionalised themselves as rigid rules were required to manage so many patients with scarce staffing resources...

‘The abnormal was normal to us. You were dealing with the ‘abnormal’ all the time’.

Duties included washing and shaving patients, kitchen and dining room duties, bringing turf in, working with patients on the farm and changing bed linen.

‘I was handed a tin of Windolene and a cloth to clean the windows. That was my first task. It was a major comedown for me from what I thought I was going to be doing’.

‘Visiting was Monday, Thursday and Saturday, three days a week, two to four, and that was laid down, nearly in stone. You could only come to visit on those three times’.

Visitors often brought tea in a bottle as patients loved tea, especially if they were taking medication which often gave them a ‘dry mouth’;

‘The city people were very loyal’.

The very fact that patients were in a ‘mental hospital’ inevitably meant they were less likely to have visitors and many never had visitors.
rewarding in later years for the proponents of changes to see patients receiving visitors in community care and new residential facilities.

New policies and legislation including a 'Vision for Change', the Mental Health Act 2001, the establishment of the Mental Health Commission and growth in mental health awareness, have all led to a situation envisioned by Dr. Higgins, RMS, when he designed a logo for nurses badges in the 1950s based on a dark curtain on a window being drawn back to let in light, with the inscription: 'Darkness gives way to light'.

'I recall one lady in particular who actually spent 45 years in the'
Slow Progress to a new Model 1960-1980
Nationally from the 1950s to the 1970s progress was slow as according to the Report of the 1966 Commission into Mental Illness there were

‘still too many barrack-like structures characterised by large wards, gloomy corridors and stone stairways’.

This report was absolutely pivotal as it recommended that practices in these large institutions should be altered, as they were essentially part of the problem rather than the solution. It recommended that these very institutions should be reduced radically within a new community based model. It emphasised the importance of preventing institutionalisation which happened relatively quickly.

‘In total institutions people are... stripped of their independence because everybody feels the right thing to do, even the most benevolent of institutions, people feel that it is easier to do something for somebody than to teach them to do it themselves’. 23

The report of the 1966 Inquiry recommended

‘As part of treatment, every effort must be made to preserve the individuality of the patient and to encourage him to accept responsibility and to use initiative. To achieve this end it is essential that the grouping of patients in large masses should be discontinued; that large dormitories and wards should be broken down into small units; that dining should be decentralised, so that patients have their meals in small groups or, alternatively, that large dining rooms should be furnished with small tables, so that patients are served with their meals as in a hotel or restaurant; that patients should be encouraged
to wear their own clothes and to retain personal possessions; that any clothing provided by the hospital should be varied in colour and design and of good quality, so that it will not automatically be recognised as institutional clothing; that patients should be assumed to be trustworthy unless there is evidence to the contrary and that, unless very exceptional circumstances exist, restrictions such as locked doors, barred windows and high walls should be avoided; that patients should be given proper forms of address to preserve the dignity of the individual; that men and women should mix freely at recreation and at work and at meals, as they do in normal life; that visitors should be encouraged; and that everything possible should be done to sustain the patient’s links with, and his interest in, the outside world.\textsuperscript{24}

In the late 1960s, nurses agitated for better conditions for themselves and patients, when social and economic change outside the hospital, put in stark contrast the conditions that still prevailed in the hospital, where 40 patients, shared one bathroom and were washed weekly. St Joseph’s had benefitted from the management of the last Resident Medical Superintendent, Dr. Niall B. O’Higgins known as a very enlightened and caring doctor. His influence had permeated the staff and ameliorated the institutional system. Former staff recall the camaraderie that existed in the hospital and the genuine care that existed for the patients.

'There was a culture and a philosophy of care that emanated from the top downward... That philosophy of care... that was a great foundation on which to build the services that we built afterwards.\textsuperscript{25} Nurses were encouraged to use their own initiative to bring patients out and
“staff 'knew every patient by name'.”

Patients had begun to receive payment for their work under the 1961 Mental Treatment Act. This money was sometimes pooled in the ward and the staff bought items such as sweets and cigarettes.

Major practical efforts were made to deinstitutionalise patients and to prevent institutionalisation by encouraging life skills and personal decision making. Apparently simple but vital changes had been introduced from the 1970s. Patients ate at small dining tables in small groups, sliced pan bread was introduced and patients were encouraged to exercise their own individual preferences.

‘Butter, milk and sugar was put on dining tables and patients had a choice. Before that, the bread came already buttered and the tea had milk and sugar. This was a major change’.

Declining numbers facilitated a less militaristic approach to dining and bathing. In the late 1970s and early 1980s other multidisciplinary staff such as clinical psychologists, occupational therapists and social workers were beginning to be employed which influenced a move towards a more biopsychosocial model of care.

This local culture greatly facilitated the implementation of the 1984 national policy document ‘Planning for the Future’ and Limerick began to move away from institutionalised hospital care to a sectoral model that was community based, providing multidisciplinary based care in admission units, day centres, day hospitals and community residences with an acute admission unit attached to the Regional Hospital. The Limerick Mental Health services prioritised the
continuing education and training of its nursing staff and this greatly facilitated the management of the changes that were underway. As attitudes towards mental health began to change from the 1960s, new guidelines on psychiatric nursing were introduced to the hospital and the implementation of a teaching programme created a dedicated psychiatric nursing staff.

'We had more nurses in Limerick with masters qualifications around the time of the late 1990s than any other area in the country which was considered interesting... and indicative of the type of comprehensive approach we had taken'.

Resistance to change was slowly overcome. As a result of nursing, medical, patient and families agitation for change, major infrastructural renovations saw new canteen and bathroom facilities introduced to the hospital throughout the 1980s. These were supported by committed administrators in the mental health services, by the Mid-Western Health Board and within the Department of Health. These changes were not simply to improve patient welfare but were part of an overall strategy to encourage independence and self care, as a first step to facilitate rehabilitation and discharge from the hospital to community and residential care. As a result wards recently refurbished were closed permanently in the late 1980s and early 1990s. A multidisciplinary rehabilitation team was established in St Joseph’s and drew up individualised plans to life skills, social skills, including budgeting, self care for to prepare patients for community living and discharge.

'we chipped away at the de-institutionalisation process'.
In 1981 there were 900 patients in St Joseph’s Hospital but throughout the final decades of the twentieth century, numbers fell steadily;

‘In 1987, Limerick had the highest admission nationally to inpatient psychiatric care, ...and by 1991 we had halved that admission rate... This statistic, actually, captures a story of immense change and immense development’.  

A main component of this involved the staff of St Joseph’s Hospital planning and developing with other agencies alternative services so that people with intellectually disabilities could be cared for appropriately including among others, the Daughters of Charity property in Lisnagry. The Sisters

‘engaged with us in a very positive way... I can remember staff saying... they’ll want to come back.. whilst it was difficult for a lot of patients to make that transition, once they had made that transition, under no circumstances did they ever want to come back’.  

Family and friends were often nervous to go to the 'big house' and it was very
1. P18, Register of the House of Industry, Limerick City Archives
3. P98/1/1, St Joseph’s Hospital Collection, Limerick City Archives
4. Twenty third report on District, Criminal and Private Lunatic Asylums in Ireland, 1974, National Archives of Ireland
6. Committee of Inquiry on Mental Illness, 1966, x111
8. Mark Finnane, Insanity and the Insane in Post-Famine Ireland, p93
9. P98/11 Number 904, St Joseph’s Hospital Collection, Limerick City Archives
10. P98/10/2, Admission Registers, St. Joseph’s Hospital Collection, Limerick City Archives
11. P98/10/2, Admission Registers, St. Joseph’s Hospital Collection, Limerick City Archives
12. Tony McCarthy, Oral History Interview, Limerick City Archives
13. P98/2/3, Annual Inspection by the Inspector of Mental Hospitals, Limerick City Archives
14. P98/2/3, St Joseph’s Hospital Collection, Limerick City Archives
15. P98/2/3, St Joseph’s Hospital Collection, Limerick City Archives
17. Ambrose Briscoe, Oral History Interview, Limerick City Archives
18. Dr. Peter Kirwan, Oral History Interview, Limerick City Archives
19. Ambrose Briscoe, Oral History Interview, Limerick City Archives
20. Term used to refer to patients categorised with learning disabilities
21. Gerry White, Oral History Interview, Limerick City Archives
22. Padraig Gilligan, Oral History Interview, Limerick City Archives
23. Padraig Gilligan, Oral History Interview, Limerick City Archives
25. Padraig Gilligan, Oral History Interview, Limerick City Archives
26. Ambrose Briscoe, Oral History Interview, Limerick City Archives
27. Padraig Gilligan, Oral History Interview, Limerick City Archives
28. Padraig Gilligan, Oral History Interview, St Joseph’s Hospital
29. Padraig Gilligan, Oral History Interview, St Joseph’s Hospital
30. Dr. Peter Kirwan, Oral History Interview, Limerick City Archives
31. Padraig Gilligan, Oral History Interview, St Joseph’s Hospital
32. Padraig Gilligan, Oral History Interview, St Joseph’s Hospital

Note: All the wards were named numerically.
Collection


The collection has been transferred to Limerick City Archives on long term loan. All requests for access require the prior sanction of the HSE under three categories to be administered by the City Archives.

Level 1
access will facilitate access to the entire collection will only be granted to applicants engaged in research at post-graduate level.

Level 2
access will facilitate access to Committal forms up to 1922, with a closure period of 100 years on all other records and will be granted only to applicants engaged in historical research of an academic nature.

Level 3
refers to records of a non personal nature. Information on family members will be handled under Freedom of Information.
This archiving project is... in a large way dedicated to the memory of the people

‘...who through no fault of their own ended up in St. Josephs hospital, or its predecessor the Limerick Institute Mental Hospital, or prior to that the Lunatic Asylum.

People who went through the doors of that institution from the very early days and who... maybe had different experiences during their time there, for many it would have been a sanctuary, it would have been a haven of security, but for many too it was wasted lives, and, in the context, that for many they never came back out through those doors again.’

32