Irish Journal of Psychological Medicine (2013), **30**, 279–283.
doi:10.1017/ipm.2013.51

HISTORICAL PAPER

The Richmond District Asylum and the 1916 Easter Rising

A. Collins*

St Vincent's Hospital, Fairview, Dublin, Ireland

Received 17 September 2012; Revised 11 June 2013; Accepted 19 August 2013; First published online 11 September 2013

Key words: Easter 1916, Richmond District Asylum, shell-shock, War Psychiatry.

Introduction

This paper attempts to describe the effect that the Irish Rebellion of 1916 had on the activities of the Richmond District Asylum (RDA) at Grangegorman in Dublin. The author has had access to the admission books held by the St Brendan's Hospital Museum as well as individual patient notes and committal orders. The paper also describes an admission of a civilian (posing as a combatant) from the Red Cross Hospital at Dublin Castle, who was committed to the RDA as a 'prisoner of war'.

The historical context

The Easter Rising of 1916 leaves many legacies but it is principally remembered in Ireland for the declaration of the republic outside the general post office and the series of executions of signatories and leaders that occurred in its wake. It is generally accepted that these executions led to electoral success in 1918, the popular support for separatism during the subsequent Anglo-Irish war and the treaty with Britain that followed. For Irish republicans of all denominations the Rising was a heroic event and its leaders are widely regarded as the founders of modern Ireland. It was an uprising against British rule by mainly two para-military organisations, the Irish Volunteers and the Citizen Army. The combatants on the British side were the Royal Irish Constabulary, the Dublin Metropolitan Police and various elements of the British Army. Hostilities began on Easter Monday, 24 April and ceased with General Patrick Pearse's surrender on 30 April.

For the British, Irish unionism and the administrative and military authorities in Ireland the Rising was a shock of tremendous proportions. It was in fact a rebellion of a subset of the population behind the lines at a time when the allies were struggling on the Western Front, the British had surrendered to the Turks in Mesopotamia and the outcome of the Great War was greatly in question. As yet the Americans had not entered the conflict and conscription was about to be introduced in Britain. The outbreak of hostilities in a major 'British' city can in some ways be compared to the events that would occur in St Petersburg in 1917 and Berlin in 1918. These two popular risings led to each of those countries exiting the Great War.

It must be remembered that 1916 Dublin had a large protestant and unionist population augmented by a relatively loyal Catholic bourgeoisie and an urban working class often dependent on the receipts from their menfolk in the service of the crown. There was an initial horror by many of these elements at the outbreak of violence and the destruction of parts of the city. For the urban working class there was not only the question of divided loyalty but also the problems of day-to-day living associated with cordons, food supplies and sniper fire. A review of the casualties of the Rising shows us that Volunteer or Citizen Army fatalities were minimal and indeed military and DMP/RIC deaths were low compared to the civilian casualties, which were extensive (Sinn Fein Rebellion Handbook, 1917).

The majority of the civilian casualties are listed with Dublin city centre addresses. If one excludes the large number of British military casualties at the Mount Street Bridge and the RIC deaths at Ashbourne, one gets a sense of the two sides battling away in the centre of the city with few combatant fatalities and with large amounts of fire being directed at individual buildings or through natural fields of fire created by a streetscape. Add to this the use of artillery and armoured vehicles by the British and we can begin to imagine the effect of the event on the population in the area of the north inner city in particular. It has been argued that the Easter Rising was the most extensive and intensive example of urban warfare that had occurred in Europe up to that time (Kinsella, 1997). Such close proximity between combatants and dense

* Address for correspondence: Dr A. Collins, Crannóg Psychiatric Day Hospital, Richmond Road, Dublin 3, Ireland.
(Email: aidangcollins@hotmail.com)

civilian population (as occurred in Dublin in late April of 1916) was not a feature of set piece battles and certainly had not been a feature of the war on the continent.

The RDA in 1916

As a north inner city institution, the RDA at Grangegorman was unable to avoid being involved in the disturbances. The First Battalion of the Irish Volunteers under Commandant Edward Daly occupied buildings in the area of the Four Courts immediately south and west of the RDA and indeed the King Street/Church Street area saw significant action. King Street was the scene of an infamous action by the British Army that led to multiple non-combatant casualties. The Richmond Surgical Hospital's buildings were contiguous with the RDA and it received many civilian gunshot wounds for treatment. There were, however, sufficient hospital beds in the city to deal with the situation and there is no evidence that the RDA was pressed into service or that this was ever a proposition. The city had an extra hospital capacity at the time due to the existence of the Red Cross Hospital that had been established in the ceremonial apartments of Dublin Castle to deal with men who had been wounded in France. There were 250 beds in the Red Cross Hospital as well as an impressive 462 in the King George V military hospital (now St. Bricin's Hospital operated by the Irish Defence Forces). In any case the voluntary hospitals around the city appear to have managed the crisis adequately. On 11 May, in a report to his board of commissioners, the then Resident Medical Superintendent at Grangegorman, Dr John O'Conor Donelan, referred to Easter week 1916 as 'a rather anxious period' (O'Conor Donelan, 1916). He does describe how belligerents were firing into the grounds but noted that there were no patient or staff casualties. Patients were moved from more hazardous peripheral areas of the hospital and mattresses were used to blockade windows. Commandant Daly's men did occupy a gate lodge belonging to the hospital on North Brunswick Street but the insurgents were dislodged from that building by the British military within 2 days of the fighting beginning. The area saw particularly heavy fighting including the use of artillery right up to the surrender on 30 April. The experience of St Patrick's Hospital on the other side of the river was similar in that it found itself in the zone occupied by the Fourth Battalion under Eamonn Ceannt and was in the firing line of British troops aiming at the South Dublin Union (now St James Hospital) from Kingsbridge. The RMS at St Patricks, Dr Richard Leeper, wrote to his Board of Governors 'We have been in the centre of a battlefield for 10 days surrounded by the armies and this experience is one that few have experienced' (Malcolm, 1989).

Admissions to the hospital – 24 April to 31 May 1916

Prior to the insurrection the admission rate to the Richmond Asylum in 1916 was just over one every 2 days. On 24 April (the day the insurrection began) there was one female admission. Thereafter there were no further admissions until 1 May. This lull in admissions represents the inability of the doctors and their patients to access the hospital though the army cordon even for those who required treatment. There is circumstantial evidence that at least one patient was managed in a medical hospital while awaiting transfer to Grangegorman. The admission on 1 May was of a 36-year-old female from Seville Place in central Dublin, who was admitted undocumented at the request of a second lieutenant of the Royal Irish Regiment. No medical certificate accompanied the admission and it was conducted under the martial law declared by Lord Wimborne, the Lord Lieutenant, on the evening of 25 April. Her diagnosis was given as 'recent melancholia due to shock'. It is of note that this may be the first occasion that the word 'shock' appears as a diagnosis in the admission books of Grangegorman. On 2 May, there were four admissions of which two were reported as being directly attributable to the rebellion. The first of these was the admission of a 29-year-old male with an address on Upper Dorset Street. He was transferred from the Mater Hospital with standard admission papers having been admitted medically to the Mater under Dr Harry Barniville. A second admission for 2 May was that of a 28-year-old woman with *post partum* depression. A 42-year-old woman from the South Circular Road was admitted with 'mania due to shock' and a Phibsboro woman was admitted with 'confusional insanity due to shock'.

On 3 May one patient was admitted as a transfer from the Red Cross Hospital in Dublin Castle. This patient will be addressed in more detail later in this paper.

On 4 May there were four admissions, three of which were with standard documentation and one, a 46-year-old male from the East Road with recurrent mania, was via the Dublin Metropolitan Police at the request of the military authorities. The subsequent 2 days continued to show an increased rate of admission with the numbers appearing to represent a *de facto* waiting list. One of these admissions was for 'shock'.

From 7 to 11 May there were no admissions. Courts martial had begun on the 2 May and executions of the insurgents' leaders on the 3 May and the tense situation in the city and the increasing sense of unease led to a reintroduction of cordons and a deterioration in communications. This is the presumed reason for this hiatus at a time when the admission rate had been running at four times the usual.

https://doi.org/10.1017/ipm.2013.51 Published online by Cambridge University Press

On 12 May there were three admissions, all female and all for 'shock'. Admissions proceeded at a rate three times greater than the usual until the end of May. On 19 May there was an unusual admission of a British Army soldier from Richmond (later Kehoe) Barracks. This admission had 'no warrant' and was again at the request of the military authorities. In the group from 20 May to 31 May there were three with diagnoses of 'shock' or 'shock during revolution'.

As the diagnosis of 'shock' does not appear to occur in the admission books prior to May 24 1916, it is reasonable to consider its presence for diagnostic purposes as indicative of an admission where the rebellion was deemed to be central to the presentation. Between 1 May 1916 and 31 May 1916 there were 45 admissions. The average monthly admission rate for the 15 months, January 1915 until March 1916 (inclusive) was 26. Thus, the number of admissions in May 1916 represented a 42% increase in the previous 15 months. There were 10 'shock' admissions in all, that is, admissions that the admitting doctor believed were due to the rebellion. Therefore, as there were 19 more admissions than would have been expected for the month of May 1916, just over 50% of the extra admissions were directly attributed to the rebellion. Of the 10 individuals admitted with 'shock', nine were females. After May 31 the diagnosis does not recur and admission rates in general normalise.

Diagnosing 'shock' in 1916

Perusal of the admission papers of those admitted during Easter week 1916 with 'shock' leads to the conclusion that patients appear to have been given the diagnosis if their experiences in the conflict were part of their presenting complaint. The word 'shock' does not appear as a usual diagnosis in the 6 months prior to 1916 and appears to represent the perception by the admitting doctor of psychological distress as a result of the rebellion. The individuals are mostly female but they also tended to reside in those parts of the city most affected by the trouble. Their presentations vary from 'melancholia due to shock' to 'mania secondary to shock' to 'confusional insanity due to shock'. During this period other individuals were admitted to the hospital with episodes of melancholia or mania and no link was made by the admitting doctor even when the individual resided in an affected district. The salient feature in terms of causation was the observation by, usually, a relative that the onset of symptoms occurred as a result of the outbreak of violence. It must be remembered that the bombardment of the city centre by British forces was severe and involved residential districts. It is believed that many of the civilian deaths that occurred in the city, including the 60 odd women that were killed, were as a result of artillery bombardment as opposed to small arms fire (McGarry, 2010). In any case, both would have been traumatic to a civilian population.

At this distance, it is difficult to establish whether the diagnosis of 'shock' as it relates to these patients has any relationship to the concept of 'shell-shock' that had been described in British soldiers on the western front (Myers, 1915).

After the war Johnson and Rows classed the disorder into two groups – neurasthenics and hysterics. The former were felt to be more likely to affect commissioned officers whereas the latter was observed more often in enlisted men, educational attainment and social class being the imputed difference between the two groups (Johnson & Rows, 1923). Neurasthenics presented with catastrophic anxiety and symptoms comparable to the modern formulations of acute stress reaction and post-traumatic stress disorder. Hysterics presented with symptoms currently categorised as dissociative (conversion) disorders. W.H. Rivers, another RAMC medical officer who specialised in the treatment of shell-shock stressed the importance of helplessness and inability to move or escape as well as long periods under fire and perceived danger (Rivers, 1917). These experiences were a common feature of those patients admitted to the RDA in 1916 with psychiatric disorders due to 'shock'. Undoubtedly, many of these admissions represent either an index episode or a relapse of major psychiatric illness as a result of the extraordinary events in the city.

The phrase 'shell-shock' was in use by the time of the 1916 rebellion and cases had begun to appear on the western front as early as 1914 (Howarth, 2000). The population at large already accepted the idea of a combat fatigue or stress syndrome as they observed their sons and husbands returning from the front to hospitals in Britain and Ireland. Indeed, the War Office would, in June 1916, open the Richmond War Hospital on the Grangegorman site to receive such men from the war in Europe (Reynolds, 1992). A new block was put at the army's disposal and those admitted to the 32-bed unit did not appear on the main hospital's books. The soldiers were not admitted under the usual certification and therefore not certified insane as were all patients admitted to the main institution. Dr O'Conor Donelan noted in his report on the War Hospital to the RDA governors '…that in dealing with many other cases other than soldiers, some such system of preliminary uncertified treatment might be adopted with beneficial results to the community and save many from the blemish of having been certified insane' (Reynolds, 1992). In Ireland formal voluntary admission would not be available under legislation until the 1945 Mental Treatment Act came into use in 1948.

https://doi.org/10.1017/ipm.2013.51 Published online by Cambridge University Press

An exceptional admission

On 3 May 1916 a letter was delivered by messenger to Dr O'Conor Donelan, the Resident Medical Superintendent at Grangegorman. This letter, on Dublin Castle Red Cross Hospital notepaper, was signed by Capt. H.V. Stanley R.A.M.C., who designated himself 'Temporarily in charge Dublin Castle Hospital'. He asked if Dr Donelan would admit a wounded 'Sinn Feiner who is at present in the Red Cross Hospital, Dublin Castle'. The RMS must have immediately responded positively for the patient, PJ was admitted to the RDA later that same day. The documentation accompanying PJ included a note asking that the hospital would 'take all precautions possible to prevent this man's escape, as he is a prisoner of war'. The usual statutory forms are not present but there is a 'certificate' from a magistrate on plain paper stating that two medical officers had seen PJ and one of them had deposed to him that PJ was a 'dangerous lunatic'. This document is signed by a Captain Burton, the Garrison Adjutant (and has the stamp of his office), and a magistrate and carries a brief note in Captain Burton's hand 'Please admit'.

PJ, a married family man with origins in Tipperary but settled in Dublin, had been working as a labourer in the Inchicore area of the city when the troubles began. The 1911 census records him as being the father of at least six children. He was 53 years old in 1916. According to his admission notes he had been 'gesticulating in the country' when shot by British soldiers 'on a hill'. On admission he was, it seems, recognised by staff as having been a former inpatient and his correct identity was established (he had given a partial alias to the authorities). He had been an inpatient twice before in the RDA and once in Clonmel. On physical examination PJ had bullet wounds to his right and left thighs. The impression is of a single bullet having passed through the anterior aspects of both thighs.

The various documents in respect of PJ were stapled together, folded in the manner of the statutory forms and clearly marked 'prisoner of war' in pencil (see Fig. 1). His diagnosis was given as 'recurrent mania' and his progress was such that by 3 September 1916 he was asserting to medical staff that he 'was never a Sinn Feiner'. There was a complication, however, in that Dr O'Conor Donelan was unable to discharge such a patient without the agreement of the authorities and he had to wait until November to do so. He effected it by communicating with the Office of Lunatic Asylums at Dublin Castle and they in turn were able to report back to him that 'the military authorities have no objection to the discharge of the patient'. PJ was discharged on 13 November 1916.

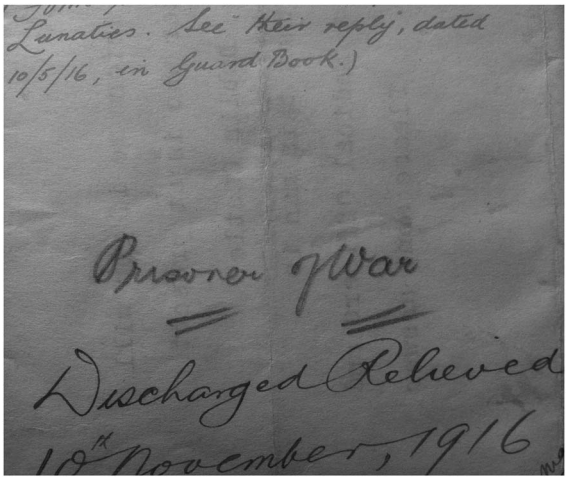

Fig. 1.

PJ's certifying doctor at the Red Cross Hospital in Dublin Castle deserves further mention. Captain Herbert Vernon Stanley graduated from TCD in 1908. A Dublin man, he may well have been on leave from the front when the troubles began in his native city. He was detailed to the Red Cross Hospital, which on Easter Monday, the first day of the rebellion, had 67 wounded soldiers already inpatients. Over the following days a further 118 wounded soldiers were managed as well as 34 insurgents (of whom PJ was one) (Kinsella, 1997).

According to Fr Aloysius, a Capuchin priest present at Dublin castle, Capt. Stanley sought to reassure wounded prisoners and arranged for prayer books to be distributed – 'Captain Stanley showed himself, all through, a Christian and humane man, and James Connolly spoke to me of his very great kindness to him, although Stanley was politically and in religion at variance with the prisoners' (Travers, 1942). James Connolly himself was treated by Stanley only to be removed from the hospital on 6 May to be executed at Kilmainham Gaol. The captain was present at the first nine executions before being asked to be relieved. He described the prisoners being 'cut to ribbons at a range of about ten yards' (Gerrard, 1950). Capt. Stanley received the Military Cross in 1917 in respect of his activities in Ireland in 1916 (*London Gazette*, 1917).

Conclusion

The records held at the St Brendan's Hospital Archive are extraordinary in their scale and is of much interest to historians and sociologists as well as psychiatrists.

Their preservation has been ensured by a small group of volunteers who have persevered to have this material secure. For the moment the records are with the National Archive but the previously mentioned

https://doi.org/10.1017/ipm.2013.51 Published online by Cambridge University Press

volunteers hope that they will eventually reside on the Grangegorman site.

Acknowledgement

Many thanks to Fr Piaras O Duill, OFM Cap. and Mr Dick Bennett for their assistance with this article.

References

Gerrard E (1950). Witness statement 348. Bureau of Military History 1913–1921. Military Archive, Dublin.

Howarth P (2000). The treatment of shell-shock. *Psychiatric Bulletin* **24**, 225–227.

Johnson W, Rows RG (1923). *History of the Great War Medical Services: Diseases of the War*, vol. 2. HMSO: London.

Kinsella A (1997). Medical Aspects of the 1916 Rising. *Dublin Historical Record* **50**, 137–170.

London Gazette (Supplement) (1917), 24 January, p. 927. Retrieved 10 September 2012.

Malcolm E (1989). *History of St Patrick's Hospital, Dublin, 1746–1989*. Gill and Macmillan: Dublin.

McGarry F (2010). *The Rising, Ireland: Easter 1916*. Oxford University Press: Oxford.

Myers CS (1915). A contribution to the study of Shell-shock. *Lancet* **185**, 316–320.

O'Conor Donelan J (1916). Report to the governors of the Richmond District Asylum, 11 May.

Reynolds J (1992). *Grangegorman: Psychiatric Care in Dublin Since 1815*. Institute of Public Administration: Dublin.

Rivers WH (1917). The repression of war experience. Delivered before the section of psychiatry, Royal Society of Medicine, 4 December.

Sinn Fein Rebellion Handbook (1917). *Weekly Irish Times*, Dublin.

Travers A. (1942). Easter week 1916: personal recollections. *Capuchin Annual*, p. 220.

https://doi.org/10.1017/ipm.2013.51 Published online by Cambridge University Press