Historical

Dr Ada English: patriot and psychiatrist in early 20th century Ireland

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Abstract

Dr Adeline (Ada) English (1875-1944) was a pioneering Irish psychiatrist. She qualified in medicine in 1903 and spent four decades working at Ballinasloe District Lunatic Asylum, during which time there were significant therapeutic innovations (eg. occupational therapy, convulsive treatment). Dr English was deeply involved in Irish politics. She participated in the Easter Rising (1916); spent six months in Galway jail for possessing nationalistic literature (1921); was elected as a Teachta Dála (member of Parliament; 1921); and participated in the Civil War (1922). She made significant contributions to Irish political life and development of psychiatric services during an exceptionally challenging period of history. Additional research would help contextualise her contributions further.

Key words: History; 20th century; Mental health services; Occupational therapy; Convulsive therapy.

Introduction

Dr Adeline (Ada) English (1875-1944) was a pioneering Irish psychiatrist who was deeply involved in Irish politics during an especially tumultuous period of Irish history. As one of the first generation of female medical graduates in Ireland and Great Britain, and as a psychiatrist who championed novel treatments for mental illness (occupational therapy, convulsive therapy), Dr English occupies a unique position in Irish medical history. Like her close contemporaries, Dr Kathleen Lynn (1874-1955) and Dr Dorothy Price (1890-1954).^{1,2} Dr English was active in both Irish political and medical affairs, and these involvements were to play important roles in shaping her life and career. This paper is based on original archival research at St Brigid's Hospital, Ballinasloe, Co Galway. More specifically, we studied original records of the "Minutes of the Proceedings of the Committee of Management of Ballinasloe District Lunatic Asylum" from 1904 to 1944, and contextualised our findings through the use of other published historical and psychiatric materials.

Dr English's background and education

Ada English was born on January 10, 1875 to Patrick and

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Caption: Ballinasloe Mental Hospital Camogie Team, were silver medalists in the 2nd Tailteann Games, Dublin, 1928. Back Row: Dennis Coen, Kattie Manning, Annie Egan, Mary Shaughnessy, Delia Kilalea, Thomas Mulrenan, Peg Clarke, Katie Dolan, Mary Norton, Bill Burke. Front Row: Bridie Byrnes, Margaret Lyons, Mary Coghlan, Nell Mahon (captain), Dr Ada English, Mary E Carroll, Winnie Clarke, Annie Finnerty, Nora King. Original photo by: Central Studios, 13 North Earl St, Dublin

Nora (Malvey). She grew up in Mullingar, Co Westmeath. Ada's father was a pharmacist and member of Mullingar Town Commissioners. Her grandfather, Richard, was master of the Old Castle Workhouse and, as Kelly notes, "the destitution [Ada] witnessed others suffering whilst a small child made a deep and lasting impression on her"³ (p. 25). Ada's childhood coincided with a period of particularly intense social and political unrest in Ireland: Illingworth notes that "the poverty gripping Ireland at the time of the famine led to mounting unrest as agrarian violence mounted in Mullingar... Agrarian and political violence remained very common in 1860s Westmeath. At least eighty homicides took place in the county between 1849 and 1870"⁴ (p. 75, 84).

Notwithstanding these disturbances, Ada received her secondary schooling at the Loreto Convent in Mullingar and graduated from the Royal University as a doctor in 1903. The Royal University had been established in 1879 as a medical examining body and full courses of instruction were provided at the Catholic University School of Medicine, Cecilia Street, Dublin from 1884.⁵ In 1876, the Medical Qualifications Act had allowed the admission of women to the profession of medicine and the Royal College of Surgeons in Ireland became the first medical school in Great Britain and Ireland to admit women to its lectures.⁶ In 1896, the governing body of the Catholic University School of Medicine in Cecilia Street granted Miss Francis Sinclair permission to attend courses and by 1901 there were 15 female medical students at

Cecilia Street. One of these students was Ada English, who graduated in 1903.

Professor Mary M Macken, in her memoir of Cecilia Street, provides a vivid description of Ada English as a medical student:

"I remember her crisp, blond hair, remarkable blue eyes and fascinating lisp. She struck me then as being singularly adult. She was, in fact, some years my senior and tolerant of everything except incompetence or willingness on our part to put up with it. For she burned to get at her real work of medicine; it was for her as much a vocation as a profession." (p. 151).

Dr English was to go on to spend most of her working life in psychiatry but, prior to her appointment as Assistant Resident Medical Superintendent at Connaught District Lunatic Asylum in Ballinasloe, Co Galway in 1904, Dr English gained experience at a number of Dublin hospitals including the Mater Misericordiae Hospital, the Richmond Hospital and Temple Street Hospital (*Galway Democrat, 29 January 1944).* The breadth of Dr English's clinical experience and medical education was reflected in her lifelong commitment to teaching and she was, for several years, lecturer and examiner in 'mental diseases' at University College Galway.

Dr English lived during an especially tumultuous period of Irish history⁸ and had a long-standing involvement in politics. In the years leading up to the Easter Rising (1916), Dr English was tutored in Irish by Pádraig Pearse (1879-1916) and became an executive member of Cumann na mBan (Women's League), the female wing of the Irish Volunteers (Óglaigh na hÉireann).⁹ During the Easter Rising, Dr English served as a medical officer with the Irish Volunteers and, in 1921, spent six months in Galway jail for possessing nationalistic literature; Dr English was one of 50 women imprisoned for similar reasons in 1921.¹⁰ Later that year, Dr English was elected as a Teachta Dála (member of Parliament) and subsequently participated in the Civil War (1922),¹¹ after which she played no further part in public or political life.

The present paper focuses on Dr English's psychiatric career, and makes reference to her political career only insofar as it impacted upon her psychiatric work; it is hoped to explore Dr English's political career in greater depth in a future paper.

Dr English's career in psychiatry

In 1904, Dr Ada English went to work at the Connaught District Lunatic Asylum (later St Brigid's Hospital) in Ballinasloe, Co Galway. The decades preceding the start of Dr English's career in psychiatry had seen substantial changes in Irish mental health services. In the early part of the 19th century, there had been scant provision for individuals with mental illness in Ireland, many of whom were either homeless, residing in workhouses or admitted to the small number of public and private asylums that existed at that time.^{12,13}

In the early 1800s, however, an extensive programme of asylum building had commenced: in 1825, the first new asylum was established in Armagh and this was followed by asylums in Clonmel, Limerick, Ballinasloe, Waterford, Belfast, Carlow, Derry, Maryborough, Kilkenny, Letterkenny, Killarney, Cork, Mullingar, Castlebar, Sligo, Omagh, Ennis, Downpatrick, Monaghan and Enniscorthy.¹⁴ This intense building programme resulted in a large increase in public asylum beds in Ireland: in 1830 there were 791 asylum beds for 'pauper lunatics' and by 1896 this had risen to 13,620,¹⁵; the legislative background to these developments is further explored by Kelly.¹⁶

The Connaught District Lunatic Asylum was opened in Ballinasloe in 1833.¹⁷ As with many district asylums, the institution in Ballinasloe experienced strong demand for beds and, by 31 December 1892, there were 472 male and 319 female patients in the asylum.¹⁸ In that year, the Inspectors of Lunatics reported significant problems with overcrowding throughout Ireland's district asylum system:

The accommodation in district asylums in this country still continues quite inadequate to supply the wants of the insane population. We have again to repeat the statement made in former reports that the overcrowding is rapidly increasing, and that the necessity for further accommodation is becoming more and more urgent (p. 7).

The intense pressure on asylum beds during this period was most likely related to a combination of factors including changing diagnostic practices, increased institutional provision, legislative change, socio-economic circumstances and possible changes in the epidemiology of illnesses such as schizophrenia.¹⁹⁻²¹ In 1903, the year before Dr English commenced working at the District Asylum in Ballinasloe, the inexorably increasing demand for beds had resulted in the convening of a Conference of the Irish Asylums Committee at the Richmond Hospital in Dublin.²² There were, however, no ready solutions to the growing crisis and, by 1914, there were 16,941 individuals resident in Irish district asylums; this figure was to continue to rise until the late 1950s, interrupted only by two short-lived declines during the two world wars.²⁰

In September 1904, when Dr English went to work in Ballinasloe District Lunatic Asylum, there were 1293 patients 'in the asylum' (774 male, 519 female) and, of these, 311 were described as being 'under treatment' (203 male, 108 female) (*Minutes of the Proceedings of the Committee of Management of Ballinasloe District Lunatic Asylum, 10 October* 1904).

In June 1904, Dr English had applied, unsuccessfully, for 'the post of second assistant medical officer' in Ballinasloe (*Minutes, 13 June 1904*), but her subsequent application, considered by the Committee of Management on 12 September 1904, was successful. The minutes of the meeting record that "applications for the post of second assistant medical officer in this asylum from Doctors Ada English, GW Downing and Malone Lee having been read, the Most Rev FJ McCormack DD proposed... the appointment of Dr Ada English..." (*Minutes, 12 September 1904*). The Committee of Management voted on the matter and Dr English was the clear winner, with 18 votes, as compared to three votes for Dr Malone Lee.

From her earliest days working in Ballinasloe, Dr English's political interests were readily apparent. Soon after she started, for example, Dr English "campaigned successfully to get the Galway Arms emblazoned on the buttons of the staff uniforms in place of Queen Victoria"²³ (p. 92) and promoted the use of Irish-manufactured products in institutions (*Galway Democrat, 29 January 1944*). She also befriended powerful local figures, including Dr John Diagnan, who became Bishop of the Diocese of Clonfert in 1924; Kelly notes that the influence of Dr English, along with that of Fr Patrick Connolly, a

priest of the diocese, played a key role in Bishop Diagnan's increasingly nationalistic outlook throughout the 1920s.²⁴

The Committee of Management of Ballinasloe District Asylum was also pointedly nationalistic in outlook. Minutes from the meeting of 12 June 1916, for example, record that the following resolution was passed by the Committee:

"That we the members of the Committee of Management of the Ballinasloe Asylum, representing both the counties of Galway and Roscommon, determinedly protest against the exclusion of any portion of Ulster from the scheme of national government now about to be established in this country, and we call upon Mr John Redmond and the Irish party to oppose anything that would bring about an accentuation of the religious bitterness that apparently exists between the north and the rest of Ireland. We are willing to concede anything in justice to the bona-fide fears of our northern fellow countrymen, but the division of Ireland we will not have."

The Committee agreed that copies of this resolution would "be sent to Prime Minister, Mr David Lloyd George, and Mr John Redmond.' This strongly nationalistic tone persisted into the 1920s: at the meeting of July 11, 1921, for example, the Committee resolved that 'henceforth no communication of any kind be forwarded to any department of the British Government in Ireland". When Dr English was arrested in 1921, the minutes of the Committee merely record that Dr Mills, resident medical superintendent (RMS), informed them that "Dr English is under detention in a government institution, consequently I engaged the services of Dr Ward as locum tenens". (Minutes, 14 February 1921).

Therapeutic advances

Notwithstanding the challenging social and political contexts of early 20th century Ireland, Ballinasloe District Lunatic Asylum was the scene of significant therapeutic advances throughout the 1920s and 1930s. In 1939, for example, Dr Bernard Lyons, resident medical superintendent (RMS) of the asylum, reported to the Committee of Management that:

"Dr James Clyne, who acted as locum here before, and who is after having six months special training in modern treatments of mental patients in Cardiff Mental Hospital, is acting as locum. I am availing of this opportunity of trying some of the new treatments in this hospital". (Minutes, 20 November 1939).

Dr English was also deeply involved in the introduction of novel treatments in Ballinasloe and, following her death in 1944, the Galway Democrat recorded that "she was foremost in urging and helping the changes which transformed the then 'lunatic asylum' into one of the finest in the country. She developed occupational therapy to a high degree and Ballinasloe was the first mental hospital in Ireland to start electroconvulsive therapy". [Galway Democrat, 29 January 1944].

Dr English was especially concerned that asylum patients should be gainfully occupied and their activities on the asylum farms included: "sowing potatoes, mangolds and turnips. They were also employed making fences..." (Minutes, 9 June 1942). In 1939, the Inspector of Mental Hospitals made particular reference to the 'occupational therapy department of the hospital' and noted that: "a total of 996 patients are engaged in various occupations, as many as 250 being employed on the farm; others are engaged at various trades and handicrafts...The amusements – both indoor and outdoor – of the patients are well catered for; dances are held weekly during the winter months" (Minutes, 8 April 1940).

Dr English was especially concerned with the provision of appropriate amusement for patients: shortly after her appointment as Acting RMS in 1940, for example, she requested: "permission for the patients to be allowed out to the cinema in town as our own is not working" (Minutes, 12 August 1940); by the following month, she reported that: "about 200 patients attend the cinema each Sunday afternoon in the town' (Minutes, 9 September 1940). In October 1940, she also pointed out to the Committee of Management that: "it would be a great boon to the patients if the old cinema could be adjusted to take 'talkies''. (ie. films with sound) (Minutes, 14 October 1940).

In addition to the development of occupational therapy and the provision of appropriate leisure activities for patients, Ballinasloe District Lunatic Asylum was also to the forefront in the introduction of novel treatments for mental illness and "was the first mental hospital in Ireland to start electroconvulsive therapy." (Galway Democrat, 29 January 1944). The introduction of convulsive treatments was not, however, a simple matter. In 1939, for example, the Committee of Management reported receiving a communication from the "Local Government Department... stating that the Minister has no objection to the proposal to carry out Cardiazol treatment on certain patients provided the RMS accepts responsibility" (Minutes, 11 December 1939).

Cardiazol was the trade-name of pentamethylenetetrazol, a camphor-like compound, which was first used by Ladislas Joseph Meduna (1896-1964), a Hungarian neurologist, for convulsive treatment of schizophrenia.²⁵ In 1935, Meduna reported positive results in ten out of the first 26 of his patients to receive this treatment²⁶ and convulsive treatment soon spread to other psychiatric centres throughout Europe. The first recorded use of Cardiazol in England appears to have been at Moorcroft House, a private institution in Middlesex, in 1937 *(Meduna 1935)*; the reference to Cardiazol by Committee of Management in Ballinasloe in 1939 is the first reference to convulsive treatment in an Irish context, of which we are aware.

In addition to her psychiatric duties and political interests, Dr English was also involved in a range of other activities in and around Ballinasloe; in 1913, for example she applied (unsuccessfully) for the post of 'Tuberculosis Officer for Roscommon' (Irish Times, 31 May 1913) and, during the two world wars, she organised Red Cross lectures in Ballinasloe.11 In 1916, when she was still second assistant medical officer, Dr English applied for promotion to the post of RMS at Ballinasloe. At an extraordinary meeting of the Committee of Management, however, Dr John Mills, acting RMS, was proposed for the post, and "Dr Richard Kirwan and Dr English, the other candidates present, requested to be allowed to withdraw their applications in favour of Dr Mills." (Minutes, 9 October 1916). The proceedings and outcome of the meeting were later reported in the Irish Times (14 October 1916):

The applications for the vacant position were those of Dr

John Mills, who had been for 23 years assistant medical officer; Dr Ada English, second assistant medical officer; and an army medical officer at present serving at the front. Drs Kirwan and English stated that they wished to withdraw, and the chairman declared, amidst loud applause, that Dr Mills was unanimously elected. An extraordinary scene ensued. The news quickly reached the inmates of the institution and loud cheers could be heard from all parts of the building. Several of the patients came from the dining hall and demanded the doctor's presence. On emerging from the boardroom he was seized by the patients who put him on their shoulders, and amidst great cheering he was carried through the corridors. Dr Ada English was unanimously elected assistant medical officer at a salary of £280 per year with allowances.

'A public sworn enquiry'

In 1921, the Minister for Local Government, Austin Stack, offered Dr English promotion to the position of RMS of Sligo Mental Hospital, but she declined, refusing to be separated from her patients in Ballinasloe¹¹ (Galway Democrat, 29 January 1944). As a result, Dr English continued to work at Ballinasloe District Lunatic Asylum throughout the 1920s and 1930s. In the late 1930s, however, a significant degree of controversy emerged regarding the management of the asylum and, at the meeting of the Committee of Management meeting on 10 July 1939, it was 'unanimously decided to ask the Minister to hold a Public Sworn Inquiry into the management of the whole institution since 1934, when the present Committee took office.' At the next meeting of the Committee, on 14 August 1939, the following resolution was passed:

That the Committee of Management desire to have the following matters investigated by Public Sworn Enquiry:

- (1) That the public have got an impression as a result of the publications in the Press from time to time that this Institution has not been properly run, and that the patients have been neglected as a result.
- (2) That the RMS has from time to time made statements to the effect that he found the place in a mess.
- (3) That the Local Government Department has held private enquiries, of which the Committee were not aware, into certain matters in connection with the management of the Institution.
- (4) That there is and has been a lack of harmony amongst the Officers of the Institution.

The *Irish Times* (26 August 1939) reported the Committee's call for a public inquiry in some detail:

"The Chairman, Mr M Killalea, TD, said there was a lot of talk going around and with the publication in the Press, it was only right and desirable that there should be an inquiry and have everything above board. Since 1934 there was a general impression abroad that the place was in a 'mess,' and this impression should be cleared up... Dr Ada English... said that the doctors welcomed the inquiry. It would give them a chance of clearing up their part in it..."

The "Sworn Inquiry was held...on the 3rd, 4th and 5th January 1940 into the management of the Institution' (Minutes, 8 January 1940) and, on 11 June 1940, Dr Joseph Kearney, of Herbert Park, Dublin, received a letter from the Local Government Department 'advising the Commissioner [ie. Dr Kearney] of the dissolution of the Committee [of Management of Ballinasloe Mental Hospital], and enclosing Sealed

Order appointing him to administer the affairs of the Institution, and transferring to him the several powers, duties and property of the Joint Committee of Management" (Minutes of the Meeting of the Commissioner Administering the Affairs of the Ballinasloe Mental Hospital, 14 June 1940).

Dr Kearney held his first meeting as Commissioner on 14 June 1940; the only other people present were 'Doctors B. Lyons, A. English, J. Delaney, and the Matron' [Minutes, 14 June 1940]. The Minutes of the Committee of Management over previous months record that Dr English had two periods of sick leave in the months leading up to this meeting (29 December 1939 to 13 January 1940, and 1 February 1940 to 14 June 1940) but returned on the day of the Commissioner's first meeting.

The minutes of this meeting record receipt of a letter from the Local Government Department, dated 11 June 1940, 'advising the Commissioner that the Minister was of the opinion that:

- 1. Dr. Lyons cannot be further trusted with the responsible duties of Resident Medical Superintendent. A reduction in rank should be considered forthwith.
- Suitable disciplinary action is necessary in the case of Dr Delaney... proposals in regard to Dr Delaney should be submitted as early as possible.
- 3. The Matron should be retired on pension.
- 4. Dr English, Assistant Medical Officer, in her evidence at the inquiry, took exception to a report made by the Resident Medical Superintendent to the Joint Committee to the effect that the Assistant Medical Officers did the minimum amount of work. She also felt aggrieved by a statement made by the Resident Medical Superintendent, at a meeting of the Committee, which reflected upon her veracity. The Resident Medical Superintendent agreed at the inquiry to express regret and withdraw the statement. The Minister is satisfied that Dr English has discharged her duties efficiently.

The Commissioner then 'declared the position of Resident Medical Superintendent vacant' and 'appointed Dr. Adeline English [as] Acting Resident Medical Superintendent at £800 per annum without allowances except unfurnished house.' He 'promoted Dr B Lyons [outgoing RMS] to the position of Medical Officer at Castlerea Branch Mental Asylum'; 'placed Dr J. Delaney on two years' probation with a reduction in his present salary of £100 per annum'; and 'asked the Matron to hand in her resignation and she agreed to tender her resignation that day' [Minutes, 14 June 1940].

These decisions were duly reported, without comment or further elaboration, in the *Irish Times* (22 June 1940). More detailed information about the background to this episode is not available from the records presently available; further research would be needed in order to elucidate the antecedents of this episode in greater depth.

By the time that Dr English took over as Acting RMS in 1940, the number of patients 'in the asylum' had increased to 1887 (1106 male, 781 female) and, of these, 461 were 'under treatment' (221 male, 195 female) [Minutes, 14 August 1939]. As with many such institutions in Ireland during this time, there were significant problems with the physical health of both patients and staff. In March 1941, for example, Dr English, as Acting RMS, reported that "influenza has been widely spread through the house during the last month, particularly this last fortnight. Both patients and staff are affected..." [Minutes, 11 March 1941].

Tuberculosis (TB) was also a significant problem in Ballinasloe Mental Hospital during this period and the Inspector of Mental Hospitals made particular reference to this problem following his inspection on 28 November 1939:

One hundred and twenty-two patients died during the year, of this number 36 died of Pulmonary Tuberculosis, and six from General Tuberculosis. This is rather a high percentage of deaths from tuberculosis, and can scarcely be regarded as altogether unconnected with the overcrowded state of the institution [Minutes, 8 April 1940].

Segregation was an important element in the institutional management of tuberculosis and, in February 1940, the Committee of Management 'agreed that chronic patients would occupy the cream buildings, TB patients in the TB block, and new and recent admissions in the Admission Hospital' [Minutes, 12 February 1940].

Other problems at Ballinasloe Mental Hospital during Dr English's period as RMS related to the advent of the Second World War, for which many precautions had to be taken: 'Owing to the danger of scarcity of tea, we have got a stock of cocoa' [Minutes, 14 January 1940]. More significantly, in July 1940, Dr English reported to the Committee of Management that 'the military have taken over the farm building block (since 27th June 1940), despite our protests to them, the Local Government Department and the Department of Defence... We are having trenches dug, air raid shelters provided and the military have been very kind and helpful to us in advice and supervision' (Minutes, 8 July 1940).

In 1941 Dr English, Acting RMS, was finally substantively 'appointed as resident medical superintendent of Ballinasloe and Castlerea Mental Hospitals' (Minutes, 10 June 1941). At this point, Dr English was 68 years of age and had been working at Ballinasloe Mental Hospital for some 37 years. She occupied the post of RMS for fourteen months before, on 11 August 1942, she submitted her letter of resignation to the Committee of Management (Minutes, 11 August 1942). Dr English died in January 1944, at the Private Nursing Home, Mount Pleasant, Ballinasloe. At her own request, she was buried alongside her patients at Creagh Cemetery, adjacent to Ballinasloe Mental Hospital (now St Brigid's Hospital).

Discussion

Dr English practised medicine during a period of uniquely intense social and political change in Ireland, during which there were substantial problems with the establishment and maintenance of effective public health services.^{8,27} Notwithstanding these difficulties, Dr English belonged to a remarkable group of Irish women doctors, each of whom made substantial contributions to the development of Irish medical services and improvement of social conditions, especially for the poor and socially excluded.

There are particular parallels between the life and career of Dr English and those of Dr Kathleen Lynn (1874-1955): like Dr English, Dr Lynn was a Teachta Dála (member of the Irish Parliament) in the 1920s but was also vice-president of Sinn Féin between 1923 and 1927; in 1919, Dr Lynn established St Ultan's Hospital for Infants in Dublin and, throughout her career, she worked tirelessly to improve the medical and social wellbeing of the poor of Dublin.¹ Like Drs English and Lynn, Dr Dorothy Price (1890-1954) also combined political involvement with committed, progressive medical practice: as a newly-qualified doctor, Dr Price served as medical officer to a Cork brigade of the Irish Republican Army, while in her subsequent medical career she went on to play a key role in the eradication of tuberculosis in Ireland.^{1,2}

Like her contemporaries, Dr English remained deeply concerned with the plight of the poor throughout the course of her medical career, and she consistently linked this concern with the need for political activism. In 1921, for example, she participated in the Irish Catholic Truth Society's Conference at the Mansion House and emphasised the importance of social and political engagement:

Dr Ada English, MP, held the view that there could be a too intensive cultivation of home life to the exclusion of other matters. There were social and national movements which necessarily drew people from the home life, and they should be prepared to take their share in these movements, and ready to encounter and counter opposition by the practical application of the teachings of their faith in matters of everyday life. She advocated decent housing for the working classes for it was impossible that people who were condemned to dwell in wretched, crowded insanitary houses could cherish or practice any high ideals either of religion or nationality (*Irish Times, 24 October 1921*).

In terms of her career in psychiatry, Dr English was working at a time when change was urgently needed in Irish mental services. The over-crowding of Irish asylums, which had commenced in the early 1800s,^{15,21,28} seemed to continue inexorably,¹⁵ despite careful consideration of the matter by the Conference of the Irish Asylums Committee in 1903²² and despite the establishment of three separate official commissions of inquiry between 1906 and 1910.²⁹ Notwithstanding this level of professional and governmental concern, conditions in Irish asylums remained extremely difficult throughout the 1920s.

In 1924, Edward Boyd Barrett, SJ wrote an outspoken article in *Studies*, an 'Irish quarterly review', pointing out that 'our asylums are in a bad way'³⁰ (p. 29) and recommending that:

There should be a strong public demand for immediate reform of the asylum system, and the complete segregation and scientific treatment of curable cases should be insisted upon. Suitable asylums should be built – healthy, bright, beautiful homes, where patients would be enticed by every art to renew their interests in things. Nerve clinics should be opened in every populous district, where advice and treatment should be available for ordinary cases of nerve trouble and incipient insanity (p. 43).

There was widespread acknowledgement of the need for these kinds of reforms and in 1927 this was further underlined by the Commission on the Relief of the Sick and Destitute Poor including Insane Poor, which recommended the establishment of outpatient clinics and auxiliary psychiatric hospitals in order to reduce pressure on existing asylums.²⁹

Boyd Barrett drew particular attention to the need for a renewed emphasis on treatments for mental illness, noting that there was 'practically no treatment' in Irish asylums³⁰ (p. 29) and calling for 'scientific treatment of curable cases' (p. 43). The introduction of convulsive treatment at Ballinasloe Lunatic Asylum represents one of the most historically significant therapeutic developments during Dr English's time

working there. Further research is needed into the history of convulsive treatment in Irish asylums, but, at present, this reference to Cardiazol treatment by Committee of Management in Ballinasloe in 1939 is the first reference to convulsive treatment in an Irish context of which we are aware.

One the other treatments to emerge during this period was occupational therapy and, as noted in Dr English's obituary in the Irish Times (29 January 1944), Dr English 'developed occupational therapy to a high degree' during her career at Ballinasloe. Dr English was by no means alone, however, in her promotion of occupational therapy in Irish asylums: in 1933, Dr Eamonn O'Sullivan established an occupational therapy department in Killarney Mental Hospital, following his visits to several European hospitals that already had programmes of occupational therapy in place.³¹ Dr O'Sullivan also went on to write an influential textbook on the subject, entitled Textbook of Occupational Therapy: With Chief Reference to Psychological Medicine.32

Notwithstanding these various attempts to improve standards in Irish mental health services throughout the 1920s and 1930s, the overall quality and level of service provision continued to give cause for concern into the 1940s. In 1944, an anonymous psychiatrist, writing in The Bell, an Irish literary periodical, noted that despite improvements in facilities for the mentally ill in 'neighbouring countries', the 'Irish (sic) Government lagged behind and, even though many years have passed, that lag is still apparent'³³ (pp. 303-4). Consistent with the report of the Commission on the Relief of the Sick and Destitute Poor including Insane Poor,²⁹ the anonymous psychiatrist lamented the absence of a voluntary admission status in Irish asylums, but added that 'it is not too much to hope that legislation in the near future will remedy this and provide for the admission of voluntary patients'³³ (p. 307). A voluntary admission process was indeed introduced the following year, in the Mental Treatment Act 1945, which was an innovative piece of legislation that introduced many important reforms to Irish mental health services³⁴ and was to remain in force until the Mental Health Act 2001 was fully implemented in 2006.

Dr Ada English, however, died in 1944, one year prior to the introduction of the long-awaited Mental Treatment Act of 1945. There can be little doubt that Dr English would have welcomed many of the reforms in the 1945 Act, especially the simplification of admission processes and the aspiration towards more accessible, less custodial services for the mentally ill. Indeed, in August 1939, during a period when Dr English was Acting RMS, the Committee of Management at Ballinasloe Lunatic Asylum had issued a strong resolution 'calling for a revision of the existing lunacy laws dealing with both the reception and after treatment of mental cases' [Minutes, 14 August 1939].

Overall, it is clear that Dr English made significant contributions to both Irish political life and health services during a particularly challenging period in Irish history. Throughout the 1920s, 1930s and 1940s, Dr English played an especially valuable role in efforts to reform and renew Irish mental health services, and made a particular contribution to the improvement of conditions at the asylum in Ballinalsoe. As her obituary in the Irish Times (29 January 1944) noted, Dr English 'did a great deal to bring about the changes which transferred the lunatic asylum into the present mental hospital?

Sources and acknowledgements

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