

CHAPTER 6

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‘...ALL THE MOST APPROVED MODERN ARRANGEMENTS’: BUILDING FOR MENTAL HEALTH CARE AT MONAGHAN, 1886-1950s.

One afternoon, he looked in dread
Into the ward outside. The beds
Were empty. Quiet sunshine glowed
On waxed floors and brass. He hurried
Across to the high window, stood
On the hot pipes to see the view.
Below there was a widespread garden,
With shrubberies, walks, summerhouses.
He stared in wonder from his bars,
Saddened by the boughs.¹

INTRODUCTION

The above quotation is taken from Austin Clarke's, 'Mnemosyne Lay in Dust', a long poem published in 1966 exploring the poet's own experience of life as a patient in St. Patrick's mental hospital in Dublin. For those attempting to understand or examine the environment of the system of mental health care in Ireland throughout the twentieth century, Clarke's poem is especially valuable. While casebooks, records and photographs give an insight into the lives of the patients and staff of these institutions, a poem such as 'Mnemosyne Lay in Dust' provides an insight into the lived experience of confinement, care, illness and recovery within the walls of the hospital. From the perspective of this chapter, which deals with the architecture of the asylum and mental hospital system in Ireland from the mid-nineteenth century to the second half of the twentieth century, Clarke's poem is also a reminder that, for the most part, patients lived in buildings constructed throughout the nineteenth century, and an understanding of his experience, and the experience of those like him, necessitates an exploration of the impact of that built environment.

The complex of buildings at St. Davnet's, Monaghan reflects the changing ideas on design for healthcare over a period of c. 150 years. This essay aims to outline and contextualize the

buildings extant on the site, both in terms of contemporary architectural practices, and in terms of ideas and theories around building for health and social control. It is essential to consider the construction of the asylum at Monaghan within the broader context of institutional building in Ireland from the middle of the nineteenth century onwards. The maps of Monaghan town and its environs throughout the nineteenth century tell a story of rapid change and growth, particularly with regard to the development of institutions of care and social control. The 6-inch Ordnance Survey (OS) map, created between 1829 and 1841, depicts the town with three main arteries which radiate out from the squares at the centre. These squares are defined by church buildings and the market cross. The key institutions visible on this map are largely on the outskirts of the town, including Monaghan gaol to the north-west of the town, a diocesan school to the south-west, an infirmary to the east of the town, and a police barracks at the end of Glaslough St, to the north of the town. As well as these institutions associated with the social functions of care for the ill, detainment for the dangerous, education and the maintenance of law and order, the town also had several religious and parochial buildings, including a Roman Catholic chapel, located close to the diocesan school building to the south-west of the town, a church at the centre of the town, and a parish meeting house close to the infirmary. By the time the 25-inch map was drawn up, between 1897 and 1913, this institutional and religious landscape had changed dramatically. Reflecting the increase in church building projects throughout the latter half of the century, and the increase in social, economic and political power of the Roman Catholic church, one of the most immediately obvious changes is the cathedral of St. Maccartan, positioned on an incline to the south-east of the town. Located close to this was the hospital for infectious disease, while the large complex of St. Louis' convent replaced the earlier and relatively modest diocesan school. An agricultural school had been constructed to the west of the town, and the site and buildings of the gaol had been changed to become Monaghan county infirmary. Other major changes include the construction of the Union Workhouse to the north of the town, with its own hospital for infectious disease, the development of an infantry barracks close by, and the arrival of the rail infrastructure, with the station positioned to the north of the town, close to the constabulary barracks. The largest change to the urban landscape of Monaghan town, however, is undoubtedly the development of the Cavan and Monaghan District Lunatic Asylum to the north-east of the town. The asylum occupied the Roosky district, which had previously been a green-field site, divided into a series of fields.

Following the shift in the governance of Ireland brought about by the Act of Union, the Irish health system became part of the centralized system of provision and order throughout the nineteenth century. Following a committee of inquiry in 1817, which found that provision for the mentally ill was primitive and inhumane, the asylum system was established. As Gearóid Ó Tuathaigh has pointed out, one consequence of this was that by the mid-century, Ireland had a 'reasonably comprehensive and highly-centralised system of health services'.² It is striking that, despite the emphasis in Irish architectural history on Victorian buildings for religious worship, education and cultural display such as museums and galleries, no full-length study exists on asylum architecture in Ireland. This is despite the fact that they were among the largest building projects ongoing at the time, and were an important part of the working practices of the most prolific architects of the period, including, for example, Sir Thomas Newenham Deane (1827-1899) and Thomas Drew (1838-1910).³ Of course, while the major structures of the asylums were constructed during the nineteenth century, further buildings and facilities were constructed throughout the twentieth century as needs changed, and ideas on the appropriate space for care and recovery changed and developed. A visitor to the St. Davnet's site in 2015, therefore, will encounter buildings constructed between 1867 and 1869, throughout the 1880s and 1890s, to the early decades of the twentieth century and up to the 1950s and 60s. In order to understand the development of the site, therefore, it is necessary to outline each phase of its development and construction.

DESIGNING THE ASYLUM: PLANNING FOR CARE AND RECOVERY, 1867-9.

As outlined by Anne Mac Lellan in Chapter 1 of this volume, the initial phase of development of Cavan and Monaghan District Lunatic Asylum took place between 1867-69 when the need for a large asylum building in the area was identified. The process of construction began with the announcement of a competition to select an architect for the project. The details of this competition were published in the *Dublin Builder* (later the *Irish Builder*), an important trade magazine for those involved in building, construction and design from the mid-nineteenth century onwards.⁴ The details of the brief given to architects provides an important insight into the various aspects of asylum design during this time, as well as the extent to which an asylum like that at Monaghan was part of the architecture of the British Empire, with shared designs and ideas being used across the various territories under British governance at this time.⁵

Throughout the project description, various asylums across England were mentioned as providing models for aspects of the Monaghan design. For example, the *Dublin Builder* article notes that the 'general plan of the main building should be a combination of the block and corridor systems; the Auxiliary House at the Cheshire County Asylum being an example of the first, and the Derby County Asylum of the second'.⁶ The 'block' system has been described by Annmarie Adams as an arrangement of 'smaller rooms along double-loaded corridors'.⁷ The provision of outdoor spaces for patients, known as 'airing yards', were also described as following English models: 'airing yards for all to front and sides, not in enclosed quadrangles, and those for the harmless, to be separated from the general grounds by a ha-ha, as at Derby Asylum'.⁸ Similarly, for details of the window system, allowing shutters to be locked back into a frame set against the wall, architects were directed to the example at Rainhill Asylum in Lancashire. Architects who intended to enter the competition for the design of the asylum were advised to consult the designs published in the official reports of the English Commissioners of Lunacy for Derbyshire County Pauper Lunatic Asylum, the Auxiliary House to the Cheshire County Asylum, as well as the New Cumberland and Westmorland Asylum in Cumbria, and Bristol Asylum.⁹

The *Dublin Builder* also gives an insight into the extent to which the design of institutions such as the asylums was part of the larger programme of institutional design, including buildings such as barracks, infirmaries and county homes. On the subject of ventilation, it is noted that 'each room, corridor, cell, kitchen, office &c., to be supplied with separate means of ventilation, by outlets for foul air and inlets for fresh (for size and arrangement refer to pp. 68 to 82 of the Report of the Commission for improving the sanitary conditions of the Barracks, dated 1861)'.¹⁰ This note reflects both the centralized bureaucracy governing the design and construction of such places, as well as the fact that issues of ventilation and sanitation were priorities for the architectural profession in this period, as they sought to create spaces for increasingly high-density populations, from urban planning to the design of large-scale asylums, prisons or hospitals.

The design competition outline in the *Dublin Builder* provides a detailed description of the requirements for the building. The architectural style of the buildings was to be 'as plain as may be consistent with a sightly appearance'.¹¹ This balance between simplicity and attention to visual appearance is also noted in the *District Lunatic Asylums as approved by the Board of Control*, where it states that:

the purpose of these buildings and the class of persons for whose reception they are intended, renders it necessary that economy of construction should be kept in view as a matter of primary importance; yet, looking to the prominent position they usually occupy, and their public nature, it is desirable that they should be of as pleasing and

attractive a form and character as possible; and this, it is considered, may generally be attained without much, if any ornamentation, by good proportion and effective grouping.¹²

The general plan of the building was to combine the 'block' and 'corridor' systems. This system was an alternative to the 'radial' system, which was based on a central block with radiating arms, such as that at Devon County Pauper Lunatic Asylum in Exeter. The 'radial' system was criticized due to the lack of light and proper ventilation, and due to the lack of space for airing courts.¹³ The 'block' and 'corridor' system, primarily used in asylum design between 1830 and 1890, was preferable due to the fact that it allowed for the segregation of the sexes, and for ease of communications throughout the asylum. As Mac Lellan points out in Chapter 1, however, the asylum at Monaghan has been noted as the first in the country to 'break away from the continuous corridor model and adopt a pavilion or villa format'.¹⁴ By the early twentieth century, sections of the asylum are laid out in a semi-detached block formation, and with further blocks dispersed around the asylum grounds.

The design of the asylum, as outlined in this brief, responds to the specific requirements for caring for a wide variety of people, young and old, and with a range of different needs. Night accommodation was to be provided on the first floor, but with ground floor accommodation in 'well-warmed cells' for those with limited mobility.¹⁵ Single rooms were to be provided for 100 patients in the main building, with the rest of the patients to be in rooms with 3 to 40 beds. These were to open onto a large room corridor or large hall on the south side, with a 'sunny aspect' as far as possible available to patient apartments.¹⁶ The boardroom, main entrance and some staff apartments were to be located at the rear. It was advised that the superintendent's house be to one side, detached, affording a 'commanding view of airing yards and ready access to buildings'.¹⁷ It was stipulated that if basements were included, they should only be used for storage, and not for patient accommodation. Infirmaries were to adjoin the main building, in as quiet a position as possible. Rooms, halls or corridors 'for the harmless of both sexes' were to be provided for exercise indoors, as well as open verandas, roofed with glass, for shelter and exercise.¹⁸ It is interesting to note that this design specification does not necessarily require the segregation of men and women in the asylum. Reading rooms for quiet male patients were stipulated, as were retired reading or working-rooms for quiet female patients, as well as 'places of worship and recreation rooms, and dining-room so placed as that the quiet patients of both sexes can readily have access to it, for the purpose of dining together, if desirable'.¹⁹

As outlined in Chapter 1 of this volume, some controversy surrounded the appointment of the architect for the design of the overall asylum, with a struggle existing between the local governing group and centralized power. The announcement of the architect in the pages of the *Dublin Builder* registers this sense of frustration with the delayed decision as a result of deliberations:

The decision in this competition which has been so anxiously looked for by the nineteen gentlemen who furnished plans is, at length announced to be in favour of Mr. McCurdy, of Harcourt-place, an architect who has won several competitions of late, and distinguished himself in all in which he engaged. We understand that there was an uncommon amount of ability employed on this competition, and that the drawings generally were most attractively "got up", to use a familiar phrase. The result is, therefore, the more gratifying to the successful author, from whom, as soon as circumstances will permit, we shall obtain particulars of his design, and to whom we, in common with many others of his profession, offer our congratulations. The building will cost £30,000, and combine all the most approved modern arrangements.²⁰

As noted in the *Dublin Builder*, quoted above, John McCurdy was the successful entrant in the Monaghan asylum competition. McCurdy, born in Dublin c. 1824, was articled to Frederick Darley and took up the position of clerk of works at Trinity College Dublin in 1850, succeeding the architect Benjamin Holebrook in the post. McCurdy's tenure at Trinity College Dublin coincided with the construction of Deane and Woodward's renowned Museum Building in 1855. McCurdy received £25 per quarter from Trinity during this period, as 'inspector of new buildings', as well as a fee as superintending architect on the site. He became the official college architect around this period, and retained this position until his death. As well as his role at Trinity College Dublin, McCurdy was active in private practice, and formed a partnership with the architect William Mansfield Mitchell in 1872. This partnership, under the title McCurdy & Mitchell, maintained a practice on Leinster Street until 1882. Although he died quite early, at the age of 61, he had played an active role in the Royal Institute of Architects of Ireland, was architect to the Commissioners of Education of Certain Endowed Schools from 1873, and to the Benchers of King's Inns. His work as an architect of public buildings is also reflected in the fact that his works include alterations and enlargements to a wide range of buildings, including Kilmainham Gaol in Dublin and Kildare County Gaol.²¹

On June 1, 1869, the *Irish Builder* included a notice on the asylum buildings, providing a detailed overview of the complex of buildings that the first patients inhabited when they arrived from Armagh, and from across the Cavan and Monaghan area. The asylum had been officially opened on the 17 May of that year, by John Poyntz Spencer, 5th Earl Spencer (1835-1910), who was Lord Lieutenant of Ireland between 1866 and 1874.²² The building, which had taken four years to construct, was described as containing accommodation for over 300 patients, comprising a main central building with day rooms, dining-rooms, dormitories, reading-rooms, school-rooms, single rooms and 'all the other requisites of an institution of the kind'.²³ The recreation area and dining hall were located to the rear of the central main block, 66ft. by 41ft., with a gallery for an orchestra, and with kitchens and culinary offices behind. Detached infirmaries were located at the ends of the main central building, approached by covered passages, and retired wings for noisy or unmanageable patients were located at retired wings at each end of the main building, located to the rear. The detached block system utilized by McCurdy, 'so much advocated by the highest authorities on insanity', were described as being influenced by similar examples at Quatre Maré, Rouen, Prestwick, Chester and other asylums.²⁴ The article also noted the fact that this design system was more effective in dealing with different phases of disease rather than 'the congregating of all classes of patients in one block', and that it was 'gaining ground on the Continent and in England to a great extent'. The integration of design and treatment is dealt with in some detail, with the article noting that patients showing improvement can be removed to the detached blocks or buildings, allowing them to meet with 'those less afflicted than they have been accustomed to mingle with, and thence, when further improvement takes place, to another block, where less insanity may be found than in that which they left'.²⁵

As well as the main blocks, the *Irish Builder* noted the 'extensive farm-offices, work-shops, recreation grounds, a chapel, board-rooms, and all the requisite offices and apartments for the various officers that must be required for so large an establishment, which we trust, from the experience of the able and efficient resident medical superintendent, Dr. Robertson, will be a success.'²⁶ The extent of the site was suggested by the fact that there were over 1,000 yards of corridors communicating between the various blocks, and that this was the largest asylum yet built in Ireland. Messrs. Wardrop and Sons were the general contractors for the works, under the Board of Control of Lunatic Asylums, Ireland. Messrs. Ross and Murray had responsibility for the engineering, laundry, and plumbing works, and the gas-fittings were carried out by Mr. Daniel. The article concluded with a comment on the water provision for the site, stating that

the asylum had been successful in obtaining an abundant water supply of water from a well sunk by Messrs. Wardrop, from which the steam engine could raise 3,000 gallons per hour.²⁷ Although the building was designed to house and care for patients comfortably, McCurdy's design was quickly subverted by problems of overcrowding. As will be outlined below, additional accommodation was added on a regular basis throughout the following decades.

CAVAN AND MONAGHAN DISTRICT LUNATIC ASYLUM: THE FIRST PHASE OF CONSTRUCTION

The first phase of construction at the asylum, therefore, was a comprehensive system, built to accommodate the care of a large number of patients, with ideas of recovery informing the central design ideas. These first buildings continue in many ways to define the campus of St. Davnet's as it exists today. The date of this first phase of building is clearly marked on two of the most important structures on the site – the water towers, situated above the main buildings, and built in 1867. These square-plan, cast-iron water storage tanks were also designed by McCurdy, and are held aloft by the towers, built of sandstone with red brick 'block and start' quoins. The words 'George Connell Contractor Monaghan', and 'Ross and Murphy 1867' are in raised lettering on the tanks. Despite being purely functional, the combination of materials and the paired square-headed windows of three elevations of the towers add visual interest. The water towers were originally sited at the highest point of the hospital site, beside a boundary that is no longer extant.²⁸ The main body of the asylum building now stands alone, but was previously connected to side wings and to a rear service building by covered corridors. While these main buildings have been the subject of several programmes of renovation and renewal since they were first constructed, they retain the limestone and red-brick combination which marks the institutional character of the site. The entrance façade to the building has glass-covered verandas, giving patients a covered area for exercise and fresh air. As outlined above, this block was initially designed to house and care for 300 patients, and included dining areas, spaces for recreation and service areas. Over time, these spaces were either demolished or replaced, with the dining halls, for example, being moved to a later building by the twentieth century. Several key aspects of this main block remain intact, however, including the wards, the single rooms for patients and the recreation rooms, and these remained in use by the hospital for resident patient care until the late twentieth century. The block is almost entirely symmetrical in design and organisation, reflecting the division of male and female patients.

Located behind the main block of the asylum, the laundry building would have occupied a central role in the life of the institution, coping with the demands of increasing numbers of patients and staff. As Mac Lellan has pointed out in chapter 1 of this book, laundry service was considered therapeutic, particularly for female patients. The building would have been part of the initial phase of construction, but was also enlarged and improved in 1907, as noted in a report carried by the *Anglo-Celt*, which also mentioned the need to introduce telephonic communication between the wards.²⁹ This single-storey building, again constructed in red brick and rock-faced ashlar limestone, is currently used as a store, with several rooms in a near-ruinous condition. Rows of Belfast sinks are still intact, together with various different kinds of laundry machinery, including large rollers, industrial washing and drying machines, and drying racks. These reflect changing technologies, and the subsequent changes in patient life as they managed the daily laundry load for the hospital.

Despite the fact that much remains from this initial phase of building in the 1860s, it is important

to note that the architectural character of this initial phase of building has been radically altered by the removal of the corridor system that would initially have linked all of the buildings on the site. In keeping with the project brief, McCurdy does not use many decorative flourishes throughout the buildings. The characteristic combination of rock-faced rusticated ashlar limestone blocks with red brick detail around windows, doors and to articulate the building surfaces, however, adds to the visual appearance of the various structures, as well as communicating a sense of order, clarity and stability.

This combination of materials also creates a strong visual link between the main asylum buildings constructed during the first phase, and the domestic buildings on the site. These include the gatekeeper's cottage and the house of the Resident Medical Superintendent (RMS). The latter was constructed c. 1880, in a combination of limestone and brick. It is immediately different to the rest of the buildings on site, with the status of the occupant clearly signaled through the use of architectural refinements and decoration, in addition to the high quality craftsmanship evident throughout the complex. The picturesque, asymmetrical massing of the house is emphasized by the addition of a campanile-style tower, reflecting an Italianate influence, similar to that at Connolly Station in Dublin [formerly known as the Amiens Street Station]. The exterior of the house has carved roof brackets, carved ornamental string courses articulating the different storeys, window brackets, and a range of window types, mainly segmental-headed with some in tripartite arrangement.³⁰ The interior of the RMS house is also characterized by the same attention to detail and decoration, with fine Victorian plasterwork details, modeled in the round. Indeed, the Italianate style of this building, together with the position and character of the decorative elements, perhaps reflect McCurdy's involvement in the construction of the Museum Building at Dublin's Trinity College, praised by the influential art critic and writer John Ruskin as one of the finest buildings of the age. As described in more detail in Chapter 1, the position of the RMS house was just one of the ways in which the Cavan and Monaghan District Asylum deviated from standard practice in asylum design. Despite pressure to adhere to a more traditional arrangement with the RMS living within the south-facing apartments of the main asylum building, the Board of Governors insisted that these sunny rooms be reserved for patients, and that a separate residence be constructed for the RMS, in order to attract the best candidate for the position. While the tall campanile is clearly an important decorative feature of the building, perhaps it also had a functional role, overlooking the asylum grounds. This would reflect the detail in the architects' brief that the asylum would be clearly visible from the house, and that the RMS would be able to quickly and easily survey the site.

The gate lodge is located close to the RMS house, and is immediately recognizable as part of the asylum complex due to its combination of grey limestone and red brick. Built in c. 1867, it was originally a T-shaped structure with an additional section built to the south during the twentieth century. The gate lodge was one of the most important buildings on the site, with the gatekeeper playing a significant role, noting the entrance and exit of staff and of patients, and recording any irregularity. Like the RMS house, the gatehouse is distinguished from the rest of the institutional complex by the addition of domestic details, such as the bay window. The Avery weighbridge is situated directly across from the gatehouse, where it was installed c. 1890. This comprised an embedded cart-weighing platform and a simple, one-storey weigh-house. As is pointed out in the *National Inventory of Architectural Heritage* entry for St. Davnet's, the weighbridge at Monaghan asylum was installed not long after the introduction of the first Avery weighbridge in 1876. It acts as an important reminder of aspects of life within the asylum, which had its own farm, requiring the weighing of produce, as well as the regular delivery of provisions from the town and further afield.³¹ These farm buildings, together with the boundary walls of the asylum, complete the first phase of building. This campus, while designed to be spacious and

comfortable, in line with contemporary thinking on hospital construction and care for mental health, would soon require expansion due to increasing numbers over the subsequent decades.

DESIGNING ENVIRONMENTS FOR HEALTH AND RECOVERY AT MONAGHAN

The buildings outlined above catered for the core functions of the Cavan and Monaghan District Asylum – dining halls, wards, staff quarters and service areas. In addition to these, however, the asylum environment also included spaces for exercise, recreation and for worship. These elements of the asylum design are perhaps among the most immediately evident on entering the campus today – the spacious campus, extensively planted with trees, and the twinned chapels located to the front of the main building. It is evident from the initial project brief for the asylum that spaces for exercise and recreation were a priority. This reflects contemporary theories on the impact of environment on mental health and recovery from mental illness. In Claire Hickman's analysis of landscape design and its relationship to the treatment of mental illness in the nineteenth century, she outlines the extent to which 'every aspect of the patient's environment formed part of the therapeutic regimen'.³² The moral therapy or moral management approach, explored in more detail in Chapter 1 of this book, involved the placement of the patient within a new environment and community – the placement of the asylum within an appropriate environment was therefore seen as a priority. Hickman states that the position of the asylum buildings themselves was also significant, and that locations on hills or inclines were preferred, as they provided views for the patients – this can also be observed in the choice of the location for the asylum at Monaghan in the 1860s. As mentioned in the project brief, the main building originally had airing yards located to the front of the building. These airing yards allowed patients to exercise while ensuring that they remained contained. The project brief published in the *Dublin Builder* noted that these were to be separated from the general grounds by a 'ha-ha' – this is, essentially, a recessed landscape element creating a barrier while avoiding any obstruction of the view. Therefore, in front of the entrance façade of the main asylum block, patients could sit on the verandas and view the open landscape, and in order to exercise, could access the airing court in front, which sloped down to a high wall, ensuring that nobody could escape. The slope, meanwhile, meant that this wall was not visible to the onlooker, nor did it prevent those sitting in the asylum area from observing the countryside. In 1907, a notice in the *Anglo-Celt* newspaper recorded the fact that the part of the asylum grounds were being laid out by William Sheppard, a well-known authority on landscape gardening and design. The oral history records gathered as part of the 'World Within Walls' project suggest that airing courts were also situated to the rear of the main building, and that patients were frequently brought on walks throughout the grounds. Throughout the twentieth century, facilities for the recreation of both staff and patients were augmented by the addition of a handball alley, which was extremely popular, and playing fields for sports, which also become a central part of life at the hospital.

The two chapels, situated in front of the main asylum block, were constructed in the late nineteenth and early years of the twentieth century. These churches, while similar in scale in plan, are nevertheless distinguished from each other by slight differences in style and architectural ornamentation. These were perhaps added in order to cope with increased numbers, as a chapel within the main asylum block is noted in the 1869 *Dublin Builder* description of the facilities, outlined above. The Catholic chapel was added in 1897, and is the slightly larger of the two. A note in the *Irish Times* records the decision taken around its construction, stating that: 'Last night's Dublin Gazette contains an order by the Lord Lieutenant and Privy Council estimating the expenditure of £7000 in the erection of a new chapel, heating the institution, and expenses in connection with proposed addition and alterations to the asylum'.³³

As described by Kevin V. Mulligan, it has a long, gabled hall of eight bays with a deep semi-circular apse, with an 'essentially classical bearing', particularly evident in the window surrounds.³⁴ The Church of Ireland chapel was constructed in 1900, and was designed by architect Thomas Francis McNamara, a Dublin architect with an extensive practice including both institutional and ecclesiastical projects.³⁵ It is more ornate than the Roman Catholic chapel, and is designed in a 'robust Romanesque style', with long, round-headed windows, a polygonal apse and a deep-set rose window above the main entrance and gabled porch.³⁶

EXPANDING THE HOSPITAL: COPING WITH INCREASING NUMBERS, 1900-1945

As mentioned above, the original asylum building was designed to accommodate a large number of patients comfortably, but quickly became overcrowded, necessitating further building and expansion. The records for the development of the site reveal continuous changes and additions, usually in order to cope with increased demand for space. In 1907, the *Anglo-Celt* reported that 'the new building to contain 120 patients is now completed and was handed over by the contractor on the 11th of this month. It still remains to furnish it, and to lay out the grounds. Contracts have been taken out for the provision of suitable furniture, such as is generally found in modern asylums'.³⁷ The article provided further insight into the ways in which the design of the asylum needed to respond to changing conditions. It noted that the 'boundary wall, to protect the patients from the railway, has been built', and that it was hoped that the new block could be occupied as quickly as possible by patients to allow the further expansion of the existing buildings.³⁸ According to the report, 'when this additional accommodation is in use the proposed additions to the main building, embracing the raising of the one storied blocks, the enlargement of the laundry and kitchen, and the erection of the new stoves, can be taken in hand'.³⁹ The overcrowding was described as 'so apparent on every side', and as rendering 'the care and treatment of the patients a matter of so much difficulty and danger'.⁴⁰ This new block, mentioned above, is likely to be that now known as the 'stores' building, and to have been designed by architect Thomas Francis McNamara, who is noted in the *Irish Builder* as responding to the tender for new buildings by the Joint Management Committee of the asylum in 1904, to be completed in 1907.⁴¹ This, like many of the buildings currently extant on the hospital campus, has changed function many times since it was first constructed. This building, described in the *National Inventory of Architectural Heritage*, as having an 'unmistakable institutional appearance', has been used as a dining hall for patients, as an area for dances and entertainments (both for patients and for the wider community, as evident from a *Northern Standard* advertisement for the Garda Dance in 1927), and later, as the Garage theatre. The building is currently used as a physical therapy store for the surrounding area.⁴² Further to the works outlined by the *Anglo-Celt*, the *Irish Builder* noted that additional accommodation was provided by the architects William Henry Byrne & son in 1909, and also recorded several smaller programmes of repair and extension to service buildings during this period.⁴³

While these developments certainly had an important impact on life at the hospital, the next major phase of development took place between 1937 and 1943, with the construction of a new admissions and acute psychiatric unit, and an associated nurses' home, providing accommodation for staff. These were both designed by the Belfast architect, Cormac MacLynn, who was active from the 1920s to the end of the 1970s. While his career began in commercial and domestic design, MacLynn designed several hospital and school buildings, including the new units at Monaghan Mental Hospital.⁴⁴ MacLynn's additions are immediately distinguished from the earlier phases of building by the different materials used, and the introduction of an Art Deco-inspired architectural ornament. These, in many ways, mark a shift in the culture of the place, and of the medical treatment of mental illness during this period, also reflected in the

change of name from Cavan and Monaghan District Asylum to Monaghan Mental Hospital in 1924. The admissions and acute psychiatric unit is a multiple-unit building, ranging from between one and three storeys, built in large red brick and sandstone ranges. The bold geometric shapes and geometric patterns in the brickwork reflect the popular Art Deco style, more commonly associated with the skyscrapers of New York in the Jazz Age than the confined units of a Monaghan hospital.⁴⁵ While adding visual interest to the surfaces of the building, and reflecting the impact of architectural developments on institutional design in this period, these architectural ornaments also act as a poignant reminder of life outside the hospital walls.

Orientation throughout and use of the building is not immediately legible from the entrance area – the entrance block encompasses a hall, the committee room which currently contains the original asylum boardroom table and several middle-sized rooms. To the right of this entrance block, a corridor leads to two long wings, each a symmetrical mirror of the other in order to facilitate the separation of male and female patients. As in the main block of the first phase of building, the building has a veranda allowing patients to take the air and sunshine, and each wing is terminated by a semi-circular day room, with tiled fireplaces and large ranges of windows. Many of the original details from the 1930s and 40s survive in these buildings, including door handles, windows in the doors allowing observation into wards and single rooms, and a terrazzo tile floor, which is, in part, covered by a more recent floor covering.

The massing of the nurses' home, particularly the façade, retains something of the older portico-style design, yet the brickwork details and materials clearly link it to the admissions and acute psychiatric unit. Inside, this building (also known as St. Jude's) has recreation and kitchen spaces on the ground floor, and small individual rooms and bathrooms on the first floor. The terrazzo floors and stairs are intact in this building, and it also retains many original details.

As is so often the case at the St. Davnet's campus, these buildings had a number of functions. As outlined in Chapter 3 of this book, these two buildings were originally built to provide extra space and to relieve chronic overcrowding in the hospital in the 1930s. By the time they were completed, however, they were controversially requisitioned by the local council to provide space for those suffering from TB, one of the biggest dangers to public health in Ireland in the twentieth century.⁴⁶ The buildings were not returned to Monaghan Mental Hospital until the 1950s, when the introduction of a range of measures including effective anti-microbial therapy, vaccinations and improved socio-economic conditions had brought the epidemic under control. Just as the Art Deco-inflected brick patterns reflect shifts and developments in the outside world, the changing use of these two buildings reflect the ways in which the wider history of Ireland impacted life within the walls of the hospital.

While clear evidence of these additions to the campus remains today, several other measures to cope with overcrowding have not left physical traces, but have been recorded as part of the oral history gathering process within the 'World within Walls' project. These include sheds known as the 'cholera sheds' (later called 'collar sheds' and later again, 'cancelling sheds'), which were apparently located behind the churches, close to the farm.⁴⁷ These were temporary wooden sheds which were originally used to house those suffering from infectious disease, but were later used for services. Similarly, temporary wooden wards were constructed close to the main buildings of the original asylum, again to try to alleviate the pressure of overcrowding. These are no longer extant, but the now-defunct hospital swimming pool stands on the site of one of these temporary wooden wards.

INTERNATIONAL MODERNISM AND MONAGHAN: THE NURSES' HOME AND THE 1950s

Many of the maps and plans recording the buildings and layout of the grounds of Monaghan Mental Hospital were drawn up during the 1950s, when a major programme of repairs and renewal took place, updating the hospital facilities and infrastructure. While the buildings have continued to be developed and changed according to their function, the last major building constructed on the grounds of Monaghan Mental Hospital was the nurses' home, built during the 1950s. This building reflects changing architectural styles, in particular the development of international modernism across the world. This style, characterised by the absence of ornament, clean, smooth surfaces, and an attention to integrating form and function in every aspect of design, is at odds with the comparatively ornate historicizing styles used, for example, in the chapels and the RMS house and the decorative flourishes and surfaces in Cormac MacLynn's buildings in the 1930s and 40s. The nurses' home was designed by the Dublin architect, Arthur H. Lardner, who was also responsible for many of the alterations and repairs throughout the hospital buildings. The drawings for the new nurses' home reveal several different designs for the building by Lardner, all characterized by the use of glass blocks, a clean, L-shaped design, the integration of outdoor spaces and the provision of multiple rooms as well as games areas, kitchens and bathrooms to cater for staff needs. Lardner's drawings of the nurses' home also reflect the final name change for the hospital, from Monaghan Mental Hospital to St. Davnet's, although several of the drawings depict the words 'St. Dympna's' above the main doorway. In 1955, the *Anglo-Celt* reported that the Board of Governors had unanimously agreed to the application for a loan of £53,000 for the erection of the new nurses' home. The RMS noted that it would accommodate 55 nurses, and that according to Department specifications, 22 nurses should continue to reside in the hospital in case of emergencies, although the RMS stated that he would prefer them all to stay in the nurses' home. On the subject of the potential return of MacLynn's earlier nurses' home on the site, the Chairman noted that it was very small, only holding 22 nurses. The RMS added that if it were returned, it would hold the balance of the nursing staff, or serve as a hostel for male staff who had no quarters, except 'rooms here and there through the building'.⁴⁸ An advertisement appeared in the *Irish Independent* in 1955, letting potential contractors know that 'tenders are invited for the erection of a Nurses' Home at Monaghan Mental Hospital, in accordance with the Drawings and Specification prepared by the Architect Arthur H. Lardner, Esq., B.Arch., M.R.I.A., 52 Fitzwilliam Square, Dublin'.⁴⁹ In 1958, the *Irish Independent* carried a report on the official opening of the new nurses' home by Patrick Smith, then Minister for Agriculture, and blessed by the Bishop of Clogher. While the Lardner's nurses' home is the last major architectural development on the site, the buildings have been used in different ways from the 1950s to the present day, reflecting changing ideas in mental health care, and the wider provision of health services across the community.

- ¹ A. Clarke, 'Mnemosyne Lay in Dust', in Austin Clarke, *Collected Poems*, ed. R. Dardis Clarke (Manchester and Dublin: Carcanet, 2008), p.328.
- ² G. Ó Tuathaigh, *Ireland before the Famine, 1798-1848* (Dublin: Gill & Macmillan, 2007), p.84. The development of the asylum in Ireland has been explored at length by scholars such as C. Cox, *Negotiating Insanity in the South-East of Ireland, 1820-1900* (Manchester: Manchester University Press, 2012), P. Prior (ed.), *Asylums, Mental health care and the Irish: Historical studies 1800-2010*, (Dublin: Irish Academic Press, 2012), O. Walsh, *Insanity, Power and Politics in Nineteenth-Century Ireland: The Connaught District Lunatic Asylum* (London: Manchester University Press, 2013), J. Reynolds, *Grangegorman: Psychiatric Care in Dublin since 1815* (Dublin: Institute of Public Administration, 1992) and M. Finnane, *Insanity and the Insane in Post-Famine Ireland* (London: Croom Helm, 1981), among others.
- ³ While no full-length study exists on asylum architecture in Ireland, several texts do exist which explore these buildings and their contexts. These include, but are not limited to, F. O'Dwyer, *Irish hospital architecture: a pictorial history* (Dublin: Department of Health and Children, 1997), O. Walsh, 'A perfectly ordered establishment: Connaught District Lunatic Asylum (Ballinasloe)', in P. Prior (ed.) *Asylums, Mental Health Care and the Irish: Historical studies 1800-2010* (Dublin: Irish Academic Press, 2012), O. Walsh, 'Landscape and the Irish Asylum' in G. Hooper & Ú. Ní Bhroiméil (eds), *Land and Landscape in Nineteenth-Century Ireland* (Dublin: Four Courts, 2008), J. Hill, 'Barracks, asylum and model school: public architecture in Limerick from the late eighteenth to the mid-nineteenth century', in L. Irwin and G. Ó Tuathaigh, *Limerick: History and Society* (Dublin: Geography Publications, 2009), as well as the survey of national architectural heritage available on www.buildingsofireland.ie, county surveys of Dublin, by C. Casey, and that of South Ulster (Armagh, Cavan and Monaghan), by K. V. Mulligan, published as part of the Yale *Buildings of Ireland* series, and consideration of the architectural context of the asylum in those texts mentioned in note 2.
- ⁴ This important trade publication is discussed in G. Crookes, 'The genesis of an archive: forty years of the *Irish Builder*, 1859 – 1899' (UCD, PhD thesis (unpublished), 1994). and E. Tilley, 'Trading in knowledge: The *Irish Builder* and nineteenth-century journalism', *Revue LISA/LISA* (e-journal), 3 (2005).
- ⁵ Cox, *Negotiating Insanity*, pp.xii-xiii. Catherine Cox, in the introduction to her study of the Carlow asylum district, emphasises the colonial context for understanding the system of provision for mental health care throughout the nineteenth century. This is further evidenced by the presence in the archives of St. Davnet's of a copy of a pamphlet titled Instructions relative to the planning and designing of *District Lunatic Asylums as approved by the Board of Control* (Dublin: HMSO, 1863). The design of the asylum at Monaghan reflects the principles outlined within, such as the recommended segregation of the sexes through the building of symmetrical wings and the southern-facing aspect of the building.
- ⁶ 'The proposed new lunatic asylum for Monaghan', *Dublin Builder*, 1 May 1863, p.70.
- ⁷ A. Adams, *Medicine by design: the architect and the modern hospital, 1893-1943* (Minnesota, 2008), p.113.
- ⁸ 'The proposed new lunatic asylum for Monaghan', *Dublin Builder*, 1 May 1863, p.70.
- ⁹ *Ibid.*
- ¹⁰ *Ibid.*
- ¹¹ *Ibid.*
- ¹² *District Lunatic Asylums as approved by the Board of Control*, (Dublin: HMSO, 1863), p.1.
- ¹³ The radial plan was more often used for prisons, as at the Monaghan Gaol, which is

- depicted as having a radial plan in the 6 inch Ordnance Survey map. The unsuitability of the radial plan for the moral management systems developed in mental health care institutions is discussed by C. Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minnesota: University of Minnesota Press, 2007), pp.45-50.
- ¹⁴ F. O'Dwyer, *Irish Hospital Architecture* (Dublin: Department of Health and Children, 1997) cited in D. Walsh and A Daly *Mental Illness in Ireland, 1750-2002: Reflections on the Rise and Fall of Institutional Care* (Dublin: Health Research Board, 2004), p.17.
- ¹⁵ 'The proposed new lunatic asylum for Monaghan', *Dublin Builder*, May 1 1863, p.70.
- ¹⁶ Ibid.
- ¹⁷ Ibid.
- ¹⁸ Ibid.
- ¹⁹ Ibid. The provision of space where patients of both sexes could dine together is also mentioned in the *District Lunatic Asylums as approved by the Board of Control*, mentioned above in note 5.
- ²⁰ 'Monaghan and Cavan Counties Lunatic Asylum', *Dublin Builder*, 1 September 1863.
- ²¹ McCurdy, John (c. 1824-1885) *Dictionary of Irish Architect 1720-1940*, <http://dia.ie/architects/view/3507/MCCURDY%2C+JOHN> (accessed 27 September 2014).
- ²² D. Murphy and P. Maume. "Spencer, John Poyntz 5th Earl Spencer". *Dictionary of Irish Biography*, (ed.) J. McGuire and J. Quinn (Cambridge, 2009) (<http://dib.cambridge.org/viewReadPage.do?articleId=a8205>) (accessed 27 September 2014).
- ²³ *Irish Builder*, June 1, 1869.
- ²⁴ Ibid.
- ²⁵ Ibid.
- ²⁶ Ibid.
- ²⁷ Ibid.
- ²⁸ Entry on water towers, *National Inventory of Architectural Heritage*, <http://www.buildingsofireland.ie/niah/search.jsp?type=record&county=MO®no=41303040>, accessed 27 September 2014.
- ²⁹ 'District asylum: meeting of management committee', *Anglo Celt*, 14 December 1907, p. 10. It seems, from a report in the *Anglo Celt* from 1906, that the management urged the introduction of telephonic communication throughout the hospital due to the tragic death of a patient, and the need for quick response to incidents, 'Lunatic Inspectors' Report', *Anglo Celt*, 10 November 1906.
- ³⁰ Entry on the RMS house, *National Inventory of Architectural Heritage*, <http://www.buildingsofireland.ie/niah/search.jsp?type=record&county=MO®no=41303043>, accessed 27 September 2014.
- ³¹ Entry on the RMS house, *National Inventory of Architectural Heritage*, <http://www.buildingsofireland.ie/niah/search.jsp?type=record&county=MO®no=41303041>, accessed 27 September 2014.
- ³² C. Hickman, 'The Picturesque at Brislington House, Bristol: the role of landscape in relation to the treatment of mental illness in the early nineteenth-century asylum', *Garden History*, 33, 1 (Summer, 2005), p.48. The relationship between the landscape and the asylum is also discussed in O. Walsh, 'Landscape and the Irish Asylum' in G. Hooper & Ú. Ní Bhroiméil (eds), *Land and Landscape in Nineteenth-Century Ireland* (Dublin, 2008).
- ³³ *Irish Times*, 17 April 1897.
- ³⁴ K. V. Mulligan, *South Ulster : the counties of Armagh, Cavan, and Monaghan* (Yale, 2013), pp.478-481.
- ³⁵ The *National Inventory of Architectural Heritage* gives 1900 as the date of

construction for both the chapels, Kevin V. Mulligan gives a date of 1897 for the construction of the Roman Catholic chapel. Entry on the Roman Catholic chapel at Monaghan Asylum, <http://www.buildingsofireland.ie/niah/search.jsp?type=record&county=MO®no=41303052&print=true>, accessed 27 September 2014.

³⁶ K. V. Mulligan, *South Ulster : the counties of Armagh, Cavan, and Monaghan* (Yale: Yale University Press, 2013), pp. 478-481.

³⁷ 'District asylum: meeting of management committee', *Anglo-Celt*, 14 December 1907.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Monaghan District Lunatic Asylum, *Dictionary of Irish Architects, 1720-1940*, <http://dia.ie/works/view/3173/building/CO.+MONAGHAN%2C+MONAGHAN%2C+DISTRICT+LUNATIC+ASYLUM>, accessed 27 September 2014.

⁴² Entry on the 'Stores' building in the *National Inventory of Architectural Heritage*, <http://www.buildingsofireland.ie/niah/search.jsp?type=record&county=MO®no=41303038>, accessed 27 September 2014.

⁴³ Monaghan District Lunatic Asylum, *Dictionary of Irish Architects, 1720-1940*, <http://dia.ie/works/view/3173/building/CO.+MONAGHAN%2C+MONAGHAN%2C+DISTRICT+LUNATIC+ASYLUM>, accessed 27 September 2014.

⁴⁴ MacLynn, Cormac Thomas (c.1920s-c.1979), *Dictionary of Irish Architects 1720-1940*, <http://dia.ie/architects/view/3922/MACLYNN%2C+CORMAC+THOMAS>, accessed 27 September 2014.

⁴⁵ Although the architectural ornamentation of this building is largely informed by the Art Deco style, such as the fish-scale glazing in the window above the main entrance, a classical window surround with pedimented surround sits somewhat incongruously above the main entrance.

⁴⁶ *Anglo Celt*, 24 February 1945. This decision is noted in the *Anglo Celt* newspaper: 'Following a long discussion on the decision of the Cavan and Monaghan Mental Hospital Committee to lease the new wing at Monaghan for five years as a T.B. institution for Monaghan county, it was decided, on the motion of the Chairman, seconded by Mr. P. O'Reilly, T.D., to inform the Committee and the Minister that any proposal for the leasing must provide for principal and interest to be Cavan County Committee on money already contributed by them towards the cost of the building, and for complete relief from payment of loan charge during period of lease's.

⁴⁷ As part of the oral history project, it was recounted that these 'cholera sheds' became known as 'collar sheds' and eventually 'cancelling sheds', leading to their use as a place to return items which had been used up, broken or needed to be replaced.

⁴⁸ *Anglo Celt*, 23 July 1955.

⁴⁹ *Irish Independent*, 17 June 1955.

