

Medical Officers, Bodies, Gender and Weight Fluctuation in Irish Convict Prisons, 1877–95

CIARA BREATHNACH*

Department of History, University of Limerick, Plassey, Ireland

Abstract: This article focuses on the function of the convict prison infirmary and views it as a site of arbitration, resistance and ‘contested power’. In accordance with the rules and regulations periods of incarceration in convict prisons began and ended with an obligatory medical examination. While the primary function of the initial test was to measure the convict body in order ascertain physical ability to conduct hard labour it also provided a thorough bio-metrical description for future identification purposes. The final examination was not as comprehensively undertaken but also concerned itself with anthropometrical observations. It would be reasonable to assume that the balance of power was weighted in the authority’s favour but this research has found evidence to the contrary. For instance, that there was a fair degree of physiological knowledge within the convict population and that some convicts used the infirmary for dietary gains and reprieve from hard labour. Using body mass index (BMI) as an instrument to measure physical wellbeing this article views the doctor–convict interface as a crucial component of the penal experience. It analyses 251 convict medical records to show that the balance of diet and work led to what might be considered a counterintuitive outcome – a preponderance of weight gain, particularly for males in Irish prisons.

Keywords: Bodies, BMI, Medical Knowledge, Power, Gender, Resistance

Introduction

Kathleen Canning has used the German factory to locate her work on the dichotomy between ‘experience’ and ‘discourse’ to contend that the study of ‘bodies’ in particular settings is crucial to historical inquiry.¹ When Canning’s theoretical framework was applied to medical records captured in the nineteenth-century Irish convict prison, this

* Email address for correspondence: Ciara.breathnach@gmail.com

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¹ Kathleen Canning, *Gender History in Practice: Historical Perspectives on Bodies, Class Citizenship* (New York: Cornell University Press, 2006), 70–5.

research found that the experience of incarceration not only affected behaviour: it also made an impact on body mass. To ensure order, efficiency and efficacy, institutions required ‘bodies’ to conform to particular regimens. On entry the convict was stripped of worldly possessions, denied freedom of movement by being confined in a particular space, and then subjected to regimes of diet, work and exercise. It would be reasonable to assume that the balance of power was weighted in favour of the prison authorities but this study highlights that there were exceptions. Using 251 medical sheets extrapolated from General Prison Board (GPB) files in 1885 and 1895 this article traces anthropometrical change to argue that within the Irish convict system the Prison Medical Service (PMS) and, to a lesser extent, the Chaplaincy became sites of challenged, resisted and contested power. It is divided into four main parts: the introduction provides a background to the GPB in order to place the function of the PMS and of the Prison Medical Officers (PMO) in the wider penological context. The second section focuses on the prison medical sheets, which provide strong evidence of the PMOs consciousness of their role in rehabilitating deviant bodies. The third section discusses weight fluctuation among men using BMI calculations and finds that the convict was not without agency.² The final section profiles a selection of accounts of individual convict experiences to show how convict interaction with the PMS was a gendered affair. The focus on individual cases provides an alternative perspective to Foucault’s ‘universalised convict body’.³

In 1877 the GPB was formed to replace the offices of the inspector general of prisons and the director of convict prisons.⁴ Both these bodies were established under the 1854 Convict Prisons Act to deal with the transition from transportation involving distant locations like Australia and Barbados, to a policy of confinement in Ireland.⁵ Although the primary aim of the act was to centralise governance and thereby reduce costs, it also aimed to streamline the number of detention centres. By 1880 there were just four remaining convict prisons in Ireland: Mountjoy Male, Mountjoy Female, and Lusk, all located in Dublin, while Spike Island was in Cork Harbour (it closed in 1883 and its functions were absorbed by Maryborough).⁶ As William Vaughan states, a comprehensive examination of the entire criminal justice system has yet to emerge.⁷ Methodological, administrative and periodisation issues preclude a *longue durée* of Irish penology. Patrick Carroll-Burke’s work, for example, traces the development of prisons from the eighteenth century, but focuses on the shift away from deportation towards domestic confinement and the development of a reformatory system. However, the analysis ends in 1870, owing to the increasingly complex nature of Irish administration in that period.⁸ It is

² ‘First devised by Adolphe Quetelet in the late nineteenth century, BMI is the relationship of height (squared and divided by weight in the metric system) to body weight, although not without its critics, it is currently used as a standard indicator of health. Roderick Floud, Robert W. Fogel, Bernard Harris and Sok Chul Hong’, *The Changing Body: Health, Nutrition, and Human Development in the Western World since 1700* (Cambridge: Cambridge University Press, 2011), 19–21.

³ Michel Foucault, *Discipline and Punish: The Birth of the Prison* (London: Penguin, 1991), 272.

⁴ General Prison Board (Ireland) act, 1877, 40 & 41 Vic., c. 49 (hereafter GPB). First report of the GPB, Ireland, with appendices, 1878/9 [C.2447] (1879), 5. The GPB was dissolved in 1928 by Statutory Instrument which transferred powers to the Minister for Justice. SI., No. 79/1928 – GPB (Transfer of Functions) Order, 1928.

⁵ Convict Prisons (Ireland) Act 1854, 17 & 18 Vict., c. 76.

⁶ Third report of the GPB, Ireland, 1880/1 [C.3067] (1881), 14.

⁷ W.E. Vaughan, *Murder Trials in Ireland 1836–1914* (Dublin: Four Courts Press, 2009), 1.

⁸ Patrick Carroll-Burke, *Colonial Discipline: The Making of the Irish Convict System* (Dublin: Four Courts Press, 2000).

not surprising then that the function of the PMO as a key agent of the ‘disciplinary mechanisms’ within the Irish penitentiary system has not attracted much attention from historians.⁹ By contrast the development of British penology has enjoyed a much longer history; of particular note are Barry Godfrey *et al.*’s work on the nature of crime and Sean McConville’s multi-volume work on the history of imprisonment.¹⁰ There has also been a greater degree of engagement with Michel Foucault’s work by scholars of the British prison system, with Michael Ignatieff, Joe Sims and David Garland all challenging the chronology of his confinement theory.¹¹ Foucauldian approaches, however, have also enriched the British analysis, and his argument that prison functioned not merely to curtail personal freedom, but also as ‘an instrument for the modulation of the penalty’, has found fruitful expression.¹² Michael Ignatieff, for example, recognised that, within prison power structures, the function of the PMS was as much to discipline and regulate behaviour as it was to provide healthcare.¹³ This research parallels findings in the Irish system, where the PMS functioned as a central ‘modality of power’ in the ‘everyday’ of the ‘carceral archipelago’,¹⁴ especially with regard to corporeal management. Part of the discipline of the prison was to subject the convict body to a strict regime of rules and regulations involving early mornings, allocated work, dietary asceticism and exercise.¹⁵ Apart from the initial compulsory physical examination and a final weigh-in, engagement with the PMS was voluntary, in the absence of disease. Given its extensive remit, it is unsurprising that the infirmary became a very important site of arbitration over food, work, exercise and personal hygiene.

Anne Hardy traces the origins of PMS power in England to an 1850 Act for the Better Government of Convict Prisons. From that point she notes that PMOs were quick to organise as a professional body with a discernible career progression.¹⁶ In Ireland the convict system was a much smaller entity that was run separately from that in England, Wales and Scotland. The legislation that governed the appointment and main duties of medical officers, apothecaries and chaplains was outlined in sections 71–74 of the Prisons (Ireland) Act, 1826.¹⁷ When the 1877 act threatened their position Irish PMOs were quick to react, and given quarter, albeit brief. For example in August 1878, Dr George

⁹ Beverley A. Smith, ‘Irish prison doctors PMS men in the middle, 1865–90’, *Medical History*, 26 (1982), 371–94. This article provides an overarching view of the treatment of high-profile political prisoners.

¹⁰ Barry S. Godfrey, David J. Cox and Stephen D. Farrall, *Serious Offenders: A History of Habitual Offenders* (Oxford: Oxford University Press, 2010); Sean McConville, *History of English Prison Administration* (London and New York: Routledge, 1981); Sean McConville, *English Local Prisons, 1860–1900* (London and New York: Routledge, 1995); Sean McConville, *Irish Political Prisoners, 1848–1922: Theatres of War* (London and New York: Routledge 2003).

¹¹ David Garland *Punishment and Modern Society: A Study in Social Theory* (Chicago and Oxford: University of Chicago Press and Oxford University Press, 1990).

¹² Foucault, *op. cit.* (note 3), 244.

¹³ Michael Ignatieff, *A Just Measure of Pain: The Penitentiary in the Industrial Revolution, 1750–1850* (New York: Columbia University Press, 1978), 60–3.

¹⁴ Foucault, *op. cit.* (note 3), 298.

¹⁵ John Coveney, *Food, Morals and Meaning: The Pleasure and Anxiety of Eating*, 2nd edn (London and New York: Routledge, 2006), 87.

¹⁶ Cited as an Act for the Better Government of Convict Prisons, 13 & 14 Vict. c. 39 by Anne Hardy, ‘Development of the prison medical service, 1774–1895’, in R. Creese, W.F. Bynum and J. Bern (eds), *The Health of Prisoners: Historical Essays* (Amsterdam: Rodolpi, 1995), 59–80, at 60.

¹⁷ Prisons (Ireland) Act 1826, 7 Geo. 4 c. 74.

E. Brunker¹⁸ from the association of infirmary and gaol surgeons¹⁹ wrote to the Royal College of Physicians of Ireland (RCPI) seeking its support in opposing the stipulation that that PMOs were to ‘compound and dispose of their own medicines’, thus making the office of apothecary obsolete and, in the process, lessening the professional importance of the physician-surgeon. This suggests that after over fifty years of incremental professional gains they were unwilling to accept any challenge to their authority.²⁰ When a new approved diet was introduced in June 1879 it was criticised heavily by the Irish PMOs for being insufficient and unsuitable. It was better than its predecessors in its inclusion of more meat but perhaps this was an expression of dissatisfaction with the limitation of their power to mete out micro-punishments. Joe Sims indicated a similar discontent among English PMOs who were aware of their role ‘in the hierarchy of punishment. They recognised how critical control of the stomach was to their power and they were slow to relinquish such claims: “the power of the stomach as an implement of education, moral and intellectual . . . it is a pity to surrender any power left to us of improving the manners of criminals”’.²¹ In Ireland a medical commission was initiated in late 1879 to consider PMO complaints. It concluded that the diet devised was adequate for ordinary inmates and that it would be ‘unnecessary for Medical Officers of Prisons to interfere with the suggested scales in the direction of any increase, except under circumstances distinctly connected with the existence of disease in individual prisoners’.²²

Despite the contractions in power in 1877 PMOs could still exact considerable control over all aspects of the daily grind. Along with general medical care, which comprised a careful balance between monitoring the prevalence of infectious disease and the policing of malingering, the infirmary regulated food rations, permission to smoke and all manner of relative luxuries within the penal system. By statute the relationship between the convict and the PMS was forged within a week of their reception. Apart from assigning the class of labour and, therefore, the punishment the convict was suited to, the PMO also had power over civil liberties. The personal hygiene of convicts was also determined by the medical staff, with decisions regarding whether or not men were permitted to wear beards, the length of their hair and whether they could be exempt from washing resting in their hands.²³ The PMO played a crucial part in the sanction of corporal punishment for deviants within the convict system; effectively he had the power to overrule the Governor if he found from the outset that the convict was physically unable to withstand it. If, during the administration of lashes, there was a threat to health the PMO could halt the process.²⁴

¹⁸ RCPI/Kirkpatrick Index/ Edward George Brunker (1831–1886/?), Surgeon, among his many appointments was the position of PMO for County Louth Infirmary and County Gaol. I am grateful to RCPI Archivist, Harriet Wheelock for her assistance in locating information on him and on PMOs, O’Keefe and Dowdall.

¹⁹ Efforts to locate further information on this association at the RCPI, the Wellcome Library and several online sources have proven fruitless.

²⁰ RCPI/13/2 Prisons (Ireland) Act 1826 and later amendment acts. The contentions were detailed in a letter from Dr E. George Brunker dated 26 August 1878. A formal response was issued by the RCPI to the Lord Lieutenant, John Winston, Duke of Marlborough, KG.

²¹ *BMJ*, 2 February 1878, 163–4 cited in Joe Sims, *Medical Power in Prisons: The Prison Medical Service in England 1774–1988* (Milton Keynes: Open University Press, 1990), 46.

²² Third report of the GPB, *op. cit.* (note 6), 2.

²³ *Ibid.*, 4–5.

²⁴ Prison Rules (Ireland). Copy of rules and regulations in force in the prisons in Ireland (329), (1888), 36. Corporal Punishment for disobedience, mutiny, violence and vandalism was applicable to men over the age of eighteen only.

In Foucault's discourse the agency of individual prisoners receives little consideration: he focuses rather on their collective subjugation by power structures and the daily routine. But an examination of individual records reveals the subtlety of power politics, and the negotiation of roles and privileges within the system. Although the records are not without their limitations and were constructed for specific carceral functions, this analysis of 251 'prison medical sheets' and case studies of individual convicts indicates that the authority of the medical officer was not absolute, and that convicts and their behaviour manipulated practice. For the convict the starkness of corporeal realities became apparent on arrival. But clever and, in particular, recidivist convicts quickly concluded that their bodies and how they managed them could yield relative luxuries during incarceration. They recognised that the infirmary could in fact be a useful survival mechanism, which, if exploited correctly, could ease the severity of their incarceration. This process of manipulation brought with it the risk of a malingering charge, which could mean the punishment of additional time and the forfeiture of marks earned. Sims suggests that there was certain degree of 'resistance to medical power' in his work on the English system, but the datasets used here highlight the contrary, with a large degree of voluntary engagement with, and a natural recourse to, the PMS, particularly among male convicts.²⁵ Male convicts exhibit a certain degree of physiological knowledge of disputable matters like abstract pain, while varicose veins, weak chests and heart conditions (real or imagined) could be useful and easily exploitable disabilities within the system. Sara Horrell *et al* have found that weight gain or loss in British bridewells was sensitive to many factors, especially stage of life and gender. This paper shows that convicts, the majority of whom were habitual criminals, had healthy baseline weights on entry, which increased during incarceration.²⁶ As Cormac Ó Gráda and Joel Moykr write on their findings from a study of East India Company soldiers' heights and weights, this paper asserts that it is too reductionist to posit that weight gain can be solely attributed to superior dietaries.²⁷ Instead it points to an imbalance between calorific intakes and physical expenditure as a more likely cause of weight gain.

Prison medical sheets

The importance of the prison medical sheet records to scholars of the Irish social history of medicine cannot be understated. Despite the voracious appetite for ethnographic data in the late Victorian period of political and medical endeavour, few vestiges of its practical application survive. The empirical method employed in this article has been shaped by the organisation of the GPB penal files at the National Archives of Ireland, which are catalogued by year of release. A note on record limitations: it is difficult to align these data meaningfully with the annual reports, which are mainly arranged by year of incarceration and total number of releases in a given year. At a basic level: not all convict files survive. In 1895, 129 penal files are extant but, according to the GPB annual report a total of 154 convicts were released.²⁸ Each of the GPB files contains a prison medical sheet, the purpose of which was to document the medical examination of each convict on arrival

²⁵ Sims, *op. cit.* (note 21), 7.

²⁶ Sara Horrell, David Meredith and Deborah Oxley, 'Measuring Misery: Body Mass, Ageing and Gender Inequality in Victorian London', *Explorations in Economic History*, 46 (2009), 93–119, at 100.

²⁷ Joel Moykr and Cormac Ó Gráda, 'Height and Health in the United Kingdom 1815–1860: Evidence from the East India Company Army', *Explorations in Economic History*, 33, 2 (1996), 141–68.

²⁸ Eighteenth report of the GPB, Ireland, 1895–1896 [C.8252] (1896), 107.

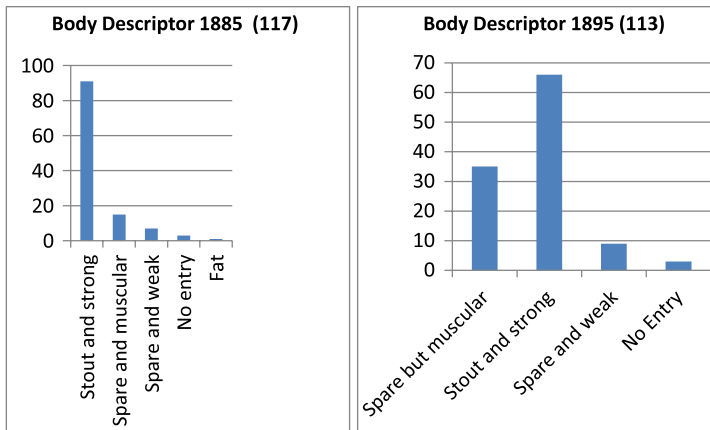


Figure 1: Body type assigned to male convicts, 1885 and 1895. Source: NAI/GPB/PEN 1885 and 1895.

to determine his suitability for hard labour.²⁹ As a result, a corpus of anthropometrical evidence survives, which is indicative of general good health on admission and significant weight fluctuation during incarceration. Height and weight were measured in the imperial system. There were four categories into which the convicts were placed: ‘stout and strong’, ‘fat’, ‘spare but muscular’ and finally ‘spare and weak’ (see figure 1). There could be a significant variation in body types: in 1885 a mere fifteen convicts were described as ‘spare but muscular’, while one Robert McAuley who was 5’6” and weighed 14 stone, was described as ‘fat’.³⁰ At the opposite end of the spectrum, seven were returned as ‘spare and weak’, one was described as ‘delicate’ and three had no descriptor.³¹ By 1895 the terms ‘spare and weak’ and ‘spare and muscular’ were used to describe bodies in healthy weight ranges of which there were sixty convicts. As figure 1 illustrates, a further sixty-six were described as stout, while three had no entry. What is most valuable in anthropometrical terms is that they were also weighed on departure so it is possible to determine total weight gain or loss over a ‘life-grid’ of a minimum of three years.³² This is in contrast with the Wandsworth data of Horrel *et al.*, where exit weight was not consistently recorded and, of course, sentences in bridewells were much shorter.³³ What is also clear is that the resident physicians appear to have been influenced by the nature of crime committed and their original assessments of body mass determined the type of experience a convict would have. PMOs were at the outset acutely aware of their role in the ‘modulation of the penalty’ and this is reflected in the way they dealt with perpetrators of heinous crimes. For example, murderers and wife-beaters elicited very little sympathy, irrespective of age and physical condition.

²⁹ It is also worth noting that photographs had from the 1860s become an important instrument in penological administration.

³⁰ National Archives of Ireland, General Prisons Board, Penal Files hereafter NAI/GPB/PEN/59, Robert McAuley, his BMI on arrival was 31.4.

³¹ NAI/GPB/PEN/1885/10.

³² Convict name, age, gender, length of incarceration, height, weight on arrival, weight on departure, weight gain or loss were recorded for each prisoner and start BMI was calculated for each.

³³ Horell *et al.*, *op. cit.* (note 26), 97.

Vaughan's work has shown that definitions of what constituted capital crime, whether felony or misdemeanour were sensitive to acts of parliament and the 'ebb and flow of judicial decision-making', but by the time the GPB was established sentencing for serious crime was more formulaic.³⁴ This was the effect of the Crofton system developed in the 1850s and 1860s by Sir Walter Crofton, director of the Irish penal system throughout that period.³⁵ His rhetoric was shaped by the perception that the 'habitual criminal' problem was on the rise, a belief strengthened by the effect of the cessation of transportation in the 1850s.³⁶ Crofton's penological formula depended upon a system of standardised sentences, for example, serial offenders incarcerated for larceny were routinely sentenced to five years' penal servitude. There was, however, an early release phase and most convicts were released on licence after serving two thirds of their sentence. In all aspects of Crofton's intricate mark system (where convicts earned marks for obedience and industry) the PMO played a central part in determining just how strenuous hard labour could be for individual prisoners. Thus they exercised control over all elements of the convict 'experience'.³⁷ PMOs could also petition the Lord Lieutenant for clemency in cases where a convict's life was in danger.³⁸

As these data were derived from convict prison records, it must be borne in mind that they principally concern the seasoned criminal. In 1885, 59.6% of those in local prisons were 'recommitments'.³⁹ The majority of those who presented to the convict prison were recidivists who had crossed the judicial Rubicon by the nature and frequency of their crimes. Of the 124 convicts incarcerated in the year ended 31 March 1886, only thirty-one or 25% were first time offenders; in the case of seven, or 5.6%, antecedents were unknown; but eleven had offended fifteen times or more.⁴⁰ There was a sliding scale of prior convictions among the remaining seventy-five convicts.⁴¹ Thomas Reid, alias Robert McCracken (C165⁴²), was in many respects a typical recidivist: in 1887 at the age of 26 he was sentenced to ten years. His criminal career began early: in 1875 he absconded from an industrial school, after which he spent five years in a reformatory. Shortly after his release in June 1880 he was apprehended for larceny, and again in 1881 for housebreaking and larceny.⁴³ Foucault has noted that in France, 'Crime became less violent long before punishment became less severe' and this 'shift from a criminality of blood to a criminality of fraud' is strongly reflected in the Irish convict records.⁴⁴ Crimes such as larceny significantly outweighed serious crimes like manslaughter and murder in

³⁴ Vaughan, *op. cit.* (note 7), 7.

³⁵ He held the post held again in 1869.

³⁶ Walter Crofton, *The Criminal Classes and their Control: Prison Treatment and its Principles* (London: W.W. Head, Victoria Press, 1868).

³⁷ Canning, *op. cit.* (note 1), 70–5.

³⁸ NAI/Criminal Reference Files/G-9-83 dated 1 May 1883, the case of Daniel Galvin who, sentenced to five years in 1881, was suffering from 'suffering from liver disease and debility' and was released on medical grounds.

³⁹ Criminal and judicial statistics. 1885. Ireland. Part I. Police–criminal proceedings–prisons. Part II. Civil proceedings in central and larger and smaller district courts, [C.4796] (1886), 28.

⁴⁰ Eighth report of the GPB, Ireland, 1885/6 [C.4817] (1886), 127.

⁴¹ Sixteen had one previous imprisonment, six had two, ten had three, nine had four, eleven had five, five had six, seven had four, two had eight, three had nine, and nine had between ten and fifteen.

⁴² Not all convicts have numbers: the letter indicates the wing of Mountjoy the convict was housed in, level one and cell number 65. See Tim Carey, *Mountjoy: The Story of a Prison* (Cork: Collins Press, 2000), 44.

⁴³ NAI/GPB/PEN/1895/6: covered in tattoos Reid had JM+C, a compass, a cross anchor, and a bracelet tattooed on his right wrist. His left wrist had a cross, the letters RMC and a bracelet: unfortunately they are not visible in photographs.

⁴⁴ Foucault, *op. cit.* (note 3), 76.

the incarceration records of the late nineteenth century. For example, in 1885 sixty-five of the 123 prisoners released were originally incarcerated for theft related crimes,⁴⁵ as against eight counts of manslaughter. Some offenders were incarcerated for more than one offence at a time, which of course reduces overall classification accuracy. Other offences included single incidences of sodomy, assault on a police constable, placing an obstruction, arson, obtaining money under false pretences, receipt of stolen goods and breaking into a chapel. There was little difference between these and the 1895 sample save a doubling of the number of convicts released after serving terms for manslaughter.⁴⁶

Complicated intricacies of legislation and its practice aside, those incarcerated for violent crime such as murder were convicts whose sentences were commuted to penal servitude, invariably for life. It was in such cases that the PMOs consciousness of their role in the ‘modulation of the penalty’ was most pronounced. In 1890, 80-year-old Peter Keenan received a life sentence for manslaughter. He was categorised by the PMO Dr Patrick O’Keefe as ‘spare but muscular’ and consequently able for light work, notwithstanding his age. Following several pleas by his son to the Lord Lieutenant – on the grounds of ill health – he was released on licence in 1895 for the ‘remainder of his natural life’.⁴⁷ Keenan’s case is tabulated in the annual GPB report under ‘release on medical grounds’, where it also cites that his ‘debility and old age’ were noted prior to conviction.⁴⁸ O’Keefe’s stern medical convictions appear to have been influenced by the type of convict he was dealing with, and Keenan, whose incarceration was due to the accidental death of a neighbour following a dispute over land, had six priors. In 1883, O’Keefe, who had spent a decade at Spike Island, took charge of Mountjoy PMS, and was remembered in obituary as having ‘a remarkable memory for faces, and few returned prisoners escaped recognition by him’.⁴⁹ While periods of incarceration were often commuted, meaning that prisoners rarely served their full term, those who misbehaved within the system, or while they were released on licence, could serve their full sentence as punishment. Thus William Ryan, released on a sixty-day licence when he assaulted Daisy Hall, was convicted by Dublin Metropolitan Police court on 29 March 1895 and his licence revoked.⁵⁰ There are several examples of those who moved address without notifying the local constabulary and were therefore returned to fulfil the rest of their sentence. In this manner, serving a full sentence became itself a punishment within a system that routinely diminished sentences as a reward, or on compassionate or health grounds. These discretionary powers facilitated another layer of negotiation and, ultimately, control. The prison sentences served by those released in 1885 tended to be longer than those released in 1895. This trend was underpinned by changing attitudes to sentencing combined with sensitivity to the problem of over-crowding in prisons. Most prisoners were shifted between prisons in the course of their sentence as they moved between ‘classes’, which were linked to the

⁴⁵ These theft-related crimes included larceny (forty-five); burglary and housebreaking (nine); highway robbery/robbery with violence (five); cattle/sheep theft (four) and theft (two).

⁴⁶ Manslaughter (eighteen); robbery (seven); larceny (forty-two), rape/aiding and abetting in a rape (seven); arson (six); assault (six); felony (four – one for feloniously stealing a horse); cattle/sheep stealing (three); false pretences (three); unlawful assembly (two); Whiteboy (three); indecent assault; bigamy; attempt to extort money; shooting with intent to do grievous bodily harm (GBH); breaking and entering (one each).

⁴⁷ NAI/GPB/PEN/1895/147. He had six priors, was described as aged and feeble but Dr O’Keefe permitted him to conduct light labour, his conviction for ‘life’ seems to have had a bearing.

⁴⁸ Eighteenth report of the GPB, Ireland, 1895/6 [C.8252] (1896), 117.

⁴⁹ RCPI/Kirkpatrick Index/ Patrick O’Keefe (d. 1911). Clipping from the *Medical Press and Circular*, 15 March 1911.

⁵⁰ NAI/GPB/PEN/1895/138.

nature of crime, the associated punishment and its severity, or the risk of escape, equating loosely to modern day ‘good behaviour’ and varying prison security levels. This degree of fluidity resulted in an intense scrutiny of the criminal body and a meticulous recording of physical deviance from the ideal physical norm. Alias usage was so common that prison officials were careful to describe every visible mole, missing tooth, tattoo and scar on the prisoner’s form.⁵¹ The power of the PMO extended far beyond the prison sentence, since a key function of the GPB medical sheet descriptors was to map the distinguishing marks which enabled the authorities to track and trace recidivists. Age discrepancies also posed a problem, which prompted one official to annotate in the small space allocated for a two digit age entry that David Graham, aged 58, ‘looks older’.⁵² Several other cases were investigated. Although the ‘science’ of physiognomy was not as fully applied to the convict Irish body as elsewhere, there is evidence at least of a superficial influence. Thus, one male convict was described as having a ‘low forehead’.⁵³ In this highly unusual case the convict who was a ‘vagrant in the garb of a Christian or Lay Brother’, refused to give his name before and during his five-year sentence. He served four years and his early release was due to ill-health.⁵⁴

Weight Fluctuation

In the annual returns to parliament few outbreaks of disease are recorded in the convict prisons and this may be due to the fact that most appear to have entered the prison in a relatively healthy state. Only nine of the 1885 dataset were women, while 113 were men, and two of the male convict files had no medical sheets. Of the total of 122 prisoners twenty-three lost weight, eighty-six gained weight, and thirteen were not counted because their weights were not ascertained on arrival or their sheets were missing. As the sample has so few women, Table 1 focuses on men released in 1885 and 1895 and for whom the BMI on entry and on departure could be determined. As Table 1 shows, the average age of 102 male convicts released in 1885 was 28.4, while the 111 convicts released in 1895 had an average age of 34.5. Strictly speaking this might be considered an arbitrary calculation as all have different entry years but it serves to highlight that most were mid-career criminals. Of the 1885 dataset, 102 could be factored for BMI, which averaged 24.59 on entry, and 25.3 at discharge.⁵⁵ This is at the upper reach of a modern healthy range and almost in the overweight category (the majority would have been imprisoned between 1880 and 1882 and so would have served a minimum of three years). The comparative figures for the 1895 dataset were 111 at a slightly lower average entry BMI of 23.38 on entry and 24.67 on leaving. It is worth bearing in mind that all prisoners were measured according to instruction, without boots, which gives a higher accuracy in height data. It is unclear if convicts were weighed in their clothes or if an adjustment for clothing was already made by the physician to the recorded weights, and for that reason I have elected to

⁵¹ M. Bertillon, ‘Anthropometrical Identification’, *BMJ*, 1894, March 31; 1(1735): 697–704, details the use of finger printing, in France.

⁵² NAI/GPB/PEN/1895/149: David Graham, received a life sentence for manslaughter in 1880; he was released on licence for the rest of his natural life in 1895.

⁵³ Although the fields of physiognomy and phrenology have separate origins, with the former being much older and the latter being a pseudo-science popular in the late nineteenth century, they share a similar ethos ‘that posits a moral interpretation of physical appearances’. Richard Twine, ‘Physiognomy, Phrenology and the Temporality of the Body’ *Body and Society*, 8,1 (2002), 67–88, at 67.

⁵⁴ NAI/GPB/PEN/1895/154.

⁵⁵ 117 of the total sample had entry heights and weights recorded, five had no recorded weight.

Year	Total	Average age on entry	Entry BMI	Exit BMI	No. that gained weight	Average weight gain	No. that lost weight	Average loss	No change
1885	102	28.42	24.51	25.3	80	14.8lbs	20	7.27lbs	2
1895	111	34.54	23.38	24.67	76	15.5lbs	32	11.0lbs	3

Source: NAI/GPB/PEN 1885 and 1895.

Table 1: Male convict weight fluctuation.

leave the figures as they were recorded and not employ the standard methods suggested by Roderick Floud.⁵⁶ Convicts were required to undertake a thorough washing before being divested of all worldly possessions and being forced to wear a uniform. It is not clearly stipulated that the medical examination should occur in a state of nudity.⁵⁷ Jeremiah O'Donovan Rossa, a Fenian prisoner,⁵⁸ recounted a variety of procedures in his experience of Irish and English gaols. He wrote how he was examined in a nude state at Mountjoy in 1865 to ensure he was not concealing anything on his person; it does not mention if the search was conducted by the PMO. He also complained that the English prison authorities had stripped convicts subjecting them to 'wanton exposure' on arrival.⁵⁹ Judging from the photographs (taken on entry and on departure), clothing for ordinary convicts was made of tweed or woollen materials and would have included trousers, shirts, a waistcoat and jacket for men, while women's attire comprised skirts, blouses and shawls, which would have added a conservative estimate of 5lbs weight to each individual. This is an important consideration, which alters any assessment of prisoner BMI by modern standards. The case of John Connors illustrates the potential change in category. At 6 foot tall, and weighing 149lbs on arrival and 187lbs on departure, he had a BMI of 20.2 and 25.1 respectively. However, adjusted for a 5lb disparity, Connors would have a BMI of 19.5 on arrival and 24.7 on departure, placing him just outside the modern range for obesity.⁶⁰

The case of John Connors is especially interesting, as his weight gain of 48lbs (over eight years) was the largest recorded. Initially described as 'delicate', he was also categorised as being 'doubtful' of mind and as having a 'delicate chest' on first reception. 'Spare and weak', he suffered from recurrent coughs and was regularly prescribed the 'labour diet' throughout 1884.⁶¹ This weight gain was, however, not unusual; Owen

⁵⁶ Roderick Floud, 'Height, Weight, and Body Mass of the British Population since 1820', NBER working paper no. 108 (1998), 1–68, at 8. Roderick Floud in his study of British BMI has used a combination of formulas to allow for the weight of clothing, as according to 'Adolphe Quetelet (1796–1874), one of the pioneers of the study of human growth, ... an appropriate allowance for clothes, at all ages, was "one-eighteenth part of the total weight of the male body and one-twenty-fourth part of the total weight of a female."' In 1876, however, another pioneer of the subject, Charles Roberts, stated that an appropriate allowance was 10lb. (4.54kg)'. Floud also uses another index which adopted the 10lbs allowance for men but determined the weight of female clothing to be 6lbs.

⁵⁷ Prison Rules (Ireland) *op. cit.* (note 24), 34.

⁵⁸ Fenians – a specific classification of political prisoner normally detained in British Prisons see Seán McConville, *Irish Political Prisoners, 1848–1922: Theatres of War* (London: Routledge, 2003), 140–214.

⁵⁹ Jeremiah O'Donovan Rossa, *Irish Rebels in English Prisons: A Record of Prison Life* (New York: P.J. Kenedy, 1882), 72, 85; Horrell *et al.* note the same pattern at Wandsworth House of Correction, *op. cit.* (note 26), 97.

⁶⁰ NAI/GPB/PEN/1885/10.

⁶¹ *Ibid.* Connors was convicted on larceny charges.

Martin, for example, incarcerated aged 28 and described as stout and strong at a height of 5' 10.5" and a weight of 190lbs, left weighing 224lbs having made eighty-seven trips to the infirmary.⁶² His weight gain per annum (if evenly spread) averaged 8.5lbs over four years which was higher than Connors of 6lbs per year over eight. In 1895 of the 129 convicts released, none had initially been described as fat. However, sixty-six were returned as 'stout' and sixty as 'spare' or 'sparse', 33 or 25.5% had lost weight and in five cases no change in weight occurred. Three medical sheets were incomplete or missing, (6.2%), and are therefore cases that could not be factored in terms of weight gain or loss. A total of 88 or 68% gained weight. Interestingly, weight loss in both sample years was invariably linked to bronchial disease, suggesting that in its absence weight gain amongst all prisoners might have been the norm.⁶³ Such was the case of William Diskin, who in 1882 entered Mountjoy to serve 20 years for manslaughter. He was described as 'strong and stout' but his health gradually deteriorated to such a degree that in 1889 he was deemed unfit for any kind of labour. He appeared to be suffering from a bronchial condition and some form of muscular atrophy as well as being lame and under-weight. The authorities were clearly concerned about his decline; notes taken in September 1889 described him as having 'a persistent cough' and recorded that he was 'losing flesh and requiring a dietary altogether different from the ordinary diet, he is also becoming so weak as to be unfit for every light prison labour as the whole state is now chronic'.⁶⁴ Despite this alarming report he remained in prison for another six years and was eventually released on medical grounds in 1895.⁶⁵ Indicative of his delicate state from July 1890 to May 1891 he was weighed sixteen times during which time his weight fluctuated between 106 and 116lbs. Diskin lost a total of 42lbs, his BMI was 24.5 on arrival and 18.05, or in the underweight range, on leaving.⁶⁶ His case was not unusual: two others – John Casey who was imprisoned for life for his role in the controversial Maamtrasna massacre (in which an entire family was slain over a longstanding land feud) had a remarkably similar profile.⁶⁷ Also described as 'stout and strong' on entry to Mountjoy in 1882, John Casey had suffered many coughs and colds and his medical notes also documented an ulcer and enlarged glands. During his prison sentence Casey received various medical treatments including purging, poulticing, and the administration of castor and cod liver oils. Although he was transferred to Maryborough as an invalid, he was returned to Mountjoy in May 1898 and subsequently diagnosed with phthisis for which he received cod liver oil, expectorants, chicken broth, chicken, brandy and even champagne. He finally died on 27 February 1900 and an inquiry was held as to why an inmate so gravely ill was not released or sent to Maryborough.⁶⁸ It is unclear from the cases above-cited if under-nutrition caused debility and susceptibility to infectious diseases or if it was sequentially the opposite cause and effect. But what is clear is that within the system the PMO had to negotiate the fine lines of serious illness and potential malingerers. Another of those convicted for the Maamtrasna murders, Michael Casey, aged sixty in 1882, was classified as 'stout and strong' with a BMI of 28. Regardless of his stature, which altered little during incarceration he died in 1895, his passing recorded as 'caused by apoplexy' or stroke. He had four pages of

⁶² NAI/GPB/PEN/1885/74: Owen Martin was incarcerated on a rape charge.

⁶³ Massimo Livi Bacci, *The Population of Europe: A History* (Oxford: Blackwell Publishers, 2000), 44.

⁶⁴ NAI/GPB/PEN/1895/24: Diskin, notes taken on 16 September 1889.

⁶⁵ Eighteenth report of the GPB, *op. cit.* (note 48), 117.

⁶⁶ NAI/GPB/PEN/1895/24.

⁶⁷ T.P. Harrington, *The Maamtrasna Massacre: Impeachment of the Trials* (Dublin: Nation Office, 1884).

⁶⁸ NAI/GPB/PEN/1900/118.

various diagnoses from 1883 to 1895 that included lumps and bumps, rheumatism, coughs, bronchitis, and finally febrility.⁶⁹ Although the actual documents are missing the register of correspondence highlights that he was attended to by an Irish-speaking Roman Catholic priest. Reflecting the geo-spatial and denominational profile of the convict population (most were Dublin-based, where policing was better), there were few West of Ireland, and therefore monoglot Irish-speaking convicts. Nonetheless the need for Irish-speaking priests to attend to some prisoners was expressed by Fr Phelan, Roman Catholic Chaplain of Maryborough, in 1890. Efforts to teach them ‘sufficient English to enable them to make their confession’ – a crucial component of the sacrament of the dying – failed owing to one being too old and the other being ‘unwilling’.⁷⁰

Regarding weight gain what is more important to consider than diet is that, irrespective of gender, the impact of calorific intakes on sedentary versus highly active bodies is divergent. J. Barlow, in his first report to the GPB as Director of Mountjoy bemoaned the difficulties in finding gainful employment for convict labour beyond making the prison self-sufficient in tailoring terms.⁷¹ That year the average number of prisoners employed over 301 days was 192.04 (despite the fact that 750 males were in custody in January 1878⁷²) and the value of work performed by shoemakers, tailors, mat makers, oakum pickers, carpenters, masons, smiths and labourers was £2,884 6s 3d.⁷³ By 1885 more comprehensive tables accounted for the value of convict labour to individual prison finances with £2,629 profit being earned by Mountjoy alone through the external sale of goods.⁷⁴ The difficulty associated with monetising prison labour was also a source of concern in Britain where it was noted that previous attempts of gauging income were based on ‘variously obtained figures’. It gave the example of one prison categorising payments for manufactured goods under expenditures for ‘new buildings and alterations’.⁷⁵ In the intermediary prison at Spike Island employment involved ‘public works’ outside the confines of the prison, for example, the construction of coastal defences at the nearby Forts Carlisle and Camden. Although labour was hard it was outdoors, and contemporary observers noted that ‘as compared with Mountjoy, Spike Island may fairly be considered by the prisoners as a great alleviation of punishment and a step in advance’.⁷⁶ Public works were however, difficult to orchestrate and sporadic as a result. The inevitable frustration due to inactivity troubled one David Morrison, a 47-year-old amputee (lower extremity) who was convicted in 1878 for manslaughter, and who had been described as spare but muscular at 5’ 6” and 148lbs on admission at Spike Island. Morrison had many complaints about the system, from stale bread to insufficient exercise. By 1883, at the age of 52, the PMO documented that he exhibited ‘loss of flesh’ due to old age, and again in 1885 ‘old age and infirmity’ was noted although his weight had in fact remained stable at 146lbs. It is possible that he may have sustained muscular wastage due to inactivity.⁷⁷ In real

⁶⁹ NAI/GPB/PEN/1895/155.

⁷⁰ NAI/GPB/ Correspondence register II/ 1895/9301 22 August 1895. Instead the Chaplain, A. Phelan, requested that £10 a year be put aside for the purposes of bringing in Irish-speaking priests. Thirteenth report of the GPB, Ireland, 1890/1 [C.6451] (1891), 120.

⁷¹ First report of the GPB, *op. cit.* (note 4), 97.

⁷² *Ibid.*, 17.

⁷³ *Ibid.*, 100.

⁷⁴ Eighth report of the GPB, *op. cit.* (note 6), 131.

⁷⁵ Third report of the commissioners of prisons, with appendix. (Part I.), 1880 [C.2733] [C.2733-I] (1880), 38.

⁷⁶ Franz Von Holtzendorff, *The Irish Convict System: More Especially Intermediary Prisons* (Dublin: W.B. Kelly, 1860), 74.

⁷⁷ NAI/GPB/PEN/1885/42.

terms the level of employment at Mountjoy, extraneous to cellular employment, could not expand due to lack of space and the security problems associated with managing convict employment on public works beyond the prison walls.⁷⁸ Meanwhile in English and Welsh prisons convicts could spend several hours a day operating treadmill and cranks essentially conducting useless labour, on diets that were insufficient to maintain such calorific outputs.⁷⁹ For such reasons a cohort of convicts at Dartmoor chose the punishment diet of bread and water in 1880 in order to be exempt from hard labour.⁸⁰ Convicts in Ireland by contrast were requesting more exercise to counteract ennui, such as 60-year-old Alexander Elliott, whose requests for exercise, more food and a beard were not granted.⁸¹

In an article claiming luxurious standards in English prisons in the 1820s McRorie-Higgins quotes the MP George Halford who asserted that ‘the luxury of the Penitentiary was a standing joke. The prison was called, “My fattening house.”’ He jested that he was more concerned with people breaking in than those planning escape.⁸² By the 1830s there was a hyper-awareness among those who governed institutional diets of the importance of maintaining barely minimum standards of nutrition. Predicated on a notion of ‘lesser eligibility’ that underpinned the emergent Poor Law system in Ireland, institutional diets embodied a deterrent principle. Contrary to Hardy’s findings in 1860s Chatham, where convicts doing hard labour on public works suffered serious weight loss and exhibited ‘obscure scorbutic symptoms’, most of the Irish convicts discussed here gained weight.⁸³ What is also quite striking is that their initial BMI was in the normal range, again presenting a contrast with the findings of an 1869 *The Lancet* article, cited in Hardy, that recommended convicts should be provided with more meat because their ‘constitutions were “deteriorated by vice and privation”’.⁸⁴ Following the implementation of a new dietary the Commissioners of Prisons noted a dramatic improvement in prisoner welfare and a decrease in the death rate in 1880.⁸⁵ The Penal Servitude Acts Commission in 1879 found that Irish diets continued to surpass their English counterparts and was far more generous relative to the labour type conducted. It instanced the dietary allowance at Lusk exceeding the hard labour diet in England by having a much larger quantity of milk and an additional 146oz of food, as well as additional milk: the equivalent excess of food at Mountjoy was 48oz.⁸⁶ A Scottish Commission of Inquiry found in 1899 that the Irish prison dietary was much more varied and had a higher protein content, with meat being served up to five times a week. It noted ‘in fact so good is it that it can safely be

⁷⁸ Royal Commission on Prisons in Ireland. Second report, 1884 [C.4145] (1884).

⁷⁹ Valerie Johnson, ‘The diets of the local prisons 1835 to 1878’, in D.J. Oddy and D.S. Miller (eds), *Diet and Health in Modern Britain* (London, 1985), 207–30, at 224.

⁸⁰ Report of the directors of convict prisons on the discipline and management of Millbank and Pentonville Prisons, and of Borstal, Brixton, Chatham, Dartmoor, Parkhurst, Portland, Portsmouth, Woking, and Wormwood Scrubs Prisons for male convicts, with Fulham and Woking Prisons for female convicts; also the convict establishment in Western Australia, for the year 1880/1 (Part I.) [C.3073] [C.3073-I] (1881), 116.

⁸¹ NAI/GPB/PEN/1895/113.

⁸² Cited in Peter McRorie-Higgins, ‘The Scurvy Scandal at Millbank Penitentiary: A Reassessment’, *Medical History*, 50 (2006), 513–34, at 518.

⁸³ Hardy, *op. cit.* (note 16), 66.

⁸⁴ *Ibid.*, 60.

⁸⁵ Third report of the commissioners of prisons, with appendix. (Part I.) 1880 [C.2733] [C.2733-I], (1880), 18.

⁸⁶ Penal Servitude Acts Commission. Report of the commissioners appointed to inquire into the working of the penal servitude acts. Vol. I. – Commissions and report, 1878/9 [C.2368] [C.2368-I] [C.2368-II] (1879), xxxix.

asserted that such prisoners are much better treated in Ireland than in either of the sister kingdoms'.⁸⁷

There was a significant variety in Irish prison diets, which included coffee, tea, bread, potatoes, rice, vegetables, beef three evenings a week and milk served up to three times a day.⁸⁸ Breakfast comprised oatmeal or rice stirabout, while the other ingredients were combined to make various soups as follows:

- **Breakfast** 12oz bread and one pint of coffee, made from 1/6oz coffee, 1/9oz of chicory, 1oz of molasses, and 1/8 pint milk, or at the choice of the prisoner 6oz of oatmeal in stirabout, 1 pint milk;
- **Dinner** four days: 2lbs potatoes, 9½ oz of beef, 1 pint soup with 1oz vegetables and 1oz of oatmeal;
- **Dinner** for two days – Wednesday and Friday:– 12oz bread and 1 pint coffee;
- **Dinner** for one day: 12oz of bread and 3/4 pint of milk;
- **Supper** for every day in the week: 12oz bread and 1 pint tea or cocoa.⁸⁹

This list of nutrient rich foodstuffs could combine to provide a varied and balanced diet. It parallels the asylum diet recently described by E. Margaret Crawford, who found one notable exception. She attributes an outbreak of beriberi in the Richmond asylum in the 1890s to the gradual decline in thiamine intake due to the omission of oatmeal in the dietary. Regardless of the availability of comprehensive lists, Crawford warns that retrospective dietary analyses are fraught with pitfalls not least because of the ways in which modern foodstuffs are fortified with vitamins but more importantly because of the dearth of recorded recipes.⁹⁰ In stark contrast with the Irish convict prison diet the 'No 3 Scale' diet in England was limited to oatmeal, bread, potatoes, Indian meal and salt, used to make stirabout and administered whole.⁹¹ Insufficient calorific intakes, coupled with the dearth in protein had obvious impacts on the health status of English convicts.⁹² Perhaps as a reflection of the relatively poor diet the death rate in English prisons was far higher than that in Irish prisons (see table 2), for example, the rate at Wormwood Scrubs was 5.93 per thousand in 1885–86.⁹³ Despite the obvious disparities in dietary regimes one English PMO thought the diet was 'quite sufficient under ordinary circumstances' for men of ordinary height. He further commented that:

⁸⁷ Prison commission for Scotland report on prison dietaries by James Crawford Dunlop, M.D. 1899 [C.9514] (1899), 133.

⁸⁸ Prisons (Ireland). Copy of rules made by the GPB, and settled and approved by the Lord Lieutenant and the Privy Council, with respect to the diets of the prisoners confined in convict prisons in Ireland 1882 (31–2).

⁸⁹ Third report of the GPB *op. cit.* (note 6), 6.

⁹⁰ E. Margaret Crawford, 'The Richmond epidemic of the nineteenth century', in Pauline Prior (ed.), *Asylums, Mental Health Care and the Irish: Historical Studies, 1810–2010* (Dublin, 2012), 185–204.

⁹¹ Report of the directors of convict prisons on the discipline and management of Millbank and Pentonville prisons, and of Borstal, Brixton, Chatham, Dartmoor, Parkhurst, Portland, Portsmouth, Woking, and Wormwood Scrubs prisons for male convicts, with Fulham and Woking prisons for female convicts; also the convict establishment in Western Australia, for the year 1879/80. (Part I.), [C.2694] [C.2694-I] (1880), xxi-xxii.

⁹² Report of the directors of convict prisons on the discipline and management of Millbank and Pentonville Prisons, and of Borstal, Brixton, Chatham, Dartmoor, Parkhurst, Portland, Portsmouth, Woking, and Wormwood Scrubs Prisons for male convicts, with Fulham and Woking Prisons for female convicts; also the convict establishment in Western Australia, for the year 1880/1 (Part I.) [C.3073] [C.3073-I] (1881), 116.

⁹³ Report of the directors of convict prisons on the discipline and management of Millbank and Pentonville prisons and of Borstal, Chatham, Dartmoor, Dover, Parkhurst, Portland, Portsmouth, Woking, and Wormwood Scrubs prisons for male convicts, with Fulham and Woking prisons for female convicts; also the convict establishment in Western Australia. For the year 1885/6. (Part I.) [C.4833] [C.4833-I] (1886), 220.

	Maryborough Male	Grangeegorman Female	Lusk Male	Mountjoy Male	Downpatrick Male	Total
No. of convicts	86	103	94	741	54	1,078
Av. daily no. sick	50.6	11.11	0.39	14.55	0.72	77.37
No. of deaths	2	2		2		6
% of deaths per 1,000	2.3	1.9		0.27		0.55

Source: Eighth report of the General Prisons Board, Ireland, 1885–86, 1886 [C.4817], 160.

Table 2: Aggregate Medical reports 1 April 1885 to 31 March 1886.

Careful weighing has shown that the relation between food and labour is constant. The man employed at ordinary labour, as, for instance bricklaying, &c., neither gains nor loses materially from the average standard, whilst at hard labour, e.g. navy work, he loses, and at sedentary labour gains, in weight. In point of fact, the question resolves itself, within certain limits, more into the amount of work than that of food: for men on second probation generally in condition, and I have known men on No. 3 penal diet (without crank labour) get fat.⁹⁴

While it is possible to gauge total calorific values of various recommended diets, it is not possible to evaluate individual calorific intakes – particularly because diet was used to punish or reward as appropriate and there is evidence to suggest that some prisoners abstained from food. We can assume that because of convict weight gain that it was adequate. This does not mean that convicts did not experience hunger, in fact there are numerous PMS entries documenting how convicts regularly requested ‘more diet’. For example, Patrick Withers first presented himself to the infirmary in December 1892, a month after his committal. From then until January 1893 he made consistent efforts to increase his food allowance, with nine attempts to use the PMO to gain ‘more diet’ (he lost 42lbs over three years).⁹⁵ Similarly James McReynolds regularly patronised the medical centres in Mountjoy, Spike Island, and Maryborough asking for ‘change of diet’.⁹⁶

Gender Biases, Malingering and Calculating Risk

Although the samples used here are small, they indicate that medical behavioural patterns were heavily gendered. Females were less likely than males to visit the infirmary, and these records align with the annual reports which indicate that only 10.7% of the female population used the infirmary daily as against nearly 59% of males at Maryborough and 1.96% in Mountjoy. The ethos of the prison and the approachability of the medical officer were critical factors. The physicians at Mountjoy did not suffer blaggards and malingering incurred a penalty of additional time and a possible reduction in marks earned (for industry and good behaviour). Under the 1877 act, section 52, the PMO could apply tests to detect malingering but special permission had to be sought from the visiting committee or a member of the GPB should they incorporate the infliction of pain.⁹⁷ It is clear from

⁹⁴ Report of the directors of convict prisons, *op. cit.* (note 92), 447.

⁹⁵ NAI/GPB/PEN/1895/22.

⁹⁶ NAI/GPB/PEN/1885/16, ‘Known in Kilmainham since 1878, was twice previously convicted for felony and drunkenness . . . was also in Glenree reformatory for 5 years’. By the time he left Maryboro he weighed 126 lbs and was described as ‘spare and weak’; he had sight in one eye only and his lungs were weak.

⁹⁷ 40 & 41 Vict C. 49 section 52.

the records that both prisoner and gaoler approached the issue with caution. Dr James William Young (who was the PMO at Mountjoy from 1880–84), although obviously aware of inflated claims of illness and debility, was slow to accuse inmates of malingering. Only one case of malingering was reported in 1881.⁹⁸ It was also the case that the inmates themselves regarded it as a calculated risk, as it carried the potential for extended periods of detention. At Spike Island matters were different and there were several ways opportunistic inmates could ‘work the system’. Daniel Downing [A238] was a Roman Catholic labourer who was described as 19 years old, in good health at 5' 5", and weighing 132lbs on admission to Mountjoy in 1880. He was convicted of larceny having had three previous incarcerations in Grangegorman for using obscene language and generally making a nuisance of himself. Downing is an interesting case because of his high levels of engagement with the PMS. He was suspected of malingering but not charged. On arrival he claimed to have ‘suffered from gonorrhoea’ implying his sexual prowess from a young age and having supposedly caught and been cured of the affliction by the time he reached 19 years of age. Downing was admitted in December 1880 and by July 1882 while detained at Spike Island he became a regular attendee at the dispensary and proceeded, it appears, to manipulate the system to his best advantage. His 31 July 1882 visit cites a cough but he made daily visits to the dispensary from 7 July to 21 September, for pains in his left breast, a matter that could not be disputed by the attending physician. On 21 September he was admitted to hospital where he stayed until 10 November. From his notes it appears that the PMO was suspicious and subjected Downing to a weigh-in on 11 September: at this juncture his weight was recorded as 10 stone 11.5lbs, which was an increase of a stone and a half since his reception. With the exception of the chronically ill, the appearance of weight in the body of medical notes was highly uncharacteristic. On 10 November he complained of ‘sick stomach’, the following day on release from hospital he asked for permission to work in the garden, which was not granted. However, two days later after two further visits from Downing the PMO relented and permission for softer ‘garden’ work was granted. In all from 25 July 1882 to 11 June 1883 while he was at Spike Island he made nearly 130 daily trips to the dispensary and spent a further fifty-one days in hospital. Despite his ‘heart affliction’ in Cork he finally left Mountjoy weighing 158lbs or 26lbs heavier than his starting weight and managed to grow an inch during his incarceration. This remarkable alteration represents what anthropometricians call ‘biological gains consistent with “catch-up” on earlier deprivation’.⁹⁹ Interestingly, medical personnel on Spike Island applied different criteria to their counterparts in Mountjoy who had described him as ‘stout’ on entry at 132lbs, while his start weight of 148lbs at Spike Island resulted in a designation of ‘spare and weak’. On his return to Mountjoy at 149lbs he was again described as ‘stout’ and was much less inclined to visit the infirmary, making a relatively modest thirty-five visits to the Mountjoy infirmary during his last six months.

Dr O’Keefe, who succeeded Young at Mountjoy in August 1884, was particularly adept at isolating malingerers probably because of his experience of opportunists at Spike Island. Mountjoy had a very low daily average of sick (see Table 2). Few would take the risk. Hugh McCafferty, aged 21 in 1890, was immured for five years and entered in good physical health. Before long he was complaining of illness and the doctor suspected a variety of ailments. An entry on the initial assessment form noted he ‘states he has’ rheumatic fever and ‘accelerated action of the heart’: neither condition was confirmed by the PMO. He was

⁹⁸ Third Annual report, *op. cit.* (note 6), 92.

⁹⁹ Sara Horrell, *et al.*, *op. cit.* (note 26), 93.

later treated for synovitis (inflammation of the synovial membrane in the joints); he also had cataplasmata (poultices) administered to his spinal region on a number of occasions and was observed for spinal disease. From 31 October 1891 to 12 July 1892 it was reported by Dr O’Keefe that the prisoner was guilty of ‘persistent malingering’¹⁰⁰ for which he was ‘to forfeit 3 [months] and to go back to second probation class for nine months’. McCafferty made five petitions to the Lord Lieutenant for remission of sentence but also made allegations regarding mistreatment by the PMO and mistreatment by other prison staff. His claims were refuted and prompted the governor of Mountjoy to investigate the penal history of this career criminal, who was described by Belfast prison authorities as ‘a corner boy of the worst type’ who had also made false allegations against warders there in 1889.¹⁰¹

The relationship between the PMS and the convict was grounded in intense distrust on the part of the former and frequently influenced the perception and reaction to illnesses. However, in suspected cases of tuberculosis, that scourge of Irish life, treatment and oversight was assiduous.¹⁰² A case in point is that of 35-year-old John Kelleher, who was ‘spare and muscular’ but prescribed hard labour, despite being 5’ 8” tall and a mere 126lbs; he was described as slender. Reiterating the active role PMOs played in ‘discretionary justice’ Kelleher’s four previous convictions, including assault on a police officer and his current charge of ‘malicious wounding’ cast him into the ‘hard labour’ category. He spent from 2 March to 17 May 1882 in Mountjoy infirmary with sinus issues, and was given an enhanced diet that included 2oz of butter daily along with whiskey, eggs and porter for the first month. Overall he made 206 visits to the infirmary over four years, and was described as ‘looking phthisical’ when he was transferred to Spike Island in May 1882 at 140lbs. He returned to Mountjoy where he spent his final two years and left weighing 170lbs, with an overall weight gain of 44lbs.¹⁰³ Others were not so favourably treated, David O’Shaughnessy, aged 61 on conviction, at 5’ 5 $\frac{1}{4}$ ” was 131lbs and described as ‘spare but muscular’ but still able for hard labour: his photograph shows a somewhat emaciated face. In 1884, three years after arrival, he was admitted to Mountjoy hospital with febrility. Despite his age and relative debility the physician was generally unsympathetic to him and the extra ration of bread he had been prescribed on 9 November 1882 was stopped in April 1883. He had had a tooth extracted at the age of 64 and was generally in poor health, especially in comparison with other, younger prisoners, who had a more sympathetic reception from the physician. He was not sent to intermediary prison on the grounds of ill-health.¹⁰⁴ Twice he petitioned the Lord Lieutenant for remission of sentence in July 1883 and again in September 1884 but to no avail the returned verdict in both instances being ‘the law must take its course’. The hard line may be explained by the nature of his offence: O’Shaughnessy was a wife-beater who had been twice convicted for assaulting her.¹⁰⁵ Despite a general support for masculine authority in the home, it is apparent from the actions of the PMO that spousal abuse was regarded with contempt, and the perpetrator could expect no leniency within the prison system.

¹⁰⁰ NAI/GPB/PEN/1895/15.

¹⁰¹ *Ibid.*

¹⁰² Greta Jones, *Captain of all these Men of Death: The History of Tuberculosis in Nineteenth and Twentieth Century Ireland* (Amsterdam: Rodopi Press, 2001).

¹⁰³ NAI/GPB/PEN/1885/113.

¹⁰⁴ NAI/GPB/PEN/1885/58 Document dated 30 April 1885.

¹⁰⁵ NAI/GPB/PEN/1885/58.

Although few female convicts present in these datasets, a notable element of their medical sheets is the low level of willing engagement with medical services. The fact that medical officers were always male may have had an impact on how women engaged with the PMS, particularly as most female convicts were prostitutes and subject to the regressive rigours of the Contagious Diseases Acts.¹⁰⁶ Instead the abuse of pastoral care and enforced medicalisation were more prevalent. Violent prisoners were routinely referred to the PMO. For instance, Alice Keogh, who had a violent outburst (abusive and vile language to a matron) on 1 January 1885 was placed under restraint for one day to one week in a punishment cell.¹⁰⁷ In fact proportionately speaking punishment cell usage was higher in Grangegorman than in Mountjoy, for example, 37.7% of females were subjected to it in 1895 as against 8.3% of males; 27.6% of males were subjected to dietary punishments as against 28.3% of females.¹⁰⁸ Of the surviving medical sheets only nine represent women who were released in 1885 and fourteen in 1895 but their treatment by the PMS conveys a severity that was not as apparent in the male convict prisons. Even those who were ill and unable for prison work appeared loath to engage with the PMS: female convicts made far fewer visits to the PMS than the males in this sample. Nevertheless they could not avoid the watchful eye of the PMO whose job included controlling contagion. For example, Catherine McNeill, a 32-year-old, Roman Catholic, who was incarcerated for 'larceny +', described as occupationally a prostitute, physically as 'spare' at 5' 4", entered Grangegorman weighing 118lbs and left at 99lbs or just over seven stone. Although diagnosed with haemoptysis (coughing blood) in 1884, she was deemed fit for 'ordinary' labour throughout: her record showed that she was indecently behaved prior to conviction. McNeill's twenty-eight priors (twelve counts of drunkenness, five drunk and disorderly, six disorderly, four larceny, and one assault) seemed to have had an impact on how she was treated by the PMO. When it was clear that she was very sick she was prescribed chicken, beef, bacon, tea and milk to cure her condition, which was probably a prelude to, or manifestation of, phthisis.¹⁰⁹ When Ellen Shea was convicted for 'stealing from the person' and sent to Waterford jail, she was described as 'spare and not strong', and a prostitute with no children. On arrival at Grangegorman in March 1893, she was subjected to an internal medical exam by PMO Hinchin and was found to have a 'relaxation of uterus': at 5' $\frac{1}{4}$ " she weighed 114lbs. Her starting BMI was 22.5, she left weighing 105lbs with a BMI of 20.3. She had thirty-three prior convictions and throughout her two-year stay she was regularly sent to the punishment cells during which time she was observed by the PMO, Raymond Granville Dowdall, who wrote comments like 'Fit', 'Get up', 'Fit for Prayers', 'exercise' and 'Fit for Punishment'.¹¹⁰ According to a letter from Assistant Matron Ruth, dated 24 August 1893, she had broken six panes of glass the previous day. Ellen Shea had a penchant for smashing glass during her violent episodes; in all she broke a total of twenty-seven panes of glass in a Waterford prison and all the glass in the padded cell, in three different outbursts in the period 1890 to 1893. She also managed to attract the ire of the Roman Catholic Chaplain by exercising her right to change religion, which she did in 1893, seven months into her sentence. It moved the Roman Catholic Chaplain

¹⁰⁶ For a discussion of Irish prostitution and the CDAs, see Maria Luddy's thorough treatment in *Prostitution and Irish Society, 1800–1940* (Cambridge: Cambridge University Press, 2008).

¹⁰⁷ NAI/GPB/Correspondence/ 1885/159.

¹⁰⁸ Eighteenth report of the GPB, *op. cit.* (note 48), 120.

¹⁰⁹ NAI/GPB/PEN/1885/15.

¹¹⁰ RCPI /Kirkpatrick Index/ Raymond Granville Dowdall (d. 1918). He later became chief medical officer at Mountjoy; he died after a brief illness in 1918. Clipping from *The Evening Mail*, 27 May, 1918.

J. Anderson, to write to the GPB to dissolve the rules that permitted change.¹¹¹ Much to his chagrin she reconverted to Roman Catholicism, in November 1895 when it transpired that she had originally changed religion ‘in a fit of temper’.¹¹² She was accused in December 1895 of excessively availing of the Chaplain’s services; he commented that ‘I look on these cases pretty much as a medical officer would regard a case of malingering’.¹¹³ All this while Ellen Shea suffered from persistent diarrhoea and ‘bleeding from the rectum’. The PMO visited her punishment cell every day in August 1895; by the end of the month she was admitted to hospital. Clearly exhausted in September she was subjected to purges and fed through an oesophageal tube, an experience James Vernon describes as akin to ‘being raped: the experience of being physically over-powered and held down, of phallic tubes being forced into their mouths, noses and throat by male doctors’.¹¹⁴ By 11 December her health had deteriorated to such an extent that she was fed via oesophageal tube following ‘two days rectal alimentation’. She was eventually released on the grounds of ill-health after what can only be described as aggressive and relentless treatment.

Conclusion

This paper applied Canning’s method of using bodies as sites of historical investigation to Irish penal records and found that male convict weight gain was a result of two things: primarily, it was an overall expression of the failure to implement full employment within the prison but, in some instances, it was symptomatic of opportunism and exploitable weaknesses in the PMS. It also found that the application of Canning’s hypothesis, centring on individual experience to Irish records offers an alternative discourse to Foucault’s universalised convict body. This research has shown that even convict bodies subjected to institutional power, and strict regimes of work and diet were not without agency and some men challenged power through the mechanism of the PMS.¹¹⁵

A primary purpose of this article was to highlight the rich medical data and the extent to which male convicts engaged with and relied on the PMS to cope with the ‘everyday’ of the of ‘carceral archipelago’. There are several other ways in which the medical sheets could be interpreted. From a methodological perspective the matter of individual experience could be further broken down by number of months and days of stay. This could also be cross-referenced with place of incarceration, work conducted, marks earned and the dietary records. These data could in turn be used to calculate basal metabolic rate and further calculations could be conducted to determine individual calorific outputs to more accurately pinpoint when weight gain/loss occurred.¹¹⁶

The actions of convicts in trying to manipulate the system for the purposes of more food, less work or indeed more exercise shaped how the PMO treated symptoms and ailments. The minutiae of everyday interaction in individual cases highlight how discretionary justice was exercised by the PMS but, as evidenced by high levels of individual male convict engagement, they were not always unkind and only in extreme cases were regular

¹¹¹ Eighth report of the GPB, *op. cit.* (note 40), 138; report of J. Anderson, R.C. Chaplain.

¹¹² NAI/GPB/PEN/1895/153 [B224], 12 November 1895.

¹¹³ NAI/GPB/PEN/1895/153, dated 5 December 1895.

¹¹⁴ James Vernon, *Hunger: A Modern History* (Cambridge: Harvard University Press, 2009), 67.

¹¹⁵ Kathleen Canning, ‘The Body as Method? Reflections on the Place of the Body in Gender History’, *Gender and History*, 11, 3 (1999), 499–513.

¹¹⁶ For several examples of studies that employ ‘energy cost accounting’ see Roderick Floud, Robert W. Fogel, Bernard Harris and Sok Chul Hong, *The Changing Body: Health, Nutrition, and Human Development in the Western World since 1700* (Cambridge: Cambridge University Press), 43, 50, 78–81.

patrons accused of malingering. The cases described demonstrate that while PMOs were very powerful, they were not entirely rigid, especially in cases of suspected TB. The level of accountability PMOs had to adhere to increased after the 1877 act and in fact their individual powers were eroded by increased levels of external oversight. Prisoners had the right of appeal and many exercised it, with several memorials and petitions being sent to the Lord Lieutenant's office throughout the whole period. What is also clear from this study is that women in the sample datasets were far less likely to engage with the infirmary and there are cases of those who never frequented the infirmary apart from the initial and final weigh-ins. Although some of the individual cases recounted here convey a grim approach to corporeal care, the aggregate reports to parliament illustrate that overall levels of health and welfare were high. Irish convicts appear to have had a better standard of diet and, by association health, than their counterparts in British and Scottish jails. The overall relationship between the convict and the PMS was predicated on power but as this article argues the balance was not always tilted in the PMOs' favour.