

DUNDRUM CENTRAL MENTAL HOSPITAL, DUBLIN

**HISTORIC LANDSCAPE
STATEMENT OF SIGNIFICANCE &
IMPACT ASSESSMENT**

Prepared for

REDDY ARCHITECTURE & URBANISM



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I. INTRODUCTION

I.1. SCOPE & PURPOSE

Prior to its closure in 2023, when its functions were transferred to the National Forensic Mental Health Service (NFMHS) Portrane, Dundrum Central Mental Hospital (CMH) had been the longest-serving institution in Ireland specifically for the provision of forensic mental health-care. With the complete transfer of its functions to Portrane, the full extent of the CMH site has been taken into the ownership of the Office of Public works pending development.



Dundrum CMH (Application site outlined in red. Additional land ownership outlined in blue)

This report has been prepared by Alastair Coey Architects (ACA), a RIAI Grade-I conservation practice, with significant input from SR Historic Landscape Limited. It has been prepared for Reddy Architecture & Urbanism (RAU) to inform their role as lead architects for the proposed development of the site by Dún Laoghaire Rathdown County Council in partnership with The Land Development Agency. The applicants seek to provide a sustainable and long-term use of the site through its development for residential and community use.

This report presents an impartial assessment of the significance of the various heritage features of the site, and the potential impact of the proposals on these heritage assets. The report places the assessment of significance, and impact on significance, in the context of local, national and international policies for the protection of cultural heritage.

I.2. THE PROPOSALS

I.2.1. Description

The development will consist of the construction of a residential scheme of 934 no. dwellings on an overall site of c. 9.7 ha.

The subject site is in the immediate setting and curtilage of a number of proposed protected structures, namely the 'Asylum' (RPS No. 2072), the 'Catholic Chapel' (RPS No. 2071) and the

'Hospital Building' (RPS No. 2073).

The development will consist of the demolition of existing structures associated with the existing use (3,736 sq m), including:

- Single storey former swimming pool / sports hall and admissions unit (2,750 sq m);
- Two storey redbrick building (305 sq m);
- Single storey ancillary and temporary structures including portacabins (677 sq m);
- Removal of existing internal sub-divisions/ fencing, including removal of security fence at Dundrum Road entrance;
- Demolition of section of porch and glazed screens at Gate Lodge building (4 sq m);
- Removal of walls adjacent to Main Hospital Building;
- Alterations and removal of section of wall to Walled Garden.

The development will also consist of alterations and partial demolition of the perimeter wall, including:

- Alterations and removal of section of perimeter wall adjacent to Rosemount Green (south);
- Formation of a new opening in perimeter wall at Annville Grove to provide a pedestrian and cyclist access;
- Alterations and removal of sections of wall adjacent to Dundrum Road (including removal of existing gates and entrance canopy), including reduction in height of section, widening of existing vehicular access, and provision of a new vehicle, cyclist and pedestrian access;
- Alterations and removal of section of perimeter wall adjacent to Mulvey Park to provide a pedestrian and cyclist access.

The development with a total gross floor area of c. 94,019 sq m (c. 93,941 sq m excluding retained existing buildings), will consist of 934 no. residential units comprising:

- 926 no. apartments (consisting of 342 no. one bedroom units; 98 no. two bedroom (3 person) units; 352 no. two bedroom (4 person) units; and 134 no. three bedroom units) arranged in 9 blocks (Blocks 02-10) ranging between 2 and 8 storeys in height (with a lower ground floor to Block 02 and Block 10), together with private (balconies and private terraces) and communal amenity open space provision (including courtyards) and ancillary residential facilities;
- 6 no. three bedroom duplex apartments located at Block 02, together with private balconies and terraces.
- 2 no. 5 bedroom Assisted Living Units and private rear gardens located at Block 02.

The development will also consist of 4,341 sq m of non-residential uses, comprising:

- Change of use and renovation of existing single storey Gate Lodge building (former reception/staff area) to provide a café unit (78 sq m);
- 1 no. restaurant unit (266 sq m) located at ground floor level at Block 03;
- 3 no. retail units (1,160 sq m) located at ground floor level at Blocks 03 and 07;
- 1 no. medical unit (288 sq m) located at ground floor level at Block 02;
- A new childcare facility (710 sq m) and associated outdoor play area located at lower ground and ground floor level at Block 10;
- A management suite (123 sq m) located at ground floor level at Block 10; and
- A new community centre facility, including a multi-purpose hall, changing rooms, meeting rooms, storage and associated facilities (1,716 sq m) located at ground and first floor level at Block 06.

Vehicular access to the site will be from a new signalised access off Dundrum Road to the south of the existing access and the existing access of Dundrum Road will be retained for emergency vehicle, pedestrian and cyclist access only. The development will also consist of the provision of

public open space and related play areas; hard and soft landscaping including internal roads, cycle and pedestrian routes, active travel routes for cyclists and pedestrians, pathways and boundary treatments, street furniture, wetland features, part-basement, car parking (524 no. spaces in total, including car sharing and accessible spaces); motorcycle parking; electric vehicle charging points; bicycle parking (long and short stay spaces including stands); ESB substations, piped infrastructural services and connections (including connection into existing surface water sewer in St. Columbanus Road); ducting; plant (including external plant for Air Source Heat Pumps and associated internal heating plantrooms); waste management provision; SuDS measures (including green roofs, blue roofs, bio-retention areas); attenuation tanks; sustainability measures (including solar panels); signage; public lighting; any making good works to perimeter wall and all site development and excavation works above and below ground.

1.3. DEVELOPMENT OF THE PROPOSALS

The sustained use of the site as a mental-healthcare facility for the whole period since its construction, for that specific and sole purpose, presents significant challenges with the cessation of that use in 2023. No previous enabling works have been undertaken on the site, works that might in some aspects have prepared the site for re-use in a new and changed context. There is a recognition that, with the permanent and complete loss of this former use - which defined and directed every aspect of the site's configuration and operation - significant change is necessary to facilitate a new use that will preserve the significant aspects of the site.

The proposals for the development of the application site are a sub-set of a wider development of the complete site of the former CMH, including adaptive re-use of the main hospital building. These two aspects of the development of the site are being undertaken within the framework of an overarching masterplan that ensures consistency of approach to development and the viability of the former CMH site as a whole.

Proposals to develop the application site have previously been granted permission as a Strategic Housing Development (see Section 3), and the current proposals retain the principles of that consented scheme. The SHD proposals were developed with detailed historical research and assessment as a key input to decision-making, and with the close involvement of DLRCC, the local community and other relevant consultees.

1.4. BALANCING SIGNIFICANCE AND IMPACTS

It has been identified that achieving a whole-site, sustainable future for the former Dundrum CMH cannot be achieved without some level of impact to the significance of the site. A detailed assessment has been undertaken to determine the level of harm that could potentially be caused to the significance of the heritage components of the site, mitigations measures that can be implemented to reduce the severity of the harm caused, and a understanding gained of what residual impacts will remain.

It will be seen, in Chapter 8 of this document, that residual impacts from the proposed development do remain after mitigation measures have been introduced. These impacts must be assessed in the context of the economic, social and environmental benefits that will accrue from development of the site, including but not limited to:

- The proposals will provide a beneficial use for a very significant heritage site that might otherwise remain vacant, and critically at-risk, for an extended period. The development supports the 'INST' objectives for development on institutional lands - See Section 5.3 of the Planning Report.
- The scheme will contribute to the identified need for at least 33,000 new housing units to be secured per year across Ireland. See Section 1 of the Planning Report, which references DLRCC's '*Housing Delivery Action Plan 2022-2026*', also Section 5.7 of the Planning Report,

which sets out the tenure mix as being 19% social housing and 81% affordable housing.

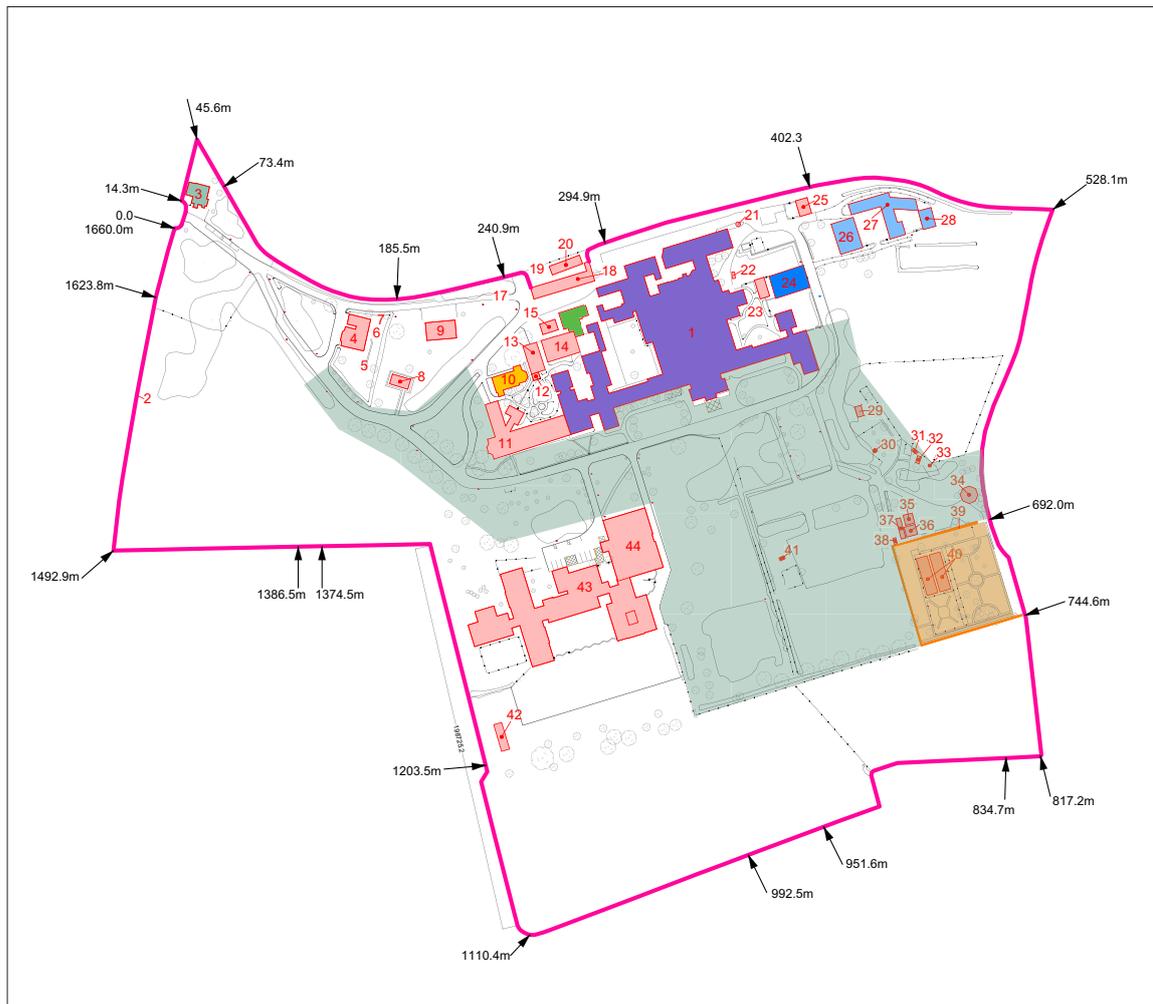
- The development in the historic landscape will be carried out under a single Design Authority and to an agreed Masterplan, removing the risk that piecemeal or disjointed development will harm the overall significance of the site.

I.5. HERITAGE ASSETS

The Application Site contains eight elements of heritage significance that are impacted by the proposed development.

- The Main Hospital Building - Structure 1
- The Perimeter Wall - Structure 2
- The Gate Lodge - Structure 3
- The Chapel - Structure 10
- The Infirmary - Structure 16
- The Farmstead - Structures 26, 27 and 28
- The Walled Garden - Structure 39
- The Formal and Informal Landscape - Asset 45
- The 'Airing Sheds' - external patient exercise areas - Structure 24

The location of each of these elements within the overall site is illustrated below.



Heritage Assets

2. PLANNING CONTEXT

2.1. PLANNING HISTORY

The principal (in fact only) planning application of relevance to the proposals to develop the historic landscape at Dundrum CMH is the preceding Strategic Housing Development application by the Land Development Agency. This application to An Bord Pleanála, reference TA06D.313176 was described as below:

“The Land Development Agency intend to apply to An Bord Pleanála (the Board) for a 10 year permission for a Strategic Housing Development, with a total application site area of c.9.6 ha, on lands at the Central Mental Hospital, Dundrum Road, Dundrum, Dublin 14. The subject site is in the immediate setting and curtilage of a number of proposed protected structures, namely the ‘Asylum’ (RPS No. 2072), the ‘Catholic Chapel’ (RPS No. 2071) and the ‘Hospital Building’ (RPS No. 2073).

The development will consist of the demolition of existing structures associated with the existing use (3,736 sq m), including:

- *Single storey former swimming pool / sports hall and admissions unit (2,750 sq m);*
- *Two storey redbrick building (305 sq m);*
- *Single storey ancillary and temporary structures including portacabins (677 sq m);*
- *Removal of existing internal sub-divisions/ fencing, including removal of security fence at Dundrum Road entrance;*
- *Demolition of section of porch and glazed screens at Gate Lodge building (4 sq m);*
- *Removal of walls adjacent to Main Hospital Building;*
- *Alterations and removal of section of wall to Walled Garden.*

The development will also consist of alterations and partial demolition of the perimeter wall, including:

Alterations and removal of section of perimeter wall adjacent to Rosemount Green (south);

- *Formation of a new opening in perimeter wall at Annville Grove to provide a pedestrian and cyclist access;*
- *Alterations and removal of sections of wall adjacent to Dundrum Road (including removal of existing gates and entrance canopy), including reduction in height of section, widening of existing vehicular access, provision of a new vehicular, cyclist and pedestrian access;*
- *Alterations and removal of section of perimeter wall adjacent to Mulvey Park to provide a pedestrian and cyclist access.*

The development with a total gross floor area of c. 106,770 sq m (c. 106,692 sq m excluding retained existing buildings), will consist of 977 no. residential units comprising:

- *940 no. apartments (consisting of 53 no. studio units; 423 no. one bedroom units; 37 no. two bedroom (3 person) units; 317 no. two bedroom (4 person) units; and 110 no. three bedroom units) arranged in 9 blocks (Blocks 02-10) ranging between 2 and 6 storeys in height (with a lower ground floor to Block 03 and Block 10, resulting in part 7 storey), together with private (balconies and private terraces) and communal amenity open space provision (including courtyards and roof gardens) and ancillary residential facilities;*
- *17 no. duplex apartments (consisting of 3 no. two bedroom units and 14 no. three bedroom units located at Blocks 02, 08 and 09), together with private balconies and terraces.*
- *20 no. two and three storey houses (consisting of 7 no. three bedroom units and 13 no. four bedroom units) and private rear gardens located at Blocks 02, 08 and 09).*

The development will also consist of 3,889 sq m of non-residential uses, comprising:

- Change of use and renovation of existing single storey Gate Lodge building (reception/staff area) to provide a café unit (78 sq m);
- 1 no restaurant unit (307 sq m) located at ground floor level at Block 03;
- 6 no. retail units (1,112 sq m) located at ground floor level at Blocks 03 and 07;
- 1 no. medical unit (245 sq m) located at ground floor level at Block 02;
- A new childcare facility (463 sq m) and associated outdoor play area located at ground floor level at Block 10; and
- A new community centre facility, including a multi-purpose hall, changing rooms, meeting rooms, storage and associated facilities (1,684 sq m) located at ground and first floor level at Block 06.

Vehicular access to the site will be from the existing access off Dundrum Road, as revised, and from a new access also off Dundrum Road to the south of the existing access.

The development will also consist of the provision of public open space and related play areas; hard and soft landscaping including internal roads, cycle and pedestrian routes, pathways and boundary treatments, street furniture, wetland feature, part-basement, car parking (547 no. spaces in total, including car sharing and accessible spaces); motorcycle parking; electric vehicle charging points; bicycle parking (long and short stay spaces including stands); ESB substations, piped infrastructural services and connections (including connection into existing surface water sewer in St. Columbanus Road); ducting; plant (including external plant for district heating and pumping station); waste management provision; SuDS measures (including green roofs); attenuation tanks; sustainability measures (including solar panels); signage; public lighting; any making good works to perimeter wall and all site development and excavation works above and below ground.“

2.2. PLANNING POLICY FOR HERITAGE ASSETS



Site Plan of SHD Application TA06D.313176

The following legislation and guidance has specific relevance to the heritage assets on the site and the proposals to undertake development which may impact upon them:

2.2.1. LOCAL, REGIONAL & NATIONAL

Planning and Development Act, 2000

This act provides for the designation of Protected Structures which have specific architectural, historical, archaeological, artistic, cultural, scientific, social or technical interest; the designation of Architectural Conservation Areas and areas of Special Planning Control.

Dún Laoghaire-Rathdown County Development Plan, 2022-2028

The DLRCC County Development Plan sets out a range of Heritage Policy Objectives, and identifies the Protected Structures on the site, these being:

- No. 2071 - The Chapel
- No. 2072 - The Main Hospital Building
- No. 2073 - The Infirmary

Architectural Heritage (National Inventory) and Historic Monuments (Miscellaneous Provisions) Act, 1999

This act provides for the maintenance of the National Inventory of Architectural Heritage (NIAH). Three of the structures on the site are present on the NIAH.

- No. 60220001 - The Main Hospital Building ('National' Importance)
- No. 60220002 - The Chapel ('Regional' Importance)
- No. 60220003 - The Infirmary ('Regional' Importance)

Architectural Heritage Protection - Guidelines for Planning Authorities

This document provides detailed guidance on the Legislative and Administrative provisions made for the designation and protection of Protected Structures, Architectural Conservation Areas and Places of Worship. It gives further detailed guidance on conservation principles and their application across a broad sweep of topics (built elements, fire safety, accessibility etc.)

The Heritage Act, 1995

A wide-ranging act that defines the scope of Ireland's national heritage, establishes the Heritage Council etc.

The National Monuments Act 1930

In assessing the necessary protections that should be afforded to structures on the site, the Applicant has also taken cognisance of the National Monuments Act 1930, as amended by various acts including but not limited to, the National Monuments (Amendment) Act 1954, the National Monuments (Amendment) Act 1987, the National Monuments (Amendment) Act 1994 and the National Monuments (Amendment) Act 2004. The Historic and Archaeological Heritage and Miscellaneous Provisions Act 2023 (the 2023 Act) was enacted by the Oireachtas in late 2023, but at the date of writing many sections of the 2023 Act have yet to commence.

Structures on the site, as noted above, have been designated as 'Protected Structures' under the provisions of the Planning and Development Act, 2000. As there are no recorded monuments on the site the relevance of the National Monuments Act is therefore as described in chapter 16 of the EIAR (Archaeology) and is not discussed further in this document.

Convention of the Protection of Architectural Heritage of Europe (Granada Convention), 1985

The Granada Charter provides the basis for national commitments to the protection of architectural heritage. The convention is a means of proclaiming conservation principles, including a definition of what is meant by architectural heritage such as monuments, groups of buildings and sites. It seeks to define a European standard of protection for architectural heritage and to create legal obligations that the signatories undertake to implement.

Statements of Heritage Significance: Analysing Significance in Heritage Assets, Historic England Advice Note 12

This Advice note explores the assessment of significance of heritage assets as part of a staged approach to decision-making in which assessing significance precedes designing the proposal(s). It also describes the relationship with archaeological desk-based assessments and field evaluations, as well as with Design and Access Statements. The note obviously has no statutory role in Ireland, but provides a thorough and tested framework for analysis of Significance.

Conservation Principles, Policies and Guidance, Historic England, 2008

As above this document has no statutory role in Ireland but nevertheless provides further sound and tested frameworks for assessing heritage significance.

2.1.1. INTERNATIONAL

International Charter for the Conservation of Monuments and Sites (Venice Charter), 1966

Building on the Athens Charter of 1931, the Venice Charter acknowledges the emergence of an international movement, facilitated by national documents, ICOM, UNESCO, and the establishment of the International Centre for the Study of the Preservation and Restoration of Cultural Property. It provides a set of ethical and professional guidelines that have been widely adopted by professionals involved in the preservation of historic monuments and sites around the world.

Australia ICOMOS Charter for the Conservation of Places of Cultural Significance (Burra Charter), 1981

The Burra Charter provides guidance for the conservation and management of places of cultural significance, including natural, indigenous, and historic places with cultural values (aesthetic, scientific, social, or spiritual). It advocates a cautious approach to conservation, changing as little as possible and involving in the decision-making process the participation of people for whom a place has value.

3. APPROACH AND METHODOLOGY

3.1. ASSESSMENT METHODOLOGY

Assessing the impact of the proposals on the heritage assets follows a staged process as below:

1. Understand the Baseline Condition - the form, materials and history of the heritage asset(s) to accurately determine their significance.
2. Understand the Significance of the heritage asset(s)
2. Understand the degree of change that is being proposed to the heritage asset(s)
3. Assess the degree to which the proposals will impact the significance of the heritage asset(s)
4. Avoid, minimise and mitigate negative impacts

3.2. ESTABLISHING THE BASELINE CONDITION

In order to establish an understanding of the baseline physical and cultural conditions of the Site as existing, a range of activities have been undertaken by Alastair Coey Architects. These have included:

- a. desktop-based research;
- b. archival research at the Irish Architectural Archive and the National Archives;
- c. walkover surveys of the open grounds within the site carried out on 19th June 2020, 30th November 2020, 12th-14th April 2021 and 28th July 2021;
- d. surveys of the surrounding residential areas carried out on the 19th June 2020 and 14th April 2021; and
- e. Surveys of the former Central Mental Hospital buildings carried out during May and June 2024.

These activities have informed:

- i. An understanding of the basic characteristics of the site; topography, landscape, principal structures, landscape features, access, surrounding context, views into and out of the Site.
- ii. An understanding of the historical development of the site, the impetus for its creation and its relationship in design and detail to preceding and contemporary institutions in Ireland and the British Isles.
- iii. An understanding of the location, significance and sensitivity to change of the Protected Structures and other buildings within and without the Site.
- iv. An understanding of the interdependency between the Central Mental Hospital buildings and the historic landscape within the Site.

These elements of understanding the Site, individually and collectively, allow Alastair Coey Architects to make an informed assessment of the heritage factors which are impacted by the Development, the specific effects of the Development on those heritage factors, possible alternatives, and mitigation/compensation measures which may be put in place.

3.3. ASSESSING SIGNIFICANCE

3.3.1. Categories of Significance

The Planning and Development Act 2000 (as amended) establishes that a structure should be evaluated on the basis that it may have special interest under one or more of the following categories:

Architectural interest: The characteristics of architectural interest may be attributed to a

structure or part of a structure with such qualities as the following:

- a) a generally agreed exemplar of good quality architectural design;
- b) the work of a known and distinguished architect, engineer, designer or craftsman;
- c) an exemplar of a building type, plan-form, style or styles of any period but also the harmonious interrelationship of differing styles within one structure;
- d) a structure which makes a positive contribution to its setting, such as a street-scape or a group of structures in an urban area, or the landscape in a rural area;
- e) a structure with an interior that is well designed, rich in decoration, complex or spatially pleasing.

Historical Interest: The notion of historical interest underpins a general belief that it is worthwhile to preserve and conserve structures, sites and information from past centuries. The level of importance of the historical connection and its relationship to the existing fabric of the structure should be assessed. The historical interest relating to a structure or parts of a structure may be identified in various ways.

- a) A structure may have historical interest as the location of an important event that occurred in, or is associated with it, or by its association with a historic personality. Some events or associations may be so important that the place retains its significance regardless of subsequent alteration. Where an otherwise unremarkable structure has historical associations, it may be more appropriate to commemorate the association with a wall-mounted plaque. Where the decision is difficult, it is helpful to discover whether other buildings connected with the personality or event still exist (and if they are protected) and to make an assessment that takes account of the value of such a group.
- b) A structure may have influenced, or been influenced by, an historic figure. Important people may have lived in the structure or have been otherwise associated with it – for example its patron, designer or builder. Places in which evidence of an association with a person survive, in situ, or in which the settings are substantially intact, are of greater significance than those which are much changed or in which much evidence does not survive.
- c) Historical interest can be attributed where light is thrown on the character of a past age by virtue of the structure's design, plan, original use, materials or location.
- d) A structure may be a memorial to a past event;
- e) A structure itself may be an example of the effects of change over time. The design and fabric of the structure may contain evidence of its former use or symbolic meaning. This may be the case with former gaols or churches that have since changed and, in so doing, illustrate a historic development.
- f) Some fixtures and features may survive, for example in consistory courts and courts of law, that are important evidence of former liturgical or legal practice and may have special historical interest for that reason.
- g) Some unusual structures may have historical or socio-historical interest, for example, early electricity substations, 'Emergency' era military pillboxes or sentry-boxes. Although not yet of popular heritage significance, such structures can nonetheless have special historical and social interest.
- h) Special historical interest may exist because of the rarity of a structure. Either few structures of an identifiable type were built at a particular time, or few have survived. In either case, the extant structure may be one of the few representative examples of its time that still exists in the national, regional or local area. The rarity of surviving examples of a building type can ensure that special historical interest accrues to them.

Archaeological Interest: Special archaeological interest is essentially defined by the degree to which material remains can contribute to our understanding of any period or set of social conditions in the past (usually, but not always, the study of past societies). The characteristic of archaeological interest in the context of the RPS must be related to a structure. Structures of

special archaeological interest may also be protected under the National Monuments Acts 1930 (as amended)

Structures can have the characteristics of both archaeological and architectural interest as these are not mutually exclusive. For example, the party walls or basements of houses of later appearance may contain mediaeval fabric and reveal information of archaeological interest. The standing walls of a sixteenth-century tower-house will have both characteristics of interest. Fragments of early fabric, including carved or worked stone, may have been re-used in later buildings giving these structures archaeological significance as the current context of historically significant material. A complex of industrial buildings may have archaeological interest because of its potential to reveal artefacts and information about the evolution of industry that may be useful to archaeologists, historians and the public.

Artistic Interest: Special artistic interest may be attributed to a structure itself, or to a part of a structure, for its craftsmanship, design or decoration. Examples could include:

- a) examples of good craftsmanship;
- b) decoratively carved statuary or sculpture that is part of an architectural composition;
- c) decoratively-carved timber or ceramic-tiled shopfronts;
- d) ornate plasterwork ceilings;
- e) decorative wrought-iron gates;
- f) religious art in a place of public worship such as the Stations of the Cross or stained-glass windows;
- g) fixtures and fittings such as carved fireplaces, staircases or light-fittings;
- h) funerary monuments within a graveyard;
- i) the relationship of materials to each other and to the totality of the building in which they are situated, if these have been designed as an ensemble.

Cultural Interest: The characteristic of cultural interest permeates the architectural heritage and can, in the broadest terms, include aesthetic, historical, scientific, economic or social values of past and present generations. Special cultural interest apply to:

- a) those structures to which the Granada Convention refers as 'more modest works of the past that have acquired cultural significance with the passing of time';
- b) structures that have literary or cinematic associations, particularly those that have a strong recognition value;
- c) other structures that illustrate the development of society, such as early schoolhouses, library buildings, swimming baths or printworks.

Scientific Interest: The scientific interest, or research value, of a structure will depend on the importance of the data involved and on its rarity and/or quality. Its scientific interest should also be assessed as to how well it represents the area of research in question and the degree to which the structure may contribute further objective information. For example:

- a) the results of scientific research may be seen in the execution of the structure;
- b) the materials used in the structure may have the potential to contribute to scientific research, for example extinct pollen or plant species preserved in the base layers of ancient thatch roofs;
- c) the structure may be associated with scientific research that has left its mark on the place, such as early Ordnance Survey benchmarks carved into stonework.

Technical Interest: Special technical interest in a structure relates to the art of the structural engineer in devising solutions to problems of spanning space and creating weatherproof enclosures. It may be found in structures which are important examples of virtuoso, innovative or unusual engineering design or use of materials. A structure may be of special technical interest for one or more of the following reasons:

- a) it displays structural or engineering innovation evidenced in its design or construction techniques such as the use of cast- or wrought-iron prefabrication or an early use of concrete;
- b) it is the work of a known and distinguished engineer;
- c) it is an exemplar of engineering design practice of its time. For example, a bridge may be a masonry arch, an iron suspension or a concrete span;
- d) it displays technically unusual or innovative construction or cladding materials, such as early examples of glazed curtain walling, prefabricated concrete plank cladding or Coade stone;
- e) contains innovative mechanical fixtures, machinery or plant or industrial heritage artefacts that describe the character of production processes. The specifically industrial aspect of some sites like mill buildings, millponds, tailings or derelict mines can often have a technical heritage value;
- f) purely special technical interest can be ascribed to the innovative engineering qualities of a structure, as distinct from the building's appropriateness for use, or its appearance or form.

Social Interest: The characteristic of special social interest embraces those qualities for which a structure, a complex or an area has become a focus of spiritual, political, symbolic or other sentiment to any group of people. A community may have an attachment to a place because it is an essential reference point for that community's identity, whether as a meeting place or a place of tradition, ritual or ceremony. The configuration, disposition or layout of a space or group of structures, where they facilitate behaviour that would otherwise be difficult or impossible, may be of social interest. This category of special interest may sometimes not be directly related to the physical fabric of a particular structure or structures and may survive physical alteration. Care should be taken to recognise the pattern or internal relations of the parts of the structure that constitute its special interest, in order to ensure that they be conserved.

The fixtures and features that testify to community involvement in the creation of a structure, or have a spatial form or layout indicating community involvement in the use of a structure, could include such elements as memorials, statues or stained-glass panels.

A structure may display vernacular traditions of construction and may be set in a group or area which illustrates the social organisation of the inhabitants. Most obviously this would include thatched cottages. In vernacular buildings, elements of the plan-form (for example, direct-entry, lobby-entry, doors opposite one another, bed outshots etc), as well as the roofing material of otherwise ordinary structures may be distinctive and have special social interest.

Types of decoration may have artistic as well as social interest, such as shell houses or the local manifestation of exuberant or ashlar stucco decoration where it is particular to a town or region.

A social interest could also be attributed to structures illustrating the social philosophy of a past age, as in the case of philanthropic housing developments. Structures which illustrate a particular lifestyle or social condition, for example holy wells, are to be found in many parts of the country. Care must be taken to ensure that there is sufficient physical fabric to such places for them to be defined as 'structures'

3.3.2. Curtilage, Attendant Grounds and Boundary Features

With three of the structures on the site (the Main Hospital Building, the Chapel and the Infirmary) being listed in the Record of Protected Structures, the Curtilage, Attendant Grounds and Boundary Features of those structures must also be taken into consideration in terms of defining significant aspects of the development site.

3.3.2.1. Definition of Curtilage

The DHLGH document 'Architectural Heritage Protection - Guidelines for Planning Authorities' published 2004 (ISBN 0-7557-7006-4) address the subject of curtilage. It states that '*By definition, a protected structure includes the land lying within the curtilage of the protected structure and other structures within that curtilage and their interiors. The notion of curtilage is not defined by legislation, but for the purposes of these guidelines it can be taken to be the parcel of land immediately associated with*

that structure and which is (or was) in use for the purposes of the structure. It should be noted that the meaning of 'curtilage' is influenced by other legal considerations besides protection of the architectural heritage and may be revised in accordance with emerging case law.'

Guidance, in the aforementioned DHLGH publication, for the establishment of what lies within the curtilage of a Protected Structure recommends consideration of:

- a) Is, or was, there a functional connection between the structures? For example, was the structure within the curtilage constructed to service the main building, such as a coach-house, stores and the like?
- b) Was there a historical relationship between the main structure and the structure(s) within the curtilage which may no longer be obvious? Consultation of historic maps and other documents may be necessary to ascertain this;
- c) Are the structures in the same ownership? Were they previously in the same ownership, for example, at the time of construction of one or other of the structures? This consideration naturally applied to the former Central Mental Hospital structures in-toto.

3.3.2.2. Definition of Attendant Grounds

The former Central Mental Hospital is also notable in having what the aforementioned DHLGH publication describes as 'Attendant Grounds', defined as 'lands outside the curtilage of the structure but which are associated with the structure and are intrinsic to its function, setting and/or appreciation. In many cases, the attendant grounds will incorporate a designed landscape deliberately laid out to complement the design of the building or to assist in its function. For example, the attendant grounds to a mill building will include, where these survive, the mill-race, millpond, the tail-race, flumes, sluice-gates, and any related weirs and dams. Flax-mills may have had drying greens. The attendant grounds of a country house could include the entire demesne, or pleasure grounds, and any structures or features within it such as follies, plantations, earthworks, lakes and the like.'

3.3.2.3. Definition of Boundary Features

The former Central Mental Hospital is also notable in having what the aforementioned DHLGH Publication describes as 'Boundary Features', defined as 'features used to define the boundaries of a protected structure [which] can often make an important contribution to the quality and character of the building and the surrounding street-scape or landscape. Such structures may include rubble, brick or rendered boundary walls, metal or timber railings on stone or brick-plinth walls, gate piers of iron, brick, ashlar or rubble and gates of iron or timber. There may be other ironwork details in addition to railings, such as gates, gate-posts and corner-posts, finials, bell-pulls, lamp-holders, lamp standards, overthrows, fencing, and the like.'

3.3.2.4. Assessing Significance

When assessing the contribution of structures or features within the curtilage or attendant grounds to the character of a protected structure, and when considering any proposals to alter such features, the following should be considered:

- a) What items of interest are there within the present curtilage of the structure?
- b) Was this the original curtilage of the structure or are there likely to be other items of interest that are, or once were, associated with this structure and which now lie beyond its curtilage but within its attendant grounds?
- c) Are there any other items of interest which, while not original, are later additions of merit?
- d) Do any items within the curtilage or attendant grounds affect the character of the main structure and help to define its special interest?
- e) Do any items within the curtilage or attendant grounds affect the character of other structures? For example, boundary walls, railings, gates and gardens can contribute to the character of other protected structures or to the character of an ACA;

- f) How are the boundaries of the site enclosed or demarcated? Are there walls, railings, fences, ditches or ha-has, gates or gate piers?
- g) Are there other buildings within the curtilage or attendant grounds? Were these other structures connected with the previous use or enjoyment of the protected structure? For example, with a country house there may be such structures as outbuildings, coach-houses, stables, ice-houses, dovecotes, follies, gate-lodges and others;
- h) Are there features of interest within the curtilage or attendant grounds connected with the use or enjoyment of the protected structure? For example, a mill may have associated features such as a mill-race, a mill-pond, a tail-race, sluiceways, weirs, dams, and drying greens;
- i) Are there designed landscape features within the curtilage or attendant grounds connected with the protected structure or its ancillary buildings? These may include ornamental planting, earth works, avenues, gardens, ponds, woodlands or other plantations;
- j) Are there any items or structures within the curtilage which detract from the character of the protected structure? These might include, for example, later structures or planting which mar views of the structure or its relationship with other, more important, structures within the curtilage or attendant grounds. Does the opportunity exist to reverse any adverse impacts?

The process of assessing significance at the former Central Mental Hospital is set out in Section 5.4

3.3.3. Levels of Significance

The levels of significance used to inform the assessment of significance in this report are outlined below:

High Significance: The asset is of the highest significance and is capable of accepting change providing it sustains or enhances that significance. Special regard should be given to the desirability of preserving the asset, its setting and features of special interest. Harm or loss should be avoided. Any residual negative impacts caused by the proposals will need to be outweighed by substantial public benefits.

Medium Significance: The asset makes a contribution to significance but is not necessarily outstanding in its own right. Such elements are capable of undergoing moderate degrees of change where that change sustains or enhances significance, and/or lessens development pressures on elements with High Significance. Special regard should still be given to preserving elements of special architectural or historic interest, but localised impacts caused by the proposals may be permissible if appropriately outweighed by public benefits.

Low Significance: Assets that make a lesser or limited contribution to significance and are able to accept a far higher degree of change than elements of medium or high significance. Change should sustain or enhance significance and/or relieve development pressure from elements of medium or high significance. Negative residual impacts still be avoided if possible but may be permissible if appropriately outweighed by public benefits.

No Significance or Detrimental: Assets that make no contribution to significance and may even actively detract from it. Removal or reversal of such elements is desirable to sustain and/or reveal significance, and/or enhance setting. Such action should seek to relieve development pressure from elements of high, medium or low significance

3.4. ASSESSING THE DEGREE OF CHANGE

Understanding the degree of change potentially imposed on a Heritage Asset by the Development, directly or indirectly, is an important part of the assessment process. The determination is not a wholly empirical process, and relies to a degree on the professional judgement of the assessors. Alastair Coey Architects is a RIAI Grade 1 accredited conservation practice and have the necessary experience to make a balanced and informed judgement.

Statutory and non-statutory guidelines also play a significant role in making a determination. Assessing the heritage asset includes the following:

- i. Is the asset listed in the Record of Protected Structures?
- ii. Is the asset listed in the Record of Monuments and Places?
- iii. Does the asset sit wholly or partly in an Architectural Conservation Area?
- iv. Is the asset listed in the National Inventory of Architectural Heritage?
- v. Do the DHLGH 'Architectural Heritage Protection Guidelines for Planning Authorities' (2011) provide specific guidance (e.g. on the curtilage of a Protected Structure)?
- vi. Does the National Monuments Act provide specific and relevant guidance?

It is also recognised that different groups (e.g. local residents) will have differing views on changes introduced by the Development, and differing perceptions of what might constitute significantly positive or negative changes. These different viewpoints must also be given due consideration in making a balanced assessment of change.

3.5. ASSESSING THE IMPACT OF CHANGE

EFFECT OF DEVELOPMENT	Sensitivity to Change		
Degree of Change	High	Medium	Low
High	Profound	V. Significant	Moderate
Medium	V. Significant	Significant	Slight
Low	Moderate	Slight	Not Significant

Effect of Change

For the purposes of comparative assessment, the effect of change to a heritage asset, and hence its sensitivity to change, is as shown below:

The process of determining the effect of the Development is not wholly empirical, and relies on the assessor's expert judgement of each circumstance. For that reason the grading of an effect may be higher or lower than the sensitivity of the receptor and/or the magnitude of the change might otherwise suggest.

When it is considered that effects may be negative, neutral or positive, a comparative hierarchy can be established as shown below. However, it is important to recognise that each effect must be judged individually on its merits and that a "trade-off" of beneficial and negative effects should not be a consideration. It must also be considered that the cumulative nature of the effects might in itself lead to a re-evaluation of each component (e.g. removing structure A or structure B might individually be assessed as having a moderately neutral effect, but in conjunction the removal of both structure A and structure B might be assessed as having a major negative effect).

EFFECT
A profound or significant benefit is achieved
A moderate benefit is achieved
A minor benefit is achieved
There is no effect
There is a minor effect but it is neither positive nor negative
There is a moderate effect but it is neither positive nor negative
There is a profound or significant effect but it is neither positive nor negative
A minor negative effect is experienced
A moderate negative effect is experienced
A profoundly or significantly negative effect is experienced

4. UNDERSTANDING THE BASELINE CONDITION

4.1. OUTLINE HISTORY OF DUNDRUM CMH

In 1845 an Act of Parliament was passed which permitted a State Criminal Lunatic Asylum to be set up in Ireland, entirely funded by Government and for which £6,000 was allotted. The type of institution was based on the form of the district asylums already in use, adapted to the criminal patients.

In 1846 a 30 acre agricultural site was bought at Dundrum, 3 miles from Dublin for the proposed criminal lunatic asylum. It stood in an area of detached villas of varying sizes in landscaped grounds, with Anna Villa, Summerville, Roebuck Park and Grove adjacent. The north site boundary followed the Church Town Lower townland boundary. The isolated rural character of the site was a key consideration in the selection of the site for any Irish or British asylum at this point. Medical theory and an enlightened attitude to the housing of patients dictated that they should not be the object of ridicule or public gaze as had been the case at Bethlem in London in the C18. Thus a building in extensive grounds sited well out of the pressures of urban life was believed to be both humane and help the patients to recover, if possible with the benefit of extensive views to lift their mood. A roadside wall prevented prying eyes from the public realm, and helped ensure patients did not escape, although the whole site was not necessarily walled, particularly against agricultural land. At Dundrum the dramatic views south towards the Wicklow Mountains would have been regarded as beneficial for the patients.

Plans were prepared in 1846 for the building for 120 male and female convict lunatics by OPW Architect Jacob Owen who was regarded at the time as an 'eminent architect in Ireland'. The layout indicates the maturity of Irish asylum planners. Owen designed a special asylum and not a prison. It was a roughly symmetrical, three-storey building. The main differences from the earlier Irish asylums were its chapel, a separate 'hospital' (infirmary) with its own yard, and increased dormitory accommodation.

Tenders were sought for the erection of the asylum building, to designs made by Owen shortly beforehand i.e. 1846-early 1847. Construction was commenced in 1848 and completed in 1850. The asylum opened as the first forensic mental hospital in Britain or Ireland (and possibly worldwide).

The asylum had reached capacity by the early 1860's and programmes of extension were undertaken between then and the end of the 1920's, when the asylum reached the format that it would largely retain until its closure in 2023.

4.2. INDIVIDUAL HERITAGE ASSETS

4.2.1. Main Hospital Building

The Main Hospital Building is recorded in The National Inventory of Architectural Heritage (NIAH) under reference 60220001 and is assessed to have National importance (on a scale of International, National, Regional and Local). An extent of the hospital building is included in the Register of Protected Structures as No. 2072.

The value attached to the Main Hospital Building arises from it being a rare example of the typical asylum provision of this period as adapted for criminal patients. As a dedicated and purpose-built criminal lunatic asylum it pre-dates Broadmoor Hospital by some 15 years, making it among the first (if not the first) institution of its type in the world. It is a tangible representation of a major shift in the approach to criminality and mental illness in Ireland, and of an emerging new institutional design.

The Main Hospital Building has a strong association with a number of eminent architects – Jacob Owens and Frederick Villiers Clarendon. The built form is a development of the district lunatic

asylum model, with the symmetrical layout and cellular form almost completely intact (full internal surveys have not been completed).

The Group Value that the Main Hospital Building and Historic Landscape have derive from their being conceived and executed as holistic approach to the treatment and recovery of those suffering from mental illness. The combination of the two elements provided not just for therapeutic treatments, but also for recreational and vocational activities intended for the enjoyment of the patients – all for the benefit of their recovery.

Until 2023 the hospital fulfilled the role for which it was designed and, although modified and extended as described in the site history, remains substantially intact. It demonstrates a continuous approach to the therapeutic treatment of a very specific sector of Irish citizenry, uninterrupted for the 170 years between its inception and the hospital's move to Portrane.



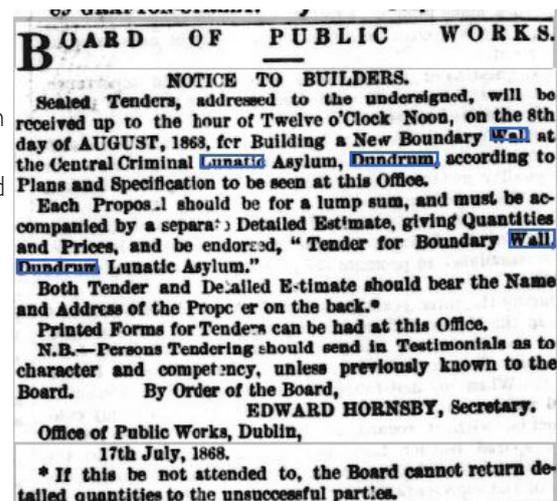
The main hospital building

4.2.2. The Perimeter Wall

The perimeter wall (also referred to as the boundary wall) is part of the first phase of development of the site, being constructed soon after the Main Hospital Building. With the exception of the main entrance to Dundrum Road, a gateway into the maintenance yard and some minor blocked pedestrian gateways, the wall is complete and to the greater extent unaltered. A section at the south-east has been replaced in mass concrete, and some sections have been given additional height in concrete blockwork, but these are isolated sections of limited extent.

At the time of survey the wall was found to be in excellent structural condition. The inside face of the wall has been comprehensively maintained to a high standard. External faces of the wall (where observable in detail) were also sound but not uniformly as well maintained as the inner face.

Although the wall would likely have originally had a complete cleared perimeter on the outside face, to facilitate inspection and repair, this situation does not currently exist. A high proportion of the residential properties constructed directly outside the wall have subsumed the space between their presumed rear boundary and the wall.



Saunders News Letter 18 July 1868



The Perimeter Wall

4.2.3. The Gate Lodge

Construction of the Gate Lodge followed very quickly the commencement of construction of the Main Hospital Building and it was present by 1853. Ornamental in character and constructed in the same material palette of dark grey calp stone with granite dressings.

The picturesque quality that the Gate Lodge undoubtedly possessed on its original construction has been eroded by the cumulative effect of poor maintenance, inappropriate repairs and the many accretions it has gained in terms of inappropriate extensions and signage. It does however retain to a large extent its original form and construction.



The Gate Lodge

4.2.4. The Chapel

The Chapel is recorded in The National Inventory of Architectural Heritage (NIAH) under reference 60220002 and is assessed to have Regional importance (on a scale of International, National, Regional and Local). The chapel is a Protected Structure with reference No. 2071.

The value attached to the Chapel arises from its Communal and Historical associations, but additionally from its Architectural quality and associations. It was constructed in 1901 to a design by James Franklin Fuller; an eminent Dublin architect who was prolific, particularly in respect of his ecclesiastical work. The exposed timber structure of its roof is noted in the NIAH as being of technical interest for its adoption of the scissor-truss.

The Chapel and Main Hospital Building derive Group value from their representing a holistic approach to the treatment and recovery of those suffering from mental illness, the presence of a Chapel being a notable development from earlier Irish asylums.

The Chapel remains substantially intact and unmodified, but with the abandonment of the site it is disused. At the time of first survey its condition was found to be very good, but the period of abandonment has seen that condition deteriorate markedly.



The Chapel

4.2.5. The Infirmary

The Infirmary (also used at one point as the Anglican Chapel) is recorded in The National Inventory of Architectural Heritage (NIAH) under reference 60220003 and is assessed to have Regional Importance (on a scale of International, National, Regional and Local). It is included in the Register of Protected Structures as No. 2073. The Infirmary is judged to have special Architectural, Artistic, Historical and Social interest.

Though it is separated from the main hospital building by some remove it is an integral part of the composition and played a significant role in the operation of the asylum. Originally conceived as the facility's Infirmary it became the Anglican Chapel around 1867 and was latterly used as a workshop. It survives largely intact, though having been altered internally to a degree.

The Infirmary is an important architectural element of the overall site and provides an evidential record of how the functions of the hospital were originally construed and changed over time. The design was executed with considerable care and artistry and it retains a high degree of original fabric.



The Infirmary

4.2.6. The Farmstead

The farmstead would have served the dual purposes of providing fresh food for the institution and providing a therapeutic activity for male patients.

The farm buildings retain much of their original form and fabric, though in various states of dilapidation.



The farmyard buildings



The farmyard buildings

4.2.7. The Walled Garden

The walled garden to the east of the Site would have been originally an orchard, though it now exists primarily as an enclosed area of ornamental landscaping.

The garden is enclosed by a wall having two ornamental gateways surviving. Since abandonment of the site the gardens have grown wild and the wall is un-maintained though in reasonable condition.



The Walled Garden

4.2.8. The Historic Landscape

The Historic Landscape within the site was largely established by 1910, and subsequent modifications were generally to the detriment of that (e.g. addition of the 20th century admissions block, creation of the main car-park, etc).

Significant group value attaches to the Historic Landscape with the Main Hospital Building. As a group they display the emergence of an enlightened attitude to the treatment of the criminally insane, with the practice of situating the hospital buildings in an ornamental landscape as a direct therapeutic measure. Comparable asylum complexes in Ireland that survive intact to such a degree as Dundrum are extremely rare, with the district asylums in Cork and Killarney being examples. Since the abandonment of the site the grounds have been unmaintained.



Historic Landscape

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5. UNDERSTANDING SIGNIFICANCE

5.1. SUMMARY

5.1.1. HISTORIC CHARACTER

Dundrum Hospital landscape is based on the country house demesne model adopted in publicly funded asylums in the mid-C19, with modifications to accommodate its therapeutic role as a lunatic asylum. The building was designed c.1846 by Jacob Owen, a renowned architect who worked for the OPW on various institutions. The building opened in 1850 as a hospital for convicted lunatic patients. Its purpose was therapeutic, not penal, although the confinement of criminal patients was a key part of its judicial role which was reflected in the provision of the boundary wall which was built in various phases. Its character incorporated therapeutic, ornamental and functional elements.

The demesne-style surrounds to the core hospital building with its adjacent secure airing courts and other patient spaces were laid out on a spacious scale to a high ornamental quality, reflecting the style of contemporary Irish district lunatic asylums. The ornamental design, character and associated structures, views and setting were a key part of the therapeutic provision for the patients as was work for some male patients in the grounds, particularly intensively in the kitchen garden south of the main building, in which a dual function was to produce food for the institution.



Figure 1 - Aerial photograph of site c2020

5.1.2. LEVEL OF SURVIVAL

For most of the C20 the landscape remained largely unaltered from its zenith established by 1910. However, in the late C20/early C21 changes occurred in response to operational requirements that affected the historic landscape, the key elements of which survive to a considerable degree but are now unmaintained due to the abandonment of the site. The most damaging changes were localised in the former kitchen garden south of the main building, with the addition of a group of buildings and associated yards. Other structures and parking have caused minor localised damage.

5.1.3. STATEMENT OF SIGNIFICANCE

5.1.3.1. The Whole Site

The conclusion of this preliminary analysis is that this site is of national importance for its design as the therapeutic designed landscape for the first criminal lunatic asylum in Ireland and Britain and possibly worldwide. It reached its most fully developed design for this purpose by 1910, after which changes were usually damaging. The landscape at its zenith by 1910 survives to a considerable degree and key areas and defining features, such as the perimeter wall and patient airing courts with shelters survive intact. This conclusion is supported by a consideration that the designed landscape, Gate Lodge and Boundary wall comprise Curtilage, Attendant Grounds and Boundary Features (as defined in Sections 3.3.2.1 through 3.3.2.3) of the Main Hospital Building, a Protected Structure.

Details of aspects of the significance of the whole site are given in Section 5.4.3.

Although designed landscapes are not included in the National Inventory of Architectural Heritage (NIAH) the categories of significances defined by the NIAH for structures are relevant and comparable in landscape terms with their application to structures. At Dundrum five such Categories of Special Interest as defined by the NIAH are relevant to the landscape: Architectural, Artistic, Historical, Social, Technical. Further details within these categories are given in Section 5.4.3.

5.1.3.2. Individual Design Phases and Features

The relative significances of the two main landscape design phases are set out more detail in Section 4.4 and of the individual features to the landscape design in Section 4.5.

The design was based on the ornamental demesne model, modified for therapeutic and institutional purposes for public asylums in the 1840s. The most important of the two design phases is the first, 1846-53 in which the present framework was established and which was subsequently little altered and survives considerably intact. The second phase, apparently the result of cumulative changes between the 1870s and 1910, is of lesser significance but was sensitively designed to enhance the original therapeutic and ornamental concept. The most significant aspect was the re-routing of the main drive to its present serpentine route which enhanced the first phase in similar character by adding a more ornamental approach to the main entrance of the hospital building.

At its heart, the landscape, focusses on, and forms the essential setting of, Owen's large hospital building. The building is rated by the NIAH as of National Significance and falls into the Architectural, Artistic, Historical, Social, and Technical categories.² Two ancillary buildings, the infirmary and chapel, rated by the NIAH as of regional significance also contribute as landscape features.

These buildings with the other surviving C19 structures represent typical asylum provision of this period, as adapted for criminal patients. As a group they comprise a rare example which survives largely intact. They contribute to the character, views and fabric of the landscape design, particularly the south front of the hospital, boundary wall, lodge, detached chapel, farmstead and stables with their yards, walled garden, airing court and other yard walls and shelters.

The quality of the historic spatial design and materials throughout the site reflects the high regard afforded to this institution and its government sponsorship. The site is rare as one of few surviving mid-C19 mental health facilities which retain the key features ornamental grounds to such a degree of completeness.

¹ The NIAH has carried out an initial survey of Historic Gardens and Designed Landscapes ("HGDL"). Phase 1 in 2003 identified sites producing more than 6,000 records. Phase 2, a desk-based assessment of condition and survival, commenced in 2005. Phase 3 will involve fieldwork to prepare more accurate assessments. The survey is an identification tool with no assessment of significance. Inclusion does not confer any level of protection on a site; the Minister has no statutory powers to recommend that gardens or designed landscapes be included in the Record of Protected Structures.

² NIAH entry: Central Mental Hospital - Reg. No. 60220001 <https://www.buildingsofireland.ie/buildings-search/building/60220001/central-mental-hospital-dundrum-road-churchtown-lower-dundrum-dublin>

5.1.4. AREAS OF GREATEST HISTORIC LANDSCAPE SENSITIVITY

The particular pattern of open spaces framed and punctuated by C19/early C20 structures as established by c.1910 is unique and distinctive to Dundrum.

The four historic aspects of greatest sensitivity to the landscape design are as follows:

1. The main approach from the Dundrum gateway and ornamental lodge (no. 3 gatehouse). The ornamental route is enlivened through flanking mature trees by views of the detached chapel (no. 10).

The views from the entrance and along the drive, framed by trees, over the west paddock convey a sense of anticipation on approaching the hospital building through a quasi-demesne park of reaching a building of great civic pride which reflected the advanced innovative medical practice of treating criminal lunatics in a civilized and humane manner.

2. The south front of the hospital building and its landscape setting including the forecourt, former kitchen garden and playing fields to the south. This unites the most significant elevation of the hospital building, including the entrance, with the landscape, framed by the forecourt and ornamental grounds surrounding the building, and the key views south to the distant mountains over the open playing fields.

3. Areas most intensively used by patients during the site's operational life (i.e. the core of the site: airing courts; productive kitchen garden; walled garden; farm and stables).

- a) The airing courts (nos. 1C & 1J, outdoor areas), while not greatly ornamented, are the most redolent of the asylum character of the site. The walls and attached shelters are of the highest significance together with the spaces they enclose. These survive to a remarkably complete degree.
- b) The great rectangular kitchen garden, originally 8 acres, laid out in grid pattern with paths, and the orchard, now a walled garden and still cultivated. The west half of the kitchen garden is lost to C20 buildings, but the key central axial path remains, leading south from the main hospital entrance, overlooking the mountains, with the area to the east now a car park.
- c) The walled garden, originally an orchard, including ornamental gateways. Nearby to the north an octagonal summerhouse (no. 35 bandstand) was of considerable significance to the site (as it apparently originated at the heart of the kitchen garden) but has been moved off site.
- d) The farm and stables (nos. 26-30) is a complex of typical structures and spaces serving the hospital, where the male patients worked, much of which survives.

4. The Perimeter Wall (no. 2): Surrounding the whole site, the tall, forbidding and extensive structure defines the purpose of the site as an asylum for criminals within which the ornamental therapeutic landscape could be created and patients use it securely. The roadside stretch is the most important part as it heralds the secure nature of the institution behind but screens the patients and their asylum from public gaze. The whole wall mitigates the great changes in the immediate setting by largely screening C20 / C21 development while allowing the therapeutic views of the mountains to the south.

5.1.5. AREAS OF LESSER HISTORIC LANDSCAPE SENSITIVITY

The whole landscape design was of considerable importance as a coherent unit, not just the built and planted areas but the open spaces too. These created a mosaic of views and interesting routes and recreational spaces. However, areas of lesser design significance can be identified, principally to the east and north:

1. Visually self-contained, not visible from highly significant areas. Principally the east paddock which, although visible from the kitchen garden, the farm and stables, was screened from the forecourt by pleasure ground planting.
2. Areas with little intrinsic design and few views, i.e. the east paddock, although this is the setting for the farm buildings.
3. Areas altered in the C20/C21 where further development or redevelopment will not harm other key areas. This includes parts of the area north of the main building alongside the north boundary wall, and the north service drive as well as areas flanking the core. The area occupied by the C20 hospital buildings (nos. 46, 47) south of the main building while extensive could be removed and the open area with the key southerly views reinstated, with the footprint moved to the east paddock.

5.1.6. FEATURES OF HIGHEST LANDSCAPE SIGNIFICANCE

The following is a list of features which it is of the utmost importance to retain, both because they are the key features of this landscape and also as they are Curtilage Structures, Attendant Grounds and Boundary Features of the hospital building, a Protected Structure:

- Boundary wall in its entirety, most significantly against the Dundrum Road
- Gateway and Lodge (historic position and fabric)
- Drive and avenue to the main entrance on the south front of the hospital building
- South front of hospital building, forecourt and grounds surrounding it
- Airing courts and shelters
- South axial path through former kitchen garden aligned on main hospital entrance to north and Wicklow Mountains to south

In addition, the fabric of the 'bandstand' or gazebo (35) is of considerable significance. This was apparently relocated from the kitchen garden to a site just north of the walled garden and has since been moved off site. It should be relocated within the site, in a suitable location, such location being flexible to the demands of the development without loss of significance.

5.2. ASSESSING SIGNIFICANCE

5.2.1. PURPOSE & SCOPE

This Preliminary Historic Landscape Analysis has been prepared by Dr Sarah Rutherford, historic environment consultant and historian, on behalf of SR Historic Environment Ltd for Alastair Coey Architects, and Reddy A+U.

The purpose is to provide an initial historic landscape assessment to understand better the historic development, cultural significance and survival of the historic grounds of Dundrum Hospital, Dublin. The grounds have not previously been studied to establish their cultural significances and so this report is based on an initial desk-top review of available sources (see section 2.2) by an author with an established expertise in the landscapes of C19 lunatic asylums. It is also informed by a walk-over survey during a site visit in July 2021.

While the purpose is to address the designed landscape this also includes historic structures which have been addressed in relation to their contribution to the historic landscape design. The report addresses briefly the wider historical context of the development of the site and offers an analysis of the historical significances and survival of the fabric and character.

The former hospital has other significances, such as wildlife and habitats benefitting the community, and potential significances, such as public amenity, but the scope does not include these.

5.2.2. SOURCES

Key sources identified so far are given in Appendix A, References. The study has been informed by various primary and secondary documents seen by the author as part of her PhD studies, and other documents available via the Internet.

5.2.3. THE AUTHOR'S PROFESSIONAL EXPERIENCE

Dr Sarah Rutherford, Dip. Hort. Kew, M.A., Ph.D., is a professional historic environment consultant specializing in designed landscapes based in England and with international experience. She worked for English Heritage 1996-2003, initially as Historic Parks and Gardens Inspector and then for 3 years as Head of the Register of Parks and Gardens of special historic interest in England. In that time she visited, researched and appraised nearly 300 nationally significant designed landscapes. Her MA in landscape conservation (York University) is supplemented by a Ph.D. based on pioneering research into the landscapes of Victorian and Edwardian lunatic asylums (de Montfort University, 2003).

Since establishing a conservation consultancy in 2003 Sarah has advised on projects for a wide range of historic designed landscapes in England, Ireland, Wales, Jersey, many for the National Trust and Historic England and contributed to various policy documents. She has prepared historic surveys, statements of significance, vulnerability studies and conservation plans for landscapes and buildings including former asylums. Her work in Ireland includes Conservation Plans for Castle Ward, Mount Stewart, Boom Hall, Doneraile and Russborough demesnes. Most relevant for this project is the Historic Landscape Appraisal (2011) she carried out for the West London Mental Health Trust on Broadmoor Hospital Berkshire, the first English State Criminal Lunatic Asylum, opened in 1863, following the pioneering example of Dundrum. She is the author of books on designed landscapes, relevant subjects including *'The Victorian Asylum, The Victorian Cemetery, Arts and Crafts Gardens and Garden Cities and Suburbs.'*

5.2.4. FORM OF THE ASSESSMENT

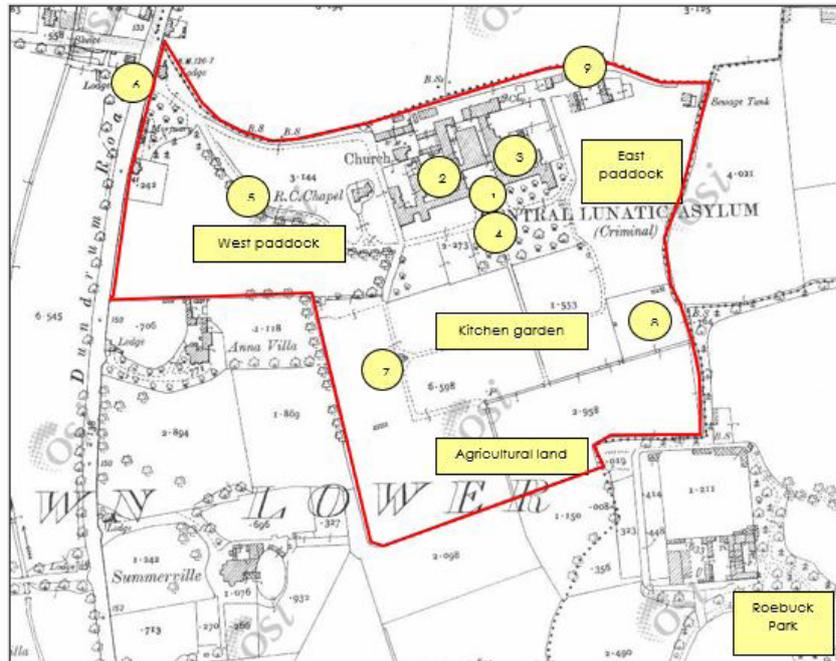
Following this Introduction (Section 5.2), the report presents a historic development (Section 5.3), a discussion of the context of asylums (Section 5.4) and the present significances (Section 5.5). It concludes with Appendices presenting supporting historic and contextual information.

Figure 2 shows the site as at 2024. Figure 3 below provides a summary map of key historic features

at the zenith of the landscape design in 1908.

NB Historic terms used such as lunatic reflect the contemporary terminology.

Numbers in brackets after features refer to the structure reference numbers in the Historic Site



1. Entrance to main hospital building (1).	2. Original male airing courts (1C West wing outdoor area)
3. Original female airing courts (1J East wing outdoor area)	4. Forecourt and ornamental planting
5. Drive (late C19/early C20) with line of trees	6. Entrance off Dundrum Road, gateway & lodge (3 Gatehouse)
7. Garden pavilion, site of (possibly moved, see 35 Bandstand), now covered by C20 hospital building	8. Walled garden (formerly orchard)
9. Farmstead & stable (26-30, farmhouse, barn, farmstead, stables)	10. Perimeter walls (2 shown in red)

Key Historic Features map based on 1908, 25" scale OS. The grounds at their zenith. Site boundary in red.

Gazetteer:

5.2.5. ACKNOWLEDGEMENTS

The author is indebted to James Edgar, architectural historian, for research and supplying historic information, particularly publications, and for advising on the system of assessing significance for the National Inventory of Architectural Heritage.

5.3. HISTORIC DEVELOPMENT OF DUNDRUM HOSPITAL LANDSCAPE

5.3.1. INTRODUCTION

This section is based on information in Appendix A, References, Appendix B, Chronology and Appendix C, historic plans and images.

5.3.2. SETTING THE SCENE FOR THE ERECTION OF THE ASYLUM

In 1817 a Select Committee on the Lunatic Poor in Ireland found very poor conditions for lunatics. There were few specific facilities, only the privately funded St Patrick's Hospital, Dublin, and the publicly funded Richmond Asylum (opened 1815), two small asylums at Cork and Wexford, and some beds attached to Houses of Industry and to gaols in other large towns.

In the same year Dublin Castle's Chief Secretary, Robert Peel, instituted legislation creating the world's first system of public lunatic asylums, throughout Ireland. Planning of the Irish asylums was delegated to a central 'Commission of General Control and Correspondence', dealing with districts, locations and sites of the new institutions, and advised its architects, Francis Johnston, helped by his nephew, William Murray (1787-1849), on their design. By the mid-C19, ten district asylums provided over 3,000 beds in total.

In 1831 Hanwell Asylum opened in Middlesex. John Conolly was its influential superintendent who wrote extensively on treatment and design of asylums. This was influential on the construction of asylums and treatment of patients in Britain, Ireland and beyond. In 1847 his influential book *The Construction and Government of Lunatic Asylums* was published and his thoughts were firmly incorporated into the next series of Irish asylums 1845-50s.

In 1838 The *Criminal Lunatics (Ireland) Act* was passed, one of a series of Lunacy (Ireland) Acts passed between 1821 and 1890. When a person was detained under circumstances suggesting that they were of deranged mind and had the intention of committing a crime, then two justices were empowered to call in a physician to examine the suspect. If the physician determined that the person was a "dangerous lunatic" he could be committed to gaol until either discharged by order of two justices or removed to a lunatic asylum by order of the Lord Lieutenant.

5.3.3. INITIATION OF THE CRIMINAL LUNATIC ASYLUM

A House of Lords' committee in 1843 urged the creation of further asylum accommodation. In 1845 a seminal Act of Parliament was passed which permitted a State Criminal Lunatic Asylum to be set up in Ireland entirely funded by Government for which £6,000 was allotted. The type of institution was based on the form of the district asylums already in use, adapted to the criminal patients.

*'the greater proportion of the inmates ... being destined to remain in it for life, it is proposed to have the structural arrangement as cheerful as circumstances will admit, so as to afford every possible facility for the recreation and occupation of the patients. It is not designed that the building should partake of the character of a 'prison'; more especially as experience has proved that in the district asylums ... such are not more inclined to attempt to escape than other patients.'*³

Jacob Owen, Chairman of the Board of Works and a renowned public architect, was asked to develop plans for new types of establishments to house respectively 'incurable lunatics', and 'criminal lunatics'. Plans were made for a Criminal Lunatic Asylum to contain up to 120 patients as a hospital

3 Central Criminal Lunatic Asylum (Ireland) Act 8th & 9th Vic., c.107. Office of Public Works, Report on district, local and private lunatic asylums in Ireland (1846).

not a prison. This was part of a campaign to build asylums in Ireland in which '*Great care has been taken to provide for the best modern improvements in such buildings, without losing sight of economy, the expense of construction, from the necessity of classification, being very great.*'⁴

This emerging differentiation of Irish asylum care suggests that Ireland retained the leading edge over Britain in terms of asylum design.⁵ Thus a new phase enlarged the district asylum system with 6 new establishments with a total of 1750 beds to be erected at Cork, Sligo, Killarney, Omagh, Kilkenny and Mullingar.⁶ These supplemented the 8 built in the 1820s-30s (see Appendix D, Section 8.2).

5.3.4. CONSTRUCTION OF THE CRIMINAL LUNATIC ASYLUM, 1845-53

5.3.4.1. The Site

Settlement in the Dundrum area south-west of Dublin expanded after the C16. Large houses, villas and associated demesne landscapes were established from the C18 onwards making it a desirable area of countryside for the wealthy and aspiring wealthy.

In 1846 a 30 acre agricultural site was bought at Dundrum, 3 miles from Dublin for the proposed criminal lunatic asylum. This was cultivated as 7 small fields east of the main road (1st edition OS, Figure 4). It stood in an area of detached villas of varying sizes in landscaped grounds, with Anna Villa, Summerville, Roebuck Park and Grove adjacent (see Figure 4). The north site boundary followed the Church Town Lower townland boundary.

The isolated rural character of the site was a key consideration in the selection of the site for any Irish or British asylum at this point. Medical theory and an enlightened attitude to the housing of patients dictated that they should not be the object of ridicule or public gaze as had been the case at Bethlem in London in the C18. Thus a building in extensive grounds sited well out of the pressures of urban life was believed to be both humane and help the patients to recover; if possible with the benefit of extensive views to lift their mood. A roadside wall prevented prying eyes from the public realm, and helped ensure patients did not escape, although the whole site was not necessarily walled, particularly against agricultural land. At Dundrum the dramatic views south towards the Wicklow Mountains would have been regarded as beneficial for the patients.

5.3.4.2. Structures

Plans were prepared in 1846 for the building for 120 male and female convict lunatics by OPW Architect Jacob Owen who was regarded at the time as an 'eminent architect in Ireland'.⁷ The planning of the asylum coincided with the publication in 1847 of the influential book by the Superintendent of Hanwell Asylum near London, John Conolly, *The Construction and Government of Lunatic Asylums* whose thoughts were firmly incorporated into this series of Irish asylums built in the 1840s-50s including Dundrum (see Appendix D, Section 8.3).⁸ The layout indicates the maturity of Irish asylum planners. Owen designed a special asylum and not a prison. It was a roughly symmetrical, three-storey building accommodating 120 lunatics. The main differences from the earlier Irish asylums were its chapel, a separate 'hospital' (infirmary) with its own yard, and increased dormitory accommodation.

Tenders were sought for the erection of the asylum building, to designs made by Owen shortly beforehand i.e. 1846-early 1847.⁹ His preliminary plans and elevations were published in 1848 and demonstrate the approach taken (Figures 5-6). Some differences are evident in the planned grounds around the building between the layout and that as executed, published in 1850, e.g. triangular

4 OPW 13th Report, 1845.

5 Reuber, 1996

6 Inspectors of Lunacy in Ireland, 1845. Commissioners of Public Works in Ireland, 1848

7 OPW 14th Report, 1846, 6.

8 Reuber, 1996.

9 Dublin Evening Post, 8 June 1847.

womens" airing courts were modified by 1850 to become rectangular. By 1848, 'The buildings have been contracted for' and the works were 'proceeding satisfactorily.'¹⁰

By 1850 the buildings had been completed. The asylum opened as the first forensic mental hospital in Britain or Ireland and possibly worldwide. The plan and view was published in 1851 (Figures 7-8) with a report in the *Civil Engineer*. The asylum was intended to contain 80 male and 40 female patients at a total cost of £15,000. The main building was constructed of blackstone or Calp rubble with granite dressings, both local materials, in so-called Early English (but in reality more Tudorbethan) style. The single-storey ornamental lodge at the gateway echoed the style of the main building and was in the same materials.

5.3.4.3. The Country House Model¹¹

The 21 acres as laid out largely reflect the components of a typical Irish district asylum of this mid-C19 period (1840s-50s), as shown on the 1871 OS (Figures 9-10). These were, in turn, based on the features of the well-established ornamental country house demesne adapted for therapeutic use and included many of those features recommended by Conolly in 1847 (see Appendix D, Section 8.3). Particular features of this sort included the gateway, ornamented gate lodge, drive through parkland, forecourt, kitchen garden, farm and service areas. Adaptations for the asylum use included the disproportionately large area of the kitchen garden (c.8 acres) designed to make the institution with its large number of residents self-sufficient in these crops, and the absence of gardens around the main building. Gardens were replaced by the airing courts to the rear, although ornamental pleasure ground-style planting enhanced the setting of the forecourt to make an ornamental arrival. The character was expansive, ornamental and therapeutic as a humane regime to encourage recovery. This contrasted with the starkly punitive layout of grounds in prisons and workhouses where the grounds were purely utilitarian and tightly drawn around the buildings. Further information on the adaptation of the demesne model for asylum use is given in Appendix D.

5.3.4.4. The Layout

It is unclear who designed the wider grounds. The layout displays considerable quality and a thorough understanding of contemporary landscape principles. Owen designed the enclosed environs of the hospital including the walled spaces behind the building as shown by the published plans, but probably not the wider grounds. The quality of design and the planting suggests that a professional designer was employed, perhaps a locally based Dublin practitioner or a nurseryman.

Owen's plan (1850, Figure 8) shows walled spaces behind the hospital building, to the north, divided into therapeutic airing courts for secure patient exercise and functional service yards. The hospital building was divided, typically, axially into male and female halves respectively to west and east, with the related open spaces adjacent to the accommodation of the respective genders. The male side had two airing courts for different classes of patients with lean-to shelters and privies serving each class straddling a single wall (now no. 1C West Wing outdoor area). This was reflected on the female side (now no. 1J East Wing outdoor area). The airing court layout, both spaces and structures are of great significance as one of the most specific, defining features of a C19 asylum.

North of the male courts was the detached yard serving the adjacent infirmary, serving both sexes. North of the female airing courts was the drying yard serving the adjacent laundry in which the female patients worked. Adjacent to the west of the drying yard was the kitchen yard, again a preserve of female patients and adjacent to the kitchen. A central yard behind the main entrance was enclosed by buildings. The courts and working yards were enclosed by walls to prevent escapes.

¹⁰ OPW 16th Report, 8 July 1848, 16 and Figs 13-15.

¹¹ The derivation of the mid-C19 asylum landscape from the country house landscape in the British context is discussed in detail in Rutherford (2003). This applies to a great extent to Irish district asylums.

Further analysis is required to establish the survival of the original pattern of courts and yards and associated structures.

The position of the airing courts differed from the model used in England as they were north of the building rather than to the south which was favoured in England in order to maximise patients' exposure to long views, fresh air and sunshine. Furthermore the airing courts were walled where in England the preference was instead to use sunk walls and banks known as ha-has against open boundaries to provide a secure area which allowed the uninterrupted views into the wider landscape and if possible beyond. The arrangement at Dundrum may have been a more secure adaptation to the criminal occupants, but other Irish District Asylums of this period had a similar arrangement with airing courts to the north, such as Sligo, Kilkenny and Mullingar.

A medical journal noted that the situation of the asylum was 'most cheerful and picturesque, and its whole management most ably and humanely conducted ...' The need for a similar asylum in England was noted, following the example of Ireland and a resolution was passed to this effect by the Association of Medical Officers.¹²

The 1851 Civil Engineer report noted 15 acres of grounds to be tilled by the patients, presumably including the kitchen garden and perhaps in the East Paddock. This was typically both for economic and therapeutic purposes for those male patients who were well enough to work. The drains emptied into a tank distant from the building, and were then discharged by pipes over a considerable portion of the grounds.

As the whole of the 30 acres that the Board was 'obliged to purchase was not required for the immediate use of the asylum, it had not been enclosed within its boundary walls.' Nine acres [to the south] was to be let for 7 years at a rent of £45 a year after which the ground could again be disposed of, or added to that for the use of the asylum, should it be required.¹³ Although this area was not brought into the site until considerably later (by 1908) it always formed the open frame for the views beyond the kitchen garden of the distant mountains and was later laid out with the current playing fields.

Works to the grounds continued and by 1853 the ornamental entrance lodge (now the gatehouse) was completed within the wall at the north-west corner, along with other works which had been 'postponed until the experience in working the institution proved the necessity for them'.¹⁴

5.3.5. DEVELOPMENT IN THE 1850s AND 1860s

The asylum had reached capacity by 1863 when a 50 bed extension was proposed.¹⁵ In 1863 building works included many to the main building. In the grounds alterations were made to the 'out-offices and enclosure walls' for a total sum of over £4,000.¹⁶ In 1866 a chapel for Protestant patients was built within the main complex.¹⁷ In 1868 part or all of the boundary was rebuilt.¹⁸

Meanwhile in England in 1863 the English State Criminal Lunatic Asylum opened at Broadmoor, Berks, designed by prison architect Joshua Jebb, but again modelled on the established district (in England known as County) asylum precedent. Selected images are shown in Appendix F.

¹² Journal of Psychological Medicine and Mental Pathology, Volume 4 (1851), 622-23.

¹³ OPW 16th Report, 8 July 1848, 16 and Figs 13-15

¹⁴ OPW 20th Report, 1853.

¹⁵ Dublin Builder, 15 June, 1862.

¹⁶ OPW 31st Report, 8. Irish Builder, 1863. James Higgins Owen (1822-1891) is identified as the architect of alterations to the enclosure wall, with this phase of construction being undertaken by the contractor John G. Meighan of Kings Inn Street.

¹⁷ Dublin Evening Post 30 June 1866.

¹⁸ Saunders's News-Letter 18 July 1868. A 'Notice to Builders' called for sealed tenders to be submitted for the 'Building of a New Boundary Wall at the Central Lunatic Asylum, Dundrum, according to Plans and Specifications to be seen' at the office of the Board of Public Works.

The first detailed published plan of the layout of Dundrum asylum is the Ordnance Survey 2nd edition at 6" scale, surveyed c.1871 (Figures 9-10). It shows the original layout completed c.1850 and reflects building alterations executed in the 1860s.

Typically the grounds were divided into several main areas as follows:

1. The approach to the hospital building from the gateway and the lodge off Dundrum Road along a drive sweeping through the west paddock. The lodge was in fashionable Picturesque style, single storey with ornamented barge boards and other features. The drive led to the forecourt and ornamental grounds on the south side in front of the building, giving access to the main entrance. Leading south from the main entrance the central axial path was framed by woody planting and enjoyed a view of the distant mountains, a key view which survives.
2. Walled airing courts for secure patient exercise to the north of the building, and working yards reflecting domestic activities. Each court had a lean-to shelter against the wall (called Airing Sheds on the 1850 plan) for the patients as well as privies.
3. Productive kitchen gardens and walled orchard in the south section of the hospital site.
4. Further parkland east of the building including the East paddock.
5. Service areas north and east of the yards and airing courts including farmstead and stables with yards and gateways in the north-east corner. As well as having a productive purpose for the institution, male patients would have worked on the farm for therapeutic purposes.

Together this comprised just over 21 acres of the original 30 acres purchased, with to the south:

6. Farmland south of the productive gardens. This 9 acres remained let to a farming tenant.¹⁹

The BMJ in 1874 noted the similarity of the criminal asylum with a district asylum as, *'there is nothing distinctive in its general aspect from what is observable in ordinary hospitals for the insane; ... the grounds of 28 acres may be considered quite open, surrounded by a wall of from 8 to 10 feet. ... Up to the present time, but 6 patients permanently escaped'*.²⁰ This indicates that the originally tenanted land to the south (now playing fields) had been incorporated into the main site and the wall extended around it.

5.3.6. FURTHER DEVELOPMENT PHASE, 1860-1910

The layout is shown in greater detail on the 1908 OS surveyed in 1908 (Figures 11-12). By this point the landscape design had reached its zenith. It remained largely as shown on the 1871 OS with some differences, one major, but the rest relatively minor, including:

1. The greatest change was to move the drive south-west away from the north boundary on a new line to give a more sweeping serpentine approach to the south front of the building and forecourt. This avoided the detached Catholic chapel in the parkland which formed a feature along this new line of the drive. The drive was lined on the south side by a line of specimen trees. It is likely that it was realigned c.1901 when the chapel was built.
2. A circular or octagonal gazebo had been added towards the west end of the kitchen garden (since moved off-site). This echoes those found in the airing courts at Broadmoor (see Appendix F for illustrations).
3. The boundary wall reached its current configuration, including the construction of a section along the realigned south boundary where the formerly tenanted farmland had been taken into the hospital grounds.

¹⁹ Griffith Valuation noted this as Occupier: George Kinahan Esq. Immediate Lessor: Comrs. Of Public Works Tenement: Land; 9 acres and 31 perches Valuation: £33.

²⁰ BMJ, 3 January 1874, 25.

5.3.7. DEVELOPMENT IN THE C20 AND C21

After World War II various buildings were added to the grounds. The largest were localised in a group on the west half of the former kitchen garden. These, while damaging, did not irreversibly damage the special qualities of the original character or layout, nor obscure the important south axis from the entrance to the main hospital that bisected the kitchen garden and offered dramatic views of the distant Wicklow Mountains. Various smaller structures were erected but these did not greatly damage the overall significance.

A car park was laid out on the east half of the former kitchen garden. Most of the historic buildings and features were left in situ. Losses included the mortuary against the roadside wall and a small building nearby to the south. The circular or octagonal building in the west half of the kitchen garden, in the area now built on, seems to have been relocated to a position north of the walled garden (no. 35, Bandstand), but has recently been relocated off site.

Today, many of the key buildings, features and spaces survive reflecting the layout and character established by c.1910 to a considerable degree.

5.4. HISTORIC SIGNIFICANCE OF DUNDRUM HOSPITAL LANDSCAPE

5.4.1. INTRODUCTION

The historic significances set out below are derived from analysis of the historic development of the site (see Section 5.3), set in its historic context (see Appendix D & E for a summary of relevant aspects).

The significances relate to both:

- a) the whole site in the wider context (Sections 5.4.2 - 5.4.3) and
- b) historic phases, areas and elements of the site to the specific landscape of Dundrum (Sections 5.4.4 - 5.4.5).

5.4.2. SUMMARY LANDSCAPE ANALYSIS AND SIGNIFICANCE

Dundrum is a pioneering mid-C19 lunatic asylum, built to house criminal lunatics separately from non-criminals, reflecting the culmination of a perceived therapeutic need to separate various medical classes of patients for their treatment and recovery. The classification of lunatic patients became more complex during the C19. This is an early example of identification of a class identified as needing a separate institution adapted to a narrowly specific combination of medical treatment as well as the judicial requirements of detainment.

The greatest significance of the whole site is as the first purpose-built criminal lunatic asylum in Britain and Ireland, pre-dating Broadmoor; the first in England, by some 15 years. It is possibly the first such institution worldwide. However, in form it was derivative from the Irish district asylum model. This was initiated in the 1820s-30s and developed in a second wave of public asylums in the 1840s to reflect the country house demesne model. For the criminal lunatic asylum it was adapted to the therapeutic and institutional purposes for detaining convicted criminals who were deemed to be mentally unsound and therefore to house them in a conventional prison was inappropriate.

Of the two main phases of the landscape at Dundrum, the first is the most significant. It established the present framework when the buildings were erected 1847-50. It was designed as integral with the building as a therapeutic unit and was essential as the setting for the building. This layout forms the basis for today's landscape despite later C20/C21 additions which have damaged it to some degree, but the key features largely survive intact.

The second landscape phase, which may have been the cumulative result of several minor phases alongside building phases, was established by 1908 (as shown on the 25" OS, Figures 11-12). The alterations by 1908 respected and enhanced the original design. They were set within the original layout and comprised minor alterations. The main change was the alteration of the line of main drive to go round the recent detached chapel west of the main building on its way to the main entrance on the south front.

This culminated in the zenith of the landscape. Thus the most significant surviving fabric and layout is the landscape established by c.1910, after which no significant ornamental design features were added, and alterations tended to damage the layout by that point. This landscape and its design makes an important contribution to the overall understanding of the first criminal lunatic asylum and of the special historic interest of Dundrum.

The key features relate to the design for a pioneering therapeutic purpose for criminal lunatics who were, in an enlightened manner, regarded as medical patients. This reflected the emerging mid-C19 practice to house lunatics in purpose-built medical institutions with accompanying grounds in which ornament was a key element of the regime, rather than in a punitive environment such as a prison. Asylum estates were based on an adapted form of the country house demesne in which the asylum replaced the mansion and the grounds were closely modelled on those of the gardens and park, with the airing courts for patient exercise replacing formal terraces and gardens. Ornamental views and fresh air were a valued part of the regime.

The estate is comparable with the contemporary Irish group of 7 district asylums which were commissioned in 1845 as part of a major campaign to treat lunatics as effectively as possible in such institutions (a selection are illustrated in Appendix E). The landscapes of these contemporary asylums survive to varying degrees. Kilkenny and Cork survive largely intact without modern development, but large new structures have been built around the C19 building in the grounds at Sligo, and the wider grounds at Mullingar have been damaged by modern development. The grounds of Dundrum have sustained localised damage with the group of buildings in the south-west corner on the former kitchen garden area but otherwise survive considerably intact.

5.4.3. HISTORIC SIGNIFICANCE OF THE LANDSCAPE IN THE WIDER CONTEXT

Headings:

The headings below reflect the Categories of Special Interest used in the NIAH.

The landscape design aspects are included under Artistic.

Level of Landscape Significance:

The levels of significance are based on those used in the NIAH rating with the addition of two: Little/Neutral and Intrusive/Damaging.

- A International
- B National
- C Regional
- D Local
- E Little/Neutral
- Int Intrusive/Damaging

Historical	
Dundrum Hospital is of national significance as the first of its type as a criminal lunatic asylum in Britain and Ireland, and possibly worldwide. It is the longest continuously functioning hospital of this type.	B
Dundrum Hospital is part of the second wave of public asylum building in Ireland which reflects new features including the corridor plan form of the building and integral extensive and complex ornamental grounds designed for therapeutic and economic use based on the country house demesne model.	B
Architectural	
NIAH Appraisal of the main hospital building (no. 60220001): An asylum erected to a design by Jacob Owen (1778-1870) and Frederick Villiers Clarendon (1820-1904) of the Board of Public Works (established 1831) representing an important component of the mid-C19 built heritage of south County Dublin with the architectural value of the composition, one following the cellular model, confirmed by such attributes as the near-symmetrical footprint centred on a Tudor Revival-detailed frontispiece; the construction in a rough cut deep blue limestone offset by silver-grey granite dressings not only demonstrating good quality workmanship, but also producing a sober two-tone palette; the diminishing in scale of the multipartite openings on each floor producing a graduated visual impression with the private apartments set aside for the governor defined by a polygonal oriel window; and the miniature gablets embellishing a high pitched multi-gabled roofline. Set in landscaped grounds. It is rated of National significance and included for five categories of special historic interest (Architectural, Artistic, Historical, Social, Technical).	B

The hospital building is the first criminal lunatic asylum in Britain and Ireland; the built form is derivative from the district asylum model.	B
The main building makes an important contribution to the overall understanding and appreciation of the landscape design and purpose.	B
The asylum landscape forms the integral setting of this nationally significant hospital building.	B
The structures established by 1910 represent the specific and typical mid-C19 asylum provision as adapted for criminal patients. As a group they comprise a rare survival largely intact. They contribute to the character, views and fabric of the landscape design, particularly the south front of the hospital, boundary wall, lodge, Catholic chapel, farmstead and stables with their yards and enclosure walls, walled garden, airing court and other yard walls and shelters including the octagonal gazebo (currently off site).	B
Two structures in the NIAH are rated of Regional significance: the Infirmary (1847-50 No. 60220003) for Architectural, Artistic, Historical, Social reasons; and the detached Catholic chapel (1900-05 No. 60220002) for these plus Technical reasons. Both are also Protected Structures. Both contribute to the ornamental scene of the landscape, the chapel as a feature in the wider landscape on the approach to the main entrance of the hospital building; the infirmary as part of the original tightly packed ensemble of service buildings and enclosed spaces including airing courts to the rear.	C
Later C20 and C21 buildings damage the historic character and fabric of the mid-C19 landscape design and its modifications by c.1910 as well as the setting of the historic buildings and structures.	E
Artistic	
The grounds of a mid-C19 asylum of the second wave of Irish public asylum building in the 1840s-50s, closely modelled on the country house demesne and uniquely adapted for criminal patients. The full extent of modifications which distinguish the specialist criminal purpose remains to be identified although the perimeter wall is a key feature.	B
A rare example of a mid-C19 asylum landscape which survives considerably intact, retaining its original therapeutic function.	B
The first and most important landscape phase is the mid-C19 layout, as a complex foil to the asylum buildings, within which later C19 and early C20 extensions and alterations respected the initial design and enhanced this character.	B
The most important designed elements are those created by the zenith of the landscape design c.1910. These are predicated on the enclosure of the site by the perimeter wall.	B
The design displays a well-handled contrast of styles of the period for both domestic and institutional landscape parks: a combination of formal features at the core set within informal wider demesne land with a productive character and function.	B
The most important ornamental features are those surviving from the C19 and early C20.	B
The building most important to the historic landscape design is the main hospital which demonstrates the origins and relationship to the landscape as an integral therapeutic ensemble. The relationship survives reasonably intact but later additions to the building have blurred the original views and the building complex to the south damages the relationship with the main facade.	B
The horticultural range and extent of C19 ornamental woody planting is representative of typical asylum grounds of the period. It is the most important surviving vegetation and the pattern survives largely intact with few inappropriate additions.	C

The setting adjacent to the site comprised a mosaic of tranquil rural and villa demesnes. This has been lost with the development of suburban housing around the site on these demesnes. The visual effect of this on views within the site is considerably mitigated by the high boundary wall which visually excludes much of this change.	Int.
The main distant therapeutic and ornamental southerly setting survives well, with views of the Wicklow Mountains including the prominent Three Rock Mountain which are largely undamaged by C20/C21 intrusions. This reflects mid-C19 guidance for asylum design on the provision of distant southerly views of scenery to lift the mood of patients.	B
Technical (in this case medical)	
A typical example where the whole asylum site, including both buildings and landscape, was located, orientated, designed and employed to the full as a therapeutic aid to recovery from mental illness. The entire site was important in this respect for both recreational and vocational exercise, as well as for its quiet situation, healthy fresh air and tranquil demesne-type views which all the patients were intended to enjoy for the benefit of their recovery.	B
The designs reflect contemporary mid-C19 medical advice and trends in the approach to designing asylum grounds as set out in the books of the influential doctor John Conolly.	
The layout reflects the high importance attached to the siting of the building, its orientation southwards, and the ornamental design of the grounds for the therapeutic value to lift the patients' mood with the layout and views of the ornamental grounds, for recreational exercise, and for therapeutic work for male patients gardening and working on the farm.	B
The site reflects the approach over 170 years to the medical treatment of a particular sector of society drawn from throughout Ireland on a large scale. It demonstrates the longest continuum of medical treatment of this sector of society on a single site.	B
Social	
The site reflects the public attitude over 170 years to a particular narrow and often reviled sector of society drawn from throughout Ireland, based on a pioneering enlightened and relatively liberal attitude adopted in the 1840s to these social outcasts. It has been the home for many thousands of patients since 1850 and a place of work for many others.	B
The site has a strong connection with the locality for its presence as an institution and place of work.	D

5.4.4. SIGNIFICANCE OF LANDSCAPE DESIGN PHASES

5.4.4.1. 1st Design Phase

1845-50 - 1st phase of the landscape, establishing the extant framework over agricultural land. Significance to Design: SEMINAL, of the highest significance, largely survives.

Typical layout echoing demesne landscape, 22.5 acres, with lodge, drive through 'parkland' to south front, ornamental grounds in front of main entrance, large kitchen garden (6-9 acres divided into 6 sections), airing courts with lavatories, detached infirmary with yard, kitchen and drying yards.

It was the first forensic mental hospital in Britain or Ireland and a very early, perhaps the earliest, example of a criminal lunatic asylum, predating England's Broadmoor by some 15 years. The layout is shown in the OS 1871 (Figures 9-10).

The main feature specific to accommodating the criminal class of patients in adapting the general

district asylum formula is the perimeter wall. Some of the surviving district asylums retain evidence of high roadside walls, but the boundary treatment around the rest of the sites, generally against agricultural land, is unclear. Other features, extant or lost, may have distinguished the need to secure criminals from the district asylums. A selection of early-mid-C19 Irish asylum layouts as mapped by the OS is given for comparison in Appendix E.

Views were a major part of the therapeutic design, both within the grounds and beyond. A key external feature was the view southwards from the main front of the hospital building and grounds to the south over the park and boundary wall towards the Wicklow Mountains (focussed on Three Rock Mountain), reflecting key contemporary guidance from Conolly and others. The southerly external view was believed to lift the mood of patients and assist in their recovery. This survives in part from the south paddock but is screened by vegetation in the forecourt area in front of the main building and in part by the modern buildings to the south. It could be reinstated by removal of some woody vegetation. Important internal views relate to the entrance and main drive and the approach through the west paddock past the chapel to the forecourt and south front of the hospital building, and from the latter two over the grounds to the south, now partly lost with the modern hospital building.

5.4.4.2. 2nd Design Phase: Consolidation Phase(s)

c.1870-1908 (OS, Figures 11-12) - Changes within the original layout. Significance: Typical alterations, sensitive to the seminal 1st phase, of lesser significance, largely survives.

Alterations were fitted sensitively into the 1840s design, enhancing its ornamental and therapeutic character. Most notably the drive was realigned on a more sinuous and ornamental line after 1871 (2nd edn OS). The line was moved away from the main building and accommodates the detached Catholic chapel built in 1901 suggesting that the drive was realigned as part of that building phase. The drive is a key part of the landscape design.

Minor structures were added within the core of the site around the main building which did not damage the landscape design. An octagonal garden pavilion was added in the kitchen garden (possibly that which until recently stood north just north of the walled garden, no. 35, Bandstand) in similar style to those at Broadmoor (see Appendix F). The whole site was by 1908 extended to 29 acres, having incorporated the land formerly leased to a farmer to the south, now playing fields, and enclosed by the perimeter wall (no. 2).

The landscape established by its zenith c.1910 survives to a considerable degree as the first state criminal lunatic asylum. It is of national interest for the complexity of aesthetic design linked to therapeutic, productive and judicial aspects.

5.4.5. SIGNIFICANCE OF AREAS & KEY HISTORIC FEATURES WITHIN THE LANDSCAPE

The levels of significance to the Historic Landscape Design (of the site) are:

- A Very High
- B High
- C Medium
- D Low
- E Negligible or Intrusive

Key Features (building numbers in brackets, see Fig. 1)	Significance	Survival
AREA 1 Entrance, Approaches and Boundary (Western paddock)	Herald of asylum. Introduces quality & character of design.	Yes
Gateway off Dundrum Road (part of 2): position and C19 fabric (not modern fabric)	A	Yes
Lodge (3, Gatehouse)	A	Yes
Drive to main entrance including mature trees (-)	A	Yes
West Paddock land and mature trees (-)	A	Yes
Site Boundary Wall (2, Perimeter walls)	A	Yes
Catholic Chapel (10)	B	Yes
Mortuary (1)	C	No
Service drives to rear of building (-)	C	Yes
Later C20/C21 buildings and drives (e.g. 4-9)	E	Yes
AREA 2 Main buildings, airing courts, yards	Therapeutic core.	Yes
Main building façade and entrance (1)	A	Yes
Boundary Wall (2)	A	Yes
Forecourt (-)	A	Yes
Ornamental grounds surrounding forecourt (-)	A	Yes
Airing courts and walls (1C, 1J, possibly others)	A	Yes
Airing court shelters (23)	A	Yes
Service yards for stables and farmstead & walls	B	Yes
Iron railings, especially the most ornate patterns	C	Yes/partly
Later C20/C21 buildings (various)	E	Yes
AREA 3 former Kitchen Garden and land to south, now playing fields	Key therapeutic and economic element; ornamental character.	Partly
Axial path running north-south aligned on the main entrance to the hospital building and the Wicklow Mountains	A	Yes, view screened by later trees but recoverable
Boundary Wall (2)	A	Yes
Circular garden pavilion	B	Relocated off site (see structure 35)
Kitchen garden	B	Partly
Walled garden including walls and 2 stone stepped-arch gateways (39, 41)	B	Yes
Playing fields beyond (to south)	C	Yes

Later C20/C21 buildings (36-42, 45-47)	E	Yes
AREA 4 Farm (Eastern paddock)	Working setting for core, economic & therapeutic.	
Boundary Wall (2)	A	Yes
Stables inc. buildings, walls & gateways (25)	B/C	Yes
Farmstead inc. buildings, walls & gateways (26-29)	B/C	Yes
Eastern Paddock	C	Yes
Later C20/C21 buildings	E	Yes

5.4.6. FEATURES OF HIGHEST HISTORIC SIGNIFICANCE TO THE HISTORIC LANDSCAPE

This presents together all those features are all of Significance A as defined in the previous section.

Key Features (building numbers in brackets, see Fig. 1)	Significance	
AREA 1 Entrance, Approaches and Boundary (Western paddock)	Herald of asylum. Introduces quality & character of design.	
Gateway off Dundrum Road (part of 2): position and C19 fabric		
Lodge (3, Gatehouse)		
Drive to main entrance including mature trees (-)		
West Paddock land and mature trees (-)		
Site Boundary Wall (2, Perimeter walls)		
AREA 2 Main buildings, airing courts, yards	Therapeutic core.	
Main building façade and entrance (1)		
Boundary Wall (2)		
Forecourt (-)		
Ornamental grounds surrounding forecourt (-)		
Airing courts and walls (1C, 1J, possibly others)		
Airing court shelters (23)		
AREA 3 former Kitchen Garden	Key therapeutic and economic element; ornamental character.	

Axial path running north-south aligned on the main entrance to the hospital building and the Wicklow Mountains		
Boundary Wall (2)		
AREA 4 Farm (Eastern paddock)	Working setting for core, economic & therapeutic.	
Boundary Wall (2)		

This can be summarised as features which it is of the utmost importance to retain, both as the key features of the landscape and as the setting of the hospital building:

- Boundary wall in its entirety, most significantly against the Dundrum Road
- Gateway and Lodge (historic position and fabric)
- Drive and avenue
- South front of hospital building, forecourt and grounds surrounding it
- Airing courts and shelters
- South axial path through former kitchen garden aligned on main hospital entrance to north and Wicklow Mountains to south

In addition the fabric of the 'bandstand' or gazebo (35) is of considerable significance. This was apparently relocated from the kitchen garden to a site just north of the walled garden and has recently been moved off site. It should be relocated within the site - the siting being flexible to the needs of the development without any loss of significance.

5.4.7. AREAS OF GREATEST HISTORIC LANDSCAPE SENSITIVITY

The particular pattern of open spaces framed and punctuated by C19/early C20 structures as established by c.1910 is unique and distinctive to Dundrum.

The four historic aspects of greatest sensitivity to the landscape design are as follows:

1. The main approach from the Dundrum gateway and ornamental lodge (no. 3 gatehouse). The ornamental route is enlivened through flanking mature trees by views of the Catholic chapel (no. 10). The views from the entrance and along the drive, framed by trees, over the west paddock convey a sense of anticipation on approaching the hospital building through a quasi-demesne park of reaching a building of great civic pride which reflected the advanced innovative medical practice of treating criminal lunatics in a civilized and humane manner.
2. The south front of the hospital building and its landscape setting including the forecourt, former kitchen garden and playing fields to the south. This unites the most significant elevation of the hospital building, including the entrance, with the landscape, framed by the forecourt and ornamental grounds surrounding the building, and the key views south to the distant mountains over the open playing fields.
3. Areas most intensively used by patients (i.e. the core of the site: airing courts; productive kitchen garden; walled garden; farm and stables and yards).
 - a) The airing courts (nos. 1C & 1J, outdoor areas), while not greatly ornamented, are the most redolent of the asylum character of the site. The walls and attached shelters are of the highest significance together with the spaces they enclose. These survive to a remarkably complete degree.
 - b) The great rectangular kitchen garden, originally 8 acres, laid out in grid pattern with paths, and the orchard, now a walled garden and still cultivated. The west half of the kitchen

garden is lost to C20 buildings, but the key central axial path remains, leading south from the main hospital entrance, formerly overlooking the mountains (the view is still recoverable), with the area to the east now a car park.

- c) The walled garden, originally an orchard, is still cultivated by patients, and includes ornamental gateways. Nearby to the north an octagonal summerhouse (no. 35 bandstand) was apparently that moved from the kitchen garden which has recently been moved off site.
 - d) The farm and stables (nos. 26-30) with associated yards and spaces is a complex of typical structures and spaces serving the hospital, where the male patients worked. Much of the structures and spaces survive.
4. The Perimeter Wall (no. 2): Surrounding the whole site, the tall, forbidding and extensive structure defines the purpose of the site as an asylum for criminals within which the ornamental therapeutic landscape could be created and patients use it securely. The roadside stretch is the most important part as it heralds the secure nature of the institution behind but screens the patients and their asylum from public gaze. The whole wall mitigates the great changes in the immediate setting by largely screening C20 / C21 development while allowing the therapeutic views of the mountains to the south.

5.4.8. AREAS OF LESSER HISTORIC LANDSCAPE SENSITIVITY

The whole landscape design was of considerable importance as a coherent unit, not just the built and planted areas but the open spaces too. These created a mosaic of views and interesting routes and recreational spaces. However, areas of lesser design significance can be identified, principally to the east and north:

1. Visually self-contained, not visible from highly significant areas. Principally the east paddock, visible from the kitchen garden, the farm and stables. It was screened from the forecourt by pleasure ground planting.
2. Areas with little intrinsic design and few views, i.e. the east paddock, although this is the setting for the farm buildings.
3. Areas altered in the C20/C21 where further development or redevelopment will not harm other key areas. This includes parts of the area north of the main building alongside the north boundary wall, and the north service drive as well as areas flanking the core. The area occupied by the C20 hospital buildings (nos. 46, 47) south of the main building while extensive could be removed and the open area with the key southerly views reinstated, with the footprint moved to the east paddock.

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6. IMPACT ASSESSMENT

6.1. MAIN HOSPITAL BUILDING

6.1.1. Sensitivity to Change

The Main Hospital Building is assessed to have a HIGH sensitivity to change. This assessment derives from the following factors:

- It is included in the National Inventory of Architectural Heritage.
- It is a Protected Structure.
- Its principal elevation is largely unaltered from its originally built form.
- From inception until abandonment of the site in 2022 it continuously performed its primary function of treating the criminally insane.
- It has substantial Group Value with the Historic Landscape, and therefore sensitive to changes not just to itself but to other elements of the group.

6.1.2. Degree of Change

The Development is assessed as having the potential to cause an overall change to the Main Hospital Building which is MEDIUM in degree. This assessment derives from the following factors.

- The hospital building is a Protected Structure.
- The hospital building itself lies outside the red-line for the Development and is not therefore modified in itself. However, elements of the Development are directly adjacent to the building and therefore change its setting (and ergo, views to and from the building). The changes comprise the construction of residential apartment blocks directly adjacent to the Main Hospital Building.
- Although it is technically possible that the Development might at some future date be reversed, the probability of that happening is assessed as being so low as to be negligible. The changes are therefore considered to be permanent with no possibility of reversal.
- The Main Hospital Building enjoys Group Value with the Historic Landscape. The degree of change to that landscape that is introduced by the development is high.
- When the proposed Development is realised the Main Hospital Building will transition from being set in a private demesne to being set in a public landscape.

6.1.3. Mitigation and Residual Impact

As the sensitivity of the Main Hospital Building to change is assessed as HIGH, and the degree of that change assessed as MEDIUM, the potential effect of the Development on it is therefore assessed to be VERY SIGNIFICANT if no mitigation measures are implemented.

As the Main Hospital Building is outside the Application Site, no measures are available to reduce its sensitivity to change.

The degree of change to which the Main Hospital Building will be subjected has been mitigated by the following measures:

CH_1: The heights of Block 2 to the immediate east of the Main Hospital Building have been set to ensure that the dominance of the Main Hospital Building is retained.

CH_2: The historic landscape to the immediate south of the Main Hospital Building will be retained and enhanced. The main car-park and the C20 swimming-pool building are both proposed for removal and the areas of landscaping reinstated.

It is assessed that these mitigation measures reduce the effect that the Development has on the Main Hospital Building from very significant to a residual level of MODERATELY NEGATIVE.

6.2. THE PERIMETER WALL

6.2.1. Sensitivity to Change

The Perimeter Wall is assessed to have a MEDIUM sensitivity to change. This assessment derives from the following factors:

- It is a Boundary Feature of the main hospital building, a Protected Structure.
- It is unbroken save for the openings which are consistent with its role as the boundary of a criminal lunatic asylum. This degree of intactness is a direct result of the CHM having been in continuous use as a secure mental hospital since its inception some 170 years ago.
- It represents a very clear and all-but impermeable boundary between the Site and the surrounding residential areas.
- It screens the existing site from the C20/C21 developments surrounding the site, maintaining the nature of the site as a private demesne.

6.2.2. Degree of Change

The Development is assessed to have the potential to cause an overall change to the Perimeter Wall which is MEDIUM in degree. This assessment derives from the following factors.

- A substantial section of the wall on Dundrum Road must be taken down or reduced in height to accommodate the necessary vehicular and pedestrian entrances to the site and to improve visual connectivity into/from the site.
- A substantial section of the wall is to be taken down to facilitate free access to the existing Rosemount Green playing fields and the proposed public amenity space adjacent to it within the Site (see Figure 14).
- Openings for pedestrian and cyclist access are to be made adjacent to Mulvey Park and Annville Grove.

6.2.3. Mitigation and Residual Impact

As the sensitivity of the Perimeter Wall to change is assessed as MEDIUM, and the degree of that change assessed as MEDIUM, the potential effect of the Development on it is therefore assessed to be SIGNIFICANT if no mitigation measures are implemented.

The degree of change to which the Perimeter Wall will be subjected has been mitigated by the following measures:

CH_3: Where sections of the wall are being removed, and where it is feasible to do so, the wall will not be removed in full but reduced to a height of 1200mm.

CH_4: Where sections of wall are being removed completely, and where it is feasible to do so, the former position of the wall will be indicated in the landscaping by use of natural stone as the paving material.

CH_5: Where sections of the wall are removed completely, the retained sections will be terminated in such a fashion as to indicate that the wall did not merely terminate there but has been purposely interrupted, e.g. by the use of sensitively and appropriately detailed piers in masonry, concrete or metal.

It is assessed that these mitigation measures reduce the effect that the Development has on the Perimeter Wall from to a residual level of MODERATELY NEGATIVE.

6.3. THE GATE LODGE

6.3.1. Sensitivity to Change

The Gate Lodge is assessed to have a MEDIUM sensitivity to change. This assessment derives from the following factors:

- It is a Curtilage Structure of the main hospital building, a Protected Structure.
- Beneath the inappropriate accretions it retains its original form and construction.
- The presence of a Gate Lodge speaks very clearly to the 'County House' model that had been adopted for the creation of the asylum.

6.3.2. Degree of Change

The Development is assessed to have the potential to cause an overall BENEFICIAL change to the Perimeter Wall which is MEDIUM in degree. This assessment derives from the following factors.

- The Gate Lodge will undergo a conservation-led refurbishment which reverse current dilapidations and ensure the preservation of its historic fabric.
- The Gate Lodge will be re-purposed into a café. Inappropriate later additions will be reversed and new interventions will be sensitive to the building's character.

6.3.3. Mitigation and Residual Impact

As the potential effect of the development on the Gate Lodge is assessed to be positive, no mitigation measures are deemed necessary.

It is therefore assessed that the effect of the Development on the Gate Lodge is SIGNIFICANTLY BENEFICIAL.

6.4. THE CHAPEL

6.4.1. Sensitivity to Change

The Chapel is assessed to have a MEDIUM sensitivity to change. This assessment derives from the following factors:

- It is included in the National Inventory of Architectural Heritage.
- It is on the Register of Protected Structures.
- It is largely unaltered from its originally built form.
- Since its construction it has continuously performed its primary function as a place of worship
- It has substantial Group Value with the Main Hospital, and therefore sensitive to changes not just to itself but to other elements of the group.

6.4.2. Degree of Change

The Development is assessed as having the potential to cause an overall change to the Chapel which is LOW in degree. This assessment derives from the following factors.

- The Chapel itself lies outside the red-line for the Development and is not therefore modified in itself.
- The new-construction apartment buildings in closest proximity to the Chapel are at a significant distance and separated from the Chapel by retained elements of the Historic Landscape.

6.4.3. Mitigation and Residual Impact

As the sensitivity of the Chapel to change is assessed as MEDIUM, and the degree of that change assessed as LOW, the potential effect of the Development on it is therefore assessed to be SLIGHTLY NEGATIVE.

As the Chapel is outside the application site no measures are available to reduce its sensitivity to change. The degree of change to which the Chapel will be impacted by change has been mitigated by the following measures:

CH_6: The historic landscape in the immediate environs of the Chapel will be retained and enhanced.

CH_7: Changing the site from being a private demesne to a publicly accessible area brings with it the possibility of the Chapel acquiring a larger congregation and playing a productive part in the lives of more people.

It is assessed that these mitigation measures will reduce the effect that the Development has on the Chapel to NEGLIGIBLE or SLIGHTLY BENEFICIAL.

6.5. THE INFIRMARY

6.5.1. Sensitivity to Change

The Infirmary is assessed to have a MEDIUM sensitivity to change. This assessment derives from the following factors:

- It is included in the National Inventory of Architectural Heritage.
- It is a Protected Structure.
- It is largely unaltered from its originally built form.
- It fulfilled a number of roles during the operational life of the hospital and contributes to an understanding of other elements of the site (specifically the current Chapel and what is now the theatre in the main hospital building).
- It has substantial Group Value with the Main Hospital, and therefore sensitive to changes not just to itself but to other elements of the group.

6.5.2. Degree of Change

The Development is assessed as having the potential to cause an overall change to the Infirmary which is LOW in degree. This assessment derives from the following factors.

- The Infirmary itself lies outside the red-line for the Development and is not therefore modified in itself.
- The new-construction building in closest proximity to the Infirmary (Block 10) is at a significant distance (121.5m) and separated from the Infirmary by retained elements of the Historic Landscape.

6.5.3. Mitigation and Residual Impact

As the sensitivity of the Infirmary to change is assessed as MEDIUM, and the degree of that change assessed as LOW, the potential effect of the Development on it is therefore assessed to be SLIGHTLY NEGATIVE.

As the Infirmary is outside the application site no measures are available to reduce its sensitivity to change. The degree of change to which the Infirmary will be impacted by change has been mitigated by the following measures:

CH_8: The mature landscaping of mature trees that visually separate the Infirmary from Block 10 will be retained (see Landscape proposals, application Drawing DSRM-ACM-00-ST-DR-L-1001.pdf)

CH_9: The 20th century maintenance office that sits in close proximity to the Infirmary, and which constitutes a detracting feature, will be removed, as will the dust extraction equipment associated with the latter use of the infirmary as a woodworking workshop.

It is assessed that these mitigation measures will reduce the effect that the Development has on the Chapel to NEGLIGIBLE or SLIGHTLY BENEFICIAL.

6.6. THE FARMSTEAD

6.6.1. Sensitivity to Change

The Farmyard Buildings are assessed to have a MEDIUM sensitivity to change. This assessment derives from the following factors:

- The buildings are Curtilage Structures of the main hospital building, a Protected Structure.
- They are largely unaltered from their originally built form.
- The component parts of the farmstead have group value with each other – the assemblage retains all of the original components (hay barn, pig-pens, potato stores, stables and other machinery/produce stores).

6.6.2. Degree of Change

The Development is assessed as having the potential to cause an overall change to the Farm Buildings which is LOW in degree. This assessment derives from the following factors.

- The Farm Buildings lie outside the red-line for the Development and are not therefore modified in themselves.

6.6.3. Mitigation and Residual Impact

As the sensitivity of the Farm Buildings to change is assessed as MEDIUM, and the degree of that change assessed as LOW, the potential effect of the Development on it is therefore assessed to be SLIGHTLY NEGATIVE

As the Farm Buildings are outside the development site no measures are available to reduce their sensitivity to change. The degree of change to which the Farm Buildings will be subjected has been mitigated by the following measures:

CH_10: The proposed road alignment in proximity to the farmstead preserves the ability to view and appreciate the complex of buildings.

It is assessed that these mitigation measures will reduce the effect that the Development has on the Farm Buildings to NEGLIGIBLE.

6.7. THE WALLED GARDEN

6.7.1. Sensitivity to Change

The Walled Garden is assessed to have a MEDIUM sensitivity to change. This assessment derives from the following factors:

- It is Attendant Grounds to the main hospital building, a Protected Structure.
- Its enclosure is largely intact and in good condition.
- Although no longer an orchard it has not been in-filled with construction and therefore still a component of the designed landscape.

6.7.2. Degree of Change

The Development is assessed as having the potential to cause an overall change to the Walled Garden which is LOW in degree. This assessment derives from the following factors.

- The enclosure is to be retained.
- The enclosed area will continue in its current role of ornamental landscape.
- The context of the garden will be changed by the proposed adjacent apartment blocks

6.7.3. Mitigation and Residual Impact

As the sensitivity of the Walled Garden to change is assessed as MEDIUM, and the degree of that change assessed as LOW, the potential effect of the Development on it is therefore assessed to be SLIGHTLY NEGATIVE.

The degree of change to which the Walled Garden will be subjected has been mitigated by the following measures:

- CH_11: Currently present features which detract from the overall presentation of the area as ornamental landscaping will be removed and the landscaping enhanced.

It is assessed that these mitigation measures will reduce the effect that the Development has on the Walled Garden to NEGLIGIBLE.

6.8. THE HISTORIC LANDSCAPE

6.8.1. Sensitivity to Change

The Historic Landscape is assessed to have a HIGH sensitivity to change. This assessment derives from the following factors:

- It is Attendant Grounds to the main hospital building, a Protected Structure.
- With a few notable modifications such as the addition of the admissions unit and the car-park, the layout and un-developed nature of the grounds as designed still remains.
- The ornamental sweeping approach to the Main Hospital Building, flanked with mature trees, offering views across an open landscape and formally introducing the built forms of the Chapel and Main Hospital is a significant element of landscape design.
- The south-facing and principal elevation of the Main Hospital Building derives the key element of its setting and context from the Historic Landscape.

6.8.2. Degree of Change

The Development is assessed as having the potential to cause an overall change to the Historic Landscape which is HIGH in degree. This assessment derives from the following factors.

- The largely un-developed nature of the grounds will be permanently lost.
- The evident role of the Historic Landscape as a therapeutic element of the site will be permanently lost.
- Views of and from the Main Hospital Building will be changed by the proposed adjacent apartment blocks.

6.8.3. Mitigation and Residual Impact

As the sensitivity of the Historic Landscape to change is assessed as HIGH, and the degree of that change assessed as HIGH, the potential effect of the Development on it is therefore assessed to be

VERY SIGNIFICANTLY NEGATIVE.

The degree of change to which the Historic Landscape will be subjected has been mitigated by the following measures:

- CH12: The ornamental sweeping approach road, one of the key aspects of the designed landscape, will be retained.
- CH13: The detrimental effect of the admissions unit and the main car-park will be reversed, with the area of landscaping to the south of the hospital being significantly enhanced.
- CH14: The walled garden, as noted above, will be retained and enhanced.
- CH15: The new-build developments are largely constrained to the open paddock areas of the site, areas which have low heritage significance in themselves, and what value they do have lies only in their contribution to the setting of other heritage assets.

It is assessed that these mitigation measures will reduce the effect that the Development has on the Historic Landscape to MODERATELY NEGATIVE.

6.9. THE AIRING YARDS

6.9.1. Sensitivity to Change

The Airing Yards are assessed to have a LOW sensitivity to change. This assessment derives from the following factors:

- They are Curtilage Structures to the main hospital building, a Protected Structure.
- They are later additions to the site and are not a primary reference for understanding the evolution of the hospital.
- The quality of execution is low and the present condition poor.

6.9.2. Degree of Change

The proposals seek to remove these airing yards in their entirety. The degree of change is therefore assessed as HIGH.

6.9.3. Mitigation and Residual Impact

As the sensitivity of the Airing Yards to change is assessed as LOW, and the degree of that change assessed as HIGH, the potential effect of the Development on it is therefore assessed to be MODERATELY NEGATIVE.

The degree of change to which the Historic Landscape will be subjected has been mitigated by the following measures:

- CH_16: The airing yards will be thoroughly recorded before removal. The contribution that they make to the understanding of the development and operation of the hospital complex will therefore be preserved. Retention of their physical aspects, beyond this, would add a limited amount when weighed against the benefits accrued from developing the site.

It is assessed that these mitigation measures will reduce the effect that the Development has on the 20th Century airing sheds to SLIGHTLY NEGATIVE.

6.10. CONCLUSION

In order to achieve the outcome of the Central Mental Hospital site having a viable and long-term future, some level of harm to heritage significance has been found to be unavoidable. New developments in proximity to the Main Hospital Building and in the Historic Landscape, comprising

multi-storey apartment blocks and associated infrastructure, will make significant changes to their context. The Perimeter Wall, currently contiguous except for the main entrance, will by necessity have new openings formed for pedestrian and vehicular access.

However, no part of the proposals will result in the total loss of significance for a heritage asset. The principal and defining features of the site will remain, and in some cases be enhanced by the development.

It is the conclusion that, with suitable and targeted mitigation measures, the proposed development of will therefore result in less than substantial harm to the heritage assets that lie within and in close proximity to the application site. The residual impact of the proposals on the heritage assets is summarised below.

Asset	Impact Before Mitigation	Impact After Mitigation
1 – Main Hospital Building	Very Significantly Negative	Moderately Negative
2 – Perimeter Wall	Significantly Negative	Moderately Negative
3 – Gate Lodge	Significantly Beneficial	Significantly Beneficial
10 – Chapel	Slightly Negative	Slightly Beneficial
16 – Infirmary	Slightly Negative	Slightly Beneficial
26/27 – Farmstead	Slightly Negative	Negligible
39 – Walled Garden	Slightly Negative	Negligible
45 – Historic Landscape	Very Significantly Negative	Moderately Negative
24 – c20 Airing Sheds	Moderately Negative	Slightly Negative

Residual impacts of a Moderately Negative nature do remain after the implementation of the mitigation measures, applying to the Main Hospital Building, Perimeter Wall and Historic Landscape. These impacts arise from the unavoidable and fundamental change from the site as a 'closed-world' private demesne to a public site largely characterised by residential development.

The justification for the acceptance of these residual impacts on the historic structures and landscape, quite apart from the substantial social gain accrued from the provision of affordable and social housing, is grounded in an assessment that the 'do-nothing' option exposes the historic structures to considerable and ongoing risk. Disuse of historic structures invites increasing levels of dereliction, from which recovery becomes exponentially more difficult. Accepting change as part of adaptive re-use, whether that applies to Protected Structures or their attendant grounds, has consistently been proven as a necessary compromise to protect the most significant aspects for the appreciation of future generations.

APPENDIX A. REFERENCES

A.1. PUBLISHED REFERENCES

A.1.1. Official Papers

Central Criminal Lunatic Asylum (Ireland) Act 1845 title in full:

An Act for the Establishment of a Central Asylum for Insane Persons charged with Offences in Ireland; and to amend the Act relating to the Prevention of Offences by Insane Persons, and the Acts respecting Asylums for the Insane Poor, in Ireland; and for appropriating the Lunatic Asylum in the City of Cork to the Purposes of a District Lunatic Asylum. (8th August 1845.) <http://www.irishstatutebook.ie/eli/1845/act/107/enacted/en/print.html>

Command Paper, Report on District, Local and Private Lunatic Asylums in Ireland, 1846, with appendices, 8-9 [sets out purpose of Criminal Asylum proposed and also useful context for District Asylums] <https://archive.org/details/op1246596-1001/page/n11/mode/2up>

Parliamentary Papers 1854–55: 156; 1865: 125; 1867–68: 334

Parliamentary Papers vol. 58 1854: The Census of Ireland 1851 Report on the Status of Disease, 65

Commissioners of Public Works Reports:

- 13th Report (1845), 7. [initial proposals for Dundrum asylum]
 - <https://archive.org/details/op1246199-1001/page/n5/mode/2up>
- 14th Report (1846), 6. [Dundrum site obtained]
 - <https://archive.org/details/op1246597-1001/mode/2up>
- 16th Report (1848), 16 & Figs 13-15.
 - ['buildings have been contracted for, and the works are proceeding satisfactorily']
 - includes early plans which were modified at least for the airing courts by the 1850s published versions; need copies of plans]
- 18th Report (1850), 34. [nearly completed and includes annual grant and expenditure, over £6k; expenditure on District Asylums between pp. 112-15] <https://archive.org/details/op1246969-1001/mode/2up>
- 20th Report (1853), 38. [erection of lodge]
 - <https://archive.org/details/op1247298-1001/page/n37/mode/2up>
- 21st Report (1853). [Dundrum not mentioned; Update on district asylums being built.]
- <https://archive.org/details/op1247299-1001/page/n27/mode/2up>
- 22nd Report (1854). [Dundrum mentioned along with district asylums in ref to cost per patient to build] <https://archive.org/details/op1247743-1001/page/n25/mode/2up>
- 31st Report (1862-63), 8. [contractor appointed to erect additions to asylum buildings]

A.1.2. Journals & Periodicals

British Medical Journal, 'Criminal Lunatics in Ireland' (3 January 1874), 25. [report on the numbers of patients, also mentions grounds, 28 acres as part of institution]

The Civil Engineer and Architect's journal. 'Asylum for Criminal Lunatics, Dundrum, near Dublin' v.14 (1851), 138, Pls 6 & 7. [copies at Wellcome collection]

Cork Examiner (12 February 1847) [acquisition of site of 30 acres]

Dublin Builder (15 June 1862), 151 [50 bed extension sought due to overcrowding]

Dublin Builder (01 October 1865) [tenders sought for new chapel]

Dublin Evening Post (8 June 1847) [tenders sought for erection of building]; (30 June 1866) [erection of Protestant detached chapel]

Gibbons, P., Mulryan, N., O'Connor A., 'Guilty but Insane: The insanity defence in Ireland, 1850-1995', British Journal of Psychiatry (May 1997).

Irish Builder (1863) [re major alterations to building and wall worth £4,000]; (6 June 1901), 753. [re building of Catholic chapel and other additions]

<https://archive.org/details/irishbuilderengi4319unse/page/753/mode/2up>

Journal of Psychological Medicine and Mental Pathology, Volume 4 (1851), 622-23.

https://books.google.co.uk/books?id=IdE-AQAAMAAJ&pg=PA622&dq=central+lunatic+asylum+dublin&hl=en&sa=X&ved=2ahUKEwjss4_V_fzAhXbSRUIHf7SDxUQ6AEwCXoECAAQAg#v=onepage&q=central%20lunatic%20asylum%20dublin&f=false

London Daily News (06 February 1847) [acquisition of site of 30 acres]

Meath Herald & Cavan Advertiser (27 Dec 1927) [139 patients in Dundrum, 22 of which chargeable to NI Govt]

Morning Post (04 February 1847) [acquisition of site of 30 acres]

Reuber, M., 'The Architecture of Psychological Management: the Irish Asylums (1801-1922)', Psychological Medicine vol. 26 (1996), 1179-89.

Saunders's News-Letter (18 July 1868) [advert for tender to build a new boundary wall]

British Medical Journal, 'Criminal Lunatics in Ireland' (3 January 1874), 25. [report on the numbers of patients, also mentions grounds, 28 acres as part of institution]

The Civil Engineer and Architect's journal. 'Asylum for Criminal Lunatics, Dundrum, near Dublin' v.14 (1851), 138, Pls 6 & 7. [copies at Wellcome collection]

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Dublin Builder (15 June 1862), 151 [50 bed extension sought due to overcrowding]

Dublin Builder (01 October 1865) [tenders sought for new chapel]

Dublin Evening Post (8 June 1847) [tenders sought for erection of building]; (30 June 1866) [erection of Protestant detached chapel]

Gibbons, P., Mulryan, N., O'Connor A., 'Guilty but Insane: The insanity defence in Ireland, 1850-1995', British Journal of Psychiatry (May 1997).

Irish Builder (1863) [re major alterations to building and wall worth £4,000]; (6 June 1901), 753. [re building of Catholic chapel and other additions]

<https://archive.org/details/irishbuilderengi4319unse/page/753/mode/2up>

Journal of Psychological Medicine and Mental Pathology, Volume 4 (1851), 622-23.

https://books.google.co.uk/books?id=IdE-AQAAMAAJ&pg=PA622&dq=central+lunatic+asylum+dublin&hl=en&sa=X&ved=2ahUKEwjss4_V_fzAhXbSRUIHf7SDxUQ6AEwCXoECAAQAg#v=onepage&q=central%20lunatic%20asylum%20dublin&f=false

London Daily News (06 February 1847) [acquisition of site of 30 acres]

Meath Herald & Cavan Advertiser (27 Dec 1927) [139 patients in Dundrum, 22 of which chargeable to NI Govt]

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Reuber, M., 'The Architecture of Psychological Management: the Irish Asylums (1801-1922)',

Psychological Medicine vol. 26 (1996), 1179-89.

Saunders's News-Letter (18 July 1868) [advert for tender to build a new boundary wall]

A.1.3. Books & Reports

Burdett, H C, Hospitals and Asylums of the World vol. II (asylums), (1891).

Conolly, John, The Construction and Government of Lunatic Asylums (1847).

Finnane, M., Insanity and the Insane in Post-Famine Ireland (1981).

Prior, P., 'Prisoner or Patient? The official debate on the criminal lunatic in C19 Ireland', History of Psychiatry (2004).

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Rutherford, S., 'The Landscapes of Public Lunatic Asylums in England, 1808-1914', (unpublished PhD Thesis, De Montfort University, 2003).

Rutherford, S., The Victorian Asylum (2008).

Rutherford, S., 'Broadmoor Hospital, Berkshire, Historic Landscape Appraisal' (2011 for West London Mental Health Trust).

Warburton, Whitelaw and Walsh, History of the City of Dublin (1818) 'Public Building, Schools and Institutions'.

A.2. ARCHIVAL MATERIAL ONLINE

Griffith valuation (1849) sheet 22, Parish of Taney, Churchtown Lower

<http://griffiths.askaboutireland.ie/gv4/z/zoomifyDynamicViewer.php?file=102147&path=.%2F102147&rs=12&showpage=1&mysession=2732027523418&width=&height=>

http://griffiths.askaboutireland.ie/gv4/single_layer/i8.php?lat=&longt=&dum=0&sheet=22&myssion=2732026463072&info=&place=&county=Dublin&placename=%3Cb%3EDundrum%3Cb%3E&parish=Taney&country=Ireland&union=&barony=Rathdown Griffiths valuation

Wellcome Archive

The floor plan with scale of the Criminal Lunatic Asylum, Dundrum, Dublin, Ireland. Transfer lithograph by J.R. Jobbins, 1850, after J. Owen. (from Civil Engineer's Journal pub. 1851)

<https://catalogue.wellcomelibrary.org/search~S12?/Ydundrum&searchscope=12&SORT=D/Ydundrum&searchscope=12&SORT=D&SUBKEY=dundrum/1%2C5%2C5%2CB/frameset&FF=Ydundrum&searchscope=12&SORT=D&1%2C1%2C>

The Criminal Lunatic Asylum, Dundrum, Dublin, Ireland. Transfer lithograph by J.R. Jobbins, 1850, after J. Owen. (from Civil Engineer's Journal pub. 1851)

<https://catalogue.wellcomelibrary.org/search~S12?/Ydundrum&searchscope=12&SORT=D/Ydundrum&searchscope=12&SORT=D&SUBKEY=dundrum/1%2C5%2C5%2CB/frameset&FF=Ydundrum&searchscope=12&SORT=D&2%2C2%2C>

APPENDIX B. CHRONOLOGY

This is a working document covering the buildings, landscape and historical context.

See separate references list for detail of references in column 3.

OPW Report of the Commissioners of Public Works

Date	Event/Source	Reference
1745	Foundation of the oldest Irish lunatic asylum, St Patrick's Asylum in Dublin, by Johnathan Swift, dean of St Patrick's Cathedral.	Reuber, 1996
1810	Commission to Francis Johnston (1760-1829), architect to the Board of Works the Richmond Lunatic Asylum 'for the reception of lunatics from all parts of the kingdom'. Opened 1814, quadrangular plan. Reuber points out that the Richmond Asylum was not altogether successful: Unfortunately, the new asylum in Dublin and the treatment it offered - isolation, classification - did not solve the Irish pauper lunacy problem.	Reuber, 1996
1813	While there was a growing need for further action in Ireland, interest in lunacy reform reached a high point in England. Samuel Tuke's Description of the Retreat (1813, York, opened in 1790s), found a wide and enthusiastic readership among late Georgian philanthropists. New system was tried in Richmond Asylum.	
1815	Commons' select committee, shaken by gruesome reports, called for a closely supervised system of public lunatic asylums in Britain	
1816	2 criminal wings opened in Bethlem Asylum, London.	
1817	Select Committee on the Lunatic Poor in Ireland. Very poor conditions for lunatics and few specific facilities, only privately funded St Patrick's Hospital, Dublin, and the publicly funded Richmond Asylum (opened 1815), two small asylums at Cork and Wexford, and some beds attached to Houses of Industry and to gaols in other large towns.	Prior, 2012, 1.
1817	Dublin Castle's youthful Chief Secretary, Robert Peel, instituted legislation creating the world's first system of public lunatic asylums, throughout Ireland. By the mid-century, there were ten district asylums providing over 3,000 beds in total. Planning of the Irish asylums was delegated to a central 'Commission of General Control and Correspondence', dealing with districts, locations and sites of the new institutions, and advised its architects, Francis Johnston, helped by his nephew, William Murray (1787-1849), on their design.	Prior, 2012, 2. Reuber 1996
1818	Various institutions for different purposes in the City of Dublin including asylums.	Warburton
1824-50	41 patients were tried in these years, and were confined in custody in a local district asylum or in jail before being admitted to Dundrum.	Gibbons, Mulryan and O'Connor
1825	Armagh District Asylum opened. For 100 patients, K-shaped ground plan.	Reuber 1996

1826	Limerick District Asylum opened for 150 patients, X-shaped ground plan.	Reuber 1996
1829	Derry District Asylum opened. For 100 patients, K-shaped ground plan.	Reuber 1996
1831	Hanwell Asylum opened in Middlesex. John Conolly, its influential superintendent, wrote extensively on treatment and the design of asylums. Due to his success, insanity came to be studied as a disease and not as a crime. Occupational therapy was important. Farming was labour intensive and before the Industrial Revolution other jobs were in skilled or semi-skilled trades (carpentry, building, tailoring, cheese making). Asylums aimed to be partially self-supporting and had farms where patients could work as gardeners or farm labourers. The aim always was to help the patient to return to his normal self and previous occupation on release	
1833	Carlow District Asylum opened. For 100 patients, K-shaped ground plan.	Reuber 1996
1835	Waterford & Clonmel asylums opened. For 100 patients each, K-shaped building plans.	Reuber 1996
1838	The Criminal Lunatics (Ireland) Act 1838 (1 & 2 Vict. C. 27) was passed. It was one of the Lunacy (Ireland) Acts 1821 to 1890. When a person was detained under circumstances suggesting that they were of deranged mind and had the intention of committing a crime, then two justices were empowered to call in a physician to examine the suspect. If the physician determined that the person was a "dangerous lunatic" he could be committed to gaol, until either discharged by order of two justices or removed to a lunatic asylum by order of the Lord Lieutenant	
1836	The site just before development was agricultural land east of the main road in an area of detached villas in small grounds with Anna Villa, Summerville, Roebuck Park and Grove adjacent. North site boundary later followed the Townland boundary. Core of later asylum was laid out as 7 small fields.	OS 6" 1st Edition
1843	Seminal case from which the criteria governing the legal defence of insanity were formalized: R.T. M'Naghten charged with the murder of Edward Drummond, the private secretary of the then Prime Minister, Sir Robert Peel. At his trial, he was found to suffer from the delusion that the Conservative Party was persecuting him and that his life was in danger. He was acquitted on the grounds that he was not "capable of distinguishing right from wrong with respect to the act of which he stands charged".	MacAuley, 1993
1843	House of Lords' committee urged the creation of further asylum accommodation. When the Lords' proposals had become law (1845: 8 & 9 Vict., c. 126) Jacob Owen, Chairman of the Board of Works, was asked to develop plans for new types of establishments to house respectively 'incurable lunatics', and 'criminal lunatics'.	OPW 1844

1845	Seminal Act of Parliament; State Criminal Lunatic Asylum to be set up entirely funded by Government. £6,000. 'the greater proportion of the inmates ... being destined to remain in it for life, it is proposed to have the structural arrangement as cheerful as circumstances will admit, so as to afford every possible facility for the recreation and occupation of the patients. It is not designed that the building should partake of the character of a 'prison'; more especially as experience has proved that in the district asylums ... such are not more inclined to attempt to escape than other patients.'	Central Criminal Lunatic Asylum (Ireland) Act 8th & 9th Vic., c.107. 1846 Report on district, local and private lunatic asylums in Ireland
1845	Initiation of Criminal Lunatic Asylum plans etc for a Criminal Lunatic Asylum to contain up to 120 patients as a hospital not a prison. This was part of a campaign to build asylums in Ireland in which 'Great care has been taken to provide for the best modern improvements in such buildings, without losing sight of economy, the expense of construction, from the necessity of classification, being very great'.	OPW 13th Report 1845.
	This emerging differentiation of Irish asylum care suggests that Ireland had not lost the leading edge over Britain in terms of asylum design. The layout of the Central Criminal Lunatic Asylum at Dundrum also reveals the maturity of the Irish asylum planners. Owen designed a special asylum and not a prison. It was a roughly symmetrical, three-storey building accommodating 120 lunatics. The main differences from the earlier Irish institutions were its chapel, a separate 'hospital' with its own yard, and increased dormitory accommodation.	Reuber 1996
1845	Dublin Castle announced a new wave enlarging the asylum system (Inspectors of Lunacy in Ireland, 1845). 7 new establishments with 1750 beds to be erected at Cork, Sligo, Killarney, Omagh, Kilkenny and Mullingar (Comms of Public Works in Ireland, 1848).	
1846	30 acre site bought at Dundrum, 3 miles from Dublin. Plans being prepared for the building for 120 male and female convict lunatics.	OPW 14th Report 1846, 6.
1847	Publication of influential book by John Conolly the Construction and Government of Lunatic Asylums. His thoughts were firmly incorporated into the next series of Irish asylums 1845-50s).	Reuber 1996
1847	Tenders sought for erection of asylum building. Indicates designs made by Owen shortly before, i.e. 1846-early 1847	Dublin Evening Post 8 June

1848	<p>Includes three figures of plans and elevation of main front. Some differences between the layout and that published in 1850, e.g. triangular womens' airing courts shown were modified by 1850 as rectangular. [May be others, copies not obtained.]</p> <p>'The buildings have been contracted for, and the works are proceeding satisfactorily. ...</p> <p>As the whole of the land [30 acres] that the Board were obliged to purchase ... was not required for the immediate use of the asylum, it has not been enclosed within its boundary walls. A portion of about 9 acres [to the south] has ... been let for a term of 7 years at a rent of 45l. a year at the expiration of which period the ground can again be disposed of, or added to that for the use of the asylum, should it be required.'</p>	OPW 16th Report (8 July), 16 and Figs 13-15
1849-62	<p>Land owners and occupiers. Valuation map surveyed before the asylum built.</p> <p>Plot 2:</p> <p>Occupier: District [sic] Lunatic Asylum Immediate Lessor: Sir George Whitford</p> <p>Tenement: Land attached to asylum; 21 acres, 1 rood and 37 perches</p> <p>Valuation: £77</p> <p>Plot 3:</p> <p>Occupier: George Kinahan Esq. Immediate Lessor: Comrs. Of Public Works</p> <p>Tenement: Land; 9 acres and 31 perches Valuation: £33</p> <p>Adjacent Plot 4a (Anna Villa)</p> <p>Occupier: Sir George Whitford Immediate Lessor: Counsellor Graydon</p> <p>Tenement: House, offices and land; 9 acres, 0 rood and 4 perches Valuation: £78</p> <p>Plot 4b</p> <p>Occupier: Vacant Immediate Lessor: Sir George Whitford</p> <p>Tenement: Gate lodge; Valuation: £2</p>	Griffith Valuation sheet 22, OS base Parish Taney, Townland Churchtown Lower
1850	<p>Buildings completed to designs by OPW Architect Jacob Owen and an 'eminent architect in Ireland').</p> <p>Asylum opened. 1st forensic mental hospital in Britain or Ireland.</p>	OPW 18th Report. Civil Engineer, 1851

1851	<p>Plan and view published; to contain 80 male and 40 female patients.</p> <p>Total cost £15,000. Constructed of blackstone or Calp rubble with granite dressings, both local materials. Cast iron sashes, durable, and Early English style. 15 acres of grounds attached to the asylum to be tilled by the patients. Drains emptied into a tank distant from the building, and discharged by pipes over a considerable portion of the grounds.</p>	Civil Engineer, 1851.
1851	<p>Report on the new asylum, its situation 'being most cheerful and picturesque, and its whole management most ably and humanely conducted ...' The need for a similar asylum in England was noted, following the example of Ireland and a resolution was passed to this effect by the Association of Medical Officers.</p>	Journal of Psychological Medicine and Mental Pathology, Volume 4 (1851), 622-23.
1853	<p>Entrance lodge completed at NW corner of site, and other additions which had been 'postponed until the experience in working the institution proved the necessity for them'.</p>	OPW 20th Report.
1862	<p>50 bed extension proposed due to overcrowding.</p>	Dublin Builder, 15 Jun
1863	<p>State Criminal Lunatic Asylum opened at Broadmoor, Berks, England</p>	
1863	<p>Contractor appointed to erect additions to asylum buildings.</p> <p>Report of recent 'somewhat more than ordinary interest' in the choice of the Board of Public Works of a contractor for 'extensive alterations and additions' including day-rooms, dormitories, baths on both male and female sides. Kitchens to be converted into dining halls and new ones to be built next to the old one. Turkish bath to be built. Alterations made to the 'out-offices and enclosure walls'. Appointed John Meighan of King's Inn Street for a sum of over £4,000.</p>	<p>OPW 31st Report, 8.</p> <p>Irish Builder</p>
1865	<p>Tenders sought for a new chapel.</p>	Dublin Builder 01 Oct.
1866	<p>New chapel for Protestant patients commenced.</p>	Dublin Evening Post 30 June 1866
1867	<p>Detached infirmary adapted to alternative use.</p>	NIA entry.
1868	<p>Boundary wall to be rebuilt, tender advertised.</p>	Saunders's News-Letter 18 July
1871	<p>First detailed published plan of the layout of the whole site. Apparently shows the original grounds layout completed c.1850. Probably reflects the alterations executed in the 1860s.</p>	OS 6" 2nd edn

1872	<p>Owners & occupiers; valuation map is 1st published survey of building and layout</p> <p>Plot 2: Occupier: District Lunatic Asylum Immediate Lessor: Sir George Whitford</p> <p>Tenement: Land attached to asylum; 21 acres, 1 rood and 37 perches</p> <p>Valuation: £77</p> <p>Plot 3: Occupier: George Kinahan Esq. Immediate Lessor: Comrs. Of Public Works</p> <p>Tenement: Land; 9 acres and 31 perches</p> <p>Valuation: £33</p>	Griffith Valuation OS base and schedule
1874	Report in BMJ notes that 'there is nothing distinctive in its general aspect from what is observable in ordinary hospitals for the insane; ... the grounds of 28 acres may be considered quite open, surrounded by a wall of from 8 to 10 feet. ... Up to the present time, but 6 patients permanently escaped'.	BMJ, 3 January, 25.
1901	Detached Catholic chapel erected designed by James Franklin Fuller (1835-1924). 'The Committee of Management of the Central Asylum invite tenders for the proposed alterations and additions to the Asylum. The tenders will be considered on 12th June. Mr JF Fuller of Brunswick Chambers Dublin is the Architect.' It is likely that this is what necessitated the remodelled main drive on a new line to SW, serpentine with line of trees on S side (see 1908 OS).	Irish Builder (6 June 1901), 753
1908	<p>2nd published detailed mapping of the site. Comparison with 2nd edn OS shows structures still clustered around the main building. c.25 acre site intact with largely original layout, some of internal boundaries, e.g. for kitchen garden, followed previous field boundaries.</p> <p>Main changes visible since mid-C19:</p> <p>Detached Catholic chapel west of main building resulted in remodelled main drive on a new line to SW, serpentine with line of trees on S side.</p> <p>Kitchen garden extended south into Plot 3.</p> <p>Circular pavilion in kitchen garden towards W end.</p> <p>Airing courts reduced in size by inserting later buildings</p>	OS 25" 1st edition
1908	<p>Plans prepared and tenders sought for a refractory block and separate airing court.</p> <p>(snippet found on Google Books, whole vol. not available)</p>	Sessional papers. Inventory control record 1 – vol. 33, 52
1926	Report of nearly 20,000 lunatics in the Free State in public and private establishments. 139 patients in Dundrum at year end including 22 chargeable to Government of Northern Ireland.	Meath Herald & Cavan Advertiser 27 Dec 1927

1937	Last 6" OS edition has left site blank presume for security reasons. Shows the beginning of development in immediate setting along main road to west, with small houses along Annville Park south of Anna Villa in its former grounds. Other villas and grounds extant, later largely built over.	OS 6" final edition.
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APPENDIX C. HISTORIC MAPS & IMAGES

The following maps and images are in chronological order:

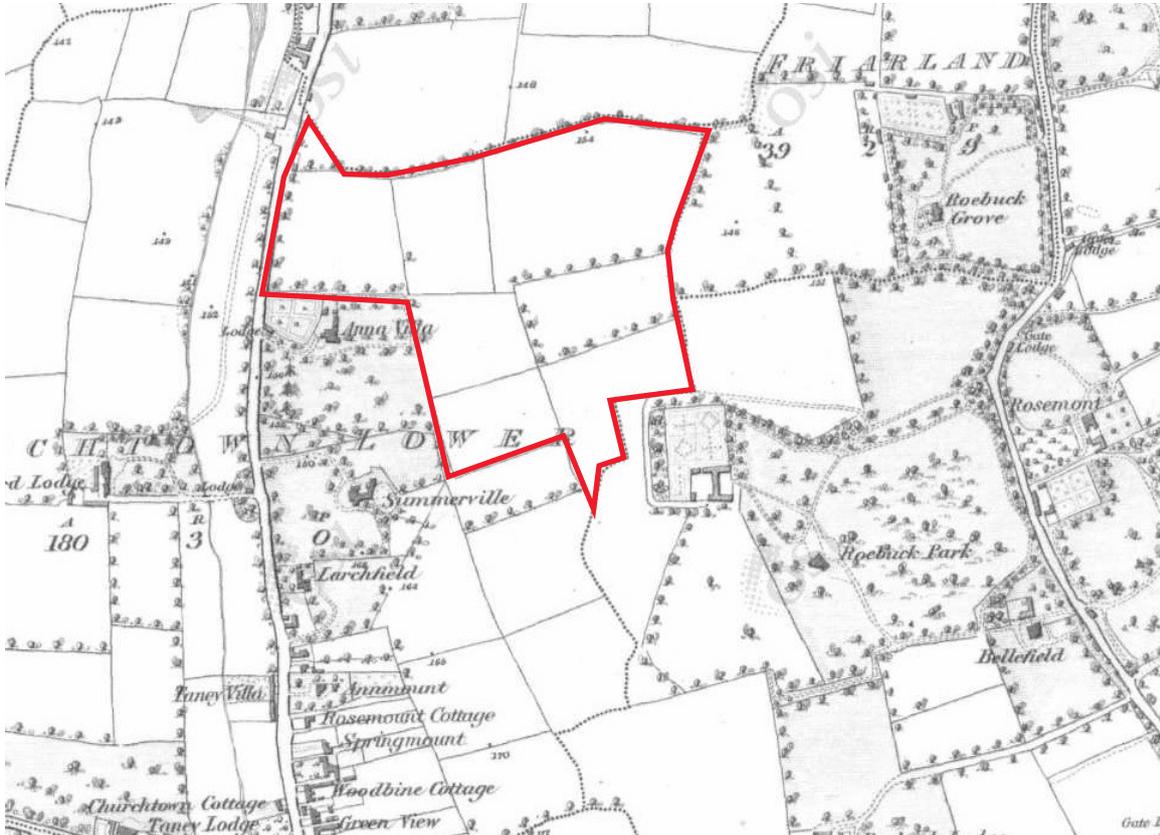


Figure 4 1836 1st edition 6" scale Ordnance Survey map of the site.

The site is outlined in red. It lay in a prestigious area of demesnes and villas including the adjacent Anna Villa, Summerville, Larchfield, Roebuck Grove and Roebuck Park and Bellefield.

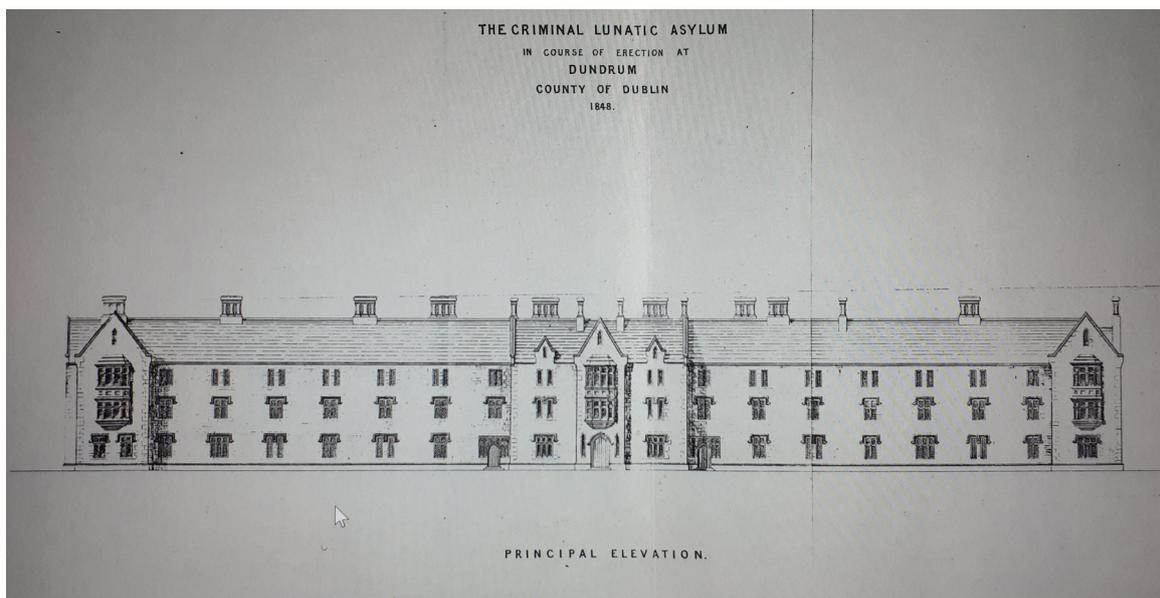


Figure 5 1848 Criminal Lunatic Asylum plan, proposed principal elevation

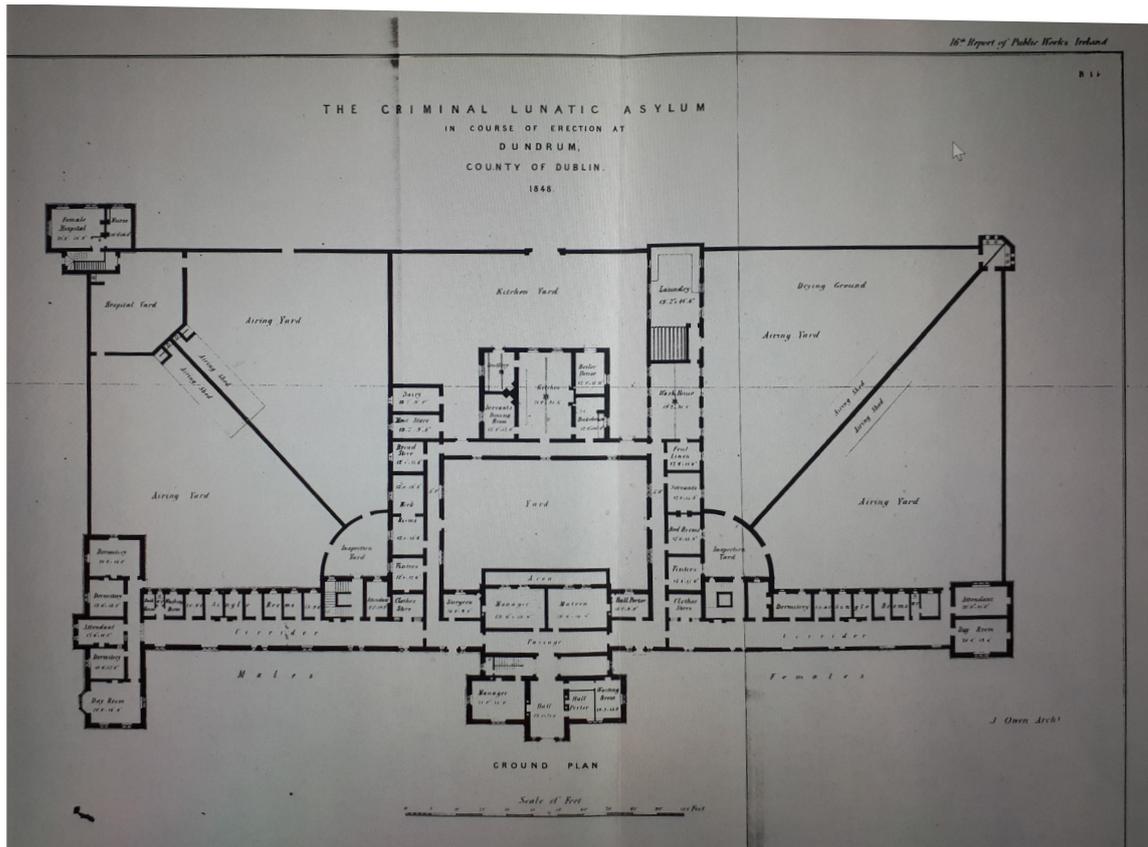


Figure 6 1848 Criminal Lunatic Asylum part plan of airing courts and yards.

This differs from the 1850 layout published. (16th Report from Commissioners).



Figure 7 1850, Engraving of Main Elevation, Jacob Owen Architect (Wellcome Collection V0012561).

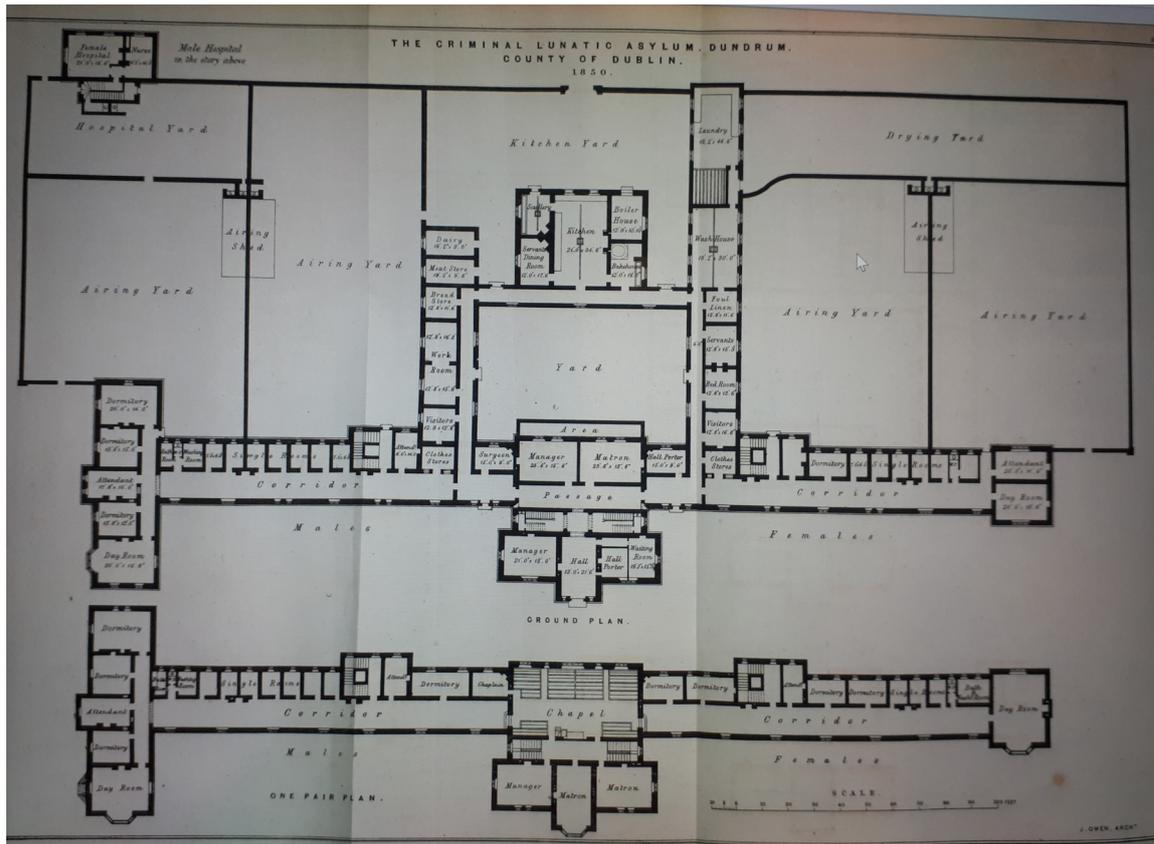


Figure 8 1850, Engraving of Floor Plan and Annotated Layout, Jacob Owen Architect (Wellcome Collection V0012562).

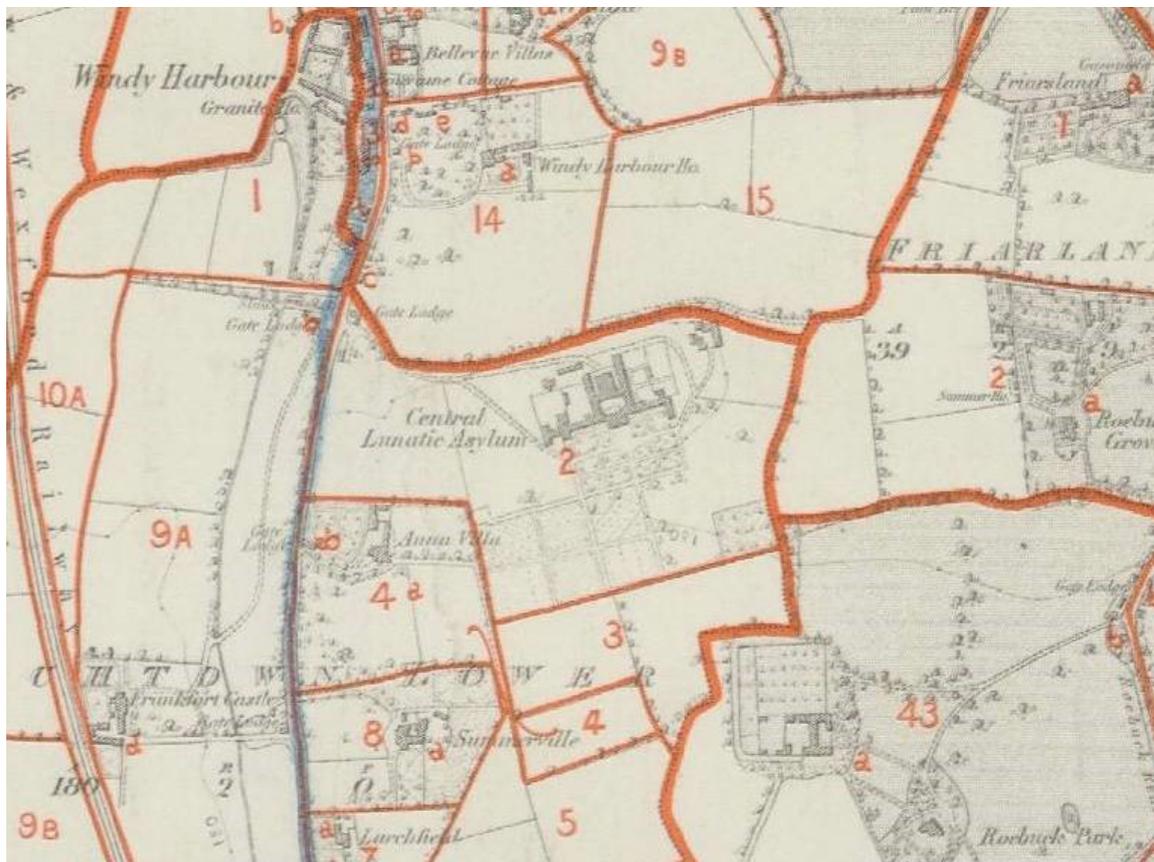


Figure 9 1871, 2nd edition 6" scale Ordnance Survey. This is the first published detailed map of the layout.

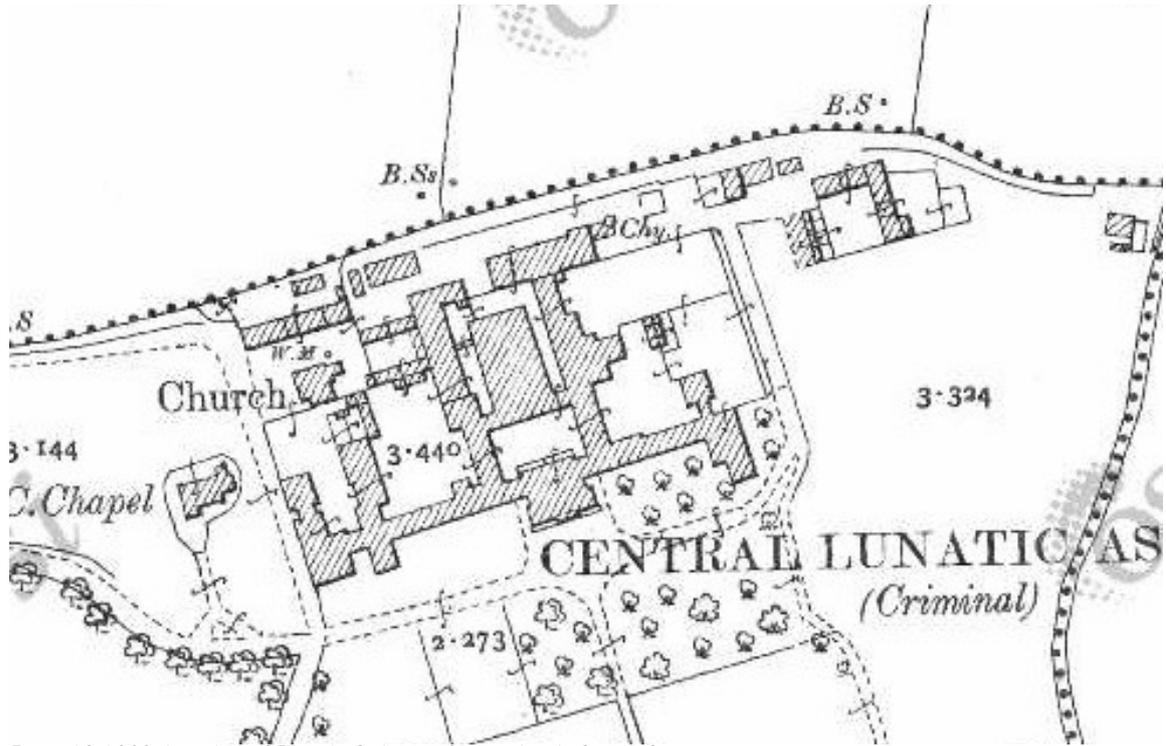


Figure 12 1908, 1st edition 25" scale Ordnance Survey, detail of core of site.

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APPENDIX D. HISTORICAL CONTEXT

D.1. CONTEXT OF DEVELOPMENT OF C19 ASYLUMS SYSTEM IN IRELAND

The following commentary draws on Prior (2012).

The psychiatric in-patient population in Ireland from 1817 to 2000 started at a low level in the early C19 and increased rapidly between 1830 and 1890. After that it continued at a steady pace until 1956, and then began a steady decline that has continued until now.

Some of the faults of the early C19 asylums were rectified in asylums built in the 1840s-50s.

Improvements included in the provision of lavatories and bathrooms, with a proper supply of water; of recreations halls, chapels, and extensive kitchens and offices, infirmaries and arrangements for ventilation. (Inquiry on Lunatic Asylums 1857, Part I, Report, 13)

However deficiencies remained. Airing courts and day rooms were usually on the north side of the building which led to them being '*cold and cheerless*', the sewerage system and water supply was often '*imperfect or ill-planned*', and the quality of water questionable. Even where there were water closets, they were often kept locked so that the patients could not use them. The list went on – ventilation systems did not work, recreation halls were not used, and walls were bare and cheerless.

'In corridor or day-room, the lunatic sees nothing but the one undiversified white wall – giving to these hospitals, intended for the restoration of the alienated mind, an air of blankness and desolation more calculated to fix than to remove the awful disease under which it labours.' (Inquiry on Lunatic Asylums 1857, Part I, Report, 13)

In the mid-C19 the main issue dominating annual reports was that of overcrowding in asylums and the growing demand for more beds. A period of expansion began in the 1860s, leading to an increase in the size and the number of asylums. This included Dundrum. However, in spite of this expansion, the demand continued to exceed supply.

By the beginning of the C20, 22 asylums in Ireland provided over 16,000 beds funded from the public purse. Alongside the growth in asylum size and number was the development of a new speciality within medicine and the creation of a system of various classes of patients based on their symptoms.

By 2006, when Vision for Change was published, there had been considerable progress. Psychiatric units in general hospitals had increased, as had community based residences and day care centres. Some of the large mental hospitals, originally built as asylums, continued to function as psychiatric hospitals but the total number of psychiatric beds had decreased by approximately 67% (from 12,484 in 1984 to 4,121 in 2004) as had the rate of psychiatric admissions.²⁴ However, the community care model as envisaged in Planning for the Future in 1984 had not materialised. Multi-disciplinary community based mental health teams responding flexibly to the needs of people seeking help from the psychiatric service remained to be properly implemented.

D.2. ARCHITECTURE OF C19 ASYLUMS IN IRELAND

Reuber (1996) identified five main phases in asylum design as follows:

1. 1810-14, Richmond Asylum, Dublin, Francis Johnston. An isolated and pioneering example, the first public asylum in Ireland, intended for isolation and classification. Quadrangular around a central courtyard with one dominant range and rear service wing. Very small grounds.
2. 1817-35 the first group of 8 district asylums, was initiated by Chief Secretary Robert Peel. This was based on radial design to foster concepts of a psychological, 'moral' management and 'panoptic' architecture allowing surveillance from a central point along radiating wings. It resulted in an X and smaller K-shaped plan form. E.g. Limerick (1824-26) (see Appendix 5).

The institutions were intended to foster the 'ideal' family environment. Airing courts were provided next to the building for use of patients in adjacent wards.

3. 1845-55, the second group of 6 district asylums plus the central criminal asylum. These adopted a 'corridor' layout, based on a main corridor with axial split in to male and female halves. The design was intended to allow proper 'moral management' of inmates and create a therapeutic family environment. E.g. Sligo (1852-55). Airing courts and more extensive wider grounds were provided on the country house model also adopted in Britain, but the grounds were still not as extensive as in Britain which commonly had farms, cemeteries, cricket pitches. In Britain the airing courts were on the south side of the building and often enclosed by ha-ha boundaries to allow uninterrupted views of the wider asylum grounds and beyond. See examples in Appendix 5.
4. 1862-69, treatment moved towards psychological management by 'association'. Designs based on Instructions for the Guidance of Architects when Furnishing Designs for Lunatic Asylums, Board of Works (1867) and accommodate 3 classes of male and female lunatics. These contained more independent units heralding the later pavilion plan form seen in Britain and Europe with central services at hub. E.g. Downpatrick (1866-69).
5. 1894-1922 pavilion form. These were intended to foster the development of an ideal, curative society. Ward pavilions were initially arranged in echelon style in extensive grounds, linked by covered ways to the central service core, e.g. Portrane (1894-1904). These developed from the 1910s into detached scattered ward villas and service buildings in expansive grounds, e.g. Purdysburn (1913-22), designed by the prolific English asylum architect GT Hine.

These broadly reflected contemporary phases of asylum development in British asylums.

D.3. THE DEVELOPMENT & CONTENT OF ASYLUM GROUNDS

'Both with reference to health and recreation, as well as to employment, the airing-courts and grounds and gardens of an asylum are worthy of especial attention.'

John Conolly, *The Construction and Government of Lunatic Asylums* (1847).

Several key contextual aspects relate to the landscape design at Dundrum Hospital, based on its main phase of creation as the State Criminal Lunatic Asylum in the late 1840s. These are discussed below as the basis for an assessment of the significance of the site in its wider historical context.

Bethlem in London having been rebuilt in the 1670s as the first purpose-built lunatic asylum, it was not until the C18 that more purpose-built asylums were erected. Of these, the York Retreat was a catalyst for future asylums in both Britain and Ireland to be built following 'moral treatment' principles, resulting in more humanitarian regimes and the use of the designed grounds as patient facilities. A number of privately run asylums were also opened, but few of these were purpose-built, instead mainly occupying former urban or country houses.

The Lunatics Act of 1808 in England permitted county justices to build rate-funded pauper asylums, and led to the establishment of over a dozen purpose-built county asylums, together with several further charitable asylums. In 1845 the Lunacy Act made it compulsory for counties to make provision for their pauper lunatics, resulting in a further 50 or so asylums being built from scratch in the 35 years to 1880. This reflected the legislation in Ireland.

In 1847 John Conolly, Superintendent of the Middlesex Asylum at Hanwell, who was a rising star in the world of asylum medicine, made his name in print with *The Construction and Government of Lunatic Asylums*. This straightforward book appeared at just the moment when many districts and counties required advice on the asylums they were contemplating erecting. It had a great influence on subsequent government advice and, among much other advice he gave, explained the reasoning behind the provision of ornamented grounds and parkland for the asylum.

The following is a selection of extracts from Conolly's book relating to the grounds:

- The external aspect of an asylum should be more cheerful than imposing, more resembling a well-built hospital than a place of seclusion or imprisonment. It should be surrounded by gardens or a farm (p.14).
- The windows [of the galleries and day rooms] should be low and large, affording a view of pleasant courts and shrubberies (p.15).
- As a general rule in an asylum, every patient capable of moving about should be out of doors at least an hour or two every day and the most active, who yet cannot be regularly employed, should be out several hours (p.50).
- The value of opportunities of enjoying air and exercise has long been recognized by the committee at Hanwell; ... [here the committee has made] the airing-courts and large fields in front of the asylum more convenient and more cheerful. Nearly every airing court has been converted into a garden, and an abundant portion of ground assigned to the entire use of the most tranquil and orderly patients (p.51).
- Shrubs and trees have been planted, which promise shade and refreshment for years to come; summerhouses have been erected, and numerous seats scattered about. ... positive happiness thus conferred upon many of the tranquil and incurable whom modern views would consign to the comfortless yards of workhouses (p.51).
- Those who are excited are induced to walk about and exercise gives them relief (p.52).
- Sometimes a certain number of the female patients walk into the orchards with a nurse and are found to be interested in the progress of the fruit and vegetables (p.52).
- The larger exercising-grounds of asylums should always contain summer-houses, flower-borders, wide gravel walks between rows of lime trees or other trees of quick growth, not obstructing the proper inspection of the patients when walking there. A bowling-green, a cricket-ground, seats under the trees, and the encouragement of ball-playing, or hoop or battledore, or trap-ball or ninepins are all worth remembering; and buildings containing birds of various kinds and tame animals will be found to interest many of the patients. A piece of shallow water with ducks and other aquatic fowl would also give them pleasure (p.52).
- In the airing courts of the more mischievous of the patients, shrubs and trees are not so useful (p.53).
- Nothing is so agreeable in all weathers as smooth gravel [for paths] (p.53).
- Employment of some kind ranks the highest [in promoting recovery and mental stimulation] (p.77).
- More men recover who work in the gardens and on the farms than in the tailors' or the shoemakers' shops. Farm and garden work is not only more active, but more various, and therefore more remedial (p.79).
- Those patients who are employed in the workshops, laundries, bakehouses, etc, should be induced occasionally to walk round the field or gardens (p.80).

By the 1840s the landscape elements of the standard asylum were formulated. The landscape for the criminal lunatics at Dundrum was based on this model, incorporating many of the features recommended by Conolly. It was not of a punitive character but ornamental in order to promote the cure of the patients' mental illness, with an economic purpose in the production of food for the institution from which male patients benefitted as part of their therapeutic regime.

Whether for paupers, for the 'middling classes', or for the rich, the formula was largely based on the country house demesne, but adapted to fit therapeutic and institutional needs. A landscape designer was often used so that the patients had the best restorative environment possible. The designer at Dundrum has not yet been identified.

The key was seen as the provision of fresh air and exercise and diversions. The need for fresh, pure air remained from the ancient theory of miasma, the theory that disease was the result of bad air (miasma), prompting an emphasis on fresh air and ventilation within the building and the need for access to further curative fresh air outside. A situation well away from industrial pollution was always sought, preferably in the peace and quiet of the countryside.

The buildings at Dundrum were as in all these landscape designs, the principal focus of the landscape design. The building was constructed on the typical 'corridor plan' which combined a central administration block flanked by long narrow wings of patients' accommodation. Galleries on the south side used as dayrooms gave access to dormitories and single patients' rooms on the north side.

The typical C19 asylum landscape (and Dundrum was no exception) contained most of the usual paraphernalia of the traditional ornamented rural estate, including

- drives
- lodges and ornamental gateways
- parkland
- home farm farmstead
- extensive farmland
- kitchen gardens, orchards and glasshouses
- pleasure grounds
- garden pavilions for shelter
- demesne walls
- demesne church
- cricket ground or other sports pitches

The male patients who were capable were persuaded to work on the farm, gardens and in the parkland, which had a dual economic purpose as well as therapeutic. British asylums usually had extensive areas of farmland enclosing the core buildings and airing courts, but the mid-C19 Irish asylums had little farmland, although they were ornamented with pleasure ground planting and had long ornamental drives to the buildings. The pleasure grounds and parkland were intended to be used for supervised recreational activities such as games, picnics and walks for both sexes.

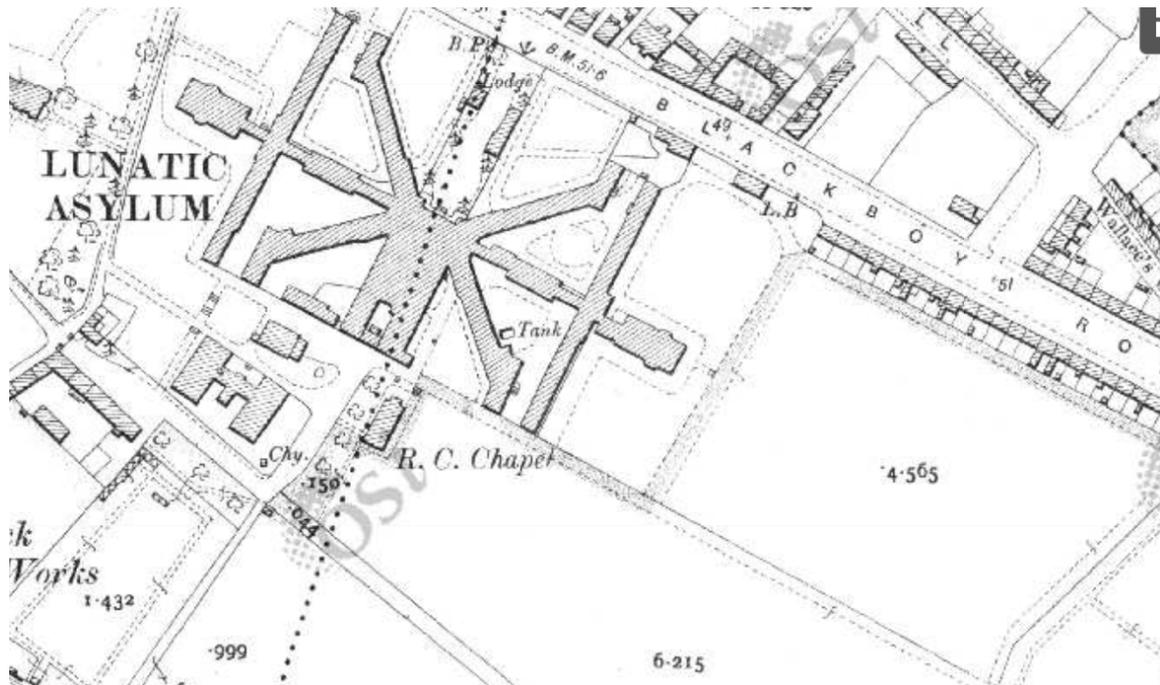
The main difference between the landscape park and the asylum estate was the presence next to the asylum building of enclosed exercise yards, or airing courts, which replaced the typical Victorian formal terrace which surrounded so many country houses. Male and female patients were, as always, segregated, and for each sex there were several airing courts allocated to different medical classes of patients. The airing courts were laid out ornamentally, usually to enhance a pleasant, elevated view out which was perceived to calm and cheer the patients, and contained benches and shelters, and perhaps privies. From 1950s the airing courts were often opened up by the removal of boundaries, in order to provide a less confined atmosphere for patients. However, some sites including Dundrum Hospital retain the airing court walls. Occasionally some of the boundary structures still remain, but more frequently found are the attractive little shelters (sometimes even thatched), path systems and planting.

APPENDIX E. CONTEXT OF EARLY-MID-C19 IRISH ASYLUMS

This section presents comparable early-mid-C19 Irish district asylums with the layouts as depicted on early C20 maps and some images of the buildings in their settings.

E.1. 1ST MAIN PHASE OF ASYLUM BUILDING, 1820S-30S, X OR K PLAN BUILDINGS.

Limerick 1826 designed by Francis Johnston and William Murphy in classical style, opened in January 1827. This is an example of an X-plan building which stands in relatively confined grounds. The wings of the building enclose airing courts for patient exercise.



Limerick - 1908 OSI Map

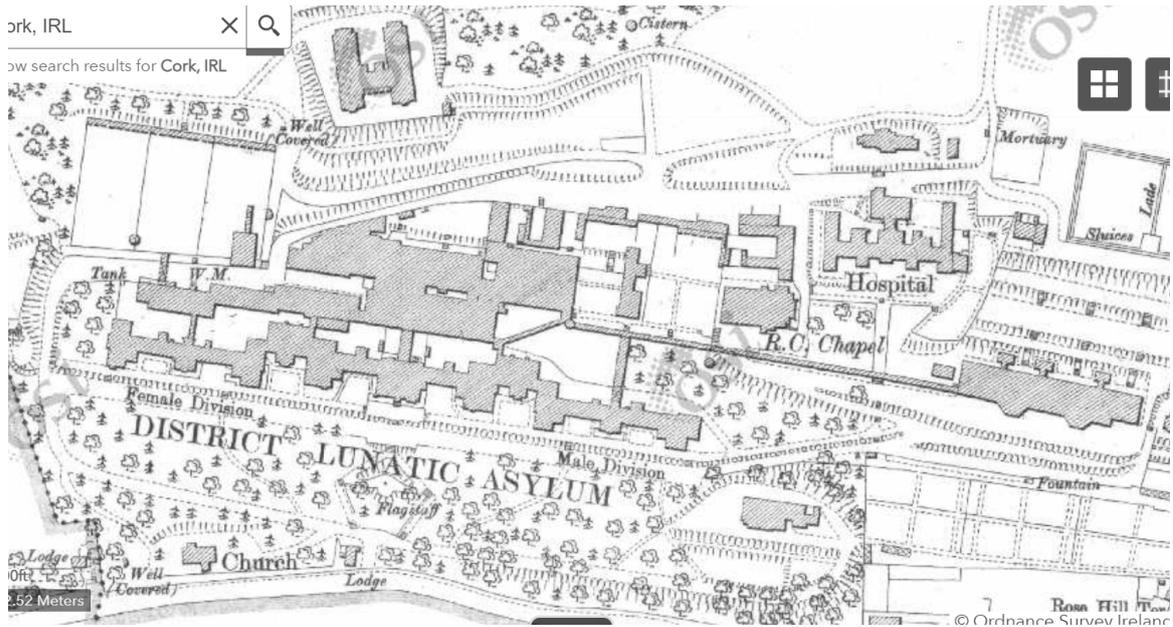


Saint Joseph's Hospital (Limerick Asylum) c.2020

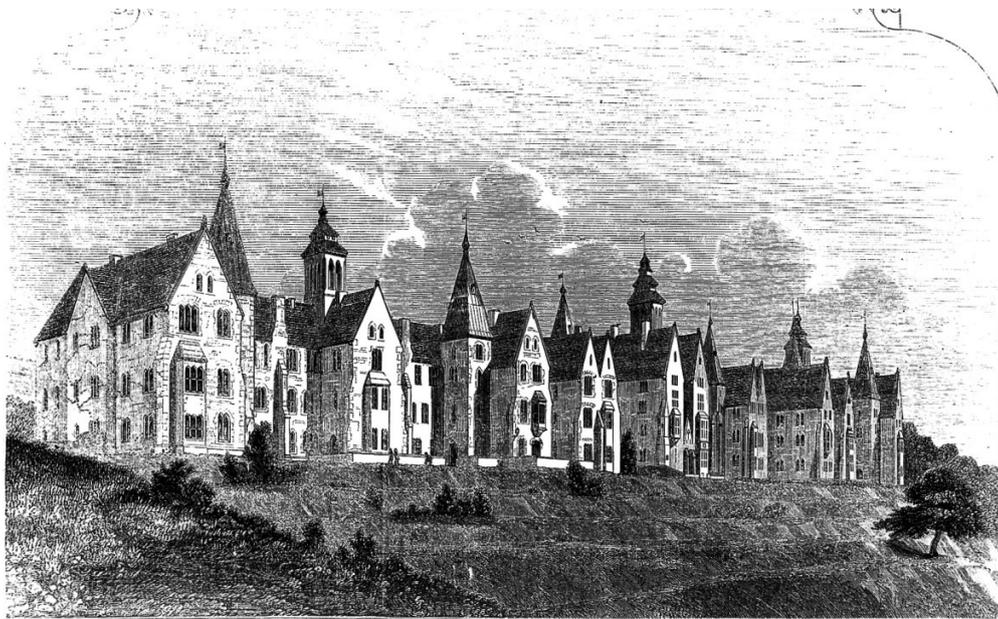
A.2. 2ND PHASE OF ASYLUM BUILDING, 1840-50 CORRIDOR PLAN

Cork Asylum designed by William Atkins in the Gothic revival style and built by Alex Dean, named after the Earl of Eglington, the Lord Lieutenant of Ireland. The airing courts are enclosed by the wings of the building. The site is terraced down to the river to the south and the main drive runs along the south front overlooking the terraces planted with many specimen trees. Kitchen garden in the bottom right. Extensive pleasure grounds between the building and river at the bottom.

Much of the landscape layout survives as shown on recent aerial photographs. High roadside stone wall on Lee Road with grand gateway & lodge.

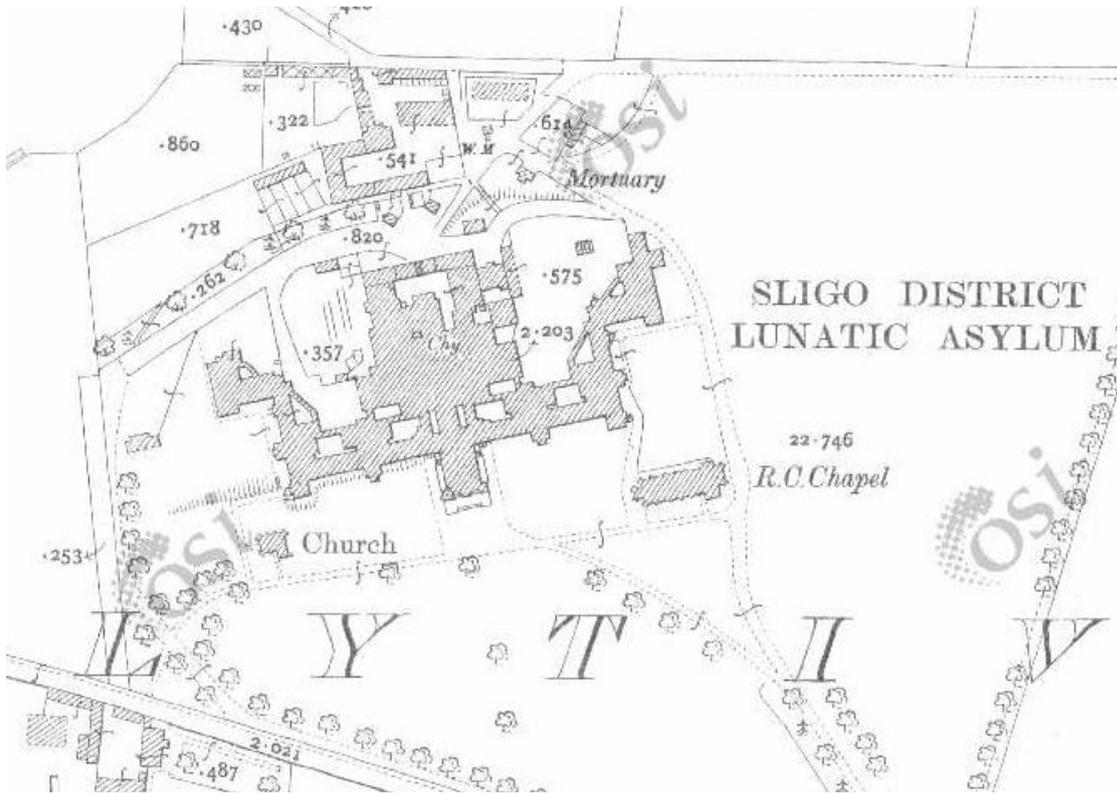


Cork (Eglington) Asylum - 1908 OSI Map



THE EGLINTON LUNATIC ASYLUM, CORK.—MR. W. ATKINS, ARCHTET.

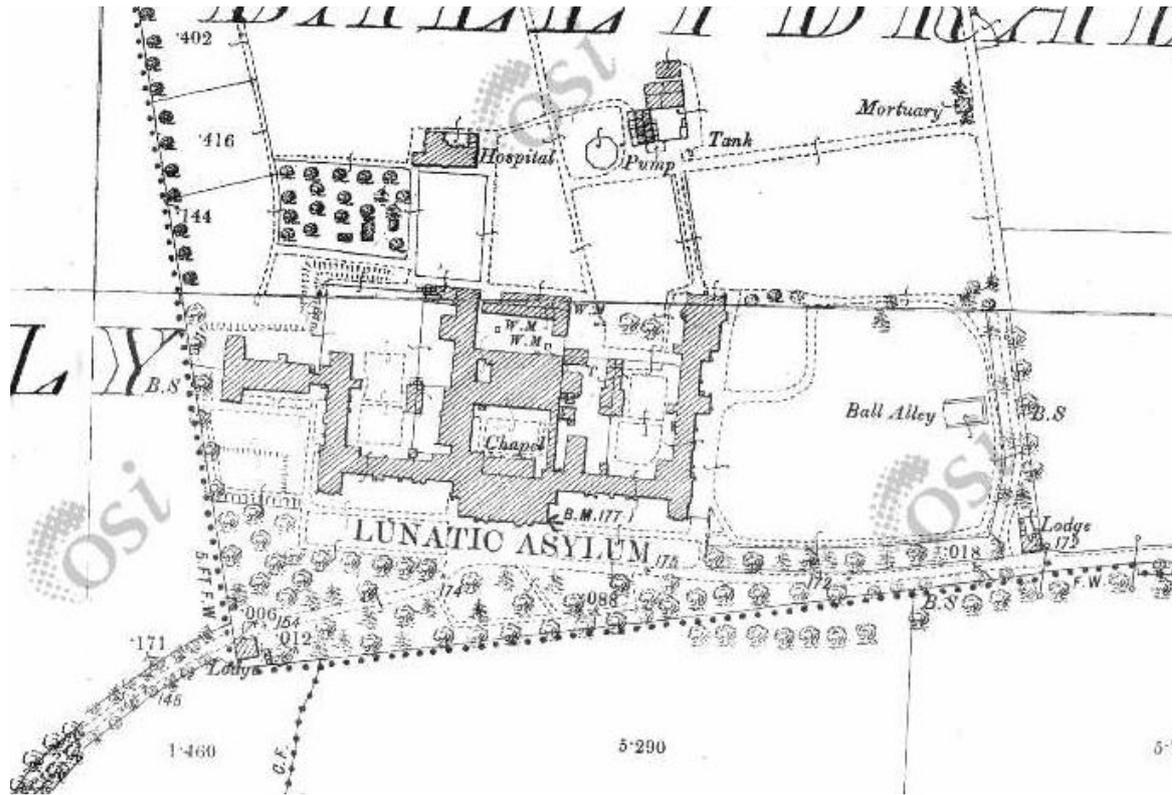
Sligo designed by William Deane Butler in loose Tudorbethan style, opened in 1855. Clarion Road. Stone roadside wall, 2m high, view of building beyond.



Sligo District Asylum - 1908 OSI Map



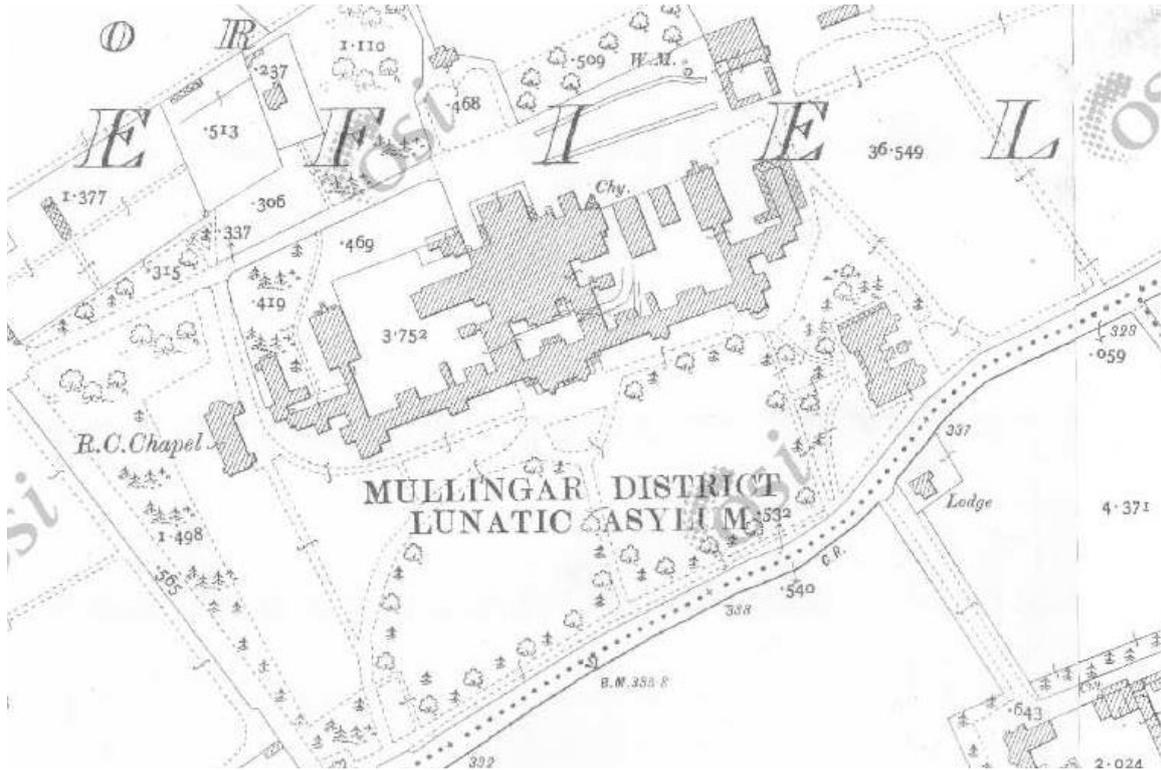
Clayton Hotel Sligo (Sligo Asylum) c.2020. Large new buildings now surround the hospital building to the west and north. Little of the grounds survives.



Killarney Asylum - 1908 OSI Map. Designed by Thomas Deane, in Jacobean style opened in 1852.



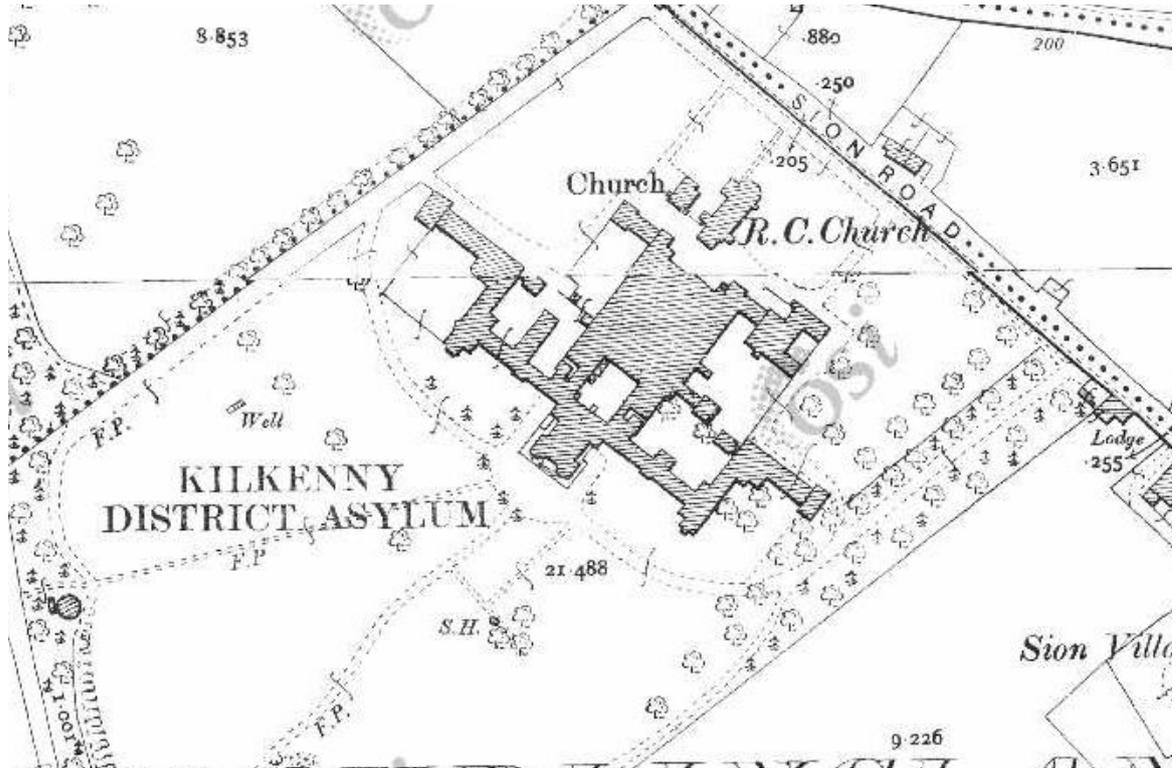
Killarney Asylum c.2020



Mullingar Distric Lunatic Asylum - 1908 OSI Map.A 41 bay, 3 storey psychiatric hospital built on 25 acres of land purchased in 1848 for £829[1] 1855, extended c.1895.Tudor Gothic style



Mullingar c.2020. Grounds survive partly intact until recently with perimeter encroachments. Remains of stone roadside wall, now reduced height and railings



Kilkenny District Asylum - 1908 OSI Map. Designed in Tudor style, by George Papworth a British architect who practised mainly in Ireland during the C19, brother of John Buonarotti Papworth. Opened 1852.



St. Canice's Psychiatric Hospital (Kilkenny Asylum) c.2020

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