

The Kildare Lock Hospital

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Introduction

The subject of this paper is the Kildare Lock Hospital. The hospital was constructed on a green-field site leased from the then duke of Leinster on the northern outskirts of Kildare town and opened on 6 December 1869. It was built by direction of the British Secretary of State for the War Department and known officially as the Curragh Lock Hospital because of its close association with the then recently constructed Curragh Military Camp for 10,000 soldiers of the British Army. The hospital operated under the auspices of the Contagious Disease Acts until the repeal of these Acts. The term 'lock hospital' was the name given to institutions treating venereal diseases. The original 'lock hospital' is believed to have been built in the twelfth century in Southwark area of London specialising in the treatment of leprosy and 'lock' is believed to have derived from the locks or rags which covered the leprosy patient's sores. However, by the eighteenth century, leprosy was no longer a problem in England and the Southwark hospital began treating patients with venereal diseases.

The life of the Kildare Lock Hospital was relatively short compared with the normal life of a hospital and should not be confused with the County Infirmary which was located a short distance away on the opposite side of the road (N7) on the site of the present Curragh Lodge Hotel. Many motorists will have been familiar with this road prior to the opening of the Kildare by-pass while many locals will refer to it as Hospital Street more likely taking its name from the Lock Hospital rather than the County

Infirmery which had existed from a much earlier period and lasted much longer. The story of the Lock Hospital has not been a focal point for local historians and a difficult subject to raise with locals. This may signify Victorian attitudes, reticence about sexual matters or communal embarrassment that such a place should be in Kildare. The debate on this seedy side of army life and the sordid lives of the prostitutes at that time first appeared in the periodical *All the Year Round*. This periodical, which was for a time edited by Charles Dickens, frequently published material relating to the seedy side of army life in Co. Kildare. The source of the material was received from either officers who served in Ireland or from visitors to the locality.

The problem with venereal disease was not unique to County Kildare and the legislators in the parliament in Westminster struggled to find solutions to the serious crisis, which the disease posed for the military at that time. Some of the leading gentry families in County Kildare such as the duke of Leinster, Lord Mayo and the marquis of Drogheda, apart from looking after their family estates, played an active and important political role in finding a solution. These families contributed to the well being of the county and country more than later history would credit them. The necessary legislation for the building and control of the Kildare Lock Hospital was provided by the Contagious Disease Acts, in particular the acts of 1864, 1866 and 1889. On the other hand, the Repeal Act of 1886 effectively removed the lifeline of this institution. The earlier Acts in a way suggested that prostitution was a necessity for a 'professional bachelor' army, a 'part of the kit' so to speak. A woman could be taken into a Lock Hospital on the basis of an allegation that she was unclean or a prostitute, even from a soldier who might just have 'had his way' with her. Such legislation became very controversial even for

Victorian times and may have provided the launching pad for the women's movement as they demonstrated a male dominated society where women were blamed for the moral standards of the infected enlisted men.

The Curragh camp, prostitution and Curragh Commission

The new camp had brought with it the promise of much economic benefit to a country just recovering from the great famine. Permanent jobs for civilian workers, contracts for provisions, patronage of local shops and hostelrys, even increased payment to clergy created an unprecedented cash flow locally. There had already been garrisons at Naas and nearby Newbridge and at the latter the seedy side of army life had shown itself in terms of crime and prostitution. The impact from the provision of a much larger garrison on the historic Curragh of Kildare caused major problems to the local community. The response and attitude of the locals is well documented, in particular, the sad and sordid lives of the prostitutes living in the wild on the Curragh plains.

The Curragh plain is an area of almost 5,000 statute acres which since the earliest times has been a great unenclosed plain dating back over two millennia. Management of the lands was carried out by the Ranger of the Curragh, which was a prestige appointment and selected from prominent gentry families. The post holders for the period of this paper were Robert Browne from Galway (1818-1868) and Henry Moore, third marquis of Drogheda from Moore Abbey at Monasterevin (1868-1892). Following the passing of the 1961 Curragh of Kildare Act, the post of Ranger was abolished and the responsibility for management of the Curragh passed to the Minister for Defence.

The outbreak of the Crimean War (1853-1856) led to the construction of the camp for 10,000 men in 1855.¹ Shortly after the completion and occupation of the newly constructed military camp on the Curragh of Kildare in 1855, trouble erupted from elements of the camp followers and large numbers of off-duty soldiers. This led a Kildare cesspayer to voice his opinion about troops on St Brigid's pasture in the local newspaper of the area:

One of the great evils accompanying a great body of men is the number of loose and impure characters who follow in train. This evil has arisen on the Curragh, and the government found it necessary to put police there, and to fix the camp as the residence of resident magistrate Capt. Hill late 25th Regiment. This gentleman, it appears, has all the women found loitering around the camp brought before him as vagrants and trespassers, and sent to the county jail for two months. Naas jail is crowded with the abandoned, diseased prostitutes of Ireland, and the cesspayer is burthened.²

The cesspayer concluded 'That county prisons should be Lock hospitals, and in justice to the cesspayers, and to other female prisoners, and to the officers of the jail, something should be done'.³

These women with their undesirable moral and social habits, often behaving in a disorderly manner, committed a series of crimes including theft and drunkenness both inside and outside the camp. This was seen as a disruption to normal decent law abiding local people who viewed these women as wretched and diseased. In fact serious problems of this nature were being experienced in garrison towns throughout the country.⁴ The antiquarian Stirling Coyne writing in 1847, while referring to the grandeur of Dublin, also identified the debauchery, drunkenness and disreputable scenes in the vicinity of the Royal barracks (now part of the National Museum) which shocked the feelings of the respectable part of the community⁵. Many of these women just followed soldiers from one barracks or camp to another depending on where these men were

posted. A live issue of the day was the scandal being imposed on the local people and the nuisance to the civil constabulary caused by the presence of these women near the army camp at the Curragh and the barracks in Newbridge.

Active association between the soldiers at the Curragh and the prostitutes was taking place and prostitutes were frequently before the Petty Sessions for various crimes. There was the additional problem of sickness within the camp. The medical records from the camp showed that the principal disease affecting the troops was venereal disease with almost 40% of the troops receiving treatment for the disease annually.⁶ Communication between the War Office and Army Headquarters in Dublin took place in the autumn of 1859 on the subject of setting up a Lock Hospital to tackle the serious situation then confronting the army.⁷ Lord Naas, who ran a successful bloodstock business from his family seat at Palmerstown, Naas, succeeded as the sixth earl of Mayo in 1868 and shortly afterwards was appointed to the high office of Chief Secretary of Ireland.⁸ Mayo was now in effect running the country and took an active role in providing rescue facilities for the prostitutes at the Curragh, first at Naas Workhouse and later at the Kildare Lock Hospital.

Existing health services and the Contagious Disease Acts

The army provided within its own structure facilities to deal with the day-to-day health needs of the troops. The needs of the local community were served to some degree by the Kildare infirmary but mainly by the workhouse, which was also the fate for the diseased prostitutes. The public health service operating during this period was based on the Irish Poor Relief Act (Ireland) 1838 which created the Poor Law Unions and

Boards of Guardians. The Naas Union workhouse, which opened in 1841, catered for the Curragh and its environs. The regime in Naas workhouse was harsh like the other workhouses but the fate of the unfortunate women from the Curragh, who were treated as outcasts by both church and society, was that they had to endure a status in this workhouse below that of the pauper.⁹ These women were not accommodated within the main buildings but in roughly built sheds cut off from the other inmates. These facilities were overcrowded and had poor sanitation.

The County infirmary at Kildare first opened in 1767 under the control of a Board of Governors formed from the gentry including the duke of Leinster, Lady Conolly and the clergy, with support from the Grand Jury. Dr. Sam Chaplin, who was to play a prominent role in the running of the Kildare Lock Hospital, was appointed surgeon at the infirmary in 1855 and continued his association with it for over thirty years.¹⁰ While the county infirmary was operating as a hospital at this time, nevertheless, the treatment of the diseased prostitutes was confined to Naas workhouse.

The passing of the first of four Contagious Disease Acts in 1864 prompted official action. The Act provided for the certification of certain hospitals and applied to specific areas including the parishes in the vicinity of the Curragh.¹¹ Power was given to the police to arrest and bring before a magistrate any woman thought to be diseased. The 1866 Act also provided for the moral and religious instruction of the women detained which added a moral reclamation aspect to the legislation. The health system as existed at the time showed its limitations particularly with regard to the destitute. If evidence was needed of a one sided approach, the Contagious Disease Act certainly provided it. The penal aspect applied only to the unfortunate women and the inclusion of the moral

reclamation appeared to be a sop to the opposition lobby or wishful thinking at best. In any event the Acts were part and parcel of the government Lock hospitals and these hospitals required their full implementation to enable them to operate fully.

Location, design and building of the Lock hospital

In January 1866 the War Office in London was concerned about the provision of a Lock Hospital at the Curragh to deal with the provisions of the Contagious Disease Act. In a communication with the General Officer commanding the forces in Ireland, the issue of finding a suitable site for the hospital was raised.¹² Several options were considered including extensions to Naas workhouse, Kildare infirmary, Athy army barracks and the Curragh itself. All of which met with resistance. Plans had by that stage been drawn up by the Royal Engineers for a Lock ward at Kildare infirmary estimated at £1,000 for a wooden structure or £1,400 should it be built in brick but this did not proceed.¹³ Eventually the project was rescued by the kind offer of a site by the duke of Leinster on the outskirts of Kildare town. General Strathnairn in a letter to his superiors at the War Office in London wrote:

His Grace the duke of Leinster has in the handsomest manner offered the site shown in the enclosed map for the proposed Lock Ward at a rent of £5 per annum for an acre and a half with a bonus of £30 to the tenant. Nothing could seem better adapted for the object in view and I would venture strongly to recommend His Grace's liberal offer for your favourable consideration.¹⁴

The offer was accepted and an agreement was made on 4 February 1867 and embodied in a lease, executed on 14 April 1868, between, His Grace the duke of Leinster and the Secretary of State for the War Department.¹⁵

The task of designing the Kildare Lock Hospital was assigned to the School of Military Engineering at Chatham in Kent on the direction of the War Department. This

military establishment had developed professional expertise in a wide area of construction design including the Lock Hospitals at Chatham itself, Colchester, Aldershot, Pembroke Dock, Gibraltar and in India. The design chosen reflected the features of the other recently constructed Lock hospitals, which basically consisted of a long corridor linking three blocks widely spaced using a single storey pavilion principle. It provided for unobstructed air circulation and light, which were two of the main objectives of the pavilion principle. During this period the Royal Engineers main emphasis on building depended on the purpose for which the building was intended to serve. In the British Isles, barracks and hospital blocks were built where possible, with their longer axis north and south, with windows facing east and west. By applying this principle it was possible to get an even distribution of sunlight and air without excessive glare or chill, and consequently a fairly equitable temperature throughout the rooms.¹⁶ On examination of the plans, (Figures I & II) Kildare Lock hospital mirrored the thinking of the time.

The starting date of the main contract was 10 June 1868 and works were completed just over a year afterwards on 29 July 1869. At design stage the building costs were estimated at £6,048 and following a tender competition a tender of £5,200 was accepted. However, as with most building projects there were hidden extras of £121 and surveyors fees and miscellaneous charges added a further £784 which brought the finished costs to £6,105.¹⁷ The hospital was located a distance (as the crow flies) of three miles and 1 furlong from the Flag Staff at the Curragh Camp but some distance further by road. The site, which consisted of an area of one acre, two roods and nineteen perches was set back over 100 metres from the main road and linked by an avenue. The external

boundary walls of the hospital grounds were constructed of dressed stone masonry and capped. The hospital walls were constructed using local Athy stock bricks and hollow (cavity) walls were used for the wards and store building. The foundations were of brick laid on concrete. Slates were used on the roofs and the gables of the various buildings for weathering purposes. The connecting corridor, which was veranda-like in appearance, had a height of approximately eleven feet and a curved corrugated iron roof. The floors consisted of one inch timber sheeting laid on plates supported by dwarf walls in accordance with the principles outlined by Major E. H. Hemming.¹⁸ The floor of the corridor was finished in asphalt. The hospital complex consisted of a long corridor linking three blocks, known as block A., B. and C. Block A, which was located beside the entrance gates, was the main reception area. This consisted of the porter's quarters, the policeman's waiting room, patient's waiting room and the medical officer's examination room. In addition to these facilities there was a bathroom and at the end next to the connecting corridor was the Protestant chapel. Block B was located fifty feet further along the corridor and on the south side of the corridor of the complex, and consisted of the matron's quarters, office, kitchen scullery and larder, clothing stores and steward's quarters. Immediately north of the corridor there was a nurse's quarter, medical store and dispensary leading on to a sixteen-bed ward. At the extreme end of this ward there was a bathroom and WC. Block C was located approximately fifty feet further along the corridor and consisted of a twenty-bed ward with a bathroom and WC at the extreme north side. South of the corridor there was a one-bed ward, nurses quarters, bath, WC, sink and shower. A Roman Catholic chapel completed the block.¹⁹

The remainder of the hospital complex was made up of two coal houses, wash room, a foul linen room, laundry which contained a washing machine, extensive drying grounds, incidental WCs and a mortuary. The water supply system consisted of a well sunk sixty-two feet to the ground water level, the shaft of which was supported by a brick lined wall.²⁰ The water was pumped to an octagonal shaped water tower approximately fifty feet high with storage for 5,000 gallons. The water supply was supplemented by the collection of rainwater from the roof guttering as was the case in all-military institutions at the time. In addition the criteria laid down that the water supply to a military establishment should provide for a two days' reserve should the system breakdown.²¹ In the case of the Kildare Lock Hospital the water supply system would also provide water with a sufficient head for fire fighting purposes. The sewage and ground storm water was relayed to a sewage tank located some distance away from the hospital complex. This called for a network of underground sewers and ancillary inspection manholes. The remainder of the site was taken up with recreation areas and drying facilities.

The engineers considered sewage disposal as a complex matter best left to specialists and the principles which govern it, in other words the immediate removal of foul matter and the prevention of foul gases.²² In addition the WC depended on a good flush and the separation of foul water from storm water particularly close to buildings. The criteria, called for even gradients, straight lines, not routing under buildings, manholes at junctions and changes in direction to provide ready access for cleaning. This also called for thorough ventilation of all parts of the system from the lowest to the highest. On close examination of the Kildare Lock Hospital site layout plan and the

hospital drawings, a whole series of these ventilating systems can be observed. All these principles were clearly followed in the design and consequent building of the hospital.

In reviewing the construction of the hospital it can be said that it was constructed to the highest specification standard known at the time. This is reflected in the construction costs of over £6,000 despite the initial proposals for Lock wards of £1,000 and £1,400. Indeed many of the design principles now form part of modern day building regulations over a century later.

Administration, staff, care and treatment of patients

Following the completion of construction works the Kildare Lock hospital opened on 6 December 1869. However, prior to this, the War Office pressed the Chief Under-Secretary at Dublin Castle to make arrangements for the staffing of the Kildare Lock hospital and the operation of the Contagious Disease Acts 1866-1869. Chief Inspector Thompson of the police at Naas was appraised of the implementation which included the procedure under the Acts as published by the War office:

Contagious Disease Acts 1866-1869
Curragh District

Periodical examination of common women.

1. All women subject to the provision of the above Acts to be called upon to sign the Voluntary Submission Paper. (2nd Schedule Form H.).
2. Should any woman object to sign, she is to be informed of the penal consequences attending such refusal, and the advantage of voluntary submission are to be pointed out to her.
3. Any such woman still refusing to submit herself is to be proceeded against under section 4, of the Act of 1869 her name being first reported to the Sub-Inspector of Constabulary at Kildare and his sanction obtained.
4. A complete register is to be kept by the police of all women subject to the provision of the Act.
5. Periodical examinations are to be made of such women at the time and place hereafter mentioned.

6. Such examination being made by visiting Surgeon in the presence of a female attendant, and no other person, until further ordered.

Place of examination: Lock Hospital, Kildare.

Time of such examination at 2.00pm.

One-third of the women weekly and absentees from examination at the next examination to that which they ought to have attended.

All newcomers into the District to be brought immediately under the operation of the Act.

The Chief Inspector arranged for these regulations to be lodged with the Resident Magistrate at the Curragh where Petty Sessions were held and the magistrate Right Honourable Major Forbes attended on a daily basis.²³ These were also issued to the clerks of the Petty Sessions at Naas, Curragh, Kildare and Kilcullen.

In compliance with the Chief Inspector of Police instructions three married policemen were appointed for duty at the Kildare Lock hospital. There was concern expressed about the suitability of the policemen in general and the position with regard to the use of single men in situations where there were no married men available or cases where married men were unsuitable. It was suggested that reserve members who knew the women in question could also be used. The official position at any rate was that the situation required that married men should be selected when practical to discharge duties in which women were concerned.²⁴ On 28 September 1869 Chief Inspector Thompson of the police at Naas was served with the notice that Dr. Samuel Chaplin had been appointed medical officer to the Kildare Lock hospital under the Contagious Diseases Acts. Dr. Chaplin wrote to Sub-Inspector Boyce at Kildare police barracks to inform him that he had received from the Secretary of State for the War Department his formal appointment to the Lock hospital.

The hospital had a permanent staff consisting of a matron, three nurses, a steward and a porter.²⁵ In addition, the three policemen appointed recorded details of admissions,

controlled the gate and generally kept law and order. Those appointed initially were Constable Robert Kennedy (No.17682), Sub-Cons. John Dempsey (No.15131) and Sub-Cons. James Plant (No.18743). Dr. Samuel Chaplin who was also the resident surgeon at the nearby Kildare infirmary was appointed Medical Officer to hospital.²⁶ A Miss Farrell had two periods of service as the matron at the hospital having apparently been transferred to the Cork Lock hospital in the intervening period.²⁷

The hospital operated in accordance with the Acts and under the regulations published by the Chief Secretary's Office at Dublin Castle. In the running of Government Lock hospitals, the patients were not allowed to go into other wards, however, there was an open courtyard in which they took exercise. The regime provided for scrupulously clean wards, a separate bed each with three blankets (an extra blanket in winter), a hair mattress, two pannikins, a half-pint and a pint tin can, a pewter spoon, a steel knife and fork and a box for personal things placed near her bed. Hospital dress was worn in place of their own clothes (which were kept by the matron), and there was a towel at each bed. Off the wards water was laid on and basins were provided for the women to wash their faces. Baths and a bidet were also provided and every effort was made to prevent any possible contagion. The patient before presenting herself to the surgeon for examination was required to use these facilities.²⁸ The examination was carried out on the special chair and this involved the woman having her ankles secured. This was regarded by some of the women and in particular by the women's reform movement as barbaric. However, medical opinion suggests that this was necessary because of the procedure the examining surgeon was obliged to carry out and the risks involved. These examinations generally involved the use of a speculum and it was the duty of the head nurse to wash

the speculum after each examination in a solution of permanganate of potash in preparation for its next use. The plan commonly pursued at Lock Hospitals was to make the patients use vaginal injections for themselves three or four times daily. The lotions used were the diluted liquor plumbi subacetatis, or solutions of sulphate of zinc, alum, or tannin, in the proportion of five grains to the ounce of water. In cases of inflammation and tenderness, the house surgeon, when the speculum was used, which was at least twice a week in all these cases, inserted a strip of lint dipped in the lead-lotion, and this was allowed to remain for three or four hours. If the inflammation was acute, the application of the strip of lint was repeated daily through a small speculum.²⁹

During the deliberations of the Skey Select Committee, Dr. Thomas Byrne who was then surgeon at the Dublin Lock hospital spoke of the treatment measures he was practicing at the time. He had a thirty-two years association with the hospital and with the treatment of venereal diseases and he favoured the compound calomel pill but did not bind himself to this form of mercury and sometimes gave bichlorite. Dr. Byrne gave an outline of a treatment procedure he practiced:

Five grains every night and watch the effect that it has on the mouth for two or three nights and then I give it twice. If the gums are not spongy I give five grains, three times per day but if the mercury disagrees with the patient I discontinue. I recourse to mercurial vapour baths to get rid of stains and help the absorption of the scales and to throw them off. I may then recourse to half drachm doses of chloride of potash. If there are severe nocturnal pains I order Dover's powder and at bed hours the simple bath.³⁰

There are no details of what medicines or drugs Dr. Chaplin used at the Kildare Lock hospital but we can be certain that the remedies mentioned earlier would have been part of general practice used in various forms as the arrival of wonder drugs such as antibiotics had to await many more years.

The diet in keeping with War Department regulations at the Kildare Lock Hospital would likely follow a similar pattern to the dietary arrangement at the other Government hospitals such as that at Woolwich and which consisted of :

Breakfast: - 8 oz. Bread; ½ pint Cocoa.

Dinner: - Five days - ½ lb. Meat; ½ lb. Potatoes.

Two days: - 1 pint Soup; Soup Meat. 1½oz. Rice.

Tea: - 6 oz. Bread, ½ pint Tea.

Supper: - 1 pint Gruel.

MEAT DIET

Breakfast: - As above.

Dinner: - ½lb. Meat, ½lb. Potatoes, every day.

Tea:- 6 oz. Bread, ½ pint Tea.

Supper: - 1 pint Gruel.

BEEF TEA AND PUDDING DIET

Breakfast: - As above, and 1 pint of Milk.

Dinner: - 1 pint Beef Tea, 2 oz. Rice in a pudding.

Tea: -. As above.

Supper: - 1 pint Gruel.

Mutton Chop or Fish, when ordered, instead of Meat Diet or ordinary. Rice occasionally instead of Potatoes. *Extras* Porter, Wine, Spirits and Milk.³¹

The hospital did not operate like a prison so the regulations of the hospital were not always adequate to deal with the attitudes adopted by some of the patients. These women having already descended into the very dregs of their degraded class, whose only shelter in summer or winter was a furze bush or a makeshift hut on the Curragh, whose life had been one of habitual debauchery and drunkenness were not going to adapt immediately to the glaze of the War Departments newly completed hospital. Initially their general appearance not to speak of their moral condition, was one of disgust and off-putting.³² The task was daunting as these ‘wrens’, as they were frequently referred to, had in addition to their disease and their inherited customs developed their own peculiar manners. Some of the habits of the women involved climbing on to the walls and roofs

and inter-acting with passers-by. It was necessary on occasions to revert to the provisions within the Act and have patients brought before the magistrate. One such person was Sarah Wilson who was imprisoned at Naas jail by magistrates for both escaping and insubordination at the Lock hospital.³³ The women had little experience of medical treatment and resented it, regarding it as torment. However, this needs to be put in context, as painkillers were not available to the medical profession at that early stage.³⁴ The women at first, despite the comfortable facilities, would not take their meals at the table, keep themselves tidy or assist with essential work and would lie down and rise as they pleased. However, gradually, order was restored and patients cooperated and showed great kindness to each other in nursing sick or dying strangers. They learned skills of knitting, sewing and the housekeeping duties of general servants. The official view was that even the 'wrens' of the Curragh had been humanised and softened despite having experienced animal like conditions up until their admission to the comforts of the hospital.³⁵

The women were generally Catholic, so priests were appointed for the service of their church. Mass was celebrated on Sundays and on other appointed days in the hospital chapel. This chapel was properly fitted out at the cost of the War Department. The Protestant patients on the other hand, were attended to by clergymen from the parish. War Department rules (rule 45), ordered the chaplain to visit the hospital at least twice per week and read prayers. Rule 46, ordered the chaplain to perform Devine Service at least once every Sunday, Good Friday and Christmas day. The matron and servants of the hospital were required to be present with the patients. Rule 62 ordered that the nurses

read aloud or joined with the patients in reading prayers and a chapter from the Bible every morning and evening.³⁶

Many participated in and found solace in their religion and some departed to the Magdalen Homes assisted by the Matron Miss Farrell. One of the first prostitutes to be registered under the Contagious Disease Acts was teenager, Johanna Scanlan from Kildare, who with the help of Miss Farrell on release from the hospital took up residence at the Magdalen Asylum in New Ross. Johanna remained there for over fourteen years, apart from a brief intervening period at her home looking after her sick mother, before taking up an appointment as the under laundress to Lady Kildare. She died a happy death in 1929.³⁷ Some of the women emigrated and had successful new lives while others drifted back to their former vices on the Curragh and ended their lives destitute in Naas workhouse or other such establishments.

From the passing of the very first Contagious Disease Act in 1864 civil liberty groups in England raised issue with it. In Ireland the repeal association was generally confined to Anglicans, Quakers, Presbyterians and Wesleyan Methodists.³⁸ The point was made that the army was actually trying to protect the health of the soldiers without discouraging prostitution. Women were subject to compulsory examination while men were not. As the campaign grew stronger in England, parliament in 1883 suspended the Acts. The compulsory obligation on prostitutes to report for medical examination at scheduled Lock hospitals ceased.³⁹ The repeal was completed by the Contagious Disease Acts Repeal Act 1886.⁴⁰ As the government Lock hospitals could only operate under the Contagious Disease Acts, the War Office announced that patients would not be accepted after 1 January 1887 at the Lock hospital Kildare and that it would cease to exist

after 1 April 1887.⁴¹ Naas Board of Guardians was requested to provide accommodation at the workhouse for around twenty-four patients at Kildare.

The final curtain had now been brought down on this unique building not by any local event but by political expediency in parliament. From all accounts it would appear that every effort was made by the staff to help those who found themselves there for whatever reason. For example the matron, Miss Farrell played a major role in the reform of a great number of the women. Dr. Chaplin the medical officer continued to work diligently to organise a help service for prostitutes coming into the area.⁴² Dr. Chaplin apart from his duties at both the Lock Hospital and the Kildare Infirmary was also a former president of the Royal College of Surgeons in Ireland and found time in 1871 to play a leading role in the restoration committee of Kildare Cathedral.⁴³ The east window behind the high altar, which is full of eucharistic symbolism, is a memorial to the worthy Dr. Chaplin who died in 1891. Obviously, great suffering was endured by the patients both in terms of physical pain from their affliction and utter humiliation, however, on the other hand, they must have gained some benefits from the medical treatment received.

Conclusion

The closure of the Lock hospital received little media coverage as the main political agenda in County Kildare at that time was the land reform movement. The Land League had gained momentum from Michael Davitt's speech at the Curragh some time earlier.⁴⁴ Weekly reports appeared of meetings between the landlords and tenants. Other items receiving coverage was the pending closure of Kildare infirmary due to economic reasons. Dr. Chaplin who was medical officer at the Lock hospital held a

similar role at the infirmary and was fighting for the latter's survival.⁴⁵ Fund raising was in full swing to complete the building of the new Carmelite church in Kildare and the local parish Priest was tragically killed when part of a marble statue above the high altar fell on his head while saying Mass.⁴⁶ The death of the duke of Leinster who had so kindly provided the site for the Lock Hospital had also taken place.⁴⁷

From the prostitutes point of view those who wished to be treated had limited options, as the only option then available was the non-government Dublin Lock hospital, Naas workhouse or to join their associates on the wilds of the Curragh plains. The women who were beyond treatment or reform awaited death in the workhouse or other refuge. From the War Department's point of view, the Contagious Disease Acts and the associated Lock hospitals, were merely a battle lost, the war was still to be won. Other remedies would be tried in the interest of having soldiers ready for the real battles ahead. The prostitution problem associated with the British military establishments at all their various garrisons continued. Indeed prostitutes were to be found on the Curragh long after the departure of the British army and the associated problems passed on to the new Irish army.

Soon after the closure of the Lock hospital, the War Department wasted no time incorporating the former hospital buildings together with additional lands into a new artillery barracks. The Lock hospital building was converted into a recreation and administration centre for the large corrugated iron hatted encampment, serving troops during both the Boer War and World War I. Following the departure of the British army, the barracks was used by the newly established Irish government to assemble the new police force (An Garda Siochana). In the 1930s, most of the barracks was refurbished

becoming the first military barracks to be built in the new Irish State. It remained an artillery barracks until its closure in 1998 as part of the Irish government's rationalisation programme for the Irish army. Since then it has been used to assist Kosovan refugees displaced during the war in the Balkans. Currently it is being used as a centre for Asylum Seekers and recent building works there removed the remaining foundations of the former Lock hospital.

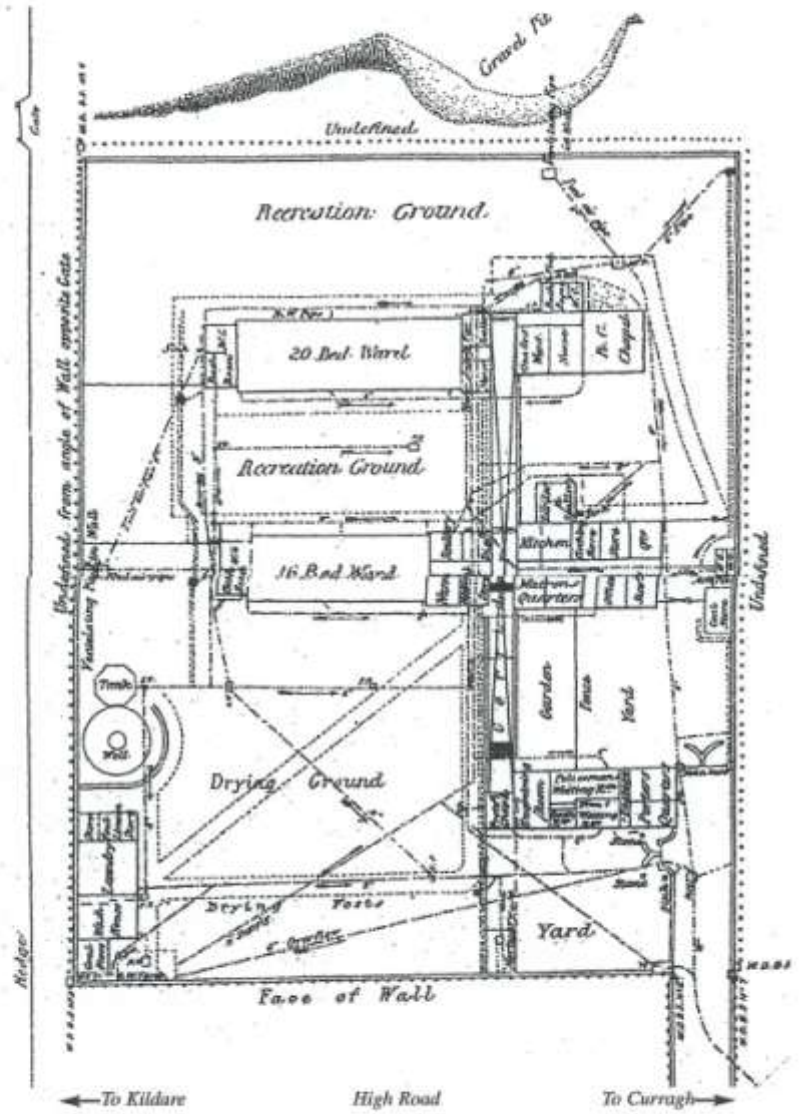


Figure 1. Plan of Lock Hospital, Kildare.

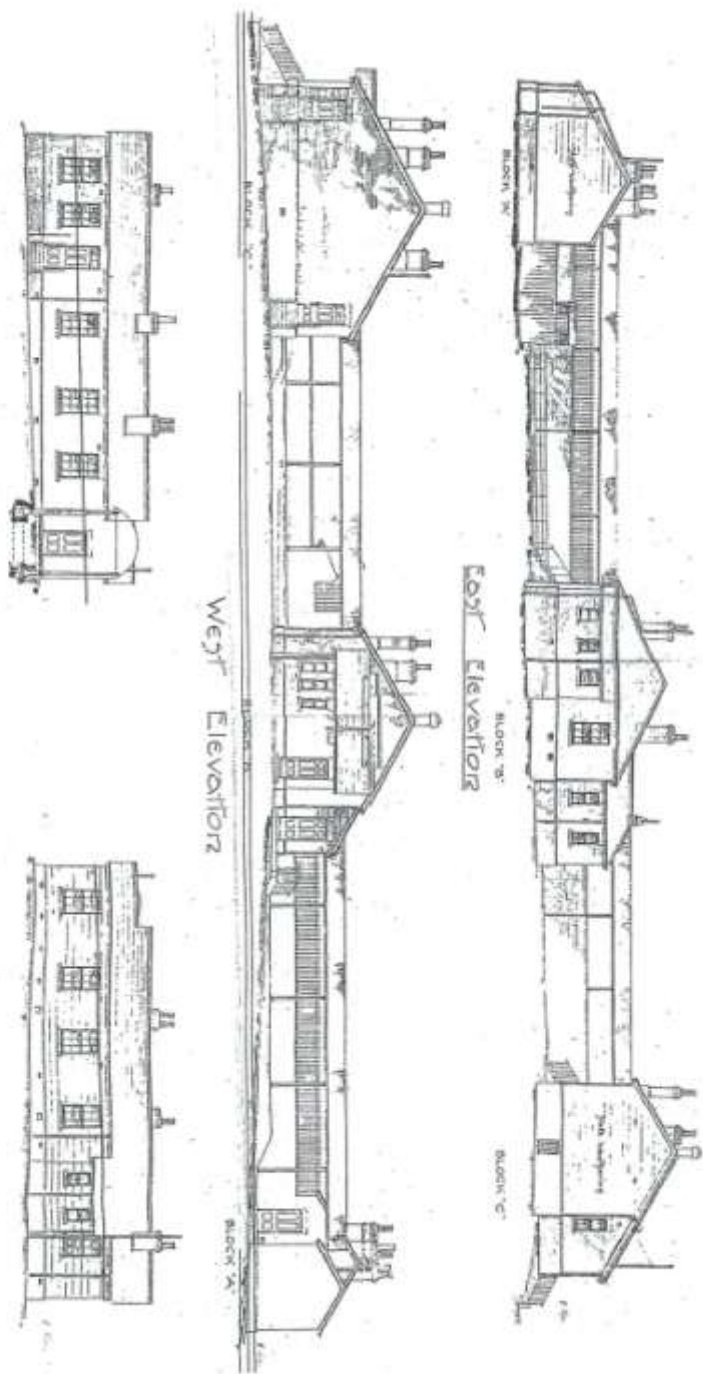


Figure 2. Plan of Lock Hospital, Kildare.

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