

HEALTH SERVICES IN LIMERICK IN THE EARLY 19TH CENTURY

by Susan Connolly

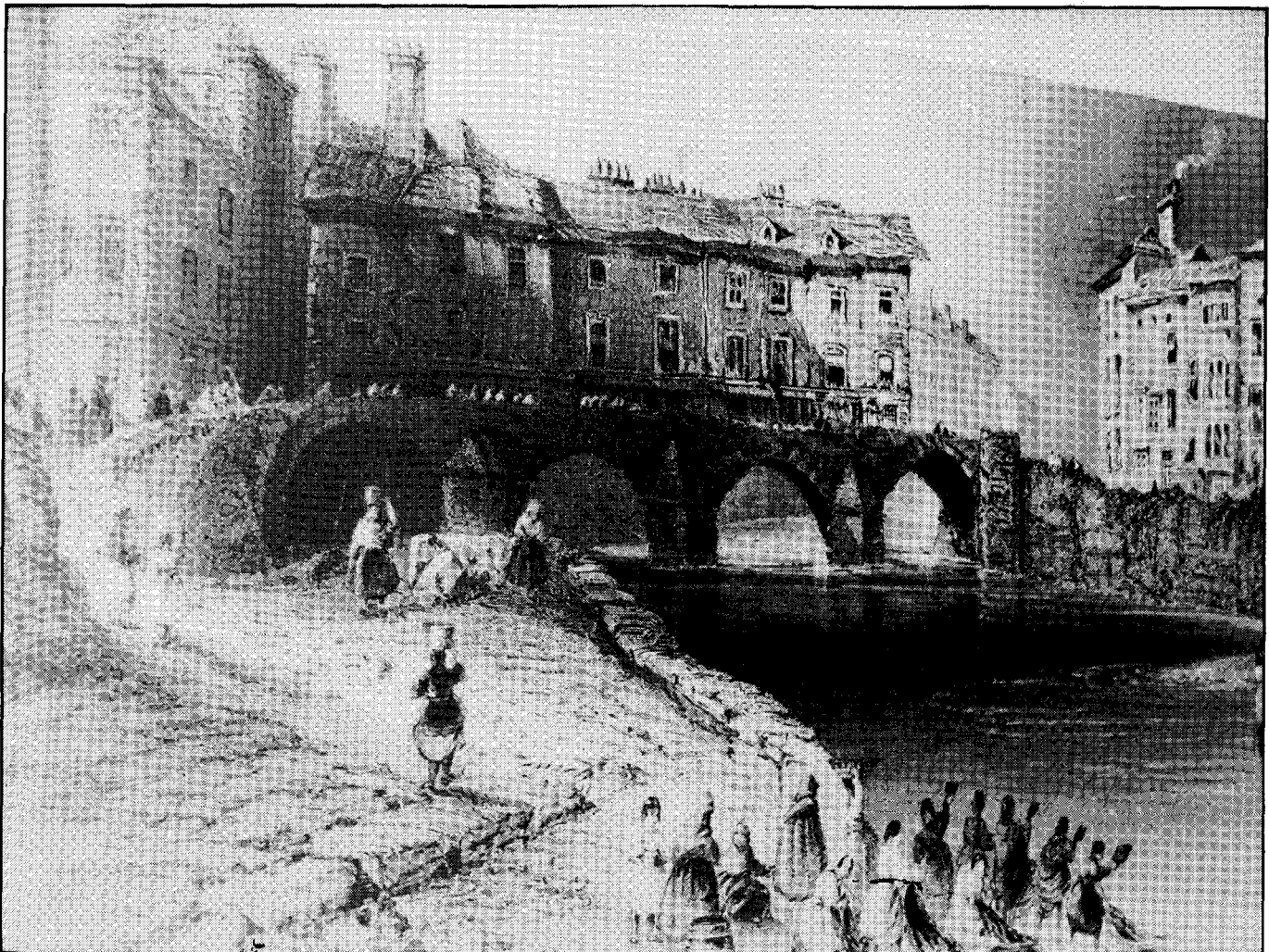
In the eighteenth and early nineteenth centuries the word 'fever' was mostly used to denote typhus, typhoid and cholera and was for centuries almost continuously present in Ireland.⁽¹⁾ ... smouldering cases of fever were always to be found in the poorer districts of Limerick⁽²⁾ It is not at all surprising that fever was never altogether absent considering the conditions in which the poor lived:

'In the lanes and alleys ... fever in general assumes its most virulent appearance - why not? here we see the pigs under the beds, a dunghill at the door, in some places windows

closed, in others hearths shut up, and mostly, in all not a change of beds or bedding for months - the father, the mother and perhaps three not unusually four of their unhappy off-spring lying on the same bed; add to this almost total privation of wholesome or nutritious food'.⁽³⁾

Any deterioration of living conditions meant that fever, which was never entirely suppressed, flared up into an epidemic. Food shortage was one of the main stimuli of epidemics and it is no coincidence that two of the more severe

epidemics of the early nineteenth century occurred as a result of bad harvests. Food shortage and hunger reduced peoples resistance to disease. Bad weather and excessive rain, which was frequently the cause of food shortages, had other adverse effects too. In the first place, it provided the perfect environment for typhus-carrying lice. Secondly it led to a shortage of fuel, as turf was the only form of fuel available to the poor and in bad weather it could not be dried. This caused two major problems - lack of heat and cooking facilities. It very often meant that food was eaten uncooked and therefore extremely dangerous to health. Furthermore, lack of fuel meant no fires



Old Baal's Bridge.



or hot water, and clothes and bodies were washed less frequently. To keep out the cold, windows and doors were shut. Whole families often huddled together under the same covering at night.⁽⁴⁾ This created an unhealthy environment whereby, once one person became infected with fever, the others living under the same roof stood little chance of remaining immune. The helplessness and severity of the conditions of the poor are clearly portrayed in an extract from the observations of one of the Limerick doctors during the 1817 - 1819 fever epidemic:

'In many instances I have seen the sick and well huddled together in the same bed without distinction of sex or age - the sick naturally confined in consequence of their illness, the well for want of clothes; on enquiry I found that they were consigned to a pawnbroker's ... In one case in Palmerstown, a poor old man was confined to the same bed with his wife - she was in fever; I begged of him to get up his answer was, "Ah Sir, if I get up and breathe the pure air or walk about, I will get an appetite" - "so much the better", said I - "but Sir, I have nothing to eat, nor a penny to buy it, nor have I a spark of fire to warm me - but while I remain in bed, hunger does not pinch me so much, nor do I want a fire.'⁽⁵⁾

The first severe epidemic which affected most of Ireland in 1800 - 1801 had been preceded by a severe winter in 1799.⁽⁶⁾ Bad weather led to a deficient harvest and shortage of food lowered people's resistance to disease. The severity of conditions was further aggravated by the aftermath of a rebellion and as a result fever spread more rapidly!

'After a fruitless struggle ... they were at length obliged, under an amnesty compact, to return to their homes, to behold fields untilled and gardens uncultivated. The privations consequent to the neglect of husbandry in these years, were productive of fever, which continued to an extent hitherto unknown in this part of the Kingdom.'⁽⁷⁾

The years 1793 to 1815 were the culminating phase of a long wave of expansion going back to 1740s.⁽⁸⁾ The Napoleonic War ended in 1815 and was followed by an economic depression; agricultural prices fell, banks failed and shopkeepers and dealers suffered. Around the same time, Ireland and much of western Europe experienced a succession of bad harvests; to add to this fuel was scarce.

'... the seasons at this time were cloudy and damp, and the article of fuel was scarcely to be met with in town or country: our quays were frequently for ten or fifteen days without a boat of turf ... this was particularly felt by the poor whose only relief could be procured in the

streets or on the roads, and in weather such as already stated; nothing could have been more necessary for the preservation of health ... than fire.'⁽⁹⁾

Inadequate food and fuel led to dysentery and fever. This was the prelude to the second epidemic which Ireland experienced in the nineteenth century and which lasted from 1817 to 1819.

The symptoms of the disease varied during the course of the fever. The type of suffering it entailed is described by a physician, who attended fever patients, at one of the Cork fever hospitals. The disease was in almost every instance preceded by trembling and nausea, or, as the patient expressed it, by an empty straining. During the first day of actual disease, the symptoms were headache and pains in the back and limbs; a feeble pulse, a great thirst, a peculiar foetor from the skin and a milk-white appearance of the tongue.

On the second day, in a great number of instances, there was bleeding from the nose. On the sixth or seventh day delirium usually set in. It was sometimes accompanied with efforts to get out of bed; but delirium so furious as to require the use of the strait 'waistcoat' was rare.

Of all the symptoms which indicated a recovery deafness was the most certain. The disease when fatal rarely lasted beyond the eleventh or thirteenth day. It often happened earlier. The most usual symptoms in the last stage of fatal cases were low muttering, comatose, delirium, hiccup, picking the bedclothes, convulsions of the muscles of the face.⁽¹⁰⁾

In cases of extreme weakness the patient was given wine. In general, patients were given punch, as it was cheaper. In advanced cases of fever breathing often became a problem and the remedy for this was to blister the patient. Delirium was treated with cold applications to the head and warm to the feet. If these remedies did not relieve the patient more blisters were applied.⁽¹¹⁾

A considerable amount of time elapsed between the 1817 - 1819 outbreak and the next epidemic which attacked Ireland in 1832. The 1817 - 1819 epidemic had shocked the authorities into taking certain preventative measures, which included the cleansing of streets and fumigation of houses. However, in 1830 a highly infectious disease, the cholera, had swept across Europe, and it reached Dublin in March 1832. By June it was in Limerick and deaths were occurring at the rate of twelve a day.⁽¹²⁾ This disease lasted for nine months and then gradually disappeared.

As with the rest of the world, the scope of surgery was very limited in early nineteenth century Ireland. To add to the barrier created by lack of knowledge of infection, anaesthetics hadn't been discovered. This meant that any surgery was a very dangerous and harrowing

experience for the patient. But in some cases of injury and illness an operation was considered the lesser of two evils. Much of the surgery that took place in Limerick during the period was as a result of the many faction fights caused chiefly, it appears, from excessive drinking at fairs:

'Drinking amongst the lower classes does not seem to have gone down towards the end of the century, but rather increased, and to have been at its worst about 1790.'⁽¹³⁾

An Act of 1758, which for a period prohibited distillation, had the adverse effect of encouraging illegal stills all over the country:

'A fiery spirit was distilled in all quarters, whereof the population drank so eagerly that scarce a week passed in which some did not die suddenly.'⁽¹⁴⁾

Faction fights, resulting from excessive drinking, were particularly common around Limerick, as this extract from the observations of one of the Limerick surgeons shows:

'... there is no part of the habitable globe, that for a century past, has afforded such ample field for observation on injuries of the head, as Ireland in general; this province of Munster in particular, for our people, invincibly brave, notwithstanding the cruel oppressions they have suffered ... a slight offence is frequently followed by serious consequences; sticks, stones and every other species of offence next at hand, are dealt out with great liberality.'⁽¹⁵⁾

When an operation had taken place in Limerick, it was such a novelty that an account of the event often appeared in the local newspapers. The *Limerick Chronicle* of 18 November, 1771, reported:

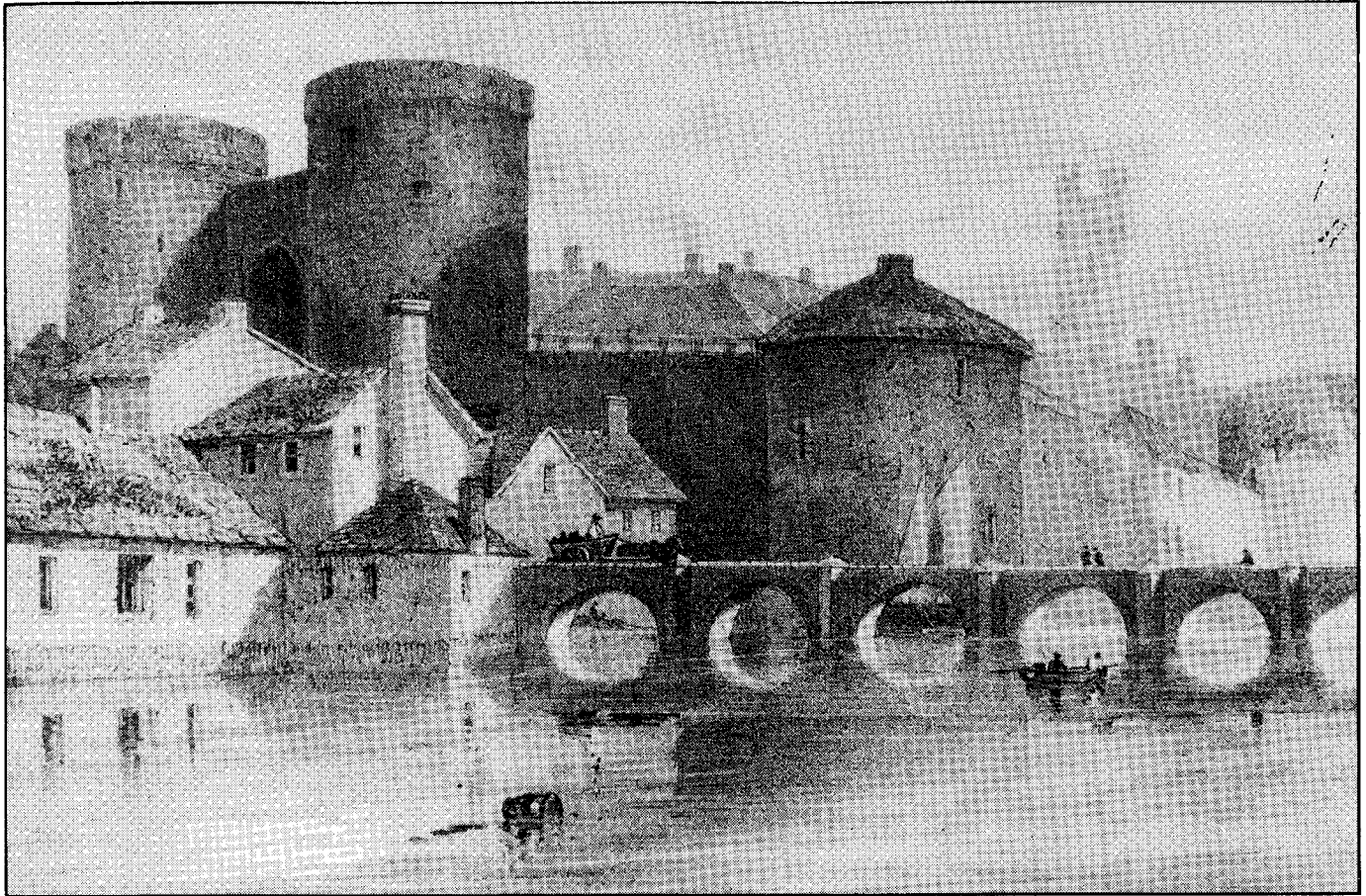
'On Tuesday last Ellen Birne had her leg amputated in the new manner and it is in fair way of recovering.'⁽¹⁶⁾

Prior to 1847, when the first operation under general anaesthesia was performed in Ireland, the only soporifics known were opium and whiskey and therefore speed was a surgeon's most valuable aid. To take three minutes over the amputation of a leg was regarded as dawdling.

On 9 December, 1771, the *Limerick Chronicle* announced:

'Tuesday sev'night John Linnane had his thigh taken off in our Hospital by the new method of amputation: the tenth day from the operation, was the bone and about half the stump covered by firm cushion of flesh and skin ... the Faculty, and other gentlemen curious in medical improvements are requested to inspect this case, and from the evidence of the senses be convinced of its utilities.'⁽¹⁷⁾

Moving forward to examine the measures taken by the authorities in the early



King John's Castle and Thomond Bridge.

nineteenth century to alleviate suffering, an estimate of the numbers seeking relief from head injuries alone is given in a treatise written by one of the Limerick surgeons in 1793. Dr. O'Halloran's work, titled *A New Treatise on Different Disorders arising from External Injuries of the Head*, was illustrated by 85, chosen from above 1,500, practical examples. However, the need to cater for persons suffering from contagious diseases was even more urgent, as 'fever was never entirely absent from the poorer districts of Limerick'. In order to prevent the spread of epidemics and preserve the general health of the community, certain preventative measures were recognised by the authorities as necessary.

The Act of Union had been responsible for many institutional changes in nineteenth century Ireland. Faced with problems of social disorder, a rapidly growing population and a weak economy, reforming politicians, social observers and humanitarians sought to bring order to Ireland, to foster conditions in which transition from a subsistence economy to a capitalist agricultural society could take place. There were, however, limits to the intervention of the state for the improvement of conditions. The viewpoint of the laissez-faire school of

economic thought was generally accepted, and the government felt it had no right to interfere in the affairs of the landlord class:

'... the State's unwillingness to tamper in any way with that which most vitally affected the condition of the people - the land system ... the inviolability of private property rights was one of the cardinal principles of the age ...'⁽¹⁸⁾

In other areas, such as health and public works, state intervention was admissible. As the nineteenth century progressed, the tendency of central government was to assume more and more of the responsibilities and functions which had previously been exercised by local bodies. Thus, from 1817, central government supervised local lunatic asylums. In 1836 it took over control of the police force from the county authorities:

'For those whose task it was to govern Ireland in the decades after the Union, the only alternative to an absolute reliance or repression was for the Government to take the initiative in areas of social administration which in contemporary England were left to voluntary efforts of local interests. These areas of State involvement included health, public works, education and providing for the poor.'⁽¹⁹⁾

But, as the historian Gearoid O

Tuathaigh notes, state intervention in Ireland was not the systematic implementation of any pet theory of the functions of government, rather it was a response to problems needing most immediate attention:⁽²⁰⁾

'The main reason for this development (government intervention) was simply that the Irish gentry had neither the will nor the way to carry the same administrative burden as their English counterparts. Insufficient in number, inadequate in resources of wealth and intelligence, this class had little hope of powering an efficient system of local government.'⁽²¹⁾

The result of this development led the state to adopt roles significantly different in Ireland from those which it fulfilled in England.

Before the Act of Union, most of Ireland's charitable institutions were located in Dublin. These institutions were maintained by voluntary subscriptions, and a few received parliamentary support shortly before the Union, as subscriptions alone were not sufficient to meet the growing costs of running them.

Equivalent state support was not given to the medical charities outside Dublin. In the early nineteenth century, the achievements of the state in the area of public health outside the capital were almost entirely confined to encouraging the action of local authorities and local



charity. However, their inability to cope with such problems as poverty and sickness led the government to co-operate more with local bodies in attempting to deal with some of these problems. Thus the government department created to supervise the working of the Poor Law system, which was a tightly organised administration for the relief of the poor, became in time responsible for a number of health services, and was finally transformed into the Local Government Board.⁽²²⁾

The first provision for provincial hospitals had been made in 1765, when the Irish parliament passed legislation enabling Grand Juries to make presentments of up to £100 towards the maintenance of hospitals in each county. The subscribers to an infirmary (and the clergy of the Established Church) were responsible for its erection and management. Central government paid the surgeon of each infirmary an annual salary of £100. After the Union, the Grand Juries could increase the sum towards a hospital's maintenance up to £500, and this support also became available in towns and cities which had local government.

It was soon realised that '... the distance of many parts of the county from the infirmary therein established, does not allow the poor of these parts the advantages of immediate medical aid and advice which such an infirmary was proposed to afford'.⁽²³⁾ In order that people from all parts of a county could obtain medical aid an Act of 1805 provided that in counties where the County Infirmary was unavailable to the poor of any district on account of distance, the Grand Jury might raise a sum equal to the amount already raised by private subscription. In County Limerick, the Grand Jury made presentments to two dispensaries at the Summer Assizes in 1810,⁽²⁴⁾ to three at the Summer Assizes in 1820⁽²⁵⁾, and to ten in 1830.⁽²⁶⁾ By the summer of 1843, it was making presentments to eleven dispensaries, amounting to £800.12.4.⁽²⁷⁾

After the Union, the need to provide fever hospitals was felt to be more urgent than the need for general hospitals. The social problems created by the fever epidemic of 1800-2 provided the stimulus for an Act of 1807 which empowered the Grand Juries to make presentments of up to £100 to any fever hospital which had been established. In 1814, this sum could be raised to £250.⁽²⁸⁾

The stimulus of the 1817-19 fever epidemic led to a number of commissions and committees being set

PRESENTMENTS,

MADE ON THE

County of Limerick,

AT

SPRING ASSIZES,

1820.

HOW JUSTICE JESS, }
HON. SERGEANT JOY, } Justices.

LIMERICK:

Printed at the HIBERNIA OFFICE, 25, George-St.
By GEORGE M'KERN,
PRINTERS AND STATIONERS TO THE GRAND JURY OF
THE COUNTY OF LIMERICK.

1820.

Limerick Grand Jury Presentment, 1820.

up to enquire into the problem and advise the government on the necessary measures for the preservation of public health. In 1817, the Fever Committee was set up to advise the government on applications for financial aid from districts which were severely affected by fever. In 1818, a central committee was formed by the government 'to promote communication and concert' among Dublin hospitals. The government also appointed four inspectors, one for each province. Their reports were referred to a Select Committee of the House of Commons and its recommendations formed the basis of an Act of 1819, which empowered parishes to appoint officers of health, who were to direct the cleansing of streets and fumigation of houses.⁽²⁹⁾ In 1818, 'as fever of an infectious nature had for sometime past greatly prevailed among the poor in several parts of Ireland, whereby the health and property of the whole country have been endangered',⁽³⁰⁾ an Act provided for the creation of a corporation in each county to be responsible for erecting fever hospitals and authorizing the Grand Jury to present sums up to double the amount raised by private subscription. In 1819, provision was made for health officers to supervise this work.

In 1820, the government set up a General Permanent Board of Health comprising twelve unpaid members; its duties were to compile information on matters relating to public health and act as an advisory body to the government. The Board, recommended to the Lord Lieutenant the need for local boards to deal with local problems, and when these were set up, it advised them and checked their expenditure.⁽³¹⁾

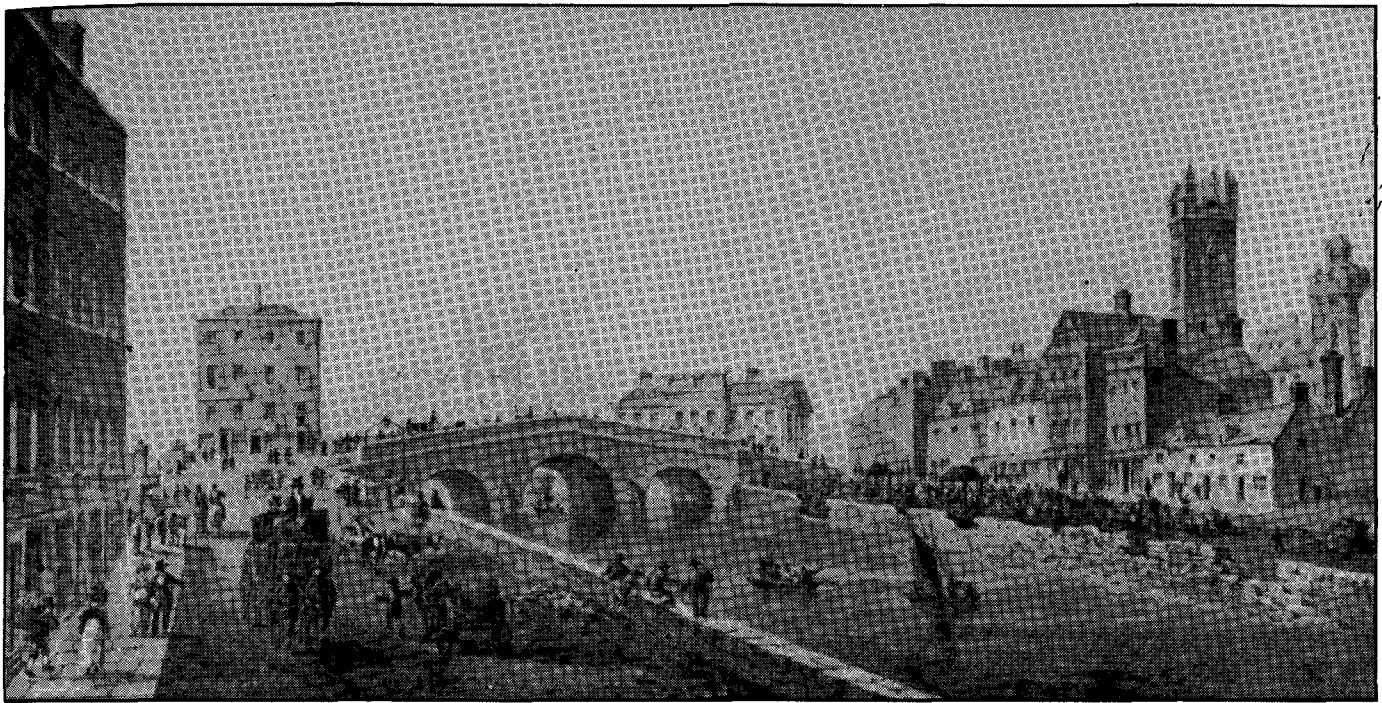
However, the Fever Committee and the General Board of Health were both only temporary bodies designed to deal with an emergency and were abolished once the emergency was over. So besides helping some of the medical institutions in Dublin, making trivial grants to county infirmaries and creating a Permanent Board of Health to compile information on matters relating to public health, there was only one other way in which the state attempted to provide for the sick poor at the beginning of the nineteenth century. It tried to provide accommodation for the lunatic poor and it was in this area that the state achieved most.

This section of the sick population had been very neglected in the eighteenth century. The earliest provision for the mentally ill was made in

connection with workhouses, which were authorized as early as 1703 in Dublin and 1735 in Cork. Later in the eighteenth century a small amount of accommodation was provided for mentally ill under the Prisons Act of 1787, which empowered the Grand Juries to provide lunatic wards in the houses of industry established in the counties in 1772. But lunatic accommodation authorized by this Act had only been provided in Dublin, Cork, Waterford and Limerick. In other parts of the country lunatics were confined in jails.

Private asylums were developed concurrently with public asylums and towards the middle of the eighteenth century the first of these, indeed the first hospital in Ireland devoted exclusively to mentally ill, was founded on a bequest made by Dean Swift. But these minor provisions did little more than highlight the extent of the problem of mental illness in Ireland. The Inspectors General of Prisons, who also inspected lunatic asylums up to 1845, stated that:

The only public asylums that existed when we commenced duty in 1821, for the care of this malady, were those of Dublin and Cork exclusive of a few private asylums chiefly in the neighbourhood of Dublin, which were



Mathew Bridge, drawn by Samuel Frederick Brocas, 1819.

conducted on humane and judicious principles; all others were temporary receptacles for Idiots and Incurables cases in Gaols and Houses of Industry scattered throughout the county towns, and where no means could be provided for the cure and proper care of such patients'.⁽³²⁾

From the beginning of the nineteenth century, following the initiative of Pinel, a French physician, and Tuke, an English reformist, the mentally ill came to be regarded as normal people who had lost their reason as a result of exposure to severe stresses. Following the enlightened social thinking of Pinel and Tuke, reforming politicians began to give serious consideration to the conditions of the mentally ill. After the Union, in 1804, a Select Committee of the House of Commons reported on the provisions for mentally ill in Ireland. It found that the demand for admission into houses of industry far exceeded the accommodation available. Furthermore the only institutions maintained at public expense were in Dublin, Cork, Waterford and Limerick. As many parts of the country were too distant from these, the committee recommended that four provincial asylums should be set up. A Bill providing for such asylums was introduced but never enacted.⁽³³⁾

In 1806, an Act enabled the Grand Juries 'at each summer assizes to present a sum not exceeding £100 for the support of a lunatic asylum'.⁽³⁴⁾ But the Grand Juries only used this power to a limited extent. Another Select Committee was formed in 1817 'to report upon the state of pauper lunatics in Ireland'. Among other things, this committee discussed the treatment of patients:

'One witness stated that when he visited Limerick he found the accommodation such, as we should, not appropriate for our dog kennels. The usual mode of restraint consisted of passing the patient's hands under their knees, fastening them with manacels, securing their ankles with bolts, passing a chain overall and, lastly, attaching them firmly to the bed. In that state he assured the Committee, this continued for years and the result had been that they had so far lost the use of their limbs, that they were utterly incapable of rising'.⁽³⁵⁾

This committee recommended that four or five district asylums should be set up, in addition to those that existed in Cork and Dublin, which would be appropriated exclusively to the care of the insane. These district asylums should be at least capable of accommodating one hundred and twenty persons. On the basis of the committee's recommendations, two Lunacy Acts were passed, one in 1817 and another in 1820. These were again repealed in 1821 by the Lunacy (Ireland) Act, under which many of today's mental hospitals were built.

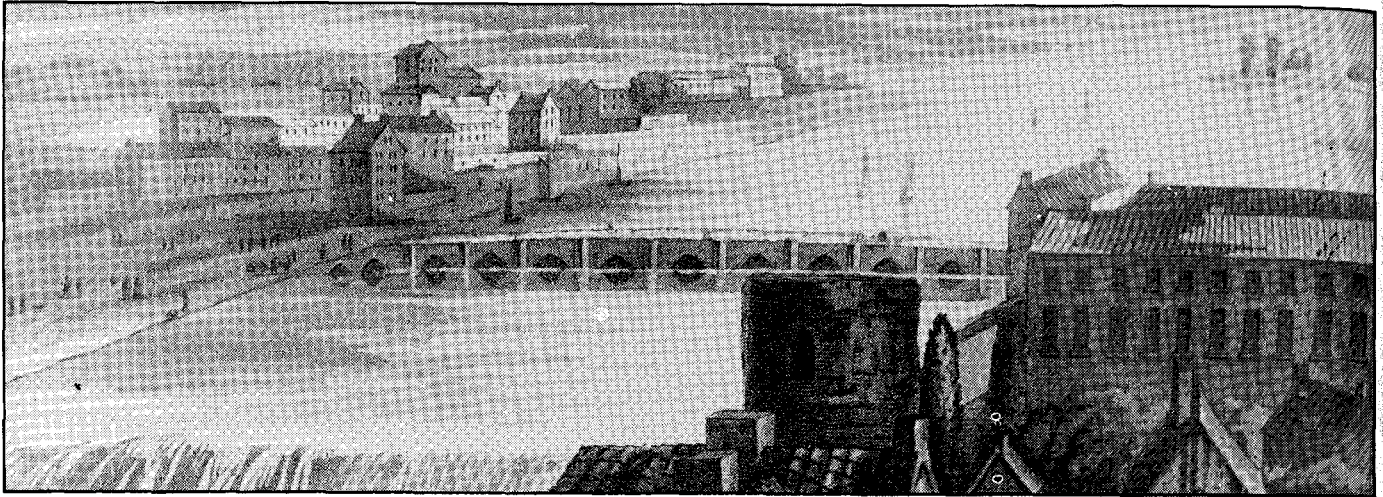
As has been shown, at the beginning of the nineteenth century, the state, in a limited way, tried to assist the sick and preserve the general health of the community. But nothing had been done to alleviate the growing problem of poverty, one of the root causes of sickness. By 1833, it was estimated that there were two and a half million people in Ireland seeking relief. This led to a number of committees and commissions being set up to examine the related problems of poor relief and public health. The most progressive recommendations

came from a commission, established in 1833, which expressed the view that any attempt to alleviate poverty by introducing the existing English Poor Law system to Ireland would not only pauperise the landlord class but would fail to bring any real improvement in the position of the tenants.

The commission recommended the establishment of a board to plan and supervise broad schemes of national improvement which would be financed by state loans and local rates. By this system the poor would be given an opportunity to earn an honourable livelihood. With regard to the care of the sick, the commission recommended the creation of a poor law commission to supervise local boards which would be responsible for the care of the sick and lunatic poor.

The commission's plans were constructive but too radical for contemporary economic thinking.⁽³⁶⁾ Instead the government enacted the Irish Poor Relief Act of 1838, which was based on the recommendations of those in favour of providing a limited poor relief. The Poor Relief Act provided for the formation of Unions throughout the country and for the erection in each Union of a workhouse to be administered by a board of guardians comprising ex-officio and elected members. The workhouses were to provide for poor persons who, by reason of age, infirmity or defect, might be unable to support themselves, and for such other persons who were unable to care for themselves. Both landlords and tenants were to be rated for the support of the poor in their union.

Within a few years one hundred and thirty workhouses had been built with



Mid-19th century view of Newtown Pery.

accommodation for 93,860 persons.⁽³⁷⁾ They were primarily places of shelter for the homeless and destitute rather than institutions for the treatment of the sick. But when the Great Famine of 1845 struck they had to open their doors to the millions seeking relief. The insanitary conditions in the workhouses and the low vitality of inmates caused infectious diseases of all kinds to spread and mortality rates soared. This emergency led to yet another temporary board, the Central Board of Health, being set up. This Board could require the guardians of any union to provide fever hospitals, dispensaries and medicines. This board might well have become a new department supervising public health, but the Poor Law Board, if unpopular, comprised experienced administrators and also possessed a nation-wide system. So it is not surprising that when the government had to tackle the problem of Irish medical relief shortly after the Famine, it adopted the easiest solution by using the poor law machinery.⁽³⁸⁾ The notion that care of the sick should be disassociated from relief of the destitute was still a long way off.

Thus the early part of the nineteenth century saw little action by the government to remedy the gross injustices under which most of the Irish people laboured. The viewpoint of the laissez-faire school of economic thought predominated and the government felt it had no right to interfere in the affairs of the landlord class. The best that could be done to ease the prevailing wretchedness was to provide more institutions. Fever hospitals were established at the beginning of the century and Grand Juries were authorized to provide finance towards their support. The Grand Juries were also authorized to increase the financial support towards the maintenance of county infirmaries and this support became available in towns and cities which had local government. Where hospitals were not within a moderate distance of the poor of any county,

dispensaries had been established. The erection of lunatic asylums on a national scale was authorized as early as 1817.

However, as there was no government department specially responsible for local affairs, preventative and curative services lacked co-ordination. Legislation was produced piecemeal to deal with emergency situations as they arose. The result was that public health in Ireland became controlled by innumerable brief Acts which formed a confused and complicated structure.

It is against this background of the measures taken by the authorities to encourage the establishment of medical institutions in the early nineteenth century that the origins and first phase of development of Limerick's medical institutions, including Barrington's Hospital, must be considered.

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