

SOCIAL CONDITIONS AND MEDICAL SERVICES BEFORE 1830

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by Frances Twomey

In order to understand the need for a hospital in Limerick in 1829, it is necessary to look at the social conditions of the people and the general medical services available at that time. It is necessary also to look at the training that was required in order to provide these services.

From the latter part of the medieval period the study and practice of medicine had moved into a period of stagnation, and sunk to a very low level indeed, a situation which remained unchanged up to 1829. Diagnosis and prognosis of medicine was based on a study of the stars, natural and hereditary cures and a study of the urine. Treatment consisted of blood-letting and the use of herbs, and anatomy was taught from animal dissections.⁽¹⁾

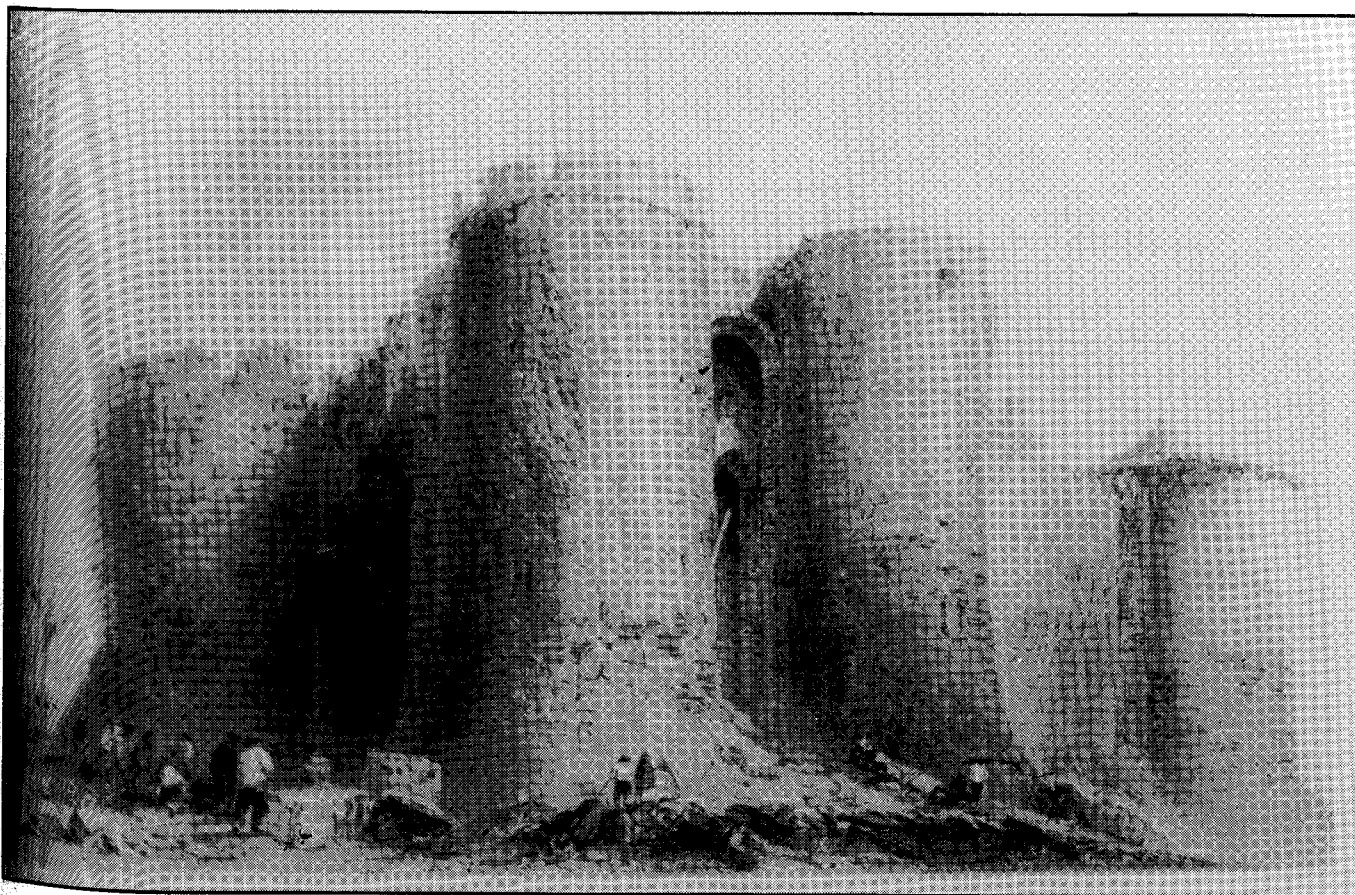
The only recognised universities for the teaching of medicine at the end of the 15th century were Bologna and Paris

which had completely eclipsed the School of Salerno previously in existence for almost two hundred years.⁽²⁾ Although Trinity College was founded in 1591, the study of medicine had been quite neglected there, and only one medical degree had been granted in 1616. In order to acquire an M.D. from Trinity at this time, it was first of all necessary to be the holder of an M.A. of seven years' standing, to have attended three dissections and completed a cure of four diseases. However, no facilities for medical study were provided within the college walls.

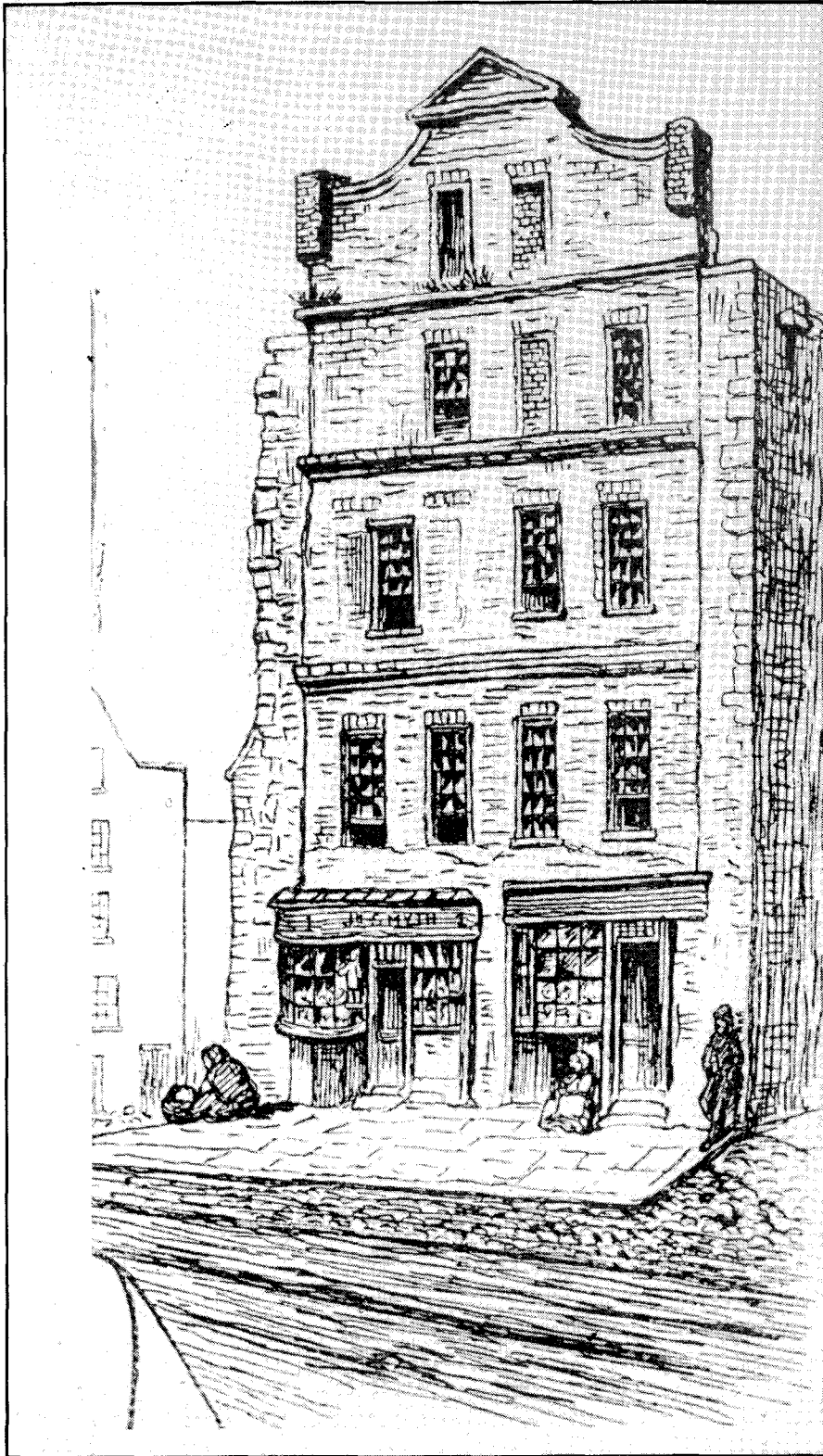
Both surgeons and apothecaries were general practitioners, the former practising physics and surgery and compounding for their own use, while the latter, in addition to practising physics,

kept open shop. Both professions were regarded socially as low class general practitioners and were badly paid.⁽³⁾ It was not until 1784, when the Royal College of Surgeons was established, that a clear divide became evident between the two professions, and qualifications became clearly defined. Similarly, from 1740 onwards, there was a considerable increase in the numbers admitted to the medical faculty in Trinity College, and doctors with such medical degrees began to become more common.⁽⁴⁾

The first reference to any central point where people were brought for medical care and attention in Limerick is in the civil survey of 1654.⁽⁵⁾ Apparently in the parish of St. John a pest-house was located north of Mungret Lane, which catered for those suffering from contagious diseases and syphilis.⁽⁶⁾ It was visited by the then Bishop of Emly,



King John's Castle.



Dutch-gabled houses of the Englishtown.

Terence Albert O'Brien, after the 1651 siege, when victims of the plague were carried there to die.⁽⁷⁾ However, in this same area (Mungret Lane), there is also mention of a store-house made of stone, then used by Cromwell's soldiers, which had hitherto been a hospital.⁽⁸⁾ It is possible therefore that Limerick had a hospital prior to 1600. However, if there is some doubt about the date for the city's first medical establishment, there is no doubt about the county. Archdell is

quoted as saying that in 1467 a hospital for lepers was founded, under the invocation of St. Brigid, at the village of Hospital in the County of Limerick.⁽⁹⁾ The hospital was supported by royal grant, and as late as the 16th century its master resided in Mungret Street. An establishment such as this was apparently most necessary, as leprosy, smallpox, malaria, jaundice and yellow fever were quite common at this time, interspersed with various famines and

plagues, the plague of 1651 being the most notable. Leprosy was on the wane by 1652, but it had previously been particularly prevalent in Munster.⁽¹⁰⁾

At this time, the land on which Barrington's Hospital is now built was then occupied by three stone houses, one of which had been owned by the Mayor of Limerick, Peter Fitz-Peter Creagh. During the 1651 siege, Creagh surrendered the city to Ireton, Cromwell's son-in-law. Living in the two adjoining houses were James Creagh and Patrick Harold, described as 'Irish Papists'. Once the houses were confiscated by Cromwell after the siege, they were leased to Christopher Sexton at a yearly rent of 4½ pence from Limerick Corporation.⁽¹¹⁾ Sexton's ancestor, Edmund Sexton, (a direct lineal ancestor of the Earl of Limerick) acquired this land and most of the city from Henry the VIII on the dissolution of the monasteries.⁽¹²⁾

Limerick had, however, a number of very eminent local doctors at this time, among them Dr. Thomas Arthur, whose healing devices consisted mainly of aromatic balsams and healing juices. He received his earlier education at Bordeaux and Paris, and graduated from the University of Rheims. However, unlike the later surgeons to Barringtons Hospital, who gave their services gratuitously, Dr. Arthur was very attentive to his fees, and realised a large fortune,⁽¹³⁾ much of which was confiscated by Cromwell after 1651, but restored to his estate after his (Arthur's) death.

By the mid-18th century, Limerick had two very different pictures to present to the public eye. Like many other cities, the busy commercial front hid the slums and large tenements where people lived in acute poverty; some of these hovels were located at the rear of what is now Barrington's Hospital. In 1769, there were approximately 58 grocery shops, 22 wine merchants, 14 brewers, 17 chandlers, 22 woollen and linen drapers, 7 tanners, a distillery, some brush-makers and a few salt-bailers in the city.⁽¹⁴⁾ The Barringtons are listed pewterers in Broad Street, though they later moved to Charlotte Quay. The chief imports at this time consisted of rum, sugar, timber, tobacco, wines, coal and salt. Exports comprised of beef, pork, butter, hides and rapeseed.

The poor in the tenements of the inner city suffered from serious malnutrition, which together with poor unsanitary living conditions, led to a high mortality rate. The situation on the land was even more acute, causing huge migration to the city. By 1770, the country had recovered somewhat from two severe famines, one in 1729 and another in 1741.

The diet of the city's poor consisted mainly of oatmeal and, in the rural areas, of potatoes, with sour milk occasionally. This sparked off the House of Commons inquiry in 1793 into the state of the poor in Ireland.⁽¹⁵⁾ The only reliable figures at



ACCOUNT OF INCOME AND EXPENDITURE
OF
THE LIMERICK FEVER HOSPITAL,
For One Year, ending 5th January, 1819.

DEBIT.			CREDIT.		
	£	S. D.		£	S. D.
To Amount of Provisions.....	1630	10 4	By Balance from last Account in favor of the Public,	478	19 0
Fuel, Soap, Candles and Lard,.....	230	15 2	Amount of Parliamentary Grants,.....	150	0 0
Medicine, including Wine, Spirits, Molasses, Porter, &c. and the Druggist's Bill for 1817 and 1818,.....	367	14 9	Ditto from Fever Committee, No. 5, Parliament-street, Dublin,.....	500	0 0
Furniture and Repairs, including Blankets, Linen, Canvas, &c.....	329	7 3	Presentments from County Grand Jury.....	750	0 0
Salaries and Wages,.....	669	5 11	Proportion of Money paid by St. Michael's Parish, One Year's Bequest of Miss White,.....	150	0 0
Contingencies,.....	287	2 7	One Year's Interest on Sir Hy. Harstonge's Bond,.....	50	0 0
			Donations,.....	1137	3 0
	£3,514	16 0	Annual Subscriptions,.....	655	18 6
Excess of Income over Expenditure, and carried to Balance in favor of the Public.....	409	18 1	Allowance from S. Caswell, on Bread purchased from him,.....	34	13 7
	£3,924	14 1			

The 1818 balance sheet of the Limerick Fever Hospital.

this time are those of the religious census which showed a population of 30,000 for Limerick city in 1766, 27,000 of which were Catholic. These figures clearly indicate the unreliability of the 1659 census which listed the population of the city (incorporating the North Liberties) as 3105, comprising 819 English, and 2286 Irish citizens.⁽¹⁶⁾ However, there was a massive population increase between 1791-1841, with unemployment estimated at the time of the opening of Barrington's as high as one in four.

The response to these social factors was designed to cater for the situation in the county first, with the founding of the County Infirmary in 1765, outside the city walls. This hospital, under the dedicated supervision of Lady Hartstonge, was capable of receiving forty patients.⁽¹⁷⁾ This was a general medical hospital, and fever patients were not admitted, and only county patients who had subscribed to the hospital funds gained access. Consequently, three-quarters of the city population was still deprived of a general medical service, and this situation was to continue until the opening of Barrington's in 1831.⁽¹⁸⁾ The city, however, had its own fever hospital, the Fever and Lock, (later to become St. John's) but general medical services were not provided there.⁽¹⁹⁾

The County Infirmary was not large enough to meet the demands on its services, and contained far too few beds per head of population. No patient was to be admitted except on a certificate from a governor, and when there were more applicants than beds, patients were admitted according to the priority of the physicians and surgeons.⁽²⁰⁾

The situation was not helped by the fact that medical officers who had

qualified in the Dublin College of Surgeons and Physicians could only be appointed, thereby excluding a vast majority of Irish surgeons who had qualified in Great Britain. This policy caused much dissension within the profession itself. Furthermore, only one physician or surgeon could be appointed to each hospital. The funding for the County Infirmary came mainly from Grand Jury Presentments and parliamentary grants.⁽²¹⁾

In 1811, when the new County Infirmary building, opposite the gaol, was opened at a cost of £7,100, the city and county had general surgical accommodation for 61 patients, out of a total county population of 218,432 and a quarter of the city's population of 59,045.⁽²²⁾ (This figure did not include the Fever and Lock Hospital).

However, in relation to the proportion of beds per head of population, Limerick fared somewhat worse than Dublin, but infinitely better than Cork. The Meath Hospital, in 1829, had 3,200 applicants for every one bed, Limerick had 3,828, whilst Cork had 14,363!⁽²³⁾

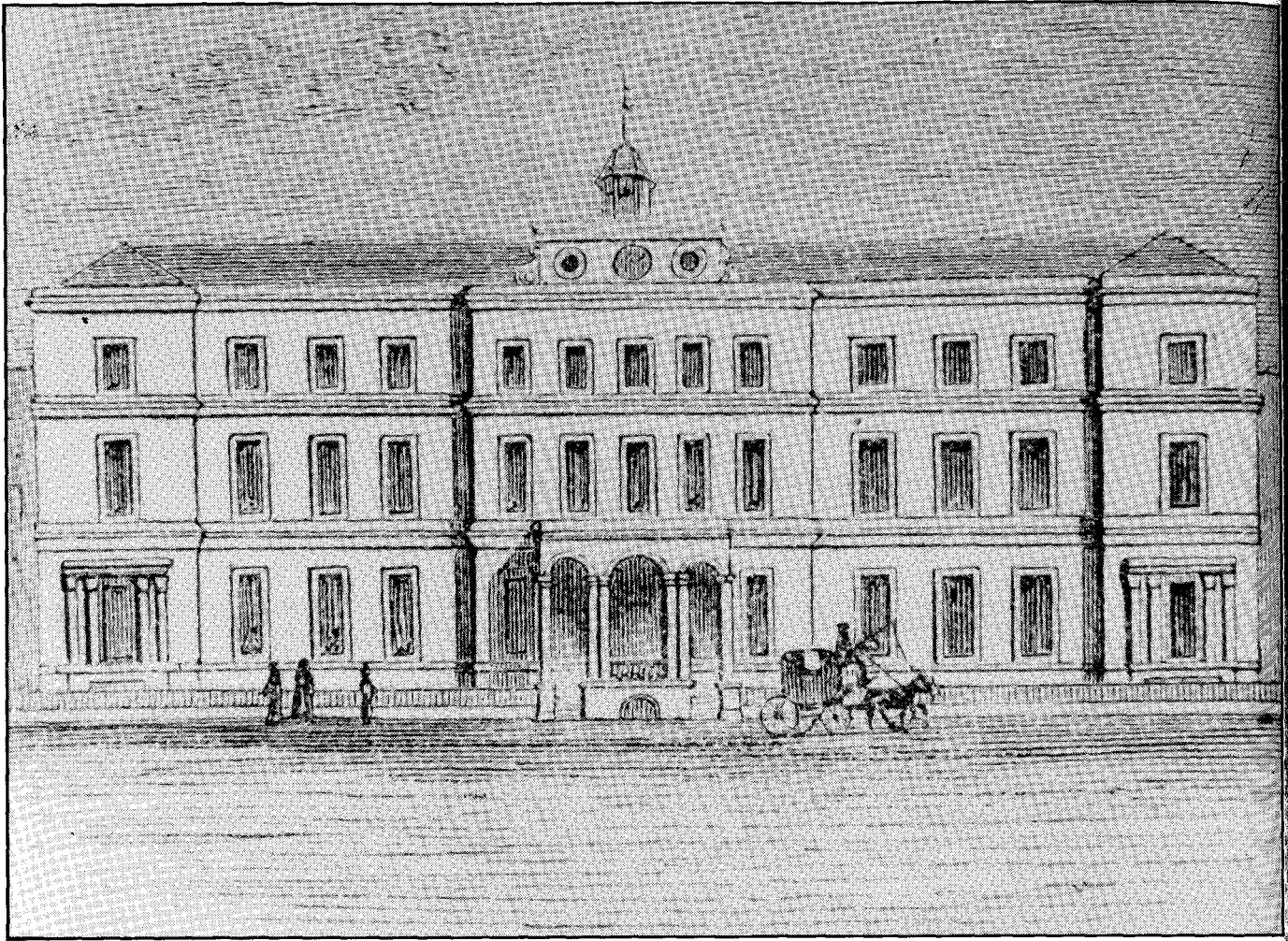
To explain the huge demand for hospital beds from County Limerick, in particular, at this time, one has to look at the social and insanitary conditions of the rural poor, which, among other things, resulted in a high rate of mortality. After 1820, there was a huge change in the class structure, when landlords consolidated holdings by changing from tillage to pasture in order to improve the value of their estates. Many tenants were ejected, resulting in massive migration to the tenement areas of the cities and towns. There was also a drop in agricultural prices between 1817 and 1820. But there was no corresponding reduction in rents, resulting in great

misery for the tenants who remained. On top of this, there was a fever epidemic in 1821, and a potato scarcity in 1822. Two private banks in Limerick also failed in May, 1820, with a loss of many small deposits to the poor.⁽²⁴⁾

Housing and sanitation were therefore, of necessity seen as less urgent than the need for food. Houses were built of limestone walls, without mortar, throughout the county and were very badly thatched. Those who lived near a bog had roofs made of sods of turf, with windows very ill-placed, usually all to the front and rarely opening. Only about one-third of the houses of the County Limerick had chimneys and, if they were added later, were usually built of mud mixed with straw.⁽²⁵⁾

Manure for the crop of potatoes was kept close to the front door out of necessity, as there was no excess space behind the dwellings. Some of the cabins had two rooms, others only one. In the latter, all occupants slept in one common bed of straw, and, invariably, the cow or pig had to be housed there also, lest either would have to be sold to pay the rent. Diet consisted mainly of potatoes and salt, and it was common to undercook the food to prevent the speedy return of hunger, leading to bad stomach complaints, diarrhoea and dysentery. Fuel consisted of brambles and rag weeds, and its scarcity led to great dampness in clothing and bedding, and every aperture was closed to keep out the cold air. Infection was rampant, and the need for medical care acute. In 1822, the resident and absentee gentry were approached by the local clergy and prominent local businessmen to assist the poor, but, in 1835, the situation remained unchanged.⁽²⁶⁾

Many migrated to the city of Limerick



Barrington's Hospital in the 1830s.

hoping to improve their lot, only to find the situation there even more acute. In one of the tenement houses at the rear of where Barrington's now stands, no less than 176 inhabitants resided, some rooms containing three families. In such cases, the diet consisted mainly of oatmeal, and all three families shared the one saucepan for cooking, and had to wait their turn accordingly. When funds were insufficient to buy the oatmeal, wives were often accompanied by their husbands to the corner of Barrington's to engage in prostitution, in order to find the price of the next meal. Consequently, high mortality resulted firstly from malnutrition and its related ailments, and secondly from the spread of infection through the lack of proper housing and sanitary conditions. The general medical services were unable to meet these needs. Consequently, the enormous gesture of Matthew Barrington in 1829, in donating the hospital to the people of Limerick, was the start of a badly needed service.

However, the funding of the hospital was another matter which was to present constant difficulties over the next 160 years.

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