

Historic sketch of the causes, extent, and mortality of contagious fever epidemic in Ireland in 1741 : and during 1817, 1818, and 1819 ; together with a review of the causes, medical and statistical, productive of epidemic fever in Ireland / by William Harty.

Contributors

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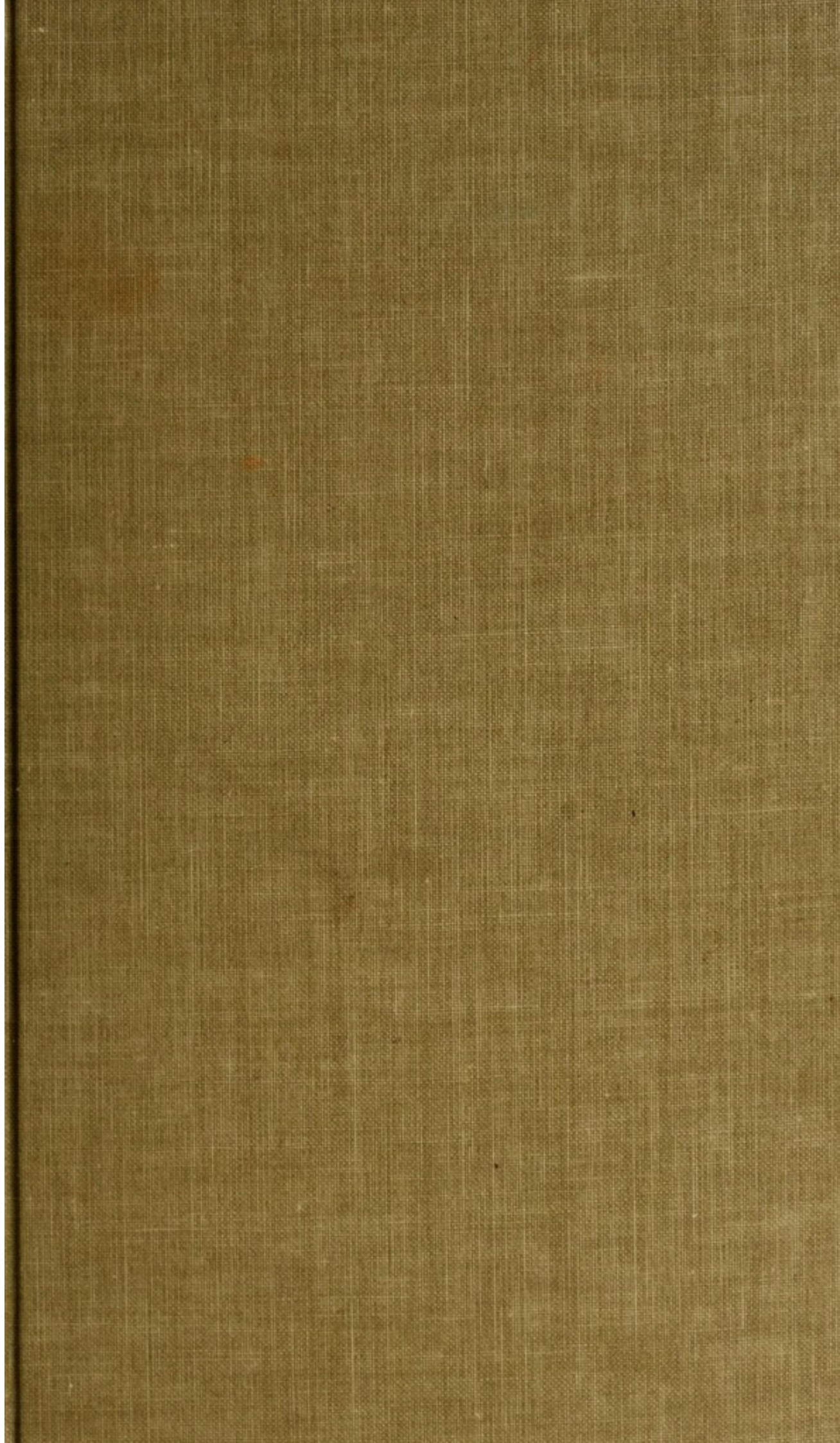
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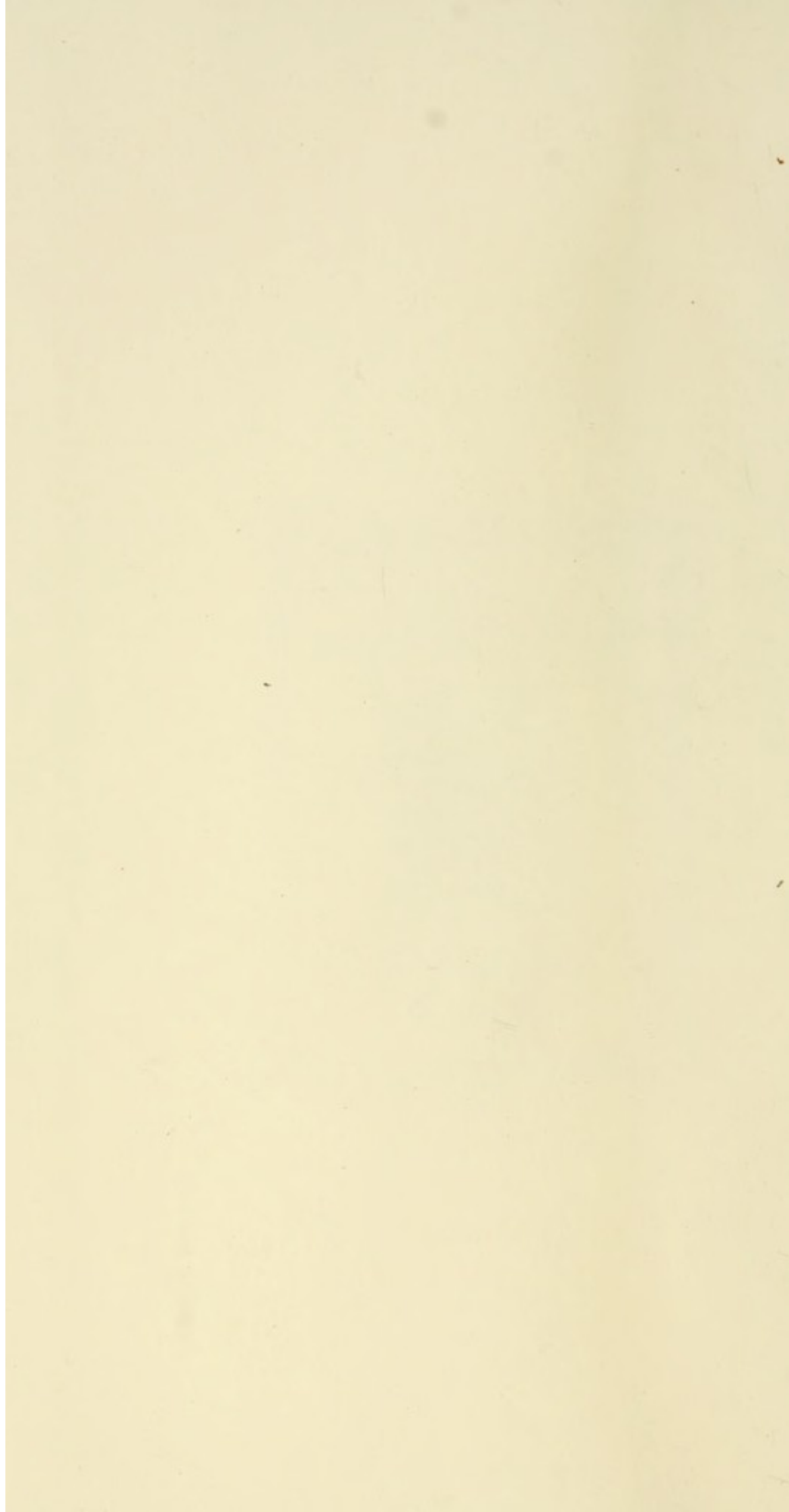
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Map of
IRELAND
marking the dates of
the commencement of the
EPIDEMIC,
in the
PRINCIPAL TOWNS.



1. Leinster
2. Munster
3. Ulster
4. Connaught

Scale of Miles.



HISTORIC SKETCH
OF THE
CAUSES, EXTENT, AND MORTALITY
OF
CONTAGIOUS FEVER,

EPIDEMIC IN IRELAND

IN 1741, AND DURING 1817, 1818, AND 1819 :

TOGETHER

WITH A REVIEW OF THE CAUSES, MEDICAL AND STATISTICAL,
PRODUCTIVE OF EPIDEMIC FEVER IN IRELAND.

BY

WILLIAM HARTY, M. B.,

PHYSICIAN TO THE KING'S HOSPITAL AND TO THE PRISONS OF DUBLIN; AUTHOR OF
"OBSERVATIONS ON THE HISTORY AND TREATMENT OF DYSENTERY
AND ITS COMBINATIONS," ETC.

DUBLIN :
HODGES AND SMITH, GRAFTON-STREET.

LONDON : JOHN CHURCHILL.

EDINBURGH : MACLACHLAN, STEWART AND CO.

" I cannot omit this opportunity of bearing testimony to the merits of the valuable Work of Dr. Harty on Epidemic Fever in Ireland. It contains such a multitude of facts illustrative of the principles which I am now supporting, that I should scarcely know where to begin with the selection: I must therefore refer to the 'Historic Sketch' itself."

HANCOCK'S "*Researches into the Laws of Pestilence*," p. 342.

Hist.
RAG 50.6
G7
1820H



TO THE

RIGHT HON. CHARLES GRANT,

CHIEF SECRETARY TO HIS EXCELLENCY

THE LORD LIEUTENANT.

SIR,

TO you, as minister for Ireland, it must be well known that fever of a contagious character has lately prevailed in this country to an unprecedented extent; having existed as an epidemic in some places for nearly three years, and in the metropolis for more than twenty months. A statesman, acquainted as he must be with the various circumstances affecting the happiness and prosperity of nations, cannot be ignorant of the important influence exercised over both by a disease which has consigned thousands to the grave, and tens of thousands to a worse fate, *to hopeless poverty*; and which, unless extinguished by a removal of its causes, must still continue more or less to afflict this portion of the British Empire,

and thereby expose us to a recurrence of the same awful calamity by which we have been so lately visited. Important as is the influence of such an agent in every country it is peculiarly so in Ireland where, unfortunately, there exist so many drawbacks, elsewhere unknown, upon the happiness and prosperity of its people.

Calculating on these considerations I might perhaps have proceeded at once to the discussion of such a subject without further ceremony or preamble, and with a feeling too of professional competence, had it not been officially stated and forcibly impressed upon a Committee of the Commons House of Parliament by a member of the Medical Board, high in the confidence of the Irish Government, that "we must look beyond medical judgment and medical exertions for *palliating* or removing this heavy affliction ;" and had not the same authority also apprized us that unless "the wisdom and energy of the legislature and of the government may do something in the matter," we must continue to suffer under this "*scourge* until it shall please God" to remove it. From these positions, intended at the time to convey more than could meet the eye, we may yet deduce one obvious inference, *an inference* not to be mistaken by the plainest understanding:—to wit, that if "medical judgment and medical exertions" cannot even "*palliate* this affliction, if God only can remove this "*scourge*,"

and if the legislature and the government are alone competent "to do something in this matter," it must be weakness and folly to consider medical advice, in such a case, deserving attention. Upon this principle, no doubt, that gentleman acted in advising the Irish government to reject the admonitions and proffered aid of the physicians of Dublin; a *principle* which would likewise appear to have influenced the Select Fever Committee of the late House of Commons, as they did not think it adviseable to examine a single medical witness, though the object of their appointment was "to investigate the causes of contagious fever in Ireland, and to suggest such measures as might seem most efficacious to arrest its further extension, and to guard, as far as human foresight could provide, against its recurrence."*

Had you, Sir, adopted these sentiments, I might perhaps be charged with impertinence in

* Justice should here be done to the worthy and intelligent Chairman of that Committee; his judgment could not have sanctioned the course pursued, for *he* anxiously sought information and advice from the physicians of Ireland, and if *they* appeared to differ in opinion, their differences could only be reconciled by direct examination. Strip the report of that Committee of the *voluntary* communications made to Sir J. Newport by Dr. Barry of Cork, Dr. Bracken of Waterford, and by other physicians through me, how little would remain.

addressing you; but as one of your first official acts was to demand medical advice in the emergency of a progressive epidemic, and one of your last to send a physician to each province to investigate the causes and progress of fever, I am justified, I should hope, in concluding that *you* do not think “medical judgment and medical exertions” unworthy of regard, and consequently that you will receive with indulgence, if not with favour, the opinions of one, who has had some opportunities of judging, and who advances those opinions with the sincerest love for truth, and with the most anxious desire to benefit that country, for whose character you have manifested such regard, and for her misfortunes such sympathy.

The manifestation of feelings, so creditable to any man, so honourable in the minister for Ireland, has removed all remaining reluctance on my part to address the distinguished individual who entertains them, because I am persuaded he must view the subject of fever, as one of great importance to Ireland, as well from the calamitous effects produced by the disease, as from the peculiar nature of the causes in which it originates, and must, therefore, be solicitous to obtain every species of information, which may enable him to act most beneficially for the country. The manifestation of such feelings has also satisfied my mind, that the minister for Ireland is not to be ranked

among those pseudo-philanthropists, who can contemplate, not only without pain but with complacency, pestilence thinning the ranks of our "superabundant" population; or who, to use the philosophic phraseology of our Malthite disciples, can, with unalloyed satisfaction, behold fever "doing its business." Your heart, Sir, would repel the doctrines of such a sect, and would not permit you to remain a passive spectator of the devastating ravages of disease; nor could your judgment sanction such a mode of relieving a "redundant" population, when so many other methods, more humane and efficient, might, if necessary, be devised for accomplishing the same end. And yet, Sir, such doctrines would appear to have received the indirect but unintentional sanction of a Committee of the late House of Commons, to whom the question of fever in Ireland was referred; that Committee having adopted, in terms of unequivocal approbation, those "forcible expressions of the Medical Board in Ireland" which describe fever as the effect of poverty, and mainly ascribe "the cause and continuance of that poverty to a rapidly encreasing population;" from whence it would plainly follow, as an undeniable logical inference, that to remove fever, which is the effect of poverty, we must check a rapidly encreasing population, the main cause of that poverty; but in checking an encreasing population, fever is an efficient agent: therefore to remove fever, we must obviate

poverty, and to obviate poverty, we should encourage fever!!!

Such, Sir, is the dilemma, into which the followers of this modern philosophy would lead us. That your reasoning, however, is not drawn from that school, nor your sentiments derived from such unchristian doctrines, is now beyond dispute. The late memorable discussion on the state of disease in Ireland has proved, that the proposer and seconder of the proposition for reviving the Committee of last session have preferred the more humane plan of seeking out the means of employment, rather than of lessening the demand for it through the agency of "plague, pestilence, or famine."

Happily, Sir, for Ireland, and for the multitude of wretched paupers who inhabit it, the epidemic, which afflicted and reduced them to a state of such unexampled misery, has, in some districts, disappeared altogether, and in other places has either subsided to the ordinary standard of fever, or has, with few exceptions, declined at least in extent, though it may have encreased in severity. I will not here stop to inquire how far we are indebted for this change to the gracious interposition of Providence, to "medical judgment and medical exertions," or to "the wisdom and energy of the legislature and of the government." My

object is to induce both the legislature and the government, by a plain and brief statement of facts, to take advantage of that change, however wrought, and to adopt, now that the great and pressing danger is over, such a course of measures as may be calculated to “ prevent a like calamity for the future.”

A reference to the history of a calamity, nearly similar to the present, by which Ireland was afflicted in the years 1740 and 1741, may furnish a lesson, not altogether useless. Unfortunately, however, we possess but few and concise records of those calamitous years, *years* which made an impression so indelible, that even after a lapse of more than half a century, I have heard the old describe them with feelings of horror. Though the misfortunes of the country have seldom found a place in speeches from the throne, yet that affliction was deemed not unworthy such particular notice by his Grace the Duke of Devonshire, who in a speech, addressed by him, as Lord Lieutenant, to the Irish Parliament in 1741, invited their attention to the subject in these remarkable words : —“ The sickness, which hath proved so mortal in several parts of the kingdom, and is thought to have been principally owing to the scarcity of wholesome provisions, must very sensibly affect his Majesty, who hath a most tender concern for all his subjects, and cannot but engage your

serious attention to consider of proper measures to prevent the like calamity for the future ; and to this desirable end, the encrease of tillage, which would at the same time usefully employ the industrious poor, may greatly contribute.”

Notwithstanding this benevolent recommendation from the throne, Ireland has, in the time since elapsed, been repeatedly visited by famine and by fever. It may be asked, did the Irish Parliament, regardless alike of its interest and of its duty, neglect to direct its attention to a subject so important, thus impressively brought under its notice ? No—they are not chargeable with such culpable negligence. The Irish Parliament, in compliance with the suggestion given, and in conformity with the then existing usage, did prepare the “ heads” of a bill for the further encouragement of tillage, and transmitted the same in “ due form” to Great Britain, but *the bill never returned*. Such, Sir, was at that time the mistaken policy of England, that she discouraged every effort on the part of Ireland to live by her own industry, and even denied her the power to feed herself.*

* I cannot, on this occasion, refrain from quoting an illustrative passage from a pamphlet published in 1741, under the emphatic title of “ The Groans of Ireland,” because descriptive of the effects of the famine then desolating the country. “ This,” observes the author, “ is the third famine I have seen in twenty years, and the severest : these

As Great Britain cannot now be charged with the same narrow policy towards Ireland, or with such erroneous views of her own interest, and as the Imperial Parliament has undertaken the responsibility of legislating for both countries, it is to be hoped that the subject of our afflictions from epidemic fever will receive all that attention, which a native parliament would have bestowed upon it; and that England will approve, and her legislature sanction the adoption of every practicable measure, calculated to relieve us from the present, and to shield us from any future calamity of the same description. But, Sir, this is not a question of mere duty or humanity on the part of Great Britain: self-defence and self-interest combine to give it every adventitious importance that can be

calamities arise from want of proper tillage laws to protect the husbandman: one scarce year sets all hands to the plough; this begets a great plenty, of which there are neither granaries to receive, nor bounties to encourage the exportation: the husbandman cannot get for his grain what the labour cost him: he sinks under its weight, deserts the plough, stocks with sheep, and in a few years there is another famine. This is the known course of our tillage, and may probably be thought an evil without remedy, *for that as we are to submit to the judgment of our mother country in all bills sent over by us, this, which would set us above buying our bread from them, cannot be granted.*"—The formidable opposition given to the late Corn Bill, so necessary in these days to the very existence of Ireland, is not to be forgotten: the illiberality, however, was on the part of English manufacturers; the liberality, fortunately, on the part of the English Ministers and Parliament.

desired ; because it is, in truth, impossible that fever should rage in Ireland, and that England should altogether escape its pernicious influence. Of this position we have abundant proof in the prevalence of infectious fever in Liverpool, Glasgow, and other places, whither Irish industry, seeking that employment which it should never want at home, has been convicted of conveying the disease. Shall we then on this occasion act, as our predecessors have acted, and leave posterity to provide for itself, taking chance that the evil days will not again arise in our time ? Shall we commit fever to its own unobstructed course, or shall we by a timely, minute, and serious investigation, endeavour to ascertain, and then to remove the real causes, which have given it birth and dominion in Ireland ?

On this interesting question, Sir, your sentiments are now on record ; furnishing satisfactory evidence of that sound discretion and good feeling, for which Ireland and the empire at large were prepared to give you credit. You have in Parliament expressed your anxious wish that the subject of epidemic fever, however reduced the disease may be in its prevalence, should receive the most attentive examination, and that every practicable measure should be provided to guard against its recurrence. Though there is *now* unquestionably “ a considerable abatement in the ca-

lamity, both in its character and extent," you, Sir, have with prudence calculated on the "capricious" nature of a disease which yet prevails very generally, and have accordingly contributed with earnest warmth to promote, what, it is to be hoped, may prove, an *efficient* investigation into the causes which have rendered, and which, while they continue, must ever render Ireland liable to similar visitations.

Extensive and heart-rending as have been the miseries, of which this epidemic has been productive, Ireland will still have reason to consider the visitation a blessing, should it but draw your attention and that of the legislature to the true sources of the calamity, and induce the government of the country, and the community at large, to co-operate in laying the axe to the root of the evil, instead of adopting temporary expedients for its suppression.

Anxious to promote an effort so truly laudable, I have endeavoured to collect facts and documents, capable of furnishing such a general view of the History of Fever in this country, as may enable the legislature, the government, and the public, to calculate with some certainty as to its future progress, and to decide, how far true economy will best be consulted in the adoption of decisive measures for

the extinction, or of temporary expedients for the temporary suppression of the disease. By this motive I have been influenced in attempting, amidst frequent interruptions both from other avocations and from ill health, to put together a few hasty observations, in the humble yet cheering hope that they may possibly contribute to ameliorate the condition of my wretched countrymen. Anxious for the success of such an object, I have to regret that greater talent, as well as more leisure, have not been devoted to so important an investigation. Should Ireland unhappily fail of benefiting at the present juncture by the labours of her friends in parliament, a good foundation will at least have been laid for more strenuous and successful efforts, whenever famine and pestilence shall again combine to afflict her people, a *combination*, which, judging from experience, we should be prepared to expect before the expiration of ten years.

Desirous of conferring on these observations something more than ephemeral life, I have connected them with an Historic Sketch of the present epidemic, and with various documents illustrative both of the system adopted for its suppression, and of the measures recommended by the physicians of Dublin for its extinction. These documents, which, so long as epidemic fever is permitted to afflict man, must command attention

from the statesman and excite an interest in the breast of the philanthropist, I have published, as well from their natural connection with the subject, as in compliance with the expressed wishes of the physicians of this metropolis.

These observations, Sir, I have taken the liberty of addressing to you ; and in doing so I have presumed, as well upon the obvious propriety of submitting questions of such national importance to your consideration, as upon the disposition you have evinced to attach to the subject all that weight to which it is so well entitled. I have presumed also that Parliament is anxious not merely to *seem* to do something for the benefit of our distressed population, but really to afford them every practicable relief ; and that *you* are desirous to co-operate in banishing idleness, beggary, and disease from amongst them, and to obviate those evils which have been induced by the want of legitimate objects for the exercise of their industry. It is true that in such cases, generally, a wise government should only interfere by removing any unnatural or factitious obstacle to the industry of a nation ; but in applying this sound principle to Ireland it should not be forgotten that she is *peculiarly* circumstanced ; and that she now is, and has been for centuries, unable to take advantage of the many natural capabilities she possesses.

A wise and liberal policy, calculated to enrich this country, cannot impoverish the empire at large: a different policy, so far from enriching England, has added to her burdens through our poverty and consequent insolvency. The well being of the empire, therefore, demands that Ireland should be fostered, upheld, and cherished.—In the fervent hope that measures of such a tendency will find in you and your successors in office strenuous and successful advocates; and that ere you retire from the labours of your present station you may be allowed time and opportunity to prove yourself the warm friend of the Empire, by being the benefactor of Ireland,

I have the honor to subscribe myself,

Sir,

Your obedient and

Humble servant,

WILLIAM HARTY.

32, *Gloucester-street,*

June 1820.

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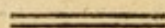
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_____	Cork.

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_____	Ulster.
_____	Connaught.



ERRATUM.

In page 147, last line, for “subject” read, object.

PRELIMINARY OBSERVATIONS.

THE title of this volume can scarcely mislead the reader into an expectation of finding in the subsequent pages either a detail of the symptoms, which characterised, or of the treatment, which was best calculated to resist the disease in question. Many accounts have already been published, and more may yet appear, of its varying symptoms and diversified treatment.* It is not

b

* The most interesting and valuable tracts on this subject, already published, are Dr. Barker's Report of the Cork-street Fever Hospital, Dublin, for the year 1817, and Dr. Grattan's, for the year 1818; Dr. Barry's Report of the Cork Fever Hospital, for 1817; Dr. Bracken's, of the Waterford Fever Hospital, for the same year, and Dr. Cheyne's Report of the Hardwicke Fever Hospital, inserted in the 2d vol. of the Dublin Hospital Reports. To these may be added the Parliamentary Reports by the Select Committees on Contagious Fever, more especially that of May 1819, with its Appendix.

Drs. Barker and Cheyne have announced their intention of publishing, in conjunction with their own observations, several communications received from the Physicians of Ireland, relative to the history and treatment of the Epidemic, a work from which I should expect much useful information, and which, I am therefore happy to learn, is already in the press.

my intention to add to their number : my object merely is to bring together such interesting documents, relative to the general history and management of the Epidemic, as might otherwise be lost, or hereafter become difficult of access ; to attempt a short statistical survey of the disease ; and to leave a record, though imperfect yet not unfaithful, of its origin, progress, extent, and mortality. The utility of such an undertaking neither the physician nor the statesman will dispute : the labour and difficulty, however, which attended its execution few can justly appreciate, except those who may have made or meditated a similar attempt.

Before I proceed to the direct object of this work, it may not be amiss to state the circumstances, which induced me to undertake this task, and those also, which retarded its completion to so late a period. Having, in conjunction with a great majority of the Physicians of Dublin, taken an active part in urging the necessity of strenuous efforts for the early suppression of the Epidemic in that city, and having also conjointly with them suggested, and offered gratuitously to execute the measures, in our judgment best calculated to accomplish that object,* I felt, in common with my brethren, strong sensations both of disappointment and disgust at the apathy which pervaded the public mind on such a subject, and at the obstacles successfully raised by certain individuals, against the execution of a plan, sanctioned by the highest medical authorities in our metropolis, as being one by which much expense, much misery, and many valuable lives might have been spared to the community. Under these im-

* See Documents Nos. 1, 2, and 3 in the Appendix.

pressions the Physicians of Dublin, in August 1818, resolved to publish the various proceedings in which they had been concerned, that their sentiments, then so little in unison with the measures adopted for suppressing the Epidemic, might be faithfully recorded. As the various documents relative to the subject were in my possession this task, by common consent, devolved on me. I accordingly prepared for its execution, and in the beginning of the year 1819, committed to the press the greater part of the Appendix, to which it was then my intention merely to have added a concise historic view of the progress and management of the Epidemic in Dublin.* Having, however, been engaged in an extensive correspondence with the medical gentlemen of Ireland in the year 1818, for the purpose of collecting accurate information for Sir John Newport, previously to his agitating the question of Fever in Parliament, and as I had thereby become possessed of much general information on the subject I was on further consideration induced to suspend the prosecution of my original plan, that I might include in my historic sketch the whole island. With this intention, I renewed my correspondence with the Physicians of Ireland, requesting their answers to certain queries† respecting the

b 2

* The documents, contained in the Appendix, supply very ample and important materials for the general history of the Epidemic, more especially as it appeared in Dublin; and having been the part first printed, and being arranged in the order of time, they furnish a connected detail of facts, necessary to a correct understanding of certain portions of the work itself. My recommendation to the reader therefore would be to read those documents in the first instance, or *at least* before he pass judgment on the inferences drawn from them.

† The following were the queries addressed on this occasion to my medical correspondents, viz.

origin, progress, extent, and mortality of the disease. To the Physicians of Ireland, and to the other medical gentlemen, whom I addressed on this and on a former occasion, I have to express my warmest thanks for the ready and polite attention my communications, almost without exception, experienced; indeed, whatever of valuable information this volume may contain, has been gleaned chiefly from, or will be found in their replies: my only merit consisting in the labour of compilation, and in the arrangement of materials. The work, now submitted to public judgment, is grounded on the documents contained in the Appendix, and on communications received from almost every county and town in Ireland:* more extensive reports, might, no doubt, have been procured, had I been acquainted with the names of all the medical practitioners of the country. To several I am specially indebted for the kind manner in which they replied to my repeated enquiries, and I should not do justice either to these gentlemen or to my own feelings, did I not particularly express my

1st. In what month and year did the Epidemic Fever commence in your neighbourhood? When most prevalent?

2d. Did it arise spontaneously in the place, or was the contagion introduced from any and from what quarter?

3d. Was it liable to much fluctuation in the number of sufferers?

4th. Has it at any time declined to the ordinary standard of Fever?

5th. What is its present state, compared with its greatest height?

6th. What do you consider the positive or relative number of sufferers from Fever within the sphere of your observation?

7th. What the average mortality?

The queries, previously circulated in the spring of 1818, will be found in Dr. Thomson's letter of April 1818, the first in the series of communications from Ulster. See Appendix, p. 157.

* Extracts from these communications will be found in the concluding part of this work.

obligations to Dr. J. M. Barry, of Cork; Dr. J. F. Carroll, of Limerick; Dr. Bracken, of Waterford; Dr. Williamson, of Carrick-on-Suir; Dr. Mawe, of Tralee; Dr. E. Ryan, of Kilkenny, and to Drs. M'Donnell, Stephenson, and Thomson, of Belfast.

Shortly after I had recommenced my correspondence with the Physicians of Ireland, the Irish Government, alarmed at the long continued and extensive ravages of Fever throughout the country, sent a Physician to inspect each province, and to report generally on the state and character of the Epidemic.* A month was allowed to each inspector to visit his province, and another month to prepare his report. These reports were afterwards laid before the House of Commons, by Mr. Grant, the Secretary for Ireland, and printed as an Appendix to a short report from the Select Committee on Fever: printed copies did not reach Ireland, or at least I was not able to procure one, till the month of July. During the whole of this interval, I remained in doubt, and my work in suspense, from a belief that the object of a general survey of the Epidemic must necessarily

* This measure, a wise one, beyond question, had it had been embraced in good time, was by many considered as dilatory, expensive and useless, and by some was viewed as a mere preparation against any attack on a vulnerable point during the then parliamentary campaign. The measure was no doubt dilatory, because the disease had, at the time of its adoption, prevailed for two years and upwards in some places, and was also very generally on the decline: yet though tardy and expensive, it was not a measure altogether useless, with reference to future proceedings under any similar contingency. Any censure, however, which may be visited on this measure, on account of the late period of its adoption, cannot be imputed to the present Chief Secretary for Ireland, who did not assume the duties of that office till late in the year 1818.

have been much more fully accomplished by the reports of the Inspecting Physicians, than it could by me, through the medium of epistolary correspondence. These reports, however, though containing ample details on some points, did not furnish that clear, distinct, and satisfactory information respecting the Epidemic, such as might have been expected from their authors, had more time been allowed them to digest and arrange their materials. Their reports did not appear to me to supersede or render superfluous the undertaking I had contemplated. I therefore proceeded in my work with as much expedition as I could command, and have endeavoured to render it as complete as my materials, time, and avocations would permit.

The address to Mr. Grant was written before the reports of the Inspecting Physicians had reached my hands, and since that period, my attention has been so much distracted by various matters of a private nature, and so much of my time occupied by professional and official duties, that this volume very possibly makes its appearance at a moment, when the public mind may no longer be alive to the subject of which it treats. Curiosity, or a better feeling perhaps, may still procure for it a few readers, even at the present day; but should an Epidemic of a similar character unfortunately revisit these islands, this work, and more especially the documents it contains, will then, I have no doubt, be perused with feelings of deep and general interest: it will then be found to supply a guide, the want of which was severely felt at the onset, and during the progress of the late calamity. Had a similar record existed of the Epidemic of 1741, we had known better how to contend

with that of 1817. By exposing the real causes, which led to these calamities, we may possibly contribute to avert a similar visitation : by exposing the errors of our mismanagement, we may render the visitation, should it occur, less severe and of shorter duration.

* Dr. Cheyne concludes his official report on the province of Leinster by observations of a similar tendency. "A record of the inspection of this kingdom, by which the rise, progress, and present state of disease has been ascertained, will form an official document of great value. It will illustrate the laws of Epidemics, as well as the measures which may be employed for alleviating the miseries which they occasion. Epidemics of the same kind have, from time to time, occurred in Ireland from the same cause, namely, a failure of the usual supply of nourishment, which in many places were equally fatal with that under consideration, but these were not sufficiently attended to, and are now forgotten : so that when on the present occasion, disease arose and became general, we were ignorant of the course it was likely to pursue. Should this country again fall under a similar visitation, the advantage of experience will be superadded to just principles."

EXPLANATION

OF THE

TABLES.

THESE tables, nine in number, comprise a large mass of facts relative to the history of the Epidemic, from its commencement to the end of June 1819. With the exception of the two *Dublin* tables, I have compiled them from the communications of the Physicians of Ireland, aided occasionally by the reports of the provincial inspectors. Though errors, unavoidable perhaps in such an undertaking, may be detected amidst the multiplicity of those details, yet many of my correspondents can testify that no pains have been spared on my part, nor indeed on theirs, to render these tables as correct as possible.*

The first three, marked 'FEVER TABLES,' exhibit the monthly returns of admissions and deaths in those Fe-

* Should it be in the power of any of my readers to correct such errors, or supply such deficiencies in this attempt, as might render it either an unfaithful or imperfect record of the Epidemic, they will, I should hope, not hesitate to favour me with their observations and strictures, under an assurance that their comments, of whatever tendency, will be thankfully received, and as gratefully acknowledged, should this work ever reach, or be deemed worthy of, a second impression: In such a case I am satisfied that, in several respects, a better arrangement might advantageously be adopted.

ver Hospitals, from which returns were procured: they shew, not the actual amount of sickness and mortality, but merely the numbers that could be accommodated in the several hospitals, during the pressure of the Epidemic: they mark the march of the disease, and its relative mortality in each month and year. These returns may appear in some instances either inaccurate or defective: but they wear this appearance because in many places no Fever Hospital existed until the Epidemic had already made considerable progress. In some few cases, where the returns were given not by months but by quarters, I have, for sake of uniformity, changed the quarterly into the monthly form, so that some of these monthly items may not be perfectly correct, though the quarterly total be unquestionably so. These "Fever Tables" are further designated by the names of their respective provinces: Ulster and Connaught are joined in one table, the returns from the latter being very few in number. Through inadvertence, the return for Oldcastle (in the county of Meath) has been introduced in the Ulster instead of the Leinster table, having been received from a Physician resident in the former province.

The four subsequent tables, marked 1, 2, 3, and 4, and entitled "General views of the Epidemic," exhibit the principal facts, relative to the disease, detailed in the communications of my medical correspondents, or otherwise collected. A table is devoted to each province; these four tables, taken collectively, contain an account of the probable population of each county and chief city, and of the probable origin, extent, and mortality of the Epidemic:* they likewise

* To the Rev. Edward Groves, through the kind friendship of the Editor of the Statistical Survey of Ireland, I am indebted for the re-

specify the periods of its commencement and greatest prevalence, also its duration and state at the close of the month of June 1819. The last column in these *tables* contains, under the head "Authorities," the names of those gentlemen with whom I had the honor of corresponding, and to whom I am so much indebted for the principal facts detailed in the tables themselves.

The Map prefixed to this volume exhibits, with much greater accuracy and minuteness than the last mentioned tables, the dates of the commencement of the Epidemic in the chief cities and towns: the tables give one general or average date for a whole county, whereas the map specifies the precise time when, according to the report of Physicians resident on the spot, the disease first began to spread in each chief town of the county. The plan of this map was formed early

turns of the population, with the exception of those for the county and city of Limerick, of the county of Westmeath, and of the city of Kilkenny. These latter I have myself supplied, upon as accurate data as I could obtain. The returns, though in some instances they may err somewhat from the truth, are yet in general sufficiently accurate for my purpose, and as they are to appear in the next volume of the valuable work above-mentioned, accompanied by general observations on that interesting topic, I need not here detail the authority on which these returns rest. All the tables now noticed, having been printed in the autumn of last year, and the publication of the entire work having been delayed till 1820, I was thereby enabled to circulate the tables themselves among several of my medical correspondents, for the purpose of ascertaining their sentiments respecting the accuracy of the statements contained therein. By some I am informed that I have greatly underrated the population of the large towns, as of Limerick, Waterford, Kilkenny, &c. I have accordingly somewhat modified my estimate in the table of the positive extent and mortality of the Epidemic, inserted in the body of this work.

in 1818, after my first communications with the Physicians of Ireland, at a time when the impressions of my correspondents must have been more vivid and accurate than they could be at any later period: in the reports of different Physicians from the same place, there was seldom a variance of a month in fixing the date: the great majority specified the month, and even marked the period, whether the beginning, middle, or end of that month: others reported more generally, by referring the commencement of the Epidemic to some one of the four seasons.

It now only remains to notice the two tables which mark the progress of the Epidemic in Dublin: one of these contains a minute account of the admissions, discharges, and deaths in the several Fever Hospitals of Dublin, from September 1817, (the date of the commencement of the Epidemic in that city) to the 3d of July 1819, in *equal periods of four weeks* each: the other table details the *monthly* admissions and deaths in the same hospitals, from January 1817 to June 1819 inclusive; and gives both the monthly and annual mortality, as well as the general total mortality, for a space of two years and a half, while the former table gives the collective mortality of all the hospitals in lunar periods, as well as the particular mortality in each hospital. The labour required in the construction of this table, may easily be conceived: the table having been formed from weekly returns, which I regularly received from the House of Industry and from the Cork-street Hospital; and from the monthly or quarterly returns of the other hospitals. The general correctness of these returns may, I presume, be relied on, as I was favoured with them through official channels. To the Governors of

the House of Industry I am much indebted for the liberal indulgence with which they granted me free access to all their registries, and to Mr. Abbott, the Medical Clerk of that establishment, for the ready cheerfulness with which he aided me in taking advantage of that indulgence, and for the polite acquiescence with which, when consistent with his official duties, he attended to every wish I expressed without regard to trouble or personal inconvenience. To my friend Dr. S. Robinson I am equally indebted, as well for the weekly reports from the Cork-street hospital, as for the kindness with which he assisted me in correcting some inaccuracies in the general returns from that hospital.

Other tables of a useful character, besides those now specified, will be found interspersed through the body of the work, and as an examination of these tables must best illustrate their positive and relative value, I will not extend these Preliminary Observations to a greater length by further illustration, but shall conclude by annexing a report of admissions and deaths in some of our principal towns for the last six months of 1819, to complete the returns for that year, which in the Fever tables just noticed had been brought down to the end of June: in these towns the disease had then continued to prevail beyond the ordinary standard.

Supplemental Table, to complete the returns of Fever for the year 1819.

	Dublin.		Cork.		Waterford.		Limerick.		Belfast.		Kilkenny.		Clonmell.		Carrick-on-Suir.		Tralee.	
	Adm'd.	Died.	Adm'd.	Died.	Adm'd.	Died.	Adm'd.	Died.	Adm'd.	Died.	Adm'd.	Died.	Adm'd.	Died.	Adm'd.	Died.	Adm'd.	Died.
1819.																		
July	833	42	161	7	167	2	110	3	70	3	85	2	41	0	38	2	15	0
August	660	21	149	1	156	7	95	4	57	4	80	3	29	1	29	2	13	1
September	542	31	122	5	143	1	90	2	33	4	45	5	26	1	28	0	12	0
October	459	24	78	2	119	1	84	1	38	5	40	4	23	4	36	2	11	0
November	503	29	67	1	88	3	66	2	30	2	40	5	10	2	14	1	5	0
December	472	35	71	6	85	2	60	2	47	2	47	4	14	0	20	2	5	0
Total	3469	182	648	22	758	16	505	14	275	20	337	23	143	8	165	9	61	1
Mortality	1 in 19		1 in 29		1 in 47		1 in 36.		1 in 13½		1 in 14½		1 in 18.		1 in 18½		1 in 61	

HISTORIC SKETCH
OF THE
CAUSES, PROGRESS, EXTENT, AND MORTALITY
OF THE
CONTAGIOUS FEVER

EPIDEMIC IN IRELAND,

&c. &c. &c.

THE annals of Ireland inform us that it has been, in common with other countries, occasionally subject to severe and simultaneous visitations of famine and of pestilence ; and our oldest medical writers bear testimony that contagious Fever has ever been deemed one of the "endemial or reigning diseases" of the island.* The

* Dr. Gerard Boate, in his Natural History of Ireland, published in 1652, enumerates amongst the diseases, to which that country is "peculiarly obnoxious," "a certain sort of malignant Feavers, vulgarly called Irish agues, because they are at all times so common in Ireland." The symptoms, by which he characterises this species of Fever, leave no doubt that the disease is the same with that, for the prevention and cure of

ordinary prevalence of this Fever is no small aggravation of the many afflictions, to which our population has from time immemorial been exposed ; and from the experience both of ancient and modern days, we must be convinced that, with the aid of certain concurrent causes, it may constitute one of the most extensive and formidable epidemics to which we are liable.

Though there are few countries, situated within the temperate zone, in which the pernicious agency of this disease is not more or less felt, it may with truth be asserted that, owing to causes independent of its soil or climate, Ireland has suffered more constantly, severely and generally from that calamitous influence than any other portion of the globe. The European continent, it is true, has been frequently and grievously afflicted by contagious Fever, but its prevalence *there* has been chiefly confined to the seat of war, and is mainly to be attributed, not, as in Ireland, to the physical condition of its inhabitants, but to the consequences ever attendant on the congregation and march of large armies. For more than a century, Ireland may be said

which, Fever Hospitals have in our days been erected. It is not a little remarkable that establishments of this kind were first founded in Ireland, a fact demonstrative as well of the great urgency of her wants in this respect, as of the enlightened views of her Physicians, who from their extensive experience of the disease, having seen the necessity, had the courage to suggest, and the disinterestedness to promote such efficient preventives. The annual reports of these establishments furnish us with authentic and satisfactory information of the ravages committed by the ordinary prevalence of Fever, and the table of admissions and deaths in the hospitals of Dublin, Cork, &c. for the last twenty one years, (hereafter inserted) points out as well the constant prevalence as the occasional vicissitudes of the disease during that period.

scarcely ever to have seen an hostile army in the field, and yet during the whole of that period the disease has not only constantly existed, but within the last eighty years, besides producing several minor and partial epidemics, has thrice raised its terrific head, and extending its influence over the whole island, has slain its thousands and its tens of thousands. The years 1741, 1801, and 1817, furnish three memorable instances of the conjoint ravages of famine and disease: the first, though long since passed by, is still a subject of familiar reference: the second is yet fresh in our recollection;* and respecting the last, it shall be my business to detail, in as simple and concise a form as possible, such facts as may illustrate the causes, progress, extent, and mortality of that fatal epidemic, of which it was productive.

In proceeding with this detail I may perhaps be permitted to take for granted one property of this Epidemic, until the proper opportunity arise for discussing the point; I mean its contagious character. That it possessed this property is sufficiently notorious, and its

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* The Fever of 1801 does not appear to have been epidemic throughout the whole island; its greatest prevalence at least was confined to the southern provinces, and according to the best accounts I could collect, would seem to have been in a great degree propagated from the county of Wexford. That county, being the chief seat of rebellion in 1798, suffered most severely from civil warfare, and during the continuance and after the cessation of hostilities Contagious Fever was very prevalent among the crowded poor of its towns: the infection thus generated was extensively diffused by the scarcity and bad quality of provisions during the years 1799 and 1800. I have not succeeded in procuring any written account of the Epidemic of that season; indeed I doubt much whether any such account is to be had in print.

almost universal admission might render any discussion, at least for the present, unnecessary. Thus understood I will now proceed to state with all possible brevity the commencement and progress of the disease, *a brevity* which in this place cannot be condemned when we recollect that the documents and tables annexed to this volume furnish the materials, from whence are drawn the general inferences, and in which also will be found those minute details respecting particular places, such as many of my readers might prefer to more general information.

The map, accompanying this volume, specifies the dates of the commencement of the epidemic in the principal towns, upon the authority of Physicians resident therein, or in the immediate vicinity. From this map it may be collected that Fever was more than usually prevalent in various and distant parts of Ireland so early as the autumn and winter of 1816. Thus, in *Munster*, this unusual prevalence was observed at Cork in August, at Cove and Tipperary in September, at Mallow and Cashell in October, and at Nenagh in November: in *Connaught*, at Galway in the autumn, and at Killala in September: in *Ulster*, at Enniskillen in July, at Newry in August, at Downpatrick in October, and at Monaghan and Armagh in December: in *Leinster*, at New Ross, Carnew, and Edenderry in August, at Carlow in September, and at Passage in October. In the majority of these places, however, Fever subsided during the ensuing winter, only to assume a more determined Epidemical character in the subsequent year. Upon an inspection of the same map it must distinctly appear, that the disease began to spread very extensively in the provinces of Ulster, Munster, and Con-

naught, during the first four months of 1817; still however it could not be said to prevail epidemically throughout the island, until the autumn of that year, when it made its way into Leinster, and at length took possession of the capital in September. In some few places its access was much later, as it did not prevail in Maryborough till the spring, nor in Wexford and Dingle till the summer of 1818.*

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* The lateness of the period at which the Epidemic made its appearance in Wexford and Dingle is somewhat remarkable, and the cause not unworthy of enquiry. From the dryness of the soil in the county Wexford, the crops of 1816 were less affected by the excessive wetness of that season than in other parts of Ireland, and its inhabitants were consequently less influenced by the scarcity and bad quality of their food: that county is also less in the *gang-way* for mendicants and strollers, and therefore was less liable to the importation of contagion through that prolific source of its introduction and propagation. This latter cause operated very strongly in favour of Dingle, which from its position was much exempted from the resort of strange beggars. The other peculiarities of Dingle, to which it was indebted for its immunity from Fever, are very strikingly illustrated in the communications of my friend Dr. Mawe, whose words I have much pleasure in quoting. "Want of employment I think a prominent cause in producing the Epidemic, *an opinion* in which I am strengthened by my own observations, as well as by information received from others, of the total absence of Contagious Fever in the industrious town and neighbourhood of Dingle, where the linen trade is extensively carried on, and where the habits of the people, from the facility afforded by this trade of obtaining employment suited to every age, are so notoriously thrifty, that their savings, aided by the benevolence of their neighbours, have enabled them in the late calamitous scarcity to procure abundance of provisions at their usual low rate. I have frequently during the last year and the beginning of this (1818) been engaged there professionally, and at no time have I had occasion to visit one patient labouring under Fever, while the complexion of things is here (Tralee) quite different," &c. &c.

In another letter he states a circumstance illustrative of the great salubrity of Dingle: "it may not be irrelevant to mention that no part of

The following table exhibits at one view the names of those places in which the commencement of the epidemic was simultaneous: on surveying the map from which this table is constructed, it is to be remarked that in some cases the commencement is noted as having taken place both in 1816 and 1817, and in other cases in different months of the latter year. The reason of the former has been just explained: the latter occurs whenever any marked difference exists in the reports made as to the actual commencement of the Epidemic. In constructing the table I have in such cases fixed on the middle month, and so also whenever the commencement is dated from any of the four seasons, in place of some given month of a year. When discussing the causes of the epidemic, we shall have occasion to refer to this table, as furnishing evidence [presumptive at least if not strong, that this disease, which many peremptorily attribute to contagion as its only parent, sometimes acknowledges a spontaneous origin.

the county can produce so many instances of longevity as Dingle: one fact in particular is worthy of record: some time since, two companies of invalids were stationed there for three years, and after such a stay there left it with the loss of one man only, whose lungs had been affected previously to his coming thither; while on their arrival at head quarters they found very few of their former companions in existence. It is also a well known fact that without any sort of preparation whatsoever meat has been kept quite sweet in the neighbourhood from 18 to 22 days, and that not in the coolest seasons of the year." Dr. Barker, in his official report to Government on the Province of Munster, is inclined to attribute some influence to a limestone soil, as *in itself* calculated to produce less Fever than other soils: in my judgment its *indirect* agency in protecting the crops from the injurious effects of excessive moisture was more efficacious during this Epidemic, the greater or less diffusion of which was apparently owing to two causes: the comparative state of distress and the position of the places, according to which they were more or less exposed to the visits of the strolling poor. But of these causes more hereafter.

1817.	ULSTER.	CONNAUGHT.	MUNSTER.	LEINSTER.
January	Downpatrick.		Limerick, Waterford.	
February	Donegal, Ballyshannon.	Leitrim.		Balinglass.
March	Derry, Armagh, Newry, Carrickmacross, Omagh, Dungannon, Enniskillen, N. T.-Limavady, Lifford.	Sligo, Carrick, Mohill, Tuam, Roscommon, Balinasloe, and Loughrea.	Tipperary, Fermoy, Bandon, Killarney.	Birr, Kildare, Naas, Athlone, and Ardee.
April	Strabane, Killeshandra.	Galway.	Ennis, Cahir.	Kilkenny, Mullingar.
May	Lisburn, Monaghan, Cavan.	Castlebar.	Cashell, Clonmell.	Longford.
June	Lurgan, Belfast, Randalstown, Antrim, Carrickfergus.	Boyle, Ballinrobe.	Tallow, Dungarvan, Youghall, Kinsale.	Tullamore, Moate, Carnew, Arklow, Wicklow, Bray, Maynooth, Trim, Balbriggan.
July			Carrick.	Carlow, Athy, Slane, Kells.
August		Newport.	Tralee.	Drogheda, Dunleer, Dundalk.
September		Westport.		Dublin.
November			Lismore.	

		1816.
July	-	Enniskillen.
August	-	Cork, New Ross, Carnew, Newry, Edenderry.
September	-	Cove, Tipperary, Killala, Carlow, Galway.
October	-	Passage, Cashell, Downpatrick, Mal- low.
November	-	Nenagh.
December	-	Armagh.

The progress and duration of the disease were very variable. In some places it advanced with a rapid pace to its acmè, and then steadily subsided: in other quarters it was slower in its progress and more fluctuating in its course, breaking out with renewed vigour after having been to all appearance subdued: its fatality also was in a great degree proportioned to its rapidity. Thus, in the province of Ulster and in some of the counties bordering on it, the Epidemic was both more fatal and rapid in its career than in the other provinces, having arrived at its greatest height, generally speaking, within a few months after its commencement; and having subsided much more quickly than in other places, where it

had commenced as soon. In all the large towns its progress was in general more slow and steady, and its subsidence later and more gradual than in the country districts. In Ulster it was most prevalent and fatal in the autumn and winter of 1817: in the other provinces it was, with some few exceptions, most prevalent in the summer and autumn of 1818, whereas its greatest mortality, as compared with the number of sufferers, was in the winter of 1817 and spring of 1818. In Ulster it subsided considerably or approached the ordinary standard of Fever in the spring and summer of 1818, while the other provinces were not equally fortunate till the winter of the same year, or spring of 1819.*

The duration of the Epidemic, of consequence, varied greatly in the different provinces, and in different parts of the same province. In Ulster it rarely exceeded a year and a half: whereas in every part of the other provinces (with the exception of the county Wexford) it seldom fell short of two years, and in some of the principal towns exceeded two and a half. And here it may be observed that the general duration of the Epidemic has probably exceeded the periods assigned to it, inasmuch as the commencement is usually dated, not from the period when it began to pass the ordinary limits, but from the month in which its prevalence became remarkable; its subsidence too is often fixed at a time, when the numbers affected, though greatly inferior to those previously attacked, yet still seriously exceed the average amount of sickness from Fever; the

* In Waterford almost as many sick were received into hospital in 1819 as in 1818, whilst in Dublin not one-half, and in Cork and Limerick not above one-fourth.

commencement therefore may generally be taken, and has probably been reckoned, too late and the termination too early. The particular facts upon which this general statement of the progress and duration of the Epidemic has been founded, are detailed in the four tables marked "General Views of the Epidemic." The causes, which may have been productive of any diversity in the commencement, progress, duration, or mortality of the disease in the different provinces, will be assigned hereafter.

EXTENT AND MORTALITY OF THE EPIDEMIC.

It may, I think, without fear of any charge of exaggeration be asserted that a more general Epidemic never, perhaps, existed in any country of equal dimensions and population; for according to every account, whether public or private, it would appear that not only every city, town, and village was visited by the disease, but that even very few of the isolated cabins of the poor escaped. To ascertain the extent and mortality of such an Epidemic would on many accounts be desirable: it is much to be regretted, therefore, that on these interesting topics it is not possible to give such full, satisfactory, and precise information as the lover of accuracy could wish. When the Epidemic Fever commenced its ravages all Ireland did not possess ten Fever Hospitals, and the dispensaries, except in the great

towns, were likewise very limited in number and totally inadequate to the wants of the people. Urgent necessity, however, soon led to the establishment of either or of both in various places; from the hurry in which some of them were established, great regularity could not be expected to exist in their registries. Under such circumstances the returns of the sick were necessarily defective, and the statements of the mortality inaccurate: indeed in some counties we are left without a single return of either, and are consigned to a conjectural calculation. Notwithstanding the difficulties thus thrown in our way by returns limited in number, and imperfect in their nature, there are still data sufficient to enable us to approach the truth; and the inferences fairly deducible from known and admitted facts are such as may furnish us with a probable estimate of the extent and mortality of this disease.

The substance of the communications received from my medical correspondents, relative to these as well as other topics, will be found in the several tables annexed to this volume, and in the extracts given from the communications themselves; it is therefore unnecessary here to recapitulate their contents. It may be satisfactory, however, before I attempt any positive estimate, either of the actual number of sufferers or of the mortality, to support those statements by an authority not without its weight, that of the Inspecting Physicians, commissioned by Government in the spring of 1819, to investigate the past and present state of the Epidemic. These gentlemen had opportunities of direct and personal communication with the medical practitioners of Ireland, of which it is to be presumed they took advantage in making themselves acquainted with many mi-

nute details, not likely to be particularized in a correspondence by letter, and yet very important in enabling them to form a correct judgment on the influence of the Epidemic. The following is a very concise epitome of their sentiments respecting the extent and mortality of the disease in the different towns and counties they visited.

Dr. Barker, the Inspector of Munster, considers it with respect to the county of Waterford satisfactorily proved that "Fever had prevailed in every district, with scarcely an exception, and that by comparing the number of inhabitants in the city with the return of the Fever Hospitals, the sufferers cannot be rated at less than one-ninth of the whole population."* Estimating the inhabitants of Cork at 100,000, he states that a number of patients, exceeding one-seventh of its population, passed through the different Fever Hospitals of that city, and that with respect to the county, no district had been exempt from the Fever, and that in some parts bordering on Kerry, "it was reported," that one-half of the population, and in others more than two-thirds had suffered from the disease. In Kerry, the state of which Dr. Barker reports as "peculiarly favourable to the progress of Fever," "the sufferings of the inhabitants were not exceeded by those of any other county in the kingdom." The same is reported of the

* "In one part of the city, inhabited by the poorest and most miserable classes, there are good reasons for believing that nineteen persons in twenty at least have suffered from Fever; and in Murphy's-lane, containing sixty houses, *every* inhabitant has had an attack of Fever within the last two months." "In Tallow, it is supposed that one-third part of the population suffered in some degree from Fever."

county of Limerick, as "no doubt can exist that the disease prevailed in every district of that county." With respect to the town "it was conjectured, and he believes with good reason, that one fourth of the inhabitants had sickened," and that though extensive hospital accommodation was provided, "some thousands sickened in their homes, and *there* received medical treatment, from the impossibility of accommodating them in the Fever Institution." In the county Tipperary, the number of sufferers was in the same proportion at least, and in Clonmell, its chief town, "one third of its inhabitants, or more, if dysenteric patients be included," had been afflicted.

Dr. Crampton, the Inspector of Connaught, remarks that, in the county of Galway, "no district escaped," and that the town of Galway, where the Epidemic "continued fully two years," was well circumstanced to favour its extension. In Roscommon, "the Epidemic was severely felt throughout almost the whole of the county, and amongst the lower orders it invariably spread through every individual of a family, when one became infected." In Mayo, "the mountainous districts were severely afflicted, and the mortality was considerable," and throughout the whole county "the Epidemic was much felt." "The counties of Sligo and Leitrim experienced the pressure of the Epidemic, at least with as much severity as any other counties of the Connaught district." In the town of Sligo, its influence was general, as it was not confined to the lower orders, many of the middling and higher classes having taken the Fever: and in other parts of these counties, "the severity of the disease was still more felt". In his recapitulation, Dr. Crampton

observes that "there were no places in Connaught which derived an exemption from Fever from their local situation."

Dr. Clarke in his survey of Ulster states that the disease was general throughout the county of Down, with the exception of Rosstrevor, a small bathing town.* In the county Antrim, the only district which escaped the disease, was the island of Raghlin, owing to the position of the island and the active precautions of its proprietor. In the county of Armagh he did not hear of any district which escaped the contagion, and the only observable difference between this and the other counties, consisted in the extraordinary prevalence and mortality of the disease among the better classes of society.† In the county Monaghan, "no district or class of society was exempt from it: among the lower orders scarcely a house escaped, and where the infected were not speedily removed, it spread rapidly through the family." In Tyrone the disease "appeared universally,"

* Dr. Clarke observes that "this town is out of the common thoroughfare, situated in a remarkably dry soil, with wide and airy streets devoid of those miserable habitations where the lower orders of travellers and mendicants are lodged; and it is a fact acknowledged by every one that *they* were the great importers of infection throughout the country. The town is much resorted to in summer by sea-beathers and other visitors, who circulate a great deal of money among the inhabitants, who are thereby induced to keep their houses clean and in good order. Large contributions were made by the neighbouring gentry during the scarcity, for the purpose of purchasing provisions, clothing, and fuel for the poor, which may be brought forward as an additional reason why they should have escaped an evil, so prevalent in the surrounding country."

† In the parish of Loughgall, near Armagh, containing a population of 8000 persons, above 1000 were ill before April 1818, according to the Report of the Select Committee of the House of Commons.

and in the neighbourhood of Strabane, “nearly one-fourth of the inhabitants were affected, and in the mountainous districts, the mortality is reported to have been excessive.”* In the other counties of Ulster, the Epidemic was neither so prevalent nor so fatal as in Tyrone. In the mountainous districts of this province (and they are very general and extensive) “the prevalence and mortality of the disease appear to have been very great.”

Dr. Cheyne, in his survey of Leinster furnishes very few data for estimating either the positive extent, or mortality of the Epidemic. In Wicklow he states it to have been most “prevalent among the wretched peasantry in the mountains.” “When Fever once got into a cabin, it infected every individual of the family.” In the Queen’s county, counties of Kilkenny, Carlow, and Kildare, “the disease was nearly confined to the poor, and prevailed epidemically in every part of these four

* The following statement by Dr. F. Rogan furnishes a melancholy demonstration of the extent and mortality of the disease in the county Tyrone, and at the same time a very creditable and almost solitary instance of great accuracy in calculating the positive and relative amount of sickness within the sphere of his observation. The dispensary district of Strabane contained a population of 16,258 souls: of these 4167, or a fourth had been ill of Fever to the end of September 1818, and 302 had died, at which time 149 besides remained under Fever. On the Marquis of Abercorn’s estate, (not within the dispensary bounds), containing a population of 14,038 persons, 3216 had been ill of Fever up to the 12th of November 1817, and 257 had died; between November 1817 and October 1818, there sickened 1479, and there died 80, and there were besides ill in October 393, making a total of 5088 persons, or more than one-third attacked by Fever in a population of 14,038, and of these 337 died.—What must have been the state of other parts of the country, left without the superintending care of a resident or considerate landlord, and of course without any medical aid whatsoever.

counties." "In every part of Westmeath, Longford, and King's county, there had been a remarkable increase of Fever; Westmeath suffered less than any county, with the exception of Wexford; and yet in many parts of Westmeath scarcely a cabin escaped." "In Meath and Louth the disease extended every where through the families of the poor." "Among the county of Dublin mountains, in the end of 1816, hardly a cabin escaped."

After this concise survey of the very general prevalence of Fever throughout the four provinces, the reader will be better prepared for an examination of the following attempt at forming a positive estimate of the numbers affected by the Epidemic, and of the mortality of which it was productive. The tables are framed principally from the two columns in the "General Views of the Epidemic" which relate to the probable extent and mortality of the disease; corrected in some instances by later and more accurate information on these points, as well as respecting the amount of population. Upon these tables it is only necessary to observe that, under the column of "registered sick," are included not only those who were received into hospital, but those also who were attended from dispensaries: from the latter however the returns were comparatively few, and these few defective.

I. LEINSTER.

LEINSTER.	Probable Population.	Registered Sick.	Total Probable Sick.	Registered Deaths.	Total Probable Deaths.
Dublin, City	200,000	44,000	70,000	2095	3500
County	120,000	4000	12,000	...	500
Wicklow, Co.	95,000	2000	12,000	54	400
Wexford, Co.	167,000	2800	11,000	49	300
Kildare, Co.	85,000	850	10,000	18	300
Carlow, Co.	70,000	900	9,000	23	300
Kilkenny, City	25,000	3300	5,000	250	350
County	135,000	...	13,000	...	650
Queen's Co.	86,000	500	7,000	16	350
King's Co.	93,000	1200	8,000	37	400
Westmeath, Co.	100,000	1050	10,000	27	400
Meath, Co.	143,000	2000	14,000	30	700
Louth, Co.	105,000	3050	11,000	97	500
Longford, Co.	96,000	...	10,000	...	400
	1,520,000	65,650	202,000	2696	9050

II. MUNSTER.

MUNSTER.	Probable Population.	Registered Sick.	Total Probable Sick.	Registered Deaths.	Total Probable Deaths.
Cork, City	100,000	18,500	30,000	590	1200
—, County	660,000	6776	100,000	210	5000
Kerry, Co.	180,000	2550	30,000	52	1500
Clare, Co.	160,000	564	16,000	33	800
Limerick, Co.	200,000	...	20,000	...	1300
—, City	80,000	10,000	15,000	429	1000
Tipperary, Co.	280,000	6557	28,009	345	2000
Waterford, Co.	120,000	660	10,000	19	700
—, City	35,000	6200	9000	257	700
	1,815,000	51,807	258,000	1935	14,200

III. CONNAUGHT.

CONNAUGHT.	Probable Population.	Registered Sick.	Total Pro- bable Sick.	Registered Deaths.	Total Proba- ble Deaths.
Galway, Co.	212,000	2821	21,000	83	1400
Mayo, Co.	236,000	1761	15,000	...	700
Sligo, Co.	126,000	815	10,500	32	500
L Leitrim, Co.	94,000	2790	9,000	64	450
Roscommon, Co.	158,000	1480	15,000	67	500
	826,000	9677	70,500	246	3550

IV. ULSTER.

ULSTER.	Probable Population.	Registered Sick.	Total Pro- bable Sick.	Registered Deaths.	Total Proba- Deaths.
Donegal, Co. -	230,000	...	15,000	...	1500
Londonderry, Co. -	185,000	1280	18,000	64	1800
Belfast, Town -	30,000	3000	5,000	170	300
Antrim, Co. -	200,000	1600	20,000	92	2000
Down, Co. -	288,000	1545	45,000	59	3000
Armagh, Co. -	120,000	163	15,000	11	1500
Tyrone, Co. -	250,000	13,084	50,000	763	5000
Fermanagh, Co. -	110,000	...	10,000	12	500
Cavan, Co. -	118,000	939	11,000	...	700
Monaghan, Co. -	140,000	1037	17,500	53	1200
	1,671,000	22,648	206,500	1224	17,500

V. SUMMARY.

Provinces.	Probable Population.	Registered Sick.	Total Probable Sick.	Registered Deaths.	Total Probable Deaths.	Relative Proportion of Sick	Relat. Proportion of Deaths.
Leinster .	1,520,000	65,650	202,000	2696	9,050	1 in $7\frac{1}{2}$	1 in $22\frac{1}{2}$
Munster .	1,815,000	51,807	258,000	1935	14,200	1 ... 7	1 ... $18\frac{1}{2}$
Connaught	826,000	9,667	10,500	246	3,550	1 ... 11	1 ... 20
Ulster .	1,671,000	22,648	206,500	2224	17,500	1 ... 8	1 ... $11\frac{1}{4}$
	5,832,000	149,772	737,000	6101	44,300	1 in 8	1 in $16\frac{2}{3}$

From these calculations it would appear that, estimating the population of Ireland at six millions, about one-eight of its inhabitants were infected, of whom not more than one-fifth would seem to have received regular medical relief. It would further appear that, though the registered deaths amount to little more than 6000, the probable mortality exceeded 40,000, or was more than 1 in 20, a *mortality*, which famine in 1817, and dysentery in 1818, contributed greatly to augment. We shall now proceed to examine the grounds, upon which this estimate of the positive extent and mortality of the Epidemic may be supported.

That these statements, however erroneous they may be in some particulars, are upon the whole not exaggerated, may, I think, be inferred from the following considerations. It is in the first place certain from the documents before us, (which yet do not embrace all the medical establishments in the country, nor include the whole duration of the epidemic) that more than 100,000 were under medical treatment *in hospital*: it is equally certain from communications before me, that in many places where Fever Hospitals were provided, not one-sixth of the infected could be received, and that only the severer cases were admitted: it is undeniable too, that in most extensive districts no medical establishment whatever existed, by which either the poor could be relieved or the number of sick ascertained. It is also matter of plain demonstration on reference to the tables that, in every instance in which the actual population of a town or district has been ascertained and the number of sick regularly registered, the proportion of the sick to the whole number of inhabitants has seldom fallen short of one-sixth, and has at times amounted to one-third. We may, I should think, under such circumstances very fairly conclude that one-eighth cannot form an exaggerated estimate for the whole island, more especially as I have been given to understand in my later communications with the medical gentlemen of Ireland, that though in some instances I may have over-rated, I have in others under-rated the probable number of sick from Fever during the years 1817, —18, and —19.

The calculations with respect to the probable number of deaths must in a great degree rest on the accuracy

of the preceding estimate. The probable number of sick being taken at 800,000, it may safely be presumed for the following reasons, that of those 1 in 20 at least has died. Of the registered sick, (150,000 in number) it is admitted that 6100, or about 1 in 25 died: now these were all under medical care, and a great proportion of them enjoying the comforts of hospital: whereas the remainder were in a great measure deprived of both these advantages. The registered sick, besides, consist principally of those affected in the year 1818, *a year* during which the mortality was confessedly trivial, compared with that of 1817, particularly in Ulster: in many parts of that province the severity of the Epidemic had in fact passed by before the inhabitants were provided with hospital accommodation, or with regular dispensaries. Though we are from this cause furnished with imperfect data for estimating the mortality of 1817, we are yet assured that it far exceeded the mortality of the subsequent year, including even the deaths from dysentery. If therefore of the registered sick, 1 in 25 died,* it may, I should think, without much exaggeration be affirmed that of the remainder the disease was fatal to 1 in 15. Add to these deaths the mortality among the higher

* This is the proportion of deaths, estimated from the returns of hospitals and dispensaries: in many of the latter however great irregularity existed in keeping their registry, so that we cannot always place perfect dependence on their returns of deaths, the mortality being in general at a much lower rate than that of any hospital, with all its "means and appliances to boot." Dr. Rogan's very correct return of the Strabane Dispensary gives a mortality of 1 in 13 six-sevenths, there being 3862 ill, and 639 deaths, a *mortality* upon so large a scale, greater than that of any hospital except Mallow. Dr. M'Adam, in his account of the Epidemic at Monaghan, states that in the Autumn of 1817, "mortality prevailed to such a degree that the living were scarce able or willing to bury the dead. Parish coffins became a considerable item of public expense, so that it was necessary to practise economy in contracting for them."

classes, of whom (when attacked) 1 in 5, or according to some 1 in 3, perished, and it must be admitted that the average mortality of the whole island during the three years of the Epidemic could scarcely have fallen short of 1 in 16. Annexed is a table of the mortality in the chief hospitals of Ireland, for the years 1817, —18, and —19. Where the mortality runs high for 1818, it may be presumed that dysentery was its chief source.

Relative mortality of the Epidemic in various towns of Ireland.

	1817.	1818.	1819.	Average.
Dublin .	1 in $14\frac{1}{2}$	1 in 24	1 in $18\frac{1}{4}$	1 in 20
Kilkenny .	1 - $16\frac{1}{2}$	1 - $14\frac{5}{6}$	1 - $12\frac{2}{3}$	1 - $14\frac{1}{4}$
Dundalk .	1 - $20\frac{6}{7}$	1 - 54	1 - 25	1 - 30
Belfast .	1 - $19\frac{1}{3}$	1 - $15\frac{4}{3}$	1 - 19	1 - $17\frac{1}{3}$
Newry .	1 - $21\frac{1}{9}$	1 - $34\frac{1}{3}$	1 - $13\frac{1}{2}$	1 - 26
Cork .	1 - 29	1 - 35	1 - 35	1 - $33\frac{1}{5}$
Limerick .	1 - $18\frac{1}{2}$	1 - $15\frac{2}{3}$	1 - $30\frac{2}{3}$	1 - $16\frac{1}{2}$
Waterford .	1 - $27\frac{1}{3}$	1 - 25	1 - $23\frac{1}{3}$	1 - $24\frac{3}{5}$
Clonmell .	1 - 27	1 - 18	1 - $18\frac{1}{4}$	1 - $19\frac{1}{3}$
Mallow .	1 - $22\frac{1}{2}$	1 - $9\frac{3}{5}$	..	1 - 12
Killarney .	1 - 74	1 - 67	1 - 33	1 - 62
Tralee .	1 - $20\frac{5}{4}$	1 - 69	1 - 43	1 - 39

It is evident from this table that even in the same year considerable diversity took place in the mortality attending the Epidemic in the several hospitals of Ireland, a *diversity* not easily accounted for in all cases. The average mortality was greatest at Mallow, Kilkenny, Li-

merick, Belfast, and Clonmell, and in some, though not in all of these places, its high rate is attributable to the combination of dysentery with the Fever.* The hospital mortality has in general been greatly increased by the number of hopeless cases admitted within a few hours of death; this source of apparent encrease of hospital mortality has been remarkable in Cork, Limerick, and Kilkenny, and has been still further augmented by the deaths from diseases supervening on Fever: both causes of encrease however are common to all hospitals, and if fairly stated in all their returns, cannot seriously affect the relative mortality of any: the ground for doubt is whether all the returns include *all* the deaths from whatever source. To make a fair estimate of the mortality from Fever, it appears to me that not only every death occurring in hospital, whether arising from Fever or other disease supervening thereon, should be set down to its account, but also every death after dismissal from hospital, which could be fairly traced to Fever as its source. It is certain, so far at least as regards Dublin, that in this view of the subject the mortality from Fever, which in the table averages for the last three years at 1 in 20, should be rated as high at least as 1 in 15, it being well understood that a considerable number of the convalescents discharged from hospital died within the first or second month after dismissal. The reports of the Inspecting Physicians state very distinctly that in general such fatal consequences seldom followed convalescence in the country districts, temporary debility be-

* Dr. Barker in his official report states that the deaths in the Mallow Hospital were occasioned chiefly by a disease allied to dysentery, which proved at least as mortal in this place as at Waterford. The same was the case at Kilkenny and Clonmell.

ing the great evil there to be apprehended and encountered. This difference between the mortality consequent on Fever in Dublin and in the country at large probably depended on the more enfeebled frame of the manufacturing and other poor inhabitants of the metropolis.

Had the mortality from the epidemic been equal to that from the ordinary Fever of the country, the loss of lives had been still greater. With some few exceptions, as at Mallow, Kilkenny, and Limerick, the mortality was far inferior to that of ordinary years, that of the registered sick during 1817, —18, and —19 being about 1 in 25, whereas the average hospital mortality of Ireland in preceding years may be rated at about 1 in 15: that of Dublin, (including all its Fever establishments) was as high as 1 in 11 during the thirteen years preceding the epidemic: this average for Dublin, however, it should be remembered, takes in every death from every cause and under every circumstance, occurring in its Fever Hospitals.*

These calculations respecting the extent and mortality of the epidemic may perhaps be deemed incomplete without some estimate of the relative number of males and females attacked by the disease, and of the mortality in each class respectively. I shall therefore submit all the facts within my knowledge on the subject, and shall deduce such inferences as they may appear to warrant, though the data are, as yet, insufficient for general

* The average mortality of Manchester is about 1 in 11; of Leeds 1 in $12\frac{3}{4}$, and of London 1 in $8\frac{1}{4}$ to the close of 1819: the mortality in the London Fever Institution during that year was so high as 1 in 5 tenths: in preceding years as 1 in 10.

induction. Were we even acquainted with the actual proportion of males and females in society, any estimate we might now form could enable us to decide, not their relative susceptibility, but merely their liability to take the disease; because to decide that point, both sexes should be equally exposed to its causes: but as we are not furnished with such a census of the population, our estimate can conclude nothing more than this, that of such a number infected, so many were males and so many females; and though the sufferers in one class may be more numerous than those in the other, it will not therefore follow that a greater proportion of that class suffered by the disease. Thus if we assume the population of Dublin to be 200,000, and that of these, 110,000 are females and 90,000 males, and if of the former 22,000 and of the latter 18,000 were infected, being one-fifth of each, we perceive at once that each class was equally liable, yet it would not therefore follow that both were equally susceptible: on the contrary from these data the males might justly be deemed the more susceptible, inasmuch as they are less exposed from their habits of life to the sources of contagion. Again, if we suppose the population of the metropolis to consist of an equal number of males and females, and that of the former one-sixth, and of the latter one-fifth was infected, we might then fairly infer that the latter were more liable to take the disease, yet we could not therefore conclude that they were more susceptible of contagion, unless it could be proved at the same time that each sex was equally exposed.* If however, (as is

* The tables, given by Dr. John Crampton in his report of the Fever department in Steevens' Hospital, furnish a very correct specimen of the manner in which such a registry ought most properly to be kept. If we were supplied with many such tables upon an extensive scale, we might then be enabled to draw some valid and useful inferences.

generally the case) we merely know the probable amount of population without distinction of sex, and then ascertain the number of males and females ill of Fever, we cannot from these data state the proportion which the relative numbers attacked bear to the whole of each sex respectively: but if we know the number both of admissions and of deaths in each class, we can then fix their relative mortality, because to ascertain that point, we need no other data than those stated. It is to be regretted that during the late Epidemic a regular registry was not kept in all hospitals and dispensaries of the number of male and female patients, and of the deaths in each class.* With a few exceptions, the two sexes have been confounded together, so much so that I had some difficulty in procuring many of the returns in the following table, exhibiting the number of males and females admitted to hospital in different places at different periods of time, and also the relative mortality of each sex.

* Dr. Edward Percival in his observations on the Epidemic Fevers of Dublin states, that during the years 1813, —14, and —15, the males admitted into the Hardwicke Fever Hospital amounted to 2684, and the females to 3558, and though he admits that this disproportion is augmented by the local connection of that hospital with the House of Industry, whose inmates are chiefly of the latter sex, yet he thinks it “not improbable that women are constitutionally more susceptible of Epidemic Fever than men: but it is,” he adds, “obvious that they are more exposed to contagion by their close confinement to ill ventilated habitations, and by their performing almost exclusively the offices of attendance on the sick.” It is not very clear to me how this fact and the opinion which precedes it are to be reconciled. It is evident that this gentleman, whose premature death all must deplore, confounds, as most writers do, the *liability* with the *susceptibility* of persons to take the disease.

Tabular view of the admissions and deaths of Males and Females in some of the principal Hospitals of Ireland.

Place.	Period of Time.	Adm ^d . Males.	Adm ^d . Females.	Died Males.	Died Females.	Male Mortality.	Female Mortality.
House of Industry*	From Sept. 1817 to Dec. -18	8198	8580	...	...	...	...
Do.	For the year 1819	2820	3220	167	181	1 in 16 $\frac{2}{3}$	1 in 17 $\frac{1}{4}$
Cork-street Hospital	For 1817 to 30th April 1818.	2883	2849	179	141	1 ... 16	1 ... 20
Do.	From May 1818 to Dec. 1819.	4239	5190	187	199	1 ... 22 $\frac{2}{3}$	1 ... 26
Steevens' Hospital	From Sept. 1817 to Aug. 1819	2719	2060	97	48	1 ... 28	1 ... 42 $\frac{11}{12}$
New Whitworth Hosp ^l .	From May 1818 to Dec. 1819	311	378	24	6	1 ... 13	1 ... 63
Belfast	For 1818, and part of 1817.	1240	1288	74	72	1 ... 16 $\frac{2}{3}$	1 ... 17 $\frac{3}{4}$
Kilkenny	— 1817 and -18	1470	1554	110	84	1 ... 13 $\frac{4}{7}$	1 ... 18 $\frac{1}{2}$
Do.	— 1819	263	364	19	27	1 ... 15	1 ... 13 $\frac{1}{2}$
Waterford	— 1817	469	461	21	13	1 ... 22 $\frac{1}{2}$	1 ... 35 $\frac{1}{2}$
Do.	— 1818	1277	1452	57	52	1 ... 22 $\frac{3}{8}$	1 ... 28
Do.	— Part of 1819.	346	412	...	...	...	...
Cork	— 1815 and -16	828	915	31	27	1 ... 26 $\frac{2}{3}$	1 ... 32 $\frac{2}{3}$
Do.	— 1817	1340	1367	66	34	1 ... 20 $\frac{1}{3}$	1 ... 40 $\frac{1}{5}$
Do.	— 1818	2637	3020	...	...	...	...
Do.	— Part of 1819	1104	1288	28	21	1 ... 39 $\frac{2}{7}$	1 ... 61 $\frac{1}{3}$
		32,144	34,398	1060	905	1 ... 19 $\frac{2}{3}$	1 ... 24 $\frac{1}{5}$

* For Note see page 30.

From this table it would appear that the positive number of female patients has not exceeded that of males so much as might have been expected from the greater probable proportion of that sex, and from their greater exposure to the sources of contagion : it would from hence follow that they are not to be deemed more susceptible of its influence than men : indeed, were I to draw any conclusion from the data we possess respecting Dublin it would be that they were less susceptible. The population of Dublin in 1798 was rated by the Rev. Dr. Whitelaw at about 75,000 males, and 95,000 females ; now it appears from the returns of the Cork-street Hospital that the males admitted into it have been progressively advancing on the females, and that they even exceeded them in number during the years 1816 and —17 : the males admitted in 1816 being 1398, and the females 1365 ; and in 1817, and part of —18, 2883 of the former, and 2849 of the latter : from that period, however, to the end of 1819, there was a considerable excess of females, in the proportion of 51 to 42. The relative numbers admitted in the preceding years are as follow :

* Until the close of 1818 the general returns of the House of Industry did not distinguish between males and females : these first numbers therefore are not to be considered as officially correct, having been made up by a clerk whom I employed and who, by the kind permission of the Governors of that establishment, was allowed to examine their registries : his return of deaths, as of males and females, I know to be incorrect, and therefore have not inserted it. The other returns of the House of Industry were furnished me through the ready and polite agency of Mr. Abbott, the medical clerk of that establishment : his returns may be relied on as perfectly correct.

	Males.	Females.
From 1804 to 1808 inclusive, .	2271	2603
From 1809 to 1812 inclusive, .	3009	3553
From 1813 to 1816 inclusive, .	5394	6167
Total, . . .	<u>10,674</u>	<u>12,323</u>

It is not a little singular that during those years, in which the females steadily exceeded the males in hospital, their mortality was much less than it has been since their relative numbers diminished; the cause of this occurrence may probably be found in the encreasing destitution and profligacy of the lower order of females. The fact itself is distinctly set forth in several reports emanating from the Cork-street Hospital.

Though it is well ascertained that this Epidemic spared neither age, sex, nor condition, and that all were indiscriminately exposed to its attacks, it is yet certain that there were particular periods of the Epidemic season, during some of which children, during others adult females, and during others adult males predominated in number. The fact has been satisfactorily ascertained in the Dublin and in other hospitals, in which even during the pressure of the Epidemic, many vacancies might occasionally be found in the male wards, while the female wards were crowded, and vice versâ.* The number of

* Dr. Crampton in his report of Steevens' Hospital states that "in September 1817 the number of males seeking admission considerably predominated, whereas in the summer of 1818 the force of the disease seemed mostly to press on the other sex, so that to meet the pressing demand for admission on the part of females, he had a male ward appropriated to them." He further observes that not only in Dublin, but in the province of Connaught which he had inspected, "the men were uniformly the first sufferers, and afforded the most severe cases, - except in those in-

children affected was very great, particularly at the commencement of the Epidemic, and during the summer of 1818.

The following tables exhibit as well the varying proportion of males and females, as the varying mortality of each sex, at different periods of the Epidemic. The *first* gives the quarterly returns of Steevens' Hospital: the *second* gives the returns of the Cork-street Hospital, in periods of 100 days: and the *third* those of the House of Industry for each month of 1819. The first division of the second table appears under a different form in Dr. Barker's report of Cork-street Hospital: the remaining part was furnished by order of the Managing Committee.

stances, where Fever was imported into the towns and villages by wandering hordes of vagrants and beggars." It appears by Doctor Bracken's report for Waterford that in 1817 the males somewhat exceeded the females in number, whereas the reverse was the case in 1818. The same would seem to have been the case in the Cork-street Hospital, as it appears by Dr. Barker's report that, from January 1817 to April 1818 inclusive, the males admitted were 2885, and the females 2849; whereas from the latter period to December 1819 the males were 4259, and the females 5190. Though the mortality also upon the whole was much greater among men than women, yet at times more females died in proportion to their numbers than males. These positions are fully maintained as well by the tables already inserted, as by those which immediately follow.

I.

Quarterly Periods.		Males Adm.	Males Died.	Mortality.	Females Adm.	Females Died.	Mortality.
4th Quarter of 1817	-	318	31	1 in 10 $\frac{1}{4}$	159	8	1 in 20
1st Do. 1818	-	324	10	1 ... 32	203	3	1 ... 68
2d Do. -	-	394	7	1 ... 56	222	2	1 ... 111
3d Do. -	-	552	13	1 ... 42 $\frac{1}{2}$	303	3	1 ... 101
4th Do. -	-	443	11	1 ... 40	428	12	1 ... 35 $\frac{2}{3}$
1st Do. 1819	-	349	14	1 ... 25	392	9	1 ... 43 $\frac{1}{2}$
2d Do. -	-	339	11	1 ... 30 $\frac{2}{3}$	353	11	1 ... 32
		2719	97	1 ... 28	2060	48	1 ... 42 $\frac{1}{4}$

II.

Periods of 100 days.	Males Adm ^d .	Males Died.	Mortality.	Females Adm ^d .	Females Died.	Mortality.
1817. From 5th Jan. to April 15	330	40	1 in $8\frac{1}{2}$	340	24	1 in $14\frac{1}{6}$
— to July 24	434	25	1 ... $17\frac{2}{3}$	475	34	1 ... 14
— to Nov. 1	563	39	1 ... $14\frac{2}{3}$	538	16	1 ... $33\frac{5}{8}$
1818. — to Feb. 19	833	51	1 ... $16\frac{1}{3}$	776	39	1 ... $19\frac{12}{13}$
— to April 30	723	24	1 ... 30	720	28	1 ... $25\frac{5}{7}$
	2883	179	1 ... 16	2849	141	1 ... $20\frac{1}{3}$
— to August 8	950	25	1 ... 38	1124	26	1 ... $43\frac{1}{4}$
— to Nov. 16.	1087	28	1 ... $38\frac{6}{7}$	1253	39	1 ... 32
1819. — to Feb. 4.	879	54	1 ... $16\frac{5}{18}$	890	35	1 ... $25\frac{3}{7}$
— to May 15	617	33	1 ... $18\frac{2}{3}$	879	37	1 ... $23\frac{7}{8}$
— to August 23	414	23	1 ... 18	537	28	1 ... 19
— to Dec. 1	239	21	1 ... $11\frac{1}{3}$	384	22	1 ... $17\frac{1}{2}$
— to Dec. 31	53	3	1 ... $17\frac{2}{3}$	123	12	1 ... $10\frac{1}{4}$
	4239	187	1 ... $22\frac{2}{3}$	5190	199	1 ... 26
Total	7122	366	1 ... $19\frac{4}{9}$	8039	340	1 ... $23\frac{1}{7}$

III.

Monthly Periods.	Males Adm.	Males Died.	Mortality.	Females Adm.	Females Died.	Mortality.
1819.						
January	576	31	1 in 18 $\frac{2}{3}$	657	39	1 ... 16 $\frac{1}{11}$
February	382	35	1 ... 10 $\frac{8}{9}$	407	15	1 ... 27
March	356	17	1 ... 21	397	36	1 ... 11
April	247	18	1 ... 13 $\frac{2}{3}$	212	19	1 ... 11 $\frac{1}{6}$
May	206	11	1 ... 18 $\frac{8}{11}$	277	10	1 ... 27 $\frac{7}{16}$
June	166	9	1 ... 18 $\frac{4}{9}$	165	12	1 ... 13 $\frac{3}{4}$
July	211	11	1 ... 19 $\frac{2}{11}$	242	9	1 ... 27
August	197	6	1 ... 32 $\frac{5}{17}$	198	7	1 ... 28 $\frac{2}{7}$
September	151	13	1 ... 11 $\frac{8}{13}$	182	6	1 ... 30 $\frac{1}{3}$
October	101	4	1 ... 25 $\frac{1}{4}$	163	6	1 ... 27
November	121	7	1 ... 17 $\frac{2}{7}$	155	9	1 ... 17 $\frac{2}{9}$
December	106	5	1 ... 21 $\frac{1}{5}$	165	13	1 ... 12 $\frac{9}{13}$
	2820	167	1 ... 16 $\frac{7}{8}$	3220	181	1 ... 17 $\frac{7}{8}$

Though it is highly probable that persons of different ages were affected in proportion to their positive numbers, and though we are ignorant of these numbers, it may be deemed satisfactory to annex a short tabular view of such returns as have been made of the respective ages of any given number of individuals attacked, particularly as a comparison may be instituted with similar returns in preceding years.

Dr. Barker in his last report has furnished us with the ages of 3970 patients received into Cork-street Hospital from September 1817 to May 1818; and Dr. Crampton has also given the ages of all those admitted into Steevens': Dr. Bracken has favoured me with similar returns of 3659 persons admitted into the Waterford Hospital, during 1817 and —18, (see his letter, p. 205.) The following is a summary of these returns, contrasted with similar returns from the Hardwicke Fever Hospital, for the years 1813, —14, and —15; from these it will appear, as might have been anticipated, that by far the greatest number consist of patients from 10 to 30 years of age, though very young subjects are not admitted into hospital in their fair and natural proportion, in consequence both of the reluctance of the managers to receive, and of mothers to send mere children.

AGES of Patients admitted and of those who died.

Admitted.	From 1 to 10 years.	From 10 to 20	From 20 to 30.	From 30 to 40.	From 40 to 50.	From 50 upwards.	Total.
Cork street Hospital	362	1474	1265	508	241	120	3970
Steevens' Do.	280	1544	1437	715	433	369	4778
Waterford Do.	551	1352	890	419	249	198	3659
Total	1193	4370	3592	1642	923	687	12407
Hardwicke Hosp ^l . for 1813, —14, & —15.	1233	1746	1638	834	492	541	6484
Died, Steevens'	4	21	48	22	27	23	145
Do. Waterford -	19	27	22	31	22	22	143

In a calculation made on 4450 patients received into the Cork Fever Hospital during the years 1815, —16, and —17, Dr. Barry found that 1635 were 17 years of age and under : 2009 were from 17 to 35 years, and 806 from 35 to 70 : of the first there died 16 : of the second 68, and of the third 74, being a mortality of 1 in 102 : 1 in $29\frac{1}{2}$: and 1 in $10\frac{3}{5}$, making a general average mortality of 1 in 28. Under Dr. Crampton, the mortality in the first of his six classes is 1 in 70 : in the second 1

e 2

* This first class is very numerous in the Hardwicke Hospital, because it received many patients from the Bedford Asylum for Children.

in 74 : in the third 1 in 30 : in the fourth 1 in $32\frac{1}{2}$: in the fifth 1 in 16, and in the sixth 1 in 16. Under Dr. Bracken the mortality in the same classes is 1 in 29 ; 1 in 50 ; 1 in $40\frac{1}{2}$; 1 in $13\frac{1}{2}$; 1 in $11\frac{1}{3}$; and 1 in 9.

Having thus taken a concise and general survey of the commencement, duration, extent, and mortality of the Epidemic throughout Ireland at large, I shall now proceed to detail more particularly such circumstances in the history of its progress and management in Dublin and in Cork as may conduce to a better understanding of the causes of the disease, and of those preventive means upon which greatest reliance may hereafter be placed for checking the inroads of so formidable an adversary. I have selected these two cities for such a review because in them, from their greater population and from the peculiar condition of their poor, the Epidemic had committed more extensive ravages than elsewhere ; and also because these two cities presented the singular spectacle of an Epidemic, the general management of which, more especially in the metropolis, was conducted either without the sanction of, or in opposition to, the declared sentiments of the medical profession : less so certainly in Cork, because in that city there existed on some points an openly avowed difference of opinion among the Physicians themselves.

That the reader may be enabled to form a more correct judgment of the general history and of the comparative ravages both of ordinary Fever and of this

Epidemic, I have given from the most authentic documents I could procure a tabular view of the annual admissions and deaths in such of the principal towns of Ireland as possessed Fever Hospitals within the last twenty years. Though Belfast had a Fever Establishment earlier, I believe, than any other town in Ireland, I could not introduce its returns into this table from the irregular manner in which, as I am informed, its registry had been for some years kept. As yet I have not succeeded in obtaining annual returns from Belfast, (previously to the access of this Epidemic) upon the accuracy of which I could rely, though I have long anxiously sought for them, from a wish as well to render this table complete, as to ascertain, if possible, what anti-febrile influence, if any, the abolition of street-begging exerted in that town. On examining the table, the reader may observe that the Cork returns for 1817, and the Limerick returns for 1818 do not exactly coincide with those given in the Fever Tables: the reason is this, that the Cork year, previously to 1817, beginning and ending with the 8th of November, the return for that year embraces not only the twelve months of 1817, but also the last two of 1816: in the case of Limerick, having failed in procuring correct monthly returns from the Military Hospital I have estimated the total admissions and deaths in it at 3000 for the former, and 200 for the latter, and have added them in the gross to the official returns of its regular Fever Hospital. I shall have occasion more than once to refer to the following tables, when considering the causes which have led to the general increase of Fever in Ireland since the year 1810.

TABLE of Admissions and Deaths in the Fever Hospitals of
Dublin, from 1804 to 1819 inclusive.

Year.	<i>Cork-street Hospital.</i>		<i>House of In- dustry, &c. &c</i>		<i>Total.</i>	
	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d	Died.
1804	415	92	82	5	497	34
—5	1024	67	709	58	1733	125
—6	1264	103	1276	145	2540	248
—7	1100	92	1289	156	2389	248
—8	1071	94	1473	210	2544	304
—9	1051	83	1129	186	2180	269
1810	1774	154	1388	190	3162	344
—11	1471	115	1218	197	2689	312
—12	2265	166	2006	274	4271	440
—13	2627	164	1870	216	4497	380
—14	2392	143	2026	178	4418	321
—15	3780	187	2451	264	6231	451
—16	2763	173	1669	138	4432	311
—17	3680	231	3316	250	6996	481
—18	7613	256	19,613	880	27,226	1136
1819	3920	226	8968	481	12,888	707
Totals	38,210	2283	50,483	3828	88,693	6111
Mortal.	1 in 16 $\frac{8}{11}$		1 in 13 $\frac{7}{32}$		1 in 14 $\frac{1}{2}$	

TABLE of Admissions and Deaths in the Fever Hospitals of
Cork, Limerick, Waterford, and Kilkenny, for twenty-one
years, ending 1819.

	<i>Cork.</i>		<i>Limerick.</i>		<i>Waterford.</i>		<i>Kilkenny.</i>	
<i>Year.</i>	<i>Adm^d.</i>	<i>Died.</i>	<i>Adm^d.</i>	<i>Died.</i>	<i>Adm^d.</i>	<i>Died.</i>	<i>Adm^d.</i>	<i>Died.</i>
1799	...	...	...	...	146	6	...	...
1800	...	...	...	...	409	23	...	...
—1	...	...	446	21	875	24	...	...
—2	...	...	86	9	419	25	...	...
—3	254	9	95	4	188	16	73	4
—4	190	4	90	12	223	22	80	10
—5	200	7	86	3	297	22	69	5
—6	441	13	84	6	165	14	56	2
—7	192	4	110	13	166	12	81	5
—8	232	7	99	13	157	14	96	5
—9	278	6	105	4	222	19	116	7
1810	432	17	164	14	410	22	135	11
—11	646	19	196	24	331	22	153	6
—12	617	13	146	14	323	24	156	5
—13	550	26	127	9	252	13	183	4
—14	845	27	221	14	175	13	236	13
—15	717	21	394	27	403	26	249	12
—16	1026	37	659	34	307	25	162	17
—17	5325	194	2474	183	930	34	1100	56
—18	10,199	291	6307	411	2729	109	1924	138
1819	2788	79	1502	49	2656	114	683	54
Totals	24,932	774	13,391	864	11,783	599	5552	354
Mortal.	1 in 33 $\frac{2}{3}$		1 in 15 $\frac{1}{2}$		1 in 19 $\frac{2}{3}$		1 in 15 $\frac{1}{3}$	

PROGRESS AND MANAGEMENT

OF THE

EPIDEMIC

IN DUBLIN AND IN CORK.

THE table of monthly admissions and deaths in the Dublin Hospitals for the years 1817, —18, and —19 clearly demonstrates that Fever was not more than usually prevalent in the metropolis till the month of September 1817. From documents, with which we have been furnished by the Physicians of its two great Fever Establishments, it appears that this increase of Fever was first observed at the northern side of the river Liffey, which divides the city into two portions nearly equal in extent. In the first week of September 100 persons ill of Fever were admitted to the Hospitals of the House of Industry, *a number* nearly four times greater than the ordinary average of preceding months: it was ascertained that these patients were principally furnished by the neighbourhood of those streets communicating with the northern and western roads, along the line of which Fever had been gradually spreading towards Dublin. The subjoined document from the Physicians of the Cork-street Hospital (situate at the south-western extremity of the city and in the midst of a wretchedly poor population,) shews that Fever had not begun to spread in that part of the town on the 9th of September, though it did so, unequivocally

cally, before the middle of that month.* The admissions into Hospital in September nearly doubled those in August, and for the six ensuing months to April 1818, the sick admitted to hospital increased by about

* The document above alluded to is as follows :—

“ In consequence of the very general alarm which at the present moment exists respecting the supposed introduction into this city of the Epidemic Fever so prevalent in various parts of the kingdom, the Physicians of the Fever Hospital in Cork-street have felt it incumbent on them to investigate this important subject, and to communicate the result of their enquiries to the public, with the view, either of allaying unnecessary apprehensions, or, should circumstances require it, of inciting to active and efficient measures of prevention.

They have chiefly directed their attention to ascertain, whether the Epidemic of the country has extended itself to Dublin, and whether the ordinary Fever of the town has been unusually increased.

Since the establishment of the Institution with which they are connected, an exact registry has been kept of all applications for the admission of persons labouring under Fever ; and as this hospital receives a large proportion of such cases, the Physicians have it in their power to form an accurate opinion of the relative prevalence of Fever at different periods. From this and other sources they have the satisfaction to state, that the number of applications has considerably decreased within the last three months—that the applications are much less than in a similar period in the year 1815, and do not much exceed those of 1816, during the same time, when Fever had remarkably decreased. They can further state, that the Fever, from which this city is never exempt, although marked in the early part of the year with much malignity, attributed to the bad quality and scantiness of human food, is at present not more infectious than usual, and is of a milder type.

Personal inquiry also from almost all the patients lately admitted, and information obtained at their dwellings, justify the assertion, that Fever has not spread in any remarkable degree through families : it has not assumed any extraordinary form, nor has it displayed unusual malignity.

From these facts they are authorised to declare it as their opinion, that

150 each succeeding month: the admissions in September being 796, and in the March following 1712. In April 1818, the disease would appear to have been sta-

the Epidemic Fever of the country does not pervade this city. But, although they have felt it a public duty to avail themselves of the peculiar sources of information which they possess, for the purpose of calming excessive apprehension, they cannot, at the present time, refrain from expressing their decided approbation of the measures of precaution which have been already adopted, and which, they trust, will prove sufficient to arrest the progress of so great a calamity, should it unhappily visit the inhabitants of this populous city.

In confirmation of the above statements, they annex the following extracts from the registry of the hospital:—

The three last months, compared with the preceding three months of the present year—

			Number of Ap- plications.
1817—From March 6th to June 6th,	-	-	1206
June 6th to Sept. 6th,	-	-	1046
			<hr/>
Decrease,	-	-	160
The three last months, compared with a similar period in 1815—			
1815—From June 5th to Sept. 6th,	-	-	1551
1817—From June 6th to Sept. 6th,	-	-	1046
			<hr/>
Decrease,	-	-	505
			<hr/>

F. BARKER, M. D.

WM. STOKER, M. D.

GEO. HAGAN, M. D.

S. ROBINSON, M. D.

JOHN O'BRIEN, M. D.

RICH. GRATTAN, M. D."

Fever Hospital, Cork-street,

9th Sept. 1817.

The history of this document, published with the considerate view of allaying the excessive and groundless alarm which pervaded the city of Dublin, in consequence of the deaths of Judge Osborne and Counsellor Ridgway by Fever, illustrates in a very striking manner the nature of

tionary, but from May it continued steadily and rapidly to advance until October, in which month the admissions to hospital reached their maximum, having exceeded 3000 : from that period the Epidemic declined very gradually till January 1819, and rapidly afterwards, the hospital admissions in January being 2394, and in February only 1682 : in June they fell to 996; and in October they scarcely exceeded the ordinary rate of Fever previously to the commencement of the Epidemic.

popular feeling on such subjects. At the close of the month of August, the number of patients under Fever in all the hospitals of Dublin did not exceed 227, and yet the greatest alarm prevailed and continued for some time to prevail, though this clear and convincing statement, which received every publicity, proved beyond question that such alarm was *then* without foundation. In the course of the year 1818, the number of Fever cases in hospital constantly exceeded 1000, and yet the greatest apathy seemed to pervade the inhabitants respecting the state and progress of Fever, though the Physicians of Dublin did repeatedly, and in the strongest manner, endeavour to impress the public mind with the necessity of adopting vigorous and decisive measures of prevention. In both instances the Physicians were objects of calumnious insinuation : in the first case, because by allaying the fears of the timorous, they chanced to mar the views of some individuals, anxious to take advantage of those fears, they were charged with deceiving and misguiding the public, and in the latter instance, when they would have excited fears for the public benefit, interested purposes were largely imputed to them, because the measures they recommended were not approved of by the *same* individuals.

This fluctuation of popular feeling under the influence of epidemic disease is not singular : man is the same every where : this history is that of every similar visitation. Mertens, in his account of the Plague of Moscow in 1771, states some facts so strikingly and curiously analogous, that I am tempted to insert them here. " We had wished," he says, " to have kept all this affair (the first appearance of the Plague) concealed from the public, but the accounts of the Plague, which some months before had afflicted Kiow, had so disposed their minds that the precautions adopted with respect to the military hospital occasioned a panic terror throughout

The tables No. 13, 14, and 15, contained in the Appendix, as well as the two Dublin tables annexed to this volume, exhibit minute details, under different views, of the progress, decline, and mortality of the Epidemic in that city. The following table gives another and a more concise view of the state of Fever in Dublin for $2\frac{3}{4}$ years, in quarterly returns, commencing with June 1817, and ending with February 1820: during the first quarter Fever was not Epidemic, and in the last it had nearly returned to its ordinary standard.

the city. It was in vain we endeavoured to inspire the inhabitants with confidence. But some days after, when they learned that there were only seven attendants in the hospital attacked by the disease, and that all the rest were free, they fell into the opposite extreme, and believing themselves in perfect safety, the inhabitants would no longer listen to the use of any precautions." One Physician was found to differ from the others as to the nature of the disease, and "as it generally happens, the opinion that flattered the public security prevailed pretty generally: the only satisfaction we enjoyed, arose from the conscientious approbation of having acted the part of prudent Physicians and good citizens." Well might the Physicians of Dublin exclaim with Mertens, "would to God that matters had rested there, and that the event had not confirmed the truth of the opinions we had advanced."

Quarterly statement of the progress of Fever in Dublin for 2 $\frac{3}{4}$ years.

		Average of daily Admissions.	Total Ad- missions.	Deaths.	Mortality
1st Quarter, beginning	1st June 1817	13	1204	80	1 in 15
2d Do.	1st Sept.	30	2752	168	1 - 16
3d Do.	1st Dec. *	50	4514	285	1 - 15 $\frac{6}{7}$
4th Do.	1st March 1818	58	5276	218	1 - 24
5th Do.	1st June	80	7378	227	1 - 31 $\frac{1}{2}$
6th Do.	1st Sept.	95	8594	344	1 - 25
7th Do.	1st Dec.	76	6900	366	1 - 18 $\frac{1}{2}$
8th Do.	1st March 1819	47	4347	239	1 - 18
9th Do.	1st June	27	2489	127	1 - 19 $\frac{7}{12}$
10th Do.	1st Sept.	16 $\frac{1}{2}$	1504	84	1 - 17 $\frac{11}{12}$
11th Do.	1st Dec.	14 $\frac{1}{4}$	1297	108	1 - 12
Total		46	46,255	2246	1 - 20 $\frac{13}{12}$

* My return for this quarter differs somewhat from the official return : this latter however is obviously incorrect in omitting the 95 patients of Sir P. Dunn's Hospital. See Appendix, p. 79.

From the vast numbers of sick, which, by this document it appears, were actually admitted to hospital from the commencement to the decline of the Epidemic in Dublin, some estimate may be formed of the probable amount of those who were infected in that city within the same period of time. It is in the first place unquestionable that, how extensive soever the hospital accommodation may have been, it was not sufficient for the wants of the inhabitants, inasmuch as it *frequently* happened that applicants for admission could not be received; and though it has been very positively asserted that this happened but on one occasion, I have proofs in my possession of its having occurred on several.* In the second place it is clear that, though

* "Such," says Dr. Cheyne, "was the provident care of Government, that, with the exception of *one day*, every person in Fever who applied to be taken into an hospital was received during the autumn, winter, spring, and summer of 1817 and 1818." To prove the inaccuracy of this statement, I might safely refer Dr. Cheyne either to the report made by the Physicians of Cork-street to Government in 1818, or to the admission books of the House of Industry generally; but I will be more particular, and will therefore refer him to a few special days, on which it is noted that patients, and to what number, could not be received: viz. September 29th 1818, 31 applicants could not be received: on the 12th October, 45; on the 13th, 49: on the 27th, 21: on the 28th, 17; and on the 31st, 32. This catalogue of rejections might be greatly extended. Indeed the number of Fever patients on the Dispensary books is demonstrative of the difficulty of procuring admission into hospital. From the 1st of November 1816 to the 1st of November 1817, 1810 patients under Fever are registered on the books of the Sick Poor Institution, Meath-street, a Dispensary which includes the Fever Hospital of Cork-street within its district: in the following year, ending the 1st November 1818, upwards of 3900 patients under Fever appear to have been attended from the same Institution, and in the year ending November 1819, upwards of 2000. Now though a large proportion of these cases may ultimately have been received into hospital, it is not a matter of doubt that these nu-

a ready disposition was manifested by the poor in general to take the benefit of hospital accommodation, there yet were many who from prejudice or from necessity preferred remaining at home even under the greatest pressure of sickness and want: among these were two extensive classes of persons, one, that of mothers reluctant to leave their families, and the other, that of young children with whom their mothers were unwilling to part. Besides these, it is well understood that many hundreds of the middle class of citizens suffered by the disease, and also among the higher classes not a few, of whom perhaps one-half were its victims.

If we take all these matters into account, it cannot be considered improbable that 70,000 cases of Fever, including relapses, occurred in Dublin, being nearly one-third of the inhabitants, and there is reason also to believe that of these 1 in 25 at least must have perished, a mortality certainly not exaggerated, if we in-

merous calls on that dispensary arose from the difficulty and delay in procuring admission into the Fever Hospitals, to which the poor, but too well acquainted with the nature of their disease, were always in the habit of applying in the first instance. From a list now before me it appears that even at so early a period of the Epidemic in Dublin as the beginning of 1818, there were, between the 1st of January and the 22d March, 1871 applicants for admission into Cork-street Hospital, of whom only 1345 could be received there; of the remainder, a large proportion may probably have been removed to other hospitals, yet not without delay and consequent mischief. In some cases it has been well ascertained that so many of a family have been lying under Fever at the same time, as to be unprovided with a single attendant, or with a messenger to deliver their application for relief at any of the hospitals.

clude those of the middling and higher classes, who fell victims to the disease. The table, containing an account of the admissions, discharges, and deaths in the Dublin hospitals in periods of four weeks each, shews that the general average mortality was 1 in 21, being greatest in the winter of 1817, and least in the autumn of 1818, and varying from 1 in 10 to 1 in 44: in some of the hospitals the mortality was at times so high as 1 in $8\frac{7}{8}$.*

* From the table, to which reference has been made, it appears that the greatest, the least, and the average mortality in the several Fever Hospitals of Dublin was as follows:

Mortality.	H. of Industry	Cork-street	Steevens'.
Greatest.	1 in $8\frac{7}{8}$ In Jan. 1818.	1 in $12\frac{3}{4}$ Jan. 1818.	1 in 9 4th Qr. of 1817.
Least.	1 in $42\frac{3}{4}$ July 1818.	1 in 62 August 1818.	1 in 63 May 1819.
Average.	1 in $18\frac{1}{4}$	1 in $24\frac{3}{4}$	1 in $31\frac{6}{7}$

Mortality.	Sir P. Dunn's.	New Whitworth.
Greatest.	1 in $14\frac{5}{8}$ Feb. 1819.	1 in $9\frac{2}{3}$ March 1819.
Least.	1 in 36. Nov. & Dec. 1818	1 in 51. August 1818.
Average.	1 in $21\frac{1}{3}$	1 in 21

Fever of a contagious character having been unusually prevalent in every province of Ireland, during the spring and summer of 1817, it was not to be expected that the Metropolis, so well calculated from the numbers and condition of its poor for generating and propagating contagion, should escape the influence of the epidemic: the only subject for surprise now is, that it should have escaped that influence so long. The constituted authorities, therefore, should have been fully prepared to meet, if not to prevent such a contingency, well aware, as they must have been, of the awful consequences likely to arise from such an event in a crowded population of 200,000 persons, the great majority of whom must be viewed in the light of paupers. The transactions, which it has become my office to record, evince that the Executive Government, however vigilant, liberal, and well disposed, as unquestionably it was, to do its duty on the occasion, unfortunately was not well advised, and that its measures, however expensive, and however otherwise judicious they may have been, were calculated not so much to prevent the disease from forming and spreading, as to cure it when formed.*

* How differently will persons, differently circumstanced, view the same transaction? A very respectable Physician of Dublin, one of the Provincial Inspectors, speaks in the following terms of the effect of the measures adopted by the Irish Government:—"I feel it due to the profession (to which I belong) and due to the government of the country, who have so liberally contributed to relieve the poor suffering from distress and disease, and who have interposed their arm and *saved a populous nation from pestilence, to detail,*" &c. &c. — In another place he says, that "the humane and well timed exertions of Government had arrested the march of the Epidemic, *so far as it could be controlled by human means,* having afforded ample hospital accommodation to the poor, and supplied the convalescents with nutritious food after they had left the Hospitals." The Physicians of Dublin, as will appear by their Resolutions and Report,

The measures adopted I shall now detail in the words of an advertisement, dated the 8th of November 1817, issued by the Governors of the House of Industry for the information of the Public. "On the 3d of Sept. the Governors of the House of Industry being apprehensive that the epidemic fever, which prevailed in many parts of Ireland, was finding its way into Dublin, obtained permission from his Excellency the Lord Lieutenant to apply the Whitworth Hospital (originally destined for chronic diseases) to the accommodation of patients labouring under fever; and on the 9th of September, they received instructions from the Chief Secretary (Mr. Peel) to extend their enquiries into all those parts of the city wherein fever had

(p. 42 and 43 of the Appendix) though most willing to allow the Government every credit for its intentions, thought differently as to the influence of the measures adopted during Mr. Peel's administration. In the documents referred to, and dated March 1818, they state, that the methods heretofore pursued for suppressing this contagious Epidemic, "though creditable to the liberality and indicative of the benevolent views of the Government, are in themselves, *however extensively executed*, inadequate to the accomplishment of that object, as has been unequivocally and unfortunately evinced by the steady progress of the disease;" and they further state, "that they cannot conclude their Report without expressing in the strongest manner their conviction, that the Government is entitled to every praise for its zealous and earnest desire to adopt every measure most beneficial to the poor; and that if any thing has been *otherwise* done, it has been so done under advice which the Government could not well resist, *that* of its responsible medical officers."—In another Report dated in August of the same year, they confirm these assertions by undeniable facts, and lament, that "unfortunately for this city and for the wretched sufferers from disease, the warning voice of those the most competent to judge on such a subject was disregarded, and Dublin has thereby to deplore a great increase of distress and poverty among her inhabitants, without any immediate prospect of checking the evil consequences flowing from a perseverance in measures at once expensive and inefficient." Thus it seems, "Doctors will differ !!"

appeared, or wherein, from the neglect of cleanliness and the density of the population, its appearance might be apprehended; and they were at the same time instructed to order the whitewashing of the rooms of the infected and the removal of filth from the habitations of such as were unwilling or unable remove it at their own expense,*

* Dr. Cheyne would seem to be of opinion that those depots of filth contributed but little to the generation or propagation of fever: in vol. 2, page 41, of the Dublin Hospital Reports, he observes, that "the Liberties of Dublin, at the time these operations commenced, contained in the private courts or areas behind the houses, innumerable depôts of putrid animal and vegetable matter, which had apparently produced no *very injurious* effect upon the health of the inhabitants; *it is certain* that the Liberties yielded us very few cases of Fever during the summer of 1817."—Could Dr. Cheyne be ignorant that the inhabitants of the Liberties *did* always most naturally prefer Cork-st. Hospital, lying in their own immediate neighbourhood, to the House of Industry, which was remote and on the opposite side of the river, and that they scarcely ever resorted to the latter until the year 1818, when they could no longer find sufficient accommodation in the former. That the reader may know the actual state of the liberties of Dublin, and thence judge whether these depots of filth could produce "*no very injurious effect*" on the health of the inhabitants, I subjoin an accurate and faithful picture of that part of the Metropolis, drawn in 1805 by the able pen of the benevolent Vicar of one of its most extensive parishes; and in adding my testimony to the truth of his statements, I cannot but experience some painful sensations under the melancholy conviction that this great and beautiful city, while it has been daily improving in external magnificence, such as must surprise and delight the eye of a stranger, has at the same time been hourly adding to its internal misery and wretchedness, and retrograding in those things which tend to ameliorate the state of its labouring poor. To the truth of this last assertion I know but of one exception, and that consists in the recent establishment of an association for the suppression of mendicity: that Institution, however, can only be viewed as a great good, originating in the enormous magnitude of a previous evil.

The Rev. James Whitelaw, in his essay on the population of Dublin, states, that "in the ancient parts of this city, a great proportion of the streets, with their numerous lanes and alleys, are occupied by working

and also to adopt any other measures, which might seem to them best calculated to discourage the introduction or check the progress of fever."

manufacturers, by petty shop-keepers, by the labouring poor and beggars, crowded together to a degree distressing to humanity. A single apartment in one of these truly wretched habitations rates from 1s. to 2s. per week; and to lighten this rent 2, 3 and even 4 families become joint tenants—I have frequently surprised from 10 to 16 persons of all ages and sexes in a room, not 15 feet square, stretched on a wad of filthy straw, swarming with vermin and without any covering save the wretched rags that constituted their wearing apparel.—One of these lodging houses contained 108 souls."

"This crowded population, wherever it obtains, is almost universally accompanied by a very serious evil: a degree of filth and stench inconceivable, except by such as have visited those scenes of wretchedness—Into the back yard of each house, frequently not 10 feet deep, is flung from the windows of each apartment the ordure and other filth of its numerous inhabitants, from whence it is so seldom removed, that I have seen it nearly on a level with the windows of the first floor—One instance out of a thousand that might be given will be sufficient—In attempting to take the population of a ruinous house in Joseph's-lane, I was interrupted in my progress by an inundation of putrid blood, alive with maggots, which had from an adjacent slaughter yard burst the back-door, and filled the hall to several inches. By the help of a plank and some stepping stones, which I procured for that purpose, (for the inhabitants without any concern waded through it) I reached the stair case—it had rained violently, and from the shattered state of the roof, a torrent of water made its way through every floor from the garret to the ground. The sallow looks and filth of the wretches, who crowded round me, indicated their situation, though they seemed insensible to the stench, which I could scarce sustain for a few minutes. In the garret I found the entire family of a poor working shoemaker, seven in number, lying in fever, without a human being to minister to their wants.—In this sty I counted 37 persons."—*Quis talia fando temperet a lacrymis.*" Any person, acquainted with the abodes of the poor in the City of Dublin, must recognise in this picture a true and faithful representation of their state and condition.

“ In consequence of these instructions, the Governors of the House of Industry, with the assistance of two professional gentlemen of experience, (Drs. Perceval and Cheyne,) who had collected accurate information relative to the nature and extent of the Epidemic Fever, from those parts of Ireland in which it chiefly prevailed, digested a plan for the protection of the inhabitants of Dublin, of which the following is a brief outline:— They divided the city and its environs, including the villages *within the distance of seven miles*, into four districts, over each of which they placed a Medical Inspector. The Inspectors were directed to ascertain the extent of Fever in their respective districts, and to *encourage the infected to take advantage of the Fever Hospitals*; to point out such nuisances as were likely to be prejudicial to the public health, and such houses or rooms as required whitewashing; and, finally, to present daily Reports of their inspections.”

“ The Governors employed sixty-six men and women in whitewashing the apartments in private houses, which were occupied by the sick, and in cleaning the reres, courts, and lanes, in which masses of filth had been accumulated, but which did not come under the cognizance of the Paving-Board. In carrying these measures into effect, they have received every assistance from the Magistrates of Police, and the Commissioners of Paving.”

“ The Governors also beg leave to state, that the Hardwicke and Whitworth Hospitals being full of patients in Fever, and applications for admission continuing,

they were permitted to occupy part of the Richmond General Penitentiary as a Fever Hospital, and, through the medium of Government, wards were obtained in Steevens's Hospital, capable of containing eighty patients—they are, however, enabled, upon the authority of their Physicians, to remark that the Fever which exists among the poor is, at present, of a mild character."

"The Governors of the House of Industry invite the inhabitants of those parts of the city and environs where nuisances occur, or where infection prevails, to communicate to them a full and authenticated report of the same, addressed to the Medical Clerk of the House of Industry, and they will be immediately attended to."

By Order,

W. ABBOTT, Medical Clerk.

From this document (which forms the basis of Mr. Gregory's Letter, No. 5, in the Appendix) it is evident that the measures, relied on by the constituted authorities for suppressing the Epidemic, consisted in providing hospital accommodation for the sick, in establishing a system of medical inspection, in whitewashing the apartments of the sick, and in cleansing, not their beds, bedding and clothing, but the rerres of their houses and the courts and lanes in which they resided. The documents, No. 2, 4, 7, 11 and 12 in the Appendix, which contain much interesting matter relative to this subject, very clearly shew that the hospital accommodation provided, though great, was not equal to the wants of the city; that the medical inspection, as at first

established, was ridiculously insufficient, and that all these and the other measures, "however extensively executed," were in themselves inadequate to the suppression of the Epidemic. Though an heavy expense was incurred in the execution of these measures, they yet failed from two glaring errors, (one of omission, the other of commission,) the obvious effect of which was to increase the mass of contagion within the city, both being persevered in, till it became almost useless to retract either. Such was the wisdom of this plan, that it comprised not a single measure for disinfecting the persons, clothing and furniture of the sick, and it gave at the same time every encouragement to those "infected within seven miles of the city to take advantage of its Fever Hospitals," and in both ways greatly contributed to the rapid and general diffusion of contagion through the dense and impoverished population of Dublin.

This last very injudicious measure, adopted probably under feelings of unreflecting humanity to the poor of the County Dublin, in which there were no Fever Hospitals for the reception of the sick, was pointedly condemned by the Sub-Committee of Health, in their Reports made in February and August 1818, (see Appendix, p. 16 and 69,) and also by the Physicians to the different Fever Establishments of Dublin in their Reports to Government in October of the same year. (See Appendix p. 140, et seq.) In consequence of these latter Reports, Mr. Grant in his circular letter, dated 26th Nov. 1818, (see Appendix, No. 17) also joined in condemning a measure, never altogether abandoned. For several months such encouragement did the infected receive to remove to Dublin, that the Fever Carriages

of the House of Industry were regularly sent many miles into the county to transport the sick to the Hospitals of the Metropolis. Hundreds of these wretched county paupers after dismissal from Hospital remained in the city to add to the numerous host of its own mendicants.—How much better had it been (to use Mr. Grant's words) in the first instance to have made “provision for the relief of such patients in their respective districts,” and to have “excluded them, after such provision made, from the Dublin Hospitals.”

While these two errors were persevered in, it was impossible to calculate on any great or essential benefit from the most vigorous execution of the other (really useful) measures contained in the plan of the Governors of the House of Industry, or rather of Drs. Perceval and Cheyne. These measures were actively prosecuted, and yet they seemed to exert very little influence on the progress of the Epidemic, for it continued steadily to advance, and strange to say, as it advanced, the alarm which had prevailed before the Epidemic appeared in Dublin was daily subsiding.—The disease was chiefly confined to the poor, and such of the shop-keepers as were infected, sedulously concealed the circumstance, for this obvious reason, least customers should be deterred from frequenting their shops.—Unfortunately too, the *whole* expense of supporting the daily encreasing number of the sick was borne by the Government, the citizens at large having never been molested by any demand for upholding the Fever Establishments—I say, *unfortunately*, because I feel persuaded that had Dublin been under the necessity of raising voluntary contributions for relief of the sick poor, as every other town in Ireland was compelled to

do, greater energy and greater anxiety would have been evinced on the part of its citizens to aid in suppressing Fever.*

In the beginning of 1818, Dr. Robinson, one of the Physicians of the Cork-street Fever Hospital, a gentleman distinguished alike for his zeal, intelligence, and humanity, and whom for the possession of such qualities I am proud to call my friend, being alarmed at the progress of the Epidemic, and surprised at the

* The Director-General of Military Hospitals in one of his Reports to the Irish Government, dated 16th March 1818, (see No. 8, in the Appendix) observes, that "it deserves to be remarked, (but why, is not stated) that with the exception of £1000 per annum, subscribed by individuals for the maintenance of the Cork st. Fever Hospital, the whole of the expense of maintaining and relieving the (Dublin) patients, has been defrayed by Government, although in other cities and districts of Ireland, the relief of the poor was principally defrayed by funds raised from the wealthy and benevolent part of the community."—The fact is certainly deserving of notice, as one which does not easily admit of rational explanation: the 40,000 fever patients of Dublin are supported almost exclusively by Government, or in other words at the expense of the country at large, its citizens and wealthy inhabitants having in no instance been required to contribute, while in every other city and district of Ireland, the poor are left almost exclusively to the resources of voluntary charity. It is not easy to understand upon a simple or a single view of the question why a different measure of relief should be extended to different districts, labouring as they were under the same calamity, and it is still more difficult to comprehend why the Metropolis (though not rich, yet certainly not the poorest city in Ireland) should not have been required to contribute somewhat to the relief of its sick, and why the poorest districts were left almost to their own resources:—the reverse to a simple judgment would appear the more rational course, more especially as some of those counties, which suffered most severely from Fever, were those in which there were few resident gentry to contribute, and it is on record in the Reports of the House of Commons, that "the wealthy non-resident landed proprietors of Ireland (with some honourable exceptions) contributed but little to the subscriptions raised for relief of the poor."—See Appendix, page 64.

general apathy then so prevalent, contributed by a short address* to the Editor of a public print, and by personal exertions in one parish, to arouse the attention of the public to their danger, and to lay the foun-

* "SIR,—The public are not aware of the progress that *Epidemic Fever* is at present making in this city, and of the danger to which all classes of its inhabitants are exposed.

"The applications at the different hospitals for the admission of persons labouring under Fever are so numerous, that should they continue for twelve months at the same rate, *more than twenty thousand persons* must be seized with this formidable disease within the present year.

"The measures which have been hitherto adopted to check the progress of the Epidemic *have proved ineffectual*. Hospital accommodation has, indeed, been prepared under the direction of the Government, with unprecedented liberality, and is still enlarging so as to be nearly commensurate with the applications, and yet *the disease continues to encrease, and spread within the city*.

"It becomes a question then of very serious moment, are there no means sufficient to avert this calamity? Must we look on, as passive witnesses of its deplorable effects? This is not necessary—it is practicable to restrain the evil, and to confine it, at least, within the ordinary limits. Proper measures, actively carried into execution, would produce this important effect; but it is essential that the *inhabitants themselves* should zealously co-operate, not only with one another, but with the Government also.—Party feelings should be abandoned; those only of humanity and personal safety should actuate us in the present crisis.

"The following is an outline of a plan, suggested for checking the further progress of contagious Fever, and for reducing its present alarming extent:—

"The whole city to be divided into districts, containing as nearly as possible, an equal number of the poorer inhabitants.

"A Committee of twenty-one members, aided by a physician, to be chosen for each district; the principal objects to which their proceedings should be directed, are—

- "1. To ascertain exactly the state of the city with regard to Fever.
- "2. To remove immediately infected persons to proper hospitals.
- "3. To cleanse and purify the dwellings and adjoining premises, wherever Fever has appeared.
- "4. To remove, as far as possible, the concurrent causes of the diffusion of Fever.

dation for those few parochial efforts, which, though aided and encouraged by the constituted authorities, in opposition to the plan laid down by the Physicians of Dublin, in the end proved so utterly unavailing.*

The documents referred to in the Appendix and the illustrations accompanying them, may suffice without now

“Such Committee would find these objects more easy to be accomplished, then might at first view appear. The public would aid and support them. Their duties, though laborious, need not be attended with personal risk to any, save to the physician.

“The whole to be combined together, and to act in perfect concert with, and under the direction of Government.

“There can be little doubt, that the effect of this simple plan, would be what is proposed—to check the progress of Fever in the city, and greatly reduce its present extent.”

S. R.

Eccles-street.

* For an account of these parochial proceedings, see Appendix, No. 18. The Rev. Mr. Whitelaw, in his work—already quoted (and with which no one legislating for Dublin should be unacquainted,) has an observation p. 41 respecting its parishes, from which such a failure might reasonably have been anticipated. “The parishes of this city,” he says, “do not vary more in their extent than in their degrees of opulence; and as the parishes, where the poor are numerous, are precisely those which possess the most scanty means of relief, while others can scarcely find objects to employ their beneficence, it is obvious that the system, at present universally adopted, of each parish providing for its own poor only, is absurdity itself.”—Under similar impressions the Physicians of Dublin pronounced, that “any attempts to carry the preventive measures into effect, through the medium of parochial efforts and contributions, *must* fail from want of uniform, steady and simultaneous action, and from want of fit organization and of adequate means;” and they further “deprecated, as a fatal delusion, that system of measures, which would commit the poorer parishes to their own private exertions, as the sufferers from disease are most numerous, where wealth is least abundant.”—But alas! it was sufficient in these enlightened days that the Physicians should give one opinion to secure the adoption of the opposite sentiment—See Appendix, p. 151.

entering into any further detail, to furnish an ample history of the various transactions relative to the Epidemic, which took place in the spring of 1818, on the formation of an Association for the suppression of Mendicity. The measures at that time adopted by the constituted authorities for suppressing Fever having failed even to hold it in check, the Physicians who composed the Sub-Committee of Health, deeming those measures, "*however extensively executed,*" inadequate to the accomplishment of that object, conceived it their duty, in compliance with references made to them, to communicate their views on so important a subject both to the Government and to the public;—but with what effect the documents referred to can best testify. In this discharge of their duty they received little encouragement: on the contrary they experienced every possible opposition and were assailed by so many calumnies that the Sub-Committee of Health in their second report, felt it incumbent on them, thus to notice the treatment to which a sense of public duty had exposed them. "Your Committee, having in their first report endeavoured by a statement of incontrovertible facts to excite such a degree of salutary alarm in the inhabitants of this Metropolis, as might prevent them from reposing in an unfounded and treacherous security, are aware of the censures they have already incurred and of the misinterpretation of motives, to which by persevering in this course they render themselves liable: they, however, disregard the one and will not be diverted by the other from a fearless discharge of their duty to the public, being convinced that there are the strongest grounds for alarm, that the time now is, when alarm can be salutary and useful, and that if we permit ourselves to be lulled into a belief of present security, the time must ere long arrive, when

that security will be found false, its consequences fatal, and its ultimate result the inactivity of despair."—Such was the language of the Physicians at the close of Feb. 1818, when urging the adoption of more efficient measures, and though Mr. Peel was made to declare in Parliament in the following April, that since the 14th of March, there was a considerable abatement of the calamity and a decrease of the disease in Dublin,* yet in August of the same year, we find the same Physicians lamenting (in the Report No. 11) the rapid strides with which the disease and misery had been advancing in the

* Mr. Peel's good judgment was on this occasion imposed on by the erroneous inferences drawn from a simple fact, viz. a temporary decrease in the number of beds occupied in Hospital; as if from thence it necessarily followed that the Epidemic must have declined in proportion to that decrease. The following statement will shew how little the state of the Epidemic was to be estimated by the actual number of sick in hospital:—On the 14th March 1818, the number of beds occupied in the Fever Hospitals of Dublin, amounted to 1076, and on the 29th of August following to 1002. Had the Epidemic declined during the interval? Quite the contrary, inasmuch as within the four weeks preceding the 14th March, about 1500 sick only were admitted to Hospital and within the same period preceding the 29th August, the admissions exceeded 2500. Hence it is evident, that, not the number of patients in hospital, but the number actually admitted within any given time, can constitute a true criterion of the state and progress of Fever. In fact, the number of beds occupied by fever patients in the Dublin hospitals never exceeded 1200, though upwards of 3000 sick were admitted in one month (October): the same number of beds nearly was required in March, when the applicants were not more than half as numerous. The reason of this apparent singularity is explained by the well known fact, that from the short duration of Fever during the summer months the stay of each patient in hospital did not average more than 10 days, whereas in March it generally exceeded 20:—the rapidity of discharge, therefore, fully compensated for the encreased number of admissions.—This subject is further illustrated in p. 138, of the Appendix.

interval.* In the Report No. 12, presented towards the close of September, we find the Sub-Committee of Health deploring the rejection of the measures recommended by them in the February preceding, because at that time the number of patients admitted to hospital during four weeks were about 1400, “*whereas* at present, and for some time past, the admissions within the same period of time have exceeded 2400.”

The reports from which these extracts are taken, made a serious impression on the public mind and contributed to convince the Government of the inadequacy of those measures, which their responsible advisers had induced them to rely upon. They therefore felt the necessity of adopting other measures and of taking other

* The Medical Inspectors of the Provinces mention many facts illustrative of the *pauperising* influence of the Epidemic. Dr. Cheyne observes, that “when Fever once got into a cabin, it infected every individual of the family, and relapses so often occurred, that it was seldom eradicated in less than two or three months: by which many an industrious labourer was ruined. And this was not confined to the poorer parts of the country: in the barony of Forth, one of the most prosperous parts of the County Wexford, many persons who had lived in comfort were so reduced by prolonged sickness, as to be forced to desert their houses, and take to the road as beggars.” That this influence of the Epidemic was not confined to the country parts of Ireland, is but too well proved by a Census, made in August 1818, of 588 Mendicants supported by the Dublin Association.—“By that Census,” says the Fifth Report of the Sub-Committee of Health, “it was ascertained that of these 588 Mendicants, 225 were reduced to that state by Fever, affecting either themselves or their parents—225 by general disease—and 140 by various misfortunes.” Who, after the admission of such facts, can doubt the important influence of disease in general, and of contagious Fever in particular, on the condition of the poor, and the necessity of guarding the health of that class as their own and the State’s best treasure. They, therefore, who would suppress mendicity, should endeavour to *prevent* it in one of its chief sources, by taking serious cognizance of the health of the lower orders.

advice ; and accordingly, on the 8th of October, Mr. Grant, the newly appointed Secretary for Ireland, addressed a circular letter to the Governors of the four Fever Hospitals in Dublin, requesting them to submit certain documents to the consideration of the Physicians, attached to those establishments, and to ascertain and report their opinion, "whether any remedial or preventive means ought to be employed beyond those, which have been in active operation throughout the city and its vicinity," &c. &c. The official documents, connected with this appeal, are too valuable and important to be epitomised ; they are a history in themselves, and will repay the reader for the trouble of a perusal : * pre-

* The documents in question, together with some explanatory observations, will be found in the Appendix : the answers of the Physicians at page 140 et seq. and Mr. Grant's subsequent circulars, at p. 84 et seq.— That the reader may be made acquainted with the state of public opinion at this period respecting the Epidemic, I subjoin the following extract from the Dublin Evening Post, which may with some propriety be considered as the "leading journal" of Ireland, and which never hesitated to speak its sentiments on this subject, as every journal ought, openly and manfully. "Our attention," observes the Evening Post, "ever alive to that most important subject, THE PUBLIC HEALTH, has been forcibly drawn to its renewed consideration by the appeal, which has at length been made by Government to the Physicians of Dublin, for advice, as to the best means of checking the further progress of Fever. This appeal, the propriety of which is so obvious as to excite some surprise that it was not *spontaneously made at a much earlier period*, is highly creditable to Mr. Grant, from the unquestionable evidence it furnishes of his determination to shake off the trammels of official influence, where that influence might lead him astray, *as it did his predecessor*. Mr. Grant, aware that the measures heretofore adopted for the suppression of Fever, have been found both inadequate and expensive, at once applies for advice to those most competent to impart it, namely, to the Physicians connected with the various Fever Hospitals of the City ; and he will, we presume, be governed by that advice, and not reject, as his predecessor (influenced by the views

suming, therefore, that they will be read, I shall leave my readers to form their own judgment as to the justice and propriety of those strictures, which I have ventured to deliver on the previous mismanagement of the Epidemic.

To conclude this history of the progress and management of the Epidemic in Dublin, it is *for the present* only requisite to state, that Mr. Grant's decision on the question of *further* measures was not made known till the 26th November, and that such decision was not acted on till the 30th December, as "some time necessarily elapsed before the arrangements could be so completed as to enable the "Central Committee," to enter fully on the performance of their duties." It is to be observed, however, that in the mean time the Epidemic did begin very obviously to decline in Dublin, as it had in almost every other part of Ireland : on which account it

of others,) had done, the proffered advice and gratuitous offer of assistance made by the Physicians of Dublin. We cannot conclude these remarks without calling public attention to another Report on this subject from the General Committee of Health, connected with the Association for suppressing Mendicity. Our readers cannot have forgotten the laudable and early efforts of that Sub-Committee to impress on the public mind the importance of attending to the progress of Fever, and of the necessity of adopting timely and vigorous measures for its suppression. The Fifth Report of that Sub-Committee (which will be found in our subsequent columns) gives an awful, yet dignified rebuke to those who were instrumental in marring their endeavours for the public good ; it depicts in strong colours the consequences which have followed from neglecting their admonitions ; and it furnishes the most decisive evidence that the health of the lower orders is of infinite importance, not merely to themselves, but to every class in society. We have been anxious to place this Report on our Records, as a document of great value."

is very questionable, whether the "further measures enforced by Mr. Grant, and recommended by that Central Committee, exerted any very material influence on the subsidence of the disease. Here too, let it be remembered, that these measures, so far as they differed from the former plan of operations, had been all anticipated in March 1818 by the Second Report of the Sub-Committee of Health.

I will not at present pursue this subject further, as I shall have occasion to revert to it, in considering the causes of the general and almost simultaneous decline of the Epidemic in various parts of Ireland, nor would I willingly in this detail have dwelt at such length on the proceedings of the Physicians of Dublin, had not a studied silence been observed respecting them in all the Reports, as yet published, of the progress and management of the disease in that city. Such a circumstance is rendered not the less remarkable by the fact that the writers of these reports were all well acquainted with the history of those proceedings, and that some of them took a part therein not altogether inactive. It will be for the reader to decide whether these proceedings, now published by the authority of the Physicians themselves, are unworthy of the notice they have here received.

REVIEW OF THE

EPIDEMIC

IN

CORK.

THE ample and satisfactory information contained in Dr. J. M. Barry's valuable report for 1817, relative both to the ordinary prevalence of Fever in Cork in preceding years, and to the progress and causes of the Epidemic in that year, precludes the necessity of any very minute account of either in this place. Indeed, had Dr. Barry, or any other Physician resident in that city, brought down the history of the disease to the conclusion of its epidemic career, I should with great reluctance have entered on an investigation of this kind, affecting a place so much removed from my own personal observation. From the want of such a history, and from the very peculiar character of some of those events which occurred in Cork subsequently to the publication of Dr. Barry's report, I have been induced to make an attempt at supplying the deficiency, and to place on record transactions, abounding in useful though

painful instruction. I have been further tempted to the undertaking in the hope of deducing some interesting inferences from a comparison between that city and Dublin, as to the progress of Fever in each, both before and after the commencement of the Epidemic. I have spared no pains to qualify myself for the undertaking, by seeking the best information through official channels: should that information be found defective or inaccurate, the fault, I hope, will not be imputed to him who sought the truth, but to those who may have declined answering his enquiries on a subject of such general interest as that of Epidemic Fever.

Any person, acquainted with the usual haunts of Fever and with the condition of those parts of Cork inhabited by its paupers and labouring poor, would naturally expect that contagion must there, as in Dublin, find a ready retreat, from which it could not easily be dislodged. We accordingly learn from the oldest medical writers, who have treated of the diseases of that city, that Contagious Fever has ever been recognised as one of its most prevalent complaints. Dr. M. O'Connell, in his "*Observationes morborum acut. et chronic.*" and Dr. Rogers, in his *Essay on the Epidemic Diseases of Cork*, testify that, during the early periods of the last century, Fever constituted one of the principal afflictions of its inhabitants. At that time Cork could boast of little external beauty, and still less of internal cleanliness: it was also rendered peculiarly unhealthy not only by its low, marshy situation, but by the numerous canals with which it was intersected, and in which filth of every description was thrown and left exposed on the ebbing of the tide. In all these respects Cork has wonderfully improved during the last fifty

years, and though its population has greatly increased within the same period, its salubrity would appear to have kept pace with the general improvement.*

Subsequently to the remarkable era of 1741, until we arrive at that of 1800, we possess scarcely any public documents or medical writings whence to infer the positive or probable state of Fever in any of the principal towns of Ireland: we may be certain, however, that it continued in the interval to prevail more or less in proportion to the strength of its concurrent causes. With respect to Cork I am not aware of any data, upon which to argue as to that interval of time, with the exception of a few years antecedent to the establishment of its Fever Hospital. Dr. Barry's retrospect does not go farther back than the year 1800, at which period great distress prevailed throughout the empire from the scarcity and consequent dearness of the prime necessities of life: in that year, Dr. Barry informs us, contagion spread so extensively in Cork, that 4000 persons under Fever were attended from the dispensary of that city. This Epidemic would appear to have given origin to the earliest Fever Hospitals in Ireland: that of Cork was opened for the reception of patients in 1802, and in the 10th annual report of that hospital it is stated

* Dr. Barry observes in his report that one very obvious and salutary improvement might be effected by means of the canals which intersect Cork in every direction, and which afford the means of rendering it one of the cleanest cities in Europe, provided the sewers were increased in number, and made accessible to every tide. "From the manner in which these sewers are generally constructed, they are rather injurious to private houses than otherwise; because, being out of the reach of ordinary tides, the deposits accumulate in them, and with certain winds the effluvia rise into the apartments and poison the atmosphere."

that, for the ten years preceding its establishment, the annual average of Fever cases on the dispensary books amounted to 2600, whereas the average in Hospital for the ten subsequent years did not exceed 400.* This one fact, independently of many similar instances from other places, furnishes conclusive evidence of the decisive influence of such establishments in checking fever during *ordinary* seasons and under *ordinary* circumstances. In the tables and in the subsequent observations will be found

* Though Dublin possessed several dispensaries previously to the establishment of its Fever Hospital, their records do not enable us to form any positive estimate of the influence of the latter in reducing the numbers affected by Contagious Fever. The experience, however, of every person connected with the poor, has taught us to believe that in *ordinary* seasons the numbers were considerably lessened. Every Physician, practising previously to the erection of our House of Recovery, is at least aware of this fact, that Fever had comparatively disappeared from amongst the rich, until the late Epidemic once more brought them within its influence. The same is stated to have been the result in Cork after the opening of their Fever Hospital. "Before 1801," says Dr. Barry, "scarcely a year occurred which did not exhibit the untimely death of several of our most distinguished or useful fellow-citizens, victims to contagion. Since the establishment of the House of Recovery, however, so rarely has Fever appeared in families of that description, that they may nearly boast an exemption from its attacks." The Epidemic unfortunately put an end to this exemption, and Ireland at large has thereby to lament the loss of many of its most valuable inhabitants. Cork in particular has to deplore the death of Mr. Mahony, one of her most active and beneficent citizens. The death of this gentleman was indeed the subject of such universal regret, that the Secretary for Ireland, in the debate on Fever in April 1819, took that opportunity of eulogising his character and conduct: he stated that Mr. Mahony "had daily visited the hospitals, superintended the nurses, and saw that the sick were daily attended to. He caught the disease he sought to remove, and fell the victim of his beneficence." Limerick was more fortunate in the escape of a gentleman, to whose exertions she was as much indebted as Cork was to Mr. Mahony: Mr. Bayley, who holds an high office in the revenue, devoted himself most indefatigably to the cause of humanity during the prevalence of the Epidemic. To his exertions Limerick was, in a great

a detail of the further progress of Fever in Cork, so far as is necessary for our present purposes.

There were few cities in the British empire which derived greater benefits from the influence and duration of the late war than Cork, or one which suffered more severely and suddenly by the tremendous reaction of peace after so long a term of unnatural excitement. Dr. Barry's report, already more than once alluded to, and Dr. Bullen's letter, (p. 232 of the Appendix) depict in forcible colours the awful change produced by the cessation of war in lessening the means of subsistence among the poor inhabitants of Cork, and in preparing them for the visitation of Epidemic Fever.* Though Dublin, both before and since the legislative union with Great Britain, has probably contained a

measure, the means of relief for the thousands of her inhabitants afflicted with Fever, and the immunity of the remainder. Such indeed was the deep sense entertained of the great value of his personal exertions that on one occasion of a short absence, his return was hailed by a general illumination of the Fever Hospitals. Most happy should I feel to record many such instances of disinterested devotion to the welfare of our suffering fellow-men. No doubt such instances must have occurred elsewhere, though I have not been apprised of them.

* Cork is the only city in Ireland which petitioned Parliament on the subject of its great and peculiar distress. "Perhaps there is no city in the empire," says Dr. Barry, "which has felt the cessation of the war, or the transition from war to peace more grievously than Cork. Possessing little or no manufacture, her commercial wealth was the chief source of employment and of actual support to her inhabitants. The *vast* increase of failures in trade, of vacant stores, and of untenanted shops and houses, are sad proofs of the reduced state of our trade and commerce. The consequent want of employment precluded the poor from purchasing provisions, even when the prices of the necessities of life were greatly reduced, as happened immediately after the peace. The failure of the crops of 1816, and the bad quality (and dearness) of provisions, rendered this state of things still more distressing. Besides its own poor, numbers crowded into the city from the country to seek for employment or to par-

much greater proportion of paupers than Cork, yet as it was less benefitted by a state of war than the latter, so it suffered less by the return of peace. As a proof, and also as a consequence of the relative effect of the late peace upon these cities, we may adduce the very different progress of Fever in the two places before and after that event. A reference to the tables, p. 40 and 41, will shew that in Dublin the admissions to hospital in 1814 rather fell short of those in 1813; that the admissions in 1815 were to those of either of the two preceding years but as 6 to 4; and that in 1816 they fell again to the same amount as in 1813: whereas in Cork the admissions of 1814 were to those of the preceding year as 8 to 5; those of 1815 as 7 to 5; and those of 1816 as 10 to 5 nearly. It is likewise evident from the same tables that in Dublin the admissions to hospital in 1817 exceeded by very little those of 1815, and that the admissions of 1818 were to those of 1813 as 7 to 1 nearly, while in Cork they were as 20 to 1; and those of 1817 to those of 1815 as $7\frac{1}{2}$ to 1. These calculations, which are sufficiently accurate, do not prove

take of the benefits derived from our numerous soup-shops. The suburbs and lanes were crowded beyond measure with a needy population, by which the city was over-burdened, and the general distress augmented. In former seasons of scarcity occurring during the war, the deficiency of employment had not taken place in the same proportion, the attention to cleanliness was greater, and the persons who laid claim to charitable assistance were less numerous." If we connect this state of the poor with the character of their habitations, as described by the Rev. H. Townsend in his statistical survey, we cannot experience any surprise at the extensive ravages of Fever in Cork. "The lanes of the old town," he says, "are so narrow, that two persons cannot walk abreast: yet these confined and miserable alleys, the receptacles of every kind of filth, and never washed but by the waters of heaven, are crowded with poor inhabitants. Custom, which reconciles so many strange things, makes even the better orders of the people insensible to evils that feelingly call for amendment."

that Dublin suffered less than Cork by Fever, in proportion to the number of their respective inhabitants (the contrary being the fact):* they merely prove that, subsequently to the peace of Paris in 1814, Fever advanced in Cork at a much more rapid pace than in the metropolis. I am aware that some may be inclined to attribute this fact principally to the greater opportunities of introducing foreign contagion into the former place. Such an assumption however is by no means sufficient to explain a fact, which may, in my judgment, be more rationally accounted for by the greater shock which the prosperity of Cork experienced on the cessation of war, and by which a far greater proportion of its inhabitants were deprived of employment and support than in Dublin. Such an assumption is besides opposed to the undoubted fact, stated in the last note, that, during the seven years which preceded the Epidemic, Cork, compared with Dublin, was very free from Fever, in the proportion of 5 to 15. Had foreign contagion exerted any material influence, the proportion should be reversed.

In Dublin, there was no difficulty in fixing the precise period of the commencement of the Epidemic: the case however is very different in Cork. In Dublin Fever had continued during the first eight months of 1817 at a lower rate than in the preceding year, and in

* Estimating the population of Cork at 100,000, and that of Dublin at 200,000, the admissions to hospital in the former, during the years 1817, —18, and —19, are to the population as 18 to 100 nearly: whereas in Dublin the proportion is as 23 to 100. If we calculate on the seven years from 1810 to 1816, the greater part being a time of war, we shall find Cork, as compared with Dublin, very free from Fever: the admissions in the former being to its population as 5 to 100, and in the latter as 15 to 100 nearly.

1816, lower by a third nearly than in 1815; whereas in Cork, during the whole of that period, Fever may be said to have been uniformly progressive. In Dublin the admissions to hospital in the month of September 1817 nearly doubled those of August: there could therefore exist no hesitation in assigning the date of the commencement of the Epidemic to the former month. Its commencement in Cork was not so well marked, its progress there being more gradual: we find that the average monthly admissions of 1815 rate at 60: those of 1816 at 85,* and as the last three months of this year average at more than 120, we ought perhaps to fix the probable commencement of the Epidemic some time in the autumn of that year, rather than at any later period. The August of 1816 is the month generally named as that in which this Fever commenced in Cork: if so, it would follow that the Epidemic had prevailed there for one year before it made its appearance in Dublin; yet so gradual was its advance in the former place that the Fever Institution experienced no great pressure till the spring of 1817, whereas in the latter place additional hospitals were required before the expiration of the first month. In Dublin however the Epidemic Fever was evidently introduced from the surrounding counties, and hence, in all probability, its rapid progress: in Cork, from the circumstances already stated, the disease would seem to have partaken of an origin more spontaneous, and hence perhaps its slower progress: but this discussion is somewhat premature, as the subject must be resumed hereafter.

* In fixing this monthly average, we should recollect that the Cork Hospital year ends with the 8th of November, and therefore that the last two months of 1816 do not enter into the calculations for that year.

Among the Tables at the conclusion of the Appendix will be found one similar to that for Dublin, which furnishes the monthly admissions, discharges, and deaths in the several Fever Hospitals of Cork, together with their mortality respectively, during the three years of Epidemic influence: that, here inserted, gives a quarterly statement of the progress of Fever in the same place, from 1813 to 1819 inclusive.

Quarterly Statement of the progress of Fever in Cork,
from the year 1813 to 1819 inclusive.

Periods.	Daily Average.	Adm'd.	Died.	Mortality.
Average Quarter of 1813	$1\frac{5}{8}$	140	71	in 20
Do. Do. 1814	$2\frac{1}{3}$	211	71	... 30
Do. Do. 1815	2	180	51	... 36
Do. Do. 1816	$2\frac{5}{8}$	256	91	... $28\frac{1}{2}$
Qr. commenc'd. 1st Jan. 1817	$5\frac{7}{8}$	471	211	... $22\frac{3}{4}$
Do. Do. 1st April	7	630	211	... 30
Do. Do. 1st July	$19\frac{3}{8}$	1801	481	... $37\frac{1}{2}$
Do. Do. 1st Oct.	$29\frac{7}{8}$	2187	791	... $27\frac{5}{8}$
Qr. commenc'd. 1st Jan. 1818	$24\frac{2}{5}$	2198	771	... $28\frac{6}{11}$
Do. Do. 1st April	31	2838	781	... $36\frac{5}{13}$
Do. Do. 1st July	34	3129	931	... $33\frac{2}{3}$
Do. Do. 1st Oct.	23	2122	621	... $34\frac{2}{9}$
Qr. commenc'd. 1st Jan. 1819	$15\frac{1}{4}$	1398	481	... 29
Do. Do. 1st April	$8\frac{2}{3}$	742	91	... $8\frac{2}{3}$
Do. Do. 1st July	$4\frac{2}{3}$	432	131	... $33\frac{3}{13}$
Do. Do. 1st Oct.	$2\frac{1}{3}$	216	91	... 24

These tables furnish the best history of the progress and mortality of the Epidemic at different periods of its prevalence in Cork: they shew that the disease continued during three years, viz. from the autumn of 1816 till Sep-

tember 1819, to exceed the highest previous rate of Fever: that its duration was there much longer than in the metropolis, though in both places it returned to its ordinary standard about the same month: that its progress was very slow for the first six months of 1817, the admissions varying only from 151 to 230; that in the summer it more than doubled its numbers, and for the next ten months to April 1818 might be deemed almost stationary, as the admissions during the whole of that period did not vary more than from 543 to 813;* in all these respects differing much from the progress of the disease in Dublin. It further appears from these tables that the Epidemic was most prevalent in Cork during the months of May, June, July, and August 1818, whereas in Dublin its greatest prevalence was from

* This inference would appear fully warranted by the two tables referred to: the validity of the inference, however, is rendered somewhat questionable by the following quarterly returns of the Fever patients relieved by the Cork Dispensary, the greater number of whom, Dr. Barker informs us in his official report, were sent to hospital.

Fever Patients on the Dispensary Books during the Years 1817 and —18, in Quarterly periods.

1817.			1818.		
	Daily Average.	Admitted.		Daily Average.	Admitted.
1st Quarter	3 $\frac{5}{8}$	329	1st Quarter	25	2274
2d Do.	11 $\frac{1}{2}$	1047	2d Do.	29	2656
3d Do.	16	1454	3d Do.	37 $\frac{1}{4}$	3391
4th Do.	21	1923	4th Do.	23 $\frac{2}{3}$	2159
Total -		4753	Total -		10480

August to December inclusive. It is also evident that as its progress was slower in Cork, so its decline was, *at first*, more sudden, decisive, and rapid than in Dublin, a fact which the tables sufficiently illustrate; and though Fever did in both places return nearly to its ordinary standard about October 1819, yet it has subsequently fluctuated much more in Dublin. In Dublin the Epidemic took 13 months to advance to its greatest height, and 12 months afterwards to descend to the ordinary rate of Fever; whereas in Cork it required 23 months to reach its greatest height, and 14 months to subside to the usual rate. In Cork too the greatest number of admissions in any three months (June, July, and August 1818) did not exceed 3459, whereas the admissions in Dublin during the months of October, November, and December, amounted to 8719, from whence it follows that the disease, as is stated in the note to p. 74, was much more extensively prevalent in the metropolis than in Cork, with reference to their respective population: the proportion during the periods now specified, being in Cork as $3\frac{1}{2}$ to 100, and in Dublin as $4\frac{7}{8}$ to 100.

This table, while it shews a more uniform progress in the Epidemic during the period in question, singularly coincides in other respects with the hospital returns. Of the 24,841 patients relieved from the dispensary in these two years, 15,233 were fever patients, a fact which, when contrasted with similar returns from the Dublin Dispensaries during the same year, evinces either great difficulty in procuring hospital accommodation adequate to the demand, or greater reluctance on the part of the poor of Cork, to seek admission into these hospitals in the first instance. In Dublin, 29,748 patients were entered on the books of the Meath-street Dispensary, during the years 1817, —18, and —19, and of that number, only 7873 were fever cases: a proportion far below that of Cork in two years. In 1815 and —16, of 15,347 admitted to relief at the same dispensary, 3717 were cases of Fever.

The comparative mortality from Epidemic Fever in Cork is very creditable to the character of its medical establishments,* the proportion of deaths to recoveries being smaller there than in any other *large* town in Ireland, as must appear on reference to the table in p. 24.†

As to the positive extent and mortality of the Epidemic in Cork; the relative mortality in its different hospitals, and of each sex; and also the relative number of males and females attacked by the disease,

* Dr. Barry, in speaking of the mortality in the Cork Fever Hospital, (of which he is the senior Physician, and of which he was, in fact, the great promoter, if not the founder) observes, that "it is inferior to that in any other hospital in the British dominions, and not much more than the usual mortality which casually happens in the whole population of many large towns." The cause of this low rate of mortality, Dr. Barry at the same time is disposed very modestly to refer to the "vast number of young persons affected with Fever, and to the favourable manner in which they went through the disease:" when contrasting the mortality from Fever in Cork with that of Dublin, he observes that the vast difference between them "may perhaps arise either from the exclusion, or partial reception of children in the Dublin hospital; and further adds that he will not pretend to decide whether the Cork House of Recovery possesses any superiority from its unrivalled local situation, or from its internal economy; but our establishment has hitherto, in its large wards, enjoyed an advantage, which has been, until recently, denied to the Dublin House." From the returns of ages given in p. 37, it would appear that Dr. Barry is correct in his conjecture that very young persons are received in greater proportion in the Cork than in the Dublin Hospitals. Might not the difference of mortality in the two places be also partly explained on the ground of the more enfeebled frames and intemperate habits of the paupers and manufacturers of Dublin?

† In that table the mortality is fixed on a comparison of the deaths with the admissions, and therefore does not exactly agree with that given in a subsequent table, in which the mortality is more properly taken from the discharges. Indeed I have been very generally under the necessity of adopting the former mode of estimating the mortality, from the difficulty I experienced in procuring correct returns of the discharges. The

it is unnecessary here to recapitulate such facts as will be found in the different tables on these subjects. The only additional matter touching any of these points, which I feel it requisite to introduce, is the following table, exhibiting the varying proportion of males and females, and also the varying mortality of each sex in the Cork Fever Hospital, from the 8th December 1817 to the 31st December 1818: this table, for which I am indebted to Dr. J. M. Barry, enables me to correct both an error and an omission in the Cork returns for 1818, inserted in the "Tabular View," p. 29: the returns there given consist, as I now find, not of the admissions, but of the discharges: the numbers should be, males admitted, 2791: Females, 3318: died males, 75: females, 62.

Cork table in the Appendix will be found to differ in some respects, though not very materially, from that given in the Munster Fever Tables: the Cork returns given in the latter were arranged in the autumn of 1819, whereas those in the former are the result of later correction. I have still to regret that even these are not altogether so correct as they might be; because, having failed in my endeavours to obtain through the official channel the monthly returns of the Peacock-lane Asylum, I have been obliged in part to depend on the returns inserted in the 2d vol. p. 380 of the Dublin Hospital Reports, *returns* obviously inaccurate, though the Editors state that they owe them to the Director General of Military Hospitals: their inaccuracy is plainly to be inferred from this circumstance, that the discharges and deaths together are precisely equal to the admissions, yet more than 100 remain in hospital!!

Return of patients, Male and Female, admitted into the Cork House of Recovery, from the 8th December 1817, to the 31st December 1818.

From December 8th, 1817, to	Males Adm ^d .	Males Died.	Mortality.	Females Adm ^d .	Females Died.	Mortality.
January 8th	75	13	1 in $5\frac{10}{13}$	182	1	1 ... 182
February 8th	155	7	1 ... 22	179	6	1 ... $29\frac{5}{6}$
March 8th	161	6	1 ... 27	115	4	1 ... 29
April 8th	191	4	1 ... 48	281	4	1 ... 70
May 8th	211	3	1 ... 70	235	3	1 ... 78
June 8th	260	7	1 ... 37	260	3	1 ... 87
July 8th	261	3	1 ... 87	311	7	1 ... 44
August 8th	309	3	1 ... 103	355	4	1 ... 89
Septem. 8th	300	6	1 ... 50	358	6	1 ... 59
October 8th	236	6	1 ... 39	274	10	1 ... 27
Novem. 8th	254	6	1 ... 42	289	8	1 ... 36
To December 31st	378	11	1 ... 34	480	6	1 ... 80
	2791	75	1 ... $37\frac{1}{3}$	3318	62	1 ... $53\frac{1}{4}$

N. B.—Of the patients who died, 11 were moribund when admitted : 5 died of pulmonic affections : 1 of Hepatitis, and 1 in child-bed.

After this general review of the leading facts connected with the commencement, progress, and decline of the Epidemic in Cork, it now only remains to notice such of the measures as were recommended or adopted for the suppression of the disease in that city. It would appear that the Epidemic had been in progress for more than a year before the Physicians were convened by the supreme authorities of the town, to suggest the best means of obviating the causes in which the disease had originated. The Physicians, having met in November 1817 at the request of the Mayor, agreed unanimously to certain resolutions declaratory of their sentiments: these resolutions form part of the Appendix to Dr. Barry's report: they ascribe the origin and continuance of the disease chiefly to the "want of employment, of sufficient food, suitable clothing, fuel, cleanliness, and free ventilation: they therefore recommend the adoption of more decisive measures than have been hitherto taken, such as "supplying the poor with fuel at a cheap rate:" the enforcing "the strictest cleanliness in their persons and dwellings:" the destruction or purification of the wearing apparel and bedding of the sick: the careful and daily cleansing of the streets and lanes, and the removal of all nuisances: and for the execution of these measures, and for the "rigid enforcement of the early removal of the sick," they further recommend a division of the city into districts, and the appointment of an Inspector to each."

To what extent these very judicious measures were carried into effect I am not well informed: I should fear very imperfectly, because I find Dr. Barry, in 1818, expressing his regret that several of them have been but

little attended to, particularly "the early removal of the sick, the purification of the houses, clothing, and persons of the poor, and the employment of external cleanliness." Under any neglect of these essential measures, we cannot be surprised at the subsequently rapid progress of the disease, more especially as the execution of the most important parts of the plan was at that time entrusted to parochial committees, from which, if the Cork parishes be constituted at all like those of Dublin, little ultimate benefit was to be expected.

The early and general removal of the sick to hospital, the first and most essential measure of prevention, can only be effected by a combination of three agencies: 1st, the high character of the hospital department, as relates both to medical attendance and to the personal comforts of the sick; a good report of an hospital in these respects, if current among the poor, will induce the majority eagerly to seek admission: 2nd, the zealous, voluntary, and gratuitous co-operation of the whole medical *corps* in their efforts to subdue contagion, in daily visiting the abodes of the poor, and exhorting the sick to remove to hospital: or in lieu of such gratuitous attendance, the securing the well-paid services of a sufficient number of medical Inspectors, who should devote their entire time to that dangerous office.* 3rd, the

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* In Dublin the Physicians offered their gratuitous services to the Government and to the public in discharge of this laborious, dangerous, and important duty: their voluntary offer was rejected. What was the substitute? The appointment of four Inspectors "to visit the habitations of the poor" within a circumference of more than 50 miles, "to detect Fever on its first appearance, transmit the infected to hospital, have their apartments cleansed and nuisances removed." What compensation could be too liberal for such Herculean labours? and yet it was expected that Physicians would thankfully undergo all this drudgery, and fearlessly face contagion in her strongest holds for five shillings per day!!

“*rigid* enforcement” of that great preventive measure by a legally constituted Board of Health. Every one at all acquainted with the poor must know that, if a separation of the sick from the healthy be necessary for the extinction of contagion, compulsion is in many cases absolutely necessary to enforce the separation. Upon what principle of consistency then was it, that so many of those highly respectable Physicians of Cork, who in November 1817 strenuously recommended the “rigid enforcement of the early removal of the sick” to hospital, should in 1818, in opposition to the sentiments of other Physicians possessed of more extensive and longer experience of the poor and of the state of Fever, as strenuously resist the establishment of a board, alone competent to accomplish that measure? This question we shall endeavour to solve hereafter.

With respect to the purification of the persons, clothing, and houses of the poor, such a measure, dangerous in superintendence and expensive in execution, can never be accomplished by parochial committees, the members of which will ever be reluctant to

The number of Inspectors having subsequently and tardily been increased, Physicians were found, even among those who had offered their gratuitous services, to undertake a duty, which, if unpaid, they would zealously and efficiently have discharged; but which, at such *hire*, it was improbable they would. It is not stated whether the Medical Inspectors at Cork received any or what compensation: in my judgment they should either have not been paid at all, or should have been most liberally compensated and vigilantly superintended. The gratuitous exertions of Physicians in many parts of Ireland were found most efficient, zeal and medical fame rendering every other stimulus unnecessary. From the great and laudable activity manifested on many occasions by the Medical Inspectors of Cork, under the direction of the joint committees of the several Fever Hospitals, I should conclude that their services were unbought.

incur either the danger or the expense. No wonder therefore that this important measure was very inefficiently executed : it can indeed be efficiently accomplished only through a board of health, possessed of legal powers, of pecuniary means, and of competent agents.

The "enforcement of external cleanliness" is a measure that would appear from various facts on record to have been peculiarly necessary in Cork, where for ages past nuisances the most offensive seem so congenial to its inhabitants that from long familiarity one might almost suppose they could scarcely be reconciled to their removal or abatement. The reader will find in Dr. Barry's letter, p. 237 of Appendix, as also in his report, ample details on this subject ; it is indeed almost inconceivable that the citizens of Cork should for such a length of time have patiently submitted to the continued existence of nuisances, denounced by their highest medical authorities as extremely prejudicial to the health of the city, and productive of Contagious Fever in particular.* It is still more singular that, after complain-

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* That the reader may judge as well of the propriety of these strictures, as of the long continued prevalence of these disgusting nuisances in Cork, I shall cite one or two passages from authors, whose dicta, from 1731 to the present period, will be found fully to support these positions. Dr. Rogers, in treating of the Fever endemial in Cork in 1731, accounts for its prevalence by the low marshy situation of the town, and by the "great quantities of filth, ordure, and animal offals that crowd the streets, and particularly the close confined alleys and lanes," at the very season that the disease rages: also by "the great number of slaughter houses in the suburbs, where the vast pits for containing the putrifying blood and ordure, discharge upon great rains their fetid contents into the river; the steams and vapours from said pits, corrupting even the most wholesome northern blasts." Dr. O'Connell, after stating the same facts

ing so long of their inability to abate such nuisances, they should have strenuously resisted the establishment of a Board of Health, by which alone they could have succeeded in removing them : but it is still more extraordinary that so many of the medical corps should have joined in the outcry against a measure, by which alone their own various salutary recommendations for the suppression of the Epidemic could, under existing circumstances, have been carried into effect.

as occurring in 1746, almost in the same words, though in a different language, adds that these steams of putrid matter, "*per quotidianos fluxus et refluxus marini motus, magno quidem et incredibili incolarum emolumento, in mare deferuntur. Quod si aliter evenisset, credere fas esset urbem hanc fore omnium, quotquot sunt in hoc regno, minùs salubrem, et rarò ferè aut nunquam, a morbo aliquo Epidemico contagioso futuram immunem.*" I have already quoted the Rev. H. Townsend's statistical survey on this subject, in proof how little these nuisances were abated at the commencement of the 19th century. In the Cork Fever Hospital Report for 1814, (in which year Fever had been there more than usually prevalent) it is stated that "to this extension of contagion certain circumstances must have contributed, which were the common subjects for observation among the Physicians of Cork for two years preceding; such as the neglect of the scavengers, and the increase of depôts for collecting and retaining manure, which are a disgrace to any well-policed city." Again in 1817, when Fever had been fatally epidemic for more than twelve months, Dr. Barry states that the duty of the magistrates to enforce external cleanliness "has been in this city most shamefully neglected. During five years, the accumulation of putrid animal and vegetable matter has exceeded any thing before experienced in this city. Ever since the establishment of our Fever Hospital we have frequently had occasion to observe the effect of these depôts in extending contagion among the neighbouring inhabitants, so as not to leave a doubt respecting their injurious tendency."

After a perusal of these statements, what opinion can we form of the sensibility of the corporation or citizens of Cork to such glaring wrongs, when we find the Inspecting Physician of Munster thus reporting of that city in the spring of 1819: "*Strong facts,*" says Dr. Barker, "*were stated to me on the existence of various nuisances, some of which I witnessed; and I was informed by the best authority, that one place,*

We have now arrived at the period when the discussion of that question agitated the whole city of Cork, and produced a collision of sentiment between the most respectable members of the medical profession, by no means creditable either to themselves or the body to which they had the honor to belong. On the 30th of May 1818, an act of Parliament received the Royal assent, confirming the various recommendations contained in the *first* report of the Select Committee on Contagious Fever in Ireland. (See document, No. 9 in Appendix.) Among other clauses it is enacted, (c. x.) that "whenever in any city, town, or district, any Fever or contagious distemper shall appear, or be known to exist among the *poor* inhabitants, it shall be lawful for any one or more magistrates, upon *the requisition of five*

where a number of lanes intersect, was in such a state from disease and filth, that some of the Physicians more than once declared it to be quite unsafe for them to visit there. Deposits of filth and putrifying animal substances are suffered to remain in the crowded parts of this city; and I was informed that the powers vested in magistrates as to nuisances were insufficient, as the dung is the property of those who collect it, and cannot be removed without a tedious law proceeding, which the proprietor by various contrivances can evade." "This evil," Dr. Barker adds, "requires a remedy; for whatsoever opinion may be entertained as to the power of animal effluvia to generate Fever, no doubt should exist that air tainted and impure debilitates the human system, and favours the progress of contagion."

Upon what sound principles, I must again ask, could Physicians of respectability and eminence in Cork have objected to the establishment of a Board of Health, which alone was competent *at that time* of Epidemic influence to put an end to these glaring and notorious nuisances, as the act for appointing parochial Officers of Health did not become law till 1819. We have yet to learn what use has been made in Cork of this last innocuous act, by which the Officers of Health were empowered to remove all such nuisances, without possessing any other "obnoxious" privilege. The act has been, I understand, a mere dead letter, though that city still continues in the same state of filth as formerly.

respectable householders, to convene a meeting of the magistrates and *householders* of such city, &c. and of the medical practitioners within the same, in order to examine into the circumstances attending such Fever, and the number of persons and families being sufferers thereby: and if it shall be the opinion of such meeting, and of one or more magistrates attending, that such Fever is *of a nature to require particular attention and circumspection to prevent the encrease of the contagion thereof*, it shall then be lawful for two or more magistrates authorised by such a meeting, to join in an application to the Lord Lieutenant for the time being, to appoint a Board of Health within and for such city, town, or district;” such Board to be appointed by the Lord Lieutenant, and to consist of not more than thirteen Commissioners, selected from among the Governors or Members of the Corporation of any Infirmary or Fever Hospital, and from the Parishioners and Medical Practitioners of the place. Such Board then became vested under the act and during the emergency, with full powers and means necessary for preventing the communication of contagion, for relieving the sick, for removing all nuisances prejudicial to health, and for purifying and cleansing every infected place: they were also empowered, after due and exact enquiry, to compel the removal to hospital of every infected person,* duly certified to them as “not being under proper medical care, and not placed in such circumstances and under such precautions as may most probably tend to

* Though this phrase evidently applies to the poor only, it is yet not sufficiently clear and precise to prevent rich cavillers from objecting to the clause, on the ground that they or any of their neighbours might be dragged from their homes and consigned to a Fever Hospital, at the capricious will of a Board of Health.

prevent the communication of contagion to his family or neighbours." Great and extraordinary, as these powers certainly are, they are yet cautiously guarded against the probability, if not against the possibility, of abuse: they appear to me at least, jealous though I am of the people's rights, so well guarded that I could not, under the emergency contemplated by the act, for a moment hesitate between the great benefits to be derived from the exercise of these powers, and any possible chance of mischief from their abuse.* The experience of those few places, in which these powers were exer-

* In bearing this testimony to the general wisdom of this act of legislation for meeting a great emergency, I must not be understood as approving of all its clauses: I cannot but think that the incorporation of Fever Hospitals in the manner directed must operate injuriously in checking the voluntary zeal and voluntary donations of private individuals in ordinary times, while I freely admit that in extraordinary seasons, like that through which we have passed, the safety of the community should not be allowed to hinge on the chance of voluntary exertions and of voluntary contributions. I also think that the clause, empowering the Board of Health to affix a mark upon any house infected with Fever is useless, and therefore unnecessarily and justly obnoxious. I have not heard of this power having been exercised, nor do I think it ought; its repeal so far would deduct considerably from the unpopularity of the whole act. It would appear to me also very advisable to amend that part of clause X. above recited, which empowers "one or more magistrates to convene a meeting of the magistrates and householders" *generally*, by limiting the householders to such as *have subscribed for the relief of the poor under Fever*: and I would so limit this clause, because in every large town the *non-subscribing* householders will always attend such meeting to prevent the establishment of a Board of Health, however necessary, as by the adoption of such a measure *all* would be taxed alike for the support of the sick. This amendment may seem liable to objections of apparent weight but which are easily obviated, it being once admitted that if the poor cannot be adequately relieved under the calamity in question by voluntary subscriptions, then a compulsory and general assessment ought to be resorted to.

cised, fully confirms me in that sentiment ; and though the Epidemic was drawing spontaneously to a close at the time this act passed, I know of no place in which the exercise of those powers was more imperiously demanded than in Cork, for the due enforcement of the salutary recommendations contained in the resolutions of her Physicians in November 1817, and subscribed by Dr. Harding as their Chairman.*

By reference to the Cork tables, we find that in June 1818 the admissions to hospital exceeded 1000, being nearly 300 more than were admitted in April: we find also that the month of July furnished the maximum of patients in any one month. About this period the Fever Act reached Cork, and as its clauses seemed not inapplicable to the exigency of a city exhausted of its voluntary contributions, and infested by nuisances of the worst description, not easily remediable by the existing laws or authorities, a meeting was convened on the 23d

* The Select Committee of the House of Commons, appointed in 1819, "to enquire into the state of Disease in Ireland, and how far the measures adopted by the Legislature during the preceding year had been effective for its removal or mitigation," in their report of the 17th May state, (in obvious allusion to the proceedings at Cork,) that "they consider the act of last session as only in the commencement of its operation, and cannot feel any surprise if a course of legislative regulations, in some parts novel, and enacted under circumstances of severe and calamitous visitation, has in some instances, and especially where imperfectly acted upon, failed to produce an immediate effect, or should have been sometimes misconceived, as to its tendency and the nature of its provisions: in this latter observation they particularly refer to the enactments respecting the establishment of a Board of Health, which *though guarded most scrupulously* against any possible abuse of those great powers which alone could be efficacious in such extensive cases, as it was calculated to meet, appear to have excited, *in some parts*, unmerited distrust and jealousy; whilst they have been acted upon in other places, (Newry in particular) where they are stated to have produced the most salutary results."

of July, (upon the requisition, as I should suppose, of gentlemen connected with the Fever Hospitals) conformably with the provisions of the Act, "to examine into the circumstances attending the contagious distemper then prevalent, and the number of persons or families sufferers thereby," and to decide whether such distemper was "of a nature to require particular attention and circumspection to prevent the increase of the contagion thereof." A meeting of the Medical Practitioners of the city having been previously held at the request of the Fever Hospital Committees, their report was presented at the general meeting, expressing their conviction that the Fever then existing was not of the malignant character it formerly was; that it had *not* increased in extent, and that therefore there was no necessity whatsoever for the establishment of a Board of Health, they being satisfied that the *ordinary* exertions of the Physicians, aided by the *voluntary* liberality of the citizens, would be sufficient to check the further progress of Fever, and to put it down altogether.

To this report strong objections were taken, on the grounds that though true, as regarded the present comparative mildness of the Epidemic, no one could answer for the continuance of that mild character; and that as regarded the extent of the disease, the report was utterly unfounded, its statements being contradicted by the Fever Hospital returns. To meet this apparently insuperable objection, the framers and supporters of the report had recourse to a most extraordinary manœuvre, and boldly stated that "*whispers* were abroad that the great majority of the hospital patients were not in Fever," and that therefore the argument did not apply. Others objected to the establishment of a Board of

Health, not merely as a measure unnecessary, but as one to which, even if necessary, they would object, because they would not entrust any set of men with the powers of such a body; some objected to the increased taxation that must follow, and others sagely feared that the adoption of such a measure would place the city and its inhabitants under quarantine, and that neither provisions nor merchandise would be imported into the place. It was a vain and hopeless task to resist the general clamour thus raised against a Board of Health, which was to tyrannize over and to devour, to oppress by arbitrary measures and arbitrary taxes, the good citizens of Cork. Finally, the meeting ended after adopting a resolution, not that "the distemper was of a nature to require particular attention and circumspection to prevent the encrease of the contagion thereof," but that "a Committee of Physicians, *wholly unconnected with the Fever Hospitals*, be appointed to enquire into the character of the diseases at present therein, the number of Fever cases, and the general state of the houses," and to report thereon as soon as possible.* That report, presented to an adjourned meeting on the 27th July, furnishes one of the most singular medical documents I have ever perused: it requires to be read with some attention to detect the

* With respect to this resolution, I cannot help thinking that it was one, to the adoption of which the Hospital Physicians should indignantly have objected, as declaratory of a want of confidence either in their judgment or good faith: I must also think that there was a want as well of delicacy as of good sense in any Physician undertaking the office of reporter respecting the judgment or good faith of his brethren: for if their judgment or word was not to be relied on, how could the reporter expect that his should. Such transactions are well calculated to bring the whole profession into discredit.

fallacies both in its premises and conclusion: their report is as follows:

“ We, the undersigned, having visited the three Fever Hospitals of this city for the purpose of ascertaining the character of the diseases of the patients at present therein, beg leave to submit the following report:

1st. That Typhus Fever has always existed to a greater or less extent in the city of Cork, as well as in every other large city in Ireland.

2dly, That in the Fever Hospitals of this city we found a very small proportion of cases of *severe Typhus*; a greater number of cases of a mild species of Typhus, and a *large proportion* of cases of a Fever, *not contagious*, but arising from bilious affections, or other accidental causes of febrile excitement, and that the existence of these last cases in the hospitals may be traced to the practice of admitting patients at the recommendation of subscribers.

3dly, That it appears to us that the number of persons, afflicted with *Typhus Fever* in this city, has on the whole *diminished*; that the virulence of the disease has greatly abated; that we consider the present establishments *perfectly sufficient (as far as any medical establishments can be sufficient)* to prevent the recurrence or encrease of contagious disease; that we therefore recommend to our fellow-citizens to maintain these establishments in full activity, and that we consider the institution of a Board of Health, under the present circumstances, totally unnecessary.

4thly, That we cannot present this report to our fellow-citizens, without expressing our admiration of the excellent condition and judicious arrangements of the Fever Hospitals, and our deep sense of their obligations to all the medical gentlemen connected with these valuable institutions."

ROBERT HARDING, M. D.
 WILLIAM HALLARAN, M. D.
 JOHN BARRY, M. D.
 ALB. H. CALLANAN, M. D.
 JEREMIAH ROGERS, M. D.
 HERBERT BALDWIN, M. D.
 J. PITCAIRN, M. D.

July 27th, 1818.

Such a report, so respectably subscribed, must necessarily have produced conviction in any popular assembly, not prejudiced against its recommendations; but when prejudice ran strong in their favour, it cannot furnish matter for surprise that the motion for establishing a Board of Health was clamorously scouted, and that the meeting should even refuse to listen to a proposition, however reasonable, made by the advocates of that measure, to appoint another Committee to visit the dwelling houses of the poor for the purpose of ascertaining the extent and character of Fever not in Hospital.* What after all was the result of these proceed-

* Though the public meeting resisted this proposition, I can yet state on the best authority, that a most worthy and intelligent Physician, whose name appears to the above report, though he differed very decidedly from the other six as to the *quantum* of contagion within the hospitals, did, immediately after this decision, in company with one of the Medical

ings? The citizens of Cork, after having liberally subscribed upwards of £12,000 in support of their Fever Hospitals, and after having been assured that their own *voluntary liberality* would be sufficient to put down Fever, were under the immediate necessity of submitting to an assessment by the Grand Jury to the amount of £6000, a sum much larger in all probability than would have been drawn in the same way by a Board of Health, and that too without experiencing any of those beneficial consequences that must have followed from such an appointment.

Accustomed, as I have been, to speak with honest freedom my unprejudiced sentiments of public men and of public measures, I cannot on this occasion suppress the expression of my deep regret, that so many respectable members of the medical profession should have been led, whether through error of judgment, professional pique, or a desire of popular favour I will not pronounce, to resist the establishment of a Board of Health in the manner now detailed. The Physicians to the Fever Hospitals, who from the commencement of the Epidemic had been actively engaged in attending the sick poor and in exerting themselves fearlessly to put down contagion, finding their efforts under existing regulations unavailing and the number of sick daily encreasing on their

Inspectors, visit a large portion of the southern district, which had at all times suffered most severely by the Epidemic, and that he found the houses "swarming with every degree of Fever from the *Febricula* to the *Typhus gravior*." On another survey of that district made by the same honest and indefatigable Physician in February 1819, he found Fever comparatively extinguished, and the situation of the people much

hands, give it as their opinion that a Board of Health, armed with all the powers of the law, is necessary to accomplish that object, and to guard against further danger. The Physicians of the city at large,* or rather some leading men amongst them, differ in opinion with the Hospital Physicians, and without the slightest deference to the greater experience of the latter on the points at issue, present two reports to the public, one

improved, in consequence of a reduction in the price of provisions, and of an encreased demand for labour. "It is very satisfactory to observe," says Dr. Hallaran, "that in this particular district, which was very minutely inspected by me last autumn, in company with Dr. Cantilion, there did not appear on this occasion one case of Fever for fifty which had then claimed immediate care. On that occasion few houses had been visited, which did not exhibit proofs of the Epidemic prevailing throughout the city, marking its progress by the most unequivocal instances of its contagious nature, extending itself through entire families, and passing from house to house in regular succession. On revisiting this scene of former misery, it was cheering to contrast it with the evident amelioration which in the interval had providentially taken place amongst the industrious poor; cheerfulness, together with an implicit reliance on the measures employed for their relief, was uniformly conspicuous. A systematic observance of the rules laid down for the promotion of cleanliness, ventilation, fumigation, and order was, with very few exceptions, carefully adopted. It was also a source of gratification to perceive that, although so few families had escaped the fatalities attending on the prevailing Epidemic by the loss of relatives and friends; yet that an awful and unfeigned impression of gratitude was manifested by all for the protection and assistance afforded them in the time of peril. This could not fail to confer on the visitants engaged in this inspection an ample reward for the difficulties inseparable from such an undertaking."

* These gentlemen were from their standing and the nature of their practice, comparatively unacquainted with the state of Fever among the poor, and could only judge of Epidemic Fever from the opportunities which arose in the limited sphere of their private practice.

of which I have given at full, and the other in substance. In the first they state that "Fever had *not* increased in extent," and that "the ordinary exertions of the Physicians, and the *voluntary* liberality of the citizens" would suffice to extinguish it. Now these ordinary exertions and this liberality had been in constant operation for nearly two years, and had failed even to keep the disease in check; why therefore should better results be hoped from their continued operation in the third year? Will it be maintained that the subsequent decline of the Epidemic is to be attributed to these agencies? Is it not obvious that its decline was too general to admit of such a supposition? The proof that "Fever had *not* increased" is, I presume, to be found in the report made by these gentlemen on the inspection of the hospitals. In that report there are some strange, and as would appear to me, very untenable positions. Its second clause asserts what no Physician, *under the information possessed by the reporters*, could safely assert, that "a large number" of the sick in the hospitals presented cases of a Fever, *not contagious*, but arising from bilious affections or other accidental causes of febrile excitement."* The third clause contains an assertion

* From the survey made of the southern district immediately after this report was drawn up, it appears that the habitations of the poor "were swarming with every degree of Fever from the Febricula to the Typhus gravior." The hospitals therefore must have presented a similar appearance: they were indeed at this time overflowing, and with every description of Fever: the same change in the character of the Epidemic having taken place in Cork as elsewhere. The disease became much shorter in its duration, milder in its symptoms, and less fatal in its termination, but with increased tendency to relapse: that the severe and the mild cases, however, were all derived from the same contagion, no one acquainted with the disease could for a moment doubt. For my part, after all

either equivocal in its character, or one for which sufficient proof did not exist: the reporters say, (for indeed they do not assert the fact) that "*it appears to us that the number of persons afflicted with Typhus Fever in this city has on the whole diminished.*" Now it would be well to ascertain what description of disease was here meant by "Typhus Fever;" if it meant the severe cases only of Contagious Fever, the position was probably true, though certainly in that instance equivocal, and calculated to mislead: if it was meant to include all forms of Contagious Fever, the truth of the assertion was at least very dubious, and could only have been proved by an inspection of the houses of the poor, a proposition for effecting which was made and rejected. In the same clause the reporters add that they "consider the present establishments sufficient (as far as any medical

the experience I have had of Fever generally, and of this Epidemic particularly, I cannot conceive upon what data, on visiting an hospital, I am to pronounce that a case of Fever, because it is mild and *accompanied* by "bilious affections or other accidental causes of febrile excitement," was therefore a disease "*arising*" from those sources merely, and *not contagious*. The reporters, however, could undertake to pronounce decisively upon some hundred cases of this description, with a rapidity unexampled in medical records, viz. at a rate of less than half a minute to each case. Having it in my power to give a case in point, I will do so for the benefit of my readers, and the information of some of my brethren at Cork. In the concluding article of the Appendix will be found an account of the prevalence of Fever in the Prisons of Dublin, and also among the city convicts confined in the county Dublin gaol, in the summer of 1818. More than half of these convicts were affected by Fever, derived unquestionably from one and the same source; several of the cases, particularly of the relapsed, were very severe: the remainder assumed all possible forms of mild Fever, many of which I might very possibly, under other circumstances, have pronounced "*not contagious*," but "*arising from bilious affections, or other accidental causes of febrile excitement.*"

establishments can be sufficient) to prevent the recurrence or increase of contagious disease," and that therefore "the institution of a Board of Health was, under present circumstances, *altogether* unnecessary." Here are both special pleading and false logic: the reporters could not have been, and were not ignorant that medical establishments, that is, Fever Hospitals, however admirably conducted, *alone* can never prevent the recurrence or encrease of contagious disease: their conclusion therefore is plainly a *non-sequitur*. On the contrary, from every view I have been able to take of this question, the more I reflect the more do I feel convinced that, under the peculiar circumstances of that city, the institution of a Board of Health was highly expedient at Cork, even at that late period of the Epidemic; and I consider it to have been expedient in Cork for the very same reasons which rendered the measure unnecessary in Dublin.

In Dublin it was never directly or indirectly proposed to establish a Board of Health under the provisions of the act in question, and the only occasion on which that measure was brought under discussion may be considered as altogether private. In the answer of the Physicians of the House of Industry (See Appendix, p. 148) to Mr. Grant's letter, requiring their advice as to "the expediency of adopting further measures to check the Epidemic," the following notice is taken of the measure alluded to: "as the act of Parliament (to which Mr. Grant's letter called their attention) contains a provision for the appointment of Boards of Health during the prevalence of contagious Fever, it is probable that the legislature expected that those measures of medical po-

lice, which the safety of the public might require during such a calamity, should emanate from a Board of Health. But *it is evident* that the establishment of a Board of Health would *alarm the community, injure the manufacturing and commercial interests, and lead to expenses*, which the inhabitants of Dublin could ill defray.* These observations, we should recollect, were

* Is it a fact that the city of Dublin, the metropolis of Ireland, is so much poorer than any other town in the country that it required to be relieved of the entire burden of supporting its sick, while every other place was compelled, with trifling help, to raise, whether by voluntary subscription or by assessment, the sums necessary for that purpose? Was it right or equitable to act on such different principles towards the capital and the country at large? Had Dublin been obliged to support its own sick more active measures would, in all probability, have been adopted; and it is not unlikely that the institution of a Board of Health, however obnoxious, would in such a case have been adviseable, as contributing not only to diminish sickness, but also ultimately to promote economy. It is to be lamented that the Epidemic was permitted to approach the termination of its career before the Fever Act had been sanctioned by Parliament, and that the act itself was clogged by unnecessary clauses, which rendered it in some respects justly unpopular. But not to throw more blame on this act than it deserves, it may not be amiss to mention the fate of another legislative measure passed in 1819, one not liable to those plausible objections which may be raised against the other. I allude to the act, empowering parishes to appoint their own Officers of health (to act without salary) for the "prevention of contagious disease, and for securing constant attention to the health and comforts of their inhabitants." These Officers of Health are empowered to exercise the greater part of that authority vested in Boards of Health for removing nuisances and cleansing streets and lanes, the habitations and persons of the poor, &c. the expense to be paid by the parish, and the sum to be expended left at the entire discretion of the parish in vestry assembled. I may venture to say that in Dublin no use whatever has been made of these powers, though Officers of Health were appointed in one or two parishes, and though the exercise of such powers has become very necessary since the Governors of the House of Industry ceased to cleanse the habitations of the poor. Such an act was a great desideratum in Cork; and yet

made in October 1818, some months after the transactions just recited had occurred in Cork: hence this truly formidable denunciation against all Boards of Health, though to me it is by no means evident how the establishment of such a Board could injure the manufacture

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its inhabitants have not taken advantage of its provisions to remove those nuisances which still existed in 1819. Indeed the history of this act furnishes one among innumerable instances, how much legislators may err in their calculations on human nature, though in this instance they reasoned not unfairly. The Select Committee of the House of Commons, in proposing this act to the consideration of Parliament, state that "all concur in the necessity of looking to the establishment of measures for the prevention of disease, and to securing the people of Ireland against its recurrence and increase by assiduous and regular attention to cleanliness of the streets of the cities and great towns, and ventilation and purification of the dwellings of the inhabitants. In this view, your Committee consider it of infinite moment that the necessity of local, systematic, and unpaid controul should be impressed on the inhabitants of all cities and great towns, where the assemblage of large bodies of people creates those nuisances which generate and increase disease: they have therefore sought out the means of calling into action parochial assistance, *being well satisfied* that appointments of that nature induce the most salutary and efficacious results of individual and collective exertion. In no case can your Committee look to this exertion with more confidence than when the health and comforts of the community are in question; nor *at any time*, than when that community, having severely felt, and still continuing to feel the fatal consequences of past negligence by the visitation of disease, will be disposed duly to estimate the value of such a regularly acting and established system." So any one would think they ought; and yet every one knows they do not so estimate this system as to be disposed to act upon it; the reasons simply are, that the storm has passed by, and they do not fear its *immediate* recurrence; and when the storm did blow, it affected not them so much as the poor: there is not, I fear, in the rich members of society such a proper sense of their own interest, and such a sympathy for the sufferings of the poor, as will induce them, (as this

ing and commercial interests" of Dublin, though it "might very possibly alarm the community," through fear of "leading to expenses which the inhabitants could ill defray." In fact any attempt at forming a Board of Health in Dublin would have been unwise and unavailing as its inhabitants must have been indeed the veriest fools on earth, had they acceded to any such proposition. What occasion had they for a Board of Health, when the whole expense attending every measure, whether of a remedial or preventive nature, was borne by Government, and paid out of the consolidated fund? With what face could they be asked to accede to the establishment of a Board of Health, which would relieve the Government of that expense, and impose it on themselves? There was besides no necessity for such a Board in Dublin, whether for the purpose of compelling the poor to go to hospital, who were themselves anxious to fly thither, or for the purpose of enforcing external cleanliness; inasmuch as the Paving Board was by no means inactive in abating nuisances and in cleans-

act requires) not only to incur trouble but expense, merely to *prevent* a calamity, which possibly may not recur during a long series of years.

Though subscriptions to a very large amount, truly creditable to the gentry of Ireland when we consider the extent of their own distresses, were raised for the relief of the poor, yet in many instances there did not exist that combination of liberality and exertion, from which alone much benefit could be derived. "In some towns," says Dr. Crampton in his official report on Connaught, "notwithstanding the disinterested activity of the Physicians, and the ready assistance afforded by Government, little was done by the inhabitants or neighbouring residents. Collections of money were certainly made, whenever the evil was of sufficient magnitude to threaten their own establishments; but again, when it was less pressing, the subscriptions fell off, and there was remission of that energy and perseverance, from which alone any thing decisive could be expected."

ing the streets, lanes, and alleys ; and the Governors of the House of Industry employed during the prevalence of the Epidemic a considerable number of hands in removing every species of filth from the courts and backyards attached to the habitations of the poor. Every hospital besides had its agents actively engaged in white-washing the interior of the apartments, though the purification of persons, clothing, and furniture was glaringly and strangely neglected.* In Cork, however, the case was in every thing reversed : *there* upwards of £12,000 were subscribed by the inhabitants, till the humane could no longer afford exclusively to support the hospitals : *there* then the operation of a Board of Health would in that respect have been simply this, to relieve the voluntary subscriber from the *whole* burden, and place it on the community of the city at large, a

* The Physicians of Cork-street Hospital, in their answer to Mr. Grant, indirectly allude to the act for establishing Boards of Health, and "strongly recommend that all *compulsory* measures be avoided, as likely to impede existing arrangements, or to cause eventual failure." This recommendation, though given as against the institution of a Board of Health, should have due weight even after its establishment, because that Board must be badly fitted for the discharge of its important duties, which could think of resorting to compulsory measures, except in cases of the extremest necessity. The Cork-street Physicians judiciously recommend that the distribution of clothes should be employed as a reward to the poor for their compliance with the measures tending to destroy infection, and there can exist but little doubt that, with judicious management on the part of the Board of Health and its agents, the occasions would be very few indeed in which any necessity could be found for compulsory measures. The Irish are a people peculiarly manageable, when influenced by kind attentions on the part of their superiors. Let the latter do their duty by their inferiors, and gratitude, a feeling of which that nation is most susceptible, will lead to the removal of prejudices, inaccessible to mere power.

measure to which, in another form, they were compelled to resort. *There* there existed no Paving Board or House of Industry with ample powers and ample means to cleanse the streets and remove nuisances: nor was there in the city of Cork any competent authority to carry into effect those wise measures recommended by her Physicians for adoption in 1817, and to the execution of which in 1818 through a Board of Health, the only organ then adequate to that duty, these Physicians themselves very consistently objected, though under the signatures of their chairman and secretary, solemnly pledged "individually and collectively" to promote them. Are we to believe that these gentlemen, knowing well that Epidemics do not and cannot last for ever, sagely foresaw that this, which had now lived through two years, must soon die a natural death, and that they did therefore resist a measure, as unnecessary in 1818, which in 1817 they would have deemed highly useful and expedient. Had they stood on such ground they might have claimed, and would have merited, some credit; but they did not announce any such opinion, nor anticipate any such result in their memorable reports, and therefore are not entitled to take credit for an event, which if they *foresaw*, they certainly did not *foretell*, to wit, the spontaneous, speedy, and simultaneous decline of the Epidemic in Cork, as well as in every other part of the kingdom.

Though this subject may possibly appear to some as a question of mere local interest, undeserving of so much discussion, I have dwelt on it at this length because it seems to me to be one of national importance,

involving the propriety of establishing Boards of Health on any future visitation of epidemic disease. Should such an occasion unfortunately occur the example of Cork might possibly exert a pernicious influence, did not the page which recorded its resistance to a measure of great preventive and remedial efficacy point out at the same time the weak grounds, upon which that resistance rested.

THE EPIDEMIC FEVERS

OF

1741, AND 1817,

COMPARED.

It is almost universally admitted that the Fever, which became so extensively and so generally prevalent throughout Ireland in 1817, and which did not terminate its Epidemic career till the year 1819, was similar to that which from time immemorial had been endemic in every large town in the country, and that it was merely to be distinguished from the latter by some few peculiarities, arising out of the causes, to which it was indebted for its Epidemic character. This is a position maintained not only as regarding the late Epidemic by every Physician who had observed it, but also respecting every similar Epidemic in this country of which we possess any distinct information. Dr. Rogers of Cork, who witnessed various Epidemic Fevers in the south of Ireland from 1708 to 1734, states, (p. 2 of his Essay) that "though at first view there may seem to have appeared amongst us, at different times, several successions of different Fevers, yet I may safely venture to affirm, from a series of observations carried on for the space of near four and twenty years, that no new Epidemic Fever hath shewn itself amongst us during that space :

it hath been the same contagion; sometimes intending, sometimes remitting its force: at one time more common, at another less. This same Fever hath within that space of time made its appearance *three* several times in a very signal manner; not that it was during any of the successive intervals entirely extinguished: the fire only lay buried under its embers, to blaze out with more or less violence, just as the concurring causes afforded fuel in such respective proportions."—Sentiments of similar tendency, though perhaps not as strongly expressed, might be adduced from O'Connell and Ratty. The latter, whose observations on the weather and diseases of Dublin extend from 1725 to 1766, sets it down in his "Summary Review," as a "Corollary" from his observations, that the low and putrid fever is very frequent with us, and seems to be proper to our climate; for in the compass of these observations few years, perhaps none, were wholly exempt from it." In his introduction, which abounds with many just and correct views, he refers to the passage above quoted from Rogers, and also to the authority of Boate who published in 1652, to prove that "the Fever of the low putrid kind appears to be endemical to us." Descending to later periods, we find that such of the Physicians of Ireland as had opportunities of witnessing the Fevers Epidemic in 1801 and 1810 concur in opinion that these Fevers partook of the same character with the ordinary contagious Fever of the country; and in the communications of my medical correspondents, the same position is maintained respecting the late Epidemic*. My own experience

* One Gentleman very emphatically, perhaps somewhat a *l'Irlandois* declares that "the present Epidemic Fever has existed in his neighbourhood since he came to that country, being a period of eighteen years."

and observation during a period of fifteen years amongst the poor of Dublin fully satisfy me as to the identity of the two diseases in that place, or at least that they did not differ more from each other, than the ordinary Fever of the country at times differed from itself in different seasons and under varied circumstances.* Dr. Barker, who possessed most extensive opportunities of observing contagious Fever in Dublin, confirms this opinion, as he states in his very valuable Report of Cork-street Hospital for 1817, that "it is not easy to determine with exactness the time when an Epidemic Fever commences in a great city so constantly infested by Fever as Dublin has been; *more especially*, when its symptoms do not materially differ from those commonly observed in the disease;" on which account he considers an increased number of patients the only certain indication of such an event. In another place he remarks that as "the causes of this Fever did not differ materially, except in degree, from those which are in continual action in this city, *so the symptoms did not afford any great deviation from the usual course;*" and again he observes that its "progress through the different seasons has not appeared

* Few can hesitate to admit that the contagion of small-pox, always one and the same, has been productive of diseases, differing far more in degree and *apparently* in kind, than do the endemial and Epidemic Fevers under consideration.—My friend, Dr. Murray of Cavan, in a valuable communication with which he kindly favoured me, (and which I presume will appear in the collection of papers on Epidemic Fever, edited by Drs. Barker and Cheyne,) states that though "the disease exhibited a great variety in its symptoms, yet on consideration I think that variety *was not greater* than we generally find in Fevers from peculiarities of constitution, complications of disease or the kind of treatment adopted in the early stage. A minute description of it would be but a *common-place* History of Typhus mitior with all the intermediate shades between that and the Typhus gravior of Cullen."

to me to differ materially from that of former years." We find also that Dr. Cheyne's testimony, given in his official report, is that "the disease has been the same (with that) which is generally observed in Dublin."

Dr. Barker's testimony, as the Medical Inspector of Munster, is decisive of the opinion of the Physicians of that Province on the point under consideration. "The disease (he says) was in general reported to be either similar to the ordinary Fever of this country, or to be merely a variety of the disease, modified by the peculiar circumstances of the people at the time of its invasion." Dr. Crampton speaks still more decidedly for the Physicians of Connaught. "The character of the disease (he observes) was the same throughout the whole Province: *it is* the Fever which is always to be met with in Ireland, varying a little in its symptoms according to the seasons."—"From the concurrent testimonies of Medical men, (in Ulster) says Dr. Clarke, it does not appear that the Epidemic differed materially from the ordinary Fever of the country; nor did it vary much in character during its prevalence, except that during the latter period the symptoms became milder, more tractable and of shorter duration."—Dr. Cheyne too, though he observes in the commencement of his report on the Province of Leinster, that "it is a *common* opinion, that the Fever, which of late prevailed so extensively, *originated* in the winter of 1816 or succeeding spring," yet adds in a subsequent part of his report, that it is "the *general* opinion, that the disease does *not* differ from the Fever which usually prevails in Ireland;" and in another place he says, "the prevalent disease was considered by *all* to be the common continued Fever the country."

Whatever inferences these statements may seem to warrant relative to a point now much disputed, viz. whether contagious Fever can arise from any other source than contagion, they are here introduced, not for the purpose of anticipating the discussion of that question, but merely to shew that from time immemorial the contagious Fever of Ireland, whether in its Epidemic or endemic character, has, according to every medical authority, varied merely in degree and not in kind : that it is one and the same disease at all times and in all seasons, diversified solely by its intensity and by accidental circumstances. If, then, the contagious Fever, endemic in Ireland, has at all times exhibited the same character, and if the late Epidemic Fever and those which having preceded it differ but little, and that merely in degree or in accidental symptoms, from the ordinary Fever of the country, it may reasonably be expected that Epidemics, deriving their origin from causes, nearly similar in nature and nearly equal in extent and force, should resemble each other in all their leading qualities and present features essentially the same. To ascertain whether these positions be well founded I propose to institute a comparison between the Epidemics of 1741 and 1817, so far as the authentic facts on record, relative to the former, may enable me to pursue it. Comparison is the foundation of all truth, and in this instance there is no one mode, by which we can more satisfactorily ascertain the essential causes and general laws of similar Epidemics, nor one by which we can be enabled to calculate with greater certainty on the probable character, progress and termination of such as may arise hereafter. For this purpose and with these views I shall endeavour to bring together and

within the shortest compass the principal facts relative to the general history of these two memorable Epidemics ; and in exhibiting the very close analogy existing between them, shall take every care to point out those circumstances in which they differed, and the probable effect as well as cause of that difference. In drawing this parallel between these distant Epidemics I shall not scruple to place on record, and in the most concise form, every important fact relative of that of 1741, as the works in which mention is made of it are few, and perhaps scarce in some parts of the British Empire.

Parallel between the Epidemic

1741.

1. The *summers* of 1738 and 39 wet—"In these years there was an uncommon plenty of all sorts of provisions for man and beast, which, if well managed, would have been sufficient to supply the wants of the four succeeding years : by these luxuriant crops the earth was in a manner impoverished and exhausted by vegetation." Smith's *Kerry*, p. 77.—"Our own plentiful product of corn in 1738 and 39, (enough to have maintained the nation for four years) was mostly exported." General Chronological History of the weather—1749.—(a)

2. The *winter* of 1739-40 (including the last month of the former year and first two of the latter) excessively cold, with a most intense frost of seven weeks continuance, (b) attended with high and intolerably piercing winds at S. E., N. and E. (the "endemic winds" of the

(a) The Epidemic fever of 1800-1 furnishes another instance analogous in more respects than one to those of 1741 and 1817 ; it was preceded by a year of uncommon abundance in 1798, and of excessive rain and inundations in 1799, by which the harvest and potatoe crops were destroyed or greatly damaged. The Epidemic which followed was not, however, so extensively prevalent, nor of such long duration, the period of scarcity having been shorter and the scarcity itself less severe. Epidemics of this description may also be partial, or confined to a particular district, as "in the year 1728 and —29, the North of Ireland was afflicted by dearth and badness of provisions," and by Epidemic Fever consequent thereon—See Rutty's Introduction, p. 33.

(b) There are some circumstances illustrative of the intensity of this "the great frost," which deserve to be recorded:—"Ab horrendo hoc et infando sicco gelu," says O'Connell, "non tantum magna pecorum omnium strages, sed et plantarum vegetabiliumque quarumlibet miseranda lues, et calamitosa putredo suboriebantur—Ipsæ namque cæli volucres aliaque in diætam humanam accommodata animalia, præ intenso

Fevers of 1741 and 1817.

1817.

1. The crops of 1814 and 15, particularly of the first, were perhaps the most abundant that Ireland had produced for half a century, and fully sufficient for the wants of the united kingdom. The peace of 1814, and the consequent influx of foreign corn glutted the markets, and laid the foundation for the immediate distress of the agricultural interests of the Empire: their losses are calculated at 200 millions: hence failure of the home market to manufacturers and the consequent general deficiency of employment for all classes.

2. In 1816 the spring was unusually late; the summer and autumn excessively wet, cold and cloudy: the quantity of rain which fell in this year measured in the guage nearly 31 inches, a circumstance perhaps unprecedented in this country: there were 142 wet days, and these

frigida tempestatis rigore, denso agmine periêrunt; et quod adhuc funestorum malorum cumulum multo gravius adauxit, radices istae tuberosae (battata vulgo, dictae) nutrimentum ferè constans et integrum plebeculae et inferiorum hujus regni incolarum, a dirissimo hoc et diuturno gelu penitus putrescebant." Rutty, in his Registry of the Weather, states that the frost froze French brandy, "coagulating it to a snow;" that rabbits and deer perished in great numbers, and also birds, with the exception of sparrows and robins. "Sea fowl escaped better than the land fowl, and the inhabitants of the sea-coast fared better than those of the inland country." Huxham's account of the same season at Plymouth is very remarkable: "Adeo sævum regnabat frigus, ut vina omnigena foras exposita, mox congelarentur; imò ac vel ipsum ad littora mare, quod utique hic accidit rarissimè. Plantæ et arbores innumeræ pereunt, vel et ipsæ duræ genistæ; vix vides viridem herbam. Quicquid aeri expositum est dicto citius congelat—ad ignes luculentos, rigentes, etiam in lectulis algidi, adeo ob frigus horrendum torpemus, ut vix fere simul vitales."

Parallel between the Epidemic

1741.

season being W. and S. W.) The *spring* six weeks more backward than usual: very dry and stormy. The *summer* dry and cool with a predominance of northerly winds, and the *autumn* was without rain and unusually frosty with a continued prevalence of northerly and easterly winds. (c) The *winter* of 1740-41 dry and intensely cold with E. and N. winds: the *spring* like that of the preceding year dry and stormy, with the winds at E. and N.: the *summer* very hot, with some rain, and "an excellent crop of most sorts of grains." See Rutty's History, and Registry of the weather—passim. (d). "Verbo dicam," says O'Connell, "bien-nium integrum primam illam frigidissimam hyemem excipiens, rarioribus madebat imbribus, et orientalibus ac septentrionalibus flatibus citra consuetum insulæ morem frequentissimè ventilatum fuit."

3. The *spring* and part of the summer of 1742 resembled the same seasons in the preceding year: the summer, however, being long continued, serene and warm, provisions were in the subsequent winter "as

(c) The influence of this continued drought at Plymouth is thus described by Huxham: "Major fortè nunquam observata fuit siccitas fontes arescunt prorsus et flumina desiccantur. Quamvis Hygroscoopia omnigena siccissimam aeris temperiem denotant, tota atmosphaera tamen crassa valdè et fumosa quasi apparet." The state of the weather there and in Ireland during this year was nearly similar with the exception of August and September, in which months "perpetuæ fere decidunt pluviae atque omnia nimio diffuunt humore; unde messis infelix admodum, frumentum pene corruptum, et fructus prorsus fatui."

(d) Huxham thus describes the same season at Plymouth: "torrida valde et aridissima tempestas omnia fere adussit: matura tamen hinc messis et opima, frumentum optimum."

Fevers of 1741 and 1817.

 1817.

principally in the summer and autumnal months. The mean temperature of the spring, summer and autumn, was $3\frac{1}{2}$ degrees below that of the preceding year. The thermometer in June 1816 was at the highest 73° , at the lowest 45° , and the depth of rain which fell from February to October inclusive was, in Dublin, eight inches beyond the corresponding period of 1815. The winter of 1816 was remarkably mild. The year 1817 was almost as remarkable as 1816 for being wet and cold: the spring was harsh and remarkably dry; April singularly so, it having rained but a small portion of one day in that month, and then in very small quantity. There were 105 wet days in this year, 50 of which occurred in May, June, July, and August: in September and October there was clear dry weather, and the winter was mild and open. In September the thermometer rose to 75° , and fell suddenly to 30° to the destruction of the potatoe crop and of the late oats; in this year the rain guage measured $23\frac{1}{2}$ inches.*

3. In the first three months of 1818 there was much heavy rain and wind: then a long continuance of drying easterly winds, followed by an unusually hot summer, with a failure of the hay-crop, a great deficiency in that of oats, but in other respects a plentiful harvest: the winter fortunately so mild and open that the cattle were left in the fields till Christmas. The year 1819 remarkable for a mild spring, an uniformly hot summer,

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* Among the other tables at the conclusion of this volume will be found a clear and summary view of the weather for the years 1816-17-18 and -19, with which I have been kindly favoured by my friend Dr. T. H. Orpen since this sheet went to press.

Parallel between the Epidemic

1741.

plentiful as they had been scarce for the two last years. The winter quarter remarkably healthy ;" in 1743 there was "the greatest plenty of after-grass: the two former seasons having failed, a glut of hay now succeeded and plentiful crops of corn of all sorts, and the season extraordinarily healthful." See Ruttty's Registry of the Weather, where it is stated, that there was "generally a great and universal prevalence of dry weather from the great frost to the end of summer in 1744:" nor was there much rain till the following year, when from the "spilling" of oats in 1744 by storms, and from the failure of potatoes and turf, there was great distress in the N. W. parts of the kingdom, "greater in Armagh, Tyrone and Derry, than it was even after 1739."

4. No particular epizootic disease was noticed by Ruttty or O'Connell to precede or accompany this Epidemic, though they mention a great destruction of cattle, from and during the intensity of the frost. (e) Pectoral affections of every description and degree prevailed during the spring of 1740, as might be expected from the peculiar character of the season: these were very "fatal to the old, infirm, and asthmatic, and also to children."—In the spring of 1742 severe colds affected not only mankind but horses, and was fatal to several.

5. "In the autumn of 1740 there was a great dearth of provisions, which proceeded almost to a famine in

(e) Huxham, however states, that in May 1740, "Tussis vehemens inter equos cum anginâ suffocante et febre plures obruit; imò et bubulum pecus tali etiam affectu sæpe abripitur. Grex lanigera summâ macie et

Fevers of 1741 and 1817.

 1817.

suddenly checked in the beginning of September, and an unusually severe and early frost in November: the hay crop as abundant as it had been in the last year deficient; general harvest early and plentiful. The greater part of the year very healthy with the exception of September, which was productive of Dysentery.

4. In the winter and spring of 1817 there was in many places a great mortality amongst horses, but it was to be attributed rather to starvation than disease.— Among the poor, diseases of obvious debility were prevalent, such as dropsy and dyspepsia, also bowel complaints: all these complaints were without much difficulty removed under a good diet.

5. The pressure of scarcity began to be felt in the autumn of 1816, so soon as the failure of that year's harvest became certain: it encreased during the winter and was in general greatest in the summer of 1817. Famine was most severely felt in the north, and in the south west, from the failure not only of the potato but of the oat crop: the poor were reduced in many places to such distress as to be content with the most disgusting substitutes for food; to eat wild esculent plants, and even risk all hope of future subsistence by digging and consuming the seed potatoes they had lately planted. In 1816 the corn did not ripen, and when cut, could not from the continued rains be housed, but lay in the fields and malted: hence the bad and innutritious quality of

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aridâ tussî maximè laborat; pereunt oves innumeræ, quarum omnium jecur tumet multum et indurescit; vesicula fellis autem, subatra bile turgida, ad enormem crescit magnitudinem."

Parallel between the Epidemic

1741.

winter: the potatoes having failed whilst other provisions bore double or treble their usual price," (in Dublin.) Rutty.—“Hinc” (*i. e.* a gelu) says O’Connell, “funesta annonæ caritas et inter pauperes populumque inferiorem immaniter sæviens dira fames; hinc putrida plebeculæ alimenta ex pravis et corruptis istis radicibus (potatoes), aliis pravi succi vegetabilibus et morbidorum animalium cadaveribus conflata.” From these statements it may be inferred that the famine or at least the scarcity continued from the spring of 1740 to the autumn of 1741, when, according to Rutty, there was an “excellent crop of most sorts of grain;” he makes no mention of the potato crop, upon which the poor almost altogether depended. (*f*) During this famine very many perished of mere want, independently of the diseases, which ensued upon it. (*g*).

6. Early in August 1740, (in July according to Rutty) dysentery became Epidemic, “quæ sensim per totum autumnum augescens magnam incredibilemque per totum insequentem hyemen stragem edidit.” “Having first begun among the poor (several of whom died from

(*f*) From the great drought of 1741, as well as of 1740, it may be presumed from Rutty’s silence that the potato crop failed in the former, though not so much as in the latter year. I have been informed by some very old persons, that from the great and general mildness of our winters it was not the habit of the Irish people at that period to dig their potatoes and pit or house them against the winter’s cold: but that they left them in the ground and dug them as they were wanted. If such were the case, we can easily account for the destruction of this valuable vegetable by the severe frost, and for the scarcity which set in so soon after. It is also said that the sad experience of that winter first led to the general digging and

Fevers of 1741 and 1817.

 1817.

the bread. Though the grain escaped much better in 1817 yet the potato crop was very defective in that year from the sudden and early frost of September: hence continued scarcity during the ensuing winter, and until the harvest of 1818 brought full relief. The miseries of famine were in no small degree aggravated by a general deficiency of employment for the poor and such a consequent reduction in the price of labour, that even they who were in employment could scarcely afford their families one meal a day. Very many are known to have perished from want and under other circumstances which it would be distressing to recite.

6. Dysentery could not be considered as at any period generally Epidemic in Ireland: nor did it prevail in particular places till the summer or autumn of 1818, when it followed in the train of Fever, and added greatly to its mortality. This dysenteric form of Fever was particularly prevalent and fatal in the counties of Waterford, Kilkenny, Tipperary, and Cork: less so in

pitting of the potatoes, by which means they are protected against the severest weather.

(g) "On my return to this country, says the Author of the "Groans of Ireland" in 1741, I found it the most miserable scene of distress that I ever read of in history: want and misery in every face: the rich unable to relieve the poor: the road spread with dead and dying bodies: mankind of the colour of the docks and nettles which they fed on; two or three, sometimes more on a car going to the grave for want of bearers to carry them, and many buried only in the fields and ditches where they perished." One might almost suppose this author was describing Ireland in 1817.

Parallel between the Epidemic

1741.

want) it spread to the rich." "The dysentery raged greatly, particularly in March (1741) when it arrived in Dublin at its greatest height, though it was less mortal than in the country, to which the better care taken of the poor and of their food undoubtedly contributed." "The disease, though it abated in autumn, did not entirely cease." (h).

7. "In autumn of 1740 (which season, according to Rutty, includes September, October, and November) appeared an Epidemic continual Fever, which did not

(h) The first striking difference between the effects of the Epidemic seasons of 1741 and 1817 consists in the time at which dysentery became prevalent, compared with that at which the Fever commenced. In the former season dysentery preceded the Fever and would appear, at first, at least, to have made considerable havoc as a distinct Epidemic; in the latter season Fever had been prevalent for more than a year before dysentery appeared, and then it appeared not as a distinct disease, but as acting in combination with Fever. This difference may perhaps be accounted for upon two grounds: *First*, that the famine in 1740 was more suddenly severe than that in 1817 on account of the destruction of the potatoes by the frost of the preceding winter, and the poor were consequently compelled at shorter notice to support life on aliment of a worse character: *Secondly*, that the state of the weather in 1740, was much better calculated for engendering dysentery than that of 1817; and as dysentery, when uncombined, is a disease influenced altogether either by the aliment or by the atmosphere, we may thus readily conceive why such a difference should have existed between the Epidemic seasons of 1741 and 1817. Rutty, who was such an accurate observer of the weather and of its influence, states in his registry that the summers of 1740 and —41, being intensely hot and dry, and preceded by very cold severe winters and drougthy springs, dysenteries prevailed in these, as they did in former similar summers of 1666 and —84. The same author, in speaking of the distases of 1759, would seem to attach much less im-

Fevers of 1741 and 1817.

1817.

the city of Dublin and in parts of the county Kerry : it prevailed partially in Connaught, and scarcely at all in Ulster, where the Epidemic Fever was drawing to a close before dysentery made its appearance elsewhere.

7. "In the autumn and winter of 1816, Fever was more than usually prevalent in various and distant parts of Ireland;" it subsided, however, in the majority of those places during the winter, to "assume a more determined epidemical character in the spring of the subsequent year." See p. 4 of this work, also the tables in p. 7, and 8.

portance to the aliment than to the weather ; "it is worthy of remark," he observes, "that this summer like those of 1740, 1741 had been one of the warmest and driest, so it was likewise fertile in dysenteries: but there was this difference in the two seasons that the present was a very plentiful one, abounding with wholesome provisions ; whereas in the other provisions were very scarce and bad, which no doubt must have increased the malignity of the disease." In the Epidemic of 1817 dysentery did not prevail till the hot and dry summer of 1818, at a time when provisions were wholesome and plentiful. I have not been able to ascertain very distinctly from my Medical Correspondents whether the dysentery of 1818 was generally combined with the Fever, and whether in that form alone it appeared to be contagious : they seem inclined, however, to maintain the affirmative, and so far as I am enabled to form a conjecture from the description given of the disease by O'Connell, the same combination probably took place in 1741, after dysentery had for some time previously, existed as a distinct Epidemic. "Præcedunt," he observes, "aliquando rigor et horror cum calore ut in febris sit, insequente: æger febricitat cum linguâ initio alba, progrediente morbo, sæpius sicca, et quandoque nigra, magnâ virium et spirituum dissipatione," &c. These are not the symptoms of ordinary dysentery, and among the causes of disease he mentions "Contagium ab effluviis, e corpore morbido, hujusve excrementis manantibus ortum."

Parallel between the Epidemic

1741.

wholly cease in the winter."—Exeunte Augusto," says O'Connell, "in conspectum venit febris quædam epidemica continua, quæ in quibusdam locis per integrum autumnum inter inferiorem præcipuè plebem immanitèr sæviebat et ad solstitium usque aut circiter hybernū, plures impetendo epidemicè grassabatur."

8. O'Connell states that on the approach of the severe winter of 1740, "febris hæc dysenteria jam recens instauratis viribus auctæ locum cessit; donec soluto tandem gelu et accedente secunda vice sicco et aquilonio vere febris eadem iterum repullularet, et latius sparsa omnem fere populum indiscriminatim adoriretur; dysenteria, aliorumque omnium Epidemicorum eodem tempore prædominio gaudens, et cum ab æstatis supervenientis adventitio calore *extra modum* diffunderetur, in eodem popularitatis gradu ad Augusti circiter exitum perduravit: a quo tempore sensim gradum reducens, hyeme insequente tantum non disparent. Vere autem anni 1742, sicut etiam æstate subsequente, febris continua prædicta regressa est; sed respectu habito ad prægressum annum, pauciores tantum invasit et adveniente hyeme penitus disparuit." (i) Ratty's statement

(i) Huxham's *History of the Fever and Dysentery at Plymouth* differs in some respects from that in Ireland. In July and August of 1740, after very heavy and long continued rains, he says, "Dysenteria cruenta frequens:" and again, in September, "Dysenteria plures cruciat," at a time when he states that "febres malignæ jam nec vi, nec numero adeo sæviunt:" in August, his remark is "grassatur adhuc febris nautica maligna, plurimosque trucidat; et haud rarò quos febris ferè reliquerat, sæva dysenteria consumit:" and in July, "jam maxime furit febris pestilentialis plurimosque demittit ad umbras; funera certè nunc sexies saltem excedunt solitum numerum." From these observations it is evident

Fevers of 1741 and 1817.

1817.

8. In the spring of 1817, Fever began to spread very extensively in the provinces of Ulster, Munster, and Connaught, but was not Epidemic in Leinster till the summer or autumn of that year. In Ulster it made greater, more rapid and fatal progress than elsewhere; and subsided sooner, or was liable to greater fluctuations. In the other provinces it was slower in its progress, and was universally and most extensively prevalent in the summer and autumn of 1818. It declined rapidly in Ulster after the summer of 1818, but elsewhere not till the winter of that year or the spring of 1819. The disease however still continued in many places to exceed the ordinary rate of Fever till the

that a bad Fever prevailed before Dysentery made its appearance, and also that this Fever had reached its acmè even before the Epidemic had commenced in Ireland. Huxham's Fever however was evidently of imported origin, for he states that in May, "*jam grassatur febris putrida petechialis, quæ plurimos nautas orco dimittit atque inter popellum multos;*" he thus accounts for its origin: "*Ineunte vere (anni 1740) ad hunc portum appulsæ sunt naves duæ bellicæ; ex his ægroti plus quam ducenti ad terram protinus delati sunt, horumque pars major febre malignâ imo pestilente laboravit; hinc in vulgum quodque sparsa maximam edidit stragem.*" This same Fever continued to prevail, more or less, in Plymouth the following year "*inter nautas verò præcipuè et maximè in nosocomiis,*" and spread from thence through Devonshire, and that this diffusion was owing chiefly to the imported contagion he thus affirms: "*sedulo inquirens has (febres) plerumque esse propagines febris nauticæ contagiosæ invenio, ea nempe loca adeunte uno alterove nautâ convalescente: parum adeo tutum est recipere ex febre contagiosâ recuperatos: diu sane vestibis adhæret morbi seminium.*" The Fever thus imported was of a character suitable to its origin: it was of a truly formidable description, attended by the worst symptoms, with bubos, parotids, and most painful boils. See Huxham de Aere, &c. vol. alt. p. 55. Dr. Barker is evidently mistaken in connecting as he does (See p. 38 of his report) Huxham's Fever with the prevalence of famine, Huxham himself having distinctly referred it to contagion imported.

Parallel between the Epidemic

1741.

is to the same effect, for he says that "the Fever which had begun last autumn, returned in spring and raged through the summer (1741): and in 1742," he adds, "the summer was more healthful than the spring, and the Fever was far less frequent, and disappeared entirely in winter."

9. "This Fever," says Rutty, "was common to this city, (Dublin) to Cork, Bristol, and London, and often eluded the skill of Physicians. It raged through the provinces of Munster, Leinster, and Ulster; but was most fatal to the first, where their poor were worse provided for, from whom the disease *spread* to the richer sort." (*k*)

10. The mortality from this Epidemic must be deemed excessive when we consider that the population of

(*k*) We must not conclude from Rutty's silence with respect to Connaught, that the Fever did not prevail there also: because in fact Connaught was then so little known to the rest of Ireland, that an inhabitant of Dublin might easily be ignorant of any occurrences in that province. It is very improbable that a part of the kingdom, then neither the most civilized nor the most cultivated, should have escaped both the famine and the Fever: and that it did not, the following passage from the "General Chronological History of the Weather," published in 1749, may suffice to prove. "In July 1741, a malignant spotted Fever began among the poor, (in a part of England not specified) who had been half starved the last two years, and obliged to eat uncommon and unwholesome things. This Fever was much the same that raged in Bristol in 1740, and in Gallway" (a county of Connaught) "in Ireland, but different from what it was when first imported from Gibraltar into Plymouth, in April or May 1740" (as mentioned in the preceding note); "and probably had been a true plague, had the constitution of the air favoured it, as in some places it came little short of it, as *Gallway* and some other places felt."

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1817.

close of the latter year. The disease seemed to prevail first and most severely in mountainous districts; next in marshy and boggy places, and to be least prevalent on a dry, limestone soil. "This Fever seemed, as it were, to supersede all other acute diseases."

9. It prevailed more or less in every part of Ireland, with very few exceptions indeed. In 1817 it was most fatal in Ulster, but in point of time and extent pressed most severely on Munster, on account of the greater wretchedness of its inhabitants. It began among the poor, and prevailed principally among them, though in some counties, particularly of Ulster, it was very fatal to the upper and middle classes, and in the towns the middle classes suffered much. The disease extended itself also in 1818 to England and Scotland, and was very prevalent in Glasgow, Aberdeen, Edinburgh, Manchester, Liverpool, Leeds, Bristol, and London: less however in the metropolis of England than could have been expected. (*l*)

(*l*) "When the subject of the prevalence of Fever in Ireland was first brought under the notice of Parliament in 1818, and a Select Committee appointed to enquire and report thereon, another Committee was also appointed at the same time to institute the same enquiry respecting London. This latter Committee sat without intermission for three weeks, and sought out the best evidence on the subject, and finally presented a report of 52 closely printed folio pages, whereas the Irish Committee would examine no witnesses, and after a few sittings, presented the short report (No. 9 of Appendix). And yet from these reports it would appear that London, with its immense mass of population, five times greater than that of Dublin, had not supplied all its hospitals and dispensaries with 3000 cases of Fever, while Dublin alone had at that time furnished thrice that amount, and all Ireland perhaps nearly half a million. A Committee of the House of Commons sitting in London could not to any useful or

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Ireland did not then exceed two millions. "It was computed," says Rutty, "that a fifth part of the inhabitants (of Munster) died. (*m*) The mortality encreased with the advancing season, and with us in Dublin arrived at its height about the end of August, (1741) for on the 28th of that month, the article of Fevers in our weekly bills amounted to 30, above double their late usual number." (*n*) O'Connell estimates the total mortality of Ireland from Famine, Fever, and Dysentery in 1740 and —41,

practical purpose enquire into the state of Fever in Ireland: for such a purpose, Commissioners should have been appointed to visit that country, *there* to make the necessary enquiries.

(*m*) That this calculation was not too high for Munster, (though Ruttty thinks it exaggerated) is confirmed by the following statement: Smith, in his history of Kerry, p. 77, observes that, "from a return made in 1733 by the Hearth-money Collectors, there were 14,346 families in this county who paid said tax. In the year 1744, the number of houses returned were only 9372, in which space of time the inhabitants decreased nearly one-third part, which was occasioned by the dreadful calamity of the great frost in 1739 —40, and the great scarcity of 1741 —42, which were years of drought, death, and sickness *all* over Ireland, and would have been probably so in a great measure, though the before mentioned frost had not happened."

(*n*) Ruttty here evidently means the positive and not the relative mortality: Fever was then at its greatest height, and though the positive number of deaths was greater, yet the relative mortality might have been less, as was the case in the summer of 1818. From the want of Hospitals or Dispensaries in Ruttty's time, their accounts of the relative prevalence of Fever at different periods cannot be relied on as very accurate. With respect to the general mortality, however, they had better data than we have, as Dublin *then* had bills of mortality. How discreditable that there are none now, nor have there been for many years. How discreditable too that in London, where they are kept, they are not placed under better regulations.

Fevers of 1741 and 1817.

1817.

10. The present population of Ireland may be estimated at about six millions : of these it is computed that about 800,000 were affected by the disease, and that above 40,000 perished by the joint ravages of Famine, Dysentery, and Fever. The mortality was greatest in Ulster, and next in Munster : the *positive* mortality was greatest during the summer months ; the *relative* least. See Tables, p. 17, et seq. The general mortality was greatest in 1817, least in 1818, and at a medium rate in 1819.

11. " With the more frequent occurrence than usual of irregularity in the symptoms of Fever, (such as a pulse either much slower or more frequent than is usual, &c.) Dr. Barker observes that the frequency of petechial eruptions was also remarkable ; these were exemplified in persons of all ages, and that peculiar form of petechiæ, *in which the eruption resembles the measles*, occurred much oftener than heretofore." This eruption, Dr. Barker very properly remarks, is neither peculiar to this Epidemic nor to modern times. (o) " Bleeding from the nose also was observed occasionally, and often

(o) My friend Dr. Murray informs me that the Epidemic Fever in and about Cavan seemed to have few peculiarities, nor did it differ much from the Fevers of other years. Petechiæ have been a very general symptom, even in cases which had no other unfavourable appearance : they were sometimes joined with a miliary eruption, and sometimes with a bright efflorescence, and in a few these two last appeared without petechiæ ; nor were they more unfavourable. A dark and motley appearance of the skin sometimes occurred, and was much more indicative of danger."

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1741.

at 80,000. (*p*) No estimate was made of the probable number of persons affected by these two diseases.

11. This Epidemic, though resembling the ordinary contagious Fever in its general history, was yet characterised by some symptoms out of the ordinary course. “*Efflorescentia fuit,*” says O’Connell, “*in corporis trunco et artubus quasi morbillosa: in plerisque petechiæ rubræ efflorescentiam morbillosam æmulantes, in aliis purpureæ, in quibusdam verò luridæ et nigræ. Hæmorrhagia narium profusa usitatissimum in hoc morbo symptoma.*” This hæmorrhage was not so frequent in Dublin, where the disease was less violent and less fatal. The pulse too, though variable in different subjects and at different times of the disease, being generally quick, hard, and large, was often scarce quicker than in health, even on the 6th, 7th, and 8th days. O’Connell also mentions as a symptom of this disease, “*dolores rheumatismum nonnunquam aut lumbaginem æmulantes.*”

12. “Another notable circumstance,” says Ratty, “seems worthy of being recorded in relation to the subjects which this Fever generally attacked, both here and in England, viz. that they were generally men, and those of a middle age, and strong, and but few women; and also children were more rarely attacked.”

(*p*) His words are remarkable: “*Hinc denique luctuosa et terribilis hominum strages, quæ pestem ipsam in hâc regione olim grassantem, quoad demortuorum numerum non æquare tantum, sed etiam transcendere putatur. Cum annis 1740 et —41, octoginta ad minimum ægrorum*

Fevers of 1741 and 1817.

1817.

brought relief to the symptoms." I have myself observed these peculiarities in several instances, and particularly the very remarkable slowness of the pulse, "even on the 6th, 7th, and 8th days," without any urgent affection of the head, or other alarming symptom. Dr. Cheyne states that "many were affected with severe pains in the loins, and pains and tenderness all over the body, which deprived them of the power of moving," and he adds, upon the authority of some of his colleagues, that this severe pain and tenderness of the loins, which was a most distressing part of the disease in the summer of 1818, almost always yielded to leeches applied to the lower part of the spine.

12. Though men were the chief sufferers at the commencement of this Epidemic, yet it spared neither age, sex, nor condition: there were periods, however, when particular ages or one sex were more especially affected. See p. 31, et seq. "The registers of Steevens' Hospital," observes Dr. Crampton, "enable me to say that the Fever pressed most sorely on three descriptions of persons, namely, labourers, tradesmen, and servants.

millia, prædictorum malorum occasione interiisse crediderim ipse, et a pluribus perspicacissimis viris, ad fatalem hunc eventum seriò attendentibus, observatum noverim." That O'Connell is not disposed to exaggerate the mortality may be presumed from the following passage in the "Groans of Ireland," a work already quoted: "the unusual scarcity was ensued by fluxes and a malignant Fevers, which swept off multitudes of all sorts, so that whole villages were laid waste. If one for every house in the kingdom died, and *that is very probable*, the loss must be upwards 400,000 souls: if only one-half, a loss too great for this *ill-peopled* country to bear as they are mostly working people."

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1741.

13. "It seems also not unworthy of notice that, through the three summer months (June, July, and August of 1741) there was frequent here and there a Fever altogether without the malignity attending the former, of six or seven days duration, terminating in a critical sweat, as did the other also frequently, but in this the patients were subject to a *relapse*, even to a third or fourth time, and yet recovered." (q) See Ratty, p. 90. Shortly after this period the disease began to abate, and declined altogether in the ensuing year.

14. The causes assigned for this Epidemic were the severe frost and the consequent famine, compelling to the use of improper aliments: "hinc," says O'Connell,

(q) Ratty notices a similar Fever as very prevalent in the autumn of 1739: "it was attended with an intense pain of the head: it terminated sometimes in four, for the most part in five or six days, sometimes in nine, and commonly in a critical sweat: it was far from being mortal. I was assured," he adds, "of 70 of the poorer sort at the same time in this Fever, abandoned to the use of whey and God's good providence, who all recovered. The crisis, however, was very imperfect, for they were subject to relapses, even sometimes to a third time, nor did their urine come to a complete separation." In illustration of this last remark, and in confirmation of the connexion between that circumstance and the tendency to relapse, I may mention that Huxham, in his history of the Fever in 1740, says, "Nil utique novi æquè certum victricis naturæ signum ac liberum valdè et copiosum sputum, benigno prodeunte sudore, aut *fluente affatim fulvâ et crassâ urinâ*: perrarò autem sedimenti aliquid deposuit lotium per totum morbi decursum. Signum hoc semper est malè judicatæ febris; atque adeò hæc vel ex levissimâ causâ fuit recidiva." And again he observes, "Urina vel in convalescentibus cruda perstat ac sæpe tenuis: et licet ægrotantes pene restituti viderentur, frequentèr tamen promptissimè in recidivas incidunt."

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The other classes of the community afforded but few inmates to our wards: labourers constituted the great majority; many of whom were supplied from the public works; a tolerable large share were admitted from the distilleries, the breweries, and from the watchmen."

13. "As the summer (of 1818) advanced," Dr. Barker states that, "cases of Fever continuing but for five days were more frequent than usual; and that he recollects to have made the same observation during the great Epidemic which visited the south of Ireland in the year 1801. *Relapses* from this kind of Fever have, on both occasions, been *very frequent*." (r) The reports from

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(r) In an official document, (No. 8 of Appendix) addressed to the Irish Government by the (then) Physician General, the Surgeon General, and the Director General of Military Hospitals, it is stated that "very many persons have relapsed again into Fever, a short time after they had been discharged from hospital and returned to their wretched habitations, *from the want of fuel, of food, and of clothing*:" an assertion evidently made in ignorance of the real character of the Epidemic, (as was manifested at the time and during the summer in a very remarkable manner by the frequency of relapses in the hospitals themselves, where no such wants could exist) and also in forgetfulness of the powers of contagion, an agent very active in re-exciting Fever among the convalescents, returned to their homes, however well the rooms may have been whitewashed. In many instances I have known the inmates of a house, which was thrice whitewashed in the space of a few weeks, as often revisit the Hospital in consequence of sleeping in their infected bedding. The influence of *contagion* is, no doubt, greatly assisted by the wants above specified, but it did not suit the object of that official document to insist much on an agency which, if admitted, must have demanded more active measures than the sub-

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“complurium morborum acutorum funestorum fomes; quibus quidem latissimè spargendis et propagandis, multum favebat Epidemica tunc regnans aeris constitutio.”

Though he very distinctly specifies contagion as a source of the Epidemic Dysentery, he only casually mentions the “miasma aereum contagiosum” as productive of Fever. Ratty speaks of the disease *spreading* from the “poorer sort” to the rich.

15. In an anonymous treatise on this Epidemic Fever, (a second edition of which was published in 1742,) it is stated that bleeding, purging, and a cool regimen were freely and advantageously employed. “On the first attack of the distemper, or as soon as possible, blood should be taken away to sixteen ounces: nor is the lowness of the pulse or the faintness any objection

scribers to that document were willing to sanction. Dr. Bracken, in an official report in August 1818, well describes the state of the poor in Waterford on leaving hospital, though at the time apparently overlooking the then natural tendency of the disease to a relapse. “When patients are dismissed, most of them have to return to filthy, unventilated habitations, covered with their own miserable rags, where they sleep in their *infected* bedding, and are either altogether without food, or with a scanty supply of probably an improper kind. *Relapses must almost of necessity occur* in cases such as these, and I have no hesitation in saying, that the wretchedness of many, very many of the poor, is beyond the power of description, and beyond comparison worse than it was last winter. Nor is this to be wondered at: it is the natural course of unremedied and deep distress. Persons who some time ago would perhaps have shuddered at sending their children into a Fever Hospital, are now found begging for their admission, and alleging not so much that they are sick as that they have no food or support for them. This is no exaggeration, but a matter of frequent occurrence.”

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1817.

every quarter of Ireland concur in this statement. See Reports of the Medical Inspectors. (s)

14. The causes assigned are, 1st, Contagion, either as "the principal or sole immediate cause of its origin and diffusion." 2d, the miserable condition of the lower orders, arising from famine, want of employment, of cleanliness, and of fuel, and aggravated by despondency of mind. The peculiar state of the atmosphere has been insisted on by many as a great concurrent cause of this Epidemic Fever; some have also denounced the "redundant population" of the island as a principal cause of the disease!!

15. The same difference of opinion, manifested in the treatment of the Epidemic of 1741, might be shewn to

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(s) "Relapses," says Dr. Barker, "were very frequent, and at Clonmell proved very fatal;" but they were among the poor chiefly; most commonly during the summer months of 1818, and in proportion as the disease assumed a milder form;" at one hospital it appeared that "a large proportion of the patients dismissed returned in a relapse of Fever." In speaking of Waterford he observes that "the distress from this Epidemic Fever has been much increased by the frequency of relapses, which have happened chiefly within the *last four months* (November and December 1818, and January and February 1819). Of 2700 patients admitted to the hospital in 1818, 700 at least were either cases of relapse or of a recurrence of the disease after some interval of time. Many patients relapsed several times, and such attacks were often severe: they were attributed to want of wholesome nourishing food, and of clothing and of bedding, and to the neglect of cleanliness in the persons and apartments of the poor." That *mere relapses*, however, are not to be attributed to these causes chiefly, is demonstrable from these two facts that they did not occur, at least with any frequency, until the Fever became short

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to it, for it is manifest that they proceed not from weakness, but from fullness and obstruction. The next day, or sooner if the symptoms are urgent, the same quantity ought to be again taken away: very often it is no more than requisite, sometimes *not sufficient* to bleed a third time; nor is there the hazard in large bleedings at first, as some imagine: if it does weaken the patient at present, the dangerous symptoms it prevents makes it a sufficient compensation for such a loss of blood; and weakness, every one knows, is much easier recovered from than the disease." See observations on the Epidemic Fever of 1741, p. 10; for a perusal of which tract I am indebted to Dr. Cheyne. O'Connell, however, though he does not object to bleeding, yet very strongly condemns the above practice; "*quamvis enim,*" he observes, "*febrem hanc genii esse inflammatorii minime dubitarem, repetitâ tamen edoctus experientiâ pro certo habeo, iteratam sæpius phlebotomiam, a quibusdam fri-*

though the assigned causes were in full force long before; and also because these relapses occurred at this period in hospital almost as frequently as out of it: thus, Dr. Bracken states with respect to Waterford, in his letter dated March 1819, (see Appendix, p. 204) that "relapses have increased very much in the Fever Hospital;" in the preceding month they were 50, and in one week in March they amounted to 25. Dr. Crampton states that at Sligo this tendency to relapse was observable in a great majority of the patients, both among the lower orders and the higher classes since the *short* Fever became the prevailing form of the disease: he adds that the Physicians of Sligo were unable to assign any particular cause for this change in the period and form of the Epidemic. Dr. Cheyne too states that the tendency to relapse was much more frequent in the decline of the Epidemic than at the commencement or during its height. He adds that, "*it is thought,*" relapses have been less frequent since the convalescents were supplied with nourishment.

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1817.

exist (almost *totidem verbis*) in that of 1817, especially as regards the more active measures of the antiphlogistic plan. In both Epidemics a cool regimen was observed, and with marked benefit; and it must appear not a little singular that in the remedial plan laid down for the Fever of 1741 we find so little mention made of wine, bark, and of other tonics and stimulants from which our practice has been so lately emancipated. Dr. Barker, than whom few are possessed of more extensive experience in Fever, or better qualified to profit by it, employed in cases of delirium or phrenitic action cold applications, leeches, section of the temporal artery, or venesection, as the urgency of symptoms might require. "Wine," he observes, "is given more sparingly in Cork-street hospital than it formerly was, and, so far as I can judge, the change is beneficial." "In every case the alvine evacuations were attended to, and purgatives directed to procure a sufficiently lax state of the bowels." Dr. Cheyne, who admits himself the advocate for "discriminative blood-letting" in Fever, seldom exceeded 12 oz. at one bleeding, 10 oz. being the average quantity: from his tables it appears that of 701 patients, 371 were bled, 77 of them twice, 16 three times, 9 four times, 1 five times, and 1 six times, the deaths being 43. (t) It would appear, however, that in

(t) Dr. Cheyne states that "of about 300 patients admitted in April, May, June, July, and August, (1817) 149 were let blood, some of these three or four times. Of these, immediate relief after blood-letting was experienced by 94, but I am convinced that a much greater number were in an improved state on the day after they were bled." "Bleeding did not appear to me injurious in any one instance in which it was performed

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gidi nimium regiminis patronis eo nomine institutam, ut massæ sanguineæ scilicet inflammatio, *hujusce febris*, ut aiunt, *causa unica* tollatur, haud adeo feliciter cessisse;" &c. O'Connell himself bled in the commencement of the disease to ten ounces, and if delirium or phrenitis set in, opened the jugular vein, yet he adds that neither these means "*nec alia quoque methodus antiphlogistica, horrendam huic feбри supervenientem phrenitidem aut vigilias pertinaces reprimere valeant.*" It is very evident, however, on an examination of his practice, that he neglected the alvine evacuation quite too much, relying as he did on an emetic and an occasional enema, apparently under greater fears of purging than of bleeding: hence we cannot feel surprise at the frequent occurrence of the "*horrenda phrenitis.*" In p. 338, et seq. he gives some satisfactory reasons for considering the disease of an inflammatory type, or rather, to use his own words, "*peculiaris cujusdam inflammationis fuisse participem.*" Among other circumstances, he mentions two facts, well worthy of attention, though little acted on till later days: "*experientiâ quotidianâ constabat ægros (he says) præ delirio phrenitico furientes, qui a lecto invitis nutricibus nudi surrexerunt, et se liberiori auræ exposuerunt, (nullo omninò indè damno recepto,) a phrenitide tamen istâ horrendâ, hoc fortuito casu haud parum sublevatos fuisse.*" "*Pauperes etiam eâdem febre decumbentes phrenetici facti,*

in my wards. Blood-letting was several times employed as a part of the euthanasia, when perhaps it shortened the patient's life by a few hours, but of this I am by no means certain."

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1817.

other parts of Ireland venesection was found either unnecessary or injurious. Thus, Dr. Mawe says that "at Tralee he has in hospital practice discarded almost every medicine, except purgatives and emetics, and that the event justifies him: in 1300 cases he does not recollect to have employed the lancet three times." See Appendix, p. 229. My friend Dr. Murray, with whose very judicious treatment of disease I am well acquainted, states that at Cavan "bleeding did not form a part of our general practice, and I verily believe that none of our patients died for want of it: three of those who died of Fever (uncomplicated) had been bled before admission." (u) Dr. Bracken too, the soundness of whose medical judgment those who know him will never call in question, states in his report for Waterford that, "I have it not in my power to say whether bleeding be useful or injurious in this Epidemic, as I did not resort to

(u) Let it not be inferred from this remark, that Dr. Murray, though fearful of the abuse of this valuable remedy, is therefore hostile to bleeding in every case of Fever. In the valuable communication, with which I have been favoured by him, will be found many remarks on this subject, indicative of that sound and discriminating judgment for which he has ever been distinguished. "Bleeding," he observes, "is a remedy of which we cannot say generally (as we can of many others) that if it does no good, it will do no harm; and at a time when the medical rage seems to be so much for *bold* practice, they who have acquired a kind of authority in the profession ought to be cautious how they recommend in too strong terms a practice *which is very liable to abuse*. Other remedies may by their sensible operation give timely notice of their danger: the ill effects of this, when used improperly or carried too far, are often irreparable." "The advocates of this practice have indeed furnished strong, or rather plausible evidence in its support, and I cannot discredit some of their practical reports, but they have

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aquæ communis liberaliori potu, absque vel minimo regiminis aut remediorum apparatu, a phrenitide et febre liberati, frequentèr evaserunt." "Many of the poor, says Rutty, "abandoned through necessity to a low acescent diet, and some of them drinking nothing but water, recovered." From an observation in Short's Chronological History it would appear as if bleeding and blisters had been very destructive in this Epidemic at Galway: "they and bleeding," he says, "had made doubly fine work of it."

evidently over-rated its value, and given *altogether to it* the credit due to their purgatives, which were constantly and actively administered at the same time." "Of topical bleeding I think very differently; this is in many cases a valuable and necessary remedy. To Dr. Mills the medical profession is greatly indebted for fixing attention on the topical characters (or what I would call the *topical effects*) of Fever. One great point in the treatment should be to preserve a due ballance in the circulating system; as the chief source of danger arises from the force of the disease falling on particular organs; from the irregularity, rather than from the general violence of Fever. Hence we often find the head or chest severely affected when the extremities are cold, and when there is neither general plethora nor inflammatory diathesis. For many reasons the brain is most likely to suffer in this way; the unyielding nature of its bony case; the direct force of the heart's action; the recumbent posture; all conspire to make it suffer. On this account, I think too much stress cannot be laid on the necessity of bleeding from the head, when other means are not sufficient to relieve it. But I cannot help fearing the practical bad consequences of a doctrine, which makes the essence of Fever consist in an inflammation."

Fevers of 1741 and 1817.

1817.

it in any case, and I must say that I do not regret it was not resorted to in any of the fatal cases under my care." Dr. Bracken remarks at the same time, that "wine was very generally made use of, and with the best effects." (v) In Cork too, I should conjecture that blood-letting was not much resorted to, as from the quantity of wine used in the Fever Hospitals of that city, and from the small mortality in them, that medicine would appear, at least, not to have been injurious. (w) We know also full well that in this Epidemic, if many have escaped death by the aid of the lancet and of wine, thousands recovered without the help of either.

(v) It is generally understood that the inhabitants of the south of Ireland, and particularly of Waterford, do not bear blood-letting, even in inflammatory diseases, at all so well as their more northern neighbours. May not such local peculiarities account for much difference of opinion among medical men on particular points of practice?

(w) The great consumption of wine in the Cork hospital is proved by the application made to the Commissioners of the Revenue to import it duty free; and though the inference may appear reasonable that bleeding was neither much employed nor much required, where wine was used to such extent as to render that application expedient, yet I find by a communication received from Dr. Barry since this sheet was sent to press, that "venesection was very extensively practised in the Cork Fever Hospital, both before and during the Epidemic, being eminently useful both in mitigating and shortening the disease. The quantity of blood drawn in the numerous cases of synochus, with which our hospital was crowded, varied from six to ten or twelve ounces; in my practice I generally preferred repeated small bleedings in the mode recommended by Dr. Mills. My friend and brother Physician, Dr. Beamish, generally preferred the larger quantity to commence with. It would require too long a detail to enter into my reasons for the difference. I must, however, in justice to Dr. Beamish say, that his practice of venesection was judicious and useful, and I think I observed that one bleeding was often sufficient in his mode; where it sometimes required to be repeated two or three times in the manner prescribed by me; the ultimate results were, however, the same. Local

From the foregoing comparison of these two very remarkable Epidemic seasons it appears that they agreed in the following particulars:—viz.

1st. In being immediately preceded by years of great abundance, and also in being followed by plentiful years, “extraordinarily healthful.” 2d. In being exempt from any Epizootic disease. 3d. In being attended by great

bleedings were practised by us both with decided benefit. While on this subject, I should remark farther that where I have been called in at an early period, in private practice particularly, I have checked the progress of the disease in its most threatening form by *very extensive venesection*.

Dr. Beamish and myself have been compelled to use wine in the cases of low Typhus, which formed a great proportion of the inmates of the hospital. Our plan of administering wine was to give it in cases of great debility, till the strength was restored, and then gradually to diminish the quantity. From the low state in which many of the patients were brought into the hospital, we were under the necessity of directing a considerable quantity of wine, as it was in fact the only stimulant which seemed to have durable effects; but compared with other similar institutions, the wine used in the Cork House of Recovery was, I have reason to believe, very moderate in quantity.”—I find also I was mistaken in my supposition that the services of the Medical Inspectors at Cork were unbought. The Managing Committees of their Fever Hospitals, however, when they determined not to accept the gratuitous services of the Physicians, would not degrade the profession, as in Dublin, by fixing a rate of remuneration, equal to brick-layers wages: the Inspectors received fifteen guineas per month, and appear to have performed their duty in the most active and exemplary manner, though with little permanent benefit, from the want of an efficient controlling power to carry their suggestions into effect. I further find that, besides the instructions given to the Committee of Physicians, as stated in p. 92, they were also directed “to resort to such other measures as may appear necessary to ascertain the extent and nature of the Epidemic Fever:” this addition to their instructions renders it still more extraordinary that they should neglect every other mode of deriving information, but that which a short inspection of the hospitals afforded them. It has also been stated to me that Dr. Rogers’ name, as subscribed to the report, p. 94, instead of Jeremiah, should be Joseph P. Rogers.

scarcity, amounting almost to famine, which continued for about a year and a-half in the Epidemic of 1741, and for a term somewhat longer in that of 1817. *4th.* In being attended by Fever and Dysentery as the reigning, and almost exclusive Epidemics of the island: these diseases appearing both in a distinct and combined form, and superseding other acute affections.

The Epidemic Fevers also of these seasons agreed in the following particulars: viz.

1st. In their commencement, duration, and progress; each having commenced partially in the autumn of the first year of scarcity; having subsided during the following winter, and in the subsequent year spread over the whole island: that of 1741 continuing about two years, and that of 1817 about two years and a half, upon an average of the whole island.

2d. In their characteristic symptoms, causes, and general treatment: in all which respects their coincidence was very remarkable, as also, *3d.* In changing, when at their greatest height, to a short Fever of 5 or 7 days duration, with a remarkable tendency to relapse; such change having in both Epidemics immediately preceded the gradual subsidence of each.

From the same comparison it appears that these Epidemic seasons differed in the following circumstances:—viz.

1st. And most *remarkably* in the weather peculiar to each: that of 1741 being characterised by two very severe winters, and two very dry summers, one of which

was very hot: that of 1817 was equally characterised by mild winters, and very wet and cool summers.*

2d. The Dysentery of 1741 preceded the appearance of the Fever, the summer of 1740 being remarkably dry and partially hot, whereas during the late Epidemic season Fever had prevailed for more than one year

* From this very remarkable difference between two Epidemic seasons productive of similar diseases, this inference is obvious, that the state of the weather exerted no *direct* influence in producing the Epidemic Fever of either year, that influence being, as Rutty terms it, merely "*consequential*" in its operation on the harvest. The very dry, as well as the very wet summer, was equally destructive to the produce of the earth, and both kinds of weather, however strongly opposed, were equally instrumental in exciting Epidemic Fever through the medium of famine and its effects. Dr. Rutty, upon the *honesty* of whose observations every reliance may, I believe, be placed, in the introduction to his history of the weather gives a table of the mortality in Dublin during dry and wet years, from whence it would appear that the former were far more unhealthy than the latter. From this fact certain *unqualified* positions have latterly been advanced respecting the influence of wet seasons, which Rutty has by no means sanctioned. Dr. Percival in his paper on the Epidemic Fevers of Dublin has stated, on the authority of Dr. Quin, (who took the fact from Rutty) that "protracted dry weather is peculiarly productive of Fever in Dublin and that rainy weather, which is the prevalent character of the climate, agrees best with the general health of its inhabitants." Dr. Cheyne, relying on this dictum, observes that "the Fever of 1817 appeared to be unconnected with any peculiar condition of the atmosphere, the summer having been wet and cold, and *wet and cold summers*, as I have observed on a former occasion, being counted healthy ones in Dublin." Now Rutty is so far from sanctioning such an inference, that he distinctly qualifies his own position by this observation: "we are not, he says, to understand by this but that excessive and long continued rains and moisture," (such as we had in 1816 and —17) "are also unwholesome and productive of diseases, as well as excessive drought; for it has appeared upon a review of a long series of years, that of excessive rainy years, three out of four were Epidemic and mortal, especially when attended with S. or S. W. winds; and that they have this effect, not always *primarily*, but *consequently*, as they corrupt and spoil the fruits of the earth." That this was the case in 1816 and — 7, we must all well remember: I have already mentioned that the Epidemic Fever of 1800 —1801 was imme-

before Dysentery shewed itself in the hot and dry summer of 1818. See note to p. 120.

3d. Though both Epidemics were extensively prevalent and very destructive, yet that of 1741 was much more fatal, as it would appear that in a population of two millions one of every 25 perished, while in the late Epidemic perhaps not more than 1 in 130.

4th. These Fevers also differed in the subjects attacked: men of a middle age being the chief sufferers in the first, while women and children suffered in large proportion during the latter Epidemic.

In the subsequent and concluding chapter on the causes, medical and statistical, which expose Ireland to frequent and severe visitations of Epidemic Fever I shall make such use of these, and of the other facts already detailed, as they may seem reasonably to warrant.

diately preceded by a summer and autumn of excessive wetness, and followed by a season of great scarcity. Dr. Rogers too in his essay on the Epidemic diseases of Cork states that, "during the particular series of years that Epidemic disorders have reigned most amongst us, the several seasons were remarkable for moisture and warmth:" and in another place he observes that "the particular years, most signal for the production of Small-pox, Dysenteries and Fevers, were attended with cold and moist summers, and warm and moist winters." Under all these circumstances, therefore, Rutty will appear fully warranted in the assertion that "whenever we observe the usual harmony and proportion of the winds and attendant weather to vary *much*, we may expect an unhealthy season, as was notoriously the case in the excessive moist seasons, preceding the great frost in 1740, and the no less unusually dry season, and long continuance of N. E. Winds, succeeding the great frost for some years;" "which," as he piously adds, "although necessary afflicting dispensations and chastisements of a stupid and sinful world, we have cause to acknowledge have been dealt out to us with a very gentle hand." See his Registry of the Weather, p. 418.

REVIEW OF THE
CAUSES,
MEDICAL AND STATISTICAL,
PRODUCTIVE OF
EPIDEMIC FEVER
IN
IRELAND.

BY the preceding statements it must appear that from time immemorial this country has been subject to the almost uninterrupted prevalence of Contagious Fever; that within the last eighty years it has been thrice visited by the same species of Fever in its Epidemic character; and that it has on each occasion sustained an immense loss of lives, of capital, and of productive labour. It is equally evident from our medical records that though Great Britain is by no means exempt from the ravages of Contagious Fever, particularly in her manufacturing and commercial districts, and also did

experience to a considerable extent the Epidemic influence of that disease on the three occasions alluded to, yet that neither her ordinary nor occasional sufferings from this source can admit of comparison with those of Ireland. And yet the two countries would appear to differ but little in climate, in government, in fertility, or in relative population, considerations of some moment in calculating the probable or comparative prevalence of Fever, the immediate cause or causes of which must be every where the same.* Under these circumstances it cannot be either an uninteresting or unprofitable occupation to investigate the causes, which thus expose Ireland, if not to more frequent, at least to more severe visitations of Epidemic Fever, and thereby exercise such peculiar and destructive influence in an island, blessed, beyond any other country in Europe, in all those gifts of nature, which can conduce to the health, the

* A comparison as to the relative prevalence of Fever can be fairly instituted between Ireland and Great Britain only, and not between either of these and any other country in Europe, because factitious and powerful causes have seldom ceased to operate in the production of Fever on the European continent. It may with but little deviation from strict truth be said that neither Great Britain nor Ireland have seen an enemy on their plains for the last century, whereas the continent of Europe has, during that period, known but few and short intervals of peace. War has been long recognised as a prolific parent of Fever, that disease being seldom absent from the train of hostile armies: in consequence of which contagious Fever has frequently and severely visited particular districts, of greater or less extent according to the progress and fatalities of war: the disease however in these cases was in general but partially Epidemic, unless famine conspired with war in contributing to its diffusion. Though Ireland has been exempt from this source of Fever, and is a country not yielding in natural salubrity to any of equal extent in Europe, yet, from peculiar circumstances, which it shall be our business to investigate, it has been subject to the visitations of this disease in a degree elsewhere unprecedented.

happiness, and prosperity of its people. Such an investigation cannot be deemed unimportant by the statesman, or even by the mere statistical enquirer, who recollects that these causes did in 1741 *deprive* Ireland of 80,000 of her inhabitants, at a time when her population was confessedly scanty, and that in 1817 they *relieved* her of 40,000, at a time when her population was by many political sciolists considered as redundant. Therefore, let the statesman view the question of Ireland's population in what light he may, it follows that Fever must be a subject of interesting speculation in his eyes, whether he recognises in it an agent beneficial or destructive.

The causes, which produce this disease, may in the first instance be denominated *secondary* and *primary*, and to these again we may give the distinctive appellations of *medical* and *statistical*. The *secondary* or medical causes, such as contagion, crowded, filthy, ill-ventilated apartments, neglect of personal cleanliness, are those which more immediately lead to the formation of Fever: the *primary* or statistical are those which give origin to the causes, just mentioned, by establishing the peculiar condition and habits of a people: the *former* are the causes, which generate Fever in every country; the *latter* are those, which distinguish one country from another, and which render the disease more or less extensively prevalent therein according to their strength and activity.

The secondary causes it is the peculiar province of the Physician to investigate; to these, therefore, and to the best means of preventing their existence or of dimi-

nishing their influence our attention shall be particularly directed; but it must obviously be impossible to point out those means, without a previous enquiry into the primary causes, from which the immediate sources of Fever take their rise. Such an enquiry, however, belongs more appropriately to the statesman; from which, therefore, I would gladly refrain, as appearing to partake of a political rather than of a medical character. If it were my business merely to investigate the causes in which Fever originates, I might with propriety avoid any discussion of the *primary* causes: but as it is incumbent on me to enquire not only into the causes which give origin to Fever *generally*, but also into those which render Ireland so peculiarly liable to severe visitations of that disease in its Epidemic form, I feel it impossible altogether to avoid a discussion of this kind without shrinking from the discharge of a necessary though painful duty.* Any discussion, however, of the *primary*

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* I am not acquainted with any work, whether of modern or ancient date, in which these primary causes are considered with reference to Fever. In a well written article on the "causes, cure, and prevention of Contagious Fever," inserted in the Edinburgh Review for March 1819, I had expected a discussion of this kind, more especially as it is stated in the judicious exordium to the article that the "causes of the Epidemic and the means of arresting its present ravages and of preventing them in future are topics that should not, in circumstances like the present, be left to the discussion of Physicians, but should be taken up by the politician and the philanthropist: and accordingly it is gratifying to find that the matter has been deemed of sufficient importance to deserve Parliamentary investigation." And yet neither Parliament nor the Reviewers have done more than glance at the primary causes of the disease, without the removal or alleviation of which it will be in vain to look for a prevention of the evil in Ireland. The last Parliamentary Report on the subject is indeed devoted to the subject, very important no doubt, of promoting the

causes shall be as concise, as the motive which impels me to it will permit, and in entering on the investigation I am not conscious of any other motive than a sincere desire, as far as in me lies, to prevent the recurrence or diminish the pressure of a similar evil.

The causes, which lead directly to the formation of Fever, and which we have denominated *secondary* or *medical*, are usually divided into two classes, "the immediate and the predisposing;"—of the positive and relative value of these in the production of the disease, a material and, in some respects, an important difference of opinion exists.

"The causes, which served to diffuse this Fever and render it Epidemic, may," says Dr. Barker, "be divided into two classes, *immediate* and *concurrent*. Its *chief* immediate cause, in my opinion, has been *contagion*, and to this its origin and diffusion are *principally* or *solely* to be attributed." In this mode of putting forward the question, there is something either equivocal or indecisive, as if the author's mind was not made up on the point, or as if afraid boldly to maintain this position that contagion is the *sole* immediate cause of contagious Fever. He, however, throws off his indecision in deducing the following remarkable inferences from the facts and arguments he had advanced in his report for 1817—18: "1st. That the Epidemic Fever of these countries has originated on the Conti-

employment of the poor of Ireland by reclaiming bogs and encouraging fisheries, and it proposes the accomplishment of these objects by means independent of the removal of those primary causes, to which are to be attributed the deficient employment and wretched state of the Irish poor.

ment of Europe, and has been produced by war. 2d. That it has been diffused by contagion, and has extended to these countries, in consequence of their constant and unusually great intercourse with the Continent, at a time when Contagious Fever prevailed there. And 3d. That its progress in Ireland has been promoted by the peculiar circumstances of this country, occasioned by scarcity of provisions and want of employment among the lower orders." Dr. Barker's positions therefore are, not only that contagion is the sole, or as he elsewhere denominates it, "the real" source of Fever, but that *the* contagion which produced the Epidemic and the encrease of Fever for some years previously in Ireland, was of foreign growth: also that war was the parent of this contagion, and that our Epidemic was "*promoted*," not caused by famine and want of employment. The anonymous writer of the article in the Edinburgh Review, already quoted, maintains in some respects the same opinion as to the immediate source of Fever, and delivers that opinion in the following very unequivocal terms: "the chief moral and physical causes of the Epidemic are in our view reduced within very narrow limits; *namely*, an *original unextinguished* contagion, fostered by these accidental circumstances, viz. depression of mental energy, by want of employment, &c. depression of bodily vigour, by want of nourishment, and in all probability, a peculiar constitution of the atmosphere, not hitherto distinctly explained." "This unknown constitution of the atmosphere," the writer adds, "we take to be a *sine qua non* in the production of Epidemic Fever: and that if contagion be a pre requisite to render the spreading of the disease *possible*, the aërial change is also a pre-requisite to render that spreading

probable. When these two *principal* causes meet with the favouring circumstances (before explained), all of them act and react interchangeably upon each other, and the result of such a complication and union of noxious agencies is an Epidemic such as we see it."

I have adduced these authorities on this topic that the reader may derive directly from the fountain head the sentiments of the *exclusive contagionists*, a party (if I may use the phrase) in the medical world of late respectably supported. And here perhaps I should state that, with respect to the *immediate* causes of Fever, there may be said to exist three, or rather only two parties; as one or two individuals can scarcely be said to constitute a party: *one* of these (now very limited indeed in the number of its followers) would maintain that the disease is not contagious, and therefore can never derive its origin from such a source: * a *second* party,

* Though the contagious property of Fever, whether in its endemic or epidemic form, might here very safely be taken for granted in consequence of the almost universal assent, not only of Physicians who observed the disease, but of the poor who suffered by it, still it may not be amiss very concisely to state the grounds upon which the proposition may be maintained. *In the first place*, the disease is chiefly prevalent among the poor, and when one of a family is ill of Fever, it almost uniformly spreads among the whole or greater part of its members, and from them to such of their neighbours as hold free intercourse with them. *In the 2d place*, this communication of Fever is frequently checked, or altogether prevented by removal of the sick to hospital, or by due attention to cleanliness and ventilation. *3dly*, Though the better classes in society are in a great degree exempt from the disease, more especially since the establishment of Fever Hospitals, yet do they readily contract it by being brought into free communication with the poor ill of Fever, as in distributing provisions, attending the sick, &c.; in this way the charitable, the clergy, physicians, and apothecaries have suffered severely. Nurse-tenders also, whether in private families or in hospitals, suffer in

strong in talent and in some credit with the public, supports opinions diametrically the reverse, such as are above stated, viz. that Fever not only is contagious, but that without the previous agency of contagion the disease could not exist at all; and the *third* (amongst whom I must beg to be enrolled) while they maintain the contagious character of the disease, contend at the same

far greater proportion than any other class of individuals. *4thly*, The disease has been known in numberless instances to retain possession of a house for several months or years, requiring at times for its extinction the destruction of the building.—The contagious character of the late Epidemic was very decisively manifested in all these ways, many members of the clerical and medical professions having fallen its victims, besides an immense number of those employed in menial offices about the sick. During the progress of the Epidemic about forty physicians or other members of the medical profession were attacked by Fever in the province of Munster alone; and of these more than a fourth died. In one county of that province (Kerry) ten Roman Catholic and three Protestant clergymen are reported to have died of the disease. In the hospitals of the House of Industry 198 cases of Fever occurred within eighteen months among the attendants on the sick, 170 persons being the number engaged in that office. “No clinical clerk, apothecary, unseasoned nurse or servant escaped, and some of them,” as Dr. Cheyne states, “had the Fever three or four times.” The proportion of attendants on the sick attacked in the Cork-street hospital was much smaller, as they were in general more experienced and better seasoned; not more than 13 of 47 being affected by Fever in the course of eight months. Dr. Crampton states, in his report of Steevens’ hospital, that “all those concerned in the attendance on the patients caught the disease,” except his predecessor and himself; “none of the nurses, none of the porters, barbers, or those occupied in handling, washing, and tending on the sick escaped; and many of them had relapses and recurrences of Fever, as well as fresh attacks of it at subsequent periods.” *Lastly*, the positive or comparative immunity from Fever, enjoyed both by individuals, families, and towns in consequence of the adoption and vigorous execution of preventive measures, can leave little doubt of the contagious character of Fever. For proof conclusive on this subject see a pamphlet of close argumentation, entitled “Observations on Contagion,” by Dr. Stokes of this city.

time that its origin is not always to be attributed to contagion, but is at times spontaneous.—The existence of contagion as a property of Typhus Fever is a doctrine now so well established and so universally admitted, that I might readily be excused from entering the lists with its only remaining opponent, who denies that property as well to the Plague as to Typhus Fever, chiefly upon this ground or dogma rather, that the *febrile* diseases which are contagious can be taken but once in life: this position is itself, however, so obviously a *petitio principii*, that I should perhaps have scarcely noticed it, had not Dr. Barker, by pointing out the resemblance of Fever to some of the exanthematous diseases endeavoured to turn the argument to account in support of his doctrine of the exclusive origin of Fever.* “I have for some time,” says Dr. Barker, “entertained the opinion that sufferers from Fever, attended with this eruption, (the measly) if they are not *altogether* secured by it from a second attack, are not at least so liable to it, as those who have had a Fever of the ordinary kind.” Dr. Barker may have stated very truly, yet without at all conferring stability on this fanciful supposition, that he had not “found a patient in whom this symptom was distinct, who had suffered from the same Fever on any *former* occasion.” The proof, however, necessary to support this opinion should be, not that these patients had never suffered from the same Fever on any *former* occasion, but that they never *subsequently* took the disease, though freely exposed to the contagion.

* The inference to be drawn from any admitted analogy between Fever and the exanthematous diseases, would, of course, be this, that as the latter can arise only from contagion, so also must the former.

Before I proceed to state the arguments and proofs in support of that opinion, which facts and observation have induced me to adopt, it cannot be amiss concisely to examine the grounds upon which the advocates of exclusive contagion maintain their doctrine. Take any given number of Fever cases, say they, and you can always trace a considerable proportion of them to contagion, directly or indirectly applied ; and as Contagious Fever, like to small-pox or measles, cannot (in their opinion) possibly arise from any one of the predisposing or concurrent causes, nor from any combination of them, therefore the remaining cases must also have derived their origin from the same source. Thus, Dr. Barker states, and with his usual candour, that at an early period of the Epidemic, "minute enquiry was made from ninety patients, taken without selection, to determine by the previous illness in the families from which they had been removed, or by their previous communication with any person labouring under Fever, how far the disease was attributable to contagion ; when it appeared that in twenty-four instances only could infection be discovered, but in the remaining seventy-six it was not found that such intercourse with Fever patients had taken place, as to render it likely that their illness had originated from immediate communication with the sick." This fact, many similar to which might be supplied from every town infected by Fever, though calculated to excite a reasonable doubt, does not appear to have done so ; and though it by no means follows that contagion did not operate in those cases in which its presence could not be proved, yet surely it does not follow that it did and must so operate, unless it be previously established that no other agency or combination of agencies can produce Fever. Dr. Barker

quietly gets over the difficulty by supposing that this want of proof as to the presence of contagion "arose from the length of the latent period, which at the beginning of the Epidemic seemed unusually great." I must add, however, that Dr. Barker subsequently proceeds to prove that none of those circumstances, denominated "concurrent or predisposing" causes, are competent of themselves to generate Contagious Fever, or to act as its immediate cause; but it is to be observed that in discussing this important question, Dr. Barker merely considers each of these circumstances separately; so that amidst all his efforts to shew the inadequacy of each to the generation of Contagious Fever, I cannot find him *distinctly* maintaining in any part of his work that no possible combination of these circumstances can produce Fever possessed of the property of contagion; unless that be proved, his separate assaults on each of these causes must, however successful in the particular instance, be unavailing to his purpose. The Edinburgh Reviewer does not blink this part of the question, but comes directly to issue, and maintains that, exclusively of the exanthematous Fevers, "there is but one species of Contagious Fever, namely Typhus; that this disease admits of several varieties, but that all of them arise from specific contagion as their sole cause, a cause *without which* all other auxiliary circumstances would be inefficient." And yet, notwithstanding this decided declaration, what are we to think of an admission made in the same paragraph, and which if true, is decisive of the question? "We do not absolutely deny," he says, "that a series of these predisposing circumstances constantly applied, may by their incessant operation excite Fever in the system without the aid of con-

tagion at all, but the malady thus excited, though often mistaken for the genuine Typhus, is only an occasional, incidental, or (to use medical language) a sporadic disease; and as it is not derived from contagion, so it never becomes contagious in its progress or infects the healthy who hold intercourse with the sick, *unless its original nature is changed by crowding and deficient ventilation.*"* Thus does one of the firmest advocates for exclusive contagion in fact give up the doctrine by admitting that a Fever originally not contagious can become so by "crowding and deficient ventilation." My object, however, is not to confute an author, or to make him confute himself, but simply to establish the truth, if possible. I shall therefore not rest on this admission, ample as it is, but proceed at once to argue the question whether the predisposing causes of contagious Fever, admitted to be essential in diffusing the disease, be not also competent to generate it.

Now the chief concurrent or predisposing causes of Fever are considered to be the following; viz. famine—war—want of employment—personal uncleanness—crowded, filthy, ill-ventilated apartments, and according

* Dr. Grattan, in his last report of the Cork-street Hospital, notices this *inadvertent* admission, and deduces from it the same obvious inference that I do. Having here casually mentioned Dr. Grattan's name, I feel it due to him to add that he has treated this subject at large with much ability and clearness in the report alluded to, from a perusal of which the unprejudiced reader cannot fail to derive information and pleasure. Indeed could I have considered the discussion of the general question at all complete without dwelling on this particular topic, I had been content to have referred the reader to that report, and more especially to his observations from p. 21 to 30, and from p. 40 to 44.

to some, a peculiar state or constitution of the atmosphere ; upon each of which in their order we shall bestow a few words.

The close connection that exists between famine and Contagious Fever is so clearly demonstrated by every historic record as not to require any additional proof: that connection has been already pointed out in the several instances of Epidemic Fever in 1741, 1801, and 1817 ; the sole question here, therefore, for discussion is, whether famine, affecting a whole people, merely acts by disposing them to take Fever, or whether it is, under under any combination of circumstances, and independently of contagion, capable, either by itself or its consequences, of generating that disease. Dr. Barker, after adducing several instances of the uniform and regular connection between famine and Fever, so uniform indeed as to resemble cause and effect, is naturally anxious, as an exclusive contagionist, to shew that without the agency of contagion famine could not possibly excite Fever : the whole of his proof, however, appears to me to consist in general assertion, or in argument inconclusive in its tendency, unless aided by a *petitio principii*, a species of argumentation of which, in common with all exclusive contagionists, he seems disposed to make frequent use.* Thus, he says, “it is needless to

* “It is not sufficient,” observes Dr. Grattan, “for those who maintain the exclusive influence of contagion to say that, in order to determine the possibility of the spontaneous origin of Fever, it will be necessary to prove that no contagion whatever has been applied, although they at the same time assert, in accordance with their own theory, that contagion in a latent state is so widely diffused as to saturate the persons and clothing of every member of society, requiring only the presence of some exciting cause to call it into action. May not they with equal propriety be called on to prove the truth of their position, and to demonstrate that contagion has been

multiply proofs that famine *further*s the progress of Fever;" that it has "no direct influence in producing Epidemic Fever;" and that "these evils cannot necessarily be connected as cause and effect:" the reasons assigned being that famine has often been suffered "in an extreme degree without giving rise to infectious Fever," as in the case of "the inhabitants of towns sustaining a siege, and of the crews of ships, whose provisions had failed." Now though the truth of this illustration may in the great majority of cases be called in question,* I might yet freely admit the authenticity of the alleged facts without admitting at the same time the correctness of the general conclusion. I will agree with Dr. Barker that "famine must operate *indirectly*," and also with the Edinburgh Reviewer that "defective nutriment" alone cannot generate Fever, yet it does not necessarily follow that I must therefore concur in the position (itself a *petitio principii*) that it only acts by "promoting the spreading of contagion, and rendering the human sys-

applied whenever Fever has occurred. Evidently it does not add to our knowledge, *first* to assume it as a principle that Fever is always the product of contagion, and then to argue in support of that principle, that because the disease is Fever, contagion must of necessity have been applied in order to produce it."

* Let reference be made to the histories of such transactions, and it will be found that few occasions of the kind have taken place in which Fever did not also prevail along with this privation of food. Particular instances may no doubt be adduced, in which famine did not lead to the prevalence of Fever from the absence of that peculiar combination of circumstances requisite for the production of the disease. But in how many instances can it be proved that contagion itself has not only been present, but probably introduced even into the system, without inducing Fever. Could we be justified under such circumstances in concluding that contagion itself could not excite Fever?

tem more liable to receive it." In every step of Dr. Barker's progress he is (perhaps unconsciously) begging the question; famine, he says, "by encreasing their poverty, obliges the poor to crowd within narrow limits in small lodgings, and by bringing a number of persons *within the infected circle, it augments the risks of infection and diffuses contagion.*" Dr. Barker admits that under such circumstances Fever appears and spreads, yet obviously begs the question as to its origin, without offering any proof to shew that the disease could not spontaneously have arisen amongst a number of wretched individuals, crowded together in a filthy, ill-ventilated apartment, under all the pressure of famine, and in reckless despondency of mind, incapable of paying any attention to personal cleanliness, without any adequate supply of body clothing, perhaps without *any* supply of bed clothes, and with a scanty supply of fuel, huddled together at night without change of raiment, and breathing an atmosphere unrefreshed by ventilation and polluted by every combination of circumstances, arising from a neglect of internal and external cleanliness. When Fever appears amongst such a wretched group, acted on by so many moral and physical evils, upon what reasonable grounds can it be asserted that to ensure its possible production there must have previously existed "an infected circle," when the existence of such a circle cannot in the majority of cases be proved, or even made probable. Dr. Barker indeed denies the power of each individual evil to generate the disease, but can it, does it therefore follow that the combination of all is inadequate to that end? Proceeding in his attacks upon each isolated cause, Dr. Barker maintains in like manner that *putrid effluvia* and *want of ventilation*, "unaided by typhus contagion, are not produc-

tive of Fever;" and adduces some facts as to the influence of putrid effluvia, respecting which I am not disposed to differ with him. With these however he connects a position which I cannot but deem quite untenable. He contends that "the exhalations of many persons, confined within the same inclosed space, are incapable of giving origin to infectious Fever, although the contrary opinion has been frequently maintained;" and adduces the state of a Greenlander's hut during winter, as a proof that "confined air and putrid effluvia" possess no such power, forgetting at the same time in how many circumstances that hut and its inhabitants differ from the habitation and the state of those, who in this country are habitually subject to Fever, and forgetting too that the question is not whether Fever can arise from putrid animal or vegetable matter, but whether "the exhalations of many persons, confined within the same inclosed space, can give origin to that disease," under all the aggravating influence too of filth, misery, and despondency, as these latter agents are seldom wanting to give effect to the former combination.

I agree with Dr. Barker that it is of some consequence that just views should be entertained on this subject, because so long as contagion is supposed to be the *only* source of Fever, we shall necessarily become more negligent of those noxious nests, in which that baneful agent not only acquires strength but receives existence. I will therefore at once state a few facts, with which I am acquainted, tending to elucidate this contested question.—In the concluding part of the Appendix will be found a sketch of the history of Fever in the gaols of Dublin during the last eight years: from that

sketch, the fidelity of which I can confidently answer for, it will appear that in the gaol of Newgate *contagious* Fever never prevailed to any extent, except under the particular circumstances specified, and that its appearance on some occasions was distinctly to be traced to contagion imported, whilst on others it could only be attributed to spontaneous generation. The circumstances under which this difference in the origin of the disease took place I shall now endeavour, as distinctly as possible, to point out. In that gaol there are two great divisions of the male prisoners: *the one* that of the untried prisoners and of those confined for short terms: *the other* that of the convicts under sentence of transportation. To each of these two classes a certain portion of the prison is appropriated: that allotted to the first class is in general full, seldom however crowded for any number of days, owing to the indefatigable attention of the Recorder to the duties of his office, an *office* rendered of late years very laborious from the great encrease of crime in Dublin. That upright judge sits, with few exceptions, from week to week and thereby prevents any accumulation of untried prisoners, as immediately after trial the majority are either discharged, or sent to other places of confinement, or removed to the class of convicts. Among the untried and confined prisoners I cannot call to recollection an instance of Fever originating spontaneously, as I could generally trace its appearance to the direct introduction of contagion, either in the person or clothing of a convalescent lately discharged from an hospital, or of a prisoner committed while actually affected by the disease, in which latter way the Epidemic Fever was first introduced. Except in cases of this description, Fever scarcely ever appeared

among the untried and confined prisoners, who are in general better and more comfortably provided, in point of clothing especially, than the convicts.

The cells appropriated to the convicts are twelve in number, beyond which there is no accommodation: the convicts themselves have varied in number from 1 to 120 and upwards. Their cells and bed clothes are kept in very neat order, and the straw frequently changed: they are never provided with prison dresses, except at the moment of their embarkation, nor have I found it possible to establish or to enforce any system of personal cleanliness amongst them: many are in consequence half naked and excessively filthy. After each embarkation of convicts, which seldom leaves more than one-tenth of them behind, a considerable interval (of from twelve to twenty months) generally elapses before their successors are sent away, in consequence of which there is a gradual accumulation of their numbers, so that cells calculated to accommodate three, are frequently forced to receive 8, 9, or 10. Whenever this occurs, as it almost always does for some time previously to each transportation, Fever unequivocally contagious as uniformly appears among the convicts, and only to be checked in its progress by the most decisive measures of prevention. Will the exclusive contagionist say that this crowded state of an ill-ventilated cell by prisoners uncleanly in their persons could not have generated such cases of Fever, and that there must have existed some concealed fomes or "infected circle" to produce them? To meet this assumption of the very question at issue I must state that though contagion might readily be introduced among the untried prisoners, its introduction among the convicts is highly improbable: this latter class having but

little communication with the public, and being always supplied from among the untried prisoners, none of whom would be suffered to take their trial did the least suspicion of any such illness attach to them. That no concealed fomes or "infected circle" could act on these occasions, may, I should think, be admitted, when it is known that the moment any case of Fever or other illness, at all suspicious in its aspect, occurs, the patient is sent to hospital, the straw is immediately burnt, the bed-clothes removed, and the whole cell whitewashed, there being no other furniture in it to which contagion could attach itself. How under all these circumstances can it be explained, otherwise than by admitting the spontaneous origin of the disease, why Fever does not appear among the convicts until they become too numerous for their limited accommodation? When considered that the proofs of the very existence of febrile contagion, except in the exanthemata, are barely presumptive or probable, can we doubt that the facts now stated furnish strong presumptive evidence that ordinary Contagious Fever may be produced without the agency of contagion, by "crowding and deficient ventilation?"*

* It is scarcely possible to open a volume, written within the last century by an army or navy Physician, which does not furnish evidence of the facility with which diseases, not in their own nature contagious, may be rendered so by "crowding and deficient ventilation." Even the opinions of *such* men on *such* a subject ought to carry weight more than ordinary; as from the very defective state and bad construction of naval and military hospitals in former days, the medical attendants had opportunities for observation, such as we now (happily in these instances) seldom possess. Rouppe in his excellent treatise on the diseases of seamen, p. 96, maintains that contagion can originate under the influence of filth and want of ventilation, and he calls it "their own contagion," as being generated by them-

As in cases of this kind a single fact is worth a thousand arguments, I am happily enabled to give one of a decisive character upon the authority of an individual of unquestionable veracity and without motive to pervert the truth, who was herself the sister and nurse of one of the parties, and is still living to authenticate the facts I am about to state. A gentleman (if he can be so denominated) of some property, residing in a town of our northern province, was suspected of confining and otherwise ill-treating his wife: these rumours were for some time prevalent before any person ventured to interfere. At length two gentlemen, one of them a clergyman of the established church, roused by the nature and extent of the rumours, resolved to ascertain the truth, and having obtained the necessary authority from a magistrate, visited the house and examined every apartment for the wretched object of their humane search: at first in vain: at length a small closet door attracted their notice, and having insisted on its being

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selves and not received from others: "if," says he, "there be a great number of sick on board, though the disorders under which they labour be not contagious, but if at such times the air between decks be not well purified, the sick and healthy kept separate, cleanliness preserved as much as possible; if, I say, at such times the greatest caution is not used, the slightest disorders will breed the worst of contagions:" in speaking of diarrhæa and dysentery he adds, "but these disorders, as they arise from a general cause, usually rage epidemically in ships, and from being epidemical, unless great care is taken, soon become contagious." I might multiply similar observations without end from Hillary on the diseases of Barbadoes, p. 206; Zimmerman on Dysentery, p. 11 et passim; from Roederer, Pringle, and Hoffman; see Huxham, p. 82-3, tom. 2. de aere et locis: the last named author, in speaking of a Fever raging at Launceston, uses the remarkable expression, "*genita hæc in carceribus febris.*"

opened, both gentlemen eagerly entered, and as precipitately retreated: one was immediately seized with vomiting, the other (the clergyman) felt sick and faint. After a little, however, they recruited and called the wretched woman from her prison-hole, in which she had been for weeks immured. It was a small dark closet, without light or air except what was occasionally admitted through the door, and in it had this miserable being been left without change of clothes, stretched on a bed of straw amidst ordure and filth of every description. At the end of a week both gentlemen were affected by symptoms of febrile indisposition, were confined almost on the same day to their beds, from which the benevolent clergyman never arose: the other recovered with difficulty after a severe struggle. His sister who attended him night and day during the whole course of his illness, and from whom I received the above statement, has several times detailed to me the symptoms and progress of his disease: it would be impossible to mistake it, its character in every respect answering to that of the worst form of phrenitic typhus; the case of his friend and companion was in every thing similar, except in the fatal termination.* And yet the wretched

* Dr. Cheyne in his report on the Hardwicke Fever Hospital, inserted in the 2d vol. of the Dublin Hospital reports, states, p. 15, that "among such patients as were admitted early and were treated upon a strictly antiphlogistic plan, there were many instances of crisis on the third or fourth day, the disease appearing as febricula, or perhaps rather as an extended ephamera; and these specimens of mild Fever occurred even among those who came from houses which afforded us instances of the disease in its worst form: the disease, however, was fatal in a large proportion among such as came from houses which we supposed were infected, and in these persons relapses were very frequent. On the other hand, in many who

woman, who had lived for so many weeks in such an impure atmosphere, was free from disease of any febrile character during her confinement and continued so after her liberation. Will the advocate of exclusive contagion maintain that these gentlemen had been within the "infected circle," and had imbibed contagion before they had made their search, and that the offensive odour which assailed them acted merely as an exciting cause? Such an assumption could only tend to convince us that the doctrine of exclusive contagion is by right prescriptive possessed of the property of Procrustes' bed, so that if the doctrine does not fit the case, the case must be fitted to the doctrine. The only circumstance wanting to make the history just given conclusive on the point at issue is this, that no person, so far as I could collect from the narrator, had contracted the disease from either of these gentlemen: that however cannot constitute a valid objection to the inference obviously deducible from their cases, when we recollect how seldom Fever is propagated in private families, where ordinary attention is paid to cleanliness and ventilation.* If then

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denied having had any communication with patients in Fever the disease was attended with severe symptoms and ran the usual course. *In a word* the Fevers which we supposed arose from contagion, and those which seemed to originate in intemperance, cold, fatigue, &c. in which we could discover no trace of contagion, were so shaded into each other, that it was impossible by their symptoms to demonstrate any difference between them."

* My friend Dr. Murray of Cavan, to whose valuable communication I have more than once alluded, in discussing the origin of the Epidemic observes, that "when causes so adequate to the production of Fever existed so generally through Ireland, surely we need not, as some have done, look

in this instance and in that of the convicts Fever can arise from the combined influence of crowding, deficient ventilation, uncleanness and a polluted atmosphere, how much stronger must that influence be, when aggravated by famine and its direful consequences. The prevalence of famine, however, is by no means an essential pre-requisite either for the generation or spreading of Fever. Of this position abundant proofs are furnished by the progress of Fever in Dublin and Cork for some years previously to the commencement of the Epidemic. From the review already taken of the history of Fever in these cities it appears that in both places Fever began to advance after the peace of 1814, though in such different proportions (see p. 73 and -4) that at Cork Fever had doubled its number in 1816 as compared with that of 1813, whereas in Dublin the difference between the amount of Fever in these two years was very little, while 1815 was to either as 6 to 4 nearly. As all these years, with the exception of 1816, were years of plenty, the increased prevalence of Fever cannot reasonably be attributed either to the bad quality or *natural* deficiency of the food. How then are these facts to be accounted for ?

for its origin in the atmosphere, or attempt to trace it to a foreign source. Among the miserable sufferers from hunger, cold, wet, and all the afflicting and debilitating consequences of extreme poverty, did the present Epidemic appear to me to originate; and from them it was evidently caught by many of the higher ranks, who either by accident, business, or in the exercise of charity were brought within the sphere of their contagion. *I think I have clearly observed Fever in some cases to originate spontaneously in one member of a family, and soon to affect the others by contagion.*" Being well acquainted with Dr. Murray's habits of close observation I am disposed to place much reliance on any statement of this kind, coming from such a quarter.

My friend Dr. Barker, the soundness of whose judgment had fully qualified him for the solution of this or any similar problem had he not sworn true allegiance to the doctrine of contagion and submitted unconditionally to its *exclusive* sovereignty, has offered an explanation, founded on his tried attachment to that infallible guide: this explanation it shall be my business now to analyse. I have already given a summary of Dr. Barker's opinions respecting the Epidemic, which are that it originated on the continent and was produced by war; that it was diffused by contagion, and extended to these countries from our unusually great intercourse with the continent; and that its progress in Ireland was (merely) *promoted* by the scarcity of provisions and want of employment among the poor. Such being Dr. Barker's opinions respecting the Epidemic, we may easily anticipate his explanation of the previous encrease of Fever in Dublin. "Two causes" he says, "may be supposed to have given origin to the augmented prevalence of this malady, either an increase of the concurrent causes, or a more active contagion." He admits that the operation of the former may have had "some share in extending the disease," but he considers it highly "probable that contagion of more than usual activity has been its principal source since the year 1810. His reasons for so thinking are that new contagion is more active than the old, and that our intercourse with the continent was great at those times when Fever was most prevalent there and here. The first position may or may not be true without affecting the argument; though it cannot be too late to learn that contagion, like the seeds of the earth, requires a transplantation from other soils

to keep it in full force and perfection. To make any thing of the latter and more appropriate position it will be requisite to prove not only that such intercourse existed between the continent and those places where Fever prevailed, but that where the intercourse was greatest Fever was most prevalent, and also that in such cases no other causes were in operation adequate to the increased production of the disease. Now it appears to me, as I shall endeavour to shew, that Dr. Barker has failed to furnish the necessary proofs in support of these data, and that his high probability must therefore merge into a bare possibility.

The intimate connection between war and Fever is established by the same species of evidence which proves the connection existing between famine and Fever, and we shall hereafter have occasion to point out the similarity of means by which war, famine, and want of employment alike contribute to the production of that disease. That Fever prevailed since 1810 very extensively on the European continent through the agency of war and famine, has been proved by Dr. Barker, and will be readily admitted; and also that a great intercourse must necessarily have existed between the United Kingdom and its armies abroad. It is admitted too that at certain periods when Contagious Fever prevailed on the continent, the same disease became more prevalent in particular places in Ireland, and in other parts of the British empire. It is stated by Dr. Barker that after the fatal expedition to Walcheren in 1809, "among the 26,000 who sickened there, many *must* have laboured under infectious Fever and have conveyed it to these countries, to which they returned sick or convalescent in great numbers." With this presumed fact, though denied by Dr. Bancroft in his essay on Yellow Fever (p. 101), Dr.

Barker connects the "very considerable increase of Fever" in Dublin, Cork, and Waterford in 1810; and in like manner he connects the subsequent prevalence of Fever in the Peninsula and on the Continent with "a great increase of the disease in this city and in some other parts of Ireland."* "The preceding facts," he says, "prove *sufficiently* that Fever, originating in war and diffused principally by its agency, aided by famine, has spread over a great part of the continent. It is the same evil which has extended to this country, and has reached Glasgow and Edinburgh" and parts of England. We shall now put the validity of these positions to a double test, by enquiring whether Fever was most prevalent in those places in the habits of freest intercourse with the continent, and whether other *more probable*, if not more adequate causes may not be assigned for any unusual prevalence of that disease.

* The final struggle for imperial mastery at Waterloo having brought the war to a termination in 1815, Dr. Barker appears somewhat puzzled to explain upon his own principles the reduction generally observable in Fever between that year and 1817, a reduction rather incompatible with his inference that the Epidemic was produced by war on the continent. His solution of the difficulty consists in an insinuation that the reduction was more apparent than real. Thus, he says, "political events have prevented the attention to this subject, at present so desirable: dazzled with the splendors of war, we have overlooked its miseries; hence probably it arises that histories of the progress of Fever have either not been published, or the accounts have not reached us, and that an interval, *less productive of Fever than usual*, appears between the years 1815 and 1817; although we have no reason from the experience of this country to suppose that Fever had abated on the continent, for this is not its usual course." To compensate for this deficiency, however, he shews that Fever did prevail extensively in the spring of 1817 in different parts of Italy, as if such a fact could bear any relation to the existence of an Epidemic disease in Ireland at the same time.

As respects Ireland, it is well known that Dublin has had little or no direct intercourse with the continent, and that Cork has been the great naval and military depot of this country. Upon Dr. Barker's principles, therefore, it should follow that Fever originating, as he will have it, in foreign and of consequence *more active* contagion, must have been more prevalent in Cork than in Dublin: the reverse of this, however, I have already shewn to be the case, (see p. 73 and -4) and it is yet to be proved that the disease was diffused to a greater relative extent at those places in England, where the troops are usually disembarked, than in Dublin: this, however, if I am well informed, would seem not to have been the case.* In Waterford too, which is not to be compared with Cork in point of population and continental intercourse, Fever would appear for several years to have prevailed to as great a *positive* extent as in the latter city. Of Glasgow and London I shall have occasion to speak immediately, in discussing the next question whether other causes more probable

* In January 1809 the British army from Corunna was disembarked at Portsmouth and Plymouth, under very lamentable circumstances. Fever prevailed among the soldiers to a great extent, and though in this instance there was a direct unequivocal importation of contagion, yet it does not appear that Fever was thereby diffused through these towns or the vicinity, though "some contagion was kept up in the corps in their cantonments in different parts of the kingdom." See Edinburgh Medical Journal for January 1810. In July of the same year the expedition to Walcheren sailed, and though many of the soldiers, who had been ill of remittent Fever, were subsequently affected by contagious Fever, previously to and after their landing in England, yet it does not appear upon any authority that contagion was diffused among its people, owing, no doubt, to the great precautions taken. It would be truly surprising, therefore, that Dublin and other parts of Ireland, never visited by any of these troops, should derive from that source any encrease of Fever. See Edinburgh Medical Journal for July 1810.

and adequate cannot be assigned for any unusual prevalence of Fever since 1810.

By reference to the tables, p. 40 and 41, the reader can easily make himself acquainted with the positive and relative prevalence of Fever in some of the chief towns of Ireland for a period of nearly twenty years last past. In drawing any inferences, however, from these tables, the reader must hold in recollection that the Fever Hospitals, from the returns of which the tables referred to have been constructed, were all founded about the commencement of that period, and that it required a lapse of several years before the poor could be reconciled to the idea of taking refuge within them: on which account the positive progress of Fever cannot be deemed so great as it *appears* to be. The prejudices of the poor against these hospitals, so far as I can judge from the opportunities I possessed as Physician to the Meath-street Dispensary during four years, were not fully overcome until distress, arising from scarcity and want of employment in 1810, encreased the spread of Fever, and deprived the poor at the same time of the means of relief at home.* That year furnishes the first great ad-

* In the report of the Meath-street Dispensary for 1807, I find I have stated that of 64 cases of Typhus Fever under my care in that year, 45 or about two-thirds were admitted to hospital: it is added, however, that "the general proportion is not so great, as from the communications I have had with my colleagues it would seem as if less success had attended their efforts to induce the friends of the sick to permit their removal. The difficulties in our way are great, and the opposition at times so obstinate that, where the danger of propagating the disease was great, I have endeavoured to terrify them with the assertion that the rules of the dispensary did not allow me to attend any persons under Fever, who ought to go and who refuse to be removed to the hospital." Dr. Grattan too, in his report of the Cork-street hospital for 1815, states that "in the

vance of Fever in Dublin and Cork, an *advance* which Dr. Barker attributes to the importation of foreign contagion by the convalescent soldiers from Walcheren: Dr. Barker, however, here overlooks entirely the co-existence of very general distress from scarcity, a *cause*, the efficacy of which in diffusing Fever he himself does not call in question, and forgets too that there was to be found at all times in Ireland an abundant stock of *domestic* contagion, ready to act at a moment's notice in conjunction with famine or other predisposing causes.* In referring the encrease of Fever in Ireland,

commencement the hospital had much to contend with, and many difficulties to encounter, originating for the most part from the ignorance and prejudices of those for whose relief it was intended. To enter within its walls, as objects of charity, was at first even by the lowest ranks of society considered a matter of disgrace, while the idea of being removed to a Fever Hospital tended to encrease their reluctance, by exciting in their minds the most formidable apprehensions. Hence, rather than avail themselves of its advantages, numbers preferred remaining in their own dwellings, though destitute of every comfort, and perhaps altogether incapable of procuring the medicines necessary for their recovery."

* Dr. Barker has in this instance obviously violated that established rule of the Drama, "*nec Deus intersit, nisi dignus vindice nodus*," particularly as in demonstrating the connection between famine and pestilential fevers, he states that "in the years 1800 and 1801 a scarcity prevailed, and was attended by an Epidemic Fever of such extent in the south of Ireland, that he recollects to have seen unfortunate patients lying by the road sides." When the same cause existed in 1810 to account for the encreased prevalence of the same disease, what philosophical or other necessity need drive us to Walcheren or elsewhere to seek for that which could so easily be found at home; or did any peculiar concurrence of circumstances render that cause inadequate in 1810, which is admitted on all hands and by Dr. Barker himself, to have been abundantly sufficient in 1800?

My valued friend Dr. Gamble, (to whose solid judgment, extensive information, and correct views I am deeply indebted for many important

during the year 1810 and subsequently, to the greater production and diffusion of *domestic* contagion through an aggravation of its two great concurrent or exciting causes, *scarcity of food and deficiency of employment*, I do not mean to deny that infection imported may not, under favourable circumstances, give rise to Epidemic Fever, as it evidently did in the instance described by Huxham ; but before I assent to any assertion that it did so in this or any other similar case, I shall require evidence equally clear and strong as that adduced by Huxham ; more especially as we have it already in evi-

suggestions and much useful assistance in the conduct of this work) in his report of the Cork-street Fever Hospital for 1810, depicts in pointed and forcible language what appear to me to have been the true causes of the encrease of Fever in the metropolis during that year. "In the progress of this year," he says, "the prevailing Fever assumed an aspect so formidable, and a range so extensive, that great and well founded alarm was excited in many parts of Ireland, but especially in this city, where among the poorer inhabitants every cause, that in our climate and local position could combine to disseminate infection, existed in full vigour—an overthronged population depressed and debilitated by *want of employment and want of food*, enervated more or less by previous habits of intemperance, uncleanly in their persons and apartments ; of many the whole mode of life reckless or despondent : a gleam of joy, or even the tranquil smile of well-fed content is seldom seen to play on the countenance of the Dublin manufacturer, but at this melancholy period all was gloom : at the same time whiskey, that bane to industry, health, and morals, became on a sudden cheap and abundant ; and a culpable inattention to medical police was exhibited in the numberless depositions and collections of every kind of filth, in almost all the close situations where disease and indigence are concealed from passing notice." That the reader may judge to what extent the want of employment must have contributed to aggravate these powerful causes of Fever in Dublin, it is only necessary to mention that the Managing Committee of Cork-street Hospital state, in their report for 1810, that "a considerable diminution of the usual funds had been experienced from the *peculiar* situation of the community."

dence that other causes, abundantly adequate to the production and propagation of Fever, were acting at the same time in the particular case before us. Dr. Barker, notwithstanding a deficiency of the necessary proofs, roundly maintains that "the same evil which devastated the continent not only extended to this country, but also reached Glasgow and Edinburgh." An examination of the latter part of this position, more especially as regards Glasgow, must, in my judgment, satisfy any impartial enquirer not only that the position itself is untenable, but that the encrease of Fever in that place, as well as in Ireland was owing to a cause very different from that assigned by Dr. Barker. With respect to Glasgow we are furnished by Drs. Millar and Graham with accurate data upon which to argue, and on this account I shall limit the present question to that place.* From their pamphlets on the late prevalence of Fever in that city we find that the number of patients under that

* In Edinburgh, singular as it may seem, there is no record of the number of Fever patients annually received into hospital previously to 1817: the number of deaths *only* from the disease being stated. In 1815 and -16, the deaths were 12 in each year. In 1817 there were 478 patients under Fever admitted into the Royal Infirmary, of whom 33 died: in 1818, 1497, of whom 75 died, and in 1819, 997, of whom 30 died. Upon such scanty documents it would be impossible to make any calculation of the past and present state of Fever in Edinburgh.

disease, admitted to the Royal Infirmary since the year 1803, have been as follows :

Year.	Adm ^d .	Year.	Adm ^d .
1803	... 85	1811	... 45
—4	... 97	—12	... 16
—5	... 99	—13	... 35
—6	... 75	—14	... 90
—7	... 25	—15	... 230
—8	... 27	—16	... 399
—9	... 76	—17	... 714
—10	... 82		

By this statement it appears that Fever did not exceed its ordinary rate in 1810 ; that during the three subsequent years it was considerably below it ; and that having risen to its usual rate in 1814, it nearly trebled its numbers in 1815, and continued still further to advance in 1816 and —17. Is this advance, commencing in 1814, to be attributed to contagion imported from the Continent ? Where is the proof of intercourse ? Is it good medical evidence, or is it a fair logical inference, that because Fever prevailed on the Continent and at Glasgow about the same time, and because some intercourse might have taken place between them, therefore the contagion was brought from one to the other ? If the inference be well founded in 1814 it will be for Dr. Barker to explain why this continental contagion, which, according to him, gave rise to the general encrease of

Fever in Dublin and in Ireland generally in 1810, produced no sensible effect on Glasgow till 1815, and also why, whilst Fever was advancing in Ireland during the intermediate years, it was on the contrary declining at Glasgow. The solution of these difficulties, not to be attained through the instrumentality of foreign contagion, may, I should think, be more fully accomplished by a more adequate and better established agency. That agency may be found in the unparalleled state of distress and despondency to which the landed proprietor, the agriculturist, the mechanic, and all who were in any way dependent on their labour for support, were reduced by the peace of Paris in 1814, the injurious effects of which were at that moment still further aggravated by the war with America. The shock produced by these events at once threw out of employment and reduced to the state of paupers many thousands of the different classes of persons previously employed in productive labour, as well as an immense number of soldiers and sailors. Hence the partial advance of Fever in 1814, and the still greater advance in 1815, particularly at Glasgow, so celebrated for its many and various manufacturing establishments. This encrease of Fever consequent on the peace is most observable in those places the prosperity of which mainly depended on the continuance of war, ensuring as it did to them the almost exclusive possession of the foreign and home markets, as at Glasgow, Manchester, and Cork. London, which was less dependent on the war for the employment of its inhabitants, and yet must have carried on a more constant intercourse with the Continent than most other places, experienced no great encrease of Fever till the year 1817, when the greater frequency of the disease

must be attributed to the same cause which rendered it Epidemic elsewhere, the *scarcity and bad quality of the food*. In Ireland, and in Dublin more especially, other causes conspired to give greater and earlier prevalence to Fever than in any other part of the United Kingdom. These causes were an encreasing pauper population, and a decreasing demand for labour, owing to circumstances, which in discussing the primary causes of the disease we shall more particularly advert to.

As it must appear by the preceding statements that war, famine, and want of employment for the poor are the great instruments for propagating and engendering Fever, I shall endeavour to point out the mode in which these agents operate in exciting febrile contagion. To excite Contagious Fever in the human system within the temperate zone it is only necessary that a number of individuals should be brought and kept together within a confined and limited space, or in other words, that there should be a crowding of human beings with deficient ventilation, continued for a period of time of greater or less duration, according to the degree or extent of the preceding conditions, and according to the aid afforded by other concurring circumstances, as want of personal cleanliness, general filth, deficient or improper nutriment, despondency of mind, &c. &c. The facts already detailed may perhaps suffice to prove, at least, the greater probability of this position, than of that which maintains contagion to be the *sole* immediate cause of Fever. Could authority decide a question of the kind the strongest might be adduced in its support, the authority of persons, both in ancient and modern times, conversant with the disease in the army and navy, and

familiar with all these circumstances which in the field and in the hospital contribute to its production.*

The influence of war, of famine, and of the want of employment in engendering febrile contagion appears to me to consist in the power of these agents to produce those immediate and predisposing causes, which we have shewn to be capable of exciting disease possessed of that property. Each of these agents is well calculated to induce depression of mind and debility of body, to force together a multitude of wretched beings within very limited space, under circumstances which disable them from attending to ventilation, and from procuring the ordinary comforts or mere necessities of life, and render them negligent both of personal and external cleanliness. War necessarily congregates a number of individuals, who within the course of a few weeks may be placed under every possible variety of changes, whether of fortune, means of subsistence, accommodation, of climate, and of weather: alternately victors or vanquished, enjoying luxuries in indolence, or submitting to privations of every kind under excess of fatigue,

* In a note to p. 33, I have already referred to some authorities of more ancient date on this subject. I will now adduce one or two modern authorities, which must be admitted to possess some weight. Sir James MacGregor, in his report of the diseases of the army (in the Peninsula) mentions that Sir John Pringle, in enumerating the causes of mortality in the army, has represented hospitals themselves as one of the *chief* of them, and "very justly," he adds, "as it is conformable to all medical experience that when large bodies of sick are brought together disease is frequently aggravated, and *contagion sometimes generated*." Sir Gilbert Blane too, a veteran in naval medical experience, states in his report on the health of the navy, that "the infection of Fever is generated by the breath and perspiration of men,

well lodged one day, without shelter the next; crowded often through necessity or choice within a narrow space; if sick or wounded, crammed into defective or inconvenient hospitals; besieged or besieging, and in either character exposed to every vicissitude and to every want; compelling the inhabitants of the country, in which the operations of war are carried on, to desert their peaceful occupations and to crowd the towns under distress both of mind and body, and under those other afflicting circumstances which so constantly give rise to Fever.*

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crowded for a length of time in confined air and without the means of personal cleanliness." He adds that even in the last years of the late war there occur in the Surgeons' Journals some examples of Fever being *generated* and propagated in ships to a great extent. In a 90 gun ship, *cruising* in the channel in 1805, there occurred 117 cases of Fever, five of which proved fatal." (See Medico-Chirurgical Transactions, vol. 6.) The Edinburgh Medical Journal for July 1810, in reviewing Davis and Dawson on the Walcheren Fever, states that "the disease is not contagious in itself, but is liable to assume that new form of Fever, wherever ventilation is defective, the patients crowded, or where other local causes of impurity prevail. This was strikingly proved at Flushing, where the accommodations were bad, confined and crowded, the ditches foul and obstructed from the consequences of the siege, and the streets filthy from imperfect police." Numerous statements of a similar character might be added from persons possessed of the best opportunities for estimating the circumstances under which Contagious Fever arises. We are now well aware that the appearance of Contagious Fever has been prevented on board ships (even transport ships) on long voyages by attention to cleanliness and ventilation, though crowding could not be avoided.

* A well written paper in the 7th vol. of the Medico-Chirurgical Transactions, part 2d, by Mr. Bacot, is admirably calculated to convey an adequate idea of the sufferings endured by soldiers on service, and of the circumstances under which Fever appears amongst them. That pa-

The influence of famine is equally powerful and characteristic: necessarily producing such crowding of the poor and such deficient ventilation of their dwellings, as seldom fail to excite Fever under the aggravating combination of despondence, want, and uncleanness. The moment a scarcity of food is felt, more especially if accompanied by any deficiency of employment, the poor of the country, particularly of mountainous and other districts where the wealthier population is scanty, rush towards the cities and towns in search of employment and of food: there they occupy the lowest description of lodgings, waste houses, or the most wretched hovels: if unable to procure a sufficiency of food by their labour or by begging, they pawn or sell their furniture and clothing, aggravating by this temporary relief their future sufferings. Thus are they brought together in

per gives the medical history of a battalion of the Guards in the Peninsular war during the winter of 1812-13, a *history* illustrative of those "fatal diseases, Fever and Dysentery, which, without exaggeration, may be said to be infinitely more destructive to an army than the sword of an enemy." Mr. Bacot concludes his simple and affecting detail by the following observations: "without entering into the arguments upon the much contested subject of contagion, this was the second time that it fell to my lot to witness the ravages of Fever ensuing on service of extreme rigour and privation. As far as I can collect from others or from my own experience, a Fever of the typhoid character is the usual consequence and always makes its appearance in a greater or less degree at the termination of such campaigns as I have attempted to describe. How far this may countervail the opinion, maintained by some, of its being *always* the result of a specific contagion, I do not take upon myself to decide." That opinion, however, which Mr. Bacot seems inclined to adopt is the opinion maintained by almost every writer, whether of modern or of ancient days, possessed of similar opportunities with himself of seeing Fever on a large scale, and of observing the circumstances under which it usually arose.

great numbers and crowded into filthy and unventilated abodes, unfit for human beings: the nakedness of the inmates compelling them in inclement seasons to lie huddled together for the sake of warmth, and to exclude by every means every possible access of the external air.* In this way it is that famine and fever are so intimately connected; not, indeed, directly but indirectly. In the same way, though in a lesser degree, are Fever and want of employment related; for as famine presses on the whole pauper population of a country, so want of employment affects a portion of that population, while the community at large are in the lat-

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* Dr. Francis Rogan, to whose very accurate statements respecting the late Epidemic as it appeared at Strabane I have already referred, thus describes the crowded condition of that town and its effects, in his Inaugural Dissertation, published after having for some years previously practised as a surgeon in that neighbourhood: "*Ubi hyems (anni 1816,) tandem accesserit, permulti pauperum, præsertim monticolæ, sedibus relictis, ad oppidum, fame et frigore coacti confugerunt. Stipendiis frustra quæsitis mendici sunt facti; et paulo postea oppidum adeò iis refertum fuit, ut stips perexigua unicuique data nequaquam suppetierit. Quidam inediâ dirâ pressi spiritum extremum miserrimi efflarunt, et complures, proculdubio, succubuissent, nisi oppidani benevoli officinam publicam constituissent, amplius mille hominibus juscule quotidie alendis accommodatam.*" We cannot be surprised at his adding that in the course of a few months, "*Ædibus amplissimis unis mendicis refertis, pestilentia quosdam ibi habitantes adorta est; quo factum est ut febre perquam incremente, valetudinarium omnibus correptis accipiendis et rite curandis impar extiterit.*" Dr. Rogan concludes his judicious Dissertation by the following observation: "*Talis est Hibernorum conditio, ut quoties Cerere deficiente aliundève pauperibus stipendia mereri non liceat, non nisi emendicando victum sibi quærere possint. Ad urbes et oppida inter hæc confluant necesse est; non enim alicubi auxilium quæsitum comparare sibi queunt: nec mirandum, tam ingentem infeliciam multitudinem, squalore foedatam, inediâ confectam, pestilentiam exitiosissimam accendere.*"

ter instance much better enabled to relieve their wants. Though provisions be plentiful and good, yet if deficiency of employment deprive the poor man of the means of purchasing food, he is so far placed in the same situation as if famine prevailed, with this difference merely that the food he can procure is not unwholesome: in other respects the same effects arise; mendicancy, crowding, deficient ventilation, uncleanness, despondency, &c.*

After this loose and general discussion of the causes in which Contagious Fever, whether in its endemic or

* Dr. Barker, in his report so often quoted, admits the nature, though he denies the tendency, of the effects arising from famine and want of employment, the immediate result of both being extreme poverty. "Its effects of crowding the poor have been witnessed (he says,) but too frequently by the Physicians to the Fever Hospital who have often found from 8 to 12 persons occupying a room not exceeding from 8 to 10 feet square, and this most frequently in places, where little or no rent is paid for lodging. In such cases the most miserable hovels, unfit even for the lower animals, became the abode of human beings." "Personal cleanliness and ventilation in such circumstances are either neglected or become impracticable." "And as to cleanliness in the dwellings of the poor, where many families occupy the same house, sometimes the same room, the feeling of a common interest on this subject can scarcely be expected from them, borne down, as they are, by the pressure of other more immediate wants." The imperfect ventilation of their dwellings is also either consequent on their original structure or is a consequence of the poverty of the inmates. Houses built without any back windows, as they now frequently are for the poor, must be very imperfectly ventilated; where such windows have existed, they were generally closed up to avoid the tax and though an exemption might be procured on application to the Commissioners of Revenue, yet such an application is too troublesome for the poor and even if successful, they are unable to afford the expense of a new sash. In such houses Fever most generally prevails. For an excellent description of the state of the habitations of the poor in Dublin, see the Rev. Mr. Whitelaw's Essay on its population, and also the first Report published by the Physicians to Cork-street Fever Hospital.

epidemic character, originates, I may now venture to express not so much my opinion as that of the great majority of the physicians of Ireland, that the leading causes of the late Epidemic were FAMINE AND WANT OF EMPLOYMENT, and that these causes operated as well by the direct production of contagion, as by rendering the wretched sufferers more susceptible of the influence of that agent. The diffusion of the disease was, no doubt, owing principally to contagion, not, indeed, of foreign but of domestic growth, acting on the general susceptibility of the great mass of the population, and assisted by various concurrent and reacting causes, such as mendicancy, the coldness and wetness of the seasons, want of fuel, together with some peculiar habits and customs of the Irish people.* A review of the preceding history of the Epidemic may serve

* Dr. Barker, in his official report to government, has in describing the state of the county Kerry well depicted those general circumstances of the whole country under which Fever was generated and diffused. "The condition of the people of this county," he observes, "greatly *furthered* the progress of disease." This may be inferred from the following report of their circumstances when Fever became Epidemic: fuel scarce and dear; farmers generally failing in consequence of the change from war to peace; beggars passing through the country in crowds, seizing on provisions; great deficiency of employment, and scarcely any manufacture in their towns; the want of food so pressing, that seed potatoes were taken up from the ground and used for the support of life; nettles and other esculent wild vegetables *eagerly* sought after to satisfy the cravings of hunger; influx of strangers to such a degree that it was emphatically said, "the whole country was in motion," and female mendicants often carrying about in their arms children suffering from Fever; it was reported to me that a husband, wife and five children, were seen walking in the streets of Killarney, all labouring under Fever. Spreading of disease was under such circumstances inevitable, and its progress was furthered in no small degree by general despondency and by neglect in the persons and dwellings. It extended through families almost universally; and such was the conviction of its contagious nature, that the ties of family affec-

to convince us that I have not mistated the real causes of this Epidemic disease. The map, prefixed to this volume, and the table p. 7, shew that Fever began to *exceed* its ordinary rate in those places first where famine and want of employment were most severely felt, and that in such places and under such circumstances it was most prevalent and fatal. Thus famine having been earlier and more severely experienced in the mountainous districts of our northern province, Fever was there proportionably both more fatally and extensively prevalent: Munster suffered more than Ulster from the *combined* influence of famine and want of employment and there accordingly the Epidemic continued longer and committed greater ravages than elsewhere, the manufacture of linen having enabled the poor of Ulster to make better provision for the winter of 1817, than the south or west of Ireland could do. In Dublin and in other parts, where great efforts were made to provide employment and wholesome food for the poor in the winter of 1816, no Epidemic appeared till the autumn of 1817, when the contagion was evidently introduced, while in all those places where things were allowed to take their own course, the dis-

tion were in some instances dissolved and the nearest relations, when seized with the disease, were forced out of the cabins into huts, generally placed by the road side, to prevent infection and obtain charitable relief." The other circumstances to which the diffusion of the Epidemic may be attributed are the weekly markets and fairs to which the Irish farmers and labourers constantly resort; and also the wakes and burials of the dead, ceremonies by this people most scrupulously observed. "The horrors of the plague, (said Mr. Peel, our late Chief Secretary) suspended those ceremonious attentions to the dead, to which Athens was so strongly attached; but the people of Ireland could not depart from their ancient custom of honouring the memories of their deceased countrymen, even in the midst of danger, infection, and death."

ease arose simultaneously in the most distant parts of the same province, and then to all appearance spontaneously.* This simultaneous appearance of the Epidemic, so remarkable in the spring of 1817, supplies strong presumptive evidence *for* the spontaneous and *against* the foreign origin of the disease, and a reference to the "General Views of the Epidemic" in the different provinces must satisfy us, that the great body of the Physicians of Ireland never considered foreign aid necessary to excite this evil.

As to any peculiar condition of the atmosphere being necessary to the general diffusion of Fever, I have perhaps said enough on that subject (see note p. 142) to satisfy any reasonable enquirer, that so far as regards any manifest or ascertained property of the air, every possible diversity may exist both antecedently to and conjointly with Epidemic Fever; and it is obvious, that, if we allow ourselves to talk of any unknown or supposed property of the atmosphere as essential to the propagation of an Epidemic, we may as well

* There was one portion of the island in which the Epidemic made little or no progress, so far as I have been able to collect, until late in the year 1818. I allude to the coast of Ireland generally, but more especially to such parts of it as did not abound in large towns and as possessed a good fishery, by means of which the inhabitants were supplied with employment and with food far more wholesome than they could otherwise procure, and were protected against the spontaneous generation of Fever, though they could not ultimately prevent its introduction among them.* Such parts of the coast or of the interior of the country as were low and marshy and the inhabitants of which were, therefore, subject to intermittents, were exempted from their ordinary agues during the Epidemic season, but not from Epidemic Fever: or if their complaint commenced with ague, it terminated in Fever.

* In some places, as along the southern coast where the fishery had been less productive than formerly, the fishermen were reduced to the necessity of begging, and in these places Fever never failed to prevail. See note to p. 5 for an account of the exemption of Wexford and Dingle.

cease at once to reason on the subject. We know that the Epidemic seasons of 1741 and 1817, differed as much as was possible in the manifest properties of the air, but that they agreed in one common result, that of a bad and deficient harvest: we know also that during the three years of the late Epidemic every possible vicissitude of weather prevailed without exerting any obvious influence on the disease: and I should think under all these circumstances, that the most scrupulous judgment may, upon reviewing the history of the atmosphere for the years 1816-17-18 and-19, be satisfied, that though the Epidemic itself prevailed only during the last three years, its foundation was yet laid in the weather of 1816, and that the influence of that weather was, therefore, as Rutty plainly states it, not “primary, but consequential, in corrupting and spoiling the fruits of the earth.”* Though this “*consequential*” operation of

* Though the existence of any peculiar constitution of the atmosphere, as essential to the spreading of Epidemic Fever, may on these and other grounds be reasonably called in question, there is yet one circumstance, which would seem to give some plausibility to the idea of atmospheric influence; and that is the fact of the almost *simultaneous* and *apparently spontaneous* decline of the Epidemic in the various and most remote parts of Ireland, notwithstanding every diversity of management for effecting its suppression. It is no easy matter to offer a satisfactory explanation of this circumstance: some general cause must, no doubt, have influenced the subsidence of the disease, and yet that cause could not be atmospheric, inasmuch as the decline, though it might be said to be simultaneous, was not sufficiently so to admit of that explanation. In the north of Ireland, for example, the disease abated very generally in the spring of 1818, and subsided very completely before the close of that year: whereas in the other provinces the decline did not commence till the close of 1818, and was not very decided till the spring of 1819. Besides, if we admit atmospheric influence in the decline, we must admit it also in the commencement of the disease, in which case the objections are still stronger, as

the atmosphere be, unquestionably, the great source of Epidemic Fever in Ireland, it is also probable that some of the obvious properties of the air, such as its excessive wetness, coldness and heat, may exert some more direct influence in assisting to diffuse Fever by the immediate effects on the human system ; on which account it is that the deficiency of fuel, so severely felt during the years 1816-17 and-18, may be admitted as a concurrent cause of the Epidemic, that article being essential in counteracting the influence of moisture and cold, the then predominant properties of the atmosphere, and also necessary for preventing the crowding of apartments and their diminished ventilation, evils submitted to for the purpose of obtaining warmth.—The influence of a “redundant” population will be considered when we discuss the primary causes of the prevalence of the disease in Ireland.

After this review of the leading causes of Epidemic Fever, and after the preceding exposition of the different views entertained by Dr. Barker and by me on the subject, it must appear that we agree in considering famine and want of employment as the great predisposing causes of the late Epidemic, and that we view contagion,

there was an interval of several months between its commencement in different places. The true explanation is, perhaps, to be found in the gradual improvement of the condition of the people from encreasing employment and more plentiful harvests, and also in the diminished susceptibility of the poor to the influence of contagion : that diminished susceptibility being referable as well to the effects of habit, as to the decreasing force of the predisposing causes ; we know that the medical attendants and nurses of Fever Hospitals, after suffering, perhaps, repeated attacks of the disease, are at length seasoned against the powers of contagion ; in the same way a whole people may become less susceptible of contagion at the moment when it is most extensively diffused.

in conjunction with them, as the chief source of the diffusion of the disease: we differ, however, as to the competence of these predisposing causes to generate Fever independently of contagion; and also as to the agency and introduction of foreign contagion, which I consider very improbable and so very unnecessary in accounting for the production of the disease, that I entertain not the smallest doubt, it would have occurred to as great an extent even though Ireland had been placed under the strictest quarantine, or though a single case of Fever had not existed in any other part of the globe. It is indeed my firm conviction, founded as well on my own observation as on the experience of others, that Contagious Fever is a disease which, though extinguished and with it every "infected circle" or fomes destroyed, may readily be revived under that combination of circumstances already described, a *combination* which it is not in the power of man ever effectually to prevent. In this respect, and in this only, it is that I dissent from the motto prefixed to my work, and that I conceive the great difference to exist between the contagion of the exanthemata and that of Typhus Fever. The exanthemata affect the human system, generally speaking, but once during life; the contagion of Typhus may and does assail our existence more frequently, though habit to a certain extent renders us ultimately more or less insusceptible of its action. Another great and obvious difference between these diseases consists in the liability of Typhus to a relapse, a circumstance unknown in any of the genuine exanthemata. Let nature or medical treatment bring to a successful termination any disease *known* to arise from contagion *only*, that disease cannot then be recalled or revived by any imprudence on the part of the patient; the reverse we all know to be the case with respect to Typhus Fever; after a distinct attack of which disease

the patient may relapse again and again, whether from impropriety of regimen under any form of the disease or from its own natural tendency in certain cases. The exanthemata, too, prevail epidemically at irregular intervals without the aid of concurrent or predisposing causes other than the supply of subjects never previously attacked by these specific contagions; whereas Typhus Fever requires for its diffusion the co-operation of certain causes, which, when they exist, scarcely ever fail of bringing that disease in their train. With these great and obvious differences existing between the Exanthemata and Typhus Fever, shall we force an analogy in order to conclude, that both alike *require* contagion for their production? Can we, "short sighted mortals," be justified in pronouncing with Dr. Bancroft a "decided opinion, that specific contagions are each and severally *creatures of divine wisdom and power, as distinctly and designedly exerted for their production, as it was to create the several species of animals and vegetables around us?*" Are we, as presumptuous metaphysicians, to ascend to the FIRST CAUSE, and to declare its intentions and views? The laws of nature are not thus to be promulgated, nor can we thus arrive at truth: for if we travel beyond facts and the incontrovertible inferences deducible from them, we become involved in an inextricable labyrinth, and are as "the blind leading the blind."* I shall therefore avoid such dangerous

* Dr. Bancroft, ably as he has argued the general subject of his Essay, will find it no easy matter to explain certain inferences deducible from his own metaphysical positions, or to answer certain queries connected with or arising from them. As the "specific contagions" were according to him, as much the results of direct acts of creation, as the several species of plants and of animals, and all of them the works of "divine wisdom and power;" were they, I would ask, created at one and the same time

metaphysical flights, and coinciding, as I do, in opinion with a late excellent writer on the influence of tro-

with plants and animals, and the diseases, thus derived from our first parents, transmitted to their posterity for wise and beneficial purposes? If so, how happens it, that many or all of these diseases were unknown on the continent and islands of the new world, until introduced from the old? How and when too, I would ask, was the contagion of the Venereal disease first formed? Surely not with our first parents; or, can we believe that such a disease existed in the days of Horace, of Juvenal or Persius, satirists who never hesitated not only to make the most obscene allusions, but to introduce the most obscene expressions, and who would have delighted in descanting on such a theme?—When and where is the goddess Venus reproached by her votaries for the infliction of such a punishment? It is monstrous and absurd to maintain the aboriginal creation of this disease, and the only resource, therefore, left to the metaphysician must be, that the specific contagions were acts of creation, long subsequent to that of the first inhabitants of the world, and *inflicted as punishments*.—If so, why was the new world exempted, or why are, not only individuals, but whole families insusceptible of their action?—Is it not a more rational view of the question to suppose that these contagions were the results of some extraordinary combination of circumstances, than of miraculous interference? And is it not consistent with just views of the moral government of the world to suppose that Contagious Fever, differing, as it does, in so many respects from the Exanthemata, is the natural result of physical combinations, and given both as *punishment* for permitting their existence, and a *stimulus* to prevent it.

The following jeu d'esprit, attributed to the pen of an intelligent and benevolent Quaker, is strongly illustrative of my views on this subject: the article itself appeared in the Dublin Evening Post during the prevalence of the late Epidemic.

"To the people of Ireland.—Whereas, it has been falsely reported, that, yielding to the solicitations or threats of several medical and other gentlemen, I had consented to quit this country and abandon the great objects of my mission; to obviate the dangerous consequences resulting from the propagation of such falsehood, I HEREBY GIVE NOTICE, that, so far from consenting, I cannot leave this Island until my work be fully accomplished.

"I will visit and revisit the habitation of sloth and filth, until men learn to appreciate the unbounded blessing of pure air and water. I will take a fast hold on the rags of the idle vagrant—I will appoint the beggar

pical climates, that the doctrines maintained by Drs. Bancroft and Barker "cannot answer a single useful purpose," I shall content myself with the humbler walk of the naturalist, whose province it is simply to investigate the *works* of the Supreme Being.—But I must hasten to bring this long discussion to a close, and to turn my own and the reader's attention to points of greater practical utility.

The advocates of exclusive contagion, while they contend that contagion alone can produce fever, are forced

my agent to disperse the seeds of disease, that those who encourage idleness may partake of its effects. Without the gates of the hospital I wield my deadliest blows, that the people may at length learn wisdom—idleness, dirt and improvidence, and not men, are my enemies.

"Nevertheless, I will visit even the cleanly, the industrious, and the provident with my chastisements, when they permit my enemies quietly to establish themselves in their neighbourhood.

"Nobody shall be considered neutral. Whoever is not actively engaged on my side I count amongst my adversaries, that they may be made to acknowledge the poor as their brethren—that they may, at least, understand how it is their INTEREST to love their neighbour as themselves.

"Mere subscriptions to hospitals will in no wise purchase an indulgence from me, nor any thing short of persevering activity, aided by precept and example, in promoting neatness, comfort, and industry amongst the Poor.

"And, since my practice of sometimes stepping aside on the approach of a physician or an hospital has oftentimes given rise to erroneous conclusions, I must recal to the observation of the public the fact, that wherever the first solemn warning is disregarded, I generally return upon the family so offending, with a force which no human skill can ward off.

"Notwithstanding all the suffering which I necessarily inflict, let no man believe those interested persons, who impute to my efforts any degree of 'malignity,' they do but deceive them and wrong me. My mission is one of purest love and good-will to men, in which spirit I publish this advertisement, and subscribe it

"TYPHUS."

to admit, that without the aid of certain concurrent or predisposing causes it can never render that fever epidemic: as these causes are, therefore, even in this view of the question, essential in the production of an Epidemic, I shall at once proceed to a consideration of the means necessary for obviating or removing those predisposing causes, being satisfied that by accomplishing that object we shall cut off the great sources of contagion, and avert, if not any future, at least any destructive visitation of a similar disease.*

In considering this, not the least important part of my subject, I propose to limit my views altogether to Ireland; in treating, therefore, of the predisposing and concurrent causes of Epidemic Fever with reference to their removal or abatement, I shall merely take cognizance of such as appear to possess peculiar weight in the production of that disease in this country. Before I enter on an investigation which concludes my present labours, and to which from the commencement of this undertaking I had looked forward with anxious anticipations both of pleasure and pain, I regret to state that imperious necessity compels me to refrain, at least for the present, from so full a consideration, as I could wish, of those primary causes which render Fever prevalent in Ireland, and a right understanding of which is so requisite to enable us to devise or suggest any feasible

* The means of extinguishing any existing Contagion are so fully detailed in the 2d Report of the Sub-Committee of Health, (see Appendix No. 2.) that I deem it quite unnecessary here to touch on the subject otherwise than in referring to that report.

means for obviating the predisposing and immediate causes of that disease.*

It has been stated that contagion is the *great* immediate and general source of Typhus Fever, and that war—famine—want of employment—uncleanliness, personal and local—unventilated dwellings and crowding are the causes which, if not competent to give rise to Contagious Fever, are, at least, those which can alone diffuse it epidemically in any country. It is not denied that Ireland has suffered, and does suffer more severely from this form of disease than any other country in Europe, though for more than a century it has been exempt from one of the most prolific sources of that disease, *war*. Why is it, then, that Ireland should thus be afflicted? Simply because she is and has been more exposed to the influence of the other predisposing and exciting causes; *causes* greatly aggravated, in the opinion of many, by her redundant population. Here again

* The necessity which compels me to bring this subject to a hasty and imperfect conclusion must be deemed a valid excuse, inasmuch as it arises from serious threatenings of ill health. This work, the labour of which no person conversant with such a task will estimate by its mere bulk, has been unavoidably composed during hours stolen from sleep, a practice which cannot long be continued with impunity. After so much labour under such circumstances, and regretting as I do the necessity, if not, of desisting at this point, at least of curtailing my observations, I cannot avoid exclaiming in the words of the poet:

“ Quid nocte conseruisse diem,
Quid pauca dedisse quieti tempora,
Si semel *hic* standum est ?”

Should the public judgment, however, demand at any future period another impression of this work, it shall be my study to supply that deficiency which in the present edition necessity has caused.

arises a series of other questions, which, if not difficult, are at least, not very agreeable in solution. Why is it that Ireland, blessed with the richest soil and the most temperate climate, abounding in natural wealth and in every convenience for tillage, manufactures and trade, and annually exporting an immense redundancy of grain, of sheep, and of black cattle, should yet suffer more severely from *famine* than the countries she supplies, and that her inhabitants should experience such want and misery? Why is it that such *want of employment* should exist? Why such uncleanness in the persons and habitations of her people? Will it be said that these are questions not within the province of the physician, but of the statesman or statistical enquirer? Unquestionably, it is the province of the statesman to obviate these evils, but it is not less the province of the physician to investigate them, if it constitute any part of his duty to trace the causes of disease through all their ramifications, leaving it to the statesman to devise the best means of removing them. To what useful purpose would it tend to trace the great frequency and epidemic prevalence of Contagious Fever in Ireland to the poverty, wretchedness, uncleanness, and idleness of its inhabitants, unless we advance a step farther and enquire whence originate that state and these habits?

This enquiry, without which any investigation into the causes of Contagious Fever in Ireland must be futile, might be cut short could we subscribe to the philosophic and enlarged views of the Irish Medical Board, which announced to a Committee of the House of Com-

mons that “the *cause* and *continuance* of our poverty are mainly to be ascribed to a rapidly encreasing population;”* from whence of course we must infer that the density of our population is incompatible with their prosperous or comfortable state, and that to remove poverty and its consequent evils (amongst which Fever is not the least prominent) that population must be thinned : (see the address to Mr. Grant, p. vii). But is our poverty, and consequently our Fever, to be ascribed to a rapidly encreasing population? Does the History of Ireland say that poverty and Fever have been encreasing with our encreasing population? Quite the contrary; for poor and wretched as we are we were more poor and more wretched at any given period since the reign of Elizabeth to the commencement of the late war, when that temporary stimulus gave temporary prosperity to our agriculture, and a proportional encrease to our population. If we are to credit history there could scarcely have existed a more wretched or more impoverished people than the Irish, at periods when their numbers were not a fourth of their present amount. Was Fever at these periods less prevalent amongst them? Not so, if we are to credit our medical historians Boate, Rogers, Rutty, and O’Connell. Was Epidemic Fever less extensive in its range and less destructive in its ravages? Quite the reverse, if the same testimony be admitted; for in the Epidemic of 1741, one at least in every 25 perished, whereas the calamity through which

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* See p. 59 of the Appendix : in the passage referred to there should have been inverted commas after the word “stationary.”

we have lately passed, however aggravated by our "redundant" population, did not cut off 1 in every 100. Must we not therefore recognise other causes for the production and continuance of Irish poverty and disease more adequate than the rapid encrease of our population? Why should that population be designated as redundant, for which adequate employment may be found, and for which an abundant supply of food can be provided by its own soil? Admitting for a moment that Ireland's population is redundant, and that poverty and Fever have consequently ensued through a deficiency of employment, is it easier to thin that population, or to devise new and improve the old sources of employment? To use the words of the noblemen and gentlemen of the county of Kilkenny, associated for the promotion of agriculture, fisheries, manufactures, and commerce, it may be asked "have we exhausted the resources of Ireland?" May we not answer as they do, "no; we have exhausted none: some we have not even tried: *any one* of the great objects we have associated to promote, would, if duly cultivated, furnish employment for almost all our idle hands," and all of them, "under due encouragement and judicious management, might provide adequate employment for double our present population." "Let us therefore," they infer, "fearlessly pursue this track, assured that population, like the water of the great deep, will ever find its own level; and that countries, once the most populous and flourishing, have become deserts not through any natural deficiency of food and employment,

but through the follies, vices, and mismanagement of man."*

Presuming, therefore, that the true statesman cannot be deceived as to the real influence of population upon

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* The population of any country, let it rate as it may, must be considered too great for which there does not exist, or cannot be found adequate employment through legitimate and natural channels; in this point of view the manufacturing population of Great Britain may be deemed redundant, and in Ireland that which consists of mere agricultural labourers; each of these two classes having been disproportionably augmented through unnatural excitement. Between the two cases, however, there is a great and important difference, not merely in the nature of the stimulus, but also in the powers of each country to remedy the evil. The war from its peculiar character was a stimulus common to both, encreasing the manufactures of one country, and the agricultural produce of the other, and by its cessation, seriously affecting the prosperity of both; for a season only, as it is to be hoped, affecting Ireland; for a longer period, however, if not permanently, it is to be feared, affecting Great Britain. A stimulus of a different description has been also actively operating for upwards of forty years in augmenting the class of agricultural labourers in Ireland, as well as in producing evils of a different character; I allude here to the consequences resulting from the admission of Catholic freeholders to the elective franchise, a measure, which however just in principle, has in practice been injurious to the morals and prosperity of the country. One great evil, to which Ireland had for ages past been exposed, chiefly from the want of capital, was the sub-division of the land among "*small*" farmers, to the serious injury of its agriculture, and the consequent poverty of the tenants: that evil was encreased an hundred fold by the opportunity, afforded to *ambitious* landlords by the above measure, of creating an infinite number of 40 shilling freeholders, a class previously much limited in number, while confined to the protestant tenantry. The statesman who values the morals and prosperity of Ireland, who would establish the true independence of its elections, and would diminish the pauper population of the country, will fix a higher rate for a freehold than 40 shillings. (See an admirable letter on this subject from the pen of Lord Carberry, dated October 1818, and inserted

the wealth and health of Ireland ; that he will not look to Fever as a friendly instrument for reducing that population to its proper level, and thereby leaving adequate employment and support for the survivors;* that he

in the *Munster Farmer's Magazine*.) Another material difference between Great Britain and Ireland, in reference to their respective superfluous population is this, that under the existing prospects of Europe it will be no easy matter to supply the manufacturers of England with steady occupation ; whereas the labourers of Ireland may, by the remedial means hereafter pointed out, be provided with adequate and permanent employment ; but to facilitate this happy result it is expedient that the class of 40 shilling freeholders be abolished, and that the Catholic priesthood of Ireland be placed in that independent position, which every lover of his country must desire, and by which they would be raised above the temptation or necessity of countenancing or promoting early and premature marriages among the peasantry. The diffusion of education among the lower orders, and greater attention on the part of landlords to the domestic comforts and general prosperity of their tenantry, would also materially contribute to establish the best moral and physical checks to the rapid encrease of our pauper population. The last report of the Committee on Contagious Fever, presented in 1819, observes that "it is almost impossible in theory to estimate the mischiefs attendant on a redundant, a growing and unemployed population, converting that which ought to be the strength into a peril of a state. It is obvious that the tendency of such a population to general misery must be rapid, in proportion to the facility of procuring human sustenance, leading to the boundless multiplication of human beings satisfied with the lowest condition of existence. That such a population, excessive in proportion to the market for labour, exists and is growing in Ireland, is a fact that demands the most serious attention of the legislature ; and makes it not merely a matter of humanity but of state policy, to give every reasonable encouragement to industry in that quarter of the empire."

* The individual who looks to Fever as a safe or efficient agent for thinning a "redundant" population must be grossly ignorant both of its indiscriminate selection of victims, and of its pauperising effects. It does not spare the richer, more active, more humane and useful members of society : on the contrary, their benevolence only exposes them the more to the ravages of this disease :—amongst the poor too it exerts a

will not exercise his wisdom in lessening the demand for rather than in encreasing the means of employment ; presuming too that we may, as good christians and loyal subjects, and without forfeiting our character as sound political economists, adopt the prayer of our liturgy, to be delivered from “ plague, pestilence and famine,” I shall at once proceed to a concise and summary statement of the causes which have subjected Ireland to these evils, and of the means best calculated to free her from their dominion, or at least to place her on a level in that respect with neighbouring countries.

We are all well aware that this is tender ground, upon which few men can safely or pleasantly tread, but upon which the statesman must with boldness, yet with knowledge, enter, if he desires to avert days of still greater evil from Ireland. Unfortunately for any *medical* disquisition of this subject, the primary causes giving

blind and fatal influence, very different from that of the Exanthemata ; the latter, indeed, might with some justice, perhaps, be viewed as judicious agents for decimation : they spare the heads of families, and relieve the community of thousands of unproductive children, “ fruges consumere nati :” whereas, Fever spares the children, and cuts off the parents, leaving the wretched offspring to fill the future ranks of mendicancy, prostitution and crime. In a note to p. 64, I have given some examples of the pauperising effects of this disease ; its influence, when raging Epidemically, Dr. Barker has well epitomised ; “ the loss arising to society, from the interruption given to productive labour ; the expense incurred by providing for the sick ; the debility and weakness of constitution induced ; the mortality which must attend it, and is *most frequent* where it is *most injurious*, namely, among men advanced in life, the heads and support of families ; the increase of poverty and mendicity, together with the agonising mental distress to which it must give rise, are consequences which must occur to every reflecting mind.”—Shall we then “ *passively* wait for, and thankfully hail” such visitations, rather than *actively* interfere to ameliorate that state of society which gives rise to them ?

origin to Fever are to a great degree the same with those which are viewed as the prolific stock whence the moral and political evils of Ireland are supposed to emanate;—hence my anxious desire to avoid, as far as possible, a discussion which, however conducted, must apparently, if not necessarily, partake more of a political than a medical nature, and for interfering with which I may perhaps be justly reproached, as “*sutor ultra crepidam*.” Enough I should hope has been already said on this subject to warrant me, when considering the unusual prevalence of Fever in Ireland, (compared with other countries,) concisely to state such matters as are generally admitted to possess greatest influence in keeping our lower orders in that wretchedness and poverty, from which emanate the immediate causes not only of Contagious Fever, but of disaffection and disturbance.*

To impart to any reader, ignorant of Irish History, just and full views on this subject would require a volume in itself: without some knowledge of that history he can never duly appreciate the feelings of the Irish mind, or make a proper estimate of the Irish character, perverted as that has been by the complicated errors and mismanagement of centuries. We know our own

* The prevalence of Contagious Fever in every country, as well as in Ireland, has always been proportioned to the poverty and wretchedness of its inhabitants: that the spirit of turbulence and disaffection, too often manifested in Ireland, is to be attributed to the same cause, must be admitted by every man conversant with our history. How great, therefore, is the encouragement to endeavour by every legitimate and feasible means to obviate a cause, the common and prolific parent of so many moral, physical, and political evils.

history very imperfectly, or which is worse, we study it, too often, in the writings of the envenomed bigot, or of the prejudiced politician. It is essential to the welfare of Ireland, that her history and the true character of her people should be well understood not only by the government, but by the gentry of England. The diffusion of that knowledge throughout Great Britain would lead to more salutary results for Ireland, than ten thousand grants of public money by the Imperial Parliament to relieve our urgent distresses. Why should Ireland ever thus be dependent on the bounty of Great Britain? Why should Ireland, naturally the richer country of the two,* thus stand in need of constant sup-

* As applicable to opinions entertained even at the present day we might quote the remarks of that judicious observer and enlightened agriculturist Arthur Young, who in 1779 states, that "to judge of Ireland by the conversation one sometimes hears in England, it would be supposed that one half of it was covered with bogs, and the other with mountains, filled with Irish ready to fly at the sight of a civilized being. *There are people who will smile when they hear, that in point of natural fertility Ireland has certainly the advantage of England. Of this I believe there can scarcely be a doubt entertained, when it is considered that some of the most beautiful, and even best cultivated counties in England owe almost every thing to the capital, art and industry of the inhabitants.*" "Besides the great fertility of the Irish soil, there are few countries better watered by large and beautiful rivers, which wash a scenery that can hardly be exceeded: the mountains of Ireland, too, give to travelling that interesting variety which a flat country can never possess, and they are not at the same time in such number as to confer that character of poverty which usually attends them."—Would that English gentlemen could be tempted to visit our mountains, and rivers, and vales, and there make themselves acquainted not merely with the beauties, but with the neglected capabilities of this country, and with the calumniated character of its people: from the gentlemen of England alone, and especially from her representatives in Parliament can we expect to see justice done to either; our own gentry are for such a purpose too deeply implicated in the

port to prevent her from falling? An attentive perusal of Irish History can alone answer these queries: but to what history of this country can we refer as impartial? There is none on which implicit reliance can be placed, as all speak, more or less, the language of party and of faction: and though I cannot refer the English reader to any one professed history of Ireland, in which to seek correct information and impartial views, there are, notwithstanding, several tracts relating to this country, from which many wholesome truths and much useful knowledge may be collected: I will venture to name a *few* of them; and 1st, Sir John Davies' "Historical Tracts," containing the best review of Irish affairs to the reign of the first James: 2nd. Spenser's "State of Ireland," which details some curious particulars: 3rd. second part of Arthur Young's "Tour through Ireland:" 4th. Swift's tracts relative to Irish affairs: 5th. Lord Clare's celebrated Speech in the House of Lords in 1800, when recommending the measure of a Legislative Union, a *speech* singularly replete with solid and correct views of Irish history: 6th. "Sketch of the State of Ireland, past and present," a pamphlet generally attributed to the classic pen of Mr. Croker, and containing the best epitome extant of Irish history and of Irish politics; and lastly, the second edition of an anonymous pamphlet published in 1810, under the title, "State of Ireland considered, with an enquiry into the history and operation of tithe:"*—Whoever wishes to

causes which have led to these and other evils, and *our* representatives too often have other concerns to which to attend, than the interests of their constituents,

* The reputed author of this work (containing nearly 200 closely printed pages) is Mr. Thomas Nowlan, the founder and proprietor of the

know and to improve the state of Ireland, will study the minute details of this pamphlet with pleasure and with profit; and I refer my readers with the greater satisfaction to this work, as it anticipates almost every thing I could wish to say on those primary causes, which have reduced the lower orders in this country to their present state of wretchedness and poverty, and have disposed them alike to the evil influence of disaffection and of Fever.*

This state of wretchedness and poverty, however, is of long standing and was in the first instance produced by causes, many of which have long since ceased to exist,

Merino Factory in the county Kilkenny, so deservedly celebrated for its discipline and for the example it has furnished of rendering manufactures subservient to morals; by the execution of these two *works* he has not only evinced his knowledge of the true interests of Ireland and of the best mode of promoting them, but, by the sacrifices made in developing the true character and capabilities of the Irish peasant, has established a lasting claim on the gratitude not merely of his native country but of the empire. His literary production embraces almost every topic of vital interest and contains a greater mass of information relative to Ireland than is elsewhere to be met with in an equal compass.

* To these historic tracts I must add the mention of another work, which though as yet only in manuscript, will, I should hope, ere long appear in print, containing as it does, with some few misconceptions, many valuable suggestions for the improvement of Ireland. I allude to a MEMOIR, lately addressed to the Dublin and Farming Societies, "on the most efficient means of bettering the situation of the poorer classes in Ireland, and improving that part of the United Kingdom," by Jerome Count de Salis. A copy of this Memoir having been deposited in the Library of each Society, I have been thereby furnished with an opportunity of knowing the intrinsic merits of a tract, which reflects no small credit on the head and heart of the noble author, to whose suggestions as a great landed proprietor uninfluenced by the prejudices of an ordinary native, every consideration is justly due.

and though they may have contributed to establish certain habits and opinions in the Irish people, which it must be desirable to obviate or remove, and which "to be conquered must be soothed," yet at the present moment we have to consider rather what the circumstances are, which *retain* the lower orders in their present wretched condition, than what those were, which first reduced them to that state.

A review of the tracts to which I have referred the reader, and of the work now submitted to his judgment, must convince him that the *immediate cause* which renders this country prone to discontent and liable to the frequent visitations of Fever is the wretched condition and consequent habits of its lower orders, both artisans and labourers; and that this immediate cause is owing to their want of employment, of education, and of moral culture, *wants* which may be traced to the following sources: viz.

1st. To the deficiency of capital, which in Ireland unnerves all effort for improvement, and to the supposed insecurity of person and of property.*

* "The want of capital in Ireland is attributable to various causes. Capital can accumulate only out of the savings of individuals. In Ireland there are few persons who, either in manufactures or agriculture conduct their operations on such a scale as to admit of much surplus for accumulation. The manufacture which flourishes, the Linen, is spread abroad amongst a population, which at the same time cultivates the soil for their sustenance; and though such a manufacture may be more conducive to health and morals in the manufacturer, it is more incompatible with large savings. In like manner, in agriculture, the tendency from various causes to subdivision of farms, and the general practice of throwing the expense of buildings and repairs on the tenant, countervail the accumulation of profit in the hands of the farmer, and the application thereof to beneficial enterprise in agriculture." See last report of the Select Committee of the House of Commons on Contagious Fever.

2d. To the *absence* of the chief landed proprietors ;
 “ a great evil : not so much because the country is drained by remittances, as because she is widowed of her natural protectors : the loss is, not so much of money, as of manners—not of wealth merely, but of civilisation and peace.”*

3d. To the general conduct of the *resident* proprietors, too often ignorant of their own true interests, and negligent of the duties they owe to their tenantry.

* It is scarcely necessary to comment on the many pernicious consequences to Ireland flowing from the absence of its great landed proprietors:—it prevents the accumulation of native capital in the country, and by contributing to its disturbed state deters the influx of foreign capital, and adds still further to both evils by compelling Ireland to borrow in England and remit the interest:—it alienates *their* affections from their native soil and commits the interests of their tenantry to mercenary hands, “solely engaged in encreasing and collecting rents.” Of the interest which absentees take in the welfare of their tenantry, the second report of the Parliamentary Committee on Contagious Fever, (p. 64 in Appendix,) furnishes a memorable instance: the Committee state that “they have reluctantly been compelled to notice the very small amount of subscriptions which appear to have been supplied by the wealthy non-resident landed proprietors of Ireland” to relieve that country, while labouring under the pressure of famine and of fever. In one instance, I have been assured that an absentee family, the several members of which draw from the country between 30 and £40,000 annually, did most liberally subscribe the sum of £5, to relieve the distresses of their tenantry.—The last report of the Committee of the House of Commons on Contagious Fever, presented in 1819, states that “in considering the causes which discourage industry in Ireland, it is impossible to overlook the lamentable circumstance, almost peculiar to that country, of the non-residence of a great proportion of the proprietors, and especially of that portion which could most contribute by their rank, their wealth and their moral influence, to operate beneficially on the habits and comforts of the lower classes. The expenditure of income in England, resulting therefrom, enhances the claim of Ireland on the generous consideration of Parliament.”

4th. To exorbitant rents, aggravated by tithe and its mode of collection, and also by county rates.*

5th. To the minute subdivision of land: to a want of agricultural knowledge, and to an evil, consequent on all the foregoing causes, a superfluous, idle, and mendicant population.

The remedies for these primary causes of the poverty and wretchedness of Ireland may, according to the authors referred to, be found in the following measures.

1st. The establishment of a general police, so efficient as not merely to *punish* but as far as possible to *pre-*

* The quantum of rent paid for potato ground by the poorer tenantry of Ireland may be estimated by this striking fact, that during the prevalence of the late disturbances in the county Galway the landlords, unable to suppress them, publicly proclaimed that in future they would not require more than £4 an acre:—what rents must have been previously paid to render such a rate a relief, and such a proclamation effective? When the gentry of the county Galway lately demanded an Insurrection Act for their protection, or in other words, to enable them to persevere in their old course, well might Mr. Grant ask them “to consider whether the local causes which produced those evils might not be so softened as to supercede the necessity of so strong and fatal a measure:” well might he ask them in the language of the constitution and of truth, “how long Ireland was to be governed by extraordinary measures,” and whether those conversant with its history did not in their conscience believe that the greater part of the evils under which that country now laboured, were attributable to the system pursued for two centuries.”—From the united pressure of exorbitant rents, and vexatious tithes, it is that “the actual cultivator of the soil is seldom better paid than by scanty food, ragged raiment and a miry hovel; nothing saved for exigencies, nothing remitted for capital. The peasant and the land alike neglected, impoverished and starved.”

vent crime: * the expense to be charged on the absentee rent-roll, that class being the great cause of its necessity: and also the adoption of measures calculated to remove the erroneous impressions entertained in Great Britain respecting the security of person and property in Ireland and respecting the real character of its people.*

* A Police so efficient as to give security to person and property is indispensable, if we wish to tempt foreign capital into the country: the prevention of crime, every where to be preferred to its punishment, is in Ireland peculiarly necessary from the odium there attached to the character of an informer, and from the almost insurmountable difficulty thence arising of convicting the greatest criminals even for the worst offences:—thousands of pounds, offered as a reward, have, in many instances, failed to procure information from any one of hundreds of *conscious* witnesses, few of whom were, perhaps, at the time competent to purchase their supper.

* What then is the *real* character of the Irish people? Is it of that bad and despicable description it is by many of our English fellow-subjects conceived to be? Or if bad, is it incapable of reformation?—How few on Irish ground have studied this people:—did the gentlemen of England but visit Ireland as they do other countries and see and hear for themselves, there would exist little necessity for defending the Irish character. Let Englishmen hear from English authority what that character was and still continues to be, except so far as it has been perverted by misrule and mismanagement. “*In universum gens hæc,*” says Camden in his *Britannia*, *corpore valida et imprimis agilis, animo forte et elato, ingenio acri, bellicosa, vitæ prodiga, laboris et inedia patiens, veneri indulgens, hospitibus perbenigna, amore constans, inimicitiiis implacabilis, credulitate levis, gloriæ avida, contumeliæ et injuriæ-impatiens et in omnes actus vehementissima.*” What says Sir John Davies, the Attorney General for Ireland of the first James? “There is no nation or people under the sun that doth love equal and indifferent justice better than the Irish, or will rest better satisfied with the execution thereof, *although it be against themselves*, so as they may have the protection and benefit of the law, when upon just cause they do desire it. For the truth is that, in time of peace, the Irish are more fearful to offend the law than the English or any other nation whatever.” I might extend this note to much

2nd. The adoption of such measures as may induce the non-resident landlords of Ireland to return, even for a season, to their native country : these are, not the im-

greater length by referring to more modern authority, to that of Arthur Young, and of every *intelligent* traveller who has visited Ireland and studied its people with an unprejudiced mind ; all such will bear testimony to a character susceptible of the best impressions under judicious management, too generally, however, neither improved by education nor restrained by the influence or example of their superiors ; a *character* in many of its traits not natural, because distorted as well by recollections of ancient wrongs, as by a sense of present oppression and misery. There is no one circumstance of greater importance to the advantageous employment of English capital, and to the consequent welfare of Ireland, than that the character of its natives should be fairly interpreted and rightly understood by the people of England : nor is there any one act more criminal, or more to be deprecated for their mutual benefit and future connexion, than that the one should *maliciously* be misrepresented to the other. God knows the prejudice is already sufficiently strong : to what good purpose *falsely* aggravate it ? These observations have been forced from me after an *accidental* perusal of the following disingenuous character of the Irish as a people drawn by that " voluminous traveller and interminable writer " Dr. Clarke who, whether traversing the country of the Swedes, the Russians or the Finns, cannot (perhaps from some *agreeable* association) refrain from turning to the " Island of Saints," as furnishing the best medium for conveying his *bad* impressions of the inhabitants of other countries. " The traveller," says Dr. Clarke, (p. 483, part 3d, see also p. 270, and 314,) " who visits this extremity of the Gulph of Bothnia, whether from Umea on the south, or from the Lapland provinces lying towards the north, will frequently have occasion to remark that, whenever the Finns are mentioned in conversation, the inhabitants shake their heads ascribing to them (the Finns) or to their influence all deeds of *anger, lust, violence, and drunkenness*. The *Finns* are to the Swedes and Lapps what the *Irish* are to the English and Scotch ; that is to say, a nation in which the extremities of virtue and vice are singularly blended ; *haughty, impetuous, and arrogant* in prosperity ; *abject and spiritless* in adversity ; in all things given to excess, whether on the brighter or on the darker side : which is the real reason why it has been so often observed of the Irish that every individual among them has *two* characters : and fortunate is it for those who have witnessed only a manifestation of the *one*, which is de-

position of any direct tax for *general* purposes, but the substitution of a property tax in lieu of the assessed taxes, by which residents alone are affected :—occasional visits from the KING to this, no unimportant part of his empire; and the institution of an order of merit for distinguished residents :—the [appointment of a member of the Royal Family as Viceroy :—and lastly, an occasional assembling of the Imperial Parliament in Dublin, say once in five years.*

serving of all praise." In the latter part of this description there is an appearance of candour, but who that peruses the whole of this, and his other allusions, can doubt that his intention was to convey the impression that the characteristic traits of the Irish people are "anger, lust, violence and drunkenness." I am not aware that Dr. Clarke has visited Ireland : in any case I would give him the friendly hint to be content with his present ample stock of knowledge whether *acquired* or *stolen* and not to extend his learned researches to this worthless isle : perhaps he might not find its inhabitants quite so "abject and spiritless" as he calculates, for though they may "have borne oppression long, yet insolence never."

This much abused and much wronged nation, "gifted as it is with intellectual and physical powers of the highest order," sunk as it is to a state of poverty and wretchedness not equalled in any other country in Europe has, at least, established its claims to one trait so strongly as to admit of no dispute :—during all the miseries of a two years famine and a three years Epidemic this "abject and spiritless" people evinced a degree of cheerful resignation to the most trying dispensations of Providence unparalleled in the history of nations ; for the truth of this assertion we may appeal to the official declarations of the present, and of the late Chief Secretary for Ireland : "the sufferings of the poor," says Mr. Grant, "had indeed been most severe, and nothing could perhaps be more admirable than the patience with which they suffered, though placed in such a state of *desperate distress*, as might be supposed to relax the morals of men, and render them indignant to the obligations of law or the distinction of right and wrong."

* The adoption of any one of these three measures must exert a powerful influence in promoting the prosperity of Ireland, by inducing its

3rd. The establishment of a better system of education, both scholastic and collegiate, for the nobility and gentry of Ireland in their native country; and more es-

great landed proprietors not only to reside, but to improve the condition of their tenantry. "The King of the United Kingdom is our leading absentee:" as his paternal care extends alike to every part of his dominions, will not his Majesty favour his Irish subjects with an occasional visit, convinced as he must be that it is a step of perfect safety, and that it would also prove one of decisive efficacy. Hanover, though it does not constitute a portion of the British dominions, has been repeatedly visited by former Kings of Great Britain, and has been, and is at this moment, governed by a younger brother. Is not Ireland more than Hanover? Is not Ireland worthy of a visit from its monarch, under circumstances too which must render that visit such a national benefit? —The appointment of a member of the Royal Family as Viceroy of Ireland is a measure of equal importance for attracting non-residents to their native homes, for allaying our dissensions, gratifying our pride, and exciting in all ranks a warm spirit of attachment to the House of Hanover. Surely it can scarcely be necessary to ask whether Ireland be not of equal weight in the scales with Hanover, Gibraltar, or Halifax, places deemed not unworthy of royal presence. The last proposition I have stated in the text is, perhaps, of greater consequence to Ireland than all the others taken together, persuaded as I am that an occasional sitting of the Imperial Parliament in Dublin would, almost necessarily, be followed by the accomplishment of every measure truly beneficial to Ireland. It would of necessity force the absentee to an occasional residence at least; it would compel him, unless lost to all sense of shame, to improve his estate and its wretched "hewers of wood and drawers of water;" it would retain at home those who follow the Court and Parliament; *it would bring English capital into the country*, not by the mere expenditure by both Houses of Parliament, but by the attainment of one object, without which Ireland, while united to England, can never improve; by making every Englishman of rank and of influence acquainted with the country it will dissipate, and it alone can dissipate those natural prejudices against Ireland, still but too prevalent in the English mind, and by contributing to tranquillise the country, it will necessarily induce English capitalists to employ part of their redundant wealth in Ireland, where it can be more profitably employed than in any other part of the British dominions.— Though originally hostile to the degrading, and *as yet unprofitable mea-*

pecially the institution of such lectures in our University as will instruct the students in those duties which may hereafter devolve upon them as magistrates and landlords.

4th. Such instruction, superadded to experience, must at length convince landlords of the impolicy of excessive rents; and that their real interest cannot consist in taking the *whole*, instead of a *proportion* of the produce of the

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sure of a Legislative Union, I am no advocate for its repeal, and would, for the reasons already assigned and for many others, prefer one septennial sitting of the Imperial Legislature in Dublin to the annual sitting of an Irish Parliament: but I am at the same time firmly persuaded that for the safety of both countries it is essential that some efforts should be made, some disposition, at least, shewn to fulfil the promises given to Ireland at the time of the Union: in the language of Mr. Canning, (besides requiring a general improvement of our condition,) "we wanted commerce, we wanted capital," *wants* only to be "gratified by a connection with a country which had both." We were promised by the minister of the day that "arts and manufactures should flourish in the influx of English skill and English capital: that the lower orders should be relieved from the pressure of tithes, and that an effectual and adequate provision should be made for the Catholic clergy." These and other solemn promises remain unfulfilled, and will remain so until effective steps are taken to tranquilise the country, until by giving undoubted security to person and property we tempt an influx of "English skill and English capital." Let it not be feared that Dublin cannot furnish adequate accommodation to an Imperial Court and an Imperial Parliament: the Irish people will cheerfully submit to any expense to procure a surrender of the house of Mammon, and to convert it to its original purpose; our many magnificent houses, untenanted for years, attest the rapid decline of our metropolis, as well as the hearty welcome with which we would hail the arrival of such desirable occupants.—Let it not be objected that, if such an indulgence be conceded to Ireland as that of the Royal presence and of an Imperial Parliament, Scotland may demand the same; the answer alas! is ready,—Scotland does not stand in need of such an indulgence; Ireland does.

soil: to this change of system on the part of landlords should be added a modification of tithes, so far at least as regards their mode of collection, and if not a commutation of tithes generally, then a restoration of the tithe of agistment, with a proportional reduction of the tithes on tillage.

5th. The abolition of the entire class of 40s. freeholders: * the institution of a well regulated agricultural college; and the establishment of associations for the prevention and suppression of mendicity, rather more extensive in their scope than the associations established in Dublin and Belfast; such associations being necessary not only for the purpose of affording employment to the idle, and relief to the deserving and infirm poor, but also for preventing those habits of vagrancy, by which contagious disease is so extensively diffused.

These measures, together with the judicious encouragement of other obvious sources of natural and beneficial employment† would when combined with useful and

* The Kilkenny association, already mentioned, composed of noblemen and gentlemen of the first rank and property in that and the neighbouring counties, expressly declares in its report that to relieve "the dense population of Ireland from that misery and wretchedness to which it has been so long consigned, and which it has endured with a patience as unexampled as it is meritorious," it is necessary among other measures to abolish the forty shilling freeholders, as "a class of men who have been a powerful cause of rack-rents, and a most destructive enemy to agriculture by the injurious sub-division of land, to morals by perjury and drunkenness, and to the freedom of election by qualifying, as electors, individuals in every respect the most unqualified."

† The influence of employment in preventing or checking the inroads of Epidemic Fever is exemplified in several of the private communications in the Appendix. That influence was manifested in a most striking

moral instruction, ere long raise the poor of Ireland from that state of degradation into which they have

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manner at the Merino Factory in the county Kilkenny during the late Epidemic: in that factory about four hundred of the peasant youth of the neighbourhood are employed and educated: they reside with their parents, into whose (formerly wretched) hovels they have brought neatness and comfort, so that the immediate vicinity of this establishment furnishes a remarkable contrast to the ordinary aspect of the more remote parts of the county, both as regards the improved cultivation of the soil and the general appearance, habits, and comforts of the peasantry. When famine and fever ravaged the county Kilkenny, both were severely felt in all the parishes and towns adjoining to the factory, and yet such was the effect of the general employment it afforded, and of the principles of economy and independence it encouraged, that a single pauper was not to be found within its district to claim charitable relief, nor did Fever, though prevalent in all the surrounding districts, make any impression on the families connected with the factory; so effectually had the proprietors consulted "the real and lasting welfare of their working people, and dispensed the numerous blessings of industry, frugality, and honesty among the inhabitants of the vicinage." See report of a Committee of the Dublin Society, with minutes of evidence respecting the Merino Factory.—Dr. Cheyne in his official report mentions it, as "worthy of record, that in the county Louth the Fever disappeared every where shortly after employment was restored to the poor: the linen trade having acquired a vigour, which it had not possessed for several years, the poor were generally employed, and potatoes were cheap and of good quality; and hence, perhaps, the excellent state of the public health at the time of my inspection of that county." It is an easy matter to furnish in abundance negative proofs of the influence of employment, but somewhat difficult during the years of scarcity and Fever to supply positive proofs of this description. Will not the Government and the Legislature under all these considerations assist in promoting our agriculture by the establishment of an agricultural college and by a modification of tithes, and in giving every reasonable encouragement to our fisheries and to our linen and woollen manufactures.

The following extract from a report presented to the Dublin Society in February 1820 may suffice to convince us how much the means of manufacturing employment have been destroyed in Ireland, particularly for

been precipitated by neglect and mismanagement, and without difficulty turn them from idleness, ignorance, and their consequent vices, to industry and moral habits.

There are politicians and political economists who may smile at many of these suggestions as ridiculous or impracticable: let their impracticability or absurdity be proved, and they must, of course, be abandoned: but something should be done, and that quickly—the evil, though of long standing, is urgent, and the next generation, if not the present, may, when too late, have cause to regret that these or other means were not tried in due season to obviate or remove the causes, which have reduced a sensitive people to their present state of wretchedness and misery. We have it from the highest

females, and how necessary it is to revive the old or to supply new channels of labour. “Your Committee find, that the spinning of worsted yarn had, till of late years, been extensively carried on in Ireland; so extensively indeed, as not only to have supplied the home consumption, but to have left a considerable surplus for export; and your Committee have ascertained this fact, as well from general report, as from accurate returns of the Exports and Imports of Ireland for the last 37 years, which returns, (annexed to this Report, together with other documents) present the following very remarkable results, viz.

	Imports of Worsteds Yarn.	Exports of Do.
	lbs.	lbs.
Annual Average for 10 } years, ending 1792	1583	779,604
Do. for 9 years ending } 1801	1466	282,884
Do. for 9 years, ending } 1810	112,720	168,476
Do. for 8 years, ending } 1818	879,526	28,616”

parliamentary authority, that of the Chief Secretary for Ireland, that "there are, unquestionably, in her history deep seated causes for discontent and disturbance. Never had a great nation been ill treated with impunity; if great principles are sacrificed to gain a temporary end, safety may be obtained for the moment, *but the hour of retribution will surely arrive.*" For more than a century the tenantry, the landlords, and the church of Ireland have been carrying on a constant warfare, the principle of retributive reaction having ultimately forced the tenantry, in return for long continued neglect and oppression, to attempt dictating to the landlords, alike who their tenants should be, and what the amount of their rents, and to the rector what the amount of his tithes. The combinations of the peasantry against "the short-sighted monopoly" of the one, and the impolitic tax which supports the other are natural and fatal. "Even in the mere spirit of trade, what can landlords expect from tenants without capital or credit? from impoverishing the fountains of their wealth? from denying their factors even a commission on their profits? But a landlord is not a mere land merchant; he has duties to perform, as well as rents to receive; and from his neglect of the former springs his difficulty in the latter, and the general misery and distraction of the country." Shall we not hope to see an end to this misery and to this distraction? Shall we not hope that landlords will at length see their real interests, and that the church will open its eyes? Shall we not hope that what the government can do they will do to remove those causes, which impede the prosperity, which have endangered, and still endanger the security of Ireland? Yes,—we may hope for their removal, if we have "not a Secretary with every season, and a different system with every

Secretary." Our present Chief Secretary has lately in a display of sound political wisdom told the legislature how Ireland should be governed, and gave us the assurance that though some of those causes could only be controlled by the resident gentry, there were others, "undoubtedly, to which the legislature ought to look." Let the British Government only remember that local knowledge is necessary to an Irish minister, and that the moment most fitted for his removal is not that in which he may have just acquired it. Let him remember too that "wavering is weakness, and that weakness, in Ireland, is wickedness." "Leave with, or send to us, ministers knowing us, whom we know: coolly planning—steadily executing;" and let us not witness "years elapsing and administrations reigning, without any change to Ireland but of years and administrations."*

BEFORE I conclude this hurried and imperfect sketch of the causes, which have given Fever both birth and dominion in Ireland, I feel it necessary to add a few words on certain points, which I had previously omitted adverting to:—and *first*, as famine has been the great cause productive of Epidemic Fever in Ireland, and as years of scarcity have generally been preceded by plentiful seasons, it becomes a measure obviously expedient to encourage the system of storing in years of abundance, as no country, however

* The majority of the unacknowledged passages within inverted commas is from that excellent pamphlet, "Sketch of the State of Ireland past and present."

extensive or well cultivated, can protect against the effects of bad seasons: *secondly*, as the state of the habitations of the poor, whether of peasants or artisans, contributes much either to the generation or diffusion of Fever, it is necessary, in Ireland at least, to look to legislative enactments for immediate and *compulsory* improvement: the best suggestion I can offer is, that the peasants or labourers, occupying the extensive suburbs of every Irish town, be by law exempted from payment of rent, unless the landlord provide a *back-door* to his cabin, by which means ventilation will be obtained and many evils avoided, which have occasionally arisen from the injudicious interference of magistrates with the poor man's only source of subsistence, his manure.* With respect to artisans resident in large towns, whose occupations so generally confine them to home, it is still more necessary to secure cleanliness and ventilation in the large houses into which they are crowded, and as far as possible in their apartments, which serve too often for a work-shop as well as dormitory. In these houses there is a common stair-case, never cleansed either by landlord or tenants, whence, as well as from the accumulated filth in the back-yards, are emitted effluvia, insupportable by all, except the miserable occupants. The condition of these wretched

* I have been informed, on unquestionable authority, that in many places where the magistrates conceived it their duty to prohibit the accumulation of manure in front of the cabins of the poor, and to carry it away when their prohibition was neglected, it was the custom of the poor, from the want of a back-door and yard, to collect the manure within their hovels, and *even under their beds*, and that a consequence which might be anticipated, followed: Fever of the most malignant type broke out amongst the wretched inmates, to check which the magistrates were compelled to withdraw their prohibition. According to my information this happened at Tuam, Clonmell, and Kilkenny.

habitations is so fully illustrated in a note to p. 54, as to require here no further description. The only feasible remedy I can devise for this evil is, the like enactment for exempting the tenants from payment of rent, unless the landlord shall, *once in each month at least*, have cleansed the back-yard and stairs, and white-washed the walls of the stair-case. I would also, where it was possible, compel the landlord to keep a perfect window opening on the landing places, without which there can be no ventilation through the house. The remedy must be placed in the hands of the tenant, with a temptation to employ it; any other species of enactment will be in vain—of this we have full proof in the late inoperative Act for the appointment of Parochial Officers of Health, to perform that duty which the landlords of the poor should be compelled to perform. From an inspection made during the prevalence of the Epidemic of the state of 160 apartments inhabited by the poor, it appeared that there were only 105 beds, occupied by 209 men, 319 women, and 285 children!!! Such is the state of the poor of Dublin.—Surely something should be attempted to alleviate this wretchedness.

Thirdly.—As regards personal cleanliness among the poor, I should have felt it unnecessary here to make any additional remark, were it not that some, and amongst these our present Chief Secretary, seem disposed to attribute the want of that virtue to the poor themselves, as though it was *not* a necessary consequence of their poverty. “It was to be hoped,” Mr. Grant *is reported* to have said, (April 6th, 1819,) “that some advantages would be found to result hereafter from the experience which the lower Irish have had during this melancholy period—

that they would be again better prepared, to guard against the extension of such a calamity, that they would take the precaution of being *more cleanly in their person, and domestic habits*, of fumigating their houses, *of changing their bedding and clothes*. In these respects they had been heretofore lamentably negligent, and hence the general suffering had been more severe." This is all very true, but it may be asked, how can those wretched beings, scarcely able to procure a "meals' meat," be expected to be "more cleanly in their domestic habits," or how are they, who have scarce a rag to cover them, who are obliged for want of bed clothes to sleep under the raiment they wear by day, to "change their bedding and clothes?" Before we can be justified in using such language towards the poor of Ireland, we must remove the causes of their poverty, and then allow half a century to eradicate the bad habits of ages: and when we reproach this people with drunkenness, we should at the same time recollect the temptations thrown in their way, and "with any aching heart lament *that necessity* which obliges a Christian Government to derive a revenue from the temporal and eternal misery of thousands of its subjects."

Finally—As regards Fever Hospitals, they should for the prevention of disease be maintained in an efficient condition in every large town in Ireland, and in the country villages huts appropriated for the reception of those ill of fever. The value of such establishments may be estimated by the important difference in the mortality of the Epidemics of 1741 and 1817: one in every 25 persons having died by the former, and only one in every 130 by the latter. There were no Fever Hospitals in

Ireland or elsewhere, until the commencement of the present century, and their value is still further proved by the more rapid subsidence of fever in those districts, which during the late calamity were adequately supplied with these establishments. Having heard, with much satisfaction, that the Irish Government has instituted a regular and permanent Board of Health, whose duty it will be to look to such establishments and to every other matter of Medical Police, and being fully persuaded of the competence of its Secretary to discharge that duty, I shall close my labours by repeating the noble maxim of Currie, in the hope of impressing on the Government and on the Legislature the humanity, the policy, and the economy of “superseding the use of Hospitals for Fever by EXTINGUISHING THE DISEASE, a prospect in which the philanthropist might indulge with more safety, if he could calculate with the same confidence on the *wisdom*, as on the *power* of his species.”

FINIS.

APPENDIX

TO AN

HISTORIC SKETCH

OF THE

CAUSES, PROGRESS, EXTENT, AND MORTALITY

OF THE

CONTAGIOUS FEVER

EPIDEMIC IN IRELAND,

&c. &c.

DUBLIN:

PRINTED BY D. GRAISBERRY.

1820.

“RESOLVED,

“That being satisfied of the accuracy of the statements, and of the correctness of the deductions contained in the report this day presented, we are of opinion that it should be published together with the various documents to which it refers, in order that the sentiments of the Physicians of Dublin respecting this, the most formidable Epidemic which has raged in Ireland within our memory, may be fairly on record.”

*Proceedings of the Physicians of
Dublin, August 20th, 1818.*

See Appendix, p. 70.

APPENDIX,

No. I.

FIRST REPORT

OF THE

SUB-COMMITTEE OF HEALTH,

Presented the 14th of February, 1818,

*To the General Committee of Directors of the Association
for the Suppression of Street Begging in Dublin.*

YOUR Committee, in conformity with their instructions, have, during the short period since their appointment, directed their attention to the following objects :*

1st. To improve and preserve the Health of the Lower Orders of Society.

2d. To prevent the further diffusion of Contagious Fever, and as far as possible to eradicate the causes, which at all times, as well as the present, have produced that Disease in this city.

B

* These instructions were contained in the resolution, under which the Sub-Committee was constituted on the 31st of January 1818, viz. "That it is expedient without further delay, to appoint a Sub-Committee of Health for the purpose of suggesting the measures, best calculated for checking the diffusion of Contagious Fever."—The Association itself was formed on the 22d January.

3d. To afford Medical and Surgical Aid in the extensive classes of Disease, not contagious.

4th. To point out such modes of assistance as may be requisite for the Sick, and their Families, during the continuance of Disease.

In entering on the investigation of these subjects, so extensive in their nature, and so important in their effects, your Committee, aware of the arduous task devolved on them, have sedulously and carefully investigated the various topics connected with the important objects above enumerated ; and though most anxious to present, on as early a day as possible, a full Report on that object which is obviously the most urgent—namely, Contagious Fever, they are yet in a great measure compelled to confine their present observations to a statement of facts, demonstrative of the great and indispensable necessity of the department, entrusted to them, in forwarding the essential and primary object of the Association, viz. the relief of Pauperism and the prevention of Mendicity.

In a population so great as that of Dublin, comprising a large portion of Artizans and of labouring Poor, exposed to so many causes productive of disease, it might fairly be presumed, that very many either fall victims to sickness, or are by its influence rendered incapable of supporting themselves and their families, thereby evidently augmenting the mass of Pauperism, and increasing the number of Mendicants.

Few, however, are aware of the positive aggregate of sufferers, or of the actual extent of wretchedness and

poverty, produced among the humbler ranks by the ravages of disease *alone*, and of the numbers daily reduced by it, from a state of comparative independence and comfort, to one of utter destitution.

That opinions more correct than those which they believe have hitherto prevailed on this subject, may be generally entertained, your Committee submit the following details; these they think must speak more strongly and conclusively than any loose or general observations.

Your Committee will first advert to the present state of contagious Fever in this City, and to its positive and probable effects on the condition of the Poor, and in doing so, would premise this remark, that the existing circumstances with respect to Fever, are extraordinary and unexampled!

The number of Fever Patients now in our Hospitals, amounts to 910; the daily number of Patients labouring under Fever, not in Hospitals, may, according to the lowest calculation, be computed at 300, though your Committee have reason to believe the number much greater; the total of those at present affected by Fever, is therefore at the least 1210, and as the average duration of Fever may be taken at 15 days, we have 2420 in the month; assuming, then, that the progress of Fever be not greater than at present, (a thing not to be expected, *unless measures the most judicious, extensive, and energetic* be adopted) we have 29,040 as exhibiting the number of persons to be affected with Fever in the twelve ensuing months. It is to be apprehended, that this is an under calculation of the actual num-

bers likely to be attacked, in as much as, since the first onset of the Epidemic, hospital accommodation has been progressively increased by 100 beds in each successive month. The present great increase of Fever will be still more clearly seen by a comparison of the total number of beds ordinarily appropriated to Fever cases in this City, with those *now* occupied. The former did not exceed 233, the latter amount (as already stated) to 910, making a difference of 677.* Of the probable progress of this wide-spread Epidemic in such a city as ours, so peculiarly favourable, from a combination of causes, to the diffusion of contagion, your Committee are unwilling to express their fears, especially when they reflect on the histories of past Epidemics, which, when contagious have rarely approached their termination within a period shorter than one year, and when they also consider the duration of the present Epidemic in several parts of the kingdom. Thus much they have felt it their duty to state, that by the timely adoption of efficient measures of prevention, the evils, which they cannot but otherwise anticipate, may be averted.

The effects of the prevailing Fever on the condition of the poor, may, in one point of view, to a certain

* No allowance has been made in this Report for the cases of strangers, brought into town under Fever, because the number is not great, compared with the whole, and is more than counterbalanced by the effects of the measure itself, which, however well-intended, yet, as contributing to the rapid diffusion of Fever throughout the Metropolis, the Committee cannot but consider as ill advised, for which reason, they did not wish to advert to that topic in their Report. Any deduction, however, on this account, is much more than counterbalanced by the great increase of Fever among the garrison of Dublin.

extent be estimated by its known mortality ; the deaths being, *under the most favourable circumstances*, about one in sixteen of those attacked, will give a mortality of nearly 2000 from Fever alone within one year—a *mortality* not unavoidable, but dependent on causes that might be obviated, and which, as it affects the heads of families, and is besides greatest among males, must be productive of incalculable distress, misery, and want.

But the influence of Fever in creating pauperism and mendicity, is not confined to the families who are its immediate victims ; that influence extends not only to every individual attacked by the disease, but to every person connected with, or dependant on that individual for support ; thereby producing infinite distress to those more immediately concerned, and a serious loss to the community at large ; *evils* the more to be deplored, because they are not the necessary and unavoidable lot of mortals, but *might have been*, and *may be*, by a *proper system of medical police*, to a great degree averted. Thus much at present on the subject of Fever.

It is not so easy to estimate the positive amount and effects of diseases in general on the poorer Inhabitants of Dublin. There is, in fact, but one Institution by which Medical aid is given, in a manner, to an extent, and with such regularity as to admit of fair calculation. Your Committee here allude to that well conducted Establishment, the Sick Poor Institution in Meath-street, the only efficient Dispensary in our City, and, certainly, the only one that furnishes data for calculation ; your Committee will, therefore, for the present, confine their observations to the facts furnished by that Institution.

The District to which that Institution extends relief, *by a visitation of sick in their own habitations*, comprises the Parishes of St. Catherine, St. James, St. Nicholas Without, St. Luke, St. Audeon, and the Deanery of St. Patrick; their united Population was estimated by the late Rev. Mr. Whitelaw, at about 54,000 souls. The Patients relieved at this Dispensary in each year, have, during the last ten years, varied from 7,000 to near 10,000, and as great numbers within its District are relieved at the Meath Hospital, independently of those received into the other Hospitals, it is under-rating the number of sick to fix the annual average at 11,000 or 12,000; whence it follows that more than a fifth of the WHOLE Population of that District is affected by disease, exclusive of fever, in the course of each year; the proportion, however, is, in reality, much greater, because that portion of the population consisting of its richer Members and of the middle Class should be deducted from the total number of 54,000.

It is needless here to enter on any calculation of the varying mortality in this extensive class of diseases, or to paint the misery and distress consequent on their extensive prevalence; it must, after those statements, be equally unnecessary for your Committee to impress on the General Committee of Directors, or on the Association at large, the importance and necessity of directing their attention to, and appropriating a reasonable portion of the general fund to the relief of this description of sufferers; and as your Committee can from experience confidently assert, that in Dublin there is not a more prolific source of pauperism, wretchedness, and mendicity, than disease, they are warranted in inferring that a portion of the funds for suppressing mendi-

city cannot be more economically or advantageously employed than in averting the augmentation of paupers and mendicants by the prevention and cure of disease.

If further arguments, in support of this self-evident proposition, can be necessary, your Committee might refer to the experience of Hamburgh for the most satisfactory proofs of the necessity and advantages of connecting a Medical Institution with any Association for the suppression of Mendicity; they will conclude their present report, by stating, on the authority of an admirable pamphlet on the management of the Poor in Hamburgh, (published in Dublin in the year 1796), that the intelligent citizens of that town, in undertaking the task of preventing Mendicity by providing employment for the Poor, did at once organize a Medical Establishment, not merely for Paupers, the immediate object of their association, but they did, on the wisest principles of economy, extend that species of relief to those not actually Paupers, but who, through the influence of disease, might be easily reduced to that class. "An investigation of the sources of Poverty," observes the writer of this Pamphlet, "might indicate the means of preventing the evil, and might suggest such measures for supporting the falling, as would, in many cases, counteract those combinations of circumstances, which impose on a man the dishonourable necessity of throwing himself on the charity of the Public. Certain it is, that the extension of the benefits of the Medical Institution to those, not yet entitled to receive support, may prevent many a family from ever being in want of it. *We* ascribe the diminution of the annual increase of our Poor, partly to our having given medical assistance to persons of that description."

In their next Report, your Committee will endeavour to detail such measures of Medical and General Police as may, through the agency of this Association, and with the assistance of Government, not only check the present formidable progress of Contagious Fever, but reduce that disease within narrower limits than those within which it has heretofore been confined.

(Signed,)

FRANCIS BARKER,
SAMUEL ROBINSON,
RICHARD GAMBLE,
WILLIAM HARTY.

After this Report had been presented, the following Resolution was adopted at the suggestion of the Sub-Committee of Health :

“ **RESOLVED**, That the Sub-Committee of Health be empowered to associate with them such members of the Medical Profession, and others, as may essentially aid them in the accomplishment of the objects referred to that Sub-Committee, and that the Secretaries convey to such Gentlemen the earnest request of the Committee of Directors, that they will be pleased to afford every assistance in their power, compatible with their professional avocations.”

No. II.

SECOND REPORT,

&c. &c.

Second Report of the Sub-Committee of Health, made on the 28th February, to the General Committee of Directors of the Association for Suppressing Mendicity, and unanimously agreed to at a Meeting of the Sub-Committee, and of its Associated Members, present, Doctors PERCEVAL, STOKES, ORPEN, BARKER, HARTY, GAMBLE, LEE, TAYLOR, O'BRIEN, ROBINSON, and GRATTAN.

YOUR Sub-Committee, in their former Report, have endeavoured (they would hope not in vain) to impress on the General Committee, the necessity of the department entrusted to their care, in forwarding the great and primary objects of the Association, *the Relief of Pauperism, and the Prevention of Mendicity*. To establish that position your Committee had occasion to advert to the influence of disease, and particularly of Contagious Fever, on the condition of the lower orders, and in doing so, were necessarily led into details respecting the present and future prevalence of the existing epidemic. That epidemic, as affecting this Metropolis, your Committee have had ample opportunities of observing, and being deeply sensible both of the rapid progress with which it has been daily advancing, and of the overwhelming force with which it *must* advance, unless checked by timely and energetic measures, they are anxious, and are by every duty bound

to arouse the Public to a proper sense of the urgent danger.—Your Committee did, therefore, in their first Report, endeavour, by a statement of incontrovertible facts, to excite such a degree of salutary alarm in the Inhabitants of this Metropolis, as might prevent them from reposing in an unfounded and treacherous security, and from neglecting the timely adoption of such efficient measures, as alone can avert the evils to be anticipated.

Your Committee are aware of the censures they have already incurred, and of the misinterpretation of motives, to which, by persevering in this course, they render themselves liable; they however disregard the one, and will not be diverted by the other, from a fearless discharge of their duty to the Public, being convinced that there are the strongest grounds for alarm, *that the time now is, when alarm can be salutary and useful, and that if we permit ourselves to be lulled into a belief of present security, the time must ere long arrive, when that security will be found false, its consequences fatal, and its ultimate result the inactivity of despair.*

In calculating the number of persons actually labouring under Contagious Fever, your Committee omitted in their first Report to make any deduction for the number of Strangers, brought into Dublin under Fever, on the one hand, or on the other, to take into account the proportion of our Garrison labouring under that disease. This omission, not very important in itself, was then caused by a want of official returns; these your Committee have since obtained, and will now state, that the General Committee, and through them the Public at large, may be possessed of all the data necessary to the formation of accurate conclusions res-

pecting the actual prevalence of this Epidemic in the City of Dublin.

In order to ascertain with the utmost accuracy the proportion of Strangers occupying our Fever Hospitals, a Member of your Sub-Committee undertook and executed the task of ascertaining, at the bed-side of every Patient in the Cork-street Hospital on the 19th inst. their place of residence; the result of the inquiry was, that of 258 patients then in the Hospital, 28 only, being less than one-ninth of the whole, were from the Country, and of these several had come to town in health, and sickened at various intervals afterwards. Your Committee cannot conceive any species of inquiry more correct or unquestionable than this. With respect to the health of the Garrison of Dublin as regards Fever, your Committee will state a single fact in itself conclusive. In the months of January and February 1817, the number of Fever cases admitted into the Royal Infirmary in the Park did not exceed 45; in the same months of this year they have already exceeded 165, independently of the cases attended in the different Regimental Hospitals.*

* There is in this statement a slight inaccuracy, which, but for *peculiar* circumstances, it might be unnecessary to notice: the correct returns are as follow:—

	Admitted,
From the 20th December, 1816, to 20th January, 1817, . . .	24
— 20th January, 1817, to 20th February, 1817, . . .	21
Total, . . .	45
From the 20th December, 1817, to 20th January, 1818, . . .	93
— 20th January, 1818, to 20th February, 1818, . . .	72
Total, . . .	165

Fever continued to prevail in the Garrison, but to what extent,

In addition to these and the other facts stated in their first Report, your Committee must now, with deep regret, unequivocally declare, that however great their apprehensions at the period of presenting that Report, and however strong the grounds were for entertaining them, these apprehensions have been much increased by the occurrences which have taken place in that short interval of time, since elapsed. They lament to say, that so numerous have been the sufferers from the rapid progress of Contagion, as to have exceeded all the accommodation furnished by the Cork-street House of Recovery, by Stephen's Hospital, and by the House of Industry, so much so that unfortunately on several days many applicants could not procure admission, and were thereby for a time thrown back upon the healthy population of Dublin. The necessary effects of such rapid increase of Fever patients beyond Hospital

or for what length of time, I could not subsequently ascertain.—As the accuracy of the above return is unquestionable, I was surprised to find, in a Report of the Hardwicke Fever Hospital, for the year ending the 31st of March, 1818, by Dr. Cheyne, that this gentleman, who had access to military medical documents, and whose character stands high for the general correctness of his facts and inductions, could have been led to state, that “the army in Ireland (including “the garrison in Dublin,”) continued to enjoy excellent health, up to the latest Report, (viz. July 1st, 1818.)” Dr. Cheyne, however, in drawing conclusions respecting the relative health of the garrison of Dublin in different periods, brings down his returns only to the 24th of December, 1817, and from them infers that “we have an additional proof that the diffusion of the Epidemic depended more upon its predisposing causes, than upon any peculiar activity of its contagious principle,” a position, which the returns for the two subsequent months must modify to a certain extent.

See DUBLIN HOSPITAL REPORTS,

Vol. II. page 51, et seq.

accommodations are but too apparent, nor need your Committee here insist on the evil consequences, which must result from a number of persons under Contagious Disease remaining in the midst of their crowded families. Your Committee, however, with pleasure state, that by the provident, continued, and liberal measures of our Government, aided by the humane exertions of the Governors of Sir Patrick Dunn's Hospital, additional accommodation has been procured in that Hospital of about 100 beds, 76 of which have been filled in six days, making at this moment a total of 1064 beds actually appropriated to cases of Fever, and of which 970 are now occupied, being an increase of 60 patients since our last Report, notwithstanding the influence of rejections in diminishing the number of applications.

These, however, and all the existing resources will, ere long, be exhausted, unless extraordinary efforts are quickly made to meet this extraordinary and formidable emergency.—Hospital accommodation may be provided to any given extent, and yet the Epidemic will spread; how then must it spread, should that accommodation again fall short, as it has done already? Other measures, besides providing the most extensive Hospitals, are requisite even to retard the diffusion of Fever. Measures must be adopted to prevent THE FORMATION OF FEVER, by destroying the sources of Contagion, as your Committee can, from well established experience, confidently assert, that such an Epidemic is only to be subdued by a combination of measures, *preventive*, as well as *remedial*—unless such a combination of measures be adopted, at once generally and simul-

taneously, your Committee could not be warranted in holding out any reasonable expectation of success, and were they to do so, would only belie their own judgment, and foster a delusion, unfortunately but too prevalent.

Your Committee now proceed to propose such specific measures as, in their opinion, are calculated not only "to check the present formidable progress of Contagious Fever, but to reduce that disease within narrower limits than those within which it has heretofore been confined."

These measures must be of a twofold description, REMEDIAL and PREVENTIVE; the *former* relating to the removal and accommodation of the infected—the *latter* to the management of their families and habitations.

To render any plan effective, the City should be divided into Medical Districts; and as the division into ten districts, already agreed to by the Association, is sufficiently appropriate, that division ought to be adopted, more especially as the extended agency of the Association is essential to the effectual execution of the measures about to be proposed.

As an accurate knowledge of the extent of the evil is necessary for its removal, it is therefore expedient, and for other reasons indispensable, that the habitations of the Poor be visited and examined by the Physicians of the City at large, for the purpose of procuring correct returns of the cases of Fever actually existing, and of the places wherein the infected are found. Such re-

turns to be made in printed forms, prepared for the purpose, which should specify the district, the street or lane, the number of house, the floor, the number in family, the number previously ill of Fever, the number then sick of Fever, whether willing to go to Hospital, the state of the room, house, and adjacent concerns, and whether willing to have them cleansed.

Such examination of the habitations of the Poor, laborious, disgusting, and dangerous as it must be, your Committee have no hesitation in saying ought, and they promise for themselves and brethren, will, under existing circumstances, be *gratuitously* performed by the Physicians of Dublin. In return, they ask that confidence and co-operation from their Fellow-Citizens, to which the known liberality of their profession in aiding the works of charity, fairly entitles them.

While the work of investigation is in progress, a moment should not be lost in providing Hospital accomodation still more extensive, that the necessity for rejecting a single application even for a day, may never again occur—that accomodation, at the same time, should be more diffused—that the sick may not be brought (as is now the case) from the remotest part of Sir John Rogerson's-quay to the House of Industry, in place of being sent to a contiguous Hospital.

To arrest at once the further progress of Fever, it is necessary not only to seek out those who labour under the disease, and to provide ample Hospital accomodation for them, but also to empower the visiting Physicians to order the immediate removal of the infected, with their own consent, to a contiguous Hos-

pital ; arrangements being previously made for that purpose with their respective Governors. The advantages that must result from such visitation of the sick, and from granting such power to the visiting Physicians, are evident from the single fact, that, upon an average, the Poor themselves seldom apply for admission into Hospitals until the seventh or eighth day of Fever, and often so much more tardily that deaths frequently occur within the first twenty-four hours after admission—hence the unavoidable and more extended diffusion of Fever, *an evil* only to be prevented by the measures now recommended.

Finally, to accomplish the speedy separation of the infected from the healthy, it is necessary that proper Hospital carriages be provided, in sufficient number, for the quick, easy, and safe conveyance of the sick ; such carriages to be kept in proper stations in different parts of the town, at which applications and orders for admission may be received. The propriety of this arrangement will be the more striking, when it is known that at the present moment, three Patients are often brought together in one and the same vehicle, without distinction of sex, and in some few cases, even five of the same family (not children) have been so transported to Hospital.

As it is confessedly much more difficult to subdue a Contagious Epidemic in the crowded and filthy houses of a large city, than in a small village or country town, your Committee would further recommend that our Hospitals should receive no more Fever cases from the country, as they contribute to the more rapid spreading of Contagion ; as they occupy wards, now not

more than sufficient for the wants of the metropolis; and as they may, with much greater safety and advantage, be accommodated in temporary Hospitals, beyond the precincts of the city. The Whitworth Fever Hospital may, in the first instance, be appropriated to the Northern and Western Strangers, and temporary accommodation might in the same way be easily provided to the South of the city—or in the neighbouring towns, wherein infection prevails.

Such are the measures which your Committee recommend as necessary and sufficient for the removal and accommodation of the infected, and as indispensably requisite to give efficacy to those measures of prevention, which relate to the management of their families and habitations; these means they now proceed to state.

Provision having been thus made for the removal of every Pauper now affected by Fever, immediate measures should be adopted for employing, under proper superintendance, the remaining members of their families, in cleansing their own persons, clothing, furniture, and apartments, the Poor being paid for so doing, and supplied with the proper instruments for sweeping, scouring, and white-washing: the system of cleansing should extend to the whole house, to the back-yard, and adjoining places, and should be adopted in every habitation in which infection not only now exists, but in which it lately existed; free ventilation should be promoted in every possible way, and cellars and other places, not admitting of ventilation, should be well fumigated. Every article of furniture, such as straw, flock, &c. capable of retaining infection, but not of being cleansed or purified, should be destroyed,

compensation being made for the same, either by money or substitution, for which latter purpose places should be provided for storing straw and keeping it dry.

The great difficulty certainly consists in enabling the Poor to cleanse their own clothing and bed furniture; as they are seldom provided with a change. On this account some expense and risk of loss must be incurred, as without such cleansing all other measures of precaution would prove unavailing; cheap clothing therefore of a peculiar description, and stamped blankets, should be lent on reasonable security. Until public washing-houses are established, (a measure on every account most desirable) portable washing apparatus can be readily provided, and drying-rooms may quickly be fitted up at a moderate expense. Such articles of clothing as cannot well or conveniently be washed, may be subjected to a high degree of temperature. In carrying these measures into effect, the intervention of the Police may occasionally be requisite, for the security of the property of the Poor; but to carry them into complete effect, a more ample and general supply of water, than can at present be commanded amid the habitations of the Poor, is indispensably necessary; for this purpose, arrangements should be made with the Pipe-Water Committee, and with the Commissioners for Paving, and application should also be made to his Excellency the Lord Lieutenant, for the immediate expenditure of the monies granted by Parliament for the supply of water in the Liberties of this city.

Until the Epidemic shall have been completely subdued, the Physicians of the city should, in their respective districts, make periodical visitations (at short

intervals) of the habitations of the Poor, for the purpose of ascertaining the progress or decline of Fever, for expediting the removal of the infected, and for directing the continued and repeated cleansing of those houses in which the Contagion had long existed, or in which it may re-appear.

Before your Committee conclude their Report on this the most important topic, which, under the present awful state of the Metropolis, could engage their attention; they feel it their duty to suggest the propriety of adopting another measure in cases of extraordinary, extensive, or long continued infection; a measure, which, however expensive it may at first view appear, they would yet, in such cases, recommend as one not merely of necessity, but of economy. Your Committee here allude to the temporary and voluntary removal of the Poor from their own habitations to fit houses for their reception, in order that their apartments may be thoroughly cleansed and ventilated, their furniture purified, their clothing and persons washed. Your Committee have calculated that thirty-six hours may be about the average stay of each person so removed; during which time, the infected houses can be thoroughly cleansed, ventilated and whitewashed, and every species of filth removed from and about their habitations. The persons admitted into the reception houses, should, without exception, be immediately washed, and then provided with clean clothing, and their infected apparel washed and speedily dried. The General Committee of Directors will please to observe, that your Sub-Committee would strictly limit the application of this measure to cases of extraordinary, extensive, or long continued infection, and in such cases, they have no doubt

it would be found the only safe and economical mode of proceeding.

Your Committee have now detailed those measures of Medical Police, by which alone the present formidable progress of contagious Fever can be arrested, and the Epidemic itself ultimately subdued. In their next Report, which shall treat of the best means of "Improving and Preserving the Health of the Lower Orders," your Committee will state those measures of General Police, by which not only that important object may be accomplished, but by which Contagious Fever may be reduced within limits much narrower than those within which it has heretofore been confined. Your Committee will then further point out the modes by which, through the agency of this Association, and with the assistance of Government, all those measures of Medical and General Police can be carried into effect.

Your Committee beg leave to annex to this Report a paper drawn up by Dr. Robert Perceval, and by him presented to your Sub-Committee, after their Report was finished, on the state of the existing Epidemic, and on the means of arresting its progress. The coincidence of their views with those of so experienced and enlightened a Physician, and that without any previous communication, has been most gratifying to your Sub-Committee, and in itself furnished strong presumptive evidence, that the views themselves are not incorrect.

(Signed)

FRANCIS BARKER,
THOMAS H. ORPEN,
WILLIAM HARTY,
RICHARD GAMBLE,
SAMUEL ROBINSON.

APPENDIX TO SECOND REPORT.

Plan for the co-operation of the Health Sub-Committee, in preventing the causes of disease, and checking the progress of Contagion in the City.

“THE admission Registries of the Fever Hospitals being open for the inspection of the Health Sub-Committee, by resorting to them, they may ascertain, *first*, those parts of the City in which infection principally prevails, and may provide such means of preventing its extension as circumstances may suggest, particularly the destruction of foul straw and useless bedding, and the purification of what remains in the habitations quitted by the sick. They might also point out the means of support for the helpless families left destitute by the removal of their heads.

“Secondly—Particular attention ought to be paid to the state of Convalescents, who may be furnished with clean clothes, straw and bedding, if possible, and may be supplied with provisions or money, to support them during the time of weakness and inability for labour, which must succeed the attack of fever.

“Thirdly—The habitations of the Convalescents may be whitewashed and prepared for their reception, and printed papers of instruction, such as have appeared in the Newspapers, given to the relations of the sick, or other inmates of their habitations, as may prevent them suffering by the return of their friends. These should be authenticated by the signature of some of the Members of the Sub-Committee, and of the Physicians of Fever Hospitals. In these instructions might be

included the choice of particular kinds of food—for example, to avoid fish, especially if it be not perfectly fresh.*

“ Fourthly—The Sub-Committee might afford encouragement and support to Dispensaries, the Medical Attendants of which might give assistance to Patients, who cannot or will not be removed to Hospitals, and might make returns similar to those contained in the Hospital Registries. They might also undertake the care of Patients, in whom Chronic complaints succeed the febrile attack.

“ Fifthly—The Members of the Sub-Committee might open a correspondence with their friends in the country, such as have been most active and most successful in the treatment of fever, or its suppression in the provincial towns and villages.

“ It is presumed, that these are the only means, inclusive of the prevention of infection from the country, by which the extinction of contagion can be attempted, and the employment of those means, on a permanent and well digested plan, becomes the more necessary, as it appears, that in most of the populous cities in Ireland, the contagion of fever has subsisted, not only for months, but, in several cases, for upwards of a year.

“ In the discharge of the above offices, they would meet with considerable assistance from the Inspectors of Health attached to the Hospitals, and from the Parochial Committees, and Charitable Societies for the re-

* From a neglect of these precautions, (1, 2, 3,) patients dismissed from Hospitals continually relapse, and again and again return.

lief of the Poor, with whom a correspondence ought to be maintained, so as to unite, and, by a distinct demarcation of duty, to direct the endeavours of all to the accomplishment of objects in which the public welfare is so vitally interested.

“ A review of the statements of the Public Health and of the causes of the Epidemic, collected from every part of Ireland in the months of September and October last, indisputably evince s, that the measures above proposed are necessary for arresting the progress of disease, which has extended itself in the Capital since the period above mentioned, and which still continues to ravage the distant parts of the Country. In the Province of Ulster, about thirteen Reports (from every County in the Province) assign the misery of the Poor as the cause of the Epidemic—cold, wet, bad clothing, bad provisions, filth, idleness, despondency.

“ Thus poverty and disease exert their aggravating influence reciprocally, nor shall we ever succeed in extirpating the one, unless due supplies be afforded for the relief of the other. The immunity of London from Plague is dated from the renovation of the City after the fire of 1666. In the Reign of Elizabeth, the habitations even of the upper ranks were filthy, and miserably accommodated. Perhaps the improved state of health in London may be ascribed to the habits of Dutch cleanliness, introduced at the time of the Revolution, as well as to the reconstruction of the City.

“ Those statements of Public Health very generally refer the dissemination of contagion to the migrations of afflicted and filthy Mendicants, and numerous instances have occurred in this City, to confirm the opi-

nion. The defect of existing establishments for the reception or relief of the various descriptions of Mendicant Poor, must render the immediate suppression of Mendicity impracticable. But the evil is urgent; and perhaps the following Scheme may deserve attention as affording a prompt remedy :

“ 1. To open an office, to which all Mendicants might be referred, to give in their names and places of abode.

“ 2. Their claims being substantiated by proper inquiries, to supply each with a marked uniform, which might be the passport for receiving alms.

“ 3. To open a public Laundry, where the numbered Mendicants might have their Clothes and their persons washed.

“ 4. To enter into a general resolution not to give alms to any who does not appear in clean uniform; such a resolution would meet with public support, elicited not only by the care of individual safety, but the interest which shopkeepers must feel in keeping their doors clear of filthy Mendicants, who, it is well known, deter their customers from frequenting their shops.

“ 5. Such regulations might excite the attention of the middle and lower classes of society to the importance of cleanliness, and its efficacy in checking contagion.

“ 6. The execution of such a plan would lay the surest foundation for a general scheme for the suppres-

sion of Mendicity in the City, which can only originate in an accurate census of the Poor.

“ 7. The above plan would set the loom and the needle at work amongst those who are now idle and distressed, and thus would afford an extensive collateral relief.

“ ROBERT PERCEVAL.”

“ February 26, 1819.”

After the second Report had been read and received, the following resolution was adopted by the General Committee of Directors :

“ Resolved,—That a copy of this Report be presented to his Excellency the Lord Lieutenant by our Vice Presidents, and that the Sub-Committee of Health be empowered to make the necessary arrangements for carrying into effect the measures recommended in their Second Report : first reporting to the General Committee, and obtaining its sanction for any measure attended with expense.”

No. III.

THIRD REPORT,

&c. &c.

*Third Report of the Sub-Committee of Health, presented
March 7th, 1818.*

YOUR Sub-Committee, aware that the speedy execution of the measures recommended in their last Report, was of more immediate and momentous importance to

the personal safety of every inhabitant of this Metropolis, than any other object to which your Committee could now direct its attention, did therefore, and in compliance with the resolution of the General Committee of Directors, at once prepare to make those preliminary arrangements so necessary for carrying into effect the measures proposed by your Sub-Committee for the extinction of contagious Fever. To accomplish that important object, it was requisite to obtain the consent and approbation of the Physicians of Dublin, as, without their aid, nothing effectual could be done. A General Meeting of the Profession was therefore convened on Thursday last, for the purpose of devising and arranging a plan of general co-operation for the extinction of contagious Fever in this City. To that meeting, which was very numerously attended, and at which Dr. Joseph Clarke presided, the two Reports of your Committee were presented for its concurrence and approbation: and your Committee have great satisfaction in stating, that after these Reports had been read and discussed, the following Resolutions were unanimously adopted:—

“ Resolved,—That this Meeting fully approves of the measures recommended in these Reports for the extinction of contagious Fever, and that the Physicians present will most cordially co-operate in carrying them into effect.

“ Resolved,—That the foregoing Resolution be communicated to the General Committee of Directors, that the necessary arrangements may be made for the immediate reception of Patients into the Fever wards of Hospitals in this City, now appropriated, or that may

hereafter be appropriated for such purpose, upon the order of any of the Visiting Physicians."

Your Committee have further to state, that an adjourned Meeting will be held on Monday next, for the purpose of agreeing on the several Physicians who shall take charge of the respective Districts, and for arranging such other matters as must necessarily precede the visitation of the habitations of the poor.

Your Sub-Committee have now, therefore, the satisfaction of informing the General Committee of Directors, that the Physicians of Dublin have entered on this undertaking (arduous and dangerous as it is,) with such zeal and alacrity, that a very few days only need elapse before they shall be fully prepared to carry the plan, so far as they are concerned, into execution: *provided* the arrangements alluded to in the second Resolution, and which are indispensably necessary for the speedy separation of the infected from those in health, are previously made, for which purpose your Committee recommend an immediate communication with the Executive Government, and with the Governors of Hospitals receiving cases of Fever.

Your Committee would further suggest the necessity of immediately organising *all* the District Committees, as the most essential measure of prevention, *that of cleansing the persons, furniture, clothing and habitations of the poor*, can only be accomplished through their agency, and that measure must be executed speedily, if it be an object with the General Committee to prevent an incalculable increase of Paupers and of Mendicants. As an expenditure of money is necessary for carrying

such a measure into effect, and as your Committee cannot, in addition to its other duties, be encumbered by making disbursements and keeping accounts ; it is requisite, in the first instance, that some given sum be placed at the disposal of the Sub-Committee of Employment, to enable the District Committees to employ the poor in cleansing their persons, furniture, clothing, and dwellings ; for which special purpose, it is further suggested, that the wealthier Parishes in particular be called on to contribute, and either to assist in this undertaking, or to place their contributions at the disposal of the District Committee, in which their Parishes are situate.

That the *all-important* measure of a general cleansing may be executed with accuracy and with effect, your Committee have prepared printed forms according to the suggestions contained in their Second Report, and would further recommend, that the poor, employed in such operations, be not paid until their habitations shall have been duly inspected, and a certificate given of the manner, in which the cleansing had been executed.

To facilitate, still further, the ample execution of this important measure, your Committee must urge the propriety and necessity of directing an immediate abstract to be made (according to the annexed schedule) from the Records of all our Fever Hospitals, of the names and residences of the different inhabitants of this city, admitted into such Hospitals since the 1st of January last, and arranged according to the Districts of the Association. Such returns would most materially assist both the Visiting Physicians and the District Committees, in di-

recting their attention to those Houses in which contagion either now exists or lately existed.

Finally, your Committee may *now* with some confidence declare their firm belief, that by the adoption and vigorous execution of the measures recommended, the present formidable progress of contagious Fever may be speedily and effectually retarded, and the Epidemic itself ultimately subdued, *provided* the constituted authorities, and the Citizens of Dublin, zealously co-operate with the Physicians in this undertaking: and that they will so co-operate, your Committee have every reason, not merely to hope, but to feel assured. That the General Committee of Directors, and through them, the public, may be convinced that the necessity for exertion has not decreased since the Second Report was presented, (notwithstanding very confident assertions to the contrary,) your Committee will conclude their present Report, by stating the returns of Fever in the different Hospitals of the City, for the 6th of March:—

In the House of Industry	- - - -	597
In Sir P. Dunn's Hospital	- - - -	68
In Steevens's Hospital	- - - -	80
In Cork-street Hospital	- - - -	255

Total, 1000

being an increase of thirty in Hospital since the 28th day of February.

(Signed)

FRANCIS BARKER,
THOMAS H. ORPEN,
WILLIAM HARTY,
RICHARD GAMBLE,
SAMUEL ROBINSON.

Dated the 7th March, 1818.

The third Report having been read and received, and a motion having been made that in the first instance a sum of £100 should be placed at the disposal of the Sub-Committee of Employment for the purposes stated in that report, the following amendment was proposed, and on a division carried: viz. that "it would be premature in this Committee to undertake any measure directly arising out of the original resolutions of the Association, or auxiliary thereto, until it shall first having completely organised its several District Committees, through whose instrumentality alone any such measures can be effectually accomplished."

This Resolution, (the object and intention of which, however expressed, was to put an end to all further discussion respecting Fever,) having been communicated to a General Meeting of the Physicians of Dublin, convened (previously to the adoption of the Resolution) for the purpose "of devising and arranging a plan of co-operation with the General Committee of Directors of the Association for suppressing Mendicity, in such measures as may be necessary and expedient for the extinction of the present alarming Epidemic," it was unanimously resolved, on the 9th March,

"That a Deputation from the Physicians of Dublin be appointed to wait on Mr. Gregory, Under-Secretary of State, for the purpose of apprising the Executive Government of their sentiments on the subject of the existing Epidemic, and particularly on the necessity of providing additional Hospital accommodation, previously to any visitation of the habitations of the Poor by the Physicians.

"Resolved, That Doctors Perceval, Joseph Clarke, Boyton, Barker, and Harty, constitute the Deputation for that purpose."

This Resolution was forthwith carried into effect: the Deputation (by appointment) waited on Mr. Gregory on the 12th

of March, and by his desire, previously expressed, delivered to him a *written* statement of their opinions, to obviate any misconception, which might arise from a mere verbal communication. At a subsequent Meeting of the Physicians, (Dr. Thomas Egan in the chair,) held on the 16th of March, that statement was unanimously approved of in the following terms: *Resolved*, "that this Meeting entirely coincides in the sentiments and opinions contained in the statement of their Deputation."

No. IV.

STATEMENT

OF A

*Deputation from the Physicians of DUBLIN, dated
March 12, 1818.*

WE, the undersigned, being a Deputation from the Physicians of Dublin, "appointed for the purpose of apprising the Executive Government of their sentiments on the subject of the existing Epidemic, and particularly on the necessity of providing additional Hospital accommodation, previously to any visitation of the habitations of the Poor by the Physicians," beg leave respectfully to state, for the information of his Excellency the Lord Lieutenant, that the following are briefly their opinions on the subject:—

1. That the present Contagious Epidemic has now prevailed in this City for nearly six months, and has, during that time, been making daily progress.

2. That the experience of past Epidemics, and of the present, (as it has prevailed in distant parts of Ireland,) renders it highly probable, that this Fever, whatever may be its apparent fluctuations in respect to the immediate number of sufferers, is not likely spontaneously to subside within a period short of one year.

3. That an Epidemic of such a character, propagated by contagion, and diffused among the Poor from cold, wet, bad clothing, bad provisions, filth, want of employment, and consequent despondency, is not to be arrested by the mere reception of the infected into Hospitals, but must be resisted by measures calculated to destroy the sources of Contagion, and thereby to prevent the *formation* of Fever.

4. That the beneficent liberality of Government, directed, as it has been, to the providing accommodation for such of the infected as apply for admission into Hospitals, must necessarily fail of arresting the progress of the Epidemic, *unless aided* by active vigilance, steady exertions, and uniformity of system on the part of the Citizens themselves.

5. That the Physicians of Dublin are anxious, in this great public calamity, not only to give their advice as to the best mode of arresting the Epidemic, but are ready to afford their gratuitous services in carrying into effect the well-digested measures, both remedial and preventive, detailed in the Second Report of the Sub-Committee of Health and of its associate Members, which was presented to the Association for Suppressing Mendicity, and by the Vice-Presidents of

that Association, laid before his Excellency the Lord Lieutenant.

6. That a general, simultaneous, and well-directed effort on the part of the Citizens, and of the constituted Authorities, is essentially necessary to give effect to the exertions of the Physicians, and to enable them to subdue this formidable Epidemic, within any reasonable time.

7. That as the Government has, with the utmost liberality, carried the remedial measures to a great extent into execution, it is confidently hoped, that his Excellency the Lord Lieutenant will be graciously pleased to direct such additional accommodation to be at once provided, as may be requisite for the immediate reception of those persons whom the Physicians shall, on visiting the habitations of the Poor, find affected with Fever.

8. That as the Citizens of Dublin *alone* are competent to the effectual execution of the measures of prevention, it is therefore incumbent on them, zealously to co-operate, and under a well-organized system, to discharge that duty they owe to themselves and to the cause of humanity.

9. That any attempts to carry the preventive measures into effect, through the medium of parochial efforts and contributions, must fail from want of uniform, steady, and simultaneous action, from want of fit organization and of adequate means; the sufferers from disease being most numerous where wealth is least abundant.

10. That the measures of prevention, without which nothing effectual can be done to eradicate contagion, are only to be accomplished through the medium of a well organized body of the Citizens, embracing at once the whole City—such a body as that of the Association for Suppressing Mendicity ; and it is, therefore, submitted, whether a communication between Government and that Association, might not be conducive to the efficient execution of the measures proposed.

11. That to retard the further diffusion of Fever by a speedy separation of the infected from those in health, it will be necessary to empower the several Physicians of Dublin, who voluntarily and gratuitously undertake the dangerous and laborious task of visiting the habitations of the Poor, to order into the Fever Hospitals such persons as they may find labouring under the disease, and who are willing to be removed.

Finally, It is the opinion of the Physicians, that the measures recommended in the Second Report of the Sub-Committee of Health, above alluded to, *alone* are competent to check the further progress of this formidable Epidemic ; and that these measures, if perseveringly executed, are likely to subdue it within a reasonable time.

(Signed)

J. W. BOYTON, Chairman.
ROBERT PERCEVAL.
JOSEPH CLARKE.
FRANCIS BARKER.
WILLIAM HARTY.

To this statement an answer was returned on the 19th of March, and submitted to an adjourned meeting of the Physicians, held on the 20th, Dr. J. W. Boyton in the Chair. Mr. Gregory's answer having been read and discussed, it was *unanimously resolved*,

“That a Committee of Seven be appointed to consider whether any, or what answer should be made to the letter received from Mr. Gregory, in reply to the statement submitted to his Excellency the Lord Lieutenant by their Deputation, on the subject of the existing Epidemic; and also to report such further measures as it might be expedient for the Physicians to adopt.”

The following is Mr. Gregory's answer to the Statement of the Deputation, addressed to Dr. J. W. Boyton:

No. V.

MR. GREGORY'S ANSWER TO THE STATEMENT,
&c. &c.

Dublin Castle, 18th March, 1818.

SIR,

I HAVE submitted to the Lord Lieutenant the statement left by you and a Deputation from the Physicians of Dublin, on the 12th instant, appointed “for the purpose of apprising the Executive Government of their sentiments on the subject of the existing Epidemic, and particularly on the necessity of providing additional Hospital accommodation, previously to any visitation of the habitations of the Poor by the Physicians;” in

which they state their opinions on that subject, and offer, for his Excellency's consideration, the means by which the suppression of the existing fever can be effected ; and submitting that a communication between the Government and the Committee for the suppression of Mendicity should be adopted, as conducive to the efficient execution of the measures proposed ; and finally expressing their opinion, that the measures suggested in the Second Report of the Sub-Committee of Health, are alone competent to check the further progress of this formidable Epidemic.

To this statement, his Excellency directs me to say, he has given the most mature and serious consideration ; and is satisfied that the Physicians, who have signed that statement, must be convinced that this important subject has long occupied the most watchful attention of the Government. In assuming this credit to the care of the Government, his Excellency desires me to express his unfeigned belief, that the Gentlemen who have drawn up this statement and are willing to engage in the execution of the measures proposed, are actuated by the sincerest motives of humanity ; and he should be wanting in justice and in candour, did he not think them entitled to the best thanks of the public, for these laudable offers of their exertions.

His Excellency desires me to observe, that the Governors of the House of Industry, with a view to prevent the dissemination of contagion, have divided the City and its vicinity, within seven miles, into four districts, and have appointed a Medical Inspector in each of them, to visit the habitations of the Poor, to detect Fever on its first appearance, and to transmit the in-

fectured to Hospitals, and also to have their apartments cleansed, and the nuisances removed.

That sixty-six paupers, with superintendants, have been employed in the discharge of the above duties ; by which means no less than six thousand five hundred and seventeen houses, and habitations of the Poor, have been white-washed and cleansed within the last six months ; and his Excellency is very happy to find, that the Managers of the Fever Hospital in Cork-street, as well as several parishes, are at present engaged in the same objects of prevention.

The Governors of the House of Industry have also on their present Medical Establishment,

PERMANENT,

Four Physicians—three Surgeons—two Apothecaries, with Assistants, resident in their shops ;

TEMPORARY,

Four Medical Inspectors—four Clinical Clerks, resident—seven Medical Attendants in the Penitentiary, with the aid of the Physicians, who superintend, and visit twice each week—one resident Apothecary, with Assistants, and his shop—and two extensive Laundries, appropriated solely to the Fever Hospitals.

His Excellency considers it unnecessary to make any observations on the various extensive Hospitals already open for the reception of Fever Patients, but desires me to state, that in case the contagion should unhappily continue to spread, in addition to these Hospitals, his

Excellency has the power of opening the new Bridewell, on the South Circular Road, capable of accommodating three hundred patients.

Having thus stated the means, which have been adopted under the sanction of the Government, to cure the infected, and to stop the progress of contagion, I have to acquaint you, that his Excellency wishes it to be distinctly understood, that he cannot, as the head of the Executive Government of this country, agree to connect himself with the Committee for the Suppression of Mendicity, or with any branch of that Association.

When his Excellency consented to become the Patron of the Association, he did so in his individual capacity, and as such, was ready to give every support in his power to views which appeared to him highly commendable ; yet, in his public capacity, he declined giving any assurance of support. Adhering still to these sentiments, which he so early expressed, he cannot admit of the adoption of their suggestion of a communication between the Government and the Committee for the Suppression of Mendicity ; and he directs me to state, that many of the measures proposed to be adopted in the statement submitted for his consideration, have already been anticipated, and others which have been recommended, he thinks, can be more effectually carried into execution by private exertions, and parochial subscriptions, than in the manner pointed out by the Physicians.

I have the honour to be, Sir,
Your most obedient humble Servant,
W. GREGORY.

To Dr. J. W. Boyton.

The Committee of Seven reported, at an adjourned meeting of the Physicians (convened by circular notice) on the 25th March, Dr. Wm. Brooke in the Chair.

Their Report (No. 6) having been read, was unanimously adopted.

Several Resolutions (No. 7.) were then proposed and (with a single dissentient to the 14th Resolution,) were unanimously agreed to.

No. VI.

REPORT OF THE COMMITTEE,

&c. &c.

Report of the Committee appointed "To consider whether any, or what answer should be made to the Letter received from Mr. Gregory, in reply to the Statement submitted by the Deputation of the Physicians of Dublin to his Excellency the Lord Lieutenant, on the subject of the existing Epidemic; and also to report such further measures as it might be expedient for the Physicians to adopt."

YOUR Committee having attentively perused the several documents referred to their consideration, more especially the letter received from Mr. Gregory, are persuaded, that this letter, so far at least as it embraces questions purely Medical, could not emanate directly from his Excellency, or have been dictated by his Excellency's general advisers, but must have been written under the advice and direction of responsible Medical Officers, who, from the tenor of that letter, appear determined still to persevere in recommending measures,

proved by experience and by the steady progress of the Epidemic, to be altogether inadequate to its suppression within any reasonable time. Under these circumstances, your Committee regret, that, though they cannot but dissent from many of the positions laid down in Mr. Gregory's letter, it would not be consistent with the etiquette usually observed on such occasions, or with the dignity of the profession, to propose making any reply, more especially as the able statement of your Deputation yet remains unanswered and almost unnoticed.

However, as the measures recommended by the Physicians of Dublin for the extinction of Contagion, (of the propriety and necessity of which they were the most competent judges,) and also the offer of their gratuitous services in carrying those measures into effect, have virtually been rejected, both by the Executive Government and by the Association for suppressing Mendicity, under circumstances that would seem to call for explanation, your Committee think it incumbent on the Physicians of Dublin, in discharge of their duty as Guardians of the Health of this Metropolis, to submit all the facts of the case to the public judgment—a course which your Committee would still more strongly recommend, from a conviction, that unless timely and energetic measures are adopted on the part of the citizens themselves, the Epidemic will probably continue its ravages on a scale still more extensive and diffused, and at a still greater sacrifice of human life and of human happiness.

Should the Physicians of Dublin coincide in this sentiment, your Committee would then suggest to them the propriety of agreeing to Resolutions expressive of their opinions respecting the existing Epidemic and the me-

thods heretofore adopted, and now in operation, for arresting its progress.

Before your Committee conclude their Report, they cannot refrain from adverting to a topic, which has been brought under their notice by Mr. Gregory's letter, though it had not been alluded to, directly or indirectly, either in the statement of your Deputation, or in any of the Reports of the Sub-Committee of Health, it being a topic, which, on the ground of delicacy, rather than of duty, they would reluctantly discuss. Your Committee here allude to that part of Mr. Gregory's letter, which states the present extent of the Medical Establishment at the House of Industry, for the treatment of between 600 and 700 cases of Fever. It would appear, that besides Surgeons and Apothecaries, there are four Physicians, four Medical Inspectors, and four Clinical Clerks; it would further appear, that there are seven "Medical Attendants" to take charge of the Patients in the Penitentiary, in which, of late, about 400 persons under Fever are accommodated. As it is stated in Mr. Gregory's letter, that "the Physicians visit the Penitentiary twice in each week, and superintend," it must, from that circumstance, be presumed, that the seven "Medical Attendants" are neither Physicians nor Surgeons, or, at least, that they are not deemed competent to act in the former capacity. The duty of the Medical Inspectors is distinctly explained, but whether the Clinical Clerks are included among the Medical Attendants, or whether they have charge of patients, or what precise office they fill, does not appear. In discussing this subject, so important to the health of the poor, it may not be amiss to contrast the Medical Establishment of the Cork-strect Fever Hospital with

that of the House of Industry. To the former are attached eight Physicians, besides a Surgeon and Apothecary; the House contains about two hundred and fifty patients, and as five of the Physicians are now in attendance together, each has about fifty under his care, whereas, in the House of Industry, more than one hundred have frequently been under charge of one "Medical Attendant."* In the Cork-street Hospital, as appears by the published returns, the mortality in the month of February last was less than one in thirty; whereas, in the House of Industry, the mortality in the same month was not less than one in ten. To what cause can such a marked difference be attributed? This is a matter of no less importance than delicacy, but which, as it is the duty of your Committee to mention, so, they have no doubt, it will be the anxious wish of the Government to investigate; *more especially* as, in every part of Ireland since the commencement of the Epidemic, the Physicians have, without exception, given gratuitous attendance on Fever Hospitals, and the Physicians of Dublin never refused to act a similar part.

Your Committee cannot conclude their Report without expressing, in the strongest manner, their conviction, that the Government is entitled to every praise for its zealous and earnest desire to adopt every measure most beneficial to the Poor; and that, if any thing has been *otherwise* done, it has been *so* done under advice

* Shortly after the publication of this document, several regularly bred Physicians were appointed to attend the Fever patients in the Penitentiary.

which the Government could not well resist, *that* of its responsible Medical Officers.

(Signed,) JOHN WILLIAM BOYTON,
F. RARKER,
P. MACLOUGHLIN,
WILLIAM HARTY,
R. GAMBLE.

March 25th, 1818.

No. VII.

RESOLUTIONS

Of the Physicians of DUBLIN, adopted at a General Meeting, held the 25th March, 1818.

Resolved, 1.—That it is the conviction of the Physicians of Dublin, that the Government bestowed early and vigilant attention to the Fever now prevalent in this City and its vicinity, and spared no expence in providing Hospital accommodation for the daily increasing number of applicants, and in adopting such other measures for arresting the progress of the Epidemic, as were recommended by those who are the known advisers of the Government on this subject.

Resolved, 2.—That the methods heretofore pursued for suppressing this contagious Epidemic, though creditable to the liberality, and indicative of the benevolent views of the Government, are, in themselves, *however extensively executed*, inadequate to the accomplishment of that object, as has been unequivocally and unfortunately evinced by the steady progress of the disease.

Resolved, 3.—That the division of this City and of its vicinity within seven miles into four districts, and the appointment of a Medical Inspector to each

district, made by the Governors of the House of Industry, "with a view to prevent the dissemination of contagion," are totally insufficient for the object proposed, as it is physically impossible that four men could, within a circumference of more than fifty miles and to any useful purpose, "visit the habitations of the Poor—detect Fever on its first appearance—transmit the infected to Hospital—have their apartments cleansed, and nuisances removed."

Resolved, 4.—That the Physicians of Dublin, convinced of the total inadequacy of such a measure, and of the necessity of making "a general, simultaneous, and well directed effort" to subdue this formidable Epidemic within any reasonable time, did therefore offer their gratuitous services to carry into effect those measures of prevention, which, in their judgment, were best calculated to check its further progress.

Resolved, 5.—That although white-washing and the removal of nuisances from the habitations of the the Poor may contribute to prevent the introduction of Fever; yet that experience has demonstrated the utter inefficacy of such measures of prevention against an existing Contagion, while proper ventilation is neglected, and while the persons, clothing, and bedding of the infected remain unpurified—*provisions entirely overlooked* in the system of measures heretofore pursued.

Resolved, 6.—That the ample Hospital accommodation provided by Government, though it could never prevent, must have materially retarded the progress of the Epidemic; and as the expense of such accommo-

dation has, in other places, fallen principally on the Inhabitants, the Citizens of Dublin are therefore deeply indebted to the liberal and paternal care of Government; and are in return bound by every feeling of interest as well as of humanity, to execute those measures of prevention, to which they *alone* are competent, and without which Hospital accommodation will have been provided for them comparatively to little effect.

Resolved, 7.—That this Epidemic has already infected at least 7000 of the Inhabitants of this City, and that, should it continue its ravages for one year at the same rate as during the last two months, it must afflict upwards of 30,000 more; and, at the same rate of mortality, must consign to the grave about 2000 of the unfortunate sufferers.

Resolved, 8.—That had a preventive system, such as that recommended by the Sub-Committee of Health, been adopted in the early part of the Epidemic, it is our opinion, that it would have been found not only much more efficient than the plan heretofore pursued in subduing the Epidemic, but much more economical; and that it was, besides, calculated to avert an immense accumulation of wretchedness and poverty, and to establish among the Poor such habits of cleanliness as would, with due encouragement, have afforded for the future the best security against any similar calamity.

Resolved, 9.—That the Physicians of Dublin did expect the fullest co-operation from the Association for suppressing Mendicity, from the tenor of its proceedings,* and did anxiously hope for such assistance, be-

* The proceedings here referred to are, *first*, a Resolution, adopted at

cause Parochial efforts have hitherto proved ineffectual, and appear to us utterly inadequate to suppress Epidemic Fever in this City; and because the Association was the only existing body, which from its organization was at all adequate to that object.

Resolved, 10.—That, therefore, this Meeting has heard with equal surprise and regret, that any portion of the citizens of Dublin should, in such an emergency

the second Meeting of the General Committee of Directors, on the 31st of January last, "That it is expedient, without further delay, to appoint a Sub-Committee of Health, for the purpose of suggesting the measures best calculated for checking the diffusion of Contagious Fever, and that the following Gentlemen be constituted Members of said Committee," &c. &c.

Second—The following extract from the Circular Letter of the General Committee of Directors—"As the cases of distress are at this moment more numerous than they are likely to be hereafter, and as in consequence of that and other causes, Contagious Fever has been diffused to a most alarming extent, the Committee confidently anticipate such a liberal Subscription as will enable them, not only to relieve the former, but check and, perhaps, materially contribute to the eventual eradication of the latter."

Third—A Resolution adopted on the 7th of February, as follows—"That the Sub-Committee of Health be empowered to associate with them such Members of the Medical Profession and others, as may essentially aid them in the accomplishment of the objects referred to that Sub-Committee; and that the Secretaries convey to such Gentlemen the earnest request of the Committee of Directors, that they will be pleased to afford every assistance in their power, compatible with their professional avocations."

And, *last*—A Resolution adopted after the Second Report of the Sub-Committee of Health was presented and received, viz.—"That the Sub-Committee of Health be empowered to make the necessary arrangements for carrying into effect the measures recommended in their Second Report, first reporting to the General Committee, and obtaining its sanction for any measure attended with expense."

so awful and unexampled, decline to lend their assistance in carrying into effect the measures of prevention; more especially as such measures were calculated not merely to eradicate contagion and thereby prevent the formation of disease, but to afford extensive employment to the Poor, and thus so far obviate the two great causes of Poverty and Mendicity.

Resolved, 11.—That concurring, as we do, in every sentiment expressed in the statement made by our Deputation to Government, we cannot but reiterate our firm belief, that the Epidemic is not to be subdued by separate Parochial efforts and contributions; and that while we applaud the efforts, however ineffectual, made by a few of the wealthier parishes, we must deprecate, as a fatal delusion, that system of measures which would commit the poorer Parishes to their own private exertions and subscriptions, as “the sufferers from disease are most numerous where wealth is least abundant.”

Resolved, 12.—That as the Physicians of Dublin, with few exceptions, reside in the Parishes of St. Peter, St. Thomas, St. George, St. Anne, and St. Mary, the Poor of the remaining fourteen parishes must, in a great degree, be left destitute of medical visitation, should the system of separate parochial measures be pursued in preference to that connected with a general organization of the City.

Resolved, 13.—That the Physicians of Dublin have been ever ready to afford their gratuitous aid at the call

of humanity, and will, at any time, cheerfully co-operate in suppressing the existing Epidemic, whenever a General Committee and District Committees shall have been duly organized for that purpose ; and that a Committee be now appointed to watch the further progress of the Epidemic, and to convene the Profession at large, whenever a Meeting may appear to that Committee necessary or expedient.

*Resolved, 14—*That copies of these Resolutions, of the Report this day presented, of the Statement transmitted to Government by our Deputation, and of Mr. Gregory's Reply to that Statement, be sent to the Editors of the Public Papers, in the hope that the Inhabitants of this City may thereby be induced in time to adopt those decisive measures of prevention, to the execution of which they alone are competent, and to which alone they can look for protection against a calamity, now in a great degree confined to the Poor, but which, if not speedily arrested in its progress, must, ere long, extend its ravages, from the Middle to the Higher Classes of Society.

In furtherance of the 13th Resolution, the following Committee was appointed, viz. Doctors Boyton, Egan, Burke, Barker, MacLoughlin, Gamble, and Harty : and then the Physicians adjourned their Meetings sine die.

The subject of Fever in Ireland engaged the attention of Parliament shortly after the publication of the foregoing do-

cuments, and a Select Committee of the House of Commons was appointed, "to enquire into the prevalence of Contagious Fever in that part of the United Kingdom, to investigate the causes, temporary and permanent, which led to the increased progress of this destructive malady, and to report such measures, remedial and preventive, as may seem most efficacious to arrest its further extension," &c. &c. That Committee made their first report on the 8th of May; in the Appendix to that Report is inserted a fragment of a document, (the existence of which had been suspected by the Physicians of Dublin) in itself a truly singular and awkward production, being part of a report, commenting on documents which do not appear, or are not permitted to appear to speak for themselves, though they obviously relate to the very Epidemic in question. Why only *part* of that report is given, why it is given at all, or why the documents, to which it professes to be an answer, are not given with it, others must decide. It is here inserted, as being curiously illustrative of some of the preceding papers, and a singular contrast to other official documents which are to follow.

No. VIII.

EXTRACT OF A REPORT,

&c. &c.

*Extract of a Report to Government on a Statement lately made to his Excellency the Lord Lieutenant, by a deputation from certain respectable Physicians in Dublin; dated, Army Medical Office, Dublin, 16th of March, 1818.**

—"WE have annexed, for the information of his Excellency the Lord Lieutenant, a TABLE, which gives

* This document recognises "the Deputation," as "a Deputation from certain respectable Physicians," as though it did not emanate from

an accurate and detailed view of the entire of admissions of Fever Patients into the Hospitals of Dublin, for six months, ending 28th of February, 1818, with an additional Table of the admissions of Fever Patients from the 1st of March to the 14th instant, inclusive; from which the following inferences are obviously deducible:—

1st. That the total admissions of Fever Patients into the Dublin Hospitals during six months, ending 28th of February, 1818, stands at 7,096.

2d. That at the commencement of the above six months, viz. on the 1st of September, 1817, the total number of Fever Patients amounted to no more than 218, and that on the 28th of February, 1818, they had risen to 1,001, including about 100 Patients accommodated in Sir Patrick Dun's Hospital, constituting an increase of 783 in six months.

3d. That on the 28th of February, 1818, the entire of the Fever Patients in the Dublin Hospitals amounted to 1,001; and that on the 14th of March, being fourteen days later, they amounted to 1,074, being an increase of 73.

4th. That the total of deaths during six months has amounted to 456, forming a proportion of admissions of somewhat more than one in sixteen; and that the

the Physicians at large. On this point it can only be necessary to state, that upwards of Forty Physicians, a large majority of the regular members of that profession in Dublin, attended the various meetings, and that all its members were regularly summoned.

average daily admissions during the same period was somewhat about 39.

These facts afford convincing proofs of the progressive increase of Fever in the City of Dublin, from September 1817, to March 1818. At the same time it must give real satisfaction to every humane individual to know, that this mass of disease had been relieved by Government with a zeal and promptitude equal to the magnitude and severity of the pressure, by opening capacious and well ventilated Hospitals, and putting them under the care of active and experienced physicians, although we have no hesitation in giving it as our decided opinion, that these Hospitals should be still farther augmented, so as to increase the accommodation to fifteen hundred beds.

It deserves to be remarked, that with the exception of £1000. per annum, subscribed by individuals, for the maintenance of the Cork-street Fever Hospital, the whole of the expense of maintaining and relieving the above number of Patients, has been defrayed by Government, although in other Cities and Districts of Ireland, in which Fever had prevailed to as great an extent as in the Capital, compared with their population, the relief of the Sick Poor was principally defrayed by funds raised from the wealthy and benevolent part of the community, as the bounty of Government, when recently applied to so extensive a field of poverty and disease, was necessarily confined to grants of money far below the actual expenditure.

In the third place, we beg leave to refer to the inclosed statement from the Governors of the House of Indus-

try, in proof that the foresight and watchfulness of Government were manifested several months ago, by calling their attention to the enforcement of preventive measures, and by furnishing them with adequate funds for the above purposes ; and it is only necessary to peruse this document with attention, and to refer to the printed monthly reports from that charitable establishment, to be satisfied that these salutary measures have been duly and actively enforced, under the immediate direction and responsibility of the governors ; and we have every reason to think, that the same course is now in full activity *throughout many parishes* of the city, under the superintendence of humane and public spirited individuals, who have devoted their time, as well as their money, to the promoting of so good a work. *On this part of the case, our opinion is, that much has been done, much is now doing, and much will no doubt continue to be done, in the way of checking the progress of contagious Fever, amongst the lower orders of inhabitants of Dublin, until it shall please God to remove the scourge, which is still so severely and extensively inflicted ;* and although there are facts now before us, which afford good reason for believing that contagious Fever, though increasing in many places, is *generally upon the decline* throughout the kingdom at large, especially in the province of Ulster, where it first appeared, and was most extended ; at the same time, we do not mean to infer from this, that the health of the country will be speedily restored ; on the contrary, we think it highly probable that the present epidemic will continue to prevail in this city, and elsewhere, to a greater or lesser extent for some time to come ; and we are confirmed in this belief, as we know that very many persons have relapsed again into Fever, a short

time after they had been discharged from hospital and returned to their wretched habitations, *from the want of fuel, of food, and of clothing*, deprivations for the removal of which we do not profess ourselves competent to suggest adequate remedies, as they embrace so wide a field of national distress.

With respect to other measures of prevention, brought forward by the physicians in their SECOND REPORT, and the subjoined observations of Doctor Perceval, we cannot venture to recommend the appropriation of any public funds to such purposes, however well calculated they may appear to meet the existing evils, being persuaded that such measures of detail can be accomplished only by a combination of vigilance and economy, which perhaps may be united in the administration of private funds; but which there is reason to fear would soon be relaxed, if the exertions of individuals were to be supported from the resources of the state.

(Signed) *W. Harvey, Physⁿ Gen^l.*
G. Renny, Dir^r Gen^l Hosp^l.
Philip Crampton, Surg. Gen^l.

Although the two documents, which follow (Nos. 9 and 10) have been already before the public in an official shape, as Parliamentary papers, they are introduced into this Appendix, as containing some valuable and authentic information respecting the Epidemic, intermixed, however, with positions not very tenable, and with doctrines *as to the causes of the disease*, fallacious in themselves and of dangerous tendency: *the more dangerous*, because advanced upon apparently good

medical authority.—The Committee, however, may unquestionably be defended in the words of the Poet,

“ Non meus hic sermo, sed quem præcepit O fellus.”

No. IX.

REPORT

FROM THE SELECT COMMITTEE ON THE
CONTAGIOUS FEVER IN IRELAND.

The Select Committee appointed to enquire into the state of Ireland, as to the prevalence of Contagious Fever in that part of the United Kingdom, and to investigate the causes, temporary and permanent, which have led to the increased progress of this destructive Malady during the last and present year, and to report the same, from time to time, with their Observations thereupon, to the House; and also to report such measures, remedial and preventive, as may seem most efficacious to arrest its further extension, to guard, as far as human foresight can provide, against its recurrence, and to secure adequate means of support to the Establishments destined for the relief of the Diseased;—

HAVE considered it their duty, in proceeding in the task allotted to them, to pursue the course which the order of reference has pointed out, of ascertaining, in the first place, as far as they were enabled to do, the State of *Ireland*, as to the increased prevalence of Fever

during the last and present year; the period from whence the commencement of that increase may be dated, in different parts of that Country; the extent to which it has proceeded, and the present condition, whether of diminution or increase of the malady in different districts; together with their reasons for believing that such diminution or increase may be progressive, or that the disease has assumed a more permanent character.

The great increase of this malady may, we think, be dated pretty generally through the Island from the Spring of 1817; in some places commencing with the months of March or April, in others, not until July, and even August. The Reports of the Fever Hospitals of Cork and Waterford* clearly trace the great increase of Fever in those cities to a period much earlier; in Cork as far back as the Autumn of 1816; in Waterford to January 1817. We advert to these reports particularly, because, as far as respects these large and populous cities, they furnish, in detail, the most ready means of judging accurately as to the progress and extent of the disease, from the monthly tables of admissions and deaths which are annexed to them. From Belfast† also, we have the monthly returns of that Fever

• Admissions in Waterford, in 1814	- -	175;
Ditto in 1815	- -	403;
Ditto in 1816	- -	307;
Ditto in 1817	- -	903.

No application for Admission fruitless.

Deaths, as one to 26.

† Admissions in Belfast: One year to May, 1816	- -	102;
1 year to May, 1817	- -	196;
Eleven months to 1 April, 1818	- -	1450.

Hospital, in which the material increase is noted as commencing with the month of August. Of Limerick, where the disease appears to have raged very violently, we only know that nearly 2,600 Fever Patients have been under cure in the Hospitals during the last year, and 794 to the 5th of April of the present year. With respect to Dublin, the very accurate and detailed report of the Medical Board, presented to the Lord Lieutenant on the 16th of March last, which we have given in the Appendix, together with several other documents, shows the great and rapid weekly increase of Fever in the Capital from the 1st September 1817, when the entire number of Fever Patients in all the Hospitals amounted to 218, to the 28th February 1818, when it had risen to 1,001, and on the 14th of March to 1,074, making an aggregate of admissions into all the Dublin Hospitals, which from time to time had been fitted up for their reception, of 7,451, during a period of seven months. This Report evinces also the anxious and laudable care and solicitude with which the *Irish* Government has supplied medical and other assistance and accommodation to the diseased, in the Metropolis. Their attention however, has been extended to other parts of *Ireland*, as will appear from an advertisement published the 30th September 1817.*

Your Committee are strongly impressed with an opinion that public aid should still continue to be extended, according to the judgment of the Executive Government, on the terms on which it was offered by that advertisement; and that powers should be vested in the Government, by Parliament, for that purpose.

* This advertisement, it is unnecessary to insert in this Appendix.

Of the extent to which the disease has prevailed, the melancholy details which we have already given, may in some degree enable the House to judge, when we add, that in Cork, the number Fever Patients is stated during the year ending 1st December 1817, to have amounted to more than 8,200, and from that time to the 29th of March last, to 3,300: the deaths during the preceding period have been to the number of admissions as 1 to 26. In Waterford in 1817, the number of admissions was more than 900. In Belfast, from May 1817, to April 1818, 1,450. In many parts of the country too, it appears to have prevailed very extensively, particularly in the vicinity of Moate, Boyle, and Navan, where, from a limited population, many hundreds appear to have been afflicted, and in Armagh above two hundred to have been sick at one time. As to the extent to which it has affected the country parishes, we annex the only account received in detail; that of Lough Gall, near Armagh, where of a population of 8,000, 1,009 have been ill, and the deaths as one in ten. From the want of Dispensaries or Hospitals generally dispersed, we have no detailed accounts of a very large part of Ireland, nor any account whatever of some entire counties, as Mayo and Donegal, except a statement that in this latter county it has prevailed very

* In Kilkenny Fever Hospital, admitted from 1st January	
1816, to 1817,	165
1st January 1817, to 1818,	757
1st January, to 16th March, 1818,	375
Moate, 1,200 sick between June 1817 and March 1818.	
Boyle, 800 ill between May and October, 1817.	
Navan, 11 months decided continuance in two-thirds of the families of all ranks, and but very few of the families of the Poor free from the disease. Mortality one in ten.	

considerably ; we can however have no doubt, that where no such establishments existed, great numbers of the poor must have undergone very great sufferings. One of the causes to which the progress of the disease is very generally ascribed, the crowds of wretched mendicants, by whom the country has been traversed in all directions, affords a melancholy proof and illustration of this opinion.

The mortality has been much greater among the higher ranks of society, whom the disease has attacked, than in the labouring classes ; and the physicians and other medical attendants, as well as the clergy of different denominations, have felt its destructive force in much more than an ordinary proportion, as the discharge of duty, uniting with the claims of humanity, exposed them peculiarly to its visitation.

The extent of the disease seems, in general, in some degree diminished, as far as we at present possess information ; in Ulster very considerably indeed. Whether the diminution may or may not be progressive, and in what degree, it is very difficult to form any judgment ; more especially as it has frequently abated for a time to break out with renewed violence ; in the cities of Cork and Limerick too, the numbers seem to be on the increase.

Of the CAUSES, to which we are to trace a malady so distressing and extensive, we cannot convey our opinion more clearly, than by adopting the forcible expressions used by the Medical Board, dated 1st May last, and transmitted by Dr. Renny, which are as follow :—
“ As the health of the country at large is an object of

great interest, I think it right to state, that by reports now before me, of a late date, from the Staff Medical Officers superintending the provinces of Leinster, Munster, Connaught, and Ulster, as well as from a variety of letters written by respectable medical correspondents, and connected with the Army, *it appears that Typhus fever is generally on the decline.** All these authorities, however concur in dwelling on the continuance of the privations under which the lower orders in Ireland have suffered so severely for some time past, and to which the origin of the existing epidemic is very much owing; and that numbers of wandering beggars are at present roaming over the face of the country, and appear on the increase. It is quite evident, *therefore*, that Fever will prevail, to a greater or lesser degree, while these predisposing causes continue to operate so extensively, and *that we must look beyond medical judgment and medical exertions for palliating or removing the present heavy affliction. The wisdom and energy of the Legislature, and of the Government, may perhaps do something in this matter; but it is very difficult to find an effectual remedy for poverty, the cause and continuance of which are mainly to be ascribed to a rapidly increasing population, whilst the means of procuring productive labour and employment for the multitude, instead of advancing with some proportion, as yet remains nearly stationary.*

But until some adequate means can be devised for the removal of those evils, it becomes our duty to suggest such measures, as appear to us immediately necessary to check the progress, to mitigate its severity, as

* The report here refers to letters from Ross, Tralee and Curnew, as supplying striking proofs of this position.

well as to secure to the institutions destined to its relief, due and adequate protection; and with this view we offer to the House the following Recommendations:

1st. That the subscribers to Fever Hospitals be incorporated in like manner, and with like powers as the subscribers to Houses of Industry in Ireland now are.

2ndly. That the General Dispensary Act should be amended, and that the powers now possessed by Grand Juries of counties to present for the support of such establishment, be extended to counties of cities, and counties of towns.

3rdly. That upon proof of a sum subscribed, and paid by the subscribers, for the erection or hiring of or attaching to any Dispensary a House, to be applied to the reception of Fever Patients, and upon medical certificate of the necessity of providing accommodation for such patients, it shall be lawful for the Grand Jury to present a sum, equal in amount to double the sum actually raised by subscription; and such further sum annually for the support of the houses so hired or erected, as shall not exceed double the amount of the subscription actually raised for their support.

4thly. That it is highly desirable that some exemptions from the Hearth and Window Taxes should be granted to lodging houses, under certain regulations, so calculated as to secure the benefit of such exemptions to the persons who lodge therein.

5thly. That it is expedient, in those cases wherein

there is no Fever Hospital at present, that the Grand Jury should have a power of presenting such sum as they may think necessary for the construction of One Fever Hospital in each county, in such situation as to the Grand Jury may seem most desirable :

The Lord Lieutenant to have a power of issuing the sum necessary for the construction of the Fever Hospital, to be repaid by instalments within the period of six years :

In cases where there is a Fever Hospital at present, the Grand Jury may present a sum for enlarging or altering such Hospital, if deemed necessary ; the sum to be repaid in like manner.

6thly. That in order to preserve the country from the spreading contagion, it is recommended, that on the Fever appearing in any city, town or district, under such circumstances as to warrant the apprehension of its more extended progress, it would be proper that such city, town or district be enabled to hold a meeting under the authority of one or more magistrates, and to certify to the Lord Lieutenant the necessity of constituting in such district a Board of Health, to exist during the continuance of such emergency, to be composed of the members of Dispensary Establishments, or Fever Hospitals, or a certain number of the more respectable parishioners and medical men of such district, where no Fever Hospital or Dispensary exists ; who should be armed, temporarily, with more enlarged powers to abate and remove nuisances, and to check

contagion, than are extended to magistrates at present.

7thly, That the powers to be intrusted, temporarily, to such Board of Health, be as follows :

That they should have power to cleanse all streets, lanes, yards and houses, and to remove from thence all nuisances prejudicial to health ; to cleanse, fumigate and whitewash infected houses, and to destroy or cleanse infected beds and bedding, to open windows, and to take such other measures for ventilation as may be absolutely necessary :

That wherever Fever Hospitals, or places for the reception of the diseased, are already established, to remove on certificate of one medical person, to such Fever Asylum, any diseased person, who shall not be certified by a medical person to be already under cure, and placed in such circumstances as to prevent the communication of contagion, so far as can be foreseen, to any other member of his family, or his neighbours :

To have powers to affix to any house where the disease prevails, a mark or sign, denoting that some of the inhabitants are infected with Fever.

The powers and the constitution of such Board to be considered as entirely temporary, and to cease with the emergency on which they are founded.

8th May, 1818.

It is here only necessary to add, that an Act of Par-

liament, confirming the recommendations contained in this Report, received the Royal assent on the 30th May.

No. X.

SECOND REPORT

From the Select Committee on the Contagious Fever in Ireland.

THE Select Committee appointed to inquire into the state of Ireland, as to the prevalence of Contagious Fever, have agreed upon the following Report:—

From the probable approach of the prorogation of Parliament, the Committee have been *reluctantly compelled to postpone the very important task of a more extended inquiry into the permanent causes of the existence of Fever in the different parts of Ireland, which arise from want of employment for its industrious population*, with a view to discover adequate means for their radical and effectual removal, as far as may be practicable. They have confined their recommendations for the present, therefore, to the establishment of hospitals for the relief of the diseased, to securing the funds destined to their support, and to such means as appeared to them best adapted to arrest the progress of the epidemic, under circumstances of calamitous increase.

An Act is in progress, whose provisions will, they

trust, materially conduce to effect these desirable objects.

They cannot, however, terminate their sittings, without earnestly impressing on the House, that the continuance of Fever in many parts of Ireland, *with little abatement*, requires assiduous care and increased liberality from the Government in aid of the voluntary contributions, from which the hospitals for relief of the diseased in the country parts of Ireland have hitherto, in a very great degree, derived their support.

This is the more necessary, since, as the Medical Board have very truly stated, that with the exception of £1,000 raised by subscription for the Cork-street Fever Hospital, the whole of the expense of providing for the capital has been defrayed by Government, whilst in other cities and districts of Ireland, where Fever has prevailed to as great an extent, compared with their population, the relief of the diseased has arisen, in a very great proportion, from voluntary subscriptions. They feel themselves more forcibly called upon to notice this, from observing the great amount to which the voluntary subscriptions have extended on the part of the resident gentry and commonality, especially in Cork, and their inability to continue, during another year, similar exertions ; and that *the favourable results*, which have accompanied the active exertions of Government in the *decrease* of the disease in Dublin, fully justify them, as they believe, in this recommendation.

They have reluctantly been compelled to notice the very small amount of subscriptions which, in any of the lists laid before the Committee, appear to have

been supplied by the wealthy non-resident landed proprietors of Ireland, with some honourable exceptions.

The Committee suggest the propriety of measures being taken to ascertain the extent of Fever, and the number of Deaths, from this period until the commencement of the ensuing Session, generally throughout Ireland, by calling for returns from the Clergy of the several Parishes.

May 26th, 1818.

With this Report terminated the labours of the Select Committee for Ireland, a *Committee* which, had it been guided by the views of its intelligent and indefatigable Chairman, might have produced results highly creditable to themselves and ultimately most advantageous to the country.—This last Report of the Committee, presented to the House on the 26th of May, speaks in still more positive terms than the first of “the *decrease* of the Disease in Dublin:” of the grounds, or of the authority upon which this assertion was hazarded, no mention has been made by the Committee: all however who peruse the following document and examine the Table it contains, may judge how far it is well founded. This document was submitted to a Meeting of the Physicians of Dublin, convened by public advertisement on the 20th August, by the Committee, appointed on the 25th of March, consisting of Drs. Boyton, Egan, Burke, Barker, Mac Loghlin, Gamble and Harty.

No. XI.

REPORT OF THE COMMITTEE, &c. &c.

Report of the Committee appointed at a General Meeting of the Physicians of DUBLIN, on the 25th of March last, "to watch the further progress of the Epidemic, and to convene the Profession at large, whenever a Meeting may appear to that Committee necessary or expedient."

SINCE the appointment of your Committee, more than four months have elapsed, and though, in that interval, the progress of the Epidemic might have justified your Committee in convening the Profession at a much earlier period, they were reluctant to adopt that step until the efficacy of the measures, then relied upon by the Constituted Authorities and the Public for the Suppression of Fever, had had a fair trial.

These measures have been now in *full* operation during the last ten months, and yet there is no decline of the Epidemic; on the contrary, after sustaining a very trivial reduction in the number of sufferers during the months of March and April, it has advanced with such rapid strides, that in the last month, *more patients by one-half* were admitted under Fever into the Cork-street and House of Industry Hospitals, than in February, when the Fever of the winter season was at its height. The mortality of the Epidemic has, no doubt, abated; but a mortality, however great, constitutes a very small part of the many pernicious consequences flowing from

the influence of a wide-spread Epidemic upon the lower orders. The following tabular view, the correctness of which may be relied on, exhibits in a distinct manner the progress of this Contagious Epidemic, from the date of its probable commencement in Dublin to this period.

Amount of Admissions into the Fever Hospitals of the House of Industry and Cork-street, from the 31st August, 1817, to the 1st of August, 1818, in periods of four weeks each :

	<i>H. of Industry.</i>	<i>Cork-st.</i>	<i>Total.</i>
From the 31st August, 1817, } to the 27th September . . }	352 ...	346 ...	698
From 27th Sept. to 25th Oct.	393 ...	344 ...	737
22d Nov.	362 ...	375 ...	737
20th Dec.	546 ...	464 ...	1010
17th Jan.	659 ...	480 ...	1139
14th Feb.	810 ...	509 ...	1319
14th March	776 ...	479 ...	1255
11th April	766 ...	480 ...	1246
*9th May	871 ...	550 ...	1421
6th June	928 ...	557 ...	1485
4th July	1089 ...	555 ...	1644
1st August	1363 ...	606 ...	1969
	<hr/> 8915	<hr/> 5745	<hr/> 14,660

From this Table, (which does not include the cases of Fever admitted either into Sir Patrick Dunn's or Stevens' Hospital,) some idea may be formed of the magnitude as well as of the increasing ravages of the Epi-

F 2

* Thus it appears that the assertion of the "decrease of the disease," in Dublin, was made at a time when it had actually increased by nearly 200 in 4 weeks.

demic. From this Table it is also but too evident, that though the measures now in operation must have exerted some influence in retarding the progress of the Epidemic, they are altogether inadequate to subdue it. Such a result cannot be matter of surprise to the Physicians of Dublin, who long since foresaw and publicly declared the inefficacy of measures calculated *merely to cure Fever when formed, and not to prevent its formation*. So early as the beginning of March last, the Physicians of this City had unanimously pronounced that "Hospital accommodation might be provided to any given extent, and yet that the Epidemic would spread;" that "an Epidemic of such a character was not to be arrested by the mere reception of the infected into Hospitals, but should be resisted by measures calculated to destroy the sources of Contagion, and thereby prevent the formation of Fever;" that "white-washing, and the removal of nuisances from the habitations of the poor, were utterly inefficacious as measures of prevention, as long as proper ventilation was neglected, and whilst the Persons, Clothing and Bedding of the infected remained unpurified." But the Physicians of Dublin did not condemn one plan as inefficient, without suggesting another as more likely to succeed; for they did most strongly recommend to the attention of Government and of the Public, the measures detailed in the Second Report of the Sub-Committee of Health "as *alone* competent to check the further progress of this formidable Epidemic, and as measures which, if perseveringly executed, were, in their judgment, likely to subdue it within a reasonable time." Unfortunately for this City, and for the wretched sufferers from disease, the warning voice of those, the most competent to judge on such a subject, was dis-

regarded, and Dublin has thereby to deplore a great increase of distress and poverty among her inhabitants, without any immediate prospect of checking the evil consequences flowing from a perseverance in measures at once expensive and inefficient.

Before your Committee conclude their Report, they cannot refrain from drawing the attention of this meeting to two circumstances, to which, though mentioned as facts, your Committee cannot attach implicit credit. It is asserted that the Fever-Hospital carriages will now no longer be sent beyond the Circular Road, though, as appears from the Returns of the House of Industry for the month of July, 407 Fever Patients were admitted in that month from the vicinity of Dublin. That the Country Patients should not be received into the Dublin Hospitals, was long since recommended by the Sub-Committee of Health, proper accommodation being first provided for them in appropriate stations. But as that has not been done, the consequence of such an exclusion must be, either that the Contagion will be rapidly diffused throughout the neighbourhood, or that the Country Poor, being now habituated to a ready admission into the comfortable Hospitals of Dublin, will, when attacked by Fever, and to procure such admission, have themselves removed to town, and thereby still further diffuse a Contagion already but too prevalent. It is besides stated, but with what truth your Committee are not aware, that the Government will not provide any *additional* Hospital accommodation for those infected by Fever. Such a determination, if acted on, must, in the present state of the Epidemic, contribute most materially to its increase, by causing either a rejection of patients, or a hasty and premature

discharge of convalescents, before they are free from infection, or from danger of relapse. But your Committee cannot give credit to an assertion, directly contrary to an assurance contained in Mr. GREGORY'S Answer to the Deputation from the Physicians of Dublin, that "in case the contagion should unhappily continue to spread, his Excellency desires me to state, that in addition to these, (that is the existing Hospitals,) his Excellency has the power of opening the new Bridewell, capable of accommodating three hundred Patients."

Having thus succinctly stated some leading facts, with which the Public should not be unacquainted, your Committee forbear at present to enter more at large on a subject, respecting which the Profession already possess such ample information; a subject now become very painful in the retrospect, and still more melancholy in the contemplation of the future.

Aug. 17, 1818.

This document led to the adoption of the following resolution on the part of the Physicians: *Resolved*, "that being satisfied of the accuracy of the Statements, and of the correctness of the deductions contained in this Report, we are of opinion that it should be published, together with the various documents to which it refers, in order that the sentiments of the Physicians of Dublin respecting this, the most formidable Epidemic, which has raged in Ireland within our memory, may be fairly on record."

Other facts, respecting the progress and calamitous influ-

ence of the Epidemic, not less interesting than those detailed in the preceding Report, may be collected from the next document, presented to the General Committee of Directors of the Association for suppressing Mendicity on the 26th of September 1818, a document which evinces in plain arithmetical numbers the close connexion between disease and mendicancy.

No. XII.

FIFTH REPORT,

&c. &c.

Fifth Report of the Sub-Committee of Health, presented to the General Committee of Directors on the 26th of September, 1818.

YOUR Committee, to whom, on the 12th instant, it was referred “to report such measures as are best calculated for preserving the health of the mendicants, and for rendering the Cleansing House and Dispensary, erected in Poolbeg-street, as efficient as possible to that object,” beg leave to state, respecting the matters so referred to them, that they have in former Reports, and particularly in the first and second, entered into various details applicable to the present reference. In their first Report, your Sub-Committee endeavoured to impress on the General Committee of Directors, the importance, indeed the necessity, of directing their early attention to the subject of disease, as few are aware

of the "actual extent of wretchedness and poverty produced among the humbler ranks by that cause alone, and of the numbers daily reduced by it, from a state of comparative independence and comfort, to one of utter destitution." Your Committee did then, from their own experience, confidently assert, "that in Dublin there did not exist a more prolific source of pauperism, wretchedness, and mendicity, than Disease;" and they conceived themselves, therefore, warranted in inferring, that "a portion of the funds for suppressing mendicity, could not be more economically or advantageously employed, than in averting the *augmentation* of paupers and mendicants, by the prevention and cure of Disease." Your Committee, on that occasion, had reference as well to the establishment of Dispensaries for the relief of general disease, as to the adoption of decisive measures for the suppression of contagious Fever, then and now so extensively prevalent. That the measures then recommended were not adopted, nor acted on, your Sub-Committee can never cease to deplore, because, by such neglect, not only has the public health of the metropolis been endangered, and most materially injured, but the sad catalogue of our mendicants incalculably augmented. At the time your Committee recommended these measures, about 1400 Patients were admitted, during four weeks, to our Fever Hospitals; whereas at present, and for some time past, the admissions, within the same period, have exceeded 2400, and so crowded, of late, have been our Hospitals, that on several occasions patients have been rejected for want of accommodation and were thereby, for a time, thrown back upon the healthy population of Dublin. These circumstances might suffice to show, how much it is to be lamented that those means, which the Physi-

cians of Dublin unanimously declared "alone competent to check the progress of this formidable Epidemic," should have been overlooked or neglected; it is however still more strongly evinced by this fact, that of 22,000 Patients received within the last thirteen months into our Fever Hospitals, (of whom about 1000 have died,) upwards of 15,000 were admitted since the 14th February, the period when your Committee first called public attention to this subject.

That the General-Committee and the Public at large, may be fully aware of the important influence of Disease, and in particular of Contagious Fever, in producing Pauperism and Mendicity, your Committee will state, for their information, the result of a Census made of 588 mendicants, supported by the Association, and taken indiscriminately from different Districts, by three Gentlemen, two of whom are Members of your Sub-Committee. By that census it has been ascertained, that of these 588 mendicants, 225 were reduced to that state by Fever, affecting either themselves or their parents—223 by general Disease—and 140 by various Misfortunes. And your Committee, with deep regret, have to add, that the applications to this Association for relief have, of late, much increased—and that the great majority of the applicants consist of persons discharged from our Fever Hospitals.

The foregoing statement, the accuracy of which, however unquestionable, may be proved by any person who will submit to the labour of the investigation, must bring conviction to all, that an Association, aiming at the suppression of mendicity will discharge its

duties very imperfectly, and must indeed fail in its greatest object, that of *preventing* mendicity, *unless* it takes serious cognizance of the Health of the Lower Orders.

The question however more immediately referred to your Sub-Committee, relates merely to the health of the mendicants supported by the Association, and the question, even in that point of view, ought to be treated generally as a question affecting the poor at large ; yet your Committee must presume, that it was the wish of the General Committee, in making the reference, that such measures only should be recommended, as are in themselves easy of adoption, or such as the Association is itself competent to execute. For preserving the health of such of the mendicants as at present enjoy that invaluable blessing, it is especially necessary, more particularly during the inclement season now approaching, that the poor, so liable in general to Pectoral and Rheumatic Complaints, should be protected from the vicissitudes of a cold and damp climate—they must be supplied with clothing and fuel, or they will, of necessity, be applicants for relief at your Dispensary, and thereby entail double expense on the Association, as they must be supported during illness without being able to make any return of labour. The same species of assistance is still more necessary for those who are actually ill, or in delicate health—and, as the miseries of the poor are now still further aggravated by the prevalence of dysentery, your Sub-Committee would, therefore, earnestly recommend a strong and continued Appeal to the Public, for Donations of those various articles of clothing, which every respectable house can

supply, and which, though of little or no value to the proprietors, would be of infinite value to the objects supported by the Association. The habitations of the poor, one of the most prolific sources of Contagion and Disease, demand the serious attention both of the Association and of the Legislature; but as the Association, unless aided by legal powers, as yet not entrusted to any body of men, could do little to remedy this evil, your Committee will not further (at least for the present) dwell on this subject.—The experience acquired by those more active members of the General Committee, who superintended the establishment in Hawkins'-street since the 8th of June last, having led to the erection of a Cleansing House, and the formation of a Dispensary, your Committee are now called on to state in what manner these can be rendered as efficient as possible. With respect to the Dispensary, your Sub-Committee regret that the General Committee do not appear as yet to have decided on what principle it is to be supported; whether exclusively by the funds of the Association, or by public subscriptions, aided by those funds; or whether it is to extend relief to the *paupers* of the neighbouring districts; or merely to the mendicants supported by the Association. These points must be definitively settled before your Sub-Committee can give the required advice. Their opinion generally on the subject may, however, be collected from previous Reports; nor will they on the present occasion hesitate to say, that the public health of the metropolis, so far as that depends on its paupers, requires that there should be, at the least, three Dispensaries in Dublin, conducted on a principle similar to that of the Sick

Poor Institution in Meath-street; one for the eastern portion of the city, in or about Poolbeg-street; one for the northern, in or about Beresford-street; and a third for the southern, in or about Golden-lane; and it is the decided opinion of your Sub-Committee, founded on irresistible experience, that a portion of the Funds of the Association cannot be more economically or advantageously appropriated than in aiding or supporting establishments of such great influence in the *prevention* of Pauperism and Mendicity.

With respect to the Cleansing House, some of its advantages are so obvious as to require little comment; it must materially contribute to the general health and comfort of the mendicants, by cleansing both their persons and bodily clothing, which it cannot fail also of disinfecting at the moment; and so far it must contribute to destroy a given quantum of contagion, which might have perniciously affected those in daily communication with the mendicants. Of its efficacy, however, to suspend the progress of Fever, even among those submitted to its operation, your Committee cannot but entertain serious doubts, because, though the persons and bodily clothing of the mendicants may, for a time, be disinfected, yet their bedding and furniture will still remain unpurified; and because, even though these latter were also disinfected, the mendicants must still of necessity, mix with the poor of the city at large, among whom Fever is, unfortunately, so prevalent. It is indeed, and must ever be, a vain effort for any one parish, or portion of a large city, to attempt to stay a

contagious Epidemic. 'The effort, to be successful, must be "general and simultaneous."

RICHARD GAMBLE,
WILLIAM HARTY,
FRANCIS BARKER,
THOMAS LEE,
SAMUEL ROBINSON.

Sept. 26, 1818.

No. 11 is the only document which has appeared from the Committee of Physicians, "appointed to watch the further progress of the Epidemic;" and No. 12 is the last document on the subject of Fever from the Sub-Committee of Health. At this period, indeed, there ceased to be any further necessity for continuing their labours, because about this time Mr. Peel retired from office, and both Government and the Public were so fully impressed with a conviction of the rapid progress of contagion, that all were persuaded of the necessity of adopting other measures than those, under which the Epidemic had continued to gain ground. One of the first measures of Mr. Grant's administration was a requisition for a return of the state of Fever in Dublin, from the commencement of the Epidemic, to the 31st of August, 1818. This return was furnished by Dr. Renny, Director General of Military Hospitals, in the following tabular form.

No. XIII.

General Report of Fever Patients admitted into the Dublin Hospitals for one Year, commencing 1st September, 1817, and ending 31st August, both days inclusive, in periods of three Months each.

HOUSE OF INDUSTRY.

1st Quarter to 30th November.		2d Quarter, to 28th February.		3d Quarter, to 31st May.		4th Quarter to 31st August.	
In Hospital, 1st Sept.	- 87	1st December,	- 266	1st March	- 570	31st May	- 514
Admitted to Nov. 30, from		City,	- 1898	City,	- 2127	City,	- 3244
City,	- 921	Country,	- 355	Country,	- 567	Country,	- 1102
Country,	- 257		- 2253		- 2694		- 4546
	1265		2519		5264		4860
Discharged,	- 920		1761		2621		4013
Died,	- 79		188		129		155
In Hospital,	- 266		570		514		692
Proportion between Admissions and deaths	1 in 15 nearly.		Proportion 1 in 12.		Proportion 1 in 21 nearly.		Proportion below 1 in 28.
			2519		3264		4860

STEEVENS' HOSPITAL.

Admitted from 18 Sept. 1817, to 30th Nov.		- 583	In Hospital	- 85	Admitted,	- 82	- 78
Discharged,	- 265		Admitted,	- 548		- 560	- 836
Died,	- 53			633		642	914
In Hospital Nov. 30: 85	- 383			552		818	
Proportion between Admissions and Deaths	1 in 12 nearly.			12		18	
				78		78	
				below 1 in 46.		below 1 in 46	

CORK-STREET HOSPITAL.

In Hospital, 1st Sept.	- 131	- - - 236	- - - 249	- - - 242
Admitted,	- 1191	- - - 1543	- - - 1714	- - - 1983
	1322	1779	1963	2225
Discharged, - 1030		1445	1660	1940
Died, - 56		85	61	44
In Hospital, - 236	1322	249	242	241
Proportion between Admissions and Deaths, below 1 in 21.		below 1 in 18.	below 1 in 28.	below 1 in 45.

SIR PATRICK DUNN'S HOSPITAL.

Admitted from Feb. 19, 1818, to 28th ditto, - *95	- 8	Admitted from May 25, 1818, to 31st ditto, - 12	- 10
31st May, - 317	93	Discharged, - 2	98
	412	In Hospital, - 10	2
Discharged, - 385	87	In Hospital, - 29	129
Died, - 19	7	No Deaths.	
In Hospital, - 18	7		
Proportion below 1 in 21.	below 1 in 13.		

NEW WHITWORTH HOSPITAL.

Admitted from Feb. 19, 1818, to 28th ditto, - *95	- 8	Admitted from May 25, 1818, to 31st ditto, - 12	- 10
31st May, - 317	93	Discharged, - 2	98
	412	In Hospital, - 10	2
Discharged, - 385	87	In Hospital, - 29	129
Died, - 19	7	No Deaths.	
In Hospital, - 18	7		
Proportion below 1 in 21.	below 1 in 13.		

- RECAPITULATION.

1st Period, Admitted, - 2752	2d Period, - 4344	3d Period, - 5297	4th Period, - 7377
Died, - 168	- 288	- 221	- 226
Mortality below 1 in 16.	below 1 in 15.	below 1 in 24	below 1 in 32.
Total Admitted, - 19770	Total Admitted, - 19770	Total Died, - 903	
* Dunn's, - 95			
			19865

* These 95 not included in 1st or 2d Periods.

That this table may speak more distinctly and intelligibly, I have arranged it in a form somewhat different, and have classified the admissions, discharges and deaths. (See Nos. 14 and 15.) I have also stated the mortality on a different principle, as the ratio ought, in my judgment, to be composed of the deaths and *discharges*, and not of the deaths and *admissions*. I have likewise added to the classified list a further account of the admissions, discharges, and deaths in the Dublin Fever Hospitals for the four months, from the 1st of September to the 31st of December 1818, thereby enabling the public to estimate the positive and relative progress of the Epidemic in Dublin, to the close of that year.

In the returns for the House of Industry a very proper distinction is made between the Fever patients admitted from the City and the Country, a *distinction* not necessary with respect to the other Hospitals, as they received very few, indeed scarcely any from the Country. The distinction is so far useful as it enables us to estimate more accurately the actual progress of the Epidemic among the inhabitants of Dublin: in the classified list (No. 15) of the admissions, discharges and deaths in all the Hospitals, I have for that purpose deducted the amount of Country patients from the total of admissions, a *step* very necessary for ascertaining the *actual* progress of the Epidemic in Dublin, because after the 31st of August the number of Fever patients from the Country greatly *diminished*, while the general admissions into Hospital greatly *encreased*.

No. XIV.—*Summary of the preceding Table.*

HOUSE OF INDUSTRY.

				<i>Town.</i>	<i>Country.</i>	<i>Total</i>
Admitted in the 1st Quarter,				921	-	257
Do.	-	2d do.		1898	-	355
Do.	-	3d do.		2127	-	567
Do.	-	4th do.		3244	-	1102
				8190	2281	10,471
				<i>Discharged.</i>	<i>Died.</i>	<i>Mortality.</i>
1st Quarter	-	920	-	79	-	1 in $12\frac{1}{2}$
2d do.	-	1761	-	188	-	1 in $10\frac{1}{2}$
3d do.	-	2621	-	129	-	1 in $21\frac{1}{2}$
4th do.	-	4013	-	155	-	1 in $26\frac{1}{2}$
				9315	551	1 in $17\frac{1}{2}$

CORK-STREET HOSPITAL.

	<i>Admitted.</i>	<i>Discharged.</i>	<i>Died.</i>	<i>Mortality.</i>
1st Quarter	1191	-	1030	-
2d do.	1543	-	1445	-
3d do.	1714	-	1660	-
4th do.	1983	-	1940	-
	6431	6075	246	1 in $25\frac{1}{2}$

STEEVENS' HOSPITAL.

	<i>Admitted.</i>	<i>Discharged.</i>	<i>Died.</i>	<i>Mortality.</i>
1st Quarter	-	383	-	265
2d do.	-	548	-	53
3d do.	-	560	-	15
4th do.	-	836	-	12
	2327	2171	78	1 in $28\frac{1}{2}$

SIR PATRICK DUNN'S HOSPITAL.

	<i>Admitted.</i>	<i>Discharged.</i>	<i>Died.</i>	<i>Mortality.</i>
2d Quarter	-	95	-	385
3d do.	-	317	-	19
4th do.	-	93	-	7
	505	472	26	1 in $19\frac{1}{2}$

WHITWORTH HOSPITAL.

	<i>Admitted.</i>	<i>Discharged.</i>	<i>Died.</i>
3d Quarter	-	12	-
4th do.	-	119	-
	131	100	1 in 50.

* This number is incorrect: it ought to be 76.

No. XV. Classification of Admissions, Discharges and Deaths, to 31st Dec. 1818.

For 12 Months to the 31st August, 1818, inclusive

For 4 Months to the 31st December, 1818, inclusive.

	Admit ^d .	Disch ^d .	Died.	Mortality.	Admit ^d .	Disch ^d .	Died.	Mortality.
House of Industry,	10471	9315	551	1 in 17 $\frac{1}{2}$	-	-	-	-
Steevens' Hospital,	2327	2171	78	1 in 28 $\frac{1}{3}$	-	-	-	-
Cork-street Hospital,	6431	6075	246	1 in 25 $\frac{3}{4}$	-	-	-	-
Dunn's Hospital,	505	472	26	1 in 19 $\frac{2}{3}$	-	-	-	-
Whitworth Hospital,	131	100	2	1 in 51	-	-	-	-
Total	19865	18133	903	1 in 21 $\frac{1}{3}$	Total	11517	10942	482
Deduct Country Patients,	2281				Deduct Country Patients	947		
Total of Town Patients,	17584				Total of Town Patients,	10570		
<hr/>								
No. in Hospital, 1st Sept. 1817,	{ Cork street, -		131		No. in Hospital, 1st September, 1818,	-	-	1,047
Admissions to 31st August, 1818,	{ House of Industry, -		87		Admitted to 31st December, 1818,	-	-	11,517
			19,865					12,564
Discharged,	-	18,133	20,083		Discharged,	-	10,942	
Died,	-	903	19,036		Died	-	482	
No. in Hospital, 1st Sept. 1818,	-	-	1,047		No. in Hospital, 31st December, 1818,	-	-	11,424
								*1,140
<hr/>								
				Total Admitted,	-	-	1,585	
				Total Discharged,	-	-	1 in 22	

* Though this number does not agree with the *official* return, yet it is unquestionably the number which according to data *ought* to be in Hospital on that day; the number in Hospital at any given time may be easily ascertained, correct returns being had of the Admissions, Discharges and Deaths, between that time and some preceding period: the number also in Hospital at this latter period should be given.

Mr. Grant could not have perused the return No. 13 without being convinced both of the alarming and progressive strides of the Epidemic, and of the inadequacy of the measures heretofore pursued for its suppression. Under this conviction at least he would appear to have addressed a letter to the Governors of the four Fever Hospitals in Dublin, (dated 8th October, 1818,) requesting them to convene the Physicians of their respective establishments, (separately) "for the purpose of taking into consideration a Report, lately presented to his Excellency the Lord Lieutenant by Dr. Renny, Director General of (Military) Hospitals, which contains an accurate list of the whole of the Fever patients admitted into the General Hospitals of Dublin for the year ending the 31st August, 1818, and of submitting their opinion, *whether any remedial or preventive means* ought to be employed *beyond those* which have been, and are at present in active operation throughout the city of Dublin and its vicinity, and are pointed out in the Act of Parliament, passed during the last session, for establishing Fever Hospitals, in order that his Excellency may be the better enabled to decide upon the expediency of taking further measures to check the Epidemic."

The Physicians of the several Fever Hospitals in Dublin were accordingly convened by their respective Governors for the purpose stated in Mr. Grant's letter : and the reports of the Governors and of the Physicians respectively were returned to Government before the end of October or in the begining of November. The answers of the Physicians are before me, but I do not feel myself at liberty to make them public, as they were confidentially communicated ; this however is the less to be regretted, as these interesting and valuable documents must ere long meet the public eye in the form of Parliamentary papers. Suffice it here to say, that they *all, more or less, directly or indirectly* condemn as *inadequate and inefficient* the system of measures adopted in Dublin for the

suppression of Fever, and re-echo the sentiments and opinions contained in the "SECOND REPORT OF THE SUB-COMMITTEE OF HEALTH," made on the 28th February, 1818, and forming No. 2 in this Appendix.

The general tenor of the communications, submitted to the Government on this occasion, may be estimated from the annexed circular letters, (Nos. 16 and 17,) addressed by Mr. Grant to the Governors of Fever Hospitals in Dublin, and to the Physicians of Dispensaries in the vicinity of that City. These letters recognise the propriety of adopting and carrying into execution the principal measures recommended in the "Second Report" above mentioned, but unfortunately establish an agency utterly inadequate to the proposed end. Indeed it may here be stated that some mischief and but little practical good have consequently resulted.

No. XVI.

CIRCULAR LETTER

To the Governors of Fever Hospitals in Dublin.

Dublin Castle, 26th Nov. 1818,

GENTLEMEN,

His Excellency the Lord Lieutenant, having taken into consideration the Reports received from the Governors and Physicians of the several establishments for the relief of Fever Patients in Dublin, has deemed it expedient to adopt *additional* measures of prevention

and relief, and to recommend others, in which your co-operation will be necessary, and in giving effect to which he relies with confidence on your concurrence and support.

One of the measures which his Excellency is thus desirous of carrying into effect, is the establishment of a CENTRAL COMMITTEE, to be composed of one or more of the Governors, and one or more of the Physicians of the several Fever Hospitals in Dublin, with a view to promote communication and concert in the operations of all the Establishments.

And I am commanded by his Excellency to request that you will depute one Governor or Member of your Managing Committee and one of your Physicians to meet (at the times and places which shall hereafter be agreed upon) the persons in like manner to be appointed by other establishments, *to confer with them on matters of general concern to your common object.*

As it has been represented to his Excellency that relapses have of late been very frequent, and that such relapses are in many cases to be imputed to the want of sustenance suitable to the reduced state of the convalescent from Fever; I am further commanded to recommend that a Soup Kitchen should be attached to your Hospital, at which convalescent patients, who have been discharged from Hospital, on producing a ticket from one of your Physicians, may be supplied with a competent allowance of nutritious food for a limited number of days, and that an estimate be forthwith trans-

mitted of the probable expense of supporting such additional establishment for six months.

I am likewise directed by his Excellency to recommend to your consideration the expediency of appointing one or more Medical Inspectors in aid of the Physicians of your Hospital, for a limited time, with a view to promote the more early discovery and removal of Patients affected with Fever to the Hospitals, and also to point out to your consideration any extraordinary measures of prevention or relief, which peculiar circumstances coming under their observation, may suggest.

I am further directed by his Excellency to call your attention to the consideration of *further measures for the cleansing of persons, clothing, and bedding of the poor*, not merely of those received as patients into your Hospital, *but also of the yet uninfected persons*, who remain in the apartments from whence such patients were removed, a measure which has been already carried into execution in some parts of this city at a moderate expence, and which has been attended with salutary effects.*

I have &c.

(Signed)

CHARLES GRANT.

* Allusion is here made to the proceedings of St. Peter's parish, of which more hereafter.

No. XVII.

CIRCULAR LETTER

To Physicians of Dispensaries in the vicinity of Dublin.

Dublin Castle, 26th Nov. 1818.

GENTLEMEN,

It appearing to His Excellency the Lord Lieutenant that a considerable number of Fever Patients, received into the Dublin Hospitals, have been transmitted from the surrounding country, and it being deemed necessary to make provision (in the event of the continuance of the prevailing Epidemic) for the relief of such Patients in their respective distrists, and to *exclude them, after such provision made, from the Dublin Hospitals*; I am commanded by his Excellency to request that you will as soon as possible convene a Meeting of the Governors or Managing Committee of the Dispensary to which you are attached; and that after communication with them, you will transmit to me, for his Excellency's information, answers to the following enquiries :

1st. What has been the average number of Patients labouring under Fever in the district of your dispensary during *each* of the *last* twelve months ?

2d. How many have been sent in each month to the Dublin Hospitals?

3d. What extent of local Hospital accommodation would be sufficient to preclude the necessity of transmitting patients to the Dublin Hospitals from your district, supposing the Fever to continue for the ensuing year with the same violence, and to the same extent, as during the past?

4th. Could a house be hired for a limited time for such purpose, and on what terms?

5th. What would be the expense of outfit and supporting such establishment for six months?

6th. What portion of the sum required would be supplied by local contributions?

I am, &c.

(Signed)

CHARLES GRANT.

No. XVIII.

PROCEEDINGS OF PARISHES.

The preceding documents have immediate reference to the question of Fever generally as it prevailed in Dublin.—That some judgment may be formed of the efficiency of “Parochial efforts and contributions” in subduing the Epidemic, it

cannot be amiss to subjoin a short account of the proceedings of those three Parishes, (out of 19,) which alone suffered their attention to be occupied by such a subject. An account of this kind may now be of little moment, but its value must be great hereafter, should any similar calamity afflict the country, as it must bring conviction to all of the futility and insufficiency of unconnected efforts for the subjugation of Contagion in a large city.

The three parishes, which took any public notice of the Epidemic, were St. Catherine's, St. Peter's and St. Thomas's, three of the most extensive parishes in Dublin; St. Catherine's, one of the poorest and at the same time the most populous: St. Peter's, nearly as populous, but probably the wealthiest in the metropolis: St. Thomas's, respectable in point of wealth and population: the first containing about 21,000 inhabitants in less than 1500 houses; the second about 16,000 in somewhat more than 1500 houses, and the third about 9000 in 900 houses.

The first alarm respecting the extended prevalence of Fever was given in St. Catherine's parish by the Physicians of the Cork-street Fever Hospital, and of the sick poor Institution: at their instance some of the most respectable proprietors in that parish convened a meeting of the parishoners in January 1818, for the purpose of adopting such measures as might, in an emergency of the kind, appear expedient. At that meeting decisive evidence was furnished of the encreased prevalence of Fever in their parish,* and of the necessity of adopting various measures of prevention: resolutions to that effect were agreed to and published: a Committee of Physicians was appointed to suggest the means to be employed

* The evidence furnished was of a very simple kind, depending on the amount of cases admitted from St. Catherine's parish into the Fever Hospitals of Cork-street and House of Industry, and on the books of

for preventing the further extension of Fever, and a parish Committee also appointed for carrying them into effect. Thus far, all went on well.—Another alarm however was quickly excited in the parish, more powerful and terrific to its inhabitants than that of Fever or Infection:—*the alarm*, lest by the public acknowledgment of the encreased prevalence of Fever among them, people might be deterred from frequenting the parish, or *dealing with its shop-keepers*. This feeling soon spread, and pervaded the whole of the latter class: another meeting was held in the same place, but without any previous public notice, and the following Resolutions were adopted:—

Vestry-Room, Jan. 24, 1818.

AT a General Meeting of the Inhabitants of St. Catherine's Parish, Rev. P. DUIGNAN in the Chair,

Resolved.—That it appears, by a Report from a principal Physician of the Sick Poor Institution, Meath-street, that in the five Parishes to which that Institution extends relief, of which this Parish is one, the increase of Fever amongst the Poor has been by no means very alarming, and that the increase of *Typhus Fever in particular* has been *very trifling*, as appears by the

the Meath-street Dispensary, from September to January inclusive, in the last two years, as in the following table :

Admitted to	1816-17	1817-18	Difference.
Cork-street Hospital,	234	573	339
House of Industry,	6	112	106
Meath-street Dispensary,	515	1095	580
	755	1780	1025

following extract taken from the books of said Institution, viz.*

1816.	<i>Fever.</i>	<i>Typhus.</i>	1817.	<i>Fever.</i>	<i>Typhus.</i>
January,	150	11	January,	109	8
February,	117	28	February,	99	9
March,	115	6	March,	170	15
April,	82	16	April,	170	18
May,	137	20	May,	196	20
June,	130	7	June,	144	15
July,	150	4	July,	116	37
August,	103	23	August,	121	26
September	90	23	September	110	31
October,	88	21	October,	166	42
November,	105	12	November,	205	27
December,	136	34	December,	216	36
	1403	205		1822	284

Resolved—That while we are determined to persevere in our exertions to stop the progress of infectious Fever, we think it expedient to publish the above, for the purpose of relieving the public mind from a *false alarm* that appears to have gone abroad, as to the extent of

* To evince the spirit, under the influence of which these Resolutions were dictated, it may not be amiss to state that the Physician, alluded to in the 1st Resolution, in exculpating himself to his brethren for his *apparent* connexion with these proceedings, did distinctly state (and in writing) that "the Resolutions themselves were drawn up before *they* saw or read his opinion on the business," and that so far from countenancing the idea that there was little ground for alarm, he had thus expressed himself in his Report, "thus, Gentlemen, you may view at one glance the danger that surrounds you : nothing less than a grand and general effort of the country at large, seconded by the powerful influence of a beneficent government, can save the metropolis from an evil, which threatens the existence of its inhabitants."

This parish having met on the 26th of January, 1818, appointed a Committee, principally composed of Physicians, to enquire into the state of Fever in the parish, and to report on the 28th. On that day a numerous and highly respectable meeting assembled, "for the purpose of ascertaining the state of Fever in the parish, and of devising means for arresting its further progress." On that occasion, the Medical Committee made the following report.

YOUR Committee, appointed to report on the state of Fever in Peter's parish, have examined the records of the different Hospitals in Dublin, appropriated for the reception of Fever patients; and having considered this mode to be the most brief and decisive for ascertaining the object of their inquiry, they have compared the number of applicants for admission, out of Peter's parish, from the 1st of September to the 26th of January inclusive, with those during the same period of former years, and find the general results to be as follows:—

Applicants.

From the 1st of Sept. 1814, to the 26th Jan. 1815—	154
From do, do. 1815, to do. do. 1816—	198
From do. do. 1816, to do. do. 1817—	154
From do. do. 1817, to do. do. 1818—	460

Thus it appears, that the number of applications for the present year is three times that of the last. It is obvious that in the above statement the number of

those affected with Fever, who remain in their own habitations, are not included.

As a general wish was expressed at the late meeting of Parishioners, that the Report submitted to the Committee of Catherine's parish should be laid before this meeting, it is here subjoined.

(Signed)

W. STOKES, M. D.

FRANCIS BARKER, M. D.

WILLIAM STOKER, M. D.

THOMAS HEWSON,

THOMAS TAYLOR, M. D.

R. GRATTAN, M. D.

J. STRINGER.

“ *REPORT of the Physicians to the Fever Hospital in Cork-street, to the Sick Poor in Meath-street, and of other Medical Gentlemen, on the means to be employed for preventing the extension of the Epidemic Fever in the City—addressed to the Committee of the Parish of St. Catherine :—*

GENTLEMEN,—In compliance with your desire, having given the subject such examination as time would permit, we would propose the speedy adoption of the following measures, which in our opinion are of prime necessity. These may be arranged under four heads:—

1st. The obtaining information as to the extent and progress of the Epidemic. 2d. The separation of the sick from the healthy. 3d. The purification of the in-

fectured dwellings and apparel. 4th. The improvement of the general health of the City.

To obtain the necessary information, we would recommend the following means, viz :—

1st. A general inspection of the Parish, to be repeated at short intervals, for the purpose of ascertaining the number of persons labouring under Fever, and the efficacy of the means employed for its prevention. Weekly applications to the different Fever Hospitals, and Sick Poor Institutions, for returns of the patients admitted from this Parish, specifying the street and number of each patient's dwelling. A request to be immediately issued to all medical persons, to clergymen of all denominations, and to local magistrates, for early information respecting the appearance of Fever in a family, that the necessary assistance may be given without delay. Here we would suggest, also, the propriety of obtaining legal advice as to the powers vested in the magistrates, by existing laws, for preventing intercourse between the sick and healthy, and removing nuisances.

2d. On the subject of the separation of the infected from the healthy, we deem it advisable that every means be employed to inculcate the necessity of the speedy removal of the sick to Hospitals; and that this object be facilitated by encreasing the accommodations for Fever patients, in every quarter of the city, by assigning to each Hospital a contiguous district, proportioned to its means of accommodation; and by appointing receiving houses, from which applications for admission shall be forwarded without delay. We would also recommend

that the parishes in the neighbourhood of the City be called upon to provide small Hospitals for the reception of their own Fever patients, in order to diminish the influx of Fever into the metropolis.

3d. To promote the purification of infected dwellings, and apparel, we would advise that in cases of the appearance of extraordinary contagion in a house, means be adopted for the temporary removal of its inhabitants, and an opportunity thus afforded for complete ventilation and purification. Public wash-houses, and the full supply of clean straw for bedding, in infected families, would, in our opinion, greatly promote these objects.

4th. For the improvement of the general health of the city, we would recommend a vigilant system of inspection, directed to the removal of all nuisances, and constant communications with the different public boards concerned in that object.

As we are satisfied, by accounts received from every part of the country, that beggars have contributed greatly to extend the infection, we earnestly request the attention of the Committee to this subject, on which we do not presume to offer detailed advice.

We would also recommend the adoption of all practicable means of improving the dwellings of the poor as to ventilation, and for obviating extreme poverty, which we believe to contribute much to extend infection."

The Report having met the full approbation of the

Meeting, the following Resolution was adopted unanimously:—

That a Committee be appointed to carry into immediate effect as far as practicable, the general means recommended in the Report, for the counteraction of the present Epidemic Fever, and that they be authorized to call upon the parishioners for pecuniary aid and personal assistance.

The Committee appointed was most respectable, but there was one fault in its constitution; *it was too numerous; an error*, from which serious inconvenience afterwards arose, as measures proposed and acceded to at one Meeting were often postponed, suspended or counteracted at another. Differences too arose in quarters, where no difference should exist, or at least appear to exist, and various incidents occurred to interrupt that unanimity and unity of sentiment and feeling which should have guided all. The parish at large, however, performed its duty, several hundred pounds having been readily subscribed, and the Medical Committee composed of some of the most intelligent Members of the profession, zealously and gratuitously exerted themselves: * they divided the parish into districts, of which they respectively took charge, made frequent visitations and neglected no one remedial or preventive measure in their power, calculated to subdue the Epidemic within their precincts. All however was ultimately in vain, and *necessarily and unavoidably in vain*:—for though

* “ The Medical Gentlemen, (knowing the desire of the Committee to remunerate them for their anxious superintendence,) solemnly determined to accept of no recompense whatsoever—being convinced that under the alarming situation of this city, there should not be left to illiberality even the colour of an objection.”

partial and temporary success attended their measures, yet no sooner was contagion abated in one quarter, than it revived in another, and fresh importations of infected poor thronged from the adjoining parishes to partake of the benefits of residence in St. Peter's. The parishioners became weary of the fruitless effort, and at last, towards the end of December, the few remaining ardent supporters of the undertaking discontinued their labours and contributions, under a conviction that to subdue the Epidemic in Dublin, any efforts, *to be successful*, must be "general and simultaneous."

The following Extracts from the Monthly Reports of the Physicians and of the Parish Committee will exemplify some of the foregoing remarks, and furnish materials for useful reflection.

Extract from the Report for March.

"It appears from the Report of the Medical Gentlemen, that from the eighteenth day of February, to the first of March, there have occurred in twelve days, sixty-five cases of Fever, including a few cases of relapse of persons dismissed and out of Fever Hospitals. The whole number, from the last day of January to the first day of March inclusive, viz. a period of thirty days, has produced 176 cases of contagious Fever. There is therefore no reason to suppose that the Fever is upon the decline in this parish.

"That the Committee, however, has not been remiss in their exertions for the suppression of Fever, will appear from the following statement.

"Having divided the parish into nine districts, they committed the inspection of these to as many Medical

Gentlemen, whose further duty it has been to have the sick removed as soon as possible into Hospitals—the pointing out those residences of the poor which required cleansing and white-washing; the distributing printed forms of advice, and of directions to be followed on the appearance of contagious Fever, the recommending such of the poor for relief, in the way of provisions and clothing, as appeared to them cases connected with the effectual suppression of Fever.

“In aid of the Medical Committee, another have been actively engaged in the procuring and preparing for distribution, food, straw and flannel for the poor, whilst a third has been strenuously employed in white-washing and cleansing in general the houses.”

Extract from the Report for April.

“That their exertions have been successful, may be fairly inferred from a comparison of this and preceding Reports, from which it appears, that in the month of February, the number of cases amounting to 176, whilst in that of March, being but 124, a diminution, approaching to one-third, has taken place in the number of sufferers, in this point; whilst it would appear from hospital returns that during the same period Fever has increased in the Fever districts of Dublin.

“To forward, however, the plans already found so useful in checking the progress of Contagion, your Committee have found it necessary to take and fit up a house, where infected bed-clothes and apparel will be submitted to such processes as are best adapted to disinfect

them; the linen clothes to be well washed; the wool-
len to undergo the effects of a high degree of tempera-
ture, a plan which the experience of medical men, con-
nected with Hospitals, has proved to be efficient for the
prevention of even the plague itself; proper servants
have been engaged; a washing and stoving apparatus,
on a small scale, these articles not exceeding £10 in va-
lue, are now erecting, and the whole placed under the
management of an active Committee. It is to be hoped,
after this statement, that the parishioners will come for-
ward with liberality, to support a series of measures,
which, productive as they have been, under Provi-
dence, of the best effects, may furnish the clearest rea-
son, deduced from experience, for their general adop-
tion in this city."

Extract from the Report for August.

"It appears that the total number of cases of contagi-
ous Fever which have occurred in this parish during the
month of July, amounts to 149.

"From every information it appears that Epidemic
Fever is considerably on the increase in Dublin; and
that the number of patients received into Hospitals dur-
ing the month of July last, exceeds the number taken
in during any preceding month in the memory of man.
From which, two considerations must force themselves
on the mind of every benevolent and reflecting person—
first, that the period is by no means arrived when our
exertions for the suppression of the Epidemic should
relax—secondly, that mere Hospital accommodation,
however extensive, cannot check the progress of conta-
gious Fever, unless means be adopted for the extinction
of the Contagion itself."

Extract from the Report for September.

“ Thus it appears, that 149 cases of Fever have been noticed by the medical officers in this parish, during the month of August.

“ When we consider that even the most rapid and dreadful contagion of the plague has been controlled and mitigated by human effort, and that, too, in repeated instances, we cannot but attribute the disproportion of success to exertions made in this parish for the suppression of the Epidemic, to the want of co-operation in the other parts of this afflicted city: and we solemnly call upon our fellow citizens, to meditate upon the present consequences of an apathetic state, and upon the ruin that awaits us, if every heart and hand are not speedily roused to exertion

“ The two important and *hitherto neglected* measures to which we would direct the attention of the public are, 1st—To stop the importation of Fever into the city, not by denying accommodation, but by providing it in small temporary hospitals in the vicinity of the town for the poor of the adjoining parishes.—2dly, to adopt a general and vigorous system of purifying the clothes, bedding, persons and houses of the infected.”

Circular Letter to the Parishioners.

The Committee of St. Peter's parish, appointed for suppression of Fever, have repeatedly called on the parish at large for further assistance, and that call has failed to produce a sufficient effect. They now think it best to apprise the parish, that on *Wednesday, the 30th*

instant, their efforts must cease, as the fund with which they were entrusted, will then be expended. The Epidemic has lately encreased; the admissions of the three last months into the Cork-street Hospital and that of the House of Industry being nearly as follows:—

June, 1600, July, 2061, August, 2445,

The entire number of deaths by Fever during the last year in Hospitals, has been much greater than in any former year. Of the sickness or deaths in private houses, no account has been taken.

The evils which arise from the long continuance of so severe an Epidemic, in the interruption of industry, are most extensive, and the laborious poor are sinking into the desperate condition of mendicants. Manufacturers are in danger of interruption, the more distressing, as the sickness of one person in some instances will impede the industry of many. *The Hospitals are compelled to relinquish the system of removing all the sick who consent to remove, and to select the severest cases.* The contagious Fever has made its way into the dwellings of the opulent, and some very valuable heads of families have fallen. The public has been lulled to sleep on this subject, fluctuations of the Epidemic, which were of little consequence, were held forward as the commencement of its extinction, partial successes blazoned, while the average of mortality was sunk in silence. The causes of the disease were mistated, and so mistated as to make the rich less alive than they would have been to the state of the poor; they have been persuaded that it is the Fever of poverty, and al-

though daily experience ought to remove this error, selfish hope supports it. Those, who attempted to remove these errors, were charged with exciting interested alarm.

When we associated in this parish, we were not without hopes, if we set on foot rational measures for suppressing the Epidemic, that we should have the support in the first place of our fellow parishioners, and that similar exertions would soon appear in the other parishes ; but in these expectations we have been disappointed. A principal object with us was, to attempt to purify from infection the persons, clothing, bedding and houses, of those in whose families disease had appeared ; but this reasonable design *met with resistance from so many quarters*, that it was not until near three months after our meeting, that we were enabled to commence it, and much money had by that time been expended on other objects ; hence this attempt was stinted to a small scale, and lost the means of interesting the public.

If the Gentlemen of the parish think that something ought still to be attempted to avert the evil which advances on us, let them either reinforce this Committee with pecuniary and personal assistance, or let them form another more entitled to their confidence.

We are still ready to act if we have the confidence of the parish, but we hope it will not be expected of us that we will sacrifice time, expose our lives to infection, and our characters to misrepresentation, without the cheering prospect of ultimate success.

ROBERT LANNIGAN, Chairman.

Vestry-Room, 17th Sept. 1818.

Extract from the Report for December.

“ Thus it appears that during the month of November past, 185 cases of contagious Fever were admitted into the Fever Hospitals from this Parish.

Resolved—That the Fever Committee of St. Peter's parish was formed for two distinct objects, viz :—1st, the extermination of contagious Fever in the parish ; and 2dly, that their exertions might become an encouragement and model for the remaining parishes of Dublin.

*That the fulfilment of the first object depended upon their success in the second.**

Resolved—That the Fever Committee of St. Peter's parish has met with no co-operation from the remaining parishes of Dublin, and therefore, although by their exertions much disease has been remedied, and much distress relieved, yet the Epidemic continues in this parish to a considerable extent.

* That the parishioners of St. Peter's entertained these just views at the very commencement of their labours, is evident from the following minute of their proceedings on the 2d February 1818 :

“ The Parishioners of St. Peter having commenced measures for the prevention of Fever in their own parish, are yet of opinion that such measures must prove ineffectual without the co-operation of the other parishes of the city at large :” *Resolved therefore, “ That a deputation from this parish do wait upon the Lord Mayor, to request that his Lordship will, on as early a day as possible, convene a Meeting of the Citizens of Dublin, in order that by a general effort of all the parishes the spreading of Contagion in this City and its vicinity be arrested.”*—The deputation accordingly waited on the Lord Mayor, but the proposed Meeting was not convened.

Resolved—That a sum of £729. 11s. 1d. has been expended for the purposes of the Fever Committee, and that a sum of £10. 5s. 11d. remains in the hands of the Treasurer, which at the present economical rate of expenditure, cannot serve for longer than fourteen days, when the exertions of the Committee must have a period, unless the parish shall think proper to advance additional funds.

Resolved—That the cleansing house be continued in operation so long as our funds will permit, and that our expenditure be limited to this source.

JOHN TORRENS, Archdeacon
of Dublin,*

JOHN R. DUNBAR,

ROBERT HEALY, M. D.

W. STOKES, M. D.

JOSEPH STRINGER,

RICHARD GRATTAN, M. D.

THOMAS TAYLOR, M. D.

FRANCIS BARKER, M. D.

JOHN SANKEY.

Finally, The Cleansing House, which had been opened on the 13th April, was closed on the 29th De-

* I cannot here refrain from recording the valuable services of the late Archdeacon of Dublin (now Dean of Derry) as well in *this* good cause, as in every other effort made in the metropolis to alleviate the distresses of the poor. His charitable and well-directed exertions cannot readily be forgotten by his late parishioners, the inhabitants of St. Peters'.

cember 1818, after having cleansed 1664 persons and their clothing.*

The exertions of St. Thomas's Parish are easily stated. That parish met in the beginning of March, and the proceedings of its inhabitants may be comprised in the subjoined statement and resolutions, suggested by their Medical Committee, and to carry which into effect an old balance of a poor-fund, lying in the Treasurer's hands, amounting to £29 was placed at the disposal of that Committee, together with such sums as might be received by subscription; about £12 more were added to that balance, and the whole was speedily expended in the support of a few wretched families, reduced to the abyss of misery by repeated attacks of Fever, caused not so much "by want of fuel, of food, and of clothing" as by returning to their infected beds and bedding, which may not inappropriately be termed the very hot-beds of contagion.—It need scarcely be added that St. Thomas's parish cannot boast of immunity from Fever; the fever-cart and the indefatigable white-washers are yet in constant motion through its lanes and alleys.

Resolutions of St. Thomas's Parish.

Returns having been made from the Cork-street and Brunswick-street Fever Hospitals to a Meeting of the Parishioners, held on Friday, March 6th, it appears

* To the Inhabitants of St. Peter's parish it must be some consolation that if they did not succeed in extinguishing contagion within their precincts, they had at least kept it greatly in check, for their monthly number in November scarcely exceeded that in January, though the general admissions to Hospital from the city at large had doubled in the interim. That parish has the further consolation of feeling that it had at least endeavoured to discharge its duty, and that if it failed of success,

"Magnis tamen excidit ausis."

from them that Fever has of late increased considerably in St. Thomas's Parish ; ninety-three persons having been admitted into those Hospitals between the 1st of November, 1817, and the 28th February 1818, whereas between the 1st of November 1816, and the 28th of February 1817, the number admitted did not exceed seventeen ; it also appears that the number admitted in February 1818, amounted to thirty-seven, being more than double the number in any preceding month.

In consequence of this alarming intelligence the following Resolutions were agreed to by the parishioners :

1st. That a general cleansing of the habitations of the poor be commenced, the lime, brushes, &c. being supplied free of expence, and the poor, who shall thus employ themselves, being paid for so doing.

2d. That fresh straw for bedding be supplied gratis, and the old straw burned.

3d. That a place shall be procured where the poor may wash and dry the bed clothes, which had been slept in by people ill of Fever, the fuel being supplied to them for that purpose.

4th. That assistance shall be given to the families of those who are under the necessity of going into Hospitals, and to those who return from them, but are not strong enough to undertake their usual work.

5th. That these measures be superintended by the medical Inspectors, assisted by a parochial Committee, and that a subscription be set on foot to defray the expence of the above plan.

6th. That this abstract of the proceedings be printed, and extensively circulated throughout the parish—and that Mr. Law, Sackville-street, be appointed Treasurer, to receive subscriptions.

N. B. It is requested that any persons, who are ill, may apply immediately to the medical inspectors for advice and assistance, and it is hoped that the parishioners in general will co-operate in giving effect to these measures, by informing the inspectors of any case of Fever which may come to their knowledge in their respective neighbourhoods."

I shall conclude this Appendix by a Report on the Epidemic Fever now prevalent in Aberdeen; *an article* which though, at first view, it may appear extraneous, cannot, when perused with the attention it deserves, be deemed irrelevant. The report itself was drawn up by Gentlemen, not members of the Medical Profession; it is strongly characterised by humanity and good sense, and describes some scenes of human woe, with which this wretched metropolis has long been familiar. To the report are annexed some very pointed and appropriate extracts from Dr. Millar's Letter to the Fever Committee of Glasgow, containing many observations, not unworthy of the deep consideration of those, who desire the extinction of contagion in Ireland.

No. XIX.

*To the General Committee for the Prevention of
Contagious Fever in Aberdeen,*

THE REPORT

OF THOSE MEMBERS OF THEIR SUB-COMMITTEE,
WHO ARE NOT OF THE MEDICAL PROFESSION.

YOUR Sub-Committee report that, immediately upon their appointment, and since, they accompanied Dr. Kerr, and the Medical Gentlemen attached to the Dispensaries, in visiting the wretched abodes of their numerous patients ill of Fever.

These visitations fully proved to them,

1st. That Fever very generally prevails in the town among the poorer classes.

2d. That it is of an infectious nature; as they invariably found, wherever it got footing, that it first went through every member of the family: next, through all the families under the same roof; and then spread to the adjoining houses.

Whether Typhus, or what other name be the proper description of this Fever, it is not for persons altogether unacquainted with medical science to say; nor do they deem it of much importance to the public, as, in addition to its being infectious, this Fever most indisputably appears to be,

3d, *Of a very serious nature.* It is a low smothered disease, which preys alike upon the mind and body ; those suffering under it being incapacitated for weeks and months from making any exertion, ending in many cases in death, and in most others with the last degree of bodily exhaustion ; from which, it must take not only good nursing, but a considerable time to recover the patients, even were they not, as is usually the case, subject to relapses for a third and fourth time ; more especially, when they return too early to their usual labour.

In a small confined close, at the back of the Record Office, there are some small houses which, including the area between them, may altogether occupy about 70 feet in length and 50 in width. In this place, they found a population of 103 persons, more than three-fourths of whom were confined to bed in the Fever, and all the others crawling about during the interval of their relapses. In one of these houses, there are 9 miserable ill ventilated apartments, every one of which is inhabited by a separate family—the whole of whom, consisting of 33 persons, were seriously ill of the Fever. In one room a man, his wife and 5 children were lying on the floor ; in another, a man, his wife, and 6 children ; in a third, a girl, 3 infant brothers and sisters, all also lying on the floor, their mother having died a few days before of the Fever : the whole entirely destitute of means to procure sustenance or medicines, and their neighbours in the adjoining houses in a similar condition. The value of all the furniture and clothing belonging to these 103 persons could little exceed Five Pounds.

It is true, that in no other part of the town did your Sub-Committee find so much human misery, condensed

into so small a space ; but, in many places, they found particular scenes of family distress equally afflicting.

When they first entered the above described place, called Sinclair's close, the horrible stench, both inside and outside the houses, with the squalid and diseased appearance of every one of the inhabitants, conveyed forcibly to their minds the idea of a Pest House ; and, indeed, had the disease remained for any great length of time unchecked, they have little doubt that it would have become pestilential. It is proper here to remark, that the inhabitants and neighbours concur in stating, that this close is usually as healthy as any other part of the town, and remained so until four months ago, when the Fever was brought among them by a woman, who was a stranger.

Since arranging their plans, the Committee have seen a very able pamphlet upon this subject, by Dr. Millar, President of the Faculty of Physicians and Surgeons of Glasgow, &c. from which they have taken the liberty of annexing several Extracts, as they apply equally to Aberdeen as to Glasgow, making allowance for the difference of population, and that our Committee have had the good fortune to avoid the fatal errors into which the Glasgow Committee, with the best intentions, had fallen. *This is entirely to be ascribed to their having scrupulously obeyed the judicious and able instructions of the Medical Society of this town*, who, without knowing any thing of Dr. Millar's views, had in every thing anticipated them.

In addition to the House of Recovery in the Gallowgate, containing 60 beds, they will, in a day or two,

be in possession of the Barrack Hospital, which will afford accommodation for as many more. The Barrack being at present empty, they have made application for the use of them to convalescents.—Should this request be complied with, they humbly trust, in a few months, to be able to eradicate the disease entirely; as until every germ of contagion be destroyed, the work will be incomplete, and they would most probably, as in Glasgow, have the whole to begin again. This is no doubt a most serious and expensive undertaking, but there is no shrinking from it, as humanity and the personal safety of every one, renders it an imperious duty: and in place of allowing the disease “to outrun the accommodation,” we must at once, by a series of decisive measures, “make the accommodation outrun the disease.” But the opinions of your Sub-Committee are so much better expressed in the accompanying extracts from Dr. MILLAR’S Pamphlet, that they beg to refer to them. They deeply regret, that a conscientious discharge of their duty obliges them to add, that although they have no doubt that the present contagious Fever was brought here during last summer from a distant quarter, yet numbers were but too well prepared to receive it, owing to their earnings being insufficient to procure to their families the necessary supply of food, clothing, and healthy lodging.

Your Sub-Committee would fail in duty, were they not thankfully to acknowledge the prompt attention which has been paid to all their suggestions by the Lord Lieutenant of the County, the Members for the County, the Sheriffs, the Lord Provost and Magistrates, and Commissioners of Police; and will take an

after opportunity of expressing their sense of the able and indefatigable exertions of the Professional Gentlemen, whom the Medical Society appointed to superintend and take charge of the establishment. They also gratefully acknowledge the very liberal subscriptions of individuals, and collections at the Churches for its support; and knowing, as they do, the many claims upon public bounty which at present exist, regret that it will be still necessary to make personal applications to those in better circumstances, who have not yet had an opportunity of subscribing. Nearly six-hundred pounds have already been procured, but, even under favourable circumstances, it is to be feared that as much more will be required.

All they can say is, that, as far as is consistent with humanity, and the attainment of the important end of speedily and effectually eradicating the Contagion, they pledge themselves that the greatest care, and most rigid economy, shall continue to be used: but having two very large Hospitals to furnish with bedding, &c. and several hundreds of diseased and indigent persons to supply more or less with food, medicines, lodging, clothing, and firing, a heavy expense is unavoidable.

Exclusive of about 90 Fever patients in the House of Recovery and Infirmary, your Sub-Committee, after careful examination, are of opinion, that within the city and suburbs, there are not fewer than 300 other persons in different stages of the Fever, all in a situation to disseminate the Contagion.

That it has not yet made its way more to those in the

middling and higher classes may, perhaps, in a good measure, be attributed to *the suppression of begging*, which prevents admission into their houses of those suffering most under it. Upon which subject, they will have to make an early communication to the United Committees for the suppression of begging, and the Poor's Hospital.*

By Order of the Sub-Committee,

A. BREBNER, PROVOST AND PRESES,

COUNCIL CHAMBER,
Aberdeen, Dec. 17, 1818.

* A subsequent Report made on the 1st January, 1819, details other matters, not unworthy of insertion in this place.

"The number of new Fever cases, in the beginning of the week before last, was alarmingly great.—This week they have considerably decreased, in consequence, it is to be hoped, of the sources of infection having been stopped by the removal of such numbers to the Houses of Recovery.

But the disease itself, as was predicted, has assumed a worse aspect. Since last Report, the fatal cases have increased. Some of these are most distressing cases. Martin, an industrious weaver in Shuttle Lane, his wife and a daughter, have fallen sacrifices to it, and four more of their children are in the Houses of Recovery; their remaining two infants, who had not caught the infection, have been taken into the room of a worthy woman in the neighbourhood, at the request of the Committee, upon their furnishing new bedding and clothing,

Strong fears were formerly expressed, that if the Fever got footing in the higher classes, it would be more severely felt than among the poorer, in proportion to the numbers affected. This unhappily seems to be confirmed by its consequences, to such of the Medical Gentlemen as have been taken ill.

Dr. HECTOR fell its first victim, from having humanely attended a poor woman in child labour, suffering under the most abject poverty, and in the last stage of virulent fever. An active assistant next had a severe attack, but happily his youth got the better of the disease. A gentleman

Extracts from DOCTOR MILLAR'S Letter to the Fever Committee of Glasgow, alluded to in the preceding Report.

“ *Your failure has been signal, and complete. So far from destroying the Contagion you had undertaken to extirpate, it has amplified, and expanded, under your hands, and is at this moment, more alarmingly prevalent than seven months ago, at the time you commenced your career.*”

“ In conversation, lately, it was asserted to me by a Gentleman, that there did not at present exist in Glasgow more Fever than was customary, or than might be always expected from the populousness of the place; and he quoted medical authority. This is ludicrous enough; perhaps something worse. In the process of delusion, the next step, it is likely, will be to deny any extraordinary prevalence of Typhus in Ireland.”

“ It appears from unquestionable evidence, as will be more fully explained afterwards, that you have not in charge of one of the Dispensaries was next seized, and for several weeks his life was almost despaired of; but being in the prime of life, his constitution at length triumphed—he, however, recovers his strength slowly. During his illness, his patients in the Dispensary and House of Recovery were attended by his friend, Doctor YEATS, in whose praise the poor sufferers were all loud. He had been one voyage to India as surgeon's mate, and had just got an appointment to an Indiaman, and was to have left this on Saturday last; but on the day preceding he was confined with the Fever, and this morning breathed his last! Thus has this fine young man been cut off, in the bloom of youth, by volunteering his services to his native city, upon the present unhappy occasion.”

COUNCIL CHAMBER,
Aberdeen, 1st January, 1819.

only expended a much larger sum already, though without making the slightest impression on the Fever, but have further entailed upon the city a tax of about £900 a year, in all human likelihood, with the same fruitless result. But it is not the mere useless expenditure of money that is to direct our estimate here, Gentlemen; it is not simply the balance of profit and loss we are called to calculate—there are other, and darker, items to swell the account, other considerations to press upon attention. It may be asked, what is to indemnify us for time and opportunity lost; who shall ensure the ultimate success of our present measures, expensive as they are, of which I confidently predict the failure, unless an entirely new system be adopted; *above all, what is to compensate for the sufferings of disease that might have been prevented, or the waste of life that might have been saved?* Indeed, if it be considered ever so lightly, what a mass of human misery, past, present, and to come, might have been averted by the timely completion of the above scheme, other feelings besides regret must inevitably be excited; on these, however, I have no inclination of dwelling.”

“ And yet nothing could be plainer, or more obvious than the road which your Committee were to pursue, simply to *remove from their houses the great mass of the sick, and deposit them in suitable receptacles*, so as not only to facilitate their cure, but by secluding the infected from the sound, to put an end to the contagion itself. Such is the plan that ought to be adopted by you the moment after you commenced your office; a plan equally founded on common sense, and the sanction of those medical men, who best deserved your confidence.

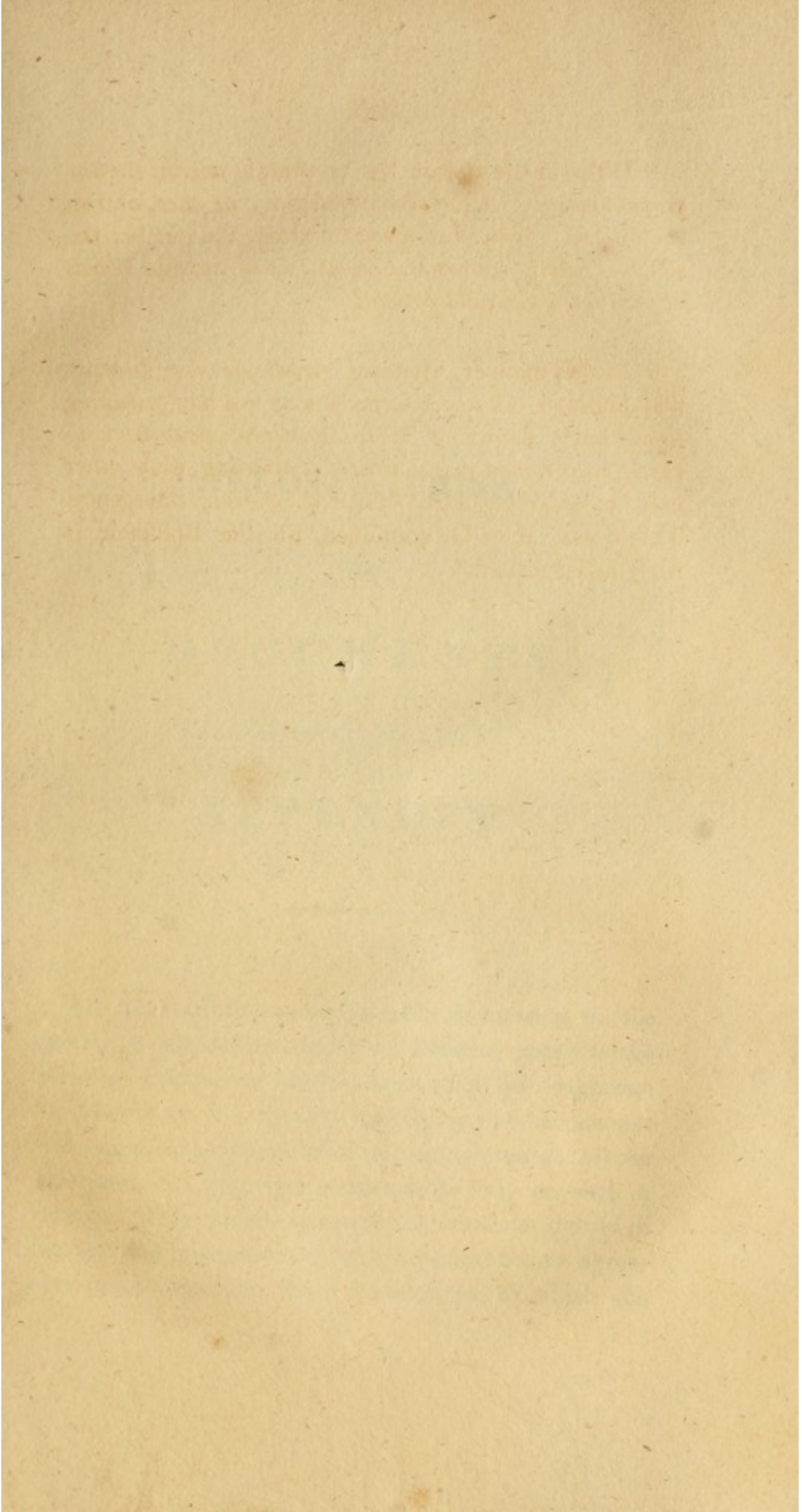
“ It is only, Gentlemen, (you and the public may rest assured,) *by a universal, or nearly universal sweep of the sick into Fever Hospitals, joined to a universal, or nearly universal purification of their dwellings*, that any thing is to be hoped for in the way of suppressing our Epidemic. So far as this grand object is concerned, all the rest is folly : it is worse than folly.

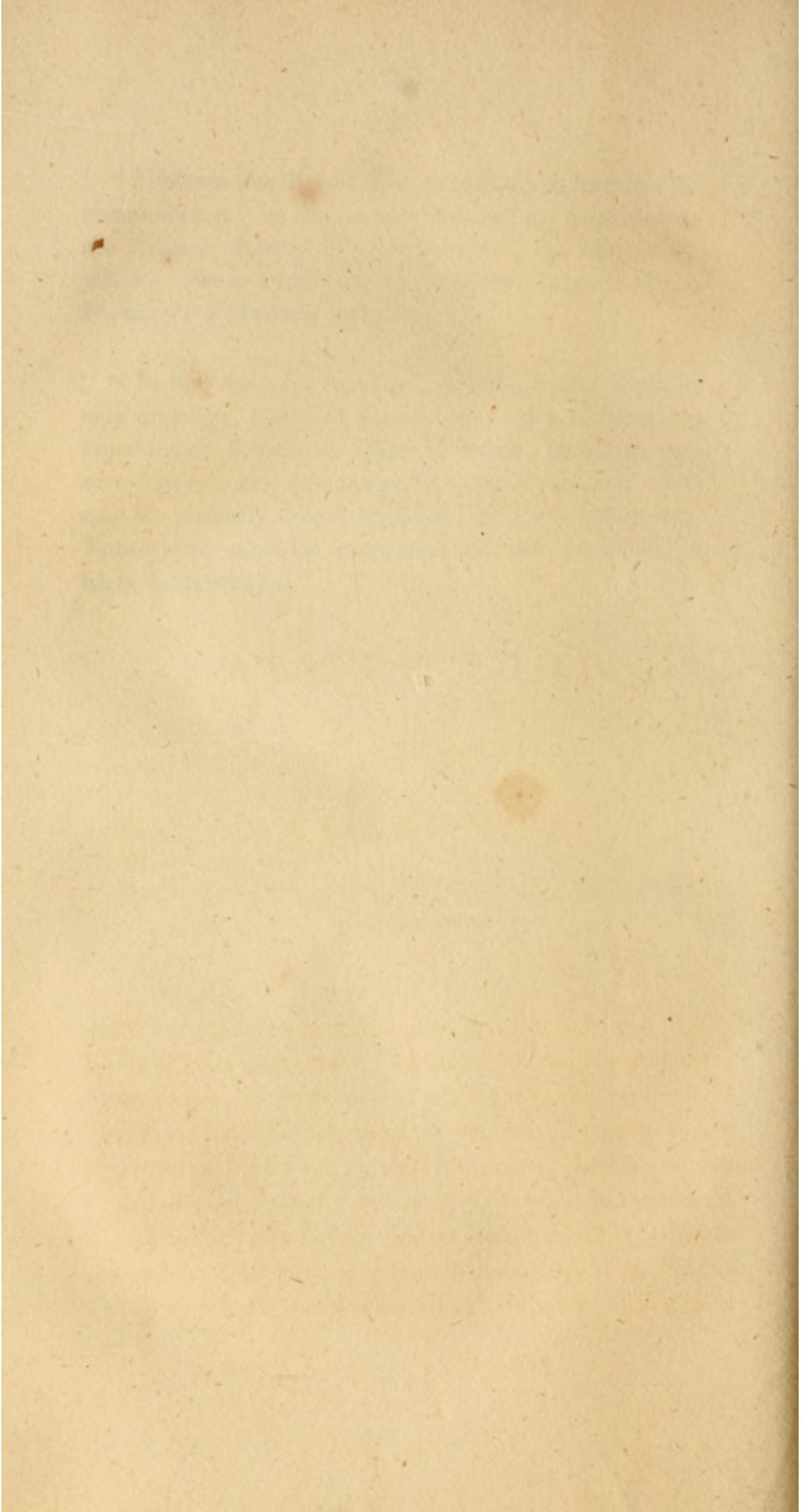
“ It will readily be conceded, that if there continue, as at present, in our city and suburbs, several hundreds of Typhus patients lying outside the walls of our Hospitals, and of course, not only generating but disseminating contagion, there exists little likelihood that the disorder will terminate of itself. Such copious sources of infection must be previously shut up, or at least very much reduced in number. And what reasons are there to induce belief in so happy a consummation ? I know of two only that can be assigned, and from these, I shall, by no means, detract whatever weight they may be supposed to possess. One is the present mildness of the malady, whence it may be inferred, that having already attained its height, it is now on the decline, so as to be readily subdued by your present system of measures. Another argument on the same side, is, that Epidemics often experience strange and unexpected turns, and that some propitious change may ensue in the atmosphere, in the constitutions of men, or in both, of efficacy sufficient to produce a spontaneous cessation of the disease. The more we consider this reasoning, the more fallacious it will appear. As to the vaunted mildness of the distemper, the conclusion founded on it, we have seen completely disproved by the fatal experience of Ireland. In that country, where Typhus has appeared under a form so gigantic, that before it

our own shrinks into a pigmy, and where, of course, the field of observation is wider, the cases, so far from abating in frequency along with the lenity of symptoms, have on the contrary been enormously augmented. Nor has the sum of evil in either country been lessened to the poor, its principal victims, by this revolution of the disease. Fewer die, but more being precluded from their only means of subsistence, *daily labour*, more are reduced by it to want and misery. As to any anti-febrile change that is to take place in the air around us, or in the bodily habit of individuals, I am unwilling to deny its possibility, yet I am unable to perceive on what grounds it is to be expected on the present occasion. The whole weight of probability lies on the other side, and we are rather to look for an increase than diminution of our Epidemic. Thus, for a considerable time past, it has regularly doubled itself every year:—since you undertook your office, proceeding in a still greater ratio, and so long as the seeds of its contagion are allowed to be scattered about in the same profusion, who shall assure us that it is to stop in its career? Besides, the cold of winter is now fast approaching. Typhus is a favourite malady of northern climes and inclement seasons. Hence it is generally observed to be aggravated by a low, and mitigated by a high temperature, and so much is this the case, that till of late, when its poison has unfortunately acquired great additional activity, we have almost uniformly found it dying away in the summer, and again breaking out in the winter portion of the year. Much of its present lenity is, without doubt, owing to our long protracted heat, and may be expected to cease with the circumstance that gave it birth.

"Hitherto the disease has constantly outrun the accommodation ; let the accommodation, for once, outrun the disease. Instead of seven hundred, the number the scheme now in contemplation supposes, provide *Wards at once for a thousand patients.*

"In this manner, whatever vicissitudes the disorder may undergo, whatever forms it may assume, becoming immediately known at Head Quarters, measures concerted in common and mutually supporting each other may be instantly taken, sufficient for every emergency. This system must be continued, till the Epidemic is fairly exterminated."





ILLUSTRATIONS
OF
DOCUMENTS
CONTAINED IN THE
APPENDIX.



AS some of the most valuable documents in the preceding Appendix consist of Reports, made to the General Committee of the Association for suppressing Mendicity, it is requisite to explain in what manner that association became involved in the question of the Epidemic, and why reports were made to it on such a subject. This explanation will be found not devoid of interest and instruction, though it cannot be an agreeable task to describe those manœuvres, by which the

agency of that association, beneficial as it must have proved in subduing, or at least in checking the Epidemic, was controlled and prevented.

In January 1818, at a time when contagious Fever pervaded every part of Ireland, and had for four months been advancing with rapid strides in the metropolis, notwithstanding every effort on the part of the Government *there* at least to keep it in check, a few individuals (among whom it is my pride to have been one) were arranging their measures for attempting the immediate suppression of mendicity in Dublin, an *evil* which had grown to a monstrous and alarming height, and was a serious injury, as well as disgrace to its citizens. In contemplating the various advantages likely to result from a well digested and judicious plan for accomplishing this great undertaking in a city so populous and so poor, it appeared to me that the agency, calculated for suppressing mendicity, must necessarily furnish the most efficient instrument for subduing the Epidemic in Dublin. I was anxious for the employment of such an instrument, because convinced that the measures, then relied upon by the constituted authorities for the extinction of contagion, were inadequate to the object proposed, and that if adequate, they could not be executed with effect, except through such an agency as that of the association. I was the more anxious for such an agency, from a persuasion that the attempts then made to rouse the parishes to assist in suppressing Fever, would be attended with little success, and that though all were to join in the effort, it must still fail from that want of vigour, uniformity, and co-operation, which has always

characterised parochial undertakings. These views and opinions I communicated to other gentlemen concerned in founding the association, and accordingly, among the several resolutions adopted at its first public meeting, in January 1818, was one, which declared that, "as the prevalence of mendicity is not only an evil of monstrous magnitude in itself, but has also greatly contributed to the present fatal diffusion of contagious Fever throughout the country, it is now therefore not merely expedient, but indispensable to adopt immediate and decisive measures for its suppression." That this resolution was understood to relate to the suppression both of mendicity and of fever is evident, as well from the tenor of the observations, by which the resolution was supported, as from the subsequent proceedings of the association itself.*

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* Having had the honor of seconding the resolution in question, I will here take the liberty of quoting such of my observations on the occasion, as must very clearly shew the views of those, with whom the proposition originated, and the feelings of those by whom it was adopted. After stating that, from causes which this association alone can effectually obviate, Fever is ever to be found in Dublin, and that it had been rapidly advancing in the metropolis for some time past, it was observed, "that such a fact ought to alarm and rouse to instant exertion every reflecting, every humane, nay every the most selfish member of the community, because, *unless efficient checks are immediately resorted to, no man can calculate the extent to which this plague may be diffused.* In connecting this subject, the prevalence of Fever, with mendicity, he was not so absurd as to say that the latter was the cause of the former, nor would he even say, that mendicants were more liable to Fever than other classes of paupers; but he would confidently assert that, in the country, where the peasant's door was never closed against the poor, mendicants were a great source, if not the great source of the diffusion of Fever. In Dublin, he was free to confess, they were not such principal agents in propagating that disease, but still they contributed to it; indeed it was impossible that beings, who for weeks and months never changed the rags that clothed them, who slept in

One of the first measures of the General Committee, was the appointment of that Sub-Committee of Health, whose various reports are to be found in the Appendix, and whose useful labours might have been continued to

the vilest abodes of misery and filth, their only coverlet the rags, in which they met the public eye by day ; it was impossible but that such beings should generate, carry with them, and diffuse that infection, to which, from familiarity, they were themselves frequently insensible. In Dublin, the great causes of Fever are to be sought for in the persons and habitations of the poor ; in the crowded state of the latter ; in a deficiency of, and a consequent want of cleanliness in their clothing ; in the indescribable filth of their habitations, of the whole house collectively, and of each individual apartment. Having, at an early period of his professional career, been in the habit of visiting the poor in their own abodes, he knew that, from a want of sufficient clothing and of fuel, their object is to accumulate as much warmth in their apartments as possible, and though they lived in a house of glass, yet will they, should the accidental fracture of a pane give access to the air of heaven, eagerly and industriously exclude it. It might very naturally be asked, how the proposed Association for suppressing Mendicity could, under such circumstances, be efficient in checking contagion ? In removing mendicants from the streets, despoiling them of their rags, the emblems and instruments of their trade, and by employing them in wholesome labour, something would be contributed to this end ; but more, much more, would be effected by the vigilant superintendence of this association over the persons and habitations of the paupers of Dublin, who seldom appear in the character of mendicants. To suppress mendicity effectually, we must look beyond the mendicants ; we must look into the causes of pauperism, and to the paupers who supply the ranks of mendicity : we must, without interfering with the ordinary channels of labour, furnish means of employment to the industrious and unemployed poor, but yet, at a rate of wages so low as to deter them from depending on the association for any permanent relief : we may, in the first instance, employ them in cleansing their own habitations, and afterwards refuse them further relief, unless they can exhibit their persons and habitations in a state of cleanliness. By these means, we obtain free access to every house in which a pauper resides, with a moral controul, not likely to be resisted, over his person and habitation ; whereas the agents of our Fever Hospitals are only admissible to the apartment of the individual al-

the present hour, but for the obstacles raised by a secret and counteracting influence: the immediate appointment of that Sub-Committee was declared expedient, that it might "without further delay, suggest the measures best calculated for checking the diffusion of contagious Fever;" and the General Committee, in their first circular letter, addressed to the inhabitants of Dublin, state, that they confidently anticipate such a liberal subscription, as will enable them not only to relieve the distress, then so general, "but to check, and perhaps materially contribute to the eventual eradication of contagious Fever."

Animated by the important nature of their commission, and by a consciousness of motives as disinterested as they were humane, the Sub-Committee of Health laboured assiduously, and within a period less than one month presented their first three reports. These re-

ready infected, and are consequently unable to prevent the growth, though they may lessen the diffusion of the evil.

By an active, vigilant, and persevering superintendence of this kind, we cut up contagion by the roots, we check its further progress at the present moment, and can most powerfully co-operate with the Fever Hospitals of the metropolis in the ultimate banishment of Fever from amongst its wretched inmates. Thus, in the *effectual* suppression of mendicity, we shall contribute most essentially to the extinction of contagion, and by banishing Fever, and affording timely and efficient aid to the poor under general disease, we shall in return, get rid of a most prolific source of pauperism in this densely inhabited city. Disease must, on that account, constitute a serious object of attention with the association; and on the Sub-Committee of Health will devolve a duty, at all times important, but *now* most arduous and urgent."

The statements, already made, must shew how zealously that Sub-Committee of Health laboured in its vocation; others have to answer for defeating the great objects of their labours, *objects* in part exemplified in the foregoing observations.

ports, embracing topics then so momentous to the public welfare, were calculated to make a deep impression on the public mind: they did so in fact,* and must have

* The following extracts from two of the Dublin Newspapers will evince the impression made on their Editors, and through them on the public, by the documents alluded to.

"Medical Police—Suppression of Street Begging."

"One of the most interesting and valuable documents that ever appeared in print in this country, occupied a considerable portion of yesterday's *Correspondent*; and never did we commit to our vast circulation, a subject more peculiarly entitled to the attention and support of every well-disposed spirit in Ireland—we mean the Second Report of the Sub-Committee of Health, made on the 28th of February, to the General Committee of Directors of the Association for Suppressing Mendicity, and unanimously agreed to at a meeting of the Sub-Committee, and of its associated members.

The public owe profound obligations to those Medical Gentlemen, not only for the generous zeal with which they have exerted themselves, but also for the great knowledge and ability with which they have digested a plan of *Medical Police*, as they have very properly termed it, for overtaking contagion, and stopping its future progress—and, indeed, the public thanks are honestly due to all those who have taken a share in this most essential scheme of reformation which is on foot, for the relief of the really indigent and unfortunate, and the eradication of that deadly nuisance and open shame—the street-begging of Dublin. The internal weight of the report of the Sub-Committee is, in itself, enough to carry conviction with it; but as it has the important sanction of one of the ablest men and most eminent physicians of this country, Doctor ROBERT PERCEVAL, upon its side, it is quite unnecessary to add any thing further in commendation of its principles, or of its details."—*Correspondent Paper*.

From the Dublin Evening Post.

"PUBLIC HEALTH."

"Since the publication of the Medical Report, on the progress of the Epidemic, we have anxiously thought on this important subject, and are

been productive of results highly beneficial, but for the pertinacious adherence of many to the system, already adopted and vainly pursued for the extinction of the Epidemic. The promoters of that system still maintained its sufficiency, though daily experience furnished abundant proofs to the contrary, and they were enabled in various ways to influence the public judgment, because their system threw the whole expense upon the Government, whereas that proposed in its place, would require contributions from the citizens, both in labour and in money, at a time too when taxation was severely felt, and generally complained of. So great indeed was the

desirous of information respecting certain circumstances in its history, which we do not well comprehend.—We wish, in particular, to ascertain the probable reasons, which could have influenced the Irish Government to reject the judicious plan for the suppression of Fever, contained in the Second Report of the Sub-Committee of Health, and with it, the voluntary offer of gratuitous services, made by the Physicians of Dublin, for carrying that plan into execution. We wish to know to whom the Physicians allude, in the conclusion of their Report on Mr. GREGORY's Letter, rejecting their offer, when they state, that they 'cannot conclude their Report without expressing, in the strongest manner, their conviction, that the Government is entitled to every praise for its *intentions* in this awful conjuncture, and for its zealous and earnest desire to adopt every measure most beneficial to the poor; and that if any thing has been *otherwise* done, it has been so done under advice the Government could not well resist—that of its responsible Medical Officers.'

As these Officers (whoever they are) have undertaken the responsibility of directing the necessary measures for the preservation of the Public Health, and have had ample funds placed at their disposal for that purpose, we wish to know why Fever, which Mr. PEEL, upon *their authority*, informed Parliament to be on the decline, and likely to subside still further, has been allowed to obtain its present height, without any effort made on the part of those "responsible Medical Officers," to put into execution the measures recommended in the Second Report of the Sub-Committee of Health, and which the Physicians of Dublin had declared to be "alone competent to check the further progress of this formidable Epidemic." Upon these points we would gladly be informed.

public delusion or apathy, and such the determined perseverance in measures utterly inadequate to their professed objects, that the monthly admissions to hospital had advanced from 900 in October 1817, to 3000 in October 1818, before confession was made of the inefficiency of that very system, upon which so much eulogy had been bestowed; it is indeed more than probable, that such an admission would never have been drawn from the parties, but for the irresistible evidence furnished by the Reports, No. 11 and 12.

These several Reports and the other connecting Documents supply very accurate information, both respecting the progress of the Epidemic in Dublin, and the measures proposed by the Physicians for suppressing it. He who will take the trouble of perusing these Reports, must perceive how fatally the predictions they contain were fulfilled, and he probably may feel some surprise at the reception, which the voluntary offer of the gratuitous services of the Dublin Physicians ultimately experienced, both from the Government and the association:—that surprise, however, may somewhat abate, when he learns that the proposers or patrons of the original measures were, in part, the same individuals who were consulted by the Government respecting the plan recommended by the profession; these individuals had weight and influence sufficient to prejudice the minds of several active members of the association, and to induce many others to attend the Committee for the *sole* purpose of opposing the Physicians; for after succeeding in that opposition, these gentlemen never thought fit to appear at any subsequent meeting. To the Physicians however it was no small satisfaction that they were stre-

nuously supported by the most zealous and distinguished members of the association.

Though solicitous to avoid giving unnecessary offence, I cannot, in justice to that profession of which I am a member, refrain from placing on record the motives which led to the rejection of the proffered services of the Physicians, in execution of a plan, for the success of which they were willing to make themselves responsible. It would occupy more space than I would willingly devote to so disagreeable subject, were I to enter on a full explanation: the following extract of a letter, addressed on the occasion to a friend in London, may suffice:—"The enclosed Newspaper may give you some idea of the proceedings of the association on Saturday last; (March 14th 1818) but it would, except to you who know the parties, be almost impossible to convey a just idea of their conduct and of their numerous partisans: they mustered in greater strength than ever, and evinced still more marked hostility. After the amendment (See p. 30 of the Appendix)* had

* The following report of these proceedings I lately found in one of the public papers, and as it is more full and correct than that given in page 30 of the Appendix, I have here introduced it.

"Suppression of Street Begging."

The General Committee of Directors of the Association for suppressing and preventing Street Begging, held its weekly meeting on Saturday last, March 14th.

The Honourable and Very Reverend the Bishop of ELPHIN V. P. took the Chair. The other Vice-Presidents present were the Right Honourable the Earl of CHARLEMONT, the Most Reverend Doctor TROY, the Right Honourable GEORGE KNOX, and RICHARD POWER, of Kilkenny, Esq.

The third Report of the Sub-Committee of Health having been read,

been carried, the mover was publicly asked, if he had now any objection to the original motion, his own amendment having been complied with: he hesitated at the question, but the true partisans, of whom he was the unconscious instrument, cried out lustily that they would not pledge themselves to any thing. We certainly had all the respectability of the meeting with us; all the Vice-Presidents, and every man unconnected with Fever hospital politics; but it is, as you may conceive, diffi-

paragraph by paragraph, (pursuant to a resolution of the last meeting of the General Committee of Directors,) the following resolution was proposed by Doctor HARTY:—

It appearing from the hospital returns that the number of Fever patients in hospital amounts to 1076, and that there are but nine beds now vacant for the reception of other cases: and it further appearing that the number in hospital has, since the 13th of February, increased from 910 to 1076, the increase within the last week being 76:—

Resolved—That it is of essential moment to the safety of the inhabitants of Dublin, that the measures, both remedial and preventive, recommended by the Sub-Committee of Health in their second and third Reports, be forthwith acted upon.

To this resolution the following amendment was proposed by the Hon. JAMES HEWITT:—

Resolved—That this Association will co-operate collectively and individually through its Sub-Committees, District Committees, and otherwise, with the Executive Government and the Medical Gentlemen of the city of Dublin, as far as its means and powers will admit, and as far as is consistent with its original objects, in their endeavours to arrest and overcome the infectious malady now unfortunately existing in this country.

To this amendment a further amendment was proposed by RICHARD DARLING, Esq. to the following effect:—

Resolved—That it would be premature in this Association to undertake any measures directly or indirectly arising out of the original resolutions of this Association or auxiliary thereto, until the several District Committees thereof shall have been completely organized, through whose instrumentality alone any such measures can be effectually accomplished.

On a division, it appearing that the majority of the meeting was in favour of the second amendment, it was accordingly adopted, and the original motion and the first amendment therefore fell to the ground."

cult to resist the weight of Bankers and Bank Directors, leagued against a weak, because divided body, the medical tribe, whose motives they assail with the vilest calumnies. To such a mind as Sir John Newport's, to whom you would do well to communicate these proceedings, it must appear incomprehensible how such persons as compose the ——— Committee, can act such a part. But it is necessary that the public mind should be disabused, and, please God, it shall.* The persons, here alluded to, are the monopolisers of Fever-management, and the Directors General of Hospitals, who, though themselves incompetent to "ride in the whirlwind," would not yet permit others to "direct the storm:" they have therefore ever evinced a strong jealousy of the medical profession, and have never hesitated to muster their whole strength to prevent the adoption of any plan proposed by that body: on this occasion they succeeded, and may (I should hope, *safely*) be congratulated on the reduction thereby effected in the "redundant population" of Ireland, the great source, in their estimation, of the poverty and other evils afflicting this country. To the same feeling of jealousy and desire of monopoly, it may fairly be attributed that, to this hour, the Dublin Association (unlike to similar establishments in other places) has

* What opinion are we to form of the competence and sound judgment (on the subject of Fever) of the Governors of an hospital, who, *until* the late Epidemic set all their calculations at nought, regularly every year proclaimed to the public that "their hospital, *confines* contagion within its walls, and prevents its spreading among the inhabitants of, Dublin." No doubt such an hospital, possessed of such a property, would be invaluable, and its Guardians and Governors, who could, from neglect of duty, let loose contagion (which, according to their own account, they held a close prisoner) upon our devoted city, should be amenable in the severest penalties.—See Article "Cork-street Fever Hospital," in J. Watson Stewart's Almanack, (except for the last two years.)

never yet extended medical relief to the wretched beings under its care.

After this general review of the several Reports made to the Mendicity Association, I shall now notice some few passages, which might perhaps escape the reader's attention.

DOCUMENT

No. I.

IN this Document, (framed in February 1818) a calculation is made, from the numbers then admitted to the Dublin Hospitals, of the probable amount of those likely to be attacked within the twelve ensuing months: the amount is stated (p. 3) at 29,040, and the accuracy of that calculation may be estimated by the curious fact, that the actual number admitted to hospital within the time specified was 29,714.

The probable mortality within the same time is estimated at 2000, whereas it did not *in hospital* exceed 1244. It is however very certain that a great mortality attended those discharged from the Dublin Hospitals, owing perhaps in some measure, to the rapidity with which convalescents were discharged, in order to make room for fresh applicants. It is within my own knowledge, that very many so discharged have died of diseases induced by the Fever, and some of actual want; several also perished from the difficulty of obtaining a lodging after being discharged from hospital; three cases of this description came within my own knowledge: one female, so circumstanced, died at my own door. The actual mortality therefore from Fever, among those admitted to hospital, does not appear from the hospital returns of deaths.

DOCUMENT

No. II.

THIS valuable Document, which details the plan recommended by the Physicians of Dublin, for the suppression of Fever, needs no comment. One fact, however, casually adverted to in p. 13, should not pass without some observation. It is stated that Sir Patrick Dunn's Hospital was opened in February, for the reception of Fever cases, through the "humane exertions of its Governors," and at the expense of Government. The history of this transaction is singularly illustrative of the views of the persons denominated in these Reports, as the "Medical advisers" of Government. In the first month of Epidemic influence, the ordinary Fever Hospitals of Dublin were quickly surcharged, and additional accommodation being of course required, the Governors of Sir Patrick Dunn's Hospital, one of the noblest in the empire, and situate in a part of the city in which no other hospital was established, earnestly and repeatedly applied to Government to appropriate their vacant wards to the reception of Fever, as they themselves, from a deficiency of funds, could not otherwise assist in the suppression of the Epidemic: they applied in vain: the "Medical advisers" preferred a newly built Penitentiary, (within the precincts of the House of Industry, and placed under the controul of *its* Governors) as better suited *to their purposes*, nor would they sanction the occupation of Sir P. Dunn's Hospital, until that Penitentiary itself was overcharged, and until they had failed in

getting possession of another raw and unoccupied Bridewell: "necessity then had no law," and the prayer of the Governors of Sir P. Dunn's was tardily and somewhat reluctantly complied with. This concession however was not of long duration, having been withdrawn early in June following, when the Epidemic seemed a little stationary; but again, necessity had no law, for the rapid progress of Fever compelled the re-opening of Dunn's Hospital in September. Another document in the Appendix, p. 41, may throw some light on the mysterious grounds of objection to this hospital: the current rumour was, that the "Medical advisers" preferred "Medical attendants" of their own appointment, to Physicians over whom they had no controul, and who *of course* would not pay as anxious attention to the sick.

The Appendix, attached to No. 2, from the pen of Dr. ROBERT PERCEVAL, as also the document No. 4, subscribed by the same gentleman, furnish a singular and rare instance of candour, soaring above all petty or personal considerations. Dr. CHEYNE, in his Report of the Hardwicke Fever Hospital, inserted in the Dublin Hospital Reports, (vol. 2d, p. 40) states, that the plan adopted by the Governors of the House of Industry, for the protection of Dublin against the Epidemic, was digested with "the assistance of Dr. PERCEVAL, and of their own Physicians;" and yet, from the documents above referred to, it appears that Dr. PERCEVAL was, in a few months afterwards, so well satisfied of the inadequacy of the plan, which he is said to have sanctioned, that he formed one of a deputation from the Physicians of Dublin, to represent to the Government that it must necessarily fail of arresting the progress

of the Epidemic, and that "the measures recommended by the Sub-Committee of Health in their second Report, alone were competent to check its further progress." His authority, however, and that of the other members of the deputation, then failed of producing any effect, though his merits would appear to have been duly appreciated by the Government, as was manifested by his unsought appointment, in a few months afterwards, to the office of Physician General.

DOCUMENTS,

Nos. 4, 5, 6, 7, and 8.

THESE Documents detail the communications which took place between the Irish Government and the Physicians of Dublin, after the proposals of the latter had been declined or rejected by the Mendicity Association, through the means already referred to. Their proposals experienced a reception from the Government, such as might have been anticipated from a knowledge of their "Medical advisers." In justice to the Irish Government, however, it should be admitted that their decision on that subject was probably grounded on a presumption that the Mendicity Association, through which it was proposed by the Physicians to carry the preventive measures into effect, would certainly fail in the effort to abolish mendicity, and that

it was therefore very unfitted to undertake another object equally difficult. Such was at that time the general impression ; such, it is understood, was the belief of some of the " Medical advisers," who proclaimed the attempt to suppress mendicity in Dublin *ridiculous and impracticable*. Fortunately for Ireland, they were mistaken; the association has succeeded beyond the expectation of its most sanguine supporters, and has given a stimulus and a proper direction to the charitable efforts of the humane, which must, ere long, be attended by results the most beneficial : the " Medical Board" now, therefore, thinks differently, and would affect to patronise that at which some of its members originally scoffed. It is now admitted that the Mendicity Association, by removing beggars from the streets, and supplying them with useful employment and wholesome food, contributed, during the prevalence of the Epidemic, to lessen the number of infected in that class, and also to protect the upper ranks from the diffusion of contagion. Similar good effects were experienced in Belfast, from an association of the same kind, long established in that town, in which Fever appears to have been by no means so prevalent as in other places of equal population ; the upper and middle classes too were less affected than elsewhere, owing, in all probability, to the influence of their Association for suppression of Street-begging.

In the documents referred to under this head, the reader will find some curious details, upon which it is unnecessary to enlarge. By the advice of the Medical Board, the Government and the Physicians were brought into unpleasant collision ; a *collision* the more disagreeable to the latter, because they felt persuaded that the Government, though ill advised, was actuated by the

best intentions, nor would the Physicians have interfered by the offer of their gratuitous advice and services, did they not perceive the most determined adherence to measures, productive of a serious waste both of life and of treasure. Though the remedial and preventive plan recommended by them may, at first view, appear expensive in its nature, it cannot be difficult to shew, that it would have been ultimately much more economical than that acted on. In Dublin alone the number of sick, admitted to hospital during the progress of the Epidemic, exceeded 45,000 : estimating the stay of each in hospital at 14 days, and the average daily expense (all contingencies included) at 1s. 6d. we shall find that the *direct* loss to the country, from the support of the Dublin sick, amounted to little less than £50,000, a fifth of which, judiciously expended at the onset of the Epidemic, might, in all probability, not only have saved the remainder, but also have prevented a serious loss of lives and much individual misery. It would be no easy matter to calculate the loss which the country sustained by means of the Epidemic, both in the direct expense attending the support of the sick, and the loss arising from the deficiency of so much productive labour. If we estimate the number of sick at one million, the whole loss sustained cannot well be estimated at less than one million and a half pounds sterling !!

In document No. 8, (page 52) dated March 1818, an assertion is hazarded, which we find re-echoed in Parliament, though contradicted by well-known facts : in that document, the members of the Medical Board state that there are facts before them, which afford good reason for believing that Fever, " though encreasing in

many places, is generally on the decline throughout the kingdom at large;" and again, in the First Report of the Select Committee of the House of Commons, dated March 1818, we find (p. 59) Dr. Renny's authority quoted (*as that of the Medical Board*) for the same assertion, that "Typhus Fever is generally on the decline" in the four provinces: and further, in the Second Report of the same Committee, of the date of the 26th May, it is maintained (p. 64) that there has been "a decrease of the disease in Dublin," owing to the active exertions of Government, while at the same time, it is admitted that the Fever continued to prevail in many parts of Ireland "*with little abatement.*" Mr. Peel too, the then Secretary for Ireland, was so far deceived as to declare in Parliament, on Sir John Newport's motion for a Committee in April 1818, that he thought "he should not be too sanguine in saying that, since the 14th of March, there had been a *considerable* abatement of the calamity, both in its character and extent, and that he had great hopes of the abatement of the contagion, not only from the general returns, but from *accurate accounts kept in Dublin.*" None of these assertions can stand before well established facts: to refute them, it is only necessary to refer to document No. 11, and to the tables, which point out the actual state of Fever at the period in question. The original assertion by the Medical Board, in the month of March, was hazarded apparently for the purpose of proving how unnecessary it must be to adopt any new measures for the suppression of Fever, while under the old system the disease was so "generally on the decline."*

* In a letter addressed to a friend in London, on the 6th of April

DOCUMENTS,
No. 16 and 17.

THESE documents (being letters from Mr. Secretary Grant to the Governors of Fever Hospitals in Dublin, and to the Physicians of Dispensaries in its vicinity) furnish conclusive evidence that this gentleman was not to be prevented by any influence from resorting to measures, though rejected by his predecessor under the advice of the Medical Board. In the observations which precede these documents, I have asserted (p. 83) that "the answers of the Physicians" of the Dublin Fever Hospitals (upon which Mr. Grant formed his opinion) all, *more or less*, directly or indirectly condemn, as inadequate and inefficient, the system of measures adopted in Dublin for the suppression of Fever, and that they re-echo (though without acknowledgment or reference)

1818, and intended for Sir John Newport's perusal, I anticipated this probable use of the assertion that "Fever was on the decline," and added that, "as I have no doubt very confident assertions will be made of the great decline of Fever in Dublin, from the greater number of vacancies now in hospital, I enclose you the official returns, which shew an *extraordinary* number *discharged*, but no decrease in the number *admitted*: for my own part, I very confidently anticipate a great encrease of Fever in Dublin within this month, from the *great* and *rapid* discharge of patients; a *discharge* which I confess myself censorious enough to attribute to a desire to draw a false inference of the stationary or declining state of the Epidemic."

the sentiments and opinions contained in the Second Report of the Sub-Committee of Health." When writing the above observations, I conceived that the answers of the Physicians must have met the public eye as "Parliamentary papers." It was not thought expedient however to produce them, and we are indebted to Dr. Grattan for the publication of the answer of the Physicians to the Cork-street Hospital. That answer fully justifies my assertion, and as it is a valuable document, I take the liberty of extracting it from Dr. Grattan's very interesting report of that Hospital, for the year 1819, and annexing it, together with the answers of the Physicians of the New Whitworth Hospital, and of the House of Industry, to the other documents contained in this volume.*

No. I.

Answer of the Physicians to the Fever Hospital, Cork-street.

"Fever Hospital, Cork-street, October 21, 1818.

"IN compliance with the commands of his Excellency the Lord Lieutenant, as communicated by the Chief Se-

* I had hoped to have added to these documents the answer returned by the Physicians to Sir P. Dunn's Hospital, and thereby to have completed my series of official papers on this subject. I have how-

cretary to the Managing Committee of the Fever Hospital in Cork-street, the Physicians of that establishment have maturely considered the subject referred to them, and, fully impressed with its importance, proceed to submit their opinion on the plan which may be adopted to restrain the further progress of the Epidemic.

“ The measures they would recommend, relate chiefly to the separation of the infected from the healthy, and to the adoption of a general system of cleansing calculated to destroy contagion.

“ With respect to the first of these objects they would observe, that the necessity of additional measures has become of late most evident, as patients are now, not unfrequently, delayed for days together before they can obtain admission to the hospitals, and a few sufferers, who have in vain solicited this relief, have even died in their own dwellings. Hence it is apparent, that the number of beds is at present insufficient for the accommodation of all applicants, and it is therefore to be apprehended that fever may extend itself in an increasing ratio. This evil must be greatly augmented by the introduction of patients from the country, who, either previous to their admission to hospitals, or subsequently to their dismissal, may spread contagion in the crowd-

ever been unexpectedly disappointed, through the reluctant and, as I conceive, mistaken delicacy of these gentlemen, in whose hands the paper lay, to submit to public view a document “ prepared by the directions and for the use of Government.” I have perused the interesting document in question, and regret that I cannot lay it before my readers, because it is decisive in its character and sentiments, and animadverts in pointed terms on the inadequacy of the measures resorted to for the suppression of the Epidemic.

ed population of the city ; an event not improbable, as such persons, in order to qualify themselves for admission to this hospital, from which country patients are excluded, first procure a lodging, and then apply to be admitted as inhabitants of the town.

“ The physicians would therefore propose, that the number of beds for fever patients be increased in different quarters of the city, proportioned respectively to their poverty and population. They would likewise recommend, that hospitals be established in the immediate vicinity of Dublin for the reception of fever patients in their neighbourhood, and it appears advisable, that such hospitals should be connected with existing dispensaries, and placed under the controul of the managers of these establishments. In selecting their situations, a preference should be given to those parts of the adjoining country which are most populous, and therefore most productive of disease. It is probable that if such hospitals shall be established, the additional accommodation required within the city will either cease altogether, or be greatly diminished.

“ In the wearing apparel, bedding, and furniture of the sick, an obvious and hitherto *almost neglected* source of infection exists. For its removal, a system of cleansing is requisite, and the efforts to be employed for this purpose should be general and simultaneous. With this view they would propose the following plan :—That the town be divided into ten or more districts, and that in each of these a Committee be appointed, consisting of the Managers of the hospital contiguous to that district, together with some of the inhabitants best acquainted with its local circumstances, aided by Physi-

cians. The members of such committees to have the power of ordering the immediate removal of fever patients to hospitals, and of directing such measures as may best serve to destroy infection. That a superintending committee also be formed, consisting of one deputy to be sent from each of the district committees, and of physicians, practically acquainted with the subject, for the purpose of communicating to Government an account of their proceedings, and of rendering their general operations uniform and simultaneous. That in each district there be established a cleansing house, furnished with a bath, stove, and other necessary apparatus, where the clothing and bedding of infected families can, by proper means, be purified, and where straw shall be distributed as the case may require. Experience already proves this plan to be practicable, and its reasonableness and moderate expense strongly recommend it for a fair and extensive trial.

“They also propose that each committee be furnished with a carriage for the conveyance of fever patients to hospitals, a measure which, in their opinion, would obviate that delay of patients in their dwellings which, the physicians apprehend, must contribute to extend infection.

“Clothes have been distributed to many poor families infected with fever during the present epidemic, and if this distribution of clothes were to be employed as a reward to the poor for their compliance with the measures tending to destroy infection, the physicians believe that the best result would follow :—but they would strongly recommend that all compulsory measures be

avoided, as likely to impede existing arrangements, or to cause eventual failure.

“ As the dwellings of the lower classes are in many instances insufficiently ventilated, which the physicians can assert from personal observation, they feel themselves bound to declare, that every impediment to perfect ventilation should be removed, not merely in houses already infected, but generally in the crowded habitations throughout the city.

“ Many parts of the Liberty are but indifferently supplied with water ; this, by rendering cleanliness impracticable, must contribute to extend infection.

“ With much satisfaction the physicians remark, that beggars are now less numerous in the streets than they formerly were, and they earnestly hope that the evil of permitting them to be at large, which has ever been supposed to contribute to the extension of epidemic disease, will not again recur. This subject leads them to remark on the general condition of the labouring poor, and they feel themselves called upon to state, that want of employment contributes much as an indirect cause to further the progress of the epidemic, by producing extreme poverty, from whence arise filth, rags, despondency of mind, feebleness of body, and the disposition to procure a temporary oblivion of misery by habits of intoxication—*all* powerful disposing causes of fever.

“ The views here offered are proposed with some diffidence as to their immediate success, for the physicians are well aware, that when an epidemic, such as that which now prevails, has once fixed itself in a populous city,

great and persevering exertions of all classes of the community are required for its total suppression.

Signed,

“ FRANCIS BARKER, M. D. Hon. Fellow,
College of Physicians, Professor of Chemistry, T. C. D.

“ GEORGE HAGAN, M. D.

“ SAMUEL ROBINSON, M. D.

“ JOHN O'BRIEN, M. D. Fellow, College of Physicians.

“ RICHARD GRATTAN, M. D. Fellow, College of Physicians.

“ PATRICK HARKAN, Licentiate, College of Physicians:

“ JOHN O'REARDON, Licentiate, College of Physicians.

“ *The Right Hon.* CHARLES GRANT,

“ &c. &c. &c.

“ *Dublin Castle.*”

No. II.

Answer of the Physicians to the House of Industry.

WE, the Physicians in attendance upon the Fever Hospitals attached to the House of Industry, having

been convened by the Governors of that Institution for the purpose of "taking into consideration a report
 " lately presented to His Excellency the Lord Lieu-
 " tenant, by Doctor Renny, Director General of
 " Hospitals, which contains an accurate list of the
 " whole of fever patients admitted into the general hos-
 " pitals of Dublin, for the year ending 31st August
 " 1818, and of submitting our opinion whether any re-
 " medial or preventive means ought to be employed
 " beyond those which have been, and are at present in
 " active operation throughout the city of Dublin and
 " its vicinity, and are pointed out in an Act of Parlia-
 " ment, passed during the last sessions for establishing
 " Fever Hospitals, in order that his Excellency may
 " be the better enabled to decide upon the expediency
 " of taking further measures to check the Epidemic,"
 beg leave, *in the first place*, to bear testimony to the be-
 nefits which have arisen from the measures employed
 under his Excellency's directions, by the Governors of
 the House of Industry, and of the other Fever Hospi-
 tals in Dublin, for arresting the progress of the Epide-
 mic, as we are persuaded, had there been less activity
 in separating the diseased from the healthy, and in dis-
 infecting the habitations and clothes of such as have
 laboured under Fever, that few of the poor of this city
 would have escaped, and that the disease would have
 extended itself, more than it has hitherto done, among
 the upper ranks of society.

So convinced are we of the expediency of the means
 which have hitherto been adopted, that we do not hesi-
 tate to recommend an extension of the system, more
 especially in the articles of inspection and cleansing.
 Were the inspectors more numerous, their visits might

be more frequent and particular ; and a greater proportion of the sick might be removed from their own lodgings at an early period of Fever, by which these individuals would be more benefited, while their families would be less exposed to danger of infection. And with respect to cleansing, we know, from experience, that it might be extended to the bedding and the persons, as well as the houses of the poor ; and under this head also, we would earnestly recommend the most active co-operation between the servants of the Paving Board, and the scavengers employed by the Governors of the House of Industry, as we understand that there are many nuisances prejudicial to the public health, which the latter, unaided, are not competent to abate.

We all have had opportunities of observing, that many of the Fever patients in our hospitals are from the country, and we know that these patients generally pass a night or two in Dublin, before their removal to an hospital, leaving in the lodgings which they had occupied the germ of disease. It is probably in this way that we are, in part, to account for the obstinacy with which the Fever has maintained its ground in some of the streets in the line of the great western and northern roads ; as, for example, in Church-street and Barrack-street, which still supply us with many cases of Fever notwithstanding repeated cleansing and lime-washing.

For this evil we can devise no remedy so effectual as the establishment of Fever Hospitals in those districts in the neighbourhood of Dublin, from which such patients come. If this suggestion should meet with his Excel-

lency's approbation, we conceive that small establishments for fever patients might be attached to some of the Dispensaries in the neighbourhood of Dublin, and thus put under the management and care of the Governors and Medical attendants of these institutions, who must be supposed to possess a considerable portion of experience and skill in the management of the sick poor.

From the very important documents, which Doctor Renny has laid before his Excellency the Lord Lieutenant, it appears that the Epidemic uniformly extended itself up to the 31st of August, and as we have no reason to think that it has received any check since that period, we are of opinion that further accommodation should be in readiness for the sick, lest there should be any overflowing of the hospitals, at present occupied by patients in Fever.

As the Act of Parliament contains a provision for the appointment of Boards of Health, during the prevalence of contagious Fever, it is probable that the Legislature expected that those measures of medical police, which the safety of the public might require during such a calamity, should emanate from a Board of Health. But it is evident that the establishment of a Board of Health would alarm the community, injure the manufacturing and commercial interests, and lead to expenses which the inhabitants of Dublin could ill defray.

It is therefore with great deference submitted to his Excellency's consideration ; 1st. That each of the Fever

Hospitals shall become the centre of a district of the city, over the health of which district the Governors of that hospital shall preside; and 2dly, That there be stated meetings of the Governors and Physicians of these hospitals, constituting divisional Committees of Health, to receive the reports of Visiting Physicians, Medical Inspectors, &c. relative to the health of the district, and to suggest to the proper authorities such further measures as may restrain the spread of Fever; and that the minutes of these meetings be circulated reciprocally, so that each may profit by the experience of the others.

October 1818.

DANIEL BRYAN, M. D.

JOHN CHEYNE, M. D.

JAMES CLARKE, M. D.

JOHN CRAMPTON, M. D.*

To the Right Hon. Charles Grant,

&c. &c. &c.

* The copy of this document, which with some difficulty I succeeded in procuring, had no signatures attached to it. As I can entertain little doubt of the authenticity of this paper, from the channel through which it reached my hands, I have annexed to it the names of the *permanent* Physicians to the House of Industry. I have however been given to understand that the document was also subscribed by other Physicians, then temporarily connected with that establishment, on account of the great pressure from Fever.

No. III.

*Answer of the Physicians to the Whitworth Fever
Hospital.*

WE, the Physicians in attendance on the Whitworth Fever Hospital, having been convened for the purpose of taking into consideration a report, &c. &c. &c. beg leave to express our concern that the measures hitherto employed under the directions of His Excellency the Lord Lieutenant, with the humane and benevolent view of arresting the progress of Fever in this city, have been found so inadequate to the end proposed, as unequivocally appears from the returns transmitted to us by our Governors. This failure, so much to be lamented, we humbly conceive to be the result, not so much of any actual unfitness in the measures themselves, as of their inadequacy to the attainment of the object in view. The measures, so far as they went, were good, but their inefficiency did, in our judgment, arise principally out of the following circumstances :—

1st. That they were not assisted by due regard to the personal cleanliness of the sick poor and their families; and that sufficient attention was not paid to disinfect the bed clothes and furniture of those attacked by Fever; a precaution most essential, inasmuch as no

one fact can be more fully established than this, that the cure of the individual infected can, without such purification, but little contribute to the eradication of any contagious disease, more especially of Fever, in large and populous towns.

2d. That the hospital accommodation for Fever patients, however extensive, was at times actually inadequate to the demand, and thereby caused an increased spread of contagion through the city.

3d. That patients labouring under Fever were received from the country, many of whom were lodged in the city for one or more nights, previously to their reception into hospital, and almost all of whom, after being discharged therefrom, remained in the town for some time, and very frequently relapsed, thus in both cases causing a further diffusion of Fever.

4th. That the system of cleansing the lanes, alleys, and back-courts of the habitations of the poor, so necessary in itself, was, we fear, not carried to a sufficient extent, nor were there, for so large a city, a sufficient number of hands employed to render the system as well simultaneous as general, without which, it is obvious the end proposed could never be accomplished.

5th. That public feeling has not been sufficiently alive to the necessity of taking advantage of the indulgence granted by the Commissioners of Excise to open the windows of infected houses, and to the general necessity of furnishing the poor with ample supplies of water and pure air. We must consider as another cause of failure, the want of sufficient co-operation be-

tween the Government and the public; a co-operation absolutely essential to the due execution of the measures necessary for suppressing Epidemic Fever.

The foregoing statement of the causes of failure may in itself suffice to determine the measures, in our judgment necessary to extinguish contagion. These measures may be arranged as follows in the order of their importance :—

1st. Ample hospital accommodation always beyond the demand.

2d. An extensive system of cleansing, both as regards the habitations, and the persons and clothing of the poor.

3d. Free ventilation.

4th. Public co-operation, through the medium of District Committees, and

5th. The rejection of country patients, they being accommodated in their own vicinage.

For the accomplishment of the above measures, we would, with great deference, recommend to his Excellency's consideration a division of the town into districts, an hospital being attached to each: such hospital districts to be again sub-divided into smaller districts, each to be under the management of its own district Committee, consisting of a certain number of the inhabitants of such district, together with two or more physicians, the whole to be regulated by one General

Committee, consisting of deputies from each District Committee, and an equal number of Commissioners to be named by the Government.*

October 1818.

P. E. M'LOGHLIN,
WILLIAM STACK,
W. I. MORGAN.

*To the Right Hon. Charles Grant,
&c. &c. &c.*

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* The suggestion, contained in all these letters, for the appointment of one General and Managing Committee, was to a certain extent complied with, as may be seen on reference to Mr. Grant's letter, No. 16 in the Appendix. The Central Committee, then appointed, was too late in the field and was too limited in its powers to exert any great influence on the Epidemic; Fever was, in fact, declining rapidly in Dublin as elsewhere, before the measures recommended by the Committee could have taken effect. A detail of the labours of this Committee may be found in p. 70 of Dr. Grattan's Report, who seems to think their plan contributed very effectually to check the progress of the Epidemic. To me it appears very questionable, whether the Epidemic would not have subsided as rapidly, had such a Committee never existed.

EXTRACTS
OF
LETTERS
RECEIVED FROM
PHYSICIANS
AND OTHER
MEDICAL PRACTITIONERS
IN
IRELAND,
DURING THE YEARS 1818, —19, & —20,
RELATIVE TO THE LATE
CONTAGIOUS EPIDEMIC FEVER.

IN the spring of 1818, at the desire, and in compliance with the wishes of a friend of Sir John Newport's, who had at that time given notice of a motion in Parliament relative to the Epidemic, I opened a correspondence with the Physicians of Ireland on that subject, and in so doing, I did not miscalculate their ready indulgence of my wishes, and their liberal interpretation of my motives. Having addressed them at

that time on public grounds, and in my capacity as Secretary to the Sub-Committee of Health, I received in quick reply to my queries numerous and valuable communications: all of these I transmitted to Sir John Newport, and occasional notices from them will be found in the Appendix to the first Report of the Committee on contagious Fever in Ireland. From my anxiety to put Sir John Newport as soon as possible in possession of these letters, I forwarded them to him without having taken copies, and had time only to make short extracts from a few, reserving my right however to the entire. On reclaiming them afterwards, Sir J. Newport found, to his and my great regret, that he had mislaid the greater part of these communications:* the few that remained, however, he transmitted to me; some of these, together with the short extracts I had made, are here introduced, in company with extracts from the communications received during the years 1819 and —20, the nature and history of which I have explained in the Preliminary Observations.

I should extend this volume to a greater bulk than is desirable, were I to publish every part of this correspondence that I consider valuable. I have been therefore, however reluctantly, compelled to omit many letters altogether, and to confine myself principally to extracts, illustrative of the causes, extent and mortality of the disease, and have condensed into tables the substance of my communications on other topics.

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* The loss of some of these communications I cannot cease to regret, particularly of those from Dr. Barry, of Cork, and Dr. M'Donnell, of Belfast, as they contained what might be expected from these gentlemen, very clear and ample details respecting the origin and causes of the Epidemic.

In submitting these extracts to public inspection, it was my first wish to arrange them according to their subject matter, but such a classification I found impossible, without disjointing the same letter into several parts, or without frequently repeating the same passage under different heads. I have therefore, without regard to date or subject, classified them according to provinces, for more ready reference. In making this use of the communications from my correspondents, they will, I trust, not feel offended at the liberty I have taken in thus bringing them before the public in support of my authority as an historian of this disease; still less, I should hope, will such others of my much valued correspondents be offended, as may not find their names or communications in this catalogue. The loss above mentioned must excuse me with some, and the identity of various communications from the same place, will, I should hope, be a sufficient apology with others.

I shall commence with the province of Ulster, and with a letter from Dr. Thomson of Belfast, which I insert at full length, both because of its intrinsic value, and because it contains the queries, circulated in the spring of 1818, and to which reference is made in the Preliminary Observations.

ULSTER.

Belfast, April 22d 1818.

Quere 1st. How long has the Fever prevailed in your vicinity, and to what extent? Is it still prevalent?

Answer. It appears from the records of the Fever Hospital, that Fever has prevailed to a greater degree than is usual in Belfast, since the month of March 1816.

The accounts of the hospital are made out annually on the first of May, and the number of Fever cases admitted into the hospital, for the year ending 31st of April 1816, was 102, of which 33, that is nearly one-third, were received in March and April. In the next twelve months, ending 31st April 1817, 196 cases were admitted into the hospital, and the admissions continued nearly in the same ratio during May and June, but in the latter end of July, the disease encreased so rapidly, and was so generally diffused through town, that the commencement of the present Epidemic may be fairly reckoned from that date.

It happened most fortunately that, at this very time, a large hospital, the building of which had been commenced two years before, was so far completed as to be

ready for the reception of patients; and it is conceived, that the most satisfactory view of the extent and progress of the disease will be afforded by the subjoined table of the monthly admissions. It is to be observed, that no correct estimate can be formed of the entire extent of the disease; but there is every reason to believe that fully two-thirds of the sick obtained admission into the hospitals.

Fever still prevails to a very considerable extent, although the table of admissions shews that it is rather declining.* The highest number in the hospital at any time was 200; at present there are 160. The population of the town is about 28,000.

Quere 2d. What do you consider its predisposing causes among the poor?

Answer. I consider the predisposing causes of the present Epidemic to have been the great and universal distress occasioned among the poorer classes, by the scarcity which followed the bad harvest of 1816, together with the depressed state of trade and manufactures of all kinds. The low condition of bodily health, arising from the deficiency and bad quality of the food; the want of cleanliness both in the persons and dwellings of the poor, and the influence of depressing moral causes, most powerfully assisted the operation of contagion, which is indubitably the exciting cause of the disease, and which still continues to keep it up, although the operation of some at least of the predispos-

* It is unnecessary here to insert this table, because it appears at full in the Fever tables accompanying this volume.

ing causes be considerably lessened. I consider the contagion to have been rapidly spread by the numbers wandering about in search of subsistence, and also by the establishments for the distribution of soup and other provisions among the poor, where multitudes were crowded together, many of whom must have come from infected houses, or were perhaps even labouring under the early stages of the disease.

Quere 3d. Are want of employment and its consequences, in your opinion, to be considered among the most prominent of those causes?

Answer. This is in part answered in the reply to the preceding quere. I have no doubt that want of employment, both by its physical and moral effects, must at all times, greatly favour the propagation of contagious Fever among the poor. In proof of this, as respects the poor of Belfast, I refer to my reply to the first quere, in which it is stated, that Fever began to prevail unusually in March 1816. Now at that time provisions were cheap and plentiful, but owing to the recent decline in trade and manufactures, the poor being unemployed, were worse off than in former years, when provisions of all kinds sold at high prices.

The last time that Fever attained to any great extent in Belfast, was during the scarcity of 1801; at that period however the poor had pretty full employment, and the diffusion of Fever fell far short of the extent of the present Epidemic, which has been occasioned by a combination of all the predisposing causes, acting with a

force and universality unexampled in the memory of the present generation.

Quere 4th. What means have been found most effectual in checking the progress of the Epidemic?

Answer. The principal means, adopted for checking the progress of the Epidemic, has been the early removal of the sick into the Fever Hospital; and there can be no doubt that this has had great effect, as the entire number of sick in Belfast appears to have borne a much smaller proportion to its population than in many other towns, where Fever Hospitals were either not established at all, or at least not until after the Epidemic had made considerable progress. Attempts have also been made to destroy the contagion in the houses of the poor, by the ordinary methods, which it is unnecessary to specify here; but this part of the plan, although of infinite importance, has been but imperfectly executed, owing to the want of funds, the difficulty of procuring active co-operation among the better classes, and the lamentable apathy and negligence of the poor themselves.

The middle and upper ranks in Belfast have been remarkably exempted from the inroads of the disease, and no cause can be assigned for this exemption, except the concentration of so large a portion of the sick in the hospital from the very commencement of the Epidemic, by which the various opportunities afforded for the transmission of contagion were much diminished. In other towns not enjoying this protection, the dis-

ease reached the upper classes very generally, and was found to be very fatal.*

Belfast has supported a Fever Hospital since 1797, being, if not the first, at least among the earliest established in Ireland.

SAMUEL SMITH THOMSON, M. D.

One of the Physicians to the Fever Hospital, Belfast.

Dr. Stephenson, Belfast, 1st April 1818.

“INFECTIOUS Fever is always to be found in parts of this town; sometimes however we have not more than three in hospital. Fever began to encrease in autumn: in January we had 200; ever since it has decreased; we have scarcely half the number now. It appeared among the middle ranks, and was fatal to some; it is now scarcely seen among them.

The great predisposing cause among the poor is debility: the occasional causes of this are many. While the war continued, the demand for the pro-

* Dr. Thomson seems here to have overlooked the powerful agency of the Belfast Association for suppressing Mendicity, the influence of which must have been great in preventing the communication of contagion from the poor to the wealthier inhabitants of the town.

duce of our farms, such as beef and pork, was great, consequently the prices great. The farmers made money; they lived well, and purchased our manufactures, especially cotton: they paid their rents, and lands were raised. The prospect of peace reduced the price of provisions. Farmers are now generally in arrear, and many, who renewed lately, are ruined. So are many of our provision merchants. Some of our cotton manufactories shut; the wages of all lowered. The provisions of the poor were unproductive. The winter before last severe. Our weavers became riotous, which encreased their calamities; our charitable institutions scarcely relieved them. The cotton spinners and weavers were scarcely fit for harder labour; they depended upon charitable support. Mendicity increased. *Indolence and dirty clothes prevailed.* Infection was carried about by mendicants. Begging was so common, it ceased to be shameful. The late rainy seasons added to debility. Hospitals produce little relief, except by carrying off infected servants from genteel families. But when infection enters the dwellings of the poor, it generally attacks the whole family, although one is removed; infection with the predisposing causes of Fever still remains in the family.

The means most effectual in checking the Epidemic were, cleansing the streets, lanes, and houses; the walls were washed with lime; the beds were supplied or changed with clean straw; the indigent supplied with clean clothes.

The spring season has done more than all the means used in checking the progress of the Epidemic, and

next to this, cleanliness. What Parliament can do in such a case is above my knowledge. Increase of taxes, by endowing hospitals and poor houses, has increased indolence, lessened the desire of independence, and aggravated the disease it was intended to cure.

If every parish is induced to support its own poor, the people will invent ways and means for their relief. Any act which would put a stop to vagrancy, would do more good than all the hospitals in this kingdom, by preventing the spreading of diseases, the infection of which is often carried upon the clothes of mendicants."

In another letter, Dr. S. observes that it is not easy to say how the Fever originated with them, as they have always more or less of Typhus in the town: "we can say that the great encrease was owing to poor strolling people from different parts getting into lodging houses, and there leaving or getting the infection."

Dr. James McDonnell, Belfast, March 15th 1819.

"THE date of the preceding part of my letter, (February 19th) will shew that I did not intend to neglect your commission: the illness of the apothecary was the cause of my delay. I subjoin a list, such as I hope will prove satisfactory to you. I wish much, when you have leisure, that you would explain to me the particular ob-

jects of inference you have in view in making this minute enquiry.

Monthly Report of Patients admitted into the Belfast Hospital, with the No. of Deaths.

Date.	Males.	Females.	Males Died.	Females Died.
1817.				
August -	36	37	0	0
September -	78	86	4	2
October -	93	108	4	5
November -	106	94	6	3
December -	102	126	6	11
1818.				
January -	97	96	8	6
February -	69	73	7	4
March -	97	75	9	7
April -	76	63	6	2
May -	36	44	4	3
June -	44	46	1	3
July -	53	72	2	4
August -	51	61	1	5
September -	71	67	5	2
October -	91	83	3	2
November -	64	84	5	5
December -	43	71	1	6
1819.				
January -	33	32	2	2
	1240	1288	74	72

Dispensary patients supposed to be about 2240, from May 1818, until March 1819.

In the above 18 months, admissions 2528, being at the rate of $140\frac{4}{5}$ per month.

The whole number of Fever patients in our hospital at present is 70, which is double what used to be in seasons that were considered to produce a great number, and which excited an alarm such as happened in 1800 or 1801. I made a calculation about that period upon about 500 patients, from which it appeared that more men than women died, but I cannot at present find the paper. I think 9 men died for every 7 women; but I state this only from memory. We have preserved the *trades* of all the patients that came in for some years. I wish much that you would still turn your thoughts to the subject of salaries.* I think the sala-

* Dr. M'Donnell here refers to a previous discussion of the subject, when he wished an enquiry to be made of Sir John Newport, "whether it was the intention of the legislature, in framing the last act with respect to Irish hospitals, to encourage the principle of expending any part of the funds, in granting salaries to the medical attendants, in places where those services could be obtained from voluntary gratuitous attendants who were qualified. I have a particular wish to know his opinion on this point. I am aware that gratuitous attendance, even from respectable and highly qualified persons, is subject to some objections, but I cannot suppose that it was in the contemplation of Parliament to discourage such attendance, by giving a preference and inducement to medical men to solicit remuneration in public charities."

The clause of the Fever Act of the 58th Geo. III. c. 47. alluded to in Dr. M'Donnell's letter, is that which "authorises and requires the Governors to appoint masters, physicians, surgeons, &c. to said hospitals, at reasonable and moderate salaries, &c." This clause, which might seem to make it imperative to appoint at *salary*, is modified however by another

ries to medical men, where gratuitous attendance is procurable, must be radically bad, or at least hazardous, because from gratuitous services, people may naturally expect zeal, compassion, the love of knowledge, or some such motives to act; whereas if some person be elected, and seeks the employment from a view towards the salary, there will be a great risk of not finding these motives in the person who has most interest. We have no instances here of charity supported without subscriptions.

What you describe as having happened at K——, did also take place at N——. In reading the act, I am much puzzled to know its exact import; but it appears odd that they should wish to force subscribers to give salaries to the attending doctors, while others equally qualified, or better, would act unpaid."

part of the same clause, requiring the Governors to expend the income of said hospitals with the greatest care and economy," *an injunction*, the spirit of which could not readily be complied with, if officers, whose services might be obtained gratuitously, be appointed at salary. The opinion given by Sir John Newport, on the reference made to him, was as follows:—
 "To Dr. M'Donnell's enquiries, I can only answer, that it was by no means my wish, as the framer of the Fever Bill, or I believe of any member of the Committee, to discourage gratuitous attendance; but it must be manifest that, in framing an Act of Parliament, intended to provide *permanently* for establishments of this nature, it was not safe or fitting for the Legislature to rely on gratuitous attendance, and without special provision, no allowance could have been secured for medical aid."
 This is a question which, except in this incidental manner, does not call for discussion here. I may observe, however, that there is a great difference between the duties required of the attending Physicians to an establishment of this kind in a country town and in a large city: in the former, gratuitous attendance may readily be obtained without any great sacrifice of time or trouble; in the latter it cannot, and therefore it should not be expected.

Dr. Edward Atkinson, Armagh, 2d March 1819.

“THE disease appeared to be occasioned by an extraordinary influx of mendicants, which came in from all quarters of the country, owing to the great scarcity and badness of provisions, and the Fever commenced exclusively amongst the lowest order of the people. It was at its height from August to the latter end of November 1817. The rich suffered much more than the poor when it attacked them, and a greater number of them died in proportion, particularly if they lived full, and were subject to drink much spirituous liquors. I do not think it ever appeared like former fevers.

There are very few cases of it now to be met with. There never was a Fever since I commenced practice (which is thirty-eight years) in this town or neighbourhood so prevalent or mortal. At least one out of five died.”

Dr. Jos. Barclay, Armagh, March 1819.

“THE disease commenced in the spring months of 1817, and appeared to originate generally and spontaneously, but was much encreased by great numbers of itinerant beggars, both at the period of its commencement and afterwards; its encrease was gradual; its decline rapid, after the establishment of the Fever Hospi-

tal, and the assistance rendered to the poor in their own houses. When at its height, one house in ten had Fever; now not one in 200 : 300 had the disease at one time in this city, containing a population of 7000, and the country around suffered equally ; in Armagh and to the distance of three miles around it, there were not less than 3000 affected by Fever."

Dr. William Ryan, Armagh, March 1819,

STATES, that "the Epidemic seemed to him to have commenced so early as December 1816, and appeared to have originated spontaneously, as he could not distinctly trace the contagion to any other source : it advanced gradually to its greatest length in October and November 1817, and after that period rather suddenly subsided. The number of sufferers he calculated at 1 in 30 of the population ; the mortality as follows : among the upper classes as 1 in 3 : among the middle classes as 1 in 10 : among the lower classes as 1 in 20."

Dr. Simpson, Armagh, April 1818.

" SINCE September and October last, when the number of patients was greatest, Fever has gradually decreased. At the height of the disorder, there were about 200 patients in this city and its immediate vicinity, ill at one time : at present there are only two or three cases in this city, but the Fever still prevails to a great extent in the surrounding country. A Fever Hospital was opened in September, but the disorder had

then become so general, and the number that could be admitted into it so small in proportion to those affected, that I cannot think it had any influence in checking the progress of the disorder. Had it been established in June, and all the patients sent to it as soon as they began to complain, and had their houses at the same time been completely cleansed, then I have no doubt it would be attended with the very best consequences. It is the opinion of some of the medical gentlemen here, in which I concur with them, that the spreading of the Fever among the inhabitants was very much owing to the convalescents being obliged to go out into the streets to beg, as soon as they were able, wearing the clothes which covered them during the continuance of disease, saturated, as one may suppose, with the matter of contagion."

The predisposing causes among the poor seem to me to have been the following, viz. debility induced by the scarcity and bad quality of provisions, which obliged them to have recourse to substances affording very little nutriment, such as bran, nettles, &c. ; the long continuance of cold rainy weather in last spring ; the great scarcity of fuel ; the neglect of cleanliness in their houses and persons ; the imperfect ventilation of their houses, arising from the want of sufficient apertures in the walls to receive the fresh, and allow an escape of foul air, and from closing up hearths and windows to avoid paying the taxes : the crowding of the cabins in the suburbs and vicinity by beggars, who came here from all parts of the country to receive relief, and who, I believe, first introduced the disorder into the town ; also inaction

in consequence of want of demand for labour. I consider the want of employment in those who can earn their bread by daily labour, and the consequent poverty and depression of spirits, as among the most prominent of the predisposing causes."

Dr. Stewart, Lisburn, March 1819.

"I NEVER recollect the town of Lisburn or neighbourhood without some cases of mild Typhus. I cannot attribute its encrease at the period above mentioned (May 1817) to any contagion accidentally introduced. Relapses were more frequent, in proportion to the general number, than occurred in any Fever since I commenced practice, now upwards of 28 years."

Dr. Caldwell, Londonderry, April 1818.

"In answer to your queries, I will lay aside a determination, more than half-fixed, of giving myself no more trouble concerning public calamity from contagious diseases. I had spoken much, and written often, on the misfortunes arising from the Typhus-fever, and could not, at Derry, succeed in getting the *fever tents* fixed on the healthy hill, (having plenty of water) they being erected in a low damp situation, contiguous to the most sunk part of Bishop's-street. I often entreated that the County Infirmary should be given for a temporary Fever Hospital, and wrote to the

Committee of Gentlemen, No. 5, Parliament-street, Dublin. I received no answer, and the Infirmary continued useless to the county for suppressing this dreadful Epidemic, and the fever tents were kept in that *inoculating* situation for many months, before they were removed, and then not till after great ravages. The Epidemic Fever continued in the vicinity of Derry for ten months very violent, but has been little distressing for these last three months, and not worse than in former years. It is certain that cold, from deficiency of fuel, and bad weather, with diet unfit for the human species, (potatoes not eatable, and oats rotten, producing almost poisonous meal) were the chief exciting causes of this malady, and these causes were supported by the infamous corn laws, the destruction of commerce, and restraint on providential bounty. Anxiety of mind, and weakness of body, seem to be the predisposing causes for the operation of infection on human beings; and *want of employment*, preventing former active habits, greatly contributes to these predisposing causes.

March, 1819. Dr. Caldwell observes that the County Infirmary refused every case of Fever, though the open market house was occupied partly with oatmeal for sale, and partly with patients in the Fever. The disease seemed to arise without any importation of foreign contagion, but there was a wonderful influx of beggars into Derry, in the summer of 1817, who brought with them a virulent small-pox and Fever, which encreased greatly to the end of August. It has not been much more dangerous during 1818, than the ordinary Fever prevailing in this town. At this period there is not one for twenty in Fever, compared with the numbers affected in July

and August 1817. In the time of the greatest mortality, one in five died."

Dr. Francis Rogan, Derry, March 1819.

FEVER did not acquire an unusual height in the district around Strabane, till July 1817.

The disease appeared to originate in the lodging houses occupied by the begging poor ; at least the contagion could not be traced to any particular source, and in these houses the first cases of Fever occurred.

It was at its greatest height in the months of August, September, and October 1817, and has since gradually declined, though the diminution in the number of patients has not been progressive, as a considerable increase was observed in June and July 1818.

The number of Fever patients throughout the district is now fewer than at any former period, since the commencement of the Epidemic, though it still considerably exceeds that of former years.

The disease does not now prevail to a tenth of its extent, when at its greatest height.

The tables annexed furnish replies to your remaining queries.

TABLE shewing the population of the Dispensary district, the number ill of Fever from the commencement of the Epidemic till the end of September 1818, the numbers then ill, and the mortality caused by the disease.

Population of the district,	-	-	16258
No. ill of Fever, from July 1817	-	-	4167
No. ill in September 1818	-	-	149
Deaths,	-	-	302

RETURNS of those parts of the Marquis of Abercorn's estates, not within the Dispensary bounds.

Population,	-	-	14038
No. ill, prior to 12th Nov. 1817,		-	3216
Deaths, prior to Nov. 1817,	-	-	257
No. ill, from Nov. 1817 till Oct. 1818		-	1479
Deaths, from Nov. 1817 till Oct. 1818		-	80
Numbers ill, Oct. 1818	-	-	393
Total number of sick	-	-	*5088
Total number of deaths	-	-	337

* Dr. Rogan miscalculated this number at 4988, which number I have returned in the "General View of the Epidemic," for the Co. Tyrone.

Dr. Mease, Strabane, March 1819.

“THE Epidemic Fever first made its appearance in Lifford gaol, towards the end of summer 1817, being introduced by a woman who came from a distant part of the county; she was attacked the very evening she arrived to visit her husband, a confined debtor. The disease was three several times extinguished in the gaol, being so often revived by fresh importations from the country, but for the last eight months we have had no appearance of it.”

Dr. Nevin, Downpatrick, March 1818,

STATES, that the disease did not appear to have been imported from any other place, “though it must be acknowledged that, two months before the Epidemic commenced, a very malignant Typhus had appeared in Portaferry, a town about seven miles distant.” The greatest mortality was 1 in 9: the least 1 in 15.

Dr. Samuel Black, Newry, April 1818.

“IT appears to me, that the greatest bar to the extinction of contagion in country districts, is the total

want of all *medical police*. Benevolence and charity may erect their Fever Hospitals, and the advantages are as great as the duty is imperative ; but though the wretch may be removed from his hovel to the hospital, yet that hovel is neither cleansed nor ventilated, and substances retentive of infection remain, to communicate to the other members of the family its deadly influence, or to the wretched proprietor himself, when he returns from hospital, weak, exhausted, and in want of every comfort."

Dr. Morrison, Newry, March 1819.

"THE late Epidemic commenced in this part of the country in or about the month of August 1816, and became first alarming in the December following. In April, and the beginning of May 1817, the disease in some measure subsided, but in June 1817, it became truly formidable, and continued so till September 1818.

It appeared to have originated spontaneously ; at least I could never trace the contagion to any clear or direct source. I have heard that it was first brought to this part of the country by some cargoes of old rags, landed at a northern port from the Mediterranean. This I do not believe.

I believe that about one person in every fourteen, of this town and neighbourhood, has had an attack of Fever since the appearance of the Epidemic, or even since 1st June 1817.

The average mortality, amongst the lower order, has been about one to eighteen; and in the better ranks, as one to six."

April 1819.—"Fever, considered as an Epidemic, may be said to have disappeared in this town, though in the part of the country bearing N. E. from Newry. (distance eight miles) it still exists to a considerable degree."

Dr. James Mc. Adam, Monaghan, March 1819,

STATES that, "in November and December 1816, Fever broke out in the gaol of that town, without having appeared in any other part of the county, or being introduced from any other quarter. It made its way slowly, but evidently, from the gaol into the town, and as no notice was given that a malignant Fever raged in the former, an incautious intercourse was continued. After May 1817, mendicity and other causes multiplied the contagion, and carried it with destructive violence through the town: as it encreased in the town and country, it declined in the gaol. Between March and July 1817, twenty prisoners died out of a calender of from 120 to 140. At different periods, I should think two-thirds of the population have been affected, in greater or less degree: the actual number I cannot even guess at, as I do not know the number of inhabitants in the county."

Dr. O'Reilly, Carrickmacross, February 1819.

“ THE disease has declined here very much since the spring of 1818 ; the greater number of those, since affected, had a Fever of shorter duration, and less mortal, but were very subject to relapses. The great number of mendicants contributed to encrease the contagion, some of them having actually the Fever, whilst others were just risen from the bed of sickness. Many of our association for relieving the distressed householders took the Fever, while attending to distribute provisions ; being perfectly well going to the place, they came home with the disease, though provisions were generally given out in the open air ; no age, sex, or condition of life was exempt from the Fever, but it was not so mortal amongst females.”

Dr. Crawford, Ballyshannon, March 1819.

“ IT is impossible to say whether the contagion originated in this place : in many cases it was evidently introduced by the starved hordes of mendicants and poor tradesmen, that passed from place to place during the calamitous year of 1817. It has been liable to considerable fluctuations in respect to the number of sufferers ; I do not recollect that it has, at any period, declined to the ordinary standard of Fever ; it is at present very mild, and though very many are now labouring under typhus mitior, yet they are very few, compared with those ill in 1817. It is not possible to as-

certain the number of deaths, or of persons attacked by the Epidemic, since its commencement in this county, but it has exceeded *many thousands*. In 1817, the mortality was very great, but since that so few have died, that people are divested of all apprehension."

Dr. Murray, Cavan, April 1818.

"THREE prominent causes appeared to concur in producing that poverty and distress among the lower orders, in which (together with scanty and unwholesome food) the Epidemic would seem to have originated, viz. want of employment, the inclemency of the weather, and the desolating effects of the laws for suppressing private distillation. The first of these, and its consequences, I consider the principal causes, predisposing the poor to disease, and involving them in every kind of misery. As these causes still continue to operate, I think the Fever is not likely to disappear for a long time, fostered as it is by the filthy habits of the people, and propagated by the swarms of mendicants which infest the country. In some cases I think the disease originated spontaneously."

January 1820, HE observes, "the cases of Fever in this town and neighbourhood are now fewer than I have known in many years, when there had been no Epidemic. There have not been more than from three to half a dozen collected together in our fever huts for

many months, and I have not seen a case in private practice for a long time."

Dr. M'Donald, Cavan, March 1819.

"I cannot perceive any thing extraordinary in the present Epidemic: all its phenomena have been over and over again described by authors; and the appearance of it last year was precisely that as described by Sydenham, as the continual Fever of 1673, —4, and —5: this year there was a peculiarity, which I do not find accurately stated by any author: this was a disposition in most cases to end upon the seventh day by a well-marked crisis, whereas last year, the crisis seldom occurred before the 14th day, and an observation of Hippocrates was fully verified, for after every such early crisis they uniformly relapsed, and the second crisis was apt to happen on the 5th day."

Dr. Roe, Cavan, April 1818.

"IF any proof was wanting that bad air, or a want of ventilation was a great cause of Fever, I have merely to state, that the Fever which existed in the gaol of Cavan, to a greater or lesser degree, since January 1818, was almost exclusively confined to the debtors, who, from the unexampled crowded state of the prison, were

obliged to sleep in small, very crowded, and of course, ill-ventilated rooms."

"As a proof that bad food is a principal cause, I have merely to state a general observation, that, in the neighbourhood of Kilmore, where a great number were employed as labourers by the present Lord Bishop of Kilmore, and by his truly humane and charitable directions were supplied at a moderate price with wholesome provisions, Fever was much less prevalent than in other parts.

"Hence it will clearly be seen, that an improvement in the present state of the poor is the only true means of correcting the disease."

LEINSTER.

Dr. Nicholls, Navan, April 1818.

"IT is about eleven months since the present Epidemic decidedly commenced in this neighbourhood. It continued to epcrease with little variation till the end of autumn; it was then for about two months at its

height, and has since gradually declined, but not progressively, for after being less general, perhaps for a fortnight, it has again become more prevalent. As to the extent of Fever, I am obliged to speak from conjecture, but I think it is not over-rating its prevalence to say, that it appeared in two-thirds of the families (including all ranks) in this neighbourhood. Amongst the poor, very few families escaped, and in many instances, every individual of the family has been ill of the Fever in the course of three or four weeks. It might perhaps be said, that nine-tenths of the families of the poor have had Fever, and of these nine-tenths, three-fourths were affected. There are many still attacked with the disease; but I should think not more than one-third or one-fourth of the number that were ill when the Epidemic raged most. The disease too is shorter and milder in general than it was.

I consider the predisposing causes of this Epidemic to be, principally, food unwholesome and insufficient. These two years past, want of employment has been felt by the poor; but particularly during last summer, the labouring poor found it almost impossible to get employment. The consequence was, they were obliged to eat damaged corn, or food which afforded very little nutriment, as wild rape, and even of such food, they could not procure enough to satisfy the cravings of hunger. They are at all times badly clothed and lodged, but from want of employment, their clothing has been worse than usual. They also suffered very much, during the winter before last, from the want of fuel.

As there has not been a Fever Hospital established in

this town, or any association for preventing the spreading of the Epidemic, I can say but little as to the means of checking it. In the middle and higher ranks of life, where the usual precautions were taken, I have rarely known the disease to spread. From my experience of its good effects, I generally employ the nitric acid fumigation."

March 1819. HE says, "since the disease was at its greatest height in the autumn and winter of 1817, the number of the sick has fluctuated considerably. I could only account for the occasional encrease of the disease by the weather becoming wet, and the clothing and cabins of the poor being insufficient to protect them. That there is something in the constitution of the air favourable to the production of Fever, or that the atmosphere is, to a certain degree, loaded with the contagion, would appear from this, that the causes which usually produce catarrh, dysentery, rheumatism, &c. produced these diseases, complicated with Fever, or the symptoms of Fever speedily supervened on those belonging to the diseases just mentioned. I cannot say that I observed any thing to favour or counteract contagion, except the state of the weather: when it was fair and settled, the number of the affected decreased: when wet, cold, and changeable, it encreased. I should however remark that, at those times, when the poor had sufficient employment, and consequently a better supply of fuel, the Fever was less prevalent."

Dr. Brown, Navan, March 1819,

STATES that, "from the poverty, filth, and misery, which predominate in this town, continued Fever is, at all times, more or less prevalent, so that it might be considered nearly endemical; indeed I have considerable doubts, whether a distinct Epidemic did, at any time, prevail. The disease seemed to originate spontaneously in this place: this and other towns in the county were apparently under its influence at one and the same time. The number of persons attacked, has been 1000, out of a population of 4000, and the probable average mortality has been, I should think, one in five among the better ranks: one in twenty among the lower."

Dr. Fisher, Slane, March 1819.

"THE disease may fairly be said to have been introduced into Slane, as it could be traced to some mendicants, having lodged in the house of one of the inhabitants. On enquiry it was found, that beggars had just travelled from Ardee, where Fever was then very prevalent, and that they were then just recovering from Fever themselves. The disease was subject to the greatest fluctuation, suddenly disappearing, and as suddenly becoming prevalent. The benefits of the dispensary are afforded to the sick poor living in the village, and within two miles around it: from July 1817, to the present date, 779 cases of Fever have been attended, of whom there died 8."

*Drs. Fairtlough, Skelton, Fogarty, and Kelly,
Drogheda, April 1818.*

STATE it as their opinion, that "debility, induced by the bad quality and scarcity of provisions, rendered the habit of the poor more liable to be acted on by the contagion of Fever, which is always lurking, more or less, in the suburbs of that town: an opinion in which they are the more confirmed, as the same causes produced the same effects in the year 1800."

Dr. Brereton, April 1818,

STATES that, at *Tullamore*, (population about 5000) "as the disease appeared to have been brought thither by beggars from distant northern counties, a military guard was placed on the different avenues, to prevent them entering the town."

"The Fever prevalent for the last fifteen months, is the pure synocha of Cullen, terminating in five or seven days, but subject to frequent relapses. *March 1819.*"

Dr. Melville, Moate, April 1818.

"FEVER was introduced in this neighbourhood by mendicants, who had emigrated from parts of the kingdom where the disease prevailed: it extended itself about five miles around Moate. From June 1817, to March 1818, there were about 1200 persons affected by

it, some hundreds of whom had no medical aid whatsoever. Of the whole number, about 100 died. Many were bled, and it was observed that, of those who were, scarcely any recovered."

Dr. Edmund Ryan, Kilkenny, March 1819.

"THE origin of the disease here, I conceive, was spontaneous, and might be justly ascribed to the unprecedented misery sustained by the lower classes for nearly two years. In a town and county, such as ours, I cannot form a just opinion as to the number attacked by Fever, or its mortality. The mortality has fluctuated considerably in the Fever Hospital: in the last winter it has been unusually great, in consequence of the combination of Fever with Dysentery of the worst form; a disease unknown here as an Epidemic amongst the oldest practitioners."

March 1820. "You have greatly erred respecting the population of this town, which amounts at the least to 25,000: nearly 20 years ago, reckoning $4\frac{1}{2}$ inhabitants to every house (it ought to have been six) the population was calculated at 15,000: that of the county, at the same time, to 110,000. I think also that you have over-rated the number of sick in this part of the country. You must be aware that Fever Hospitals are no fair evidence of the mortality of Fever, or indeed of medical treatment, as many are brought thither in a dying state, and numbers die of the sequelæ of Fever, and not a few during the height of the Epidemic perished from famine. Enclosed you have a tabular view of the mortality in our Fever Hospital, from its foundation to the present date, distinguishing males from females."

N. B. This table is, for greater clearness, somewhat altered from its original form.

Tabular View of the Mortality in the Kilkenny Fever Hospital, from the 1st of March 1803, to the 1st of March 1820.

Years.	Males. Admitted.	Males Died.	Females Admitted.	Females Died.	Total Ad- mitted.	Total Died.	Average Mortality.
1803	39	2	34	2	73	4	1 in $18\frac{1}{4}$
4	43	6	37	4	80	10	1 — 8
5	35	3	34	2	69	5	1 — $13\frac{1}{5}$
6	23	1	33	1	56	2	1 — 28
7	40	2	41	3	81	5	1 — $16\frac{1}{5}$
8	39	2	57	3	96	5	1 — $19\frac{1}{5}$
9	54	4	62	3	116	7	1 — $16\frac{4}{7}$
1810	64	5	71	6	135	11	1 — $12\frac{3}{11}$
11	66	1	87	5	153	6	1 — $25\frac{1}{2}$
12	78	2	78	3	156	5	1 — $31\frac{1}{5}$
13	79	2	104	2	183	4	1 — $45\frac{3}{4}$
14	112	8	124	5	236	13	1 — 18
15	119	5	130	7	249	12	1 — $20\frac{1}{4}$
1816	85	11	77	6	162	17	1 — $19\frac{9}{17}$
to 1st Mar.							
1817.	876	54	969	52	1845	106	1 — $17\frac{2}{7}$
Mortality	1 in $16\frac{2}{3}$		1 in $18\frac{6}{13}$		1 in $17\frac{2}{5}$		
1817							
1st Quarter	46	1	50	3	96	4	1 — 24
2 —	78	9	75	6	153	15	1 — $10\frac{1}{5}$
3 —	180	13	199	7	379	20	1 — 19
4 —	210	11	262	6	472	17	1 — $27\frac{3}{4}$
1818							
1st Quarter	233	19	297	14	530	33	1 — 16
2 —	294	16	303	14	597	30	1 — 20
3 —	258	21	207	21	465	42	1 — 11
4 —	171	20	161	13	332	33	1 — 10
1819							
1st Quarter	71	6	87	4	158	10	1 — $15\frac{4}{5}$
2 —	101	2	138	5	239	7	1 — 34
3 —	45	5	80	9	125	14	1 — 9
4 to 1st Mar	46	6	59	9	105	15	1 — 7
1820.							
Mortality	1733	129	1918	111	3651	240	1 — $15\frac{1}{5}$
	1 in $13\frac{7}{16}$		1 in $17\frac{3}{17}$		1 in $15\frac{1}{5}$		

The 46 deaths of 1819, (giving a mortality of 1 in 13 three-fifths for that year) are thus accounted for:

viz. By Fever ... 13 males and 13 females,

By Dysentery ... 5 — — 6 —

— Phthisis ... 1 — — 1 — and also

one female by each of the following diseases; viz. ascites, hydrothorax, apoplexy, gangrene, convulsions, cynanche maligna, and famine.

Dr. Bolton, Naas, March 1819,

STATES that “the present Epidemic Fever has existed in Naas and its neighbourhood since he came to that country, being a period of eighteen years; he thinks the great source of contagion to be the custom of waking the dead for two successive nights, when the whole population of the neighbourhood assemble, and remain until morning. The mortality was very great among those who remained in their cabins: among the deaths in the hospital report, five were poor old Connaught men, who, on the first appearance of sickness, were turned out of their lodgings, and lay in the open fields for many days without the smallest assistance: three of them died the day following their admission, and two on the third.”

Dr. Robinson, Newtown-Barry, Co. Wexford, April 1818.

“WANT of food and clothing has materially contributed to the disease, together with the damp, filthy and confined state of their cabins, in which they are obliged, frequently from *want of room*, and oftener for *sake of warmth*, to crowd together in bad beds, made of rotten straw; as an example, I may mention that I lately visited a poor man, labouring under dysentery, whom I

found lying on the ground, with a little damp straw interposed, surrounded by his five children, who, from want of clothing, were compelled to seek a covering under the same blanket."

Dr. Doyle, Ross, April 1818.

"I AM satisfied that want of employment and its consequences are very prominent causes in originating and disseminating Fever; of this position, I have in some manner a proof in this town, where a great number of its inhabitants, tradesmen and labourers, have been employed in building a very extensive corn market, by Charles Tottenham, Esq. last summer; and of the number thus employed, or in their families, there was hardly one sick, but not one at all sick of the Typhus, which seemed to be allotted for the unemployed and strolling poor, who looked in vain for labour, until their solicitations for work or food became so affecting, as to induce the inhabitants of Ross and its vicinity, gentle and simple, to engage them at low wages to do works, they otherwise would have omitted; but the seed of Fever having been sown by their former wants, and a depressed state of mind, many of them contracted it, *but none of those who were in constant and regular employment.*"

Dr. De Renzy, Carnew, March 1819.

"I HAVE been of opinion, that the Epidemic originated spontaneously, at least I could not trace any probable mode of its being communicated to several persons who suffered from it, but I know that it became highly contagious in its progress, attacking successively the whole of several large families. The number of those

who suffered by the disease was very great indeed. Poverty appeared to me to be a principal cause of the Fever, combined with bad provisions and want of fuel.

I have therefore no hesitation in asserting that the consequences of want of employment have been very prominent causes of this Epidemic, joined however to the causes before enumerated. In this I am confirmed from the following fact; the distress of the times has fallen much more heavily on two-thirds of this parish, being a district where there is great want of employment, than on the other third, where the want of employment is not so urgent: the same disproportion prevails as to Fever; in the latter I know but of one case."

Dr. Reed, Carlow, April 1818.

"I HEARTILY wish Sir John Newport, and the friends of Ireland, every success in striking out some mode of employing the poor, which is the only rational plan of giving permanent relief to the misery and wretchedness that exist now among the poor in every part of this kingdom."

February 1819. "The Epidemic has been on the decline for the last six weeks, and though there is still some Fever among the poor, it appears to be of the ordinary kind, such as may be expected from a population without employment, and of course without the means of getting food, clothes, or firing, and such as I never

knew this town perfectly free from for thirty years past. Not more than one-fourth of those labouring under Fever were, at any time, accommodated in hospital, and sometimes not one-sixth; but those, not taken in, were daily visited in their own cabins, and received a small weekly allowance for their support. From my own observation, I do not think a greater number of the externs died, in proportion to the actual amount of those affected; perhaps not so many as died in hospital: the better sort of people were not so fortunate, particularly at the beginning: the deaths may be rated at about one in twelve. The highest class escaped altogether in this county."

Dr. Stone, Carlow, March 1819,

STATES that "in most instances, it was difficult to account for the appearance of the disease in any other way than by spontaneous origin, so many families became affected about the same time, who had little or no intercourse with their neighbours: it was often no doubt to be attributed to contagion, introduced by itinerants. If the number of sufferers were to be estimated by those of the summer of 1818, when upwards of 6000 were known to have had the disease in this town and neighbouring villages, the calculation would be enormous."

Dr. Shortt, Moate, March 1819,

SAYS, "the disease was here confined to the poor, with the exception of the medical people and their families, and the Roman Catholic clergy: a strong proof (if any were wanting) of its contagious nature."

CONNAUGHT.

Sir Thomas Moriaty, M. D. Roscommon, April 1818.

“ THE Epidemic Fever commenced in this country about the end of February 1817.

The cases were at first few and insulated ; it progressively encreased till the month of June, when the diffusion became very rapid and general, owing to the number of beggars that overspread the country, and the frequent assemblage of paupers at charitable institutions, to receive aid during that season of distress and famine. It continued to acquire growth until the month of December, when there appeared an intercurrence of bilious diarrhæas and catarrhal fevers, and in January 1818, a general and simultaneous invasion of inflammatory Fever, which did not assume any of the characters of Typhus ; since then the Epidemic has declined considerably in some, and disappeared altogether in many districts ; at present it is nearly narrowed to its usual boundaries.

Causes, that depress the mind and body, are favourable to the production of contagion, hence it is always an attendant on seasons of scarcity and distress, and to this source the late Epidemic owes its origin. By the failure of an eminent provincial bank, the drying up

of the channels of Industry after the peace, and the great depreciation of cattle and grain, there ensued an extensive accumulation of pecuniary embarrassment, to afflict the mind.

Owing to the wetness and coldness of the season in 1816, the husbandman's labour was protracted to a very late period ; the crops either did not ripen, or were malty, and there was an alarming scarcity of turf, to afflict the body.

Such a train of debilitating causes predisposed the body to the formation of contagion ; and the almost total want of fuel, which in this climate is so necessary to counteract the baneful effects from sudden changes of temperature, must in such degree have depressed animal heat, and caused such changes on the surface, as are usually favourable to *its* production.

Hence the Fever appeared at the period that these causes began to operate, about the end of February, and proportioned its pace with that of famine, which was felt most in June and July ; to these causes alone, can I ascribe the appearance and prevalence of the Epidemic.

No public measures were adopted to arrest contagion."

February 1819. " The Epidemic Fever suffered an evident abatement in its symptoms, and as an Epidemic, since January 1818.

The same Fever no doubt still exists, but on a more

limited scale, and as an endemial, and will take years to return within its former and usual limits ; it is now seldom fatal, and its type much altered, not attended with violent delirium, severe inflammatory affections, obstructions, or disordered primæ viæ; and scarcely accompanied with any symptoms that would denote a contagious character ; it exhibits more of a synochal appearance, and is in general ascribed by the patients to some incautious exposure to cold or to repressed perspiration, and certainly can be much oftener traced to that source than to the influence of contagion, as I have met it latterly most generally in respectable families, who are from their situations more removed from casual contagion.

These observations are applicable nearly, I think, to this province, certainly to the adjacent parts of Mayo, Galway, Leitrim, and the whole of this county.

Though the Fever, at its onset, spread to an alarming extent, and afforded ample opportunity in private practice, to ascertain its character and rate of mortality, there are no hospitals or places of reception for persons labouring under Fever in this country, where only regular registries can be kept ; I cannot therefore specify the number that laboured under, or suffered from its influence ; very few indeed escaped its visitation, and the mortality of *adults*, according to registries of interments, furnished to me by Catholic clergymen, were, during the years 1817 and 1818, treble the casualties of preceding seasons."

Thomas L. Whistler, Esq. Galway, April 1818.

“ALTHOUGH the last harvest proved (comparatively) both abundant and excellent, yet the general want of employment and its consequences, have placed the necessaries of life as much beyond the reach of the poorer orders, as if Providence had withheld its accustomed bounty. The only remedy which, in my apprehension, can meet the magnitude of this destructive evil, must be that which will animate the spirits, and invigorate the bodies of our poor, *by a course of prosperous industry*, and the enjoyment of those substantial comforts which that industry can alone impart.”

Dr. Keane, Castlebar, April 1818.

“THE means which have been found most effectual in checking the progress of the Epidemic are, supplying those afflicted with food, and cleansing their habitations; and further, I am of opinion that the whole revenue of Ireland, if appropriated to the purpose, would be little enough to accomplish the objects of making them cleanly, and supplying those, who require it, with lodging, food, and fuel, as the paupers are one-tenth of the whole mass.”

Dr. Johnston, Sligo, April 1818,

“THINKS Fever entitled to the term *Epidemic*, in

that town and its vicinity, since the month of February 1817. In June of that year, upwards of 200 were ill in a population generally estimated at 10 or 12,000. As the principal causes, he considers, 1st, the encreased humidity of our climate, during the last few years: 2d, the depression of the public mind amongst the poor and middling classes in 1816, caused by the depreciation in value of the produce of the soil, and the famine threatened by the unfavourable harvest of that season: 3d, the want of employment for the labouring poor, who in this town were suddenly thrown from a *constant* state of work, at from 1s. to 1s. 8d. per day, to a *precarious* degree of employment at 10d.: 4th, want of cleanliness and ventilation in their dwellings, and a *deficiency* of proper clothing."

*To the Gentlemen composing the Committee for the relief of the Poor.**

Sligo, September 5, 1817.

"GENTLEMEN—About the beginning of March last, our attention, as Physicians to the Sligo Dispensary, was called to the commencement of contagious Fever amongst the poor of this town, and although *then* mild in its symptoms, and rarely fatal to its termination, a few weeks had but elapsed, when it spread with alarming rapidity and put on the most formidable appearance. To enter into the disquisition how this disease (now so general all over Ireland) commenced, appears to us *in this place* useless; the means of conducting it to a safe

* The following reports, illustrative of the progress and management of the Epidemic in Sligo, are copied from the public paper of that town.

termination when existing, and preventing its progress, being our present more important object.

It is known to you, Gentlemen, that some months since, the number of applicants seeking assistance in Fever became so great, that we were obliged to avail ourselves of the humanely proffered assistance of four young professional gentlemen of the town, to visit the poor at their respective lodgings, to prescribe such remedies as they, with our occasional assistance, thought necessary, and to recommend the necessitous for such quantities of meal, milk, and straw, as their respective numbers and wants required. Since that period it appears, that above five hundred persons of all ages have been under cure—that twenty have died—eighty are still labouring under Fever, and the remaining four hundred are perfectly well or convalescent.

By this you will perceive the number of deaths have not hitherto exceeded one in twenty-five—a circumstance fairly attributable as well to the medical skill of those young gentlemen, as to the unremitting attention they paid in having nuisances removed from before and round the houses of the poor—insisting on cleanliness in their persons, free ventilation in their cabins, and the prohibition of mischievous practices. To the continuance of those exertions we may also naturally attribute, under Providence, the present declining state of the formidable Epidemic, which (except in the south-west division) is very manifest. And we sincerely hope we may have to congratulate ourselves and the public in our next Report on its speedy extinction.

In the above return of deaths, those are not included

who may have died from any other disease than Fever ; nor of those persons who, in some few melancholy instances, died in the neighbouring fields or highways, in the ineffectual attempt to return to their homes, whence they departed in the spring."

B. COYNE.

CHARLES D. JOHNSTON.

SECOND MEDICAL REPORT,

Addressed to the Committee for relieving the wants of the poor in the town and neighbourhood of Sligo.

Sligo, Sept. 11.

"GENTLEMEN—With feelings of regret, we are compelled to announce to you the disappointment of our anxious hope expressed in our first report, 'that the contagious Fever would be shortly extirpated in this town.' In defiance of every effort of medical assistance, aided by your liberal and humane support, it is manifest, by our last week's report, that the number of poor labouring under the disease, has very much increased from the 5th of the present month. It appears that within that period, sixty-four new cases have been placed under the care of the medical visitors ; and although we are not able to specify *exactly* the ratio in which the increase has taken place, (from the want of any returns being made previous to the 4th instant) yet the fact is unfortunately too true. The type of the dis-

ease has not improved, and another melancholy instance of its contagious nature has occurred to one of those young gentlemen, so humanely employed in endeavouring to arrest its progress and fatality.

We would, therefore, earnestly call upon you to aid our endeavour to restore the health of our community, by opening a Fever Hospital, where, by a separation of the diseased from the healthy, we can, with increased confidence, attempt the removal of this pestilence. which has, in almost every instance, successively laid all the members of a family, it has once invaded, on the bed of lingering disease.

You must be aware that we have had much to contend with, in our management of those amongst the poor, who had come under care. Want of every comfort and of many necessities on the one hand, stupid prejudices and inattention to prescribed rules upon the other, producing protracted disease and the diffusion of an Epidemic, already more widely extended than any that has hitherto fallen under our observation.

The experience of all those places where such asylums have been instituted, warrants our sanguine expectation, that it would here, as elsewhere, prove the sure means of saving many of our poor, who must now fall victims in their miserable abodes to contagious Fever, and more effectually than any other plan, secure the more opulent from the visitations of a malady that, in too many instances, has already deprived the widow of her only earthly stay, and the orphan of support and protection.

As connected with this general plan, we would wish, through your interference with the town Commissioners, to have the stagnant pools of *liquid mire* removed, which are collected with such lamentable industry before every cabin in every avenue of the town, and those *pits* filled up, which are at once a fruitful source of contagion, and offensive objects of disgust.

We remain, Gentlemen, &c. &c.

B. COYNE.

CHARLES D. JOHNSTON."

THIRD MEDICAL REPORT,

Addressed to the Committee for relieving the wants of the poor in the town and neighbourhood of Sligo.

"GENTLEMEN—In submitting the present statement of persons labouring under Fever to your notice, although we can congratulate you on the actual decrease in the number of patients, and at least no aggravation of its symptoms, we have to regret that so large a portion of our townspeople still suffer from the malignity of the Epidemic, which has, during so many months, spread alarm through the public, and carried death into the families of many in the more comfortable classes of society. Under those impressions, we hope to be forgiven in once more urging the imperious necessity which exists of establishing a Fever Hospital—a measure we had with pleasure anticipated, when a public meeting had been convened to consider of its propriety. Its utility,

we are persuaded is, not speculative, nor its immediate benefits to the community problematical; and, in proof of this, the District Medical Visitors, whose unwearied attention we again bring to your consideration, report many of those, at this moment ill, to be destitute of clothing, shelter, or the assistance of "one friend," save the aid afforded by your funds in the limited allowance of meal, milk, and barley. Under such discouraging circumstances we have long contended with this pestilence; and, should the apathy of the community to the wants and miseries of their fellow-creatures, and still more to their individual safety, withhold from us the means of arresting this evil, which experience has proved most effectual, we trust we shall have discharged our duty to that public in a manner, suited to the relative situation we are placed in, as Physicians to the dispensary.

B. COYNE.

C. D. JOHNSTON.'

Sligo, Sept. 26, 1817.

State of the sick poor in Fever on the 26th instant.

Sick of Fever	...	...	93
Convalescent	...	...	57
Died since the 11th instant	...	...	3
			<hr/>
			153
			<hr/>

FOURTH MEDICAL REPORT,

Addressed to the Committee for relieving the wants of the poor in the town and neighbourhood of Sligo.

“GENTLEMEN—We submit, with much satisfaction, the annexed report of the state of the Fever Hospital, from its opening on the 25th of September; and our pleasure would have been still heightened, were we justified in reporting a great decrease in the number of sick. We are, reluctantly, obliged to admit, that the number of poor labouring under Fever in this town and its vicinity seems rather *again* to have increased within these ten days.

We would willingly limit our observations to the above, were we not called upon by every honest feeling, to crush, in its origin, a report that has not been exceeded in its depravity by any thing hitherto known. We allude to one you may have all heard—that *one-half* the people sent, die in the Fever Hospital, and are privately interred by night. Some persons, with whom we have consulted on this subject, recommended our treating this report with the contempt its falsehood and malignity deserved, and so far as the object might have been to injure *our* private or professional characters, we would certainly coincide in this opinion—though we did imagine, that if we entertained any feelings of self-approbation or vanity, in assisting to discharge a painful, laborious, and dangerous duty, as we did so hitherto gratuitously, we might have been left to the unsubstan-

tial enjoyment, without exciting the envy or malice of loquacious and idle people; but our honest indignation was called forth, when we ascertained that this most slanderous and malevolent report was not only accredited by the ignorant, but propagated with the industry becoming a better cause, by persons much above the rank of the rabble, in character at least, and had the effect of preventing many wretched persons, ill in Fever, from going into the hospital, thereby rendering abortive all those efforts, so humanely made by you and the public, to alleviate the general misery, and ultimately put a stop to the progress of this contagious and malignant Epidemic.

We are, &c. &c.

C. D. JOHNSTON,
B. COYNE."

MUNSTER.

Dr. Bracken, Waterford, March 1819.

"IT is not certain in what year and month the Epidemic commenced; perhaps in 1815; in June of which

year, there appears to be a remarkable encrease of patients in our hospital, as you may observe in table 1. of my report for 1817. But I think you can form as correct an opinion on this part of the subject as we can here, as you have the documents. It may be said that, in general, the sick in Fever in this city have been removed to hospital; but at the end of last year there was an exception to this. We have now full accommodation for all applicants, having received three additional wards in the Leper Hospital. There are now upwards of 200 in hospital, of whom females form the majority.

To your queries, I shall generally and briefly reply. I believe many, or most parts of this quarter of Ireland were *before* Waterford in the extension of the Epidemic Fever, and that the disease has spread here subsequently, when it had much declined in other places. I have observed that the Fever has always been more severe here in the winter months than in any other. But independently of these reasons, if such they be, the increase of patients in the hospital may be, in some measure, accounted for by the great exertions made to have all patients sent into hospital, which exertions commenced in the middle of January; there had been certainly an increase in the Fever, all the Physicians of Waterford were unanimous in this opinion, at a meeting held for the consideration of the question. A public meeting of the inhabitants was in consequence held, at which Sir J. Newport presided, when subscriptions were raised for what was called the convalescent fund; the city divided into six districts, *to each* of which a visiting Committee of three respectable persons and a physician was appointed. A house in a convenient situation was lent

by Mr. W. Newport, where the clothes of infected families were washed, and the persons lodged and fed until the clothes could be delivered; all applications from the sick were sent to this house, and were without delay attended to by the physician of the district. When the sick was removed, a visitor, with whitewasher, &c. had the apartments cleansed, old straw, &c. burned, and fresh given; the poor families of fever patients and convalescents were supplied with a moderate allowance of coals, soup, &c. This business still goes on, and has had, I think, a very beneficial effect. I do not know that the poor of this city are worse off, or more filthy in their habits than the poor of other large cities; indeed I am inclined to think that, in some respects, their situation is better. But the markets here are very dear; potatoes very high in price. You will perceive the difference of number in the house in the beginning of March (224) and of April, (160) which is certainly a token of good. I must moreover mention that relapses have increased very much in the Fever Hospital. In January or February, (I forget which) they were 50; and in one week in March, they amounted to 25; 15 the last week. I have nothing further to communicate on the subject, beyond what may be collected from the subjoined tables."

January 1820. "In the tabular view of the Epidemic for Munster, which you sent me, our population is underrated: it is here calculated at 35,000, or as some think at 40,000. I should also think the proportion of one-tenth, as the probable number of sick, to be too great for the average of the county."

1818.	Admitted.			Relapsed.			Died.			Dismissed.	Country Patients. [†]
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.		
Jan.	62	65	127	1	4	5	3	3	6	100	28
Feb.	47	57	104	2	3	5	2	2	4	113	17
March	52	48	100	3	2	5	...	1	1	107	24
April	53	65	118	...	3	3	2	2	4	116	21
May	51	63	114	1	...	1	6	2	8	108	29
June	91	109	200	8	14	22	3	...	3	155	43
July	143	170	313	12	26	38	2	3	5	261	43
August	135	205	340	25	29	54	3	6	9	322	61
Sept.	152	173	325	19	13	32	7	4	11	306	25
Oct.	151	181	332	15	9	24	8	9	17	328	43
Nov.	159	149	308	14	29	43	9	9	18	291	44
Dec.	181	167	348	13	13	26	12	11	23	319	22
Total	1277	1452	2729	113	145	258	57	52	109	2526	400

N. B. In the months of November and December, there was not accommodation in the hospital for all the applicants; the males were admitted and dismissed in greater numbers than the females; but the number of the latter still continued to preponderate, although they could not be admitted.

† I have mentioned (if I may say so) the country patients in a separate column, although any distinction of this sort is of no interest to you, however it may concern our *local* interests.

1818.	Ages of those admitted and also of those who died.						Total.
	1 to 10 Years.	11 to 20.	21 to 30.	31 to 40.	41 to 50.	51 and upwards.	
Jan.	47	47	19	8	5	1	127
Feb.	23	45	22	6	4	4	104
March	17	41	22	9	5	6	100
April	12	45	31	15	8	7	118
May	11	46	31	13	6	7	114
June	28	72	44	25	14	17	200
July	58	112	75	26	20	22	313
August	52	117	80	40	26	25	340
Sept.	47	128	67	42	27	14	325
Oct.	38	112	95	47	25	15	332
Nov.	41	113	72	45	21	16	308
Dec.	3	133	84	39	23	16	348
Total	427	1011	642	315	184	150	2729
Died	17	22	16	22	16	14	*107
Total admit ^d . in 1817	124	341	248	104	65	48	930

* Two persons died, whose ages were not marked in the register, making up 109.

In the table of ages for 1817, the divisions were not equal. They are here given to agree with the table above.

Days of Convalescence and number of Cases.

Days.	Cases.	Days.	Cases.	Days.	Cases.
3	4	13	62	23	8
4	37	14	51	24	7
5	48	15	174	25	6
6	349	16	22	26	7
7	90	17	16	27	4
8	844	18	51	28	4
9	102	19	18	29	—
10	270	20	20	30	3
11	137	21	27	31	4
12	199	22	18	Total 2582	

A few cases of relapse are marked in the registry, as having occurred after the 31st day, which are not noticed in this table, in order to avoid unnecessarily multiplying lines or columns.

The days on which convalescence or remarkable improvement took place, in these 2582 cases, are carefully, and I am sure correctly marked as *noted in the registry*

Note.—Besides these tables, I am indebted to Dr. Bracken for others relative to the mortality, but which, as inapplicable to my purpose, I have omitted.

by the experienced apothecary of the Waterford Fever Hospital, Mr. Kenny. But it is obvious to any one acquainted with hospital practice, that the favourable change always occurred *the night preceding* the day on which the physician made his remarks; so that the 199 cases referred to the 12th day, (for example) properly belong to the 11th day, and so of all the cases. From this mode of examination, it appears that the critical days are very remarkable indeed; a very slight enquiry will convince you of this.

The mortality has increased very much towards the close of the year. During the first eight months, 1282 patients were dismissed cured; in the same period 40 died, making together 1322; the mortality was 1 in 33. In July and August, the mortality was only 1 in 41, estimated in the same manner. In the last four months, the mortality, by the same mode of calculating, was 1 in 19.

Very many cases, besides those marked as relapsed, did actually relapse. I suppose not less than 700 persons during the year, either relapsed, or were attacked a second or third time with Fever.

In November and December, we had several cases, with a gangrenous livid appearance, commencing generally on the tip of the nose; the ears also being generally affected in a similar manner; such patients soon died. *I did not see one of them recover.* During the same period, many were affected with oppression and difficulty of breathing, and sometimes slight inflammatory symptoms, requiring a little blood-letting. But in general the inflammatory diathesis was not observable; debility

and languor were more frequently to be observed, with such like symptoms. The true distinct petechiæ were observed in several cases at the end of the year. I had the entire charge of the hospital in July and August, when such appearances were scarcely, if at all, observed. Petechiæ were present in most of the cases, with gangrenous appearances.

I had a tedious task in framing the table of convalescence, but the result appears to me very satisfactory, although the materials *must be imperfect*. Mr. Kenny, who kept the registry, is a man well versed in matters of this kind."

Dr. Lanphier, Waterford, March 1818.

"I AM decidedly of opinion, that the want of employment, and of course, want of food, constitute the leading features in the causes productive of this disease. For thirty years past that I have practised in this country, I do not recollect to have seen, at so early a period as the present, so marked an appearance of wretchedness and misery among the lower ranks of society."

The Rev. Standish O'Grady,

MINISTER of Carrick-on-Suir, and President of the Managing Committee of its Fever Hospital (whom I must take this opportunity of thanking for his spon-

taneous communications) states, that "the town is seldom free from Fever, but that he does not conceive the Fever began to rage beyond its usual bounds, till towards the latter end of September 1817; that he does not consider 'bad food' as the cause of the disease, upwards of £.1500 having, from the beginning of May to the end of August, been expended in the purchase of wholesome provisions, which were distributed to the poor at low prices, and in many instances gratis, and at the time Fever burst out with alarming violence, great part of the new harvest had come into the market: the primary cause appears to me to have been the bringing of the contagion from Cork and other places, by the hordes of travelling beggars, with which this town has been absolutely swarming for the last eight months (April 22d 1818.) In another letter, dated *March* 1819, addressed to Dr. Williamson, and by him communicated to me, Mr. O'Grady further enlarges on these topics, and delivers himself so clearly, that I quote the greater part of this communication with pleasure.

Dr. Williamson, Carrick-on-Suir, April 1818.

"THE Epidemic has prevailed in this town and neighbourhood for eight or nine months, and, from such information as I could collect, the place has been seldom free of it for many years; its extensive prevalence has been more marked than the malignity of the disorder, for when the results of practice are compared with those of other places, they have been decidedly less fatal in this town and neighbourhood: though many cases may be still found, they are less frequent; the malignity of

the disease has been evidently on the decline for a month at least, but the accession of warm weather is likely to produce what may be considered as one of the exciting causes of disease, offensive exhalations from the accumulations of filth to form their dunghills, and the collecting of pools before their dwellings of the most unhealthy kind.

The predisposing causes of the Epidemic are so ably laid down in a volume published lately by a society of Physicians in Dublin, that little further can be added, unless of a local nature. It appears to me that, at this place, increased susceptibility of the Epidemic is generated by the poverty of the lower classes, the privation of almost every domestic comfort, want of cleanliness in their houses, and the determined habit pursued of collecting together at their very doors, sometimes within their houses, the most offensive materials, to contaminate the healthy atmosphere they would otherwise breathe.

Want of employment, and its unfortunate consequences among the peasantry, has been complained of as contributing materially to engender disease, but the support which has been given to mendicity, often to persons not objects of charity, renders it extremely difficult in such times, when security and want of employment existed to discriminate sufficiently: and there are reasons for believing that want of employment did not arrive at that extent which is commonly imagined.

Daily labour may be got here so low as 4*d.* per day, the hirer to be also fed, so that supposing his diet to cost 6*d.* more, one hundred labourers may be procured

at £4. 3s. 4d. per day: the wisely combined efforts of country gentlemen and the inhabitants of the towns, to put down mendicity, of such alarming growth, would likewise contribute to obviate disease to a very considerable extent.

Though the contributions of this place have been exceedingly liberal for the sick poor, and to relieve persons in distress, the means so obviously necessary for the extinction of contagion, have been culpably omitted; the removal of sick in Fever to the temporary houses of recovery formed almost the only means used for the prevention of contagion; fumigations by nitrous gas, &c. whitewashing, and other measures for purifying a morbid atmosphere, were only partially resorted to; and so limited were the instances of attention to these measures, that few can be produced of their beneficial consequences.

In the barracks, where a troop of dragoons is quartered, attention to cleanliness, ventilation, and the prevention of any accumulations likely to affect the healthy properties of the atmosphere, added to those comforts which soldiers enjoy in regiments, attentive to internal economy, have secured the men from the prevalence of epidemic Fever, with the exception of two cases; these were arrested in their progress by early bleeding, laxatives, and cold affusion of water, with little other medicinal aid; the hospital was fumigated, and other instructions followed, which circumstances required, and no infection was communicated by either of these cases.

The conclusion is very obvious: that if the lower classess of Irish enjoyed nearly so much comfort in their own houses, and had a due proportion of the necessaries of life as the soldier enjoys, we should not exist under the apprehension of an extension of alarming disease, as has been so fatally experienced in this kingdom for nine months past.

Houses of recovery throughout Ireland for the admission of fever patients, under competent professional attendants, are likely to be of great service, though it would be well, at the same time, to introduce such measures as are calculated to prevent contagious disease: habits of an injurious tendency to health of considerable standing, can only be removed by progressive amendment. Individual efforts will be of little avail, unless strenuously supported by the respectable part of the community; and the amendment of that condition of Ireland, so deplorable to its peasantry, and full of dangers to the higher classes, would be more effectually promoted by legislative interference."

March 7th 1819. "Your letter of the 21st of February only reached me on the 2d instant, and I hasten to make the communication therein required, as well as my time, and the materials I have been able to gather will permit.

The Rev. Mr. Grady, Rector of this place, took an active concern for the destitute as well as the sick poor, and has kindly favoured me with the following communication.

Carrick Glebe House, March 3d 1819.

“DEAR SIR,

“I hasten to comply with your request to give you in writing the grounds of my opinion, that the Fever did not spring up spontaneously here, but was introduced among us from some other part of Ireland.

Late in the month of July 1817, I left this for the sea side, and though from the February before, when I was elected President of the Charitable Institution, I had been rather inquisitive as to the state of the poor, I could not discover that Fever existed to an unusual extent. I do not believe this place has been ever absolutely free from it, nor from the circumstance of a population above 12,000 persons being crowded together in so small a space, can it, I fear, be rationally expected it ever will be so. But though there was nothing particular to alarm us for the state of this town, yet, for two months previous to my leaving home, the papers and passing travellers brought the most dismal, and perhaps exaggerated accounts of the ravages of Fever in Cork and Kerry. Some went so far as to say that the plague made its appearance in those places, and there was a report that it was communicated by a foreign, as I remember, a Spanish vessel, said to be wrecked somewhere on the coast between Cork and Tralee. I had no means of ascertaining whether there was any foundation for such a report, but I remember it existed.

Coming home in the month of September, I found the town full of strolling beggars, some of whom I re-

collect describing themselves as coming from the infected counties; and I was told the Fever had considerably increased, both in extent and malignancy, during the last months; on the return of my family here, towards the end of October, I found the disease had made frightful progress indeed. I then thought it was introduced by the vast number of strangers which flocked into the town, and this notion, whether true or false, was strengthened by the circumstance of an unfortunate man having died in a lodging house, in a street very near my residence; the landlord threw the corpse into the open street, because it was that of a stranger, and he had no money to pay for his burial. This christian host informed me the poor fellow had come in about a week before, and had never got out of the bed from his first getting into it.

The disease had been attributed to bad food, I think rather hastily, as far as this town was under consideration; for here, from the middle of March till the coming in of the new harvest, the poor were supplied with wholesome food sufficient to give each individual in every family, one comfortable meal a day.

I have no doubt, whatever may have been the cause of the first introduction of the disease amongst us, that it has been in a great measure kept alive by an inveterate love of filth in the people. I will give you two instances among many that have come to my own knowledge of the extent to which this is carried.

The room belonging to the family of a man named *Light*, who were so long in the hospital, was visited by

me the day before some of them were expected to be dismissed ; an hottentot's kraal was clean to it ; the floor, walls, and ceiling were covered with such a thick coating of dirt, (I verily believe human ordure) ; the man we employed in whitewashing the houses of the sick refused to stay in this, and in one corner there was a heap of filth, at least two feet high, four or five broad. I can never sufficiently deplore having prevailed on the old woman who washed the hospital, to undertake the task of cleansing this worse than Augean stable ; she left the place ill and never recovered.

The other instance is, a very offensive dunghill having been formed in the lane at the back of my house ; I ordered the proprietor to remove it by a certain hour, or I would send a constable to seize it. It was removed, and I thought no more on the subject, till about three weeks afterwards, when I discovered it had been hid from me, by having been made up in the very house where he and his family lived, and I believe in the sleeping room.

Hoping this letter will at least repay you the trouble of reading it, I remain, my dear sir, yours very truly,

(Signed) S. GRADY."

In April 1818, I observed that the Fever, though extremely prevalent, was not characterised by malignancy ; the proportion of deaths, under many disadvantages, was inconsiderable, probably about one in forty cases. An existing predisposition to febrile diathesis was, no doubt, aggravated by filth, privation of the necessities of life, corresponding depression of mind, and the morbid tendencies produced by the deaths of relatives.

From June to July 1818, inclusive, Fever increased to a most alarming degree; the heat of the weather, acting more powerfully to produce contagious miasmata in the dirty, ill ventilated cabins of the poor, appeared to me to explain the encrease of sickness during these months.

From August to September 1818, inclusive, there was a considerable abatement of Fever; in the beginning of August, about seventy patients were accommodated at one time; on the 30th of September, the number was reduced to fourteen, and of that number six only in Fever.

When fever patients were thus far numerically reduced, an alarm was excited by the report of a dreadful dysentery becoming epidemic throughout the country: at this place about fourteen cases presented themselves with diarrhea, scarcely constituting an instance of dysentery; only one case in my private practice terminated unfavourably, and that owing to the clandestine exhibition of nostrums, with which the country is unhappily infested.

In October, November, December and January last, the weather was close, atmosphere excessively loaded with humidity, very little frost or snow, and after harvest, labourers complained grievously of want of employment; disease increased in October and November, but until February there was an obvious abatement; about that time, the malignancy of Fever was probably superinduced by the injudicious introduction to the hospital of dysentery, in its most miserable and aggravated state,

a measure highly reprehensible, against which there is, I hope, a competent order for the future.

At this date, there appears to be a lesser tendency to febrile affections, relapses are much less frequent, owing, I trust, to a more salutary constitution of the atmosphere, aided by precautionary measures, which have been diligently executed by Mr. Lynch, the extern attendant; he visits every dwelling to which a patient about to be dismissed is to remove, to see that it is free of disease, and fit for the reception of the convalescent.

With the valuable assistance of Mr. Grady's letter, I have complied with your request to the best of my power, and in inquiries calculated to produce useful results, I shall at all times feel gratified to render any assistance to you and others of the profession, so commendably employed in the cause of humanity."

February 1820.

"IN calculating the average of deaths from May 1818, to October 1819, inclusive, I find that the numbers were as 1 to 24, during a time when the Epidemic was confessedly more destructive than it has been since. During the last three months there have been 43 admissions, and three deaths.*"

* From a protest (of which I annex a copy) inserted in the public papers, it would appear that, during these three months, the charge of the Fever patients was committed to an Apothecary, elected as *Physician* to the hospital !!! a practice which, as I have been informed, is not without example in other places. Well may the profession of physic daily deteriorate, if such be the encouragement held out to its regular members. Ignorance and quackery receive a preference, *qualifications* easily attain.

Dr. Fitzgerald, Clonmel, March 4th 1819.

"I felt sincere regret that, when you applied to me some time ago, it was not in my power to supply you with that volume of accurate information and close detail which you required on the subject of the Epidemic Fever. As however your object is general, I will endeavour

Q 2.

ed without expense or trouble. Can the public expect, under such circumstances, that men of education or character will adopt a profession thus degraded?

"PROTEST, at a meeting held the 31st of October 1819, at Carrick-on-Suir, against the election of Mr. ———, an Apothecary and Accoucheur, as Physician to the Fever Hospital:

1st—Because it has been the established regulation of the Institution, to have a Physician to the Fever Hospital; and, that place being vacant, no other than a Physician, if offering, can be eligible to fill his place.

2d—Because, having an Apothecary attentive to his duties, and attached so far to the Fever Hospital as to prepare the prescriptions of the Physicians, &c. renders it inconsistent, and replete with unfortunate consequences, to appoint another Apothecary to the house.

3d—Because it is asserted by Sir John Newport, the framer of the bill for regulating Fever Hospitals in Ireland, "that it was never intended by the maker of the Act, that on an election any Apothecary should be preferred to a regularly bred and qualified Physician, his competitor for the appointment."

4th—Because it is the opinion of the Physician who inspected the Fever Hospitals, that such a measure would be irregular, he saying "I can only state my conviction of the impropriety of electing any person to discharge the medical duties of a public Institution, who is not properly qualified—no person in Dublin is elected to attend a Fever Hospital who has not a medical degree, and the appointment of medical attendants to the Fever Hospitals in Dublin was, by order of Government, limited to medical graduates.

5th—Because the not appointing a Physician to the Fever Hospital would destroy that confidence which subscribers have felt, that sick persons have the benefits resulting from the attendance of a regular Physician.

6th—Because non-compliance with the obvious intentions of the Le-

vour to answer your queries as they bear upon the general history of Fever in Clonmel.

Quere 1st.—Fever first began perceptibly to increase in the month of May 1817.

2d.—It is not very easy to give a decided answer to the question whether it arose spontaneously, or was introduced from any other quarter. A Fever Hospital had been established in 1810, which always contained patients, so that Clonmel, since that period, and of course for years before, had not been free from contagion. Although I am not prepared to say how contagion was *originally* introduced into this populous town, I am quite certain that the present Epidemic was unknown, until the pressure of distress became great; and in those quarters where poverty and nakedness were most felt, contagion, with all its consequences, was most manifest.

3d.—Considerable fluctuation has occurred at various times in the number of fever cases in hospital, but it never appeared to me to be guided or controlled by any external operation that I could trace: I mean the state of the weather, or the usual preventives of white-washing, &c. &c. The greatest number of cases were in hospital in the beginning of August 1818.

It has never yet declined to the ordinary standard: its present state, as compared to its greatest height, is as 1 to 9.

gislature would lead to denial of county aids, while it would also lessen the number of annual subscribers, who have hitherto contributed liberally to support the Institution."

Signed by

PETER WALSH, Belline, and
Eighteen other subscribers.

The population of Clonmel I estimate at about 15,000; the number of sufferers at between 3 and 4000.

Six months ago, that is, when the Epidemic was at its greatest height, the average of deaths was about 1 in 20. The average is now less, for as it diminished in quantity, it decreased also in malignity."

April 1818. "I am decidedly of opinion, that the present Epidemic has arisen from no other cause than the scarcity and unwholesomeness of last year's food, and the nakedness and distress of the people; to prove that it did not depend upon any particular state of the atmosphere, it is only necessary to mention that it first appeared among, and was for a time wholly confined to the lowest and most wretched class of society, those most exposed to the operation of the above causes, while the military, though frequently in crowded barracks, but who were well fed and warmly clothed, have almost entirely escaped its ravages.

From want of employment the poor, throughout the summer, have just been enabled to support a miserable existence by the sale or pledging of their wearing apparel and bedding; they have been left in many instances literally naked, and exposed to the inclemencies of a severe winter. Famine has debilitated their naturally robust constitutions, and depression of mind has succeeded to this exhaustion of body: can it therefore be matter of surprise that disease has been the result of such accumulated misery?

I cannot point out any measure that has tended *radically* to diminish Fever in this neighbourhood, nor do I

know any likely to do so, but the employment of the labouring poor.

January 1820. “ We have now, and for some time past, as little Fever, as from the population and other local circumstances we are ever likely to have. I feel obliged by the table you were kind enough to send me, which comprehends a good deal of valuable information. You solicit my remarks, and I will give them to you candidly, as far as my personal knowledge extends. You are pretty near the mark when you estimate that one-third of the inhabitants of Clonmell were infected, but rather *under*, when you say only one-fourth were received into hospital. Very few of the lower orders, when infected, chose to remain in their houses; and Fever was *not* proportionably prevalent among the higher classes. I think also that you estimate the mortality of Fever, in this town at least, too high. Dysentery was very busy in our hospitals, and its victims were always returned in the reports of the Fever Hospital.”

Dr. Green, Powerstown, Clonmell, April 1818.

“ THE predisposing cause was distress, arising from want of employment, which affected, more immediately and in a greater degree, artizans of all descriptions, such as masons, carpenters, and all persons employed in the building line, weavers, &c. &c.: men of this description lived better, dressed better, and enjoyed more comforts than the labouring poor, and, when deprived

of employment, were obliged, for immediate support, to resort to the pawn offices, which soon swallowed up not only their superfluities, but their very bed clothes and wearing apparel, and when these failed, they were obliged to beg; very decent men repaired to the poor-houses and the streets; thus exposed to want of kind, they would have famished, if it were not for the benevolence of the more affluent, and the assistance of Government. The labouring poor were soon reduced to the same level of distress; to a very bad summer succeeded a very wet winter, the severity of which the indigent were badly prepared to meet, without clothing to keep off the wet and cold, without means to repair their houses, and without money to procure support; such was the distress, that several *decent* men assured me that their families were often confined to a single meal in forty-eight hours: such circumstances produced despondency of mind, and all combined were the causes of Epidemic.

I remember well the scarce years of 1800 and 1801; there was then sufficient employment and high wages, and no such Epidemic prevailed as in this last year; every body was then in spirits, no despondency prevailed; the poor man had then only one year of distress, but he has had now three bad years to encounter, and I fear a fourth; the distress of the three last years was not confined to the artizan or the labourer; it extended to almost all ranks of people, and although the more opulent were able to prevent the poor from starving, they could not afford to clothe them, and the nakedness of the poor still appears through town and country."

Dr. Beale, Cahir, March 1819.

CAHIR FEVER HOSPITAL,

Established June 1815.

		Cured.	Died.
Patients admitted from June 1815,			
to January 1816,	49	49	0
_____ from January 1816,			
to January 1817,	59	57	2
_____ from January 1817,			
to January 1818,	250	239	11
_____ from January 1818,			
to January 1819,	414	400	14
Grand Total ...	772	745	27

Epidemic Fever appeared in Cahir and its neighbourhood in April 1817: did not originate spontaneously; was clearly introduced by poor labourers in extreme distress, particularly from Kerry and Cork, frequenting the neighbourhood with their families, and seeking employment. In June 1818 and the five successive months, it was at its greatest height, and fluctuated considerably as to mortality: since the commencement of this year it has greatly declined, and our hospital, which during the last months of the year 1818, contained from 40 to 50, now contains but five convalescents.

The benefit of Cahir dispensary and hospital is extended to a large tract of country, and in my district I have had upwards of 2000 ill of Fever, from its commencement in April 1817, to its decline in November 1818: the average mortality of extern patients about 1 in 12. I have taken 30 into hospital the last two months and no application for admission in this month."

Drs. Evans, Armstrong, and Ray, Tipperary, April 1818,

IN describing the then state of Fever observe, that it appeared to them not quite so general as it had been a month or two before: "yet on this we cannot place much dependence, as on one or two occasions it seemed to subside for a time, only to return with renewed violence." They attribute much to the very extraordinary state of the weather, "particularly to the dampness, and want of solar heat, causes affecting the poor in particular, who here dwell in very indifferent houses, and being badly supplied with fuel, are much crowded together, and consequently live in filth and confined air, the impurity of which is much encreased by want of attention in the proper officers to see that all nuisances and dunghills should be removed from the lanes and highways. Infection, they add, has also been very much extended in the better class of houses, by excluding the air in every direction where light could possibly be dispensed with."

Dr. Meagher, of the same place, states that it seemed to him demonstrable that the disease was not introduced from any other quarter.

Dr. Thomas Mawle, Tralee, February 1819.

“GENERALLY speaking, Fever is on the decline with us, but its mortality has unfortunately increased in the inverse ratio of its quantity, as will appear from the statement I annex of the last four periods, consisting each of four months, commencing at October 1817.

From 24th October 1817		Admd.	Died.
to 24th Feb. 1818	...	154	2
— Feb. 24 to June 24	...	181	2
— June 24 to Oct. 24	...	271	0
— Oct. 24 to Feb. 24 1819	...	154	6
		<hr/>	<hr/>
		760	10
		<hr/>	<hr/>

which compared with the corresponding period of part of the last year but one and of the last, will shew the mortality of the present period to be as 3 to 1, and more again, when compared with the other two periods, proving the Epidemic to have assumed a malignity of character, from which it had been before exempt.

The want of employment has reduced a large proportion of our lower orders to the state of travelling mendicants, who, necessarily invited by the comparative wealth and comforts enjoyed in the district of Dingle, have flocked thither in crowds, and introduced the Epidemic with themselves, not however to any extent among the natives, whose superior comforts, arising from the employment afforded to every age and sex by the the fisheries and linen trade, &c. have secured them

from its incursions. I had been for three or four days lately in Dingle, and met with only one case of Fever.

We have no peasantry in this county, who pay so high a price for land as these in the neighbourhood of Dingle, and yet their industry, stimulated by the opportunity of exerting it, produces an excess over their high rents, equal to comparative wealth; perhaps no part of Ireland is encumbered with so excessive a population as theirs, owing to their very early marriages, yet as opportunity produces exertion, exertion wealth, and wealth a certain value for character, no part of our large county has ever been less tainted with a disposition to violate the laws than this overpeopled district

In my practice at the Fever Hospital, I have discarded almost every medicine, except purgatives and emetics for early use, and I find the event to justify me: in 1300 cases I do not recollect to have employed the lancet three times.

March 1819. "The present Epidemic appears to have shewn itself with us about the month of August 1817, and to have appeared simultaneously with the Epidemic elsewhere. It assumed its greatest height about the months of June, July, and August 1818, and was *steadily* Epidemic. It has not at any period declined to the ordinary standard of Fever, previous to the commencement of the Epidemic, but approaches *just now* nearer to that standard than at any period since its commencement.

In a former communication, I mentioned that I had no

distinct recollection of having attended more than three or four cases yearly of typhus gravior, but then I alluded to a period when we had no Fever Hospital, and consequently only a proportion of the poor cases fell to my lot, but at present I suppose every case in humble life in this neighbourhood comes under my inspection in some shape or other.

Its *present* state, compared with that of its greatest height, may be computed as 1 to 4. I can with confidence assert, that a tenth at least of our population has been affected by the present Epidemic since its commencement, not meaning thereby that a tenth was attacked together, but that it has run through that proportion.

The disease has been extremely mild in this part of the county. The persons affected, who could not procure medical aid, generally recovered with cold water as their only drink and medicine, &c. In hospital we had, from the 1st of June 1817, to 1st of March 1819, 939 cases, of whom fourteen died, being as 1 to 67.

In my last I gave you an account of the present state of Fever in Dingle, and in reply to your enquiry as to 'how it fared with them at the greatest height of the Epidemic,' I can *assure* you Fever was, *at that* period, altogether unknown in Dingle, or its immediate neighbourhood. Fever is, generally speaking, abated in Killarney, but it *had* arisen there to a height scarcely known any where else. I have now given you some dry answers to your queries, and shall not trouble you farther than by extracting for you a quarterly re-

port of the hospital under my care, since its establishment in November 1814."

TABLE of Admissions and Deaths in the Tralee Fever Hospital.

Date.	Admd.	Died.	Date.	Admd.	Died.
1814.			1817.		
From Nov. 14			From Feb. 14	34	4
to Feb. 14	30	2	To May 14	61	4
			— Aug. 14	115	4
1815.			— Nov. 14	100	4
To May 14	13	0			
— Aug. 14	26	1	Total	310	16
— Nov. 14	14	1			
			1818.		
Total	53	2	To Feb. 14	118	0
1816.			— May 14	109	2
To Feb. 14	6	0	— Aug. 14	210	0
— May 14	14	0	— Nov. 14	177	5
— August 14	28	2			
— Nov. 14	30	3	Total	620	7
Total	78	5	1819.		
			To Feb. 14	110	2

"Applications for admission were so numerous as to cause the painful mortification of being obliged to refuse many, until the beginning of February last, when the Epidemic considerably abated, but is again, I am sorry to add, on the increase, not however to any great extent."

March 1818. "I think want of employment a prominent cause of the disease; I am strengthened in this opinion by my own observations, as well as by information from others of the total absence of contagious Fever in the industrious town and neighbourhood of Dingle, where the linen trade is extensively carried on, and where the habits of the people, from the facility afforded by this trade of obtaining employment, suited to every age, are so notoriously thrifty, that their own savings, aided by the benevolence of their neighbours, have enabled them in the late calamitous scarcity to procure *abundance* of provisions at their usual low rate. I have frequently, during the last year and the beginning of this, been engaged there professionally, and at no time have I had occasion to visit one patient labouring under Fever. Quite different has been the complexion of things here: previously to the last two years, (the period at which Fever was only occasional with us) works to a considerable extent, both public and private, viz. new barracks, jail, several private houses, new mail coach roads, &c. &c. were executed here, affording abundance of employment to our tradesmen and labourers, insomuch that wages rose to more than double the present rate, though provisions were not near so high as now. I am quite satisfied that more was done towards the extinction of the disease by the means of provisions afforded by employing the poor, in repairing roads, making bridges, &c. previous to the assizes."

"It may not be unimportant to mention that, among 1800 cases which I have attended in the Fever Hospital, I have not learned that pensioners (with whom our county abounds) or any description of persons so well

provided for, have made any part of them. I may also mention that the staff of the Kerry regiment, who are so well lodged and provided, consisting of 90 persons, have had only five ill of Fever during the whole progress of the Epidemic."

February 1820. "By the returns I send you for the last six months of last year, you will perceive our almost entire exemption from Fever. Our town contains over 9000 inhabitants; we are besides liable to demands from a large and populous district, and yet our hospital was without a patient for the whole of January, but the disease is at present most *seriously* spreading, so that I am at no time without 14 or 15 patients, with rather a bad type."

Dr. James F. Carroll, Limerick, February 1820.

"At present I may truly say we have no fever, Limerick or its vicinity never having been so free. On no occasion, during the last two months, have there been over twenty Fever cases at any one time in hospital, and this day (15th) there are not ten. I think the population of this city and suburbs to be certainly not less than 90,000, and conceive that of this number, about one-sixth or one-seventh may have had the Fever."

Dr. O'Brien, Ennis, March 1819,

STATES that the scarcity of food, and its unwholesome substitutes having caused the predisposition to Fever, "its spread may be attributed to the unusual intercourse, caused by the necessitous wanderings of the poor in search of food. In a population estimated at 10,000, the greatest number at one time in hospital did not exceed 50: at present not more than 8. So as far as regards the hospital, the average mortality is about 1 in 16. So far as regards our practice in this Fever, "we *invariably* resorted to venesection in the first stage and in relapses, with the best possible effect."

Dr. Bullen, Cork, April 1818,

STATES that "Typhus Fever, erysipelas, and puerperal Fever have been unusually prevalent and fatal in this city for the last two or three years, and have certainly originated in want of employment, scarcity, dearth, and probably deteriorated quality of the provisions, and consequently in the depressing passions. I hope, for the sake of humanity, these causes do not bear so hard upon you as in this devoted city. The various sources of occupation we once had are daily diminishing, and many of them annihilated. Seventy years back, I have heard that we had in this port forty sail of three masted ships, brigs, cutters, and

smaller craft in proportion; I believe at present we have but three of the former, and an equally lessened proportion of the latter. Since the peace of Amiens, we have had but two small brigs built here, and at present two more on the stocks. The numerous tribes of artificers connected with the outfit and employment of those vessels, masters, sailors, &c. have long ceased to exist, or have sought support in other climes. A few years back in Cork, much capital and many hands were employed in four or five refining houses for sugar. We have not had a pound of sugar refined here for several years. The wine trade, once an active prosperous trade, can now be scarcely said to exist. Coach building, a few years since, gave employment and support to many industrious families. The late heavy taxation on wheel-carriages almost extinguished it. I will state a fact among many: a poor industrious man, with a large young family, lived near me; he supported them well by making small vehicles, gigs and jaunting cars, and paid a rent of sixty guineas annually. The increase of taxation, above alluded to, compelled him instantly to resign his establishment, and he and his family have since lingered in unmerited want and distress. The number of servant men, dismissed by the operation of the same cause, Sir J. Newport can easily learn from our tax gatherers. I will not trespass on your time by detailing the failure of our cloth and cotton manufactures, the tanning trade, paper manufacture, &c. It is enough to say, (what is evident to every man,) that such misery and wretchedness exist in no other country.

Shortly after the publication of Mr. Birkbeck's tour

in France, his criterion of the state of society in that country, by the number of shirts of the lower order of the people, was alluded to at a dinner company : his statement being that, from 15 to 20 was the average rate, 'suivant la personne.' A gentleman present declared, that he had that day officially inspected the recruits for our city militia, some hundreds, chiefly tradesmen, and that there were not two good shirts among them all. There is scarcely a house building now. Many of our artizans have already emigrated ; those who remain are getting progressively worse.

There is another source of disease not adverted to in your reports, the condensation of our population. I cannot precisely state the proportion of untenanted houses, but it is alarmingly great, and still encreasing ; and as I believe that, notwithstanding the combined operation of famine, disease, and emigration, our population is encreasing, it is evident that it is compressed in a much smaller space than formerly. In contemplation of writing to you, I this day counted the number of uninhabited houses in our North Main-street, from Peter's Church to the jail, a space of about 150 yards, and still the seat of the most active trade in Cork, and I found there were thirteen. In other parts of the city, the proportion is still far greater ; hundreds of dwelling houses, stores, &c. are falling. On one of our quays, on the north or main arm of the river, the sand quay, on which a few years since many of our most respectable merchants resided, diffusing health and comfort ; there is now scarcely a solvent individual. This arises entirely from the present system of taxation. I will recur to facts : my house was taken in 1795, at its full value. The window tax I now pay,

together with city rates, grand jury assessments, &c. greatly exceeds my rent, and together with my horse, carriage, and servants' tax, (though I keep but two horses,) is more than twice the amount of the rent. The hogshead of wine I then got for £20. now costs at least £50. though the number of inhabited houses and general wealth were then fully equal to the present, and in many branches of employment, far superior.

If a house is occupied but for a day, it subjects the owner to the entire weight of taxation for a year, hence the general ruin of that branch of property.* The injurious consequences of the exclusion of air I early saw, and on conversing with the hearth collector of this district, Mr. Wood, he informed me that an aperture to allow the passage of air through a bed room chimney was not taxable; it was enough, he said, that the fire place was not capable of being used; this information I eagerly circulated among the middling classes in my professional visits, and many small openings were made. They have since been charged, and I have been constantly told I was a better friend to the tax than some inspectors. The rigor with which air has been excluded from the bed rooms of our artizans and others, is, no doubt, a cause of the extension of contagion, as light itself is less necessary. I have had frequent occasion to use candles by day, in consequence of the inability to pay the window tax. Among the higher orders of society, there is now less typhus. Our charitable establish-

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* There is, I should hope, some error in this statement: at least, whatever may be the practice in Cork, greater indulgence has been shewn towards the citizens of Dublin, under the liberal and lenient administration of Mr. Hawthorn, in this branch of revenue.

ments, which are all miserably poor, and to which wine was refused duty free, are, I am informed, as crowded as ever.

The late indulgence of the legislature respecting hearths and windows, &c. has not, I believe, been acted upon, at least I know of no instance. It was too complex a proceeding; had leave been given to open hearths and windows, charging the taxes as they stood, it would have done good."

Dr. J. M. Barry, Cork, February 1819.

"I ENCLOSE the returns you wish for, distinguishing the males from the females. The mortality has been small, but out of this should be subtracted the persons brought into the house in a dying state, and such as died of other diseases, and of these I have sent you the *proportion* stated, which I must however warn you is imperfect, though sufficiently accurate for your purpose.

About the same time I had the pleasure of hearing from you, I had a letter from Sir John Newport, requesting information; and as I have, for many reasons, always distrusted the information to be derived from mere hospitals, I had a survey of the city made, in which I was assisted by Dr. Hallaran and Dr. Fowler, with several of the dispensary physicians. The results are before me, and it appears that, besides the patients in the two Fever Hospitals, there were still only 179 patients in their own houses, of whom some were convalescent. This certainly exhibits an extraordinary diminution in the

number of contagious fevers in the south of Ireland. These cases were found in the filthiest, worst ventilated, and altogether the most abominable lanes in the city, in which the trade of collecting dung is carried on with greatest vigour: the rooms are for the most part crowded beyond measure, and the windows generally closed up, to avoid the vapours, which load the atmosphere, or continue closed since last year to evade the tax.

I have mentioned these dépôts of dung in my report, and earnestly beg you will take some notice of their effects. The following facts you may rely upon. The streets are left to be swept by every one who chooses to undertake it; the business being entirely given up by the corporation, is undertaken by some wretched creatures, who have no other means of support. The manure is transported by these poor wretches into the lanes to dépôts, which they *rent* at a heavy sum, and fill up, to be afterwards carried off for agricultural purposes. The situation of the inhabitants of these lanes may be easily conceived, particularly when the manure is collecting, and still worse when it is again turning out, at which time the atmosphere is insupportable. I speak from accurate *data*, when I assure you that, for sixteen years, such places have never been without *typhus*: hence, whenever the other predisposing causes prevail, and more especially the *want of food*, the contagion being always in existence, spreads with rapidity through the city. Power should exist somewhere, to prevent the accumulation of such abominations. It strikes me that the sweepings of the streets, with any emoluments which may accrue from

them, with the exclusive power of farming them out ; of collecting, transporting, selling, or otherwise disposing of the manure, should be vested in the respective corporations, which, under the new act, possess the management of Fever Hospitals. I rather think that the corporation of the city of Cork would not oppose such a measure as to this city. Their own powers in this respect are so ill-defined, that if a *nuisance of the kind* were brought next door to me, I could not get rid of it without a vexatious, and often tedious process of law ; and it has often happened that, after one collection of filth has been removed in this way, a fresh one is immediately commenced in the same spot, equally noxious and destructive. If the corporation of the Fever Hospital possessed the requisite power, this trade would be soon at an end ; their funds would be increased, and one principal source of Fever cut off.

P. S. I find, from extensive enquiry, that the Epidemic is diminished in Mallow, Bandon, Macrump, and generally in all parts of this county."

March 1819. "In addition to my former statements, I send you the following answers to some of your queries :—The Epidemic appears to me to have been derived from contagion always lurking in some quarter of the city, and generally extended by the encrease of the predisposing or concurrent causes. In point of extent, it was probably at its greatest height in June, July, and August 1818 ; but it had been much more violent and fatal in the preceding period, from the spring of 1817. When you consider that our Fever Hospi-

tal alone, which contains 148 or 150 beds, is constantly full at present, and that until now there have been at one time two, and until the present month, one additional hospital, you must be aware, from a comparison with the first table in my report, that it has never been, at any time, reduced to even one-tenth of its former limits. Your fifth quere I can answer only from conjecture, but I do believe, that the reduction is as 1 to 5, that is, there were above five persons ill last July, the era of the *Physician's visit*, for one at present.* Dr. Hallaran, in a part only of one district, which he had an opportunity of comparing, conceives there were 50 in Fever at that time for one at present. Your sixth quere I am not at present prepared to answer, but believe that Fever has attacked at least one half of the poor. I am not yet prepared to answer the 7th quere, except as *respects the Fever Hospital*. The mortality was greater among the rich than the poor, in proportion of at least 4 to 1; it was infinitely greater in their own houses (among the poor) than in the hospital; even in this respect, the difference depended upon the comparative healthiness of situation, comforts, attendance, &c. I knew, by report, one house containing six inmates, all of whom perished before their situation became known; in others, 2 out of 11; in others, 1 out of 5, &c."

April 18th 1819. "The Fever still continues to fill our hospital, as the remote causes still prevail, but it preserves its mildness of character in most instances. I do not know whether the Physicians, who have visited

* An explanation of this allusion will be found in the observations on the progress and management of the Epidemic in Cork.

the provinces, mean to publish. I hope their reports will contain an ample account of the remote, predisposing, and concurrent causes of the disease, and of the remedies, embracing a wide field, much of which would be occupied by political causes of long continuance, easily pointed out, but very difficult of removal.

May 1819. "With respect to the deaths, the difference you allude to has arisen from the calculator having left out of the *consideration* some of the patients, who died in a few minutes after admission: but, in preparing the tables last furnished, these were all included, and the whole number who died before the *first visit* of the Physician, viz. within 24 hours, separately designated. These being added in the last tables, serve to augment the number of deaths. It would be quite unfair, however, to consider a *patient* who died before the *Physician's* visit, as having been subject to his treatment, or properly belonging to the *establishment*; and I should have entirely omitted them, had not Doctor Barker desired that they should be *inserted* and *distinguished* from the others. It is just to conclude, that the greater part of such patients would have recovered, if they had been transferred *in time* to the Fever Hospital. I have the pleasure to inform you, that the Epidemic is greatly on the decline. The number in our *hospital* (now the only one), does not exceed the usual number before the Epidemic; the disease is generally milder, though still infectious. In the course of the past ten days, there were no less than four persons from one house, the father and mother, son and daughter. The Bandon Fever Hospital is closed, and the Physician from Kinsale

informs me that there is very little Fever in that town. There are some of the faculty here, who will scarcely allow that there was, *at any time*, any extraordinary degree of contagious Fever in this city. On this point they consider me a prejudiced witness, though, if so, I am certainly a disinterested one."

July 23d 1819. "Since last I wrote to you, the Epidemic has greatly declined here. Indeed we seem to be reduced to our antient limits as to Fever, while all other diseases seem to have fled the land. The city of Cork is more free from disease than ever I recollect it."

January 1820. "With respect to the *general prevalence* of typhus in this city, I think it less than at any time for six or eight years before the Epidemic. The character of the disease is unaltered, that is to say, some cases are of the low kind, some petechial, and some inflammatory. I understand that the disease still continues in Kinsale, where the small Fever Hospital is constantly full, and some respectable people have been its victims.

I believe you have underrated the probable number of the sick. I entered upon some calculations to determine this point for Dr. Barker, but cannot find the document which *I copied for him*. I have not the smallest doubt, that the *want of employment* was the primary, and most prominent cause of the extreme misery of the poor, and consequently of the *extension of the disease*. In addition to the facts mentioned in p. 21 of my report, I can state

that the barracks continued to be more free from Fever, than at any former period within the recollection of some staff surgeons of eminence, who have been stationed here for several years; instances may be also mentioned of various parts of this county, where the disease prevailed in proportion to the idleness and distress of the inhabitants, and was either prevented or checked by giving them employment."

COMMUNICATIONS
RELATIVE TO THE
STATE OF FEVER
IN THE
PRISONS OF IRELAND,
DURING THE PREVALENCE OF THE
LATE EPIDEMIC.

HAVING, in the course of that correspondence, which furnished the preceding details, received less extensive information than I could have wished respecting the prevalence of Fever in the different Gaols of Ireland during the progress of the Epidemic, I took the liberty of addressing a letter, early in the present year, (1820) to the Physician, or other medical attendant of the several county and city prisons, requesting answers to the annexed queries, and I did so in the hope of being thereby enabled to present my reader with a succinct and accurate view of the origin, progress, and mortality of Fever, in places formerly so notorious for

its generation and propagation. Peculiar circumstances, arising in part from the coincidence of a general election with the time of assize, have prevented the accomplishment of this object to as great an extent as I had expected. Such information however as I received, I submit to my reader, with an expression of my cordial thanks to those gentlemen, who have furnished it, and of my hopes that such gentlemen as may have delayed their answers, will yet hereafter favour me at their leisure with the information I have sought on this interesting and useful enquiry.

QUERIES.

Q. 1st. During the late Epidemic, was Fever at any and for what time more than usually prevalent in the Gaol of _____?

Q. 2d. How many were affected by, and how many died of the disease? What is the average population of the Gaol, and what its powers of accommodation?

Q. 3d. Did the Contagion appear to have originated within the Gaol, or was it evidently introduced from without?

Q. 4th. What means were found most efficient in subduing the Contagion?

Q. 5th. Should the Fever not have prevailed in the prison during the period above mentioned, what were the means employed in guarding against the introduction of Contagion?

Q. 6th. What is the present state of Fever in your town and neighbourhood?

Dr. Richard Maguire, Cork, April 1820.

“ IN reply to your enquiries, I regret that a press of public and private business during our election and assizes, obliges me to confine myself to a few general observations, which, under other circumstances, I should be happy to have made more minute and satisfactory.

Cases of Fever in the Gaol of the county of Cork, for three years, from August 1816 to July 1819.

From August 1816 to March 1817,	9	No death.
— March 1817 to July 1817,	14	No death.
— July 1817 to March 1818,	23	One died.
— March 1818 to July 1818,	20	No death.
— July 1818 to March 1819,	30	No death.
— March 1819 to July 1819,	8	No death.
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The number of prisoners, confined for various periods in this Gaol in the year 1818, was 1145, and the average number of its population may be from 300 to 350, or somewhat more. The contagion, in very few instances, appeared to have originated in the Gaol, owing to the extreme degree of cleanliness in which it is invariably kept, and the attention to proper ventilation, and the goodness of the food provided for the prisoners. In almost all cases, the contagion could be traced to external sources, and in several, the prisoners were sent in under its influence. Its spreading, however, was effectually prevented by separation, steeping the body clothes of suspected subjects in water, impregnated with oxymuriatic or chlorine gas, subsequently washing and stoving them in an oven, heated to about 220° ; or where the clothes were not worth this expense or trouble, burning them: fumigation also with the same gas was occasionally resorted to.

Since the last stated period (July 1819) the Fever has almost entirely disappeared in the Gaols, as well as in the city and neighbourhood.

As to the Gaol of the city of Cork, the greatest apprehensions were entertained during the prevalence of contagion, from its inadequacy in almost every respect for the proper accommodation and separation of the number of prisoners generally its inmates; the average number of which may be from 150 to 200. In 1818, 617 had been in confinement. Yet, most unexpectedly, and providentially, the cases of typhus did not bear a much greater proportion to the number of prisoners than in the county Gaol, and but one case of fatal result from Fever occurred within the same period of its prevalence,

previously to which instance, no prisoner had died within its walls for four years."

Dr. M. O'Brien, Ennis, March 1820.

"THERE has been more or less Fever in this Gaol during the late Epidemic, and to an unusual extent, because on referring back for nearly one year, from the 8th of June 1817, very few cases occurred; from this time, up to the 26th of September 1818, scarcely had a month elapsed (with the exception of the month of December 1817,) without, from time to time, giving evidence that the Epidemic made its way into this Gaol, notwithstanding the most diligent precautions taken to obviate its introduction.

During the above period, it appears that forty-six cases of active Fever have been on record: out of this number, three terminated fatally. *More than double* the number of those mentioned, as labouring under active Fever, manifested incipient symptoms, and had it not been for the active preventive means constantly had recourse to, there is every reason to apprehend that the disease would have been ultimately established in each individual of them. The average population of the Gaol cannot well be ascertained; it varies considerably; the accumulation of prisoners, from one gaol delivery to the subsequent assizes, always becoming greater; but it may be pretty accurately averaged about 200, a little before, or immediately after each assizes. In the interval

between each assizes, the accommodations are reasonable, because the numbers become comparatively few, but as they accumulate towards this term, they become extremely inconvenient; the sleeping cells being only 84, are considerably disproportioned to the demand, and it frequently happens, from this cause, that prisoners are often obliged to sleep three in each bed, and sometimes four.

During the prevalence of the Epidemic, it appears that there was a great influx of prisoners from various parts of the country into the Gaol, not a few of whom were actually committed while labouring under the incipient symptoms of Fever, two cases I remember well, in its advanced stage; besides this, the constant intercourse between the confined and their friends at this period considerably contributed to its introduction; it was therefore evidently caused from without, because every precaution that could be devised (under the apprehension of its getting into the prison) was rigorously put into practice.

The means employed at the time were, 1st, the removal of the sick from the sound, on the first discovery of symptoms, to a return attached to the prison, and apart from the main building, but communicating by a long passage, with a door at either end; this could not have been obtained, had I not urged to the sheriff the expediency of removing immediately the females confined here, to the new Gaol then in progress of building; with this request he complied; I had by this arrangement three rooms at my disposal, in which the sick were well accommodated. At this period I gave strict orders

to preclude the possibility of any intercourse between the prisoners and the town, as well as their friends. The halls and rooms instead of being washed out once a week, as was usual, I caused to be washed every morning, the prisoners to be kept in the yards as long as possible during the day, their beds to be turned out, as also bed covering, every day into the yards for ventilation, the interior of the prison to be frequently whitewashed, the window sashes to be put out of the prison, that they should not be used to exclude ventilation, and those confined kept as clean as possible.

Hitherto, particularly during the last summer and autumn, Fever has undergone a considerable modification and is still very mild, but it has been of late rather on the increase, yet without being marked with any degree of malignity.

By far the greater number of the Fever cases in the jail on the first appearance of the Epidemic, and for a month after, assumed that character of disease, denominated Pneumonia Typhodes, but it was not so combined during its progress afterwards."

*Sir Thomas Moriarty, M. D. Roscommon,
March 31st 1820.*

"THE Epidemic Fever did not at any period make its appearance within our gaol, though its population

for the last five years did not, during any part of that time, vary much from two hundred persons, and at the same time our accommodation was so limited as to render it necessary for four to lie in each bed ; our exemption I attribute to the early and energetic precautions that were used to prevent all communications from without ; no person was allowed access to the prisoners but by my written order, and to obtain that the certificate of a clergyman or some gentleman of respectability, stating that the townland of the applicant was free from Fever, became indispensably necessary.

The prison was whitewashed more frequently than usual, and as much cleanliness and ventilation as the nature of an ill constructed place of confinement would admit of, were punctually observed ; before this system was adhered to, I never knew the gaol free from some cases of Typhus for an entire year ; for this reason when the new gaol became occupied, the same precautionary plan was persevered in with some occasional relaxation, and the result has since been equally fortunate. The present establishment has many advantages over the former ; it is built on a more elevated site, more detached from the town, has superior powers of accommodation for nearly one hundred individuals in distinct beds, is separated into eight divisions, with yards to each ; a classification is observed, the prisoners are inspected shortly after admission, with a view of curing any cutaneous disease that may be communicable, or of immersing them in warm baths for cleanliness. This practice gives an early notice, should the least suspicion of Fever attach to any one on being committed, and there is an hospital detached from the

gaol, to which all patients are sent during the pleasure of the physician ; all these circumstances will account for the exemption of the new prison from contagious Fevers.

Typhus Fever has not been any season for several years less observable than this ; there are at present strong causes in operation which are antagonists to the influence of contagious disease, I mean plentiful and reasonable markets, and less pecuniary embarrassment than at the period of the Epidemic."

Dr. Roe, Cavan, April 1820.

" I SEND you as correct answers to your queries as is in my power, and I feel the greater pleasure in doing so because they in some measure contradict the evidence given by the Rev. F. Archer on his examination before the House of Commons in May 1819 : on which occasion he stated ' that the prison was an unhealthy one ;' ' that it was one of the few gaols in which Fever was fatal ;' and ' that the contagion was brought into the gaol by a woman who came to see her husband, that was to be hanged in a week, she brought it in with her, gave it to him, and from him it spread through the prison :' all of these statements are without foundation, and I have now the pleasure of stating that the gaol of Cavan has been perfectly free from contagious Fever for the last eighteen months, and also that a large, conve-

nient, and comfortable hospital is now almost ready for the reception of 20 males and 12 females.

Mr. Archer's last visit to this prison was so short, and his departure so unexpected, I had not an opportunity of mentioning the subject to him.

I have also to add that, by the exertions of the local Inspector, Rev. George Spaight, and the weekly committee, of which the Lord Bishop of Kilmore is the principal director, several highly useful improvements have been made at a very small expense, viz. the complete separation of one class of prisoners from another, particularly males from females, and with the additional advantage of making the day rooms or kitchens better lighted, more effectually ventilated, and of course more healthy.

Fever appeared in the gaol of Cavan so early as the month of December 1816, and before it appeared in the town or neighbourhood with any severity: it continued during the year 1817 and part of 1818, and in the months March, April, and May the greatest number were affected by it.

From its commencement to the summer assizes of 1817, 49 persons were affected by it, not one of which number died. From the summer assizes of 1817, till the lent assizes in 1818, there were 33 cases affected with Fever; of these 25 were discharged cured, five died, and three remained in Hospital. Of the five who died, one was received into the gaol ill of Fever, with which he had been afflicted for some time; a

second was an old man who had been a very intemperate liver; a third concealed his disease for several days, and lived only a few days after being sent to the lodge (our then temporary Fever Hospital); the other two died during my own confinement by Fever, which I contracted in the gaol in December 1817. Such was my report to the High Sheriff, by order of the Judges who came this circuit in March 1818. A very few cases only have since appeared, and without any appearance of contagion, so that I may say not more than 88 were affected with Fever, of whom five died. This, I think, you will consider a small number, considering the want of proper hospital accommodation, the patients being obliged to occupy small rooms in cells, capable of holding only two persons; as also, the want of well trained or intelligent nurse-tenders.

The average population of the gaol is very variable; the number has exceeded 200; I have known it so low as 64. It was intended to accommodate about 76. The contagion evidently arose within the gaol, owing to the excessively crowded and of course ill-ventilated state of the debtors' rooms, particularly at night. Few of the felons were affected; the woman whom Mr. Archer represented as bringing the Fever to the gaol, did not come into it for nearly three months after its first appearance; she attended her husband when ill of Fever, from whom she contracted it herself.

Cleanliness of person and of the apartments, ventilation, burning of tar, and, as far as was practicable, the separation of the sick from the healthy, were the means most efficient in subduing the contagion. The above

means, with the almost total prohibition of visitors and friends, were the means adopted to guard against the introduction of the contagion.

At present this town and neighbourhood are almost perfectly free from contagious Fever; a few occasional cases occur, and for the last two months I have remarked these accompanied with severe pulmonary affection, requiring the use of the lancet and blisters: severe catarrh is also now prevalent here."

Dr. John Moore, Longford, March 1820.

"THE Fever which pervaded nearly the whole of this kingdom prevailed in this county chiefly in the year 1818, though it was introduced much earlier. In the beginning of 1819 the contagion was imported into our county gaol, and continued to spread among the prisoners until April, when it began to subside. The total number of persons affected by it amounted to eighteen: one only died. In this case there was a concomitant organic affection of the lungs.

The dissemination of the contagion was owing to the crowded state of the prison, and the difficulty of separating the sick, in consequence of the want of an infirmary in the prison. The infection was at length got under by accomplishing a separation, for which the community of this county at least are indebted to the benevolent exertions of our late High Sheriff, Mr.

Edgeworth. The powers of accommodation in the prison would limit the number to eighty, but there have been two hundred confined at one time in it.

Fortunately, this country is at present nearly free from the effects of contagion: some cases of Fever do occur, but I do not consider them the effect of infection. I have only further to remark that the fever which raged in general partook of a two-fold nature. The commencement of the cases I saw displayed strong marks of inflammatory action, which was succeeded more or less by debility: the local abstraction of blood, mercurial and saline medicines formed the customary modes of treatment, and succeeded best."

Dr. Rickard O'Connell, Tralee, April 1820.

"THE old gaol of Tralee was situated in the centre of the town; the contagion appeared there in the latter end of June 1817, and spread in the course of a few days to an alarming extent, both in the gaol and town. In the months of July and August the number of patients increased considerably. In the third week of the Epidemic Fever there were 25 infected, of whom 2 died. The population of the gaol at that time was 160, and there was not proper accommodation for more than 80: the sick used to lie on beds of straw, three and four in each at a time. There were but two rooms on a ground floor, badly ventilated, with four straw beds in each.

The contagion was evidently introduced from without, by fellows from a remote part of the country, who were lately recovered from Fever, and relapsed after being a few days in gaol, having the clothes on them which they had when infected with the Fever. About the end of July and beginning of August, the prisoners were removed to the new gaol, and the sick were left in the old gaol, but had got better apartments.

The Fever soon broke out in the new gaol, and continued until November 1818, during which period there was generally a succession of patients, in all from 50 to 60, of whom five died. Since November 1818, there were but few cases of Fever, and they were of a mild kind. At present the gaol is free from Fever, and there are very few cases in the town or neighbourhood. The accommodation of the new gaol is as follows; forty cells for male prisoners, with one bed and two persons to sleep in each; for females, six apartments in the Marshalsea, generally four in each apartment. Eight apartments for state debtors, two in each; above them are the keeping cells, with good halls and yards for each class; an hospital detached from the gaol, with five rooms, two of which are appropriated to the sick, with accommodation for from 8 to 10 patients. There are no gaol dresses allowed."

Dr. Maginness, Londonderry, April 1820.

"IN reply to your queries I have to state that Fever prevailed in the gaol of Derry for many months

during the late Epidemic: between 40 and 50 were infected; 3 died (old people); the gaol contains near 200 hundred; the sick are separated from the healthy.

Its mode of introduction could not be clearly ascertained, for it prevailed in the city and gaol at the same time. The introduction of contagion could not have been easily prevented, as a number of the debtors had Fever, and they are seldom refused the liberty of seeing their friends whenever they please to visit them."

Dr. Nixon, Enniskillen, April 1820.

"FEVER was prevalent in the gaol of Enniskillen in August, September, October, and November 1817, chiefly in September and October. Eighty were infected; one died. The average population of the gaol is 80; it will accommodate 150.

The contagion was evidently introduced from without. Every room, from which a patient was sent to hospital, was fumigated, whitewashed, and the bed and bedding washed. I have not had a single case of Fever in the gaol since, though there are still some cases of Fever here; very few die."

Dr. Veitch, Galway April 1820.

“THERE have been more cases of Fever in the county gaol of Galway during the last two years than for the three former years : for the last two we have had only 15 cases of Fever of typhoid type ; none of these died : the average population has been 130, with sufficient accommodation.

The Fever was evidently introduced from without by prisoners, who were either convalescent from Fever, or had been inmates with those labouring under it at the time they were removed to our prison.

Particular attention is paid to ventilation and cleanliness, and immediate removal of the sick to hospital on any symptom of disease occurring. We have very few cases of Fever in our town : none in the gaol at present, although we have 220 prisoners.”

J. R. Phillips, Esq. Clonmell, March 1820.

“IN the latter end of December 1817, and in January 1818, some cases of Fever occurred in our gaol. Nine were infected with Fever, two of whom died ; their constitutions were much impaired before committal, and from the first appearance of the disease, it was evident what the result would be.

The annual amount of prisoners committed to our gaol is usually about eight hundred persons : annexed I

give you a statement of the numbers committed to our gaol since Mr. Peel's Act of August 1810 to the present period, also the deaths that occurred, with a sketch of the gaol, and the accommodation it could afford.*

The contagion did not appear to have originated in the gaol, it being evidently introduced from without. The Fever was prevalent in the town of Clonmell during the spring and summer of 1818; we were free from it in the gaol of Clonmell, with the exception of the above mentioned cases in December 1817 and January 1818.

The number of Fever cases in this town at present is inconsiderable, there not being more than eleven patients now in the House of Recovery. I beg leave to observe that Fever was not so prevalent among those who had regular diet, clothing, and the comfortable necessities of life; having had the attendance of the Brigade of Artillery at this station since the year 1815, I have had but one death, and that a case of Fever, contracted by lying out of barrack in a house in which contagion was prevalent."

* There were committed from August 1810 to March 1820, 7016. The deaths during that interval were 21; viz.; by Asthma, 2; Consumption, 5; Diarrhæa, 1; Dysentery, 4; Fever, 5; Hæpatitis, 1; Pleurisy, 1.—The other two deaths were from debility and extreme old age: one patient being eighty-four years of age, the other ninety-one.

Dr. Edward Barlow, Mullingar, April 1820,

STATES that "the non-appearance of an Epidemic in the county gaol, and its limited prevalence in this neighbourhood at any time, afforded him but little opportunity of observing its character. He believes he may attribute this freedom from disease of every kind to a system of cleanliness, ventilation, and frequent whitewashing, rigidly observed in our prison, which though constantly filled, has nevertheless remained free from contagion."

H. Clifford, Esq. Trim, April 1820.

"NO case of Fever would appear to have occurred in the gaol during the late Epidemic. The average population of the gaol is 70; its power of accommodation 100, allowing two to a bed.

The means of prevention were constant whitewashing, great attention to cleanliness in every particular; no visitors allowed into the gaol, unless furnished with a certificate from a medical man, stating that there was no Fever in the neighbourhood from which the visiter came.

There is no Fever at present in this town or neighbourhood. I regret that I am not able to give more satisfactory answers to your queries; my appointment to the Gaol of Trim having taken place within the last year."

Surgeon Jacob, Maryborough, April 1820,

STATES that, "from 22d of May to end of June 1818, Fever was more than usually prevalent in the gaol: of the prisoners 14 were infected, none died; average population 60; powers of accommodation 76, though often more heavily crowded.

It was evidently from without that infection was introduced; it did not originate within the gaol; extreme cleanliness, whitewashing, and portable fires carried through the cells, corridors, halls, and yards, were the means employed to subdue the contagion.

We have no Fever at present to complain of in our town or immediate neighbourhood."

In a letter, dated *April 1818*, Mr. Jacob mentions that he has resided there about twelve years, and never found fewer cases of Fever in that town and neighbourhood than at that period: there being but three ill of Fever in the town, two of them mendicants that forced their way into an uninhabited house; the third a young lady, exposed to the infection through humanity."

Surgeon Noble, Dundalk, April 1820,

STATES that "only one case of Epidemic Fever occurred during the year 1817 in the Dundalk gaol, that of a man afterwards executed for the burning of Lynch's

family at Wild Goose Lodge: no death of course from Fever. I find there were upwards of 100 prisoners confined in the old gaol in the year 1817; at present 60 in the prison which has lately been built, capable of containing two hundred.

No contagion appeared to have existed. Immediately on any prisoner complaining of head-ache, &c. I ordered that he should be reported to me, and removed from the other prisoners.

Not more than the ordinary cases of Fever at present exist, although formerly I had on an average 30 a-day to visit."

Dr. Bracken, Waterford, March 1820.

"ON receipt of your letter I handed it to the newly appointed apothecary of both city and county gaol, but I have had no official reply, so I called at the gaol myself, and I believe no information more satisfactory can be procured than that I now transmit to you.

Six or eight cases of Fever occurred in the city gaol, in 1818 and 1819, all of whom, with one exception, were sent to the Fever Hospital: very few in the county gaol, perhaps six within the same period. None died in the city; 1 only in the county gaol; population

from 50 to 60 in the city gaol, beyond which it has no accommodation : about 50 in the county gaol, which can accommodate 150. The disease was introduced from without in both establishments.

I think Fever is now down to the usual level in this Country."

Drs. Fairtlough, Drogheda, April 1820.

"WE were fortunate enough during the prevalence of the late Epidemic to escape the contagion in the gaol, though no particular precautions were taken to avoid it, except the usual attention to cleanliness and ventilation. The average population is about 20, and the gaol, though lately built, contains only five cells for male and five for female prisoners; and in each cell for males are generally three inmates, though there is only room for one bed."

Dr. Reed, Carlow, March 1820.

"THE late Epidemic never found its way into the gaol of this town: the only measures resorted to for prevention were cleanliness, ventilation, and frequent change of straw for the beds; the gaol was very small and inconvenient at that time, containing only 21 cells

of $6\frac{1}{2}$ by 8 feet, for between 80 to 100 prisoners, but it has been enlarged in the last year with 18 additional rooms and a kitchen.

I am also happy at being able to say that I never have seen less Fever in the town and neighbourhood among the poor than at present, and what I did see has been very mild indeed. I have not heard of a single death from Fever for some months."

I SHALL now bring together the few facts contained in the reports of the Inspecting Physicians relative to the prevalence of Fever in the gaols of Ireland: these statements the reader may then compare with such of the foregoing communications as relate to the same place. With respect to Cork, Dr. Barker states that at the time of his inspection few or no cases of Fever existed in several of the public establishments: "in the gaol five cases of Fever had not occurred from the commencement of 1817 to August 1818: this was attributed, and apparently with good reason, to the practice adopted, on the admission of prisoners, of washing and cleansing their persons, substituting a clean gaol dress for their own clothes," &c. &c. "Two prisoners had died of dysentery, but none of Fever. The practice of supplying gaol dresses has been discontinued, and some prisoners have sickened with Fever, and a few patients of this kind were in hospital at the time of my

visit." Compare this statement with Mr. Maguire's letter, p. 245.

"Fever," says Dr. Crampton, "has not shewn itself in the gaol of Galway," and "in Ennis the same exemptions occurred as in Galway. The military, *the prisoners in the gaol*, and the better orders all escaped." Compare this statement with letters, p. 247 and 260.

"In Roscommon," he adds, "there was more energy (than in Athlone): the magistrate, attended by the physician and the priests, went through the town, and admonished the people not to harbour the mendicants, nor to have any intercourse with them. Constables were stationed to keep them out of the town. The gaol was kept free from Fever by a strict system of separation: no visitors were allowed, unless inspected by the Physician." See Sir Thomas Moriarty's letter, p. 249.

"In Mayo the same exceptions occurred as in Galway and Roscommon: the better classes, the military, and the prisoners in the gaols escaped Fever: they were supposed to derive their immunity from having enjoyed the comforts of better food, better clothing, and abundance of fuel." "The gaols of Sligo and Carrick, though unusually crowded, were kept free from Fever by separation and attention to diet, ventilation and cleanliness."*

With respect to Longford gaol, it would appear from a passage, p. 75 in Dr. Cheyne's report of the Inspec-

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* Dr. Coyne, in a letter dated 4th August 1819, informs me that no Fever existed in the gaol of Sligo until after Dr. Crampton's visit there, and even since there were but three or four very mild cases, as he was given to understand by the attending apothecary.

tion of Leinster that at the time of his visit some few mild cases of the disease then existed, but it is not mentioned whether Fever had previously prevailed or not. There is no other gaol of which Dr. Cleyne has made mention in his report, though the Epidemic prevailed very extensively in several of the Leinster prisons, and particularly in those of Dublin, as we shall see hereafter.

In p. 174 of this Appendix will be found some mention of the prevalence of Fever in the gaol of Lifford, and in p. 176, a short account is given of its ravages in that of Monaghan. As Dr. M'Adam has, since the writing of that account, published a "short history of the Epidemic Fever, as it appeared in the county Monaghan," in which work also he maintains that the disease originated in, and spread from the gaol to the town, I shall make a few extracts from his essay, in illustration of the following observations from Dr. Clarke, the inspecting Physician of Ulster, on that subject. "About May 1817," he says, "an increase of Fever cases was first observed to such a degree as to excite alarm throughout the county. In the preceding December, several cases of Fever occurred in the gaol of Monaghan, and it is the opinion of some that from that source it took its origin. How far the facts will bear them out in this opinion, I am not prepared to say; I believe there is no doubt that the Fever which prevailed at that time in the gaol was conveyed to one or two families in the neighbourhood, who had some intercourse with its inmates; but it does not appear to have assumed the character of an Epidemic until the period above mentioned, nor did its symptoms differ materially from the Fevers of the adjoining counties."

Dr. M'Adams's statement on the other hand is to this effect, that the "wet winter and summer of 1816 having sadly damaged provisions, the peace having deranged commerce and lowered the value of the produce of land, the insolvency of debtors and the revenue laws crowded the prisons. The old gaol of Monaghan being condemned, the county had contracted for building a new one: while the work was going on, the old one was falling into decay. Men accustomed to open air, strong exercise and copious perspiration, at once cut off from the use of their limbs and pent up in a crowded prison, contaminated the air, sooner even than the weak and feeble."

"In the month of November and December 1816, perhaps sooner, the Fever appeared in the gaol. At that time the prisoners confined for debt had their provisions supplied by the county, and no observations being made that the disease was contagious, their friends were allowed access to them. These people were also allowed to carry home the provisions which the prisoners, when taken ill, could not use. By these means the Fever got into the town in several cases that might be quoted.—For some time, however, the symptoms appeared mild and very few died." "In the months of January, February and March of 1817, the Fever prevailed, became very contagious and fatal in the prison. In the months of April and May following it raged terribly. At this time the principal part of the gaol calendar was either cut off or confined by it. To be committed to prison on a decree for debt, was now little short of a death warrant. Still an incautious intercourse was continued between the gaol, town, and country. Provisions getting daily dearer, the

dealers bought up the bread and oatmeal, which the sick prisoners could not consume : nor (though privately remonstrated against) was this traffic prohibited at any period."

"In July mendicity multiplied the contagion. The soup kitchen supplied the wants of the beggars three days in the week ; to eke out this, so as to preserve their existence, they begged the remaining days ; with the alms they bought oatmeal in small quantities from the huxters, who carried on, without interruption, the above mentioned dangerous traffic with the gaol. This operating like cause and effect, they were instantly seized with the complaint. The disease was not so mortal among the lower orders at first. The mendicants, after they were taken ill, crawled for some time around the shops, and made a plea of their sickness as well as of their poverty to extort alms. In consequence, many of the shop-keepers were swept off ; and in the first onset of its mortality, a greater proportion of the opulent than of the miserably poor suffered ; though afterwards when they were alarmed to take proper precautions, that order was inverted."

The only additional fact I have been able to collect respecting the prevalence of contagion in the gaols of Ireland is one mentioned in the evidence given by the Rev. F. Archer, before the Gaol Committee of the House of Commons in 1819. It is stated that 22 persons died in the dépôt at Cork, between June 1818 and February 1819 : that they died principally of dysentery, and that the disease was considered infectious : but it is not stated how many had been ill, or whether the disease was there combined with Fever, as it was elsewhere. I have in vain sought more particular information on the subject.

HAVING now communicated the whole of the information I received, or found in official documents, respecting the prevalence of Fever in the prisons of Ireland, I propose to bring this subject, as well as the Appendix to a conclusion, by giving a short sketch of the state of Fever in the gaols of the city of Dublin, during the three years of epidemic influence. As Physician to these gaols during a period of eight years, I have had abundant opportunities of comparing their past with their present healthiness, of watching the rise and progress of contagion within their walls, and of ascertaining the circumstances, under which that agent is likely to become more than usually active.

These prisons admit of easy and short description : they are insecure, incommodious, utterly inadequate to the proper accommodation of their ordinary population, and consequently unhealthy. Newgate, the criminal prison, generally contains above 300 inmates, though without sufficient accommodation for more than half of that number, and without *proper* accommodation for a third. In this prison there can scarcely be said to exist any classification, inasmuch as all the male prisoners, young and old, committed whether for murder, robbery, theft, assault, or the most trivial breaches of the peace, are intermixed previously to trial, though after trial the convicts under sentence of transportation are kept separate. The female prisoners have still worse accommodation, as they are confined together without distinction of age, rank, or crime, both before and after trial, nor is there, from the structure and extent of the prison, a possibility of establishing any useful classification among them : yet this prison is suffered to exist in

the second city of the empire, and there prevails a natural and just reluctance on the part of the grand jury to assess the impoverished inhabitants of the metropolis of Ireland in the sum necessary for the erection of a new and suitable building.* The cells for sleeping are 58 in number, 12 feet by 8, and 9 feet high, and are calculated to accommodate three prisoners at the utmost: the doors are of grated iron, so that there is free admission for air, but unfortunately the means of discharging it are very inadequate, consisting of a very small aperture in the wall: during the summer months this space is very insufficient for the exit of foul air, and during winter the cold is so great that the doors are covered by mats, and the prisoners themselves generally close the chink with straw, so that there can scarcely be any ventilation. In what state then must

* For an excellent account of the prison of Newgate, of its defects, and of the best means of remedying them, see an able and well-written letter addressed by Alderman Warner to the Chief Secretary for Ireland, and printed by order of the House of Commons on the 30th March 1819. This letter, clear and forcible in its details, had no small influence in preventing the erection of a new prison, the necessity and advantages of which appear, to my judgment at least, so very obvious that not "the will, but the poverty" alone, of the city can assent to the propriety of postponing the measure to better times. The table of health, which follows, gives the annual committals to Newgate for the last eight years, and discloses the melancholy fact of the great encrease of crime in Dublin. Before the peace of 1814, the annual committals fell short of 1000, whereas for the last three years they have nearly averaged at 2000. The obvious cause of this encrease in the committals is to be found in the deficient employment of the people, aggravated by two successive years of unparalleled scarcity and distress, and also in the active vigilance of a more efficient city police. How long the first and great cause, itself depending on so many considerations, and so productive of disease, as well physical as moral, is to continue in operation, few politicians will now venture to pronounce.

the air of those cells be, when 7, 8, or 9 persons are crammed together into a space, not calculated for more than three, as is frequently the case whenever any delay occurs in transporting the convicts. Consequences, such as may readily be anticipated, have followed; Fever may indeed be deemed the endemial disease of the prison, being seldom absent from it for any length of time: except during the late Epidemic season, it was almost always to be traced to the over-crowded cells.* The yards for exercise are altogether too small for such a purpose; in winter they are excessively cold, and in summer are in the opposite extreme, and were it not for the strict cleanliness enforced by the Inspector in every apartment of this prison, it would not be easy to fix the limits to disease.

The City Marshalsea has tolerable space for exercise, but is extremely deficient in the lodging accommodation for its wretched inmates, varying in number from 60 to 120, and generally averaging about 80, nine-tenths of whom are imprisoned for debts less than 40s. The hall appropriated to these pauper

* This fact is deserving of particular notice, as illustrating the nature and origin of contagion. Circumstances subsequently detailed have proved, to my satisfaction at least, that Fever of an infectious character may be *spontaneously* generated, whenever the concurrent causes meet in combination. It is not a little remarkable that Fever, previously to 1818, prevailed chiefly among the convicts, who from their very limited accommodation were liable to be over-crowded, and who were but little exposed to the casual introduction of contagion. The reverse was the case with the other classes of prisoners, so that whenever Fever appeared among them, it was in general readily traced to contagion imported, as on the first introduction of the Epidemic into the gaol. These positions will, I trust, be found not unsupported by the subsequent tables and statements.

prisoners, and occupied by them during the night as well as day, is not more than 30 feet by 15, and generally contains from 30 to 50 persons. From the wretched state of this apartment, and the filth and poverty of all its occupants, it is astonishing that so few of them are affected by Fever, a circumstance which I can explain in this way only, that the current of prisoners is very rapid, few of these paupers remaining in confinement more than three or five weeks, in consequence of legislative regulations for the discharge of small debts. The annual committals to this prison have varied from 500 to 1200 within the last eight years.

The Sheriff's prison is, in many respects a more filthy and noxious prison than either of the former; it consists of 25 lodging apartments, each about twelve feet square, containing generally from three to ten inmates!! These apartments have to my knowledge (with some few exceptions) been always over-crowded since the passing of the late insolvent act, because debtors do not now, as formerly, fly from arrest, but often cheerfully and voluntarily seek imprisonment. The underground story, always the most crowded, because devoted to the pauper prisoners, affords most disgusting accommodation, being dark, damp, and filthy; to be known in its true character, it must be visited. In this prison there is but little space for exercise: the females cannot possibly enjoy its benefits, unless they mix with the male prisoners. The discipline of this prison is worse than can easily be conceived: few can inhabit it long without suffering in health and in morals. Spirituous liquors are notoriously sold in many apartments, contrary to law; dissipation and riot prevail during the night in

a place where, after twelve o'clock at least, a sound ought scarcely to be heard. Other glaring and monstrous abuses exist in this prison, such as loudly call for reform, and render it a disgrace and nuisance to the city of Dublin.* The annual committals to this prison vary from 700 to 900: its population averages at from 100 to 120.

Within this last year a new and extensive Bridewell has been opened in lieu of a ruinous old house in James-street, formerly appropriated to that object, and which furnished very bad accommodation to about 90 females. This latter prison had no medical hospital whatever, so that when sickness occurred, (as it did not unfrequently) those ill of Fever were regularly removed to the hospitals of the House of Industry. The new Bridewell, though it has cost the city of Dublin above £50,000, is by no means as commodious or well contrived a prison as it ought to be, and will require a further and a large expenditure of money to render it at all suitable to its purposes. This is the building alluded to in Mr. Gregory's letter, p. 38 of Appendix. As we shall see hereafter, it has been by no means a healthy prison, yet I am happy to add

* The many abuses which prevail in this prison, and which render it so noxious to the health and morals not only of its inmates, but ultimately of the community at large, are not easily controlled or counteracted through the checks established by law: these abuses originate in the very nature and constitution of the prison, and must prevail, more or less, until that constitution be altered. Hence it is that the Inspector and still higher authorities have as yet vainly laboured to reform this prison, a prison, in my judgment, little less iniquitous than those infamous "spunging-houses," to abolish which it was itself established.

that since its inmates have been in part furnished with employment, sickness has obviously decreased.

I will now give from my official report book* such a general view of the state of health in these prisons, previously to and after the access of the late Epidemic, as may enable the reader to form a more correct judgment of its influence. For this purpose, and to convey the most distinct idea of the relative and positive healthiness of the four prisons under my charge, I have framed two tables, one of which exhibits the general mortality in each prison during a space of eight years, and also the different diseases, terminating fatally: the other table gives the weekly average of sick in all the prisons, the annual amount of committals and of deaths in each; and also a statement of such particular events in the history of the prisons, as might contribute to the generation or aggravation of disease.

* This book has been kept since the time of my appointment in conformity with the directions contained in the following clause of the prison act—"And the Physician and Surgeon shall once in every week make a regular return of the state of health of the several persons under their care respectively, and shall distinctly specify therein the names of the several persons sick in said prisons, and their diseases respectively."

TABLE of fatal cases in the several Prisons of Dublin
during a period of eight years.

<i>Died by,</i>	<i>Newgate.</i>	<i>City Mar- shalsea.</i>	<i>Sheriff's Prison.</i>	<i>Bridewell.</i>	<i>Total.</i>
Fever - - -	2 f. 7	2	1	...	10
Inflam ⁿ . of Lungs -	2	...	...	...	2
———— Bowels -	1	...	...	...	1
———— Stomach after Fever	...	...	2	...	2
———— Lungs, Heart and Bowels	1	...	...	...	1
Peripneum ^a . notha -	1	1	1	...	3
Inflam ⁿ . and suppur ⁿ . of Liver - - -	f. 1	...	...	...	1
Dysentery - - -	1	...	...	...	1
Epilepsy - - -	...	...	1	...	1
Apoplexy - - -	1	...	2 f.	1	4
Dropsy (general) -	f. 1	0	2	...	3
———— of Chest -	f. 1	2	1	...	4
Consumption - -	f. 1	3	2	...	6
Extrême old age -	2	...	2	...	4
Cancer Uteri - -	f. 1	...	...	...	1
Aneurism of Aorta -	1	...	...	...	1
Disease of Heart -	...	...	1	...	1
Accretions of abdomi- nal viscera -	1	1	...	...	2
	23	9	15	1	48

* The letter f. indicates the female sex.

Tabular view of the State of Health of the several Prisons in Dublin, for eight years.

<i>Years, and weekly average of Sick.</i>	<i>Newgate.</i>	<i>City Marshalsea.</i>	<i>Sheriff's Prison.</i>	<i>Bridewell.</i>	<i>Total Deaths.</i>
1812	20 But little sickness of any kind: very few cases of Fever: annual amount of committals about 800. No death.	Very few sick: one death from consumption. Committals, 723.	Very few sick, yet two deaths: one by dropsy, and one by inflammation of stomach after Fever. Committals, 723.	Many cases of Fever, removed to House of Industry: the prison crowded, close, and ill-ventilated.	3
1813	25 Several cases of Fever in the last six months from the increasing number of male convicts from inflammation and suppuration of the liver in a female far advanced in pregnancy: one from cancer of the womb and general dropsy: the third was that of a very old man without any obvious disease. No. of committals 947.	Very little sickness: no deaths. Committals, 617.	Very little sickness: one death from extreme old age. Committals, 905.	Fever continued to prevail so much that all the monthly prisoners were discharged, to permit the proper cleansing of the prison. One death from apoplexy in an ascitic subject.	5
1814	28 Fever appeared among the female prisoners, previously to transportation. Only one death from extreme old age. No. of committals 999.	As in preceding year. Committals, 513.	As in preceding year. One death from extreme old age. Committals, 983.	Fever occasionally appeared this year, but not to the same extent as formerly.	2
1815	33 No. of committals, 1354. General sickness much increased: Fever so prevalent from crowded state of the gaol as to require removal first of the male and afterwards of the female convicts to county gaol: Fever then subsided. 4 deaths: two by fever: one by general dropsy, and the fourth by inflammation of lungs, heart, and bowels.	Some few cases of Fever: no death. Committals, 690.	No. of sick increasing: three deaths; one by apoplexy: one by peripneumonia nothia: and one by disease of heart, terminated by inflammation of the bowels. Committals, 505.	Some cases of Fever: much decreased in number.	7

1816	40	No. of Commitments, 1439. Much Fever, (particularly among females,) and general sickness: again calling for a removal of convicts to county gaol. 4 deaths; 2 by inflammation of lungs; 1 by peripneumonia notha: the fourth died apoplectic in Fever.	Several cases of Fever at one time: 3 deaths: 1 by peripneumonia notha; 1 by hydrothorax, and 1 by a diseased state of heart and lungs. Commitments, 1153.	Much general sickness: prison much crowded. 5 deaths: 1 by apoplexy; 1 by epilepsy; 2 by consumption, and 1 by hydrothorax and diseased heart. Commitments 915.	No sickness of any moment: No death.	12
1817	50	Number of Commitments, 2001. General sickness considerable in this as in last year, from wetness and coldness of the seasons: several slight cases of Fever in November. 2 deaths: one by enteritis on the 3d attack, and 1 by Fever.	But little general sickness: some cases of Fever: one death by consumption. Commitments, 1238.	Prison comparatively healthy: one death by Typhus on 4th day, Commitments, 867.	Some few cases of Fever: no death.	4
1818	55	Number of Commitments, 1991. Fever prevailed extensively among the male prisoners in March, April, and May, so that convicts were a third time removed to county gaol, where Fever also became very prevalent: about 160 cases of Fever in both prisons during these three months. In autumn and winter females were affected, making together near 500 cases of Fever in one year. Deaths, 5: 1 by Fever; 2 by Pneumonia typhodes: 1 by hydrothorax after Fever, and the fifth by obscure abdominal disease.	Very little sickness: one death by Fever in an old confirmed drunkard. Commitments, 968. Some Fever cases removed from the prison.	Very little sickness: no death. Commitments, 776. Two or three cases of Fever, occurring among the poorer prisoners, were, under the alarm then prevalent, removed to a Fever Hospital.	Several cases of Fever: no death.	6
1819	50	Number of Commitments, 1905. Cases of Fever occurred from time to time during the whole of this year, and continued till convicts were transported (April 1820). 4 deaths: 1 by aneurism of aorta: 1 by consumption: 1 by asthma and dysentery, and a fourth died suddenly, apparently from apoplexy.	General sickness greater than usual: three deaths: 1 by ascites, with accretions of abdominal viscera: 1 by asthma and dropsy; and a third (the Keeper of the Prison) by Typhus Fever. Commitments, 810.	Some few cases of Fever: 2 deaths: 1 by inflammation of stomach after Fever, and 1 by chronic affection of the liver, attended by dropsy and jaundice in an old intemperate subject. Commitments, 824.	New Bridewell opened in spring: Fever very prevalent during the whole year: between 50 and 60 ill of Fever; besides a great number from other diseases: no death.	9

By these tables it appears that, from the year 1812 to 1819 inclusive, there were 48 deaths in all the prisons, giving an annual average of 6: that of these deaths, about one-half occurred in Newgate; more than one-sixth in the City Marshalsea; about one-third in the Sheriff's Prison, and only one in the old Bridewell.* Of the 48

* Besides this solitary death, there was at all times a considerable mortality among the children, of whom 10 or 12 may have died in Bridewell, and several in Newgate: they were seldom brought to me by their mothers, least they might be ordered out of the prison; some died of small pox; others of inflammation of the lungs, and the great majority of marasmus caused by bad food and foul air. "Children, if confined in that wretched abode (Bridewell) for any length of time, never escape disease, and seldom death." Such was one of my official observations in the year 1814.

It may not be amiss to submit a few short extracts from my report book, in illustration of the real nature and extent of the mortality in the Dublin prisons: these observations I shall arrange under the several years in which the deaths occurred.

In 1813.—The *first* patient, whose death is reported, was committed to Newgate a few days only before her death, she having been arrested in her sick bed. The case of the third is thus stated in my report book: "one of the convicts, by me reported as very old and infirm, notwithstanding such report, was removed on board the transport ship, and became in a few days so ill, as to die in the coach on his return to prison." At that time no definite or proper regulations were established for deciding the description of cases unfit for transportation: the only disqualification then admitted consisting in the party being affected by "any contagious or infectious disease."

In 1815.—The apoplectic patient was found dead in his bed: he was the largest and most corpulent man I have ever seen.

In 1816.—One of the pneumonic patients was moribund when admitted to hospital. The apoplectic was a very old man, and the epileptic patient died in consequence of a sudden and severe fall on the flags of the prison in one of his fits: he fell on the back of his head. The peripneumonic patient, an old man, had been wasted to a skeleton by long confinement to bed, under a compound fracture of his leg.

In 1817.—The enteritic patient died under a third attack, in conse-

who died, 8 were females. The proportion of females, even in Newgate, is very small: in the other prisons their number is insignificant. In Newgate the number is often as low as 30, and seldom rises beyond 50, unless when convicts are long detained in the prison: the female infirmary seldom contains a patient, except in the latter case.

As Fever is unquestionably the most important disease by which a prison can be afflicted, both on account of its great mortality, and of the facility with which it may be diffused not only among the prisoners, but also amongst those whom duty may bring into communication with them, and as Newgate furnishes some data upon which to form an estimate of the extent and mortality that disease, I have framed the following table from the returns of the gaol.

quence of leaving the hospital too soon for the purpose of remaining with one of his children, who could not be admitted into the hospital. The patient, who died of Fever in the Sheriff's prison on the fourth day, was attacked by the disease after long-continued intemperance.

In 1818.---The fatal case of Fever in Newgate was that of an old man, who either concealed, or at least never complained of his illness, till within a few hours of his death. The other fatal case in the City Marshalsea was that of a man, who had been repeatedly deranged from long confirmed habits of inebriety: he died on the 5th day of Fever.

It is unnecessary here to comment on the cases of consumption, aneurism of the aorta, cancer of the uterus, &c. &c. which, whether occurring in a gaol or elsewhere, are so universally fatal. Many interesting details respecting these fatal cases, accompanied by dissections, are reserved for a work, the publication of which I have long contemplated, and which being in a state of considerable forwardness, will, I hope, see the light before the close of another year, under the title, as announced at the conclusion of this volume.

FEVER TABLE OF NEWGATE.

Years.	Annual Com- mittals.	Cases of Synochus.	Cases of Typhus.	Total.	Deaths.	Mortality.
1812	800	6	1	7	0	...
—13	947	12	4	16	0	...
—14	999	11	2	13	0	...
—15	1354	35	7	42	2	1 in 21
—16	1439	23	5	28	1	1 ... 28
—17	2001	37	9	46	1	1 ... 46
—18	1991	169	25	*194	3	1 ... 64 $\frac{2}{3}$
—19	1905	25	3	28	0	...
Total	11436	318	56	374	7	1 ... 53 $\frac{3}{7}$

The only other prison, in which Fever occurred to any great extent, is the Bridewell, but as the Fever patients in the old Bridewell were all removed to the Hospitals of the House of Industry, I cannot state the mortality: in the new Bridewell during the last year (1819) there were above 50 cases of Fever, some of a very bad type, without any mortality. Though there were but three fatal cases from Fever in the City Marshalsea and Sheriff's Prison during eight years, yet the mortality from that disease was much greater than in Newgate, being about 1 in 15, a difference which might

* This number includes such of the sick as were sent to the House of Industry, and also the city convicts ill of Fever at Kilmainham.

reasonably be anticipated from the very different classes in society which supply these prisons. In Newgate, too, it was not a little remarkable that a large proportion of the deaths from Fever occurred in persons *comparatively* of good character, committed for trivial offences, and anxious for the future destiny of their families. Experience has, indeed, taught me to feel very little anxiety for the result of the worst cases of Fever in the more abandoned and profligate inmates of Newgate, as such generally recover. The very small mortality from Fever I attribute principally to the *early* and *timely* submission of the cases to medical management.—After these details, I now conclude with a short sketch of the origin and progress of the late Epidemic in Newgate and of the general history of Fever in that prison.

From the foregoing statements and tables it may be distinctly collected that, previously to the commencement of the Epidemic, Fever has seldom prevailed to any extent, except at those times when either the whole prison or some part of it was more crowded than usual. Thus, it appears that in the year 1812, in which the committals did not exceed 800, there were very few instances of Fever: the same was the case in 1813, until the male transport cells (12 in number) became much crowded: these cells have often of necessity lodged above 100 persons previously to transportation, and under such circumstances Fever never failed to appear among them. The same thing occurred among the female prisoners in 1814, in which year the female “transports” had greatly accumulated in the prison. In 1815, the annual committals advanced from 999 to 1354, in consequence of which Fever became so prevalent that

it was deemed expedient to relieve the prison by removing the healthy convicts to the county gaol: by this and other active precautionary measures the contagion was quickly subdued. In the following year the same causes produced the same effects, though not to the same extent, and were obviated by similar means. In 1817 the annual committals had advanced to 2001, yet in this year Fever did not prevail in proportion to the numbers committed, for two reasons; *first*, because greater precautions were adopted to guard against contagion, so prevalent elsewhere in that year; and *secondly*, because no especial part of the prison was particularly over-crowded, as in former years. Indeed the prison was remarkably healthy towards the close of 1817, and though some few severe cases of Fever occurred among the male convicts in January 1818, yet the disease shewed no tendency to spread, nor did the month of February exhibit a single case of Fever till the close of its last week. In that week my attention was called to two cases of Fever among the untried and "confined"* male prisoners, one evidently infected by the other, who had been committed in the preceding week, while labouring under the incipient symptoms of Fever, then prevalent in the lodgings he had lately occupied. This man presented as severe and protracted a case of Typhus as I have witnessed in the prisons: after a slow convalescence of some weeks he relapsed in April, and with difficulty escaped death. In the first week of March ten additional cases of Fever appeared among the same class of prisoners, so that the two rooms of the men's hospital were over-crowded: these rooms are incommodious and

* So called to distinguish them from the convicts, sentenced to transportation.

defective in their structure and also very limited in extent, that usually devoted to the sick being capable of accommodating six patients only, and the convalescent room not more than eight, though I was compelled at this time and for some weeks after to permit more than thrice that number to occupy them: many of the sick were often obliged to lie on the ground on trusses of straw.

The hospital being thus limited in its accommodation, and Fever spreading to so alarming an extent, it became necessary to adopt decisive measures of prevention, for which purpose I waited, in company with the Lord Mayor, on the Under Secretary of State, to urge the necessity of relieving Newgate of a portion of its "redundant population," by removing the convicts to Kilmainham (the county jail) and also of either providing additional hospital accommodation in the vicinity of the prison, or of permitting the removal of such "confined" prisoners, as were attacked by Fever, to the hospitals of the House of Industry. The first and last of these measures were conceded, in consequence of which, about 90 of the convicts (the greatest number that could be received) were removed to Kilmainham on the 18th of March; and so many of the "confined" prisoners, ill of Fever, were from time to time removed to the House of Industry, as were necessary for the comfortable accommodation of the remaining sick in the hospital of Newgate. Between the 5th March and 7th of May, 48 cases of Fever were sent to the hospitals of the House of Industry.

During March and April Fever spread so rapidly and with such little intermission among the male prisoners

as to defy every effort for its subjugation, nor was I able till the month of May to establish such a strict system of medical police as was competent to make any serious impression on the disease. In the first two months upwards of 90 cases of Fever occurred in Newgate, and I have little doubt that every inhabitant of the gaol would have been infected but for the speedy adoption of the two measures above mentioned. Early in May the disease began to abate, so that there no longer existed a necessity for sending the sick to the House of Industry, not more than two or three new cases occurring in any one week, and from June to the close of the year seldom more than one, at which time fever began to prevail among the female prisoners, the contagion having been introduced at that late period by a woman, committed from an infected house.

The convicts removed to Kilmainham did not fare better than those left in Newgate. Fever had there commenced among the untried and confined prisoners and had prevailed among them for some time before any of the convicts were infected; of whom only three or four had been attacked by Fever previously to the removal of the 90 to Kilmainham. On that occasion the friends of the convicts were very improperly permitted free access to them in the streets, so that half of them were quite drunk before they reached Kilmainham, and as they had been removed (contrary to my orders,) without a previous inspection, I found on the following day six cases of distinctly-formed Fever among them. The hospital accommodation for the city prisoners in Kilmainham was still worse than in Newgate, as it consisted of one cell only, badly ventilated and not measuring more than 19

feet by 10 : * this room too was in the same range with the small sleeping cells of the prisoners, who thereby had free access to the sick, as the hospital room could not be kept locked without depriving it of all means of ventilation. In this cell, furnished only with straw and blankets, 12 patients under Fever have been lying at the same time, almost touching each other, and so rapidly did the infection spread that I was compelled to occupy several of the small sleeping cells besides. Within one month half the convicts were affected by Fever, and though I had by this time succeeded in checking its further progress, yet many afterwards relapsed again and again even to the fourth or fifth time, the relapse being in general more severe than the original attack ; yet all recovered under circumstances so unfavourable. †

* Kilmainham had had two good hospitals: one of them, however, had been lately consumed by fire and the other was occupied by the county prisoners. I may here add, that at this period Fever had not appeared among the latter, nor did it till the Autumn of 1818, at which time, as I am informed by the medical attendant of that prison, the disease was unusually prevalent, though it did not appear to him to have been introduced from without nor derived from the city prisoners. He also informs me that there was not a single fatal case.

† That some judgment may be formed of the difficulties to be encountered in this case I must mention that, independently of the wretched hospital accommodation there were no nurses nor other attendants except a hired convict, no adequate or timely supply of sheets, of shirts, or even of straw : no security that either medicines or food were regularly supplied to the sick. That we may better estimate the difficulty of checking the progress of contagion I quote the following passages from my report book: " From the very defective accommodation for the sick, and from the impossibility under existing circumstances of preventing the intercourse of the healthy with the sick and with convalescents, the Fever has spread and must continue to spread unless the range of cells around my hospital be exclusively devoted to the sick and convalescents"—again

At length by establishing a strict system of cleanliness with respect to the persons, clothing and bed furniture; by enforcing a compulsory separation of those in health from the infected; and by keeping the former as much as possible in the open air, Fever declined so much before the end of May that with the exception of three or four, I was able to sanction the removal of the entire number of convicts on board ship before the middle of June.

Besides the two former measures, conceded by Government, for checking the progress of Fever in Newgate, the following measures also were insisted on by me as essential to that object, and as such, were recommended to, and approved of by the Board of Magistrates: 1st.

"the number of convalescents is now so considerable, that unless they are prevented from free intercourse with the healthy, great danger must arise, more especially as so many sleep together in each cell." The number of cells did not exceed 16; so that from five to six were confined in a close cell, (10 feet long by 6 wide and 11 high,) smaller in dimensions than that of Newgate. On another occasion it is noted that "I find many of the convalescent prisoners in irons (in consequence of some commotion,) and all those along the hospital range locked up in their cells in the day time during this hot weather, (May.) I have ordered the irons of one to be struck off, and the gaoler tells me he will not be responsible for his secure custody. I visited some of the cells, and found the air hot, close and foul; many of the prisoners complaining of illness, and all of them of the suffocating closeness of the place. I have remonstrated, but in vain, with the gaoler on the mischief likely to arise from persevering in such a course, calculated as it is to engender the worst Fevers, even though no infection previously existed in the prison."—This report being made to the inspector produced a redress of the grievance on the following day, otherwise much mischief must, in all probability, have followed. In other reports it is noted that many of the relapses were caused by a want of clean blankets and of a sufficient supply of fresh straw, bedding and clothes.

a strict and daily examination of the prisoners in order that the sick should be removed to hospital on the first symptom or complaint of illness; 2*d.* The regular daily ablution of the prisoners: 3*d.* The constant white-washing, ventilation and cleansing of all the apartments and cells, and the exposure of the bedding and straw to the fresh air in fine weather: 4*th.* The preventing the hitherto unrestricted intercourse of the prisoners with their friends: 5*th.* The providing prison dresses for all new prisoners, until their own could be purified; and the separate confinement of such prisoners, until examined by the physician. I also recommended that such prisoners as were detained under short terms of confinement should after convalescence from Fever be discharged from prison, rather than be permitted to mix with the healthy prisoners to whom, from the then great tendency of the convalescents to relapse, they were so likely to communicate Fever.

Had these measures been duly enforced, I entertain very little doubt but that we should have succeeded much sooner and more perfectly in banishing Fever from the prison: my surprise is, that under the imperfect and inadequate execution of this plan the contagion was so far subdued within so short a period as two months: in fact the only one measure, which I could say was at all steadily preserved in was the third, and to that the inspector paid particular attention: all the other measures were very partially executed: inasmuch as, *in the first place*, several of the convicts were still detained in Newgate, there not being accommodation in Kilmainham for the entire number: 2*ly.* there was frequently considerable delay in removing the sick to the

House of Industry, thereby leaving the gaol hospital excessively crowded: *3ly* the prisoners were not daily and properly washed, nor were they submitted to the daily enquiry and examination* I had required: *4ly*. the restricting the intercourse of the prisoners with the public, which in my judgment has at all times been too free, was not sanctioned by the proper authorities, as it has been elsewhere with the best effect: (see Sir T. Moriarty's letter, p. 249.) *5ly*. there was not a sufficiency of prison dresses provided to meet the demand, nor could the gaol furnish a place of separate confinement for prisoners newly committed until they could be examined by the physician: the injurious consequences of this defect were several times experienced in the revival of contagion by the introduction of infected persons into the prison, after the disease had to all appearance been subdued: this circumstance, as it could not operate among the convicts at Kilmainham, seemed to me the chief cause, why contagion was more speedily extinguished there than in Newgate: *6ly*. with respect to the recommendation for discharging from prison all convalescents confined for short terms, the suggestion was at first adopted from its obvious propriety, and for a

* It may, perhaps, be insisted that this daily examination should have been made by the Physician to the prison; this, however, he could not, except occasionally, perform from the extent and multiplicity of his other duties at two prisons so remote from each other as the city and county gaols. With respect to the washing of the prisoners, I had directed that they should not, as formerly, all receive their soap at the same time, but successively by twelves and that they should be *seen* to wash themselves, for the double security of cleanliness and sobriety: this simple regulation, however, was a source of too much trouble, and the prisoners continued to receive their soap as hitherto and to wash according to their own discretion: the majority, as might be expected, preferring the exhilaration of whiskey to the comforts of cleanliness.

short time acted on, but the practice was afterwards discontinued, until the mischief, apprehended from permitting the convalescents to mix with the healthy prisoners, became so very apparent that the practice was again resumed, and persevered in with the best effect in stopping the progress of Fever.*

* A few extracts from the official reports made from time to time to the Inspector will evince the difficulties I had to contend with in that prison. One of the first measures to which I called his attention was that of preventing the constant intercourse of pauper strangers with the prisoners, an object which he endeavoured to accomplish, but in vain. On the removal of the convicts to Kilmainham on the 18th March, I gave the following directions none of which were efficiently attended to: 1st. that "the convict yard and cells be thoroughly cleansed, ventilated and well washed, the old straw burned, fresh straw and clean bedding supplied; and that then the untried and confined prisoners, after being well washed, be removed to the convict department and detained there until the same process be adopted in their own cells and yards." No progress was made in this or the next measure until the 3d of April. 2d. that "the prisoners committed from day to day be kept apart from all others until I shall have examined them: that they be required to wash themselves immediately on their committal, and if necessary, that they be supplied with clean clothing until their own be washed or purified."—How inadequately the prisoners were examined or looked after by the turnkeys and deputy gaoler will appear from the following instance, which occurred on the 27th of March and which is thus noted: "among the prisoners yesterday ordered to hospital was a very old man evidently dying of Fever, under which disease he must have laboured for some days though no reference or complaint was made to me till this morning. He died the next day; his case furnishes indisputable evidence of the negligence of the turnkeys in making the daily enquiries and examination of the prisoners, as had been strictly enjoined them. In consequence of this occurrence I myself examined all the prisoners and then found three men in Fever, who had been confined in the same cell with this old man."

On several occasions it is noted that prisoners were infected by convalescents relapsing, and by persons committed while labouring under Fever: indeed so careless and indifferent were the inmates of the gaol respecting the Fever, that some of them concealed their illness as long as possible

Under all these disadvantages, attending the execution of the plan laid down for the extinction of contagion both in Newgate and Kilmainham, it will, I should hope, be admitted that this object was ultimately attained within a shorter period of time than could under such circumstances have been expected; that every thing was done by the Physician which could be deemed essential to such a purpose, and that nothing was left undone, which could have been accomplished by greater zeal or diligence on his part.

and two of them were convicted of having forcibly taken a shirt off the back of a patient while confined to bed under the worst form of Typhus, one of whom hid it about his own person.—On the 11th of April, the hospital being crowded, I recommended a certain number for removal to the House of Industry, but could not obtain an order till the 18th, and in the mean time several became convalescent, one died, and other prisoners in hospital were infected from its very crowded state, as it contained at that time nine under Fever and 20 convalescents. Thus in every direction were my measures marred, until at length greater facilities were given to the discharge of convalescents from prison, so that on the 27th of April, it is noted that “Fever has declined much since the free discharge of convalescents,” and on the 30th it is stated that “the gaol was entirely free from Fever for some days past.” In May the disease, however, again revived, which my reports attribute to the neglect of directions given “with respect to the personal cleanliness of the prisoners, and in not burning the straw on which Fever patients had lain, owing, as I understood, to the want of fresh straw to replace it.” Notwithstanding all these obstacles, sufficient energy was upon the whole successfully exerted, so that on the 11th of June I find it noted that there is not a single case of Fever in the gaol, and on the 7th of July it is stated that there is but one case, that of a man lately committed, several members of whose family were at the time in a Fever Hospital.” On the 27th of July it is further noted, that “there is not a single case of Fever in any of the city prisons, nor has there been for the last fortnight, though Fever is now more prevalent in the metropolis than at any preceding period.”—These details may by some be deemed tedious and uninteresting, but the Physician who may have the management of any place under similar circumstances will never think so.

METEOROLOGICAL TABLES.

THROUGH the kindness of my friend Dr. T. H. Orpen I have been enabled to add to this Appendix Meteorological Tables for the years 1816, —17, —18, and —19, *tables* without which this work might justly be deemed imperfect. The returns of the Rain-Guage have been taken from that kept in the Dublin Society's Garden at Glassnevin, within one mile of the metropolis. The days of rain do not give all the days on which rain may have fallen, the slighter showers being omitted. The heights of the Barometer were regularly taken at 10 o'clock, A. M. and at 10, P. M.; of the Thermometer at 10, A. M., 4 P. M. and 10 P. M. I have also given, included within parenthesis, for the years 1818 and —19, the greatest and lowest heights of the Thermometer, observed in the Botanic Garden without reference to any particular hour. To render the returns of the Barometer and Thermometer perfect, I should have added the mean heights of each; but this point I could not accomplish from the lateness of the period at which the tables were constructed. Under these circumstances I must leave them to the readers discernment with this single remark, that it appears by the rain-guage returns for these four years, that the *quantity* of rain which

fell in 1816, though greater than usual, was yet not so much the cause of the bad harvest as the *period* of the year in which it chiefly occurred: thus, though far more rain fell in either of the years 1818 and —19 than in 1817, it was yet productive of no injury, the rain in the two former years having principally occurred in its appropriate seasons, whereas in 1816 and —17 it fell in greatest quantity during the summer and autumnal months. See statement of the weather during the epidemic season in p. 113 and 114. In the last column for 1816 are given the number of days on which there blew a storm or strong wind; and also the points whence these blew. I have not been able to obtain a similar return for the other years.

Meteorological Observations for 1816.

1816.	Rain Guage.		Days of		Barometer.		Thermo- meter.		Winds.			
Month.	Inches.	Tenths.	Parts of a 10th.	Smart Showers. Heavy Rain.	Highest.	Lowest.	Highest.	Lowest.	No. of Days.	Points.	Days of Storm.	Points.
Jan.	2	0	00	12	8	30.21	28.60	53	31	2. - E. 3. - S. E. 4. - N. E. 5. - W. 6. - S. W. 7. - S. 8. - S. W. 9. - S.	8	W. S. W. S.
Feb.	0	5	57	12	0	30.24	29.7	55	27	1. - E. 2. - S. E. 3. - W. 4. - S. W. 5. - S. 6. - N.	2	S. W.
March	1	1	20	9	4	30.14	28.66	54	33	12. - S. E. 13. - W. 14. - S. W. 15. - N. W. 16. - S.	3	W. S. W. N. W.
April	2	0	00	11	7	30.	29.10	64	35	1. - E. 2. - S. E. 3. - W. 4. - S. W. 5. - N. W. 6. - S.	2	S. E. W. S. W. N. W.
May	3	5	70	6	8	29.99	29.20	71	30	1. - E. 2. - S. E. 3. - W. 4. - S. W. 5. - S.	0	
June	2	0	00	8	4	30.	29.25	73	45	19. - W. 20. - S. W. 21. - N. W. 22. - S.	2	S. W. N. W.
July	4	2	30	12	8	29.78	28.83	75	51	11. - W. 12. - S. W. 13. - S.	0	
August	2	6	00	8	3	30.08	29.17	74	35	1. - W. 2. - S. W. 3. - N. W. 4. - S.	0	
Sept.	3	2	20	11	6	30.	28.89	72	42	5. - S. E. 6. - N. E. 7. - W. 8. - S. W. 9. - S.	9	W.
Oct.	5	0	00	11	7	29.96	29.11	63	40	1. - E. 2. - S. E. 3. - W. 4. - S. W. 5. - N. W. 6. - S.	2	W.
Nov.	1	2	00	8	2	30.52	28.59	54	33	1. - E. 2. - W. 3. - S. W. 4. - N. W. 5. - S.	3	W. S. W. N. W.
Dec.	3	4	50	13	5	30.48	29.14	51	31	1. - E. 2. - W. 3. - S. W. 4. - N. W. 5. - S.	6	W. S. W. N. W. S.
Total	30	9	97	121	62							

Meteorological Observations for 1817.

1817.	Rain-Guage.			Days of		Barometer.		Thermo-meter.		Winds.		Storms, &c.
Months.	Inches.	Tenths.	Parts of a 10th.	Smart Showers.	Heavy Rain.	Highest.	Lowest.	Highest.	Lowest.	No. of Days.	Points.	
Jan.	1	7	10	6	4	30.42	28.64	56	30	9. - S. E. 9. - W. 11. - S. W. 12. - N. W. 7. - S.		Hazy first half; then frost.
Feb.	2	0	00	10	5	30.47	29.2	52	38	9. - W. 12. - S. W. 3. - N. W. 4. - S.		Hurricane from N.W. on 27th, with very vivid lightning and thunder.
March	0	0	45	1	...	30.22	28.64	54	29	2. - S. E. 10. - W. 10. - S. W. 4. - N. W. 4. - S. 1. - N.		Hard frost with snow and hail.
April	0	0	43	...	...	30.38	29.81	55	37	6. - E. 4. - S. E. 7. - N. E. 2. - W. 3. - S. W. 5. - N. W. 2. - S. 1. - N.		Heat towards end of month.
May	1	0	80	9	2	30.11	29.18	57	42	2. - E. 5. - S. E. 6. - N. E. 3. - S. W. 10. - N. W. 4. - S.		Hail on 12th, 14th and 22nd.
June	2	4	70	11	4	30.09	28.90	70	48	6. - E. 6. - S. E. 3. - W. 6. - S. W. 9. - S.		Much lightning end of the month.
July	5	1	60	10	9	29.88	28.94	66	50	4. - E. 3. - S. E. 12. - W. 10. - S. W. 2. - S.		Much cloudy and hazy weather.
August	3	3	00	11	6	30.08	28.94	65	51	4. - S. E. 2. - N. E. 4. - W. 10. - S. W. 5. - N. W. 6. - S.		As in July.
Sept.	0	3	50	7	0	30.11	28.91	64	41	2. - S. E. 1. - N. E. 7. - W. 11. - S. W. 3. - N. W. 6. - S.		Sultry and fair weather: frost at end of month.
Oct.	1	0	00	6	2	30.45	29.07	57	40	5. - E. 5. - S. E. 3. - N. E. 2. - W. 5. - S. W. 2. - N. W. 9. - S.		Frost at beginning of the month.
Nov.	3	5	00	10	5	30.58	29.17	59	40	2. - W. 8. - S. W. 2. - N. W. 18. - S.		Cloudy and hazy.
Dec.	2	2	80	8	4	30.16	28.66	52	31	8. - W. 6. - S. W. 4. - N. W. 9. - S. 4. - N.		5 days storm from all these points, except the last: the whole month stormy with much frost.
	23	9	13	99	41							

Meteorological Observations for 1818.

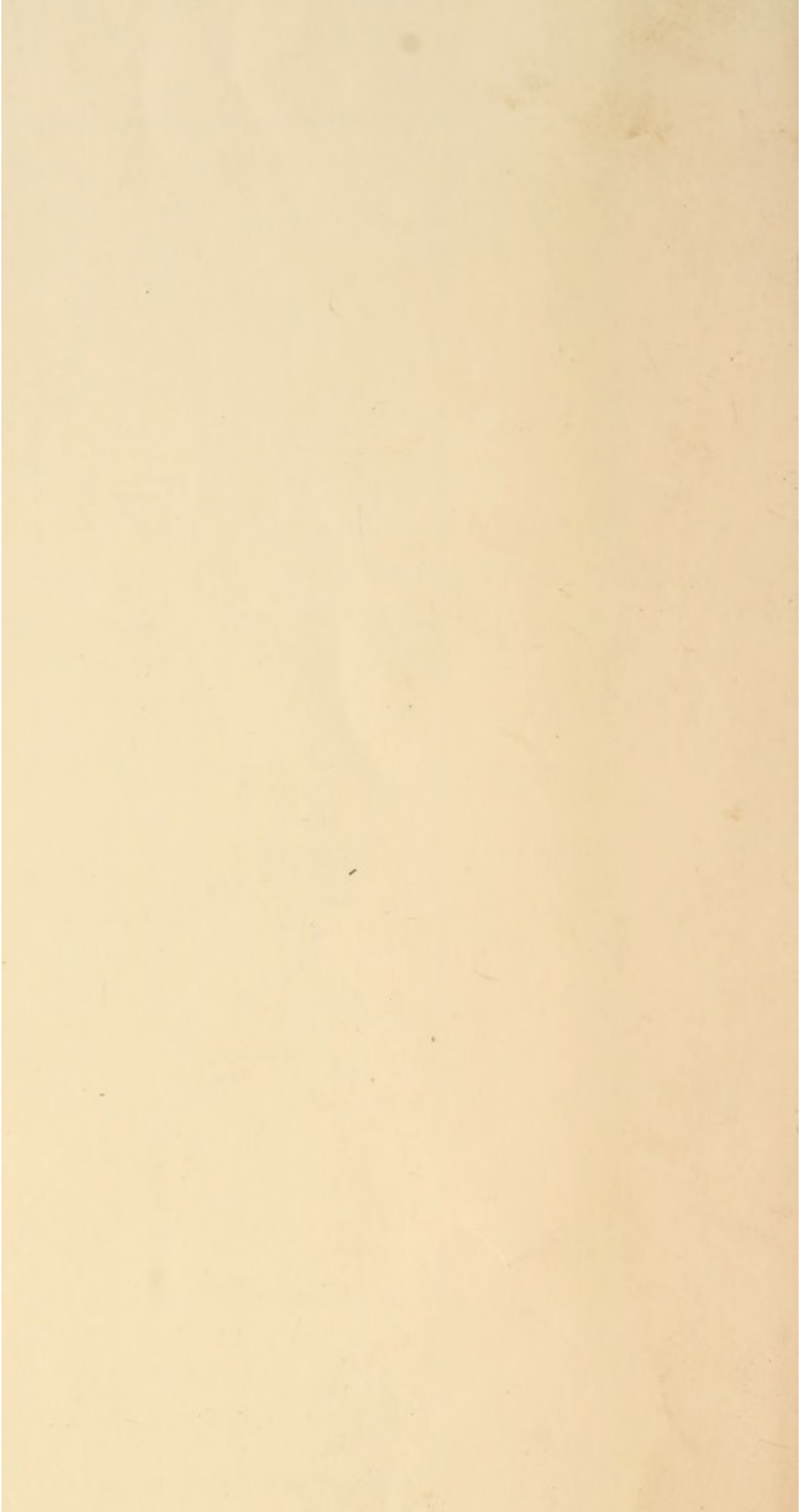
1818.	Rain Gauge.		Days of		Barometer.		Thermo- meter.		Winds.		
Months.	Inches.	Faths.	Smart Showers.	Heavy Rain.	Highest.	Lowest.	Highest.	Lowest.	No. of Days.	Points.	Storms, &c.
Jan.	5	1 70	9	8	30.40	29.07.	54	30	5. - 10. - 11. -	W S. W S	-2.
Feb.		8 00	7	4	30.25	29.00	54 (5)	32 (23)	6. } 15. -	W. S. W. S.	Frost and snow. Much fair weather.
March	3	5 00	12	6	30.52	28.08	53 (55)	32 (23)	9. - 14. - 5 -	W. S. W. S.	Much hail and snow. -1.
April		7 43	5	10	30.75	29.02	54 (58)	36 (30)	6. - 9. - 4. - 6. -	E. S. E. N. E. N. W.	Snow on the 10th.
May	1	0 00	4	3	30.41	29.22	66 (73)	46 (45)	5. - 7. - 5. - 3. - 3. - 8. -	E. S. E. N. E. W. S. W. S.	Fair weather: at times sultry.
June	1	0 50	6	3	30.40	29.49	73 (78)	52 (58)	4. - 8. - 10. -	E. S. E. S. W. S.	Lightning on 7th with thunder on 12th. -Sultry.
July	1	0 30	4	3	30.28	29.59	76 (86)	53 (54)	31. -	W S.	Sultry but cloudy.
August	1	5 90	5	4	30.34	29.57	70 (81)	53 (43)	9. - 5. - 6. -	E. W. N. W.	Fair for half the month; cloudy and warm after.
Sept.	3	4 00	12	7	30.21	29.20	66 (78)	46 (35)	4. - 6. - 9. -	W S. W. S.	Thunder and lightning, with very heavy rain on the 23d.
Oct.	1	6 00	8	4	30.32	29.25	64 (37)	47 (37)	5. - 3. - 4. - 10. - 9. -	E. S. E. W. S. W. S.	Weather cloudy and hazy.
Nov.	2	5 00	5	6	30.29	29.33	58 (65)	46 (33)	1. - 9. - 4. - 9. - 7. -	E. S. E. W. S. W. S.	As in October. Frost on the 5th.
Dec:	1	2 00	3	3	30.75	29.02	52 (57)	33 (21)	31. -	W. N. W. S.	Wind due north not more than twice in the whole year.
	29	3 83	80	61							

Meteorological Observations for 1819.

1819.	Rain Gauge.		Days or	Barometer.	Thermometer.	Winds.				
Month.	Inches.	Tenths.	Slight Showers Heavy Rain.	Highest. Lowest.	Highest. Lowest.	No. of Days. Points.			Cloudy Days.	Sun-shine Days.
Jan.	4	6	5	8	30.5 29.3	56 (55)	38 (26)	4. E 2. S.E. 3. N.E. 4. W. 7. N.W. 4. S.W. 4. S.	7	13
Feb.	3	3	9	6	30.1 29	55 (67)	35 (25)	6. E 10. W 7. S.W. 5. N.W.	7	12
March	0	6	5	2	30.1 29.7	60 (62)	33 (29)	3. E 9. W 4. S.W. 11. N.W. 4. S.	14	10
April	2	3	7	5	30. 29	64 (67)	43 (35)	7. E 8. S.E. 1. N.E. 3. W. 3. S.W. 8. S.	13	8
May	3	1	4	7	30. 29.7	62 (69)	42 (30)	2. E 9. S.E. 2. N.E. 4. S.W. 12. S.	9	8
June	1	6	7	3	30.3 29.4	63 (75)	48 (40)	2. { E N.E. 6. S.E. 6. W 10. S.W. 6. S.	8	13
July	1	7	4	3	30.3 29.6	70 (76)	52 (40)	5. E 1. S.E. 13. W 5. S.W. 5. S.	6	20
August	2	4	2	5	30.3 29.2	75 (79)	49 (46)	7. E 3. S.E. 4. { W N.W. 1. S.W.	7	17
Sept.	1	0	0	3	30.3 29.3	69 (75)	47 (35)	3. E & S.E. 10. W 3. S.W. 3. N.W. 6. S.	13	14
Oct.	2	3	6	5	30.3 29	64 (76)	36 (39)	4. S.E. 6. W 3. S.W. 8. NW 5. S. 5. N.	9	13
Nov.	2	2	5	6	30.2 29.6	54 (54)	30 (20)	4. E 2. N.E. 7. W 4. S.W. 6. N.W. 4. S. 3. N.	8	11
Dec.	2	5	3	6	30. 29.1	56 (58)	29 (19-20) (15)	2. E & N.E. 2. S.E. 6. W 8. S.W. 7. N.W. 1. S. 2. N.	12	11
Total	27	6	57	59					113	151

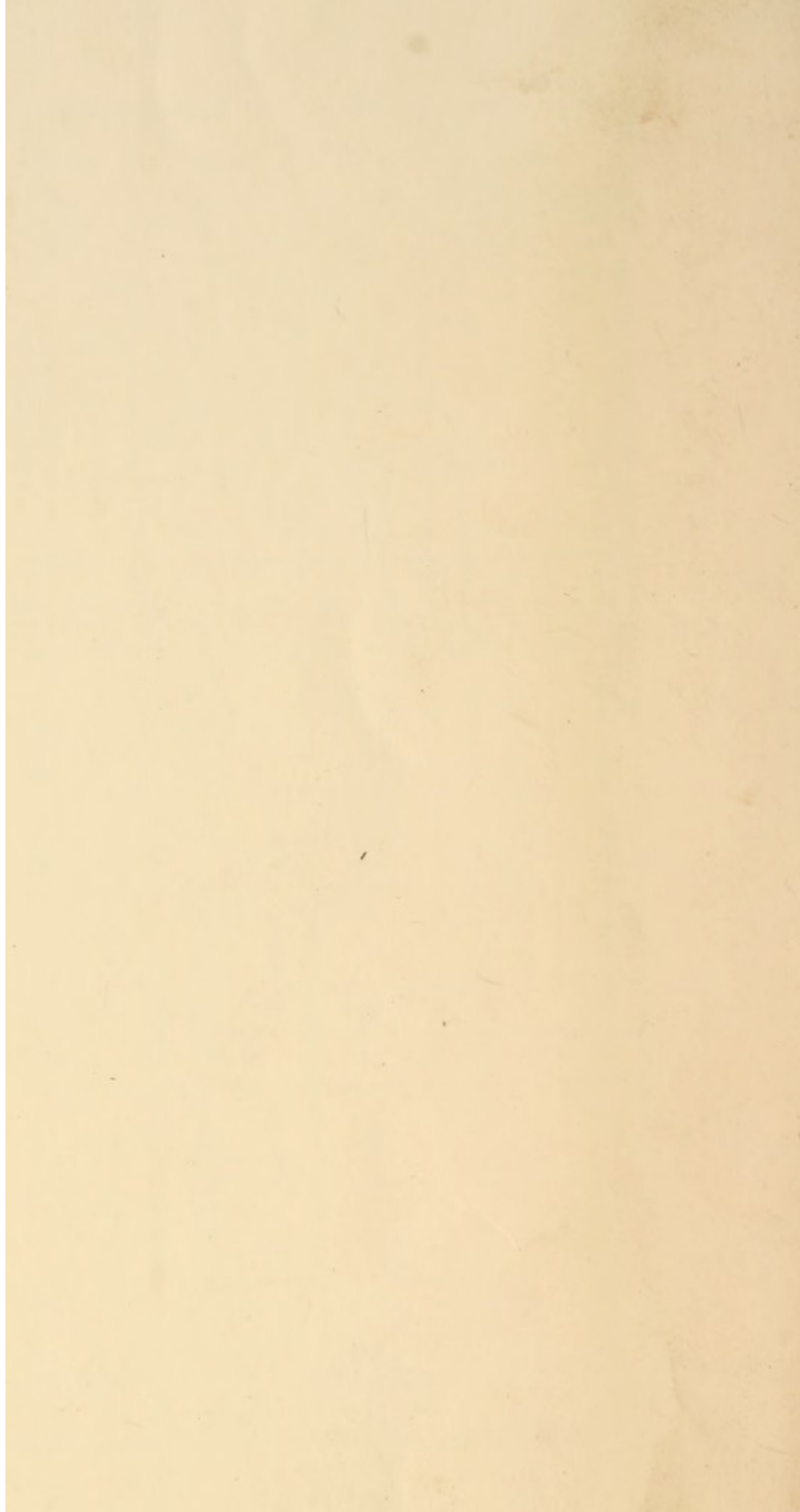
No. 1.—LEINSTER FEVER TABLES.

LEINSTER.	Dublin.		Kilkenny.		Ballinglass and Stratford.		Parsonstown.		Tullamore.		Kells.		Dundalk.		Killican.		New Ross.		Gorey.		Wexford.		Arklow.		Portneinch.		Kilcullen.		Carlow.			
1817.	Adm ^s .	Died.	Adm ^s .	Died.	Adm ^s .	Died.	Adm ^s .	Died.	Adm ^s .	Died.	Adm ^s .	Died.	Adm ^s .	Died.	Adm ^s .	Died.	Adm ^s .	Died.	Adm ^s .	Died.	Adm ^s .	Died.	Adm ^s .	Died.	Adm ^s .	Died.	Adm ^s .	Died.	Adm ^s .	Died.		
January, -	308	37	10	2	...	...	...	...	...	...	...	...	...	...	...	...	11	0	...	...	3	0	...	...	...	...	...	...	...	...
February, -	271	30	16	2	...	...	...	...	...	...	...	...	...	...	...	...	15	1	...	...	4	0	...	...	...	...	...	...	...	...
March, -	333	22	21	1	...	...	...	...	...	...	...	...	...	...	...	...	11	0	...	...	9	1	...	...	...	...	...	...	...	...
April, -	333	26	34	2	...	...	...	...	...	...	...	...	...	...	...	...	16	0	...	...	8	0	...	...	...	...	...	...	...	...
May, -	435	36	41	1	2	...	...	...	...	...	...	...	...	...	...	...	13	0	...	...	10	0	...	...	...	...	...	...	...	...
June, -	423	38	42	6	7	...	...	...	...	...	...	...	...	...	...	...	16	0	...	...	9	0	...	...	...	...	...	...	...	...
July, -	365	21	47	4	8	...	...	...	...	...	...	...	...	...	...	...	19	1	...	...	7	0	...	...	...	...	...	...	...	...
August, -	416	21	64	2	13	...	...	...	...	...	...	...	...	...	...	...	10	0	17	0	6	0	...	...	...	...	...	...	...	...
September, -	796	39	58	8	10	...	56	49	4	...	...	102	4	21	0	14	0	...	...	9	0	...	...	...	...	...	...	...	...	...
October, -	907	58	134	10	16	1	48	2	18	2	50	1	156	8	40	0	18	0	...	...	7	0	...	...	...	...	...	...	38	1
November, -	1049	71	122	1	12	1	66	1	18	0	31	0	101	7	28	1	20	0	4	0	6	0	...	...	...	...	...	...	40	1
December, -	1360	82	154	6	14	...	49	4	11	0	29	0	79	2	...	...	25	1	16	0	12	0	...	...	...	...	...	...	50	3
Totals of 1817.	6996	481	743	45	82	2	219	7	148	8	110	1	438	21	99	1	195	3	20	0	90	1	...	...	...	...	...	...	123	5
Mortality, -	1 in 14½	1 in 16½	1 in 41	1 in 51	1 in 18½	.....	1 in 20½	.....	1 in 65	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1 in 25	.....	
1818.	January, -	1491	105	199	6	49	1	41	1	8	0	20	1	30	0	25	0	17	0	13	1	7	0	...	...	...	...	44	2	...
February, -	1663	98	119	5	33	1	46	2	8	1	14	0	47	1	35	1	24	1	14	0	11	0	5	0	40	1	...	
March, -	1712	87	151	14	31	1	45	2	10	0	15	0	56	1	26	1	6	0	12	1	4	0	18	0	...	
April, -	1740	67	164	12	35	...	48	0	11	0	10	0	32	0	61	1	27	0	6	1	10	0	5	0	21	0	...	
May, -	1854	64	215	9	33	...	45	2	6	0	19	0	29	1	33	0	53	1	31	1	11	1	12	0	35	0	...	
June, -	2131	68	193	12	28	...	46	...	25	0	27	1	38	1	45	1	54	0	23	0	14	0	9	0	39	1	...	
July, -	2501	61	177	11	26	...	72	...	21	3	26	0	52	1	34	0	95	1	16	1	29	0	12	0	45	1	...	
August, -	2746	98	227	7	57	...	35	...	24	1	28	0	64	0	18	0	87	1	16	0	33	1	13	0	47	1	...	
September, -	2699	111	166	12	18	...	39	...	29	0	30	3	44	1	5	0	82	0	17	0	35	0	18	0	51	0	...	
October, -	3007	122	147	20	37	...	40	...	18	0	25	1	43	1	10	0	86	0	16	0	28	2	23	1	102	5	...	
November, -	2888	111	104	10	68	3	29	...	24	2	20	3	34	0	26	0	85	1	16	0	30	1	23	0	108	2	...	
December, -	2824	144	119	15	54	2	15	1	14	0	14	0	40	2	15	1	46	1	14	1	32	1	26	0	76	3	...	
Totals of 1818.	27296	1136	1981	133	460	8	501	13	198	7	246	9	489	9	312	4	670	7	192	4	258	8	159	1	419	12	362	4	510	15		
Mortality, -	1 in 24	1 in 14½	1 in 57½	1 in 38½	1 in 28	1 in 27½	1 in 54	1 in 78	1 in 95	1 in 48	1 in 32	.....	1 in 35	1 in 90	1 in 34	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1819.	January, -	2994	125	63	10	79	2	22	...	13	0	17	1	29	0	6	0	44	0	25	0	40	2	19	0	31	1	...
February, -	1682	97	51	9	39	5	7	1	16	1	6	2	16	0	6	0	47	1	36	1	21	0	40	3	...	
March, -	1702	99	59	7	36	3	10	0	7	0	12	0	10	0	24	1	16	0	27	0	...
April, -	1311	84	30	1	36	2	16	0	18	3	
May, -	1334	66	69	2	37	2	13	2	19	4	
June, -	996	64	74	2	42	1	16	2	42	2	
Totals of 1819.	9419	525	346	31	269	15	59	1	29	1	30	3	102	4	16	0	91	1	25	0	269	13	56	0	96	4	58	1	34	3		
Gen. Totals.	49641	2142	3070	209	811	25	799	21	575	16	386	13	1029	34	427	5	956	11	297	4	557	22	213	1	515	16	420	5	692	23		
Gen. Mortality	1 in 20½ _{Fr}	1 in 14½	1 in 32	1 in 36½	1 in 23½	1 in 29½	1 in 30	1 in 85	1 in 87	1 in 59	1 in 25½	1 in 215	1 in 32	1 in 84	1 in 30	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....



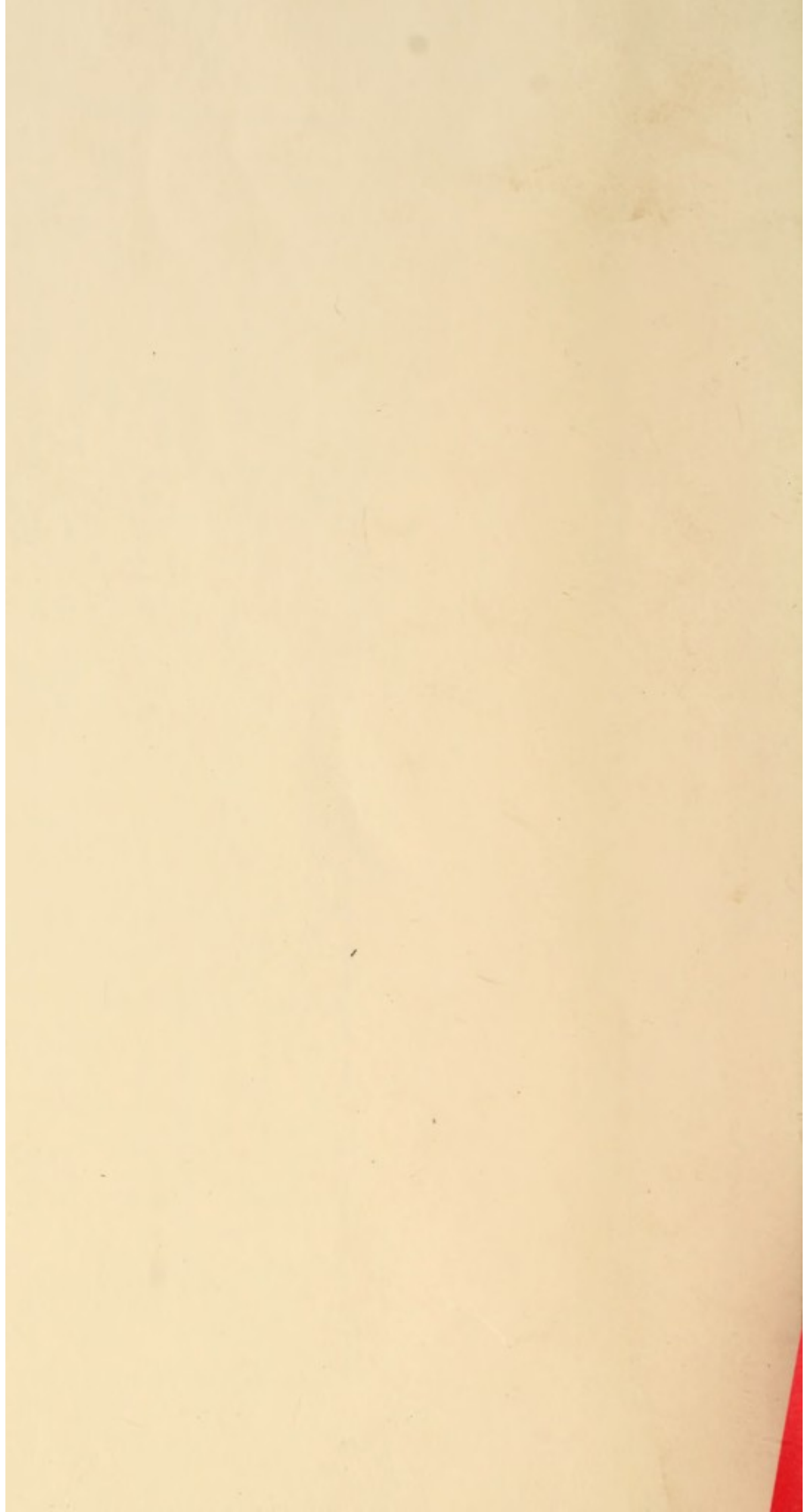
No. 2.—MUNSTER FEVER TABLES.

MUNSTER.	Cork.		Limerick.		Waterford.		Cloyne.		Cahir.		Carrick-on-Suir.		Cashell.		Typperary.		Lismore.		Tallow.		Youghal.		Bandon.		Malton.		Killarney.		Tralee.		Ennis.	
1817.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.
January, -	161	8	78	4	52	3	...	...	14	0	...	...	...	...	...	...	...	...	...	...	5	0	...	...	...	...	...	...	9	1	...	...
February, -	151	8	110	4	44	1	...	...	7	1	...	...	...	...	...	...	...	...	...	...	3	0	...	...	...	...	...	...	11	1	...	...
March, -	139	5	136	8	56	2	...	...	0	0	...	...	...	...	...	...	...	...	...	...	5	1	...	...	...	...	...	...	14	2	...	...
April, -	181	6	175	7	40	4	...	...	17	0	...	...	...	...	...	...	...	...	...	...	8	0	...	...	...	...	...	...	18	1	...	...
May, -	230	6	229	92	71	4	...	...	28	2	...	...	...	...	...	...	...	...	...	...	6	0	...	...	...	...	...	...	20	2	...	...
June, -	219	9	187	10	77	3	...	...	12	2	...	...	...	...	...	...	...	...	...	...	10	0	...	...	...	...	...	...	23	1	...	...
July, -	517	11	265	14	77	1	...	...	23	2	...	...	14	0	...	...	...	...	...	...	15	0	...	...	...	...	...	...	39	2	...	...
August, -	543	15	274	24	101	4	...	...	33	0	...	...	37	2	...	...	...	...	...	...	28	0	...	...	...	...	...	...	40	1	...	...
September, -	692	24	265	12	84	1	...	...	35	2	...	...	42	1	...	...	...	...	...	...	33	2	...	...	...	...	...	...	36	1	...	...
October, -	729	36	240	20	104	5	...	...	34	1	...	...	79	0	...	...	...	...	...	...	44	1	...	...	...	...	...	...	39	2	...	...
November, -	694	20	250	23	100	2	...	...	18	1	...	...	19	2	...	...	...	...	...	...	45	1	...	...	...	...	...	...	40	2	...	...
December, -	799	26	263	35	124	4	...	...	29	0	...	...	26	1	...	...	...	...	...	...	33	1	...	...	...	...	...	...	42	0	19	0
Totals of 1817,	5075	174	2474	183	990	34	758	28	250	11	40	...	237	6	...	...	...	...	...	...	233	6	...	...	337	15	296	4	331	16	19	0
Mortality -	1 in 29,		1 in 13½		1 in 27½		1 in 27		1 in 22½		.....		1 in 39½		.....		.....		.....		1 in 39		.....		1 in 22½		1 in 7½		1 in 20½		.....
1818.																																
January, -	679	31	186	43	127	6	90	5	30	2	35	0	27	1	...	...	...	...	...	...	32	1	...	...	77	2	98	3	39	0	37	2
February, -	694	25	194	30	104	4	140	6	25	0	45	0	17	1	10	1	...	...	...	...	34	3	...	...	69	3	87	1	28	0	42	1
March, -	793	25	180	18	100	1	227	6	36	5	55	0	36	2	16	1	...	...	...	...	40	0	14	3	50	14	86	3	46	1	35	1
April, -	828	22	214	22	114	8	235	10	21	1	65	3	19	8	20	1	...	...	...	...	33	2	21	1	65	4	70	1	45	1	30	2
May, -	934	26	205	20	114	8	218	11	28	0	45	3	26	6	33	4	13	1	...	...	27	5	48	2	84	16	135	1	56	0	29	2
June, -	1020	21	259	10	200	3	384	22	54	1	62	0	29	4	21	5	24	1	18	0	22	1	109	4	81	11	146	2	70	0	55	2
July, -	1269	20	387	8	313	5	337	11	49	1	119	3	46	7	36	5	31	0	38	1	43	1	268	8	79	8	97	2	82	0	63	4
August, -	1111	25	382	16	340	9	341	25	35	2	87	1	23	3	25	3	35	1	27	1	33	3	150	6	78	8	78	0	66	1	65	5
September, -	749	34	342	10	325	11	265	21	51	2	66	4	51	0	15	1	17	0	35	1	30	0	190	10	94	8	68	0	61	1	51	4
October, -	776	17	375	13	332	17	158	13	39	1	79	4	39	1	23	3	19	1	11	0	35	1	132	16	91	3	49	0	49	3	48	4
November, -	680	24	317	10	308	18	156	12	28	0	80	5	27	4	15	3	52	0	27	1	24	0	72	6	48	6	51	1	49	2	37	3
December, -	666	21	265	11	248	23	88	5	18	1	56	6	14	1	19	0	28	1	27	1	19	0	69	1	50	5	42	1	37	0	27	2
Totals of 1818,	10199	291	3307	211	2729	109	2660	147	414	14	794	27	354	38	233	25	199	5	183	5	372	17	1073	57	866	90	1007	15	620	9	519	32
Mortality -	1 in 35		1 in 15½		1 in 25		1 in 18		1 in 29½		1 in 29½		1 in 9½		1 in 9½		1 in 40		1 in 36		1 in 22		1 in 18½		1 in 9½		1 in 67		1 in 69		1 in 16	
1819.																																
January, -	544	23	203	6	377	23	69	3	...	...	29	4	13	1	3	5	23	1	14	2	16	0	68	4	47	2	22	1	50	1	13	1
February, -	480	13	159	7	456	22	46	4	...	...	68	2	17	1	...	...	12	0	10	0	...	...	37	1	37	2	22	1	22	0	13	0
March, -	374	12	163	8	357	25	20	2	...	...	58	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	28	2	...	...
April, -	278	2	143	3	302	6	31	2	...	...	48	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
May, -	223	5	189	7	237	15	38	2	...	...	34	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
June, -	241	2	140	4	169	7	55	1	...	...	50	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals of 1819,	2140	57	997	35	1898	98	259	14	...	...	287	12	30	2	3	3	55	1	24	2	16	0	105	5	84	4	134	4	157	4	26	1
Gen. Totals,	17414	522	6778	429	5557	241	3677	189	664	25	1121	39	621	46	236	28	234	6	207	7	623	23	1178	62	1287	109	1437	23	1108	29	364	33
Gen. Mortality	1 in 33½		1 in 15½		1 in 23		1 in 19½		1 in 23½		1 in 28½		1 in 13½		1 in 8½		1 in 39		1 in 29½		1 in 27		1 in 19		1 in 11½		1 in 62		1 in 38		1 in 17	



No. 3.—ULSTER AND CONNAUGHT FEVER TABLES.

ULSTER & CONNAUGHT.	Belfast.		Newry.		Monaghan.		Lisburn.		Strabane.		Randalstown.		Armagh.		Dungannon.		Killeshandra.		Oldcastle.		CONNAUGHT. Tuam.		Westport.		Sligo.		Carrick-on-Shannon.		
1817.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	
May, - -	25	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
June, - -	29	3	...	...	...	...	23	0	...	...	...	...	...	...	...	...	...	...	...	...	10	0	...	...	...	...	7	1
July, - -	38	4	61	0	...	...	24	0	...	...	...	...	...	...	...	...	...	...	...	...	26	1	...	...	...	...	14	0
August, -	76	0	99	7	159	3	26	0	90	0	...	...	...	...	...	24	2	...	...	...	32	1	...	...	...	...	25	2
September,	164	6	116	1	100	13	26	0	71	3	38	2	28	1	93	3	11	1
October, -	201	9	106	7	98	5	24	1	80	5	45	1	52	3	...	50	3	24	1	...	Intern & Extern.	...	58	3	17	1
November,	200	9	102	4	81	5	16	2	67	2	41	2	50	7	36	1	32	1	61	3	13	1
December,	228	17	86	8	78	2	25	3	62	2	31	4	13	1	25	1	15	0	42	0	...	45	5	9	0
Totals of 1817,	961	50	570	27	516	28	164	6	370	12	117	7	115	11	192	9	...	...	...	...	167	5	42	0	257	14	96	6
Mortality, -	1 in 19½		in 21½		1 in 18½		1 in 27½		1 in 31		1 in 17		1 in 10½		1 in 21		.....		.....		1 in 33		.....		1 in 18		1 in 16	
1818.	193	14	75	2	75	2	24	2	44	1	12	2	5	0	19	...	58	No regular return of Deaths.	...	No regular return of Deaths.	20	1	60	2	37	0	12	0	
January, -	142	11	64	4	80	1	29	3	14	1	19	1	1	0	...	...	108	...	...	7	0	66	1	38	1	14	0	
February, -	154	16	76	3	29	6	25	2	12	1	13	0	...	...	...	...	80	...	...	10	0	78	1	34	0	5	0	
March, - -	139	8	72	3	9	2	25	2	17	0	3	0	...	...	...	...	82	...	...	7	0	65	2	31	0	4	0	
April, - -	79	7	94	2	76	2	20	3	7	1	42	0	...	...	...	...	77	...	...	8	0	62	1	36	1	0	0	
May, - - -	90	4	91	0	54	4	16	0	18	1	25	2	...	...	...	...	71	...	...	39	3	50	1	43	1	10	0	
June, - - -	125	6	150	2	129	4	24	2	24	1	24	1	...	...	...	...	70	...	...	105	24	0	41	0	40	0	33	1
July, - - -	112	6	101	4	60	4	26	2	13	1	22	1	...	...	...	...	86	...	...	106	14	1	39	2	38	1	39	2
August, - -	138	7	49	2	9	0	27	2	16	0	10	1	42	0	...	...	37	...	...	111	3	0	40	1	32	1	14	0
September,	174	5	46	1	...	...	18	0	16	0	8	1	...	...	...	...	41	...	...	50	13	0	37	1	43	3	53	1
October, - -	145	10	42	0	...	...	29	0	8	0	4	0	...	...	...	...	32	...	...	49	7	0	38	1	48	3	0	0
November,	114	7	34	3	...	...	19	0	10	0	0	0	...	...	...	...	19	No regular return of Deaths.	No regular return of Deaths.	10	0	15	0	64	4	23	1	
December,																													
Totals of 1818,	1608	101	894	26	521	25	282	18	199	7	182	9	48	0	19	0	761	...	590	...	126	2	591	13	484	15	187	5	
Mortality, -	1 in 15½		1 in 34½		1 in 20½		1 in 15½		1 in 28		1 in 20		.....		.....		.....		.....		1 in 63		1 in 45		1 in 32		1 in 37	
1819.	65	4	17	2	...	...	23	0	8	1	...	...	...	...	...	...	24	...	13	...	8	0	8	0	40	2	11	0
January, -	66	2	17	2	...	...	...	...	8	1	...	...	...	...	...	...	25	...	20	...	3	0	7	0	34	1	4	0
February, -	60	1	12	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
March, - -	74	2	15	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
April, - -	63	3	9	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
May, - - -	61	3	11	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
June, - - -																													
Totals of 1819,	389	15	81	6	...	...	23	0	16	2	...	...	...	...	...	...	49	0	33	0	11	0	15	0	74	3	19	0
Gen. Totals,	2958	166	1545	59	1037	53	469	24	585	21	299	16	163	11	211	9	810	22	623	16	304	7	648	13	815	32	302	11	
Gen. Mortality	1 in 17½		1 in 26		1 in 19½		1 in 19½		1 in 24		1 in 18½		1 in 15.		1 in 23½		1 in 36½		1 in 39		1 in 43½		1 in 49½		1 in 25½		1 in 27½		

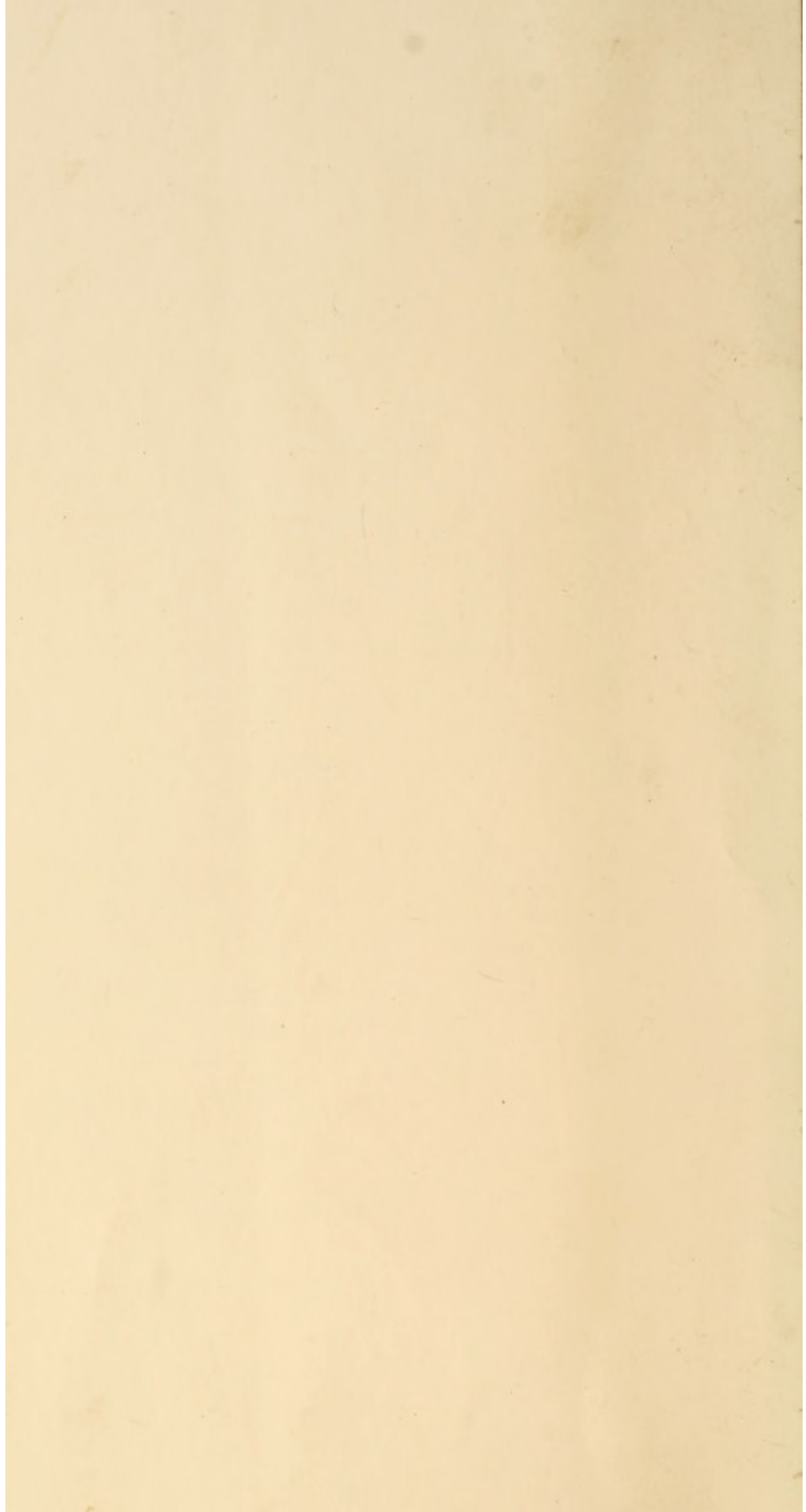


Tabular View of the Admissions, Discharges and Deaths in the several Fever Hospitals of Dublin, from the 31st August 1817, to the 3d of July 1819, inclusive, in periods of four weeks each.

	HOUSE OF INDUSTRY.				CORK-STREET.				STEEVENS'.				SIR P. DUN'S.				NEW WHITWORTH.				TOTAL.			
	Adm ^d .	Disch ^d .	Died.	Mortality	Adm ^d .	Disch ^d .	Died.	Mortality	Adm ^d .	Disch ^d .	Died.	Mortality	Adm ^d .	Disch ^d .	Died.	Mortality	Adm ^d .	Disch ^d .	Died.	Mortality	Adm ^d .	Disch ^d .	Died.	Mortality
From Saturday, the 31st August, 1817,	352	296	20	1 in 12½	346	265	12	1 in 23	53	20			...	...	...	...	...	...	...	...	751	521	32	1 in 17½
to the 27th September...	393	303	21	1 in 15½	344	331	18	1 in 19	130	110			...	...	...	...	...	...	...	...	887	744	54	1 in 14½
25th October...	362	303	28	1 in 11½	375	344	19	1 in 19	160	110			...	...	...	...	...	...	...	...	897	757	62	1 in 13½
22th November...	546	394	36	1 in 12	464	420	23	1 in 19	160	160			11	10	1	1 in 11	...	...	...	...	1181	984	65	1 in 16½
1818.—17th January...	659	532	68	1 in 8½	480	400	34	1 in 12½	166	166			...	...	...	...	...	...	...	...	1305	1098	107	1 in 10½
14th February...	810	605	61	1 in 11	509	491	20	1 in 25½	174	174			41	40	1	1 in 41	...	...	...	...	1534	1310	88	1 in 15½
14th March...	776	673	49	1 in 14½	479	454	20	1 in 23½	165	160			103	76			...	...	...	...	1523	1363	78	1 in 18½
11th April.....	766	829	50	1 in 17½	480	532	19	1 in 29	165	160			103	96			...	...	...	...	1514	1617	78	1 in 21½
9th May.....	871	846	33	1 in 23½	550	476	20	1 in 24½	165	160			153	147	19	1 in 21½	...	...	...	...	1739	1629	62	1 in 27½
6th June.....	928	841	38	1 in 21½	557	560	11	1 in 52	168	163			53	66			...	...	...	...	1706	1630	56	1 in 30
4th July.....	1089	1083	36	1 in 31	555	540	19	1 in 29	267	262			31	29			...	...	...	...	1985	1947	63	1 in 31½
1st August...	1363	1169	28	1 in 42½	606	578	12	1 in 49½	267	262			31	29	7	1 in 13½	43	33			2310	2071	48	1 in 44
29th August...	1511	1416	73	1 in 20½	642	673	11	1 in 62½	267	264			31	29			45	34	2	1 in 51	2496	2416	94	1 in 26½
26th September...	1414	1360	84	1 in 17½	685	648	13	1 in 50	254	250			120	80			51	35			2504	2373	108	1 in 23
24th October...	1522	1447	75	1 in 20½	654	638	21	1 in 31½	254	250			240	210			50	44			2720	2589	109	1 in 24½
21st November...	1561	1406	77	1 in 19½	670	607	25	1 in 25½	254	250			240	210	22	1 in 36½	42	40	9	1 in 20	2767	2513	114	1 in 25
19th December...	1424	1373	69	1 in 20½	697	681	34	1 in 21	255	250			179	176			46	41			2601	2521	115	1 in 22½
1819.—16th January...	1198	1252	79	1 in 16½	600	570	28	1 in 21½	253	212	8	1 in 25	238	220	7	1 in 32	34	31	3	1 in 11	2323	2285	125	1 in 19½
13th February...	997	972	61	1 in 17	506	501	27	1 in 19½	251	170	8	1 in 22½	200	131	9	1 in 14½	38	37	1	1 in 38	1992	1811	106	1 in 18
13th March.....	729	825	43	1 in 20	422	415	30	1 in 14½	208	163	5	1 in 33½	193	154	11	1 in 15	28	30	1	1 in 31	1582	1587	90	1 in 18½
10th April.....	569	686	39	1 in 18½	417	434	16	1 in 28	206	198	5	1 in 40	167	152	8	1 in 20	22	26	3	1 in 9½	1381	1496	71	1 in 22
8th May.....	498	628	36	1 in 15½	387	377	26	1 in 15½	197	177	10	1 in 18½	204	191	12	1 in 17	34	36	2	1 in 19	1260	1309	86	1 in 16½
5th June.....	383	448	16	1 in 29	357	380	11	1 in 35½	182	187	3	1 in 63	173	173	13	1 in 14½	39	32	2	1 in 17	1134	1290	45	1 in 28
3d July.....	314	287	20	1 in 15½	257	276	20	1 in 14½	124	136	6	1 in 23½	144	153	9	1 in 18½	33	30	2	1 in 16	872	878	57	1 in 16½
Totals.....	20975	19814	1140	1 in 18½	12039	11585	489	1 in 24½	4765	4414	143	1 in 31½	2637	2374	117	1 in 21½	528	482	24	1 in 21	40964	38669	1913	1 in 21½

Table of Monthly Admissions and Deaths in the Dublin Hospitals, for the Years 1817 and 18, and part of 1819.

	House of Industry.		Cork-street.		Other Hospitals.		Total.	
	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Died.	Adm ^d .	Mortality
1817.								
January, -	104	9	204	28	...	...	308	1 in 8 ¹ / ₃
February, -	87	8	184	22	...	...	271	1 ... 9
March, -	103	6	230	16	...	...	333	1 ... 15
April, -	101	14	232	12	...	...	333	1 ... 12 ² / ₃
May, -	141	17	294	19	...	...	435	1 ... 12
June, -	127	15	296	23	...	...	423	1 ... 11
July, -	124	8	241	13	...	...	365	1 ... 17 ² / ₃
August, -	140	6	276	15	...	...	416	1 ... 19 ² / ₃
September, -	366	22	372	14	58	3	796	1 ... 20 ² / ₃
October, -	366	23	377	20	164	15	907	1 ... 15 ² / ₃
November, -	446	34	442	22	191	15	1049	1 ... 14 ¹ / ₄
December, -	637	49	532	27	191	6	1360	1 ... 16 ¹ / ₄
Totals of 1817,	2742	211	3680	231	574	39	6996	1 in 14 ¹ / ₄
Mortality -	1 in 13.		1 in 15 ¹ / ₄		1 in 14 ² / ₃		1 in 14 ¹ / ₄	.....
1818.								
January, -	765	68	510	31	216	6	1491	1 ... 14 ¹ / ₄
February, -	851	71	504	18	308	9	1663	1 ... 17
March, -	882	55	538	23	292	9	1712	1 ... 19 ² / ₃
April, -	869	36	550	22	291	9	1710	1 ... 25 ² / ₃
May, -	943	38	625	17	286	9	1854	1 ... 29
June, -	1206	42	577	18	348	8	2131	1 ... 31 ² / ₃
July, -	1477	37	675	15	349	9	2501	1 ... 41
August, -	1633	76	732	12	351	10	2746	1 ... 28
September, -	1522	89	696	12	481	10	2699	1 ... 24 ¹ / ₆
October, -	1683	79	749	26	575	17	3007	1 ... 24 ² / ₃
November, -	1618	76	701	26	569	9	2888	1 ... 26
December, -	1484	90	756	36	584	18	2824	1 ... 19 ¹ / ₁₂
Totals of 1818,	14963	757	7613	256	4650	123	27226	1 ... 24
Mortality -	1 in 19 ¹ / ₁₂		1 in 29 ¹ / ₄		1 in 37 ² / ₃		1 in 24	.....
1819.								
January, -	1235	70	597	32	562	23	2394	1 ... 19 ¹ / ₇
February, -	789	50	444	31	449	16	1682	1 ... 17 ¹ / ₃
March, -	755	53	496	26	451	20	1702	1 ... 17 ¹ / ₃
April, -	459	37	404	23	448	24	1311	1 ... 15 ² / ₃
May, -	483	21	411	15	440	20	1334	1 ... 23 ² / ₃
June, -	331	21	307	23	358	20	996	1 ... 15 ² / ₇
Totals of 1819,	4052	252	2659	150	2708	123	9419	1 ... 17 ¹ / ₁₂
Mortality -	1 in 16		1 in 17 ¹ / ₃		1 in 22		1 in 17 ¹ / ₁₂	.....
Gen. Totals,	21757	1220	13952	637	7932	285	43641	2142
Gen. Mortality	1 in 17 ¹ / ₆		1 in 21		1 in 27 ² / ₃		1 in 20 ¹ / ₄	.....

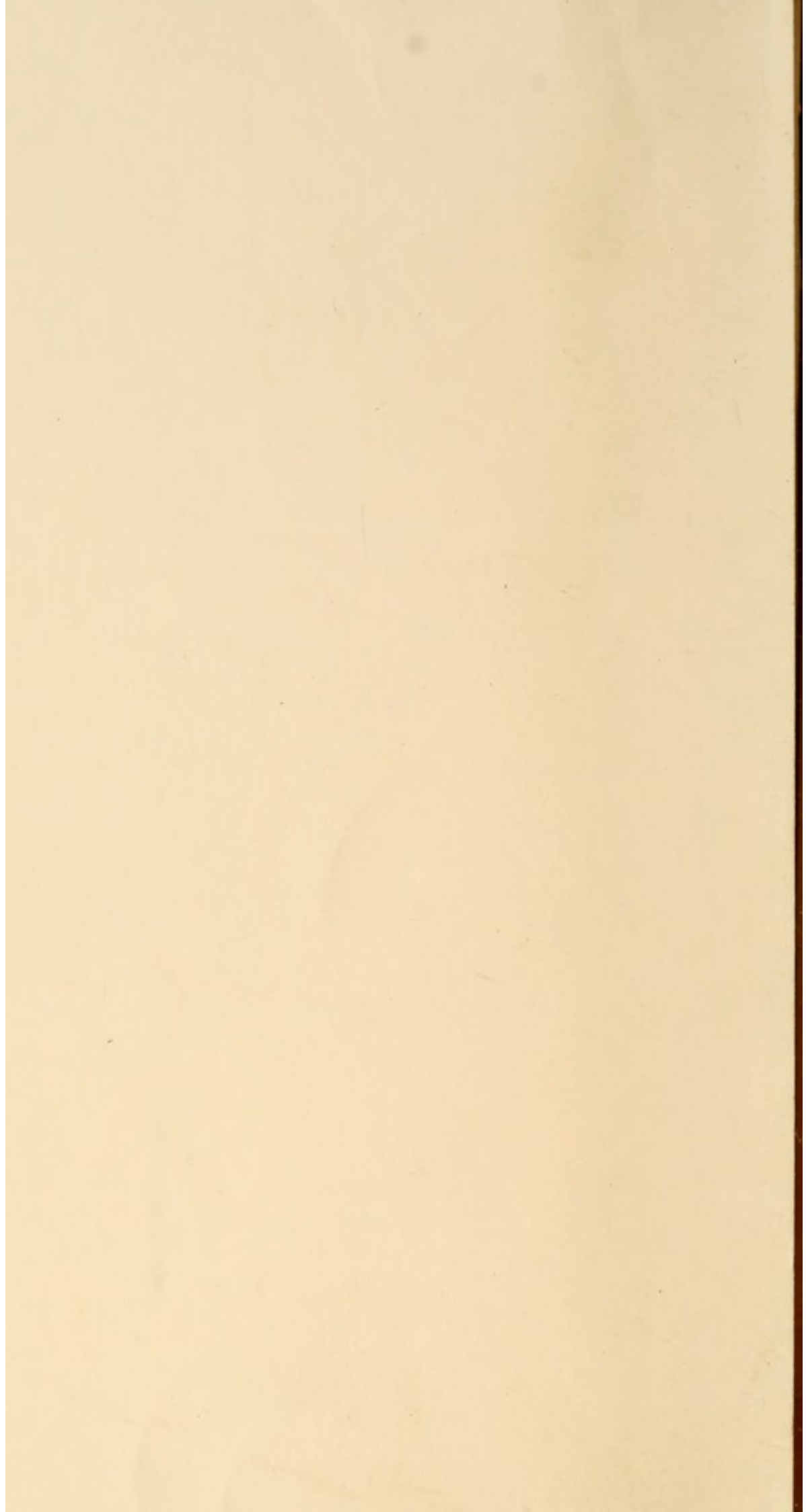


Number of Patients Admitted, Discharged, and Died in the Fever Hospitals of Cork, from the 1st January 1817 to the 31st December 1819, inclusive.

House of Recovery.				Peacock-lane Asylum.				South Asylum.				Total.			
	Adm'd.	Disch'd.	Died.	Adm'd.	Disch'd.	Died.		Adm'd.	Disch'd.	Died.		Adm'd.	Disch'd.	Died.	Mortality
1817.															
January	161	140	8	...	...	...		...	...	...		161	140	8	1 in 18½
February	151	148	8	...	...	...		...	...	...		151	148	8	1 ... 19½
March	159	160	5	...	...	...		...	...	...		159	160	5	1 ... 33
April	181	173	6	...	...	...		...	...	...		181	173	6	1 ... 30
May	230	221	6	...	...	...		...	...	...		230	221	6	1 ... 38
June	219	229	9	...	...	...		...	...	...		219	229	9	1 ... 26½
July	213	190	5	...	...	...		...	...	...		213	190	5	1 ... 30
August	239	220	7	...	...	...		...	...	...		239	220	7	1 ... 32½
September	388	324	12	...	...	...		...	...	...		388	324	12	1 ... 30½
October	425	426	19	...	...	...		...	...	...		425	426	19	1 ... 25½
November	390	322	11	...	...	...		...	...	...		390	322	11	1 ... 28½
December	389	558	11	...	...	...		...	...	...		389	558	11	1 ... 23½
Total	3143	2911	107	...	...	...		195	78	9		5089	4455	169	1 ... 27½
Mortality of 1817	1 in 28½			1 in 28½				1 in 9½				...			...
1818.															
January	327	501	13	191	185	6		139	121	10		637	607	29	1 ... 22
February	344	320	11	256	250	6		137	138	7		737	708	24	1 ... 30½
March	415	390	12	224	217	7		165	171	5		804	778	24	1 ... 35½
April	411	394	4	182	176	6		204	177	12		797	747	22	1 ... 35
May	509	485	11	241	229	12		212	223	31		962	947	31	1 ... 31½
June	556	535	8	272	260	12		251	219	5		1079	1014	25	1 ... 41½
July	657	636	8	275	261	14		282	270	6		1214	1167	28	1 ... 42½
August	649	623	13	253	257	10		264	301	8		1166	1181	31	1 ... 39
September	542	507	22	...	...	...		207	188	12		749	695	34	1 ... 21½
October	542	519	10	...	...	...		254	206	7		776	725	17	1 ... 45½
November	465	439	15	...	...	...		215	271	11		680	710	24	1 ... 30½
December	462	437	12	...	...	...		204	199	9		666	636	21	1 ... 30½
Total	5879	5586	157	1894	1855	73		2514	2494	100		10,287	9915	310	1 ... 33
Mortality of 1818	1 in 41½			1 in 26				1 in 26				...			...
1819.															
January	377	325	15	...	...	...		167	134	8		544	459	23	1 ... 21
February	342	295	10	...	...	...		138	106	3		480	401	13	1 ... 31½
March	374	325	12	...	...	...		...	...	...		374	325	12	1 ... 28
April	278	297	2	...	...	...		...	...	...		278	297	2	1 ... 149
May	225	237	5	...	...	...		...	...	...		223	237	5	1 ... 48½
June	241	210	2	...	...	...		...	...	...		241	210	2	1 ... 106
July	161	194	7	...	...	...		...	...	...		161	194	7	1 ... 28½
August	149	153	1	...	...	...		...	...	...		149	153	1	1 ... 153
September	122	128	5	...	...	...		...	...	...		122	128	5	1 ... 25½
October	78	94	2	...	...	...		...	...	...		78	94	2	1 ... 47
November	67	66	1	...	...	...		...	...	...		67	66	1	1 ... 66
December	71	64	6	...	...	...		...	...	...		71	64	6	1 ... 10½
Total	2483	2388	68	...	...	...		505	240	11		2788	2628	79	1 ... 34½
Mortality of 1819	1 in 36			...				1 in 22				...			...
Grand Total	11,507	10,885	312	3643	5501	126		5014	2812	120		18,164	16998	588	...
Genl. Mortality	1 in 35½			1 in 27½				1 in 24½				1 in 30½			...

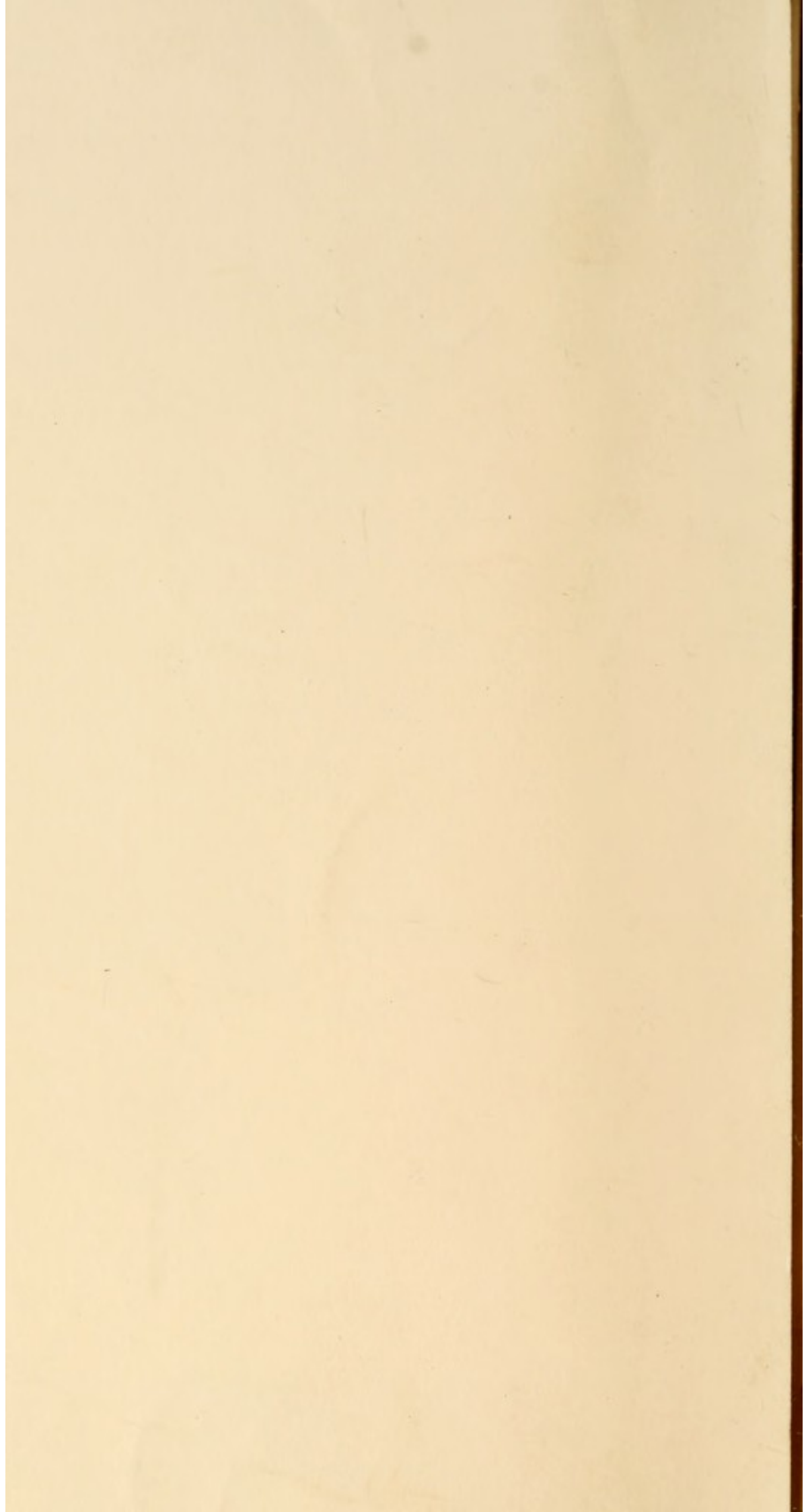
No. 1.—GENERAL VIEW OF THE EPIDEMIC IN THE PROVINCE OF LEINSTER.

LEINSTER.	Population.	Periods of Commence- ment and Greatest Prevalence.	Duration and present State of the Epide- mic.	Probable Origin.	Probable Number of Sick.	Mortality.	Authorities.
Dublin (City)	200,000	C. September 1817. G. P. Last six months of -18.	Has declined two- thirds; still more than doubles the ordinary number in Fever, be- ing as 10 to 4. D. nearly two years.	Contagion of Fever al- ways prevalent in Dublin. Extended by itinerant poor in the Autumn of 1817.	40,000 and upwards received into Hospital during 22 months, from September, 1817, to June -19, inclusive; of these between 3 and 4000 were from the county at large: 60,000 of the inhabitants, at the lowest calculation, were infected during the prevalence of the Epidemic.	About 1 in 20 of those received into Hospital: the deaths being nearly 1000. General mortality in Dub- lin, 1 in 15 at least; very variable in different sea- sons. See Dublin Tables.	Hospital returns; Personal observa- tion and enquiry.
Dublin (County)	120,000	C. in the mountains, winter of -16. Genl. C. July and Aug. -17. G. P. June, July and Aug. -18.	Has ceased general- ly as an Epidemic; Fe- ver more prevalent than usual in some parts of the county. D. 1½ year.	Spontaneous in some places; propagated by Con- tagion both among itine- rants and residents.	One tenth at least of the population, be- tween 3 and 4000 having been admitted to Hospital, though of these many were from other counties.	Hospital mortality about 1 in 20—in the cabins of- ten much less.	Ditto.
Wicklow (County)	95,000	C. Summer -17. In the mountains earlier. G. P. Winter -17 and Spring -18.	Has abated general- ly; still prevalent in many places. D. nearly two years.	As in Dublin county: in the mountains, spontane- ously: its diffusion owing to itinerants and vagrants.	About one-eighth of the population: the cases registered in Hospital exceed 2000, viz. at Baltinglass and Stratford, in 2 years 811: N. T. Mt. Kennedy, from July -17, to Feb. -19, 357: Wicklow in six months 203: Rath- drum in 7 months 350: Bray in six months 91, and at Arklow in 15 months 219. Per- haps not one-sixth of the sick received into Hospital.	54 deaths reported in Hospital: about 1 in 40: the mortality much greater in the early period of the Epidemic, before any Hospi- tals were opened; very great at Carnew in Autumn -17.	Drs. Heath and Derezy. Appendix to First Report of the Select Committee of 1819.
Wexford (County)	167,000	C. Summer -18. At New Ross in Aug. -16. G. P. Sept. and Octo- ber -18.	After a partial abate- ment, again on the in- crease. D. about one year.	Origin stated to be spon- taneous, though the great diffusion of the disease was owing to Contagion intro- duced by strangers.	About one-fifteenth of the population: the registered cases exceed 2800, viz. at Wexford 557: Gorey 237: Enniscorthy 324: N. T. Barry 91: New Ross 978: Fethard and Tin- tern in four months, ending December 1817, 678.	49 deaths reported: not 1 in 50: the general mor- tality inconsiderable.	Drs. Thompson, Robinson, Doyle, Downes, and Ha- milton. Appendix to Par- liamentary Report of 1819.
Kildare (County)	85,000	C. Summer -17. In some parts earlier.— (Naas) G. P. Aut ⁿ . and Win- ter -17.	Though the Epide- mic may have in a great degree ceased, there are yet many cases of Fever of mild character. D. nearly two years.	Introduced by poor la- bourers from Connaught & by strange beggars. Fever long prevalent in Naas, and other parts of the county.	One-tenth at least of the population: the registered cases few: at Naas, for the year ending March -19, 427: at Kilcullen, during same period, 420.	18 deaths reported: about 1 in 46—mortality much greater at an earlier period, particularly in the cabins.	Drs. Bolton and Johnston.
Carlow (County)	70,000	C. Summer -17. Part- ially in Sept. -16. G. P. Summer & Aut. of -17 and -18.	Has greatly declined since October -18: ma- ny slight cases in some parts. D. about 1½ year.	Spontaneous in many in- stances: often owing to itine- rant beggars.	Upwards of 6000 in summer of -18. Re- gistered cases few: at Carlow 692, from Oct. -17, to March -19: Hacketstown about 200 in a few months.	25 deaths in Carlow: about 1 in 50:—general mortality in 1817 not 1 in 50.	Drs. Reed, Stone, and Ryan.
Kilkenny (City)	18,000	C. April -17. G. P. the whole of 1818.	Had declined some- what in January -19: has increased much since April last. D. 2½ years.	Arose spontaneously: fre- quently aggravated by strange labourers and beg- gars.	About 3000 received into Hospital within the last 24 months, of whom perhaps 500 may be considered strangers. At least one-fourth of the inhabitants must have been infected.	Of 3070 cases 209 died: 1 in 144—mortality much increased in latter months of -18, by combination with Dysentery.	Drs. Alcock, Ry- an and Shanahan. Personal enquiry.
Kilkenny (County)	135,000	C. Summer -17. G. P. Summer -18.	Has declined gene- rally throughout the county. D. nearly two years.	Propagated chiefly by va- grants and labourers.	One-tenth at least of the population: few escaping when the disease was once introduced into a village, and few of these were exempt from the visitation.	Very uncertain: having varied considerably; no Dis- pensary returns.	Ditto.
Queen's (County)	86,000	C. Autumn -17. G. P. Aut ⁿ . -18.	Has with few excep- tions disappeared, some increase at Portlarring- ton. D. 1½ year.	Fever Endemic in this as in other counties; diffused by labourers and beggars.	About one-twelfth of the population—re- gistered cases few—in Portlarrinch 515 cases for 8 months, ending Feb. -19.	16 deaths reported: 1 in 32: general mortality un- certain: perhaps 1 in 20.	Appendix to Par- liamentary Report. Surgeon Jacob.
King's (County)	95,000	C. Summer -17. At Edenderry and Philips- town in Aut ⁿ . -16. G. P. Winter -17 and Spring and Aut. -18.	Has very generally disappeared: many scattered cases through- out the county. D. nearly two years.	In many places very clear- ly introduced by beggars from county Longford.	Perhaps one-twelfth of the population—re- gistered cases are, at Parsonstown 759: at Tul- lamore 375.	37 deaths reported: 1 in 20: mortality much greater in the cabins.	Dr. Beereon and Mr. Pierce.
Westmeath (County)	100,000	C. Summer -17. G. P. Winter -17 and Spring -18.	Has in general sub- sided to ordinary stand- ard; some cases still occur in Mullingar & Athlone. D. 1½ year.	In many places brought by beggars from Connaught and Ulster.	About one-sixteenth of the population, "though in many parts scarcely a cabin es- caped"—the only registered cases are at Ath- lone 298: Kilkucan 427: Moate 365.	27 deaths reported: about 1 in 40 in 1818, in -17 mortality 1 in 12.	Drs. Short and Melville. (Dr. M. since dead.) Appendix to Par- liamentary Report.
Meath (County)	143,000	C. Summer -17. G. P. Winter -17.	Abated much in Au- tumn -18; now nearly at ordinary standard. D. 1½ year.	Origin in many places spontaneous; in others in- troduced by "Convalescent" beggars.	One-tenth at least of the population: in some parts one-fourth:—registered cases are at Kells 386: Slane 779: Navan 167: at Old- castle Dispensary in 1818, 623.	30 deaths: 1 in 50: ge- neral mortality about 1 in 20.	Drs. Nicholls, Browne, M'Dermott and Fisher.
Louth (County)	105,000	C. Summer -17. G. P. Winter -17 and Spring -18.	As in Meath. D. 1½ year.	As in Meath.	One-tenth at least: the registered cases are, at Dundalk 1029: Ardee 900 in one year: Drogheda 1138, from Oct -17 to Feb. -18.	97 deaths reported: about 1 in 39: general mor- tality greater.	Drs. Lee, Fair- clough, Skelton, Kelly, and Fogarty. Appendix to Par- liamentary Report.
Longford (County)	96,000	C. Summer -17. G. P. Winter -17 and Spring -18.	As in Meath. D. nearly two years.	As in Meath.	One-tenth at least: no registered cases: very prevalent and fatal in town of Longford.	General mortality about 1 in 20.	Surgeon Dubou- dieu. (Since dead.)



No. 2.—GENERAL VIEW OF THE EPIDEMIC IN THE PROVINCE OF MUNSTER.

MUNSTER.	Population.	Periods of Commencement and of Greatest Prevalence.	Duration and Present State of the Epidemic.	Probable Origin.	Probable Number of Sick.	Mortality.	Authorities.
Cork (City)	80,000	C. August 1816. G. P. June, July, and August -18.	Has declined four-fifths: still exceeds the ordinary standard, as 4 to 1. D. three years.	Origin spontaneous: Contagion augmented by hordes of mendicants and paupers, foreign and domestic.	Upwards of 18,000 admitted to Hospital from August -16 to June -19: 10,000 more were probably infected; being above one-third of the inhabitants.	About 570 deaths in Hospital, or 1 in 33. General mortality much greater.	Drs. M. Barry and Bullen.
Cork (County)	660,000	C. Spring -17. G. P. Summers of -17 and -18.	Has disappeared very generally as an Epidemic; still more prevalent than is usual. D. two years.	In many places spontaneous: the Contagion diffused by immense hordes of itinerant mendicants from Kerry.	From one-sixth to one-fourth of the whole population; in many places from one-half to two-thirds: The cases registered are, at Youghall 1806: Middleton 74: Bandon 1178: Fermoy 2431: Mallow 1287: Total 6776.	Only 210 deaths reported, or about 1 in 20. General mortality still greater.	Ditto. Appendix to Parliamentary Report for 1819.
Kerry (County)	180,000	C. Spring -17. G. P. Summers of -17 and -18.	Has declined very generally through the county: not yet reduced to ordinary standard. D. two years.	It appeared spontaneously and simultaneously in different parts of this county, so remarkable for its hordes of permanent and occasional beggars.	One-sixth at least of the whole population: the registered cases are, at Killarney 1427: Tralee 1108: very little medical aid to be had throughout the county at large.	Registered deaths 52, or about 1 in 50. General mortality much greater.	Drs. Mawe, O'Connell, and Murphy. Parliamentary Report.
Clare (County)	160,000	C. Spring -17. G. P. Spring and Summer -18.	Scarcely exceeds the ordinary proportion of Fever. D. two years.	Its origin was spontaneous: diffused as elsewhere by hordes of mendicants and paupers.	About one-twelfth of the population: very little medical aid in the county: the only registered cases are at Ennis, 564.	Deaths at Ennis 33, or 1 in 17. Mortality greatest, as elsewhere, in 1817.	Dr. O'Brien. Surgeon Castle. Parliamentary Report.
Limerick (City)	65,000	C. January -17. G. P. Summer and Autumn of -17 and -18.	The admissions to Hospital more than double the average of 1816: it has declined two thirds. D. 2½ years.	It arose spontaneously in this city, without an obvious introduction from without: aggravated as elsewhere, by hordes of migrating beggars.	6778 cases admitted to one Hospital in 2½ years, besides 3000 and upwards received into the Military Hospitals in 1818: from one-fourth to one-third of the inhabitants must have been infected.	Deaths in Hospital 429, or 1 in 15: mortality very great in the winter months of 1817 -18.	Dr. F. Carroll. Parliamentary Report.
Limerick (County)	200,000	C. Spring -17. G. P. Winter of -17 and Summer -18.	Has declined very generally: still sporadic through the county. D. 1½ year.	Origin spontaneous: its great and universal diffusion throughout this county owing to an extraordinary resort of strange mendicants.	This county suffered most extensively: no registered cases reported: one-tenth at least of the whole population must have suffered.	Mortality about 1 in 20 in 1818. Greater in 1817.	Dr. Sayers.
Tipperary (County)	280,000	C. Winter of -16 and Spring and Summer -17. G. P. Summer and Autumn of -18.	Had declined very generally to the ordinary standard; on the increase in some places. D. two years.	Contagion not introduced from any other quarter in the first instance, with some few exceptions on the borders towards Cork and Kerry, at Cahir and Carrick-on-Suir.	This county suffered as severely as Limerick: at Clonmel 3677, about one-fourth of its inhabitants, were received into Hospital: more than one-third were infected: at Cahir 664 in two years, besides 2000 externs at least: at Carrick-on-Suir 1121 in 1½ year: at Cashel 621: Tipperary 236 in one year: at Templemore 238 in 1818. Total 6557.	Deaths reported 345, or 1 in 18. Mortality aggravated by Dysentery: general mortality 1 in 12 at least.	Doctors Green, Evans, Ray, Armstrong, Meagher, Beale, Williamson, McKeogh, Power, and Ryan. Rev. S. Grady. Surgeons Burgess and Fitzgerald.
Waterford (City)	25,000	C. January -17. G. P. Autumn -18. Winter of -18 -19.	No sensible abatement until April -19: has declined more than one-half: admissions still thrice more numerous than in beginning of 1817. D. 2½ years.	It would appear to have arisen spontaneously amid a very dense and poor population, suffering severely, as at Cork, by a change from war to peace.	In 2½ years 5557 cases have been received into Hospital, constituting more than one-fifth of the population: of these many were relapses: many occurred in strangers: more than counterbalanced however by cases not removed to Hospital.	241 deaths in Hospital, or 1 in 23. General mortality greatly aggravated by Dysentery, 300 of the inhabitants having been its victims in Autumn of -18.	Dr. J. K. Bracken. Parliamentary Report.
Waterford (County)	120,000	C. Summer and Autumn of -17. G. P. Summer and Autumn of -18.	Has declined very generally: not yet reduced within its ordinary limits. D. two years.	In some places it appeared spontaneously: in others it was evidently introduced.	One-tenth at least of the population: in some places one-third: the registered cases are few: at Lismore 234: at Tallow 207: at Cappoquin 219.	Deaths reported 19, or 1 in 34: general mortality much greater from the combination of Dysentery with Fever.	Ditto.



No. 3.—GENERAL VIEW OF THE EPIDEMIC IN THE PROVINCE OF ULSTER.

ULSTER.	Population.	Periods of Commencement and Greatest Prevalence.	Duration and present State of the Epidemic.	Probable Origin.	Probable Number of Sick.	Mortality.	Authorities.
Donegal (County)	230,000	C. Spring 1817. G. P. Autumn -17.	Fever has ceased as an Epidemic, though many mild cases occur, disregarded by the poor. D. 1½ year.	Contagion introduced in many instances; general origin spontaneous; particularly in the mountainous districts.	No Hospital or Dispensary records: "many thousands" affected in the towns and vicinity of Donegal, Ballyshannon and Lifford; one-fifteenth at least of the whole population; in many districts a much greater proportion suffered.	Considerable in 1817, probably 1 in 10: much less in 1818.	Surgeon J. W. Crawford. Doctor Mease.
Londonderry (County)	183,000	C. Spring -17. G. P. Summer and Autumn of -17.	At ordinary standard of Fever, with some exceptions. D. 1½ year.	Spontaneous; disease diffused by strolling beggars.	About one-tenth of the population: at Derry and N. T. Limavady in greater proportion: at Derry 636 received into Hospital in the last five months of -17: in the Jail and Infirmary 110: Glandermot Dispensary 534 ill in three months.	Registered deaths 64: or 1 in 20. General mortality much greater, particularly in 1817, when it probably fell little short of 1 in 5 in general.	Dr. Caldwell. Parliamentary Report.
Belfast (Town)	30,000	C. Summer -17. G. P. Autumn and Winter -17.	Greatly reduced: still more than doubles the ordinary standard. D. nearly two years.	Origin doubtful: Fever being always present in the town.	Perhaps one-sixth of the inhabitants: 2958 having been received into Hospital, besides as many more on the Dispensary Books.	Deaths in Hospital 106, or 1 in 17½.	Dr. M'Donnell, —Thompson, —Stephenson.
Antrim (County)	200,000	C. Summer -17. G. P. Autumn and Winter -17.	Fever had, with few exceptions, reached the ordinary standard before the close of -18, except in Belfast and the marshy districts. D. 1½ year.	Origin in general spontaneous.	One tenth at least of the population: the registered cases are at Lisburn 469: Carrickfergus 540: Randalstown 290, besides near 300 out-patients.	92 deaths reported: about 1 in 14. General mortality still greater.	Dr. Stewart. Parliamentary Report.
Down (County)	288,000	C. Winter -16 and Spring -17. G. P. Autumn -17 and -18.	Reduced to ordinary standard of Fever, with some few exceptions. D. two years.	Origin spontaneous: the importation of Contagion into the county not credited.	At least one sixth of the population: "in towns without Fever Hospital scarcely a house escaped, and when the disease appeared in a poor man's house, scarcely an individual escaped;" "in other towns not more than 1 in 4 were visited by the disease." The registered cases are at Newry 1545: at Downpatrick 150 ill in August and Sept. -17.	Deaths in Newry Hospital 59, or 1 in 26. General mortality 1 in 15 at least: among the rich 1 in 5: "excessive in the mountainous districts."	Drs. Black, Nevin and Morrison. Parliamentary Report.
Armagh (County)	120,000	C. Winter -16 and Spring -17. G. P. Autumn and Winter -17.	Very little Fever for many months past: having declined suddenly. D. 1½ year.	Origin spontaneous: disease greatly increased by extraordinary influx of mendicants in Spring -17.	No part of the county escaped: disease very prevalent and fatal among the higher classes: one-eighth of the population must have suffered: the registered cases at Armagh are few (only 163) though 3000 and upwards were ill within a circuit of three miles of that town.	The mortality varied as 1 in 3, 1 in 10, or 1 in 30, according to the station in life: at the greatest height of the Epidemic general mortality was 1 in 5.	Drs. Ryan, Atkinson and Barclay. Surgeons Simpson, Colvan and Miller.
Tyrone (County)	250,000	C. Spring -17. G. P. Autumn and Winter -17.	Reduced to ordinary standard, with some exceptions, particularly around Strabane. D. nearly two years.	The disease originated in the crowded habitations of the begging poor.	Perhaps one third or one-fourth at least of the population of this extensive county suffered: the registered cases are at Cookstown 168: at Kildress 190 interns and 1112 externs: at Dungannon 211 interns and 1663 externs: at Strabane 585 interns; in the Dispensary district, containing a population of 16258 souls, 4167 were ill of Fever from April -17 to September -18: on the Marquis of Abercorn's estate, containing a population of 14000, 4988 were ill from April -17 to Oct. 18. Total 13,084.	Deaths reported amount to 763, or about 1 in 17: General mortality still greater, particularly in the mountainous districts.	Drs. F. Rogan, Sinclair and Sweeney.
Fermanagh (County)	110,000	C. At Enniskillen, in the Autum of -16. Elsewhere in Spring -17. G. P. Autumn -17.	Said to be reduced to ordinary standard. D. 1½ year.	Spontaneous among the poor.	About one fifteenth of the population. No registered cases: 168 convalescents in one month at Enniskillen: 12 deaths.	Mortality not so great as in the neighbouring counties.	Drs. Maguire and Nixon. Parliamentary Report.
Cavan (County)	118,000	C. Spring -17. G. P. Autumn -17 and -18.	Not yet reduced to ordinary standard in some parts of the county. D. 1½ year.	Fever originated spontaneously among the poor.	About one-fifteenth of the population at least; registered cases few: at Cavan 129: at Killesandra 810.	About 1 in 15. No regular report of deaths.	Drs. Murray and M'Donald. Surgeon Roe.
Monaghan (County)	140,000	C. December -16—May -17. G. P. Autumn -17 and -18.	The Epidemic subsided in winter -18: A mild fever still prevalent in -19. D. nearly two years.	Appeared first in the Gaol, and thence partially diffused—its general origin spontaneous: its great diffusion owing to begging poor.	One-eighth at least of the population: no district or class exempt: scarcely a cabin escaped: in the town two-thirds ill, 1037 having been admitted to Hospital from Aug. -17 to Aug. -18.	Deaths reported 53: about 1 in 19: general mortality still greater. Between 20 and 30 died in the Gaol out of about 130 prisoners.	Drs. M'Adam, and O'Reilly. Parliamentary Report.

No. 4.—GENERAL VIEW OF THE EPIDEMIC IN THE PROVINCE OF CONNAUGHT.

CONNAUGHT.	Population.	Periods of Commence- ment and Greatest Prevalence.	Duration and present State of the Epide- mic.	Probable Origin.	Probable Number of Sick.	Mortality.	Authorities.
Galway (County)	212,000	C. in town of Galway Autumn 1816: Gene- ral C. in Spring -17. G. P. Spring, Sum- mer and Autumn -18.	Has ceased as an Epidemic very gene- rally except in the mountainous districts. D. two years.	Spontaneous in the close crowded towns: diffused by intercourse at fairs and by strolling beggars.	Perhaps one-tenth or more of the popula- tion, no district having escaped: the regis- tered cases are, at Galway 309: Balinasloe about 900: Monivae 408: Tuam 304: Gort about 400: Total 2321. No deaths reported for Balinasloe; at Loughrea about 500 ill in 1818.	Deaths reported only 83, or 1 in 17: general morta- lity greater in the moun- tainous districts.	Dr. Whistler. Appendix to Par- liamentary Report for 1819.
Mayo (County)	236,000	C. Summer -17. G. P. Very variable in different parts of Co. Winter -17—Spring, Summer and Autumn -18.	Has ceased as an Epidemic except in the mountainous district of Erris, and about Killala. D. nearly 1½ year.	Spontaneous: no evi- dence of its first introduc- tion from any other coun- ty: Fever less extended by begging poor in this county than in the neigh- bouring counties.	The proportion of sick very uncertain, be- ing very variable in different parts of the coun- ty: from one-tenth to one-thirtieth of the po- pulation. The registered cases are, at West- port 648: Castlebar 54: Killala 609: at Ba- linrobe, Hollymount and Kilmaine about 450: and at Ballina from 50 to 100 often visited in a day.	Very few deaths report- ed: general mortality a- bout 1 in 30: in the moun- tainous districts much greater.	Parliamentary Re- port. Dr. Keane.
Sligo (County)	126,000	C. Spring -17. G. P. Winter -17 and Spring -18.	The Epidemic may be considered extinct, having steadily declin- ed since the winter of -18. D. nearly two years.	Originated spontaneou- ly in the county, and was widely diffused by strolling beggars.	From one-fifteenth to one-tenth of the po- pulation. The only registered cases are those of the town of Sligo, 815.	32 deaths reported, or 1 in 25½: in 1817 the mor- tality was much greater: in 1818 much less.	Parliamentary Re- port. Drs. Coyne and Johnston.
Letrim (County)	94,000	C. Spring -17. G. P. Autumn -17 and -18.	The Epidemic has very generally ceased, though still prevalent in some villages. D. nearly two years.	As in Sligo.	One tenth at least of the population: in some parts of the county in still greater pro- portions, as at Mohill and Carrick: at Mohill about 2000 ill in 7 months: about Carrick 790 cases registered.	64 deaths reported: a- bout 1 in 42: general mor- tality much greater in 1817.	Parliamentary Re- port.
Roscommon (County)	158,000	C. Spring -17. G. P. Summer, Au- tumn and Winter -17.	The Epidemic has almost entirely ceased. D. 1½ year.	As in Sligo.	One-tenth at least of the population, "ve- ry few having escaped." The registered cases are at Boyle 882: at Athlone 298: at Strokes- town about 300.	67 died at Boyle, or 1 in 13: general mortality rated at 1 in 30.	Drs. Sir T. Mori- arty, Simpson and Hall. Parliamentary Re- port.





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