

On famine and fever as cause and effect in Ireland; with observations on hospital location, and the dispensation in outdoor relief of food and medicine / [Sir Dominic Corrigan].

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ON

FAMINE AND FEVER

AS CAUSE AND EFFECT

IN IRELAND;

WITH

OBSERVATIONS ON HOSPITAL LOCATION,

AND

THE DISPENSATION IN OUTDOOR RELIEF

OF

FOOD AND MEDICINE.

BY

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"We give the name of *cause* to the object, which we believe to be the invariable antecedent
of a particular change."—*Brown on Cause and Effect.*

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Ὁ Λοιμὸς μετὰ Ἰμῶν.

Greek adage.

THE opinion advanced in the following pages, that Famine and Fever are, in Ireland, as cause and effect, is an opinion formed not in haste or excitement.

It is now more than fifteen years (*Vide Lancet*, 1830) since I first advanced this opinion, which time, opportunity, and long continued observation have strengthened. I believe that the republication of this opinion, and a review of the facts on which it has been founded, will not be inopportune at the present time. The state of the Potato Crop throughout Ireland is now a subject of great anxiety. Whether Providence in its mercy will arrest the destruction now going on, or will, in its wisdom, permit the poor man's food to continue to melt away into rottenness, is beyond human foresight to divine. Should the infliction continue its ravages, it is surely right we should all have timely warning, that another evil as dreadful as Famine is likely to follow, namely, Pestilence, unless we exert ourselves to supply our people with food.

I am aware, that, for publishing these pages at the present time, I may be censured by many as an alarmist; I would however, ask those who may censure me—even admitting that the dreaded evils Famine and Fever do not come—what injury is there in the alarm? I cannot see any. The alarm, it is true, may temporarily shake the nerves of the timid, but it cannot deteriorate the condition of the poor. Should Famine not arrive, then temporary alarm, and nothing more, has accrued; but should it come, with Pestilence in its track, timely warning having been given, it will come upon us not unprepared to meet it. Those who for the sake of tem-

porarily sparing their feelings would shun present alarm, rather than contemplate distant danger, seem as weak-minded as the fearful animal, that, to shut out a momentary fright, when enemies are circling round it, covers up its head and eyes, and thus awaits in passive helplessness, the death blow which it might have averted by a timely exercise of foresight and courage.

In advocating the exercise of the contemplation of danger however distant, it is instructive in circumstances like the present, to call to mind how helpless on occasions of great panic is the public mind, how sudden is its transition from blustering incredulity to helpless dismay, how those who obstinately refuse to acknowledge danger at a distance, and reprobate all who point it out to them, are among the first to lose presence of mind, and sink into abject terror when the danger they had derided, is closing round them, and how their want of presence of mind aggravates the danger that affrights them. In the commencement of the year 1817, those who foresaw the coming pestilence, and would have made exertion to obviate it, were considered as alarmists. Thus, in Tullamore in that year when it was proposed to adopt measures to check the coming evil, the proposers were coldly and jealously avoided, their plans were ridiculed and their efforts were unaided—but how sudden was the transition!—The death of some persons of note excited a sense of danger; alarm commenced which ran into general dismay; military were posted at every avenue; the town was placed in a state of blockade; all intercourse in business, all trade was arrested, and all communication between the town and adjacent country was at an end.* The poor were deprived of employment and were driven from the doors where before they had always received relief, lest they should introduce disease with them. Thus, destitution and fever continued in a vitious circle each impelling the other, while want of presence of mind aggravated a thousand

* Barker and Cheyne's report on Epidemic Fever, Vol. i. p. 8.

fold the terrible infliction. Of the miseries that attend a visitation of Epidemic Fever, few can form a conception. The mere relation of the scenes that occurred in the country, even in one of its last visitations, makes one shudder in reading them. As Barker and Cheyne observe in their Report, "*a volume might be filled with instances of the distress occasioned by the visitation of fever in 1817.*"*

"On the road leading from Cork, *within a mile of the town, (Kanturk,) I visited a woman labouring under typhus; on her left lay a child very ill, at the foot of the bed another child just able to crawl about, and on her right the corpse of a third child who had died two days previously, which the unhappy mother could not get removed.*"†

"Ellen Fagan, a young woman, whose husband was obliged, in order to seek employment, to leave her almost destitute in a miserable cabin with three children, gave the shelter of her roof to a poor beggar who had fever. She herself caught the disease and from the terror created in the neighbourhood, was, with her three children deserted, except that some person left a little water and milk at the window for the children, one about four, the other about three years old, and the other an infant at her breast. In this way she continued for a week, when a neighbour sent her a loaf of bread, which was left in the window. Four days after this, he grew uneasy about her, and one night having prepared some tea and bread, he set off to her relief. When he arrived the following scene presented itself: in the window lay the loaf where it had been deposited four days previously; *in one corner of the cabin on a little straw without covering of any kind, lay the wretched mother actually dying, and her infant dead by her side for the want of that sustenance which she had not to give; on the floor lay the children, to all appearances dying also of cold and hunger. At first they refused to take anything, and he had to pour a little liquid down their throats; with the cautious administration of food*

* Barker and Cheyne, p. 65.

† Letter from Dr O'Leary, dated Kanturk, January 2nd, 1818.

they gradually recovered. The woman expired before the visitor quitted the house."*

"A man, his wife and two children lay together in fever. The man died in the night; his wife, nearly convalescent, was so terrified with his corpse in the same bed with her that she relapsed and died in two days after; *the children recovered from fever, but the eldest of them lost his reason by the fright.* Many other wretched scenes have I witnessed which would be too tedious to relate."†

I know not of any visitation so much to be dreaded as Epidemic Fever; it is worse than plague, for it lasts through all seasons. Cholera may seem more frightful, but it is in reality less destructive—it terminates rapidly in death, or in as rapid recovery; its visitation too is short, and it leaves those who recover, unimpaired in health and strength. Civil war, were it not for its crimes, would be as far as regards the welfare of a country, a visitation less to be dreaded than Epidemic Fever.

Epidemic Fever as it has appeared in Ireland, persists through all seasons, and when it has seized on an individual, generally extends to every member of the family, leaving no one of them capable of struggling against the common destitution. In Dublin alone, notwithstanding all the means of prevention, that wealth and charity supplied, 42,000 patients passed through the Fever Hospitals, or one-sixth of the whole population of the city, in the epidemic of 1817 and 1818, and of six millions, the estimated population of Ireland at that time, at least one million and a half of the labouring classes suffered from fever. Of these, about 60,000 died; but we shall have a very incomplete idea of the evils of fever, if we limit our estimate of them by the extent of the mortality. Of nearly all the acute diseases, the slowest convalescence and requiring the greatest care, is from fever. We are all aware how tedious is recovery after fever, even among those possessing every comfort; how much care is requisite,

* Letter from Dr. Macartney, Monivae, August, 1818.

† Barker and Cheyne's report, Vol. i. p. 66.

and how much attention is required to diet and clothing; how often even change of air and residence is required, and how long postponed even with all those appliances are perfect recovery and strength. It is not possible then to form an exaggerated picture of the sufferings of a million and a half of people in these countries, in their convalescence from fever, deprived of not only the comforts, but even the necessities of life, with scanty food, and fuel and covering, only rising from fever to slowly fall victims to those numerous chronic diseases that are sure to seize upon enfeebled constitutions. Death would be to many a more merciful dispensation than such recovery. It is not to be wondered at, that a population that has thus suffered, should for a long period bear the stamp of the infliction. The generation that has thus suffered cannot again be what it had been. What is commonly observed of the individual is true of the people, "he was never the same man since he had the bad fever," and the offspring will inherit for generations to come, the weakness of body and apathy of mind, which famine and fever had engendered.*

The knowledge of the above facts will, I trust, induce those who are placed in power, and who possess wealth, to obviate such dangers, and to meet them in time, should they again invade us. Should there, however, be any, who may require to be further urged, it is well they should learn that their own self-preservation is intimately concerned in the consideration. It is a curious circumstance in the history of the Epidemic Fevers of Ireland, that while the poor are attacked in greater numbers, the rich suffer more in mortality. The mortality among the poor is only about one in thirty, but the mortality among the rich is estimated at the lowest at one in three. It seems, therefore, that while the rich possess constitution and means, which enable them to resist the ordinary contagion of fever, the seizure, when it does come, is in itself demonstrative of a greater amount of virulence.

It is again right, we should all be aware, that no

* "Many patients remained in a state of fatuity for months after the fever had left them." *Barker and Cheyne*, Vol. i. p. 467.

matter from what source, fever originally springs, all, rich as well as poor, are soon involved in one common risk. Our own property is not safe while our neighbour's house is on fire—our lives are not secure while fever rages round us. Fever, originate from what cause it may, soon acquires a contagious character; and we have no means of determining the distance to which that contagion may be carried. We may hoard food, but we cannot hoard air; The tainted atmosphere that escapes from the hovel of the sick pauper, may be wafted no one knows whither. It mixes with the air we breathe; it will enter the mansion of the richest, and the palace of the proudest; we have no means of detecting its approach, or of discovering its presence; it is an unseen enemy, and the more to be dreaded as like the ambushed snake, it only reveals its presence to its victim by its grasp.

“ In the year 1750, on the 11th May, the sessions began at the Old Baily, and continued for some days; in which time there were more criminals tried, and a greater multitude was present in the court than usual. The hall in the *Old Baily* is a room of only about thirty feet square. * * * It will be easy to account for the corruption of the air, especially as it was so much vitiated by the foul streams of the *Bail-dock*, and of the two rooms opening into the court, in which the prisoners were the whole day crowded together till they were brought out to be tried.* * * * The bench consisted of six persons, whereof four died, together with two or three of the council, one of the under sheriffs, several of the Middlesex jury, and others present to the amount of above forty, without making allowance for those of a

* “ It has been the custom some days before every session to remove all the malefactors from the other jails into Newgate, already too much crowded. At such time three hundred have been confined within that narrow space, and it is well known how nastily both this and all the other prisons are kept. * * At these sessions about one hundred were tried, who were all kept in these close places as long as the court sat; each room was but 14 feet long by 11, and 7 feet high. The bail dock is also a small room taken off one of the corners of the court and left open at the top.”

lower rank whose death may not have been heard of, and without including any that died within a fortnight after the sessions."*

The melancholy history of the *Eclair* Steam Sloop of War, so recent in all our recollections, affords a convincing confirmation of the position that fever originate whence it may, soon acquires a contagious power, and will continue its ravages long after the primary originating cause has ceased to act.

This vessel came up to the Motherbank on the morning of September 29th, 1845, about nine o'clock, with the yellow flag, and a black ball in its centre, emblematic of death on board. Sixty-two had already died, and 23 were then ill on board. The following is an abstract of the authorised account by the Superintendent-General of Quarantine,† dated October 3rd, 1845. The *Eclair* sailed from Devonport in November last, 1844, having a crew of 146 officers and men, for the Coast of Africa, on which station she remained until the 23rd July last. On the morning of sailing from Sierra Leone, a man was taken on board who had been for three days previously on shore. Four days after sailing this man died of fever and black vomit. Between this and her arrival at Buena Vista, one of the Cape Verde Islands, where she arrived on the 21st August, eighteen were attacked with the same fever, of whom thirteen died. At Buena Vista the crew were landed, and every means taken to disinfect the sheets, clothing, &c. yet, still the disease continued among them, and by the 13th of September, thirty-one men had died.

They sailed from Buena Vista on the 13th September, Captain Estcourt, commander, died on the 16th. At Buena Vista, the assistant surgeon Harte of the *Eclair* died, when Mr. Maclure, a naval surgeon, passenger in the *Growler*, and Mr. Coffy, assistant surgeon of the *Growler*, volunteered their services on board, and also seven men

* Observations on Diseases of the Army by Sir John Pringle, 1765.

† Vide London Medical Gazette, October 10th and 17th, 1845.

from the Growler. Mr. Maclure died on the voyage to Madeira. At Madeira, Mr. Bernard, a naval surgeon, volunteered his services. From the day of her sailing from Madeira, 21st September, up to this date 30th September, seven deaths have taken place, and eight more cases have occurred. Of the whole crew only 41 escaped an attack of the fever—since the 30th three more seamen have died, and since that report October 17th, three more deaths have taken place. “Both the medical officers who nobly volunteered their services at Madeira have been attacked, and one of them Mr. Bernard has died, Lieutenant Isaacson, and the pilot Mr. Saunders, who brought the vessel round from Portsmouth, having fallen victims to the fearful malady.” Thus in those two instances alone, there is sufficient proof that fever, originate whence it may, acquires and retains a contagious power.

The knowledge of the causes of an evil is a main step towards its removal or prevention. The following pages will, I trust, in the instance before us, afford such knowledge, and prove that, in the production of Epidemic Fever in Ireland, there is one cause of paramount influence.

The first remarkable circumstances to be noted in the history of its visitations, is the great similarity of feature which has pervaded them all. With very trifling shades of distinction, all the epidemics of the last century and a half have presented the same characters. I may mention, as points of resemblance, their commencing among the poor, their continuation through all seasons, the frequent relapses, the comparative exemption of the wealthy, dearly purchased, however, by the much greater relative mortality. These features all the epidemics of this country have presented in common. Rogers, whose description of the epidemics of this country is universally acknowledged to be accurate, says, “though at first view (to a person who hath not made the present argument the object of his serious thoughts for some years past) 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 nearly four-and-twenty years, that no new Epidemic Fever hath shown itself amongst us during that space”* “It is the general opinion, that the diseases do not differ from the fever which usually prevails in Ireland.”† It is not necessary in this essay to go into details of symptoms, which, if brought forward, would still more strongly prove the correctness of the above opinion, that all our epidemics have been of the same nature. I may refer to Rutty’s History of the Diseases of Ireland for the space of forty years, in which the minute descriptions of the epidemics for that period (and they were very numerous) agree so closely, that the detailed symptoms of any one epidemic might be taken as belonging to any other.‡ It is scarcely necessary to observe, that in the epidemic of 1826, the lines of resemblance marking it as belonging to the same family were as strong as in any of its predecessors. It raged through summer, through autumn, through winter. It commenced among the poor, and presented, in a high degree, what may be put down as peculiarly characteristic of our epidemics—frequent relapses.

It thus appears that all our epidemics have been of the same kind, visitations at different times (only to a greater or lesser extent) of the same disease.

Like effects generally follow like causes. The epidemics which appeared at different times, during a space of one hundred years, have presented the same characters. It is reasonable to infer, that they owe their origin to some common cause; my attention was, therefore, turned to ascertain what that common cause was. For this, no mode of inquiry seemed better adapted than the inductive, to group together all the epidemics of which we have accurate accounts, noting the circumstances that accompanied or pre-

* Essay on Epidemic Diseases, by Joseph Rogers, M.D.

† Appendix to first Report of the Committee of the House of Commons on the State of Diseases in Ireland, p. 73.

‡ Vide Rutty, pp. 24, 52, 56, 87, 183, &c.

ceded each, and ascertaining if among them there were some one condition invariably present, which, according to the laws of this mode of inquiry, would then be that common cause.

It is not my intention in this essay to go into a laboured or obscure discussion on the nature of fever. My object is a practical good. It matters little for the end to be attained, the prevention or removal of fever, whether the cause which shall be proved to be paramount in its production, be, in the language of medicine, a proximate or a remote, a predisposing or an exciting cause.

Following the above mode of inquiry, I present a table of the most remarkable Epidemic Fevers of this country of the last hundred years, noting, at the same time in the briefest terms, the circumstances or occurrences that preceded or accompanied them.

1728—Spring mild; summer *cold and wet*, ice in the Liffey 23rd June; autumn and winter variable;* three bad harvests in succession. Provisions at an extravagant price.†

1729—Spring *cold and dry*; summer *dry*; autumn wet; winter open‡ Scarcity of crop; distress continued; housekeepers begging bread in the streets of Dublin.§

* Ritty, pp. 12, 22, 26.

† “Scarcity drove the poor to begin with their potatoes before they were full grown, so that they have lost half the benefit of them. Oatmeal is, at this distance from harvest, in many parts of this kingdom, three times the customary price.”—*Boulter's Letters*, March, 1727. It may not be amiss to remind the reader, that March, 1727, in *Boulter's Letters*, is, according to the present, and to a computation even then not unfrequently adopted, March, 1828. Boulter, in common with many writers of the day, dated by the civil or legal year, which in England commenced on the 25th of March, which mode of reckoning was in use until the reign of George II. when the same act of Parliament that altered the style, decreed that the year should henceforth commence on the first day of January. The time between the two periods being often marked thus, as February, 1751–52.

‡ Ritty, pp. 12, 22, 26.

§ Commercial Restraints of Ireland, p. 44.

- 1730—Spring variable; summer *wet*; autumn variable; winter *open, mild, dry*. Distress still continuing.*
- 1731—Spring dry; summer *hot*; autumn variable; winter wet and *warm*.† Distress still prevailing. Fever commenced in 1728, and lasted to 1732.
- 1734—Summer wet; autumn variable; winter mild; harvest bad, much straw and little grain.
- 1735—Summer again *cold* and wet; autumn wet; winter *open*. Fruits and grain very backward.
- 1736—One of the *hottest* summers remembered; autumn *fair*; winter *open*. Petechial Fever appeared in winter of 1734, continued through 1735, became very frequent and fatal in summer of 1736, and disappeared in autumn of the same year, which brought a most abundant harvest. (Vide Ruddy, pp. 42, 59.)
- 1739—Spring cold; summer wet; thermometer not higher than in May; autumn variable; winter cold; most intense *frost*, continuing with scarcely any intermission from the 27th of December to the 14th of February to the following year. Potatoes, the food of the poor, rotted; tillage interrupted in spring.
- 1740—Spring dry and cold; summer dry; autumn unusually frosty; winter frosty. “Great dearth of provisions this autumn, 1740, which proceeded almost to a famine in winter; the potatoes having failed, while other provisions bore double or treble their usual price.”‡ Fever appeared in summer of 1740, increased in autumn, and rose to a terrific degree of violence in spring and summer of 1741. 80,000 persons died of fever and dysentery, in this epidemic.§ The fever which had begun last autumn returned in spring, and raged through the summer of 1741.

* “In the year 1731, there was a great deficiency in the public revenue, and the national debt had considerably increased. The exhausted kingdom lay under great difficulties by the decay of trade, the scarcity of money, and the universal poverty of the country.” Ibid p. 46.

† Ruddy, pp. 12, 22, 26.

‡ Ruddy, p. 83.

§ O'Connell Observationes Medicinales.

It was computed that one-fifth part of the inhabitants died, though probably with exaggeration.*

1741—Spring dry; summer dry; autumn variable; winter frosty. Plenty of good corn in autumn of 1741, fruits of the earth duly matured, winter concluded healthy, and the bills of mortality sunk conspicuously.†

1742—Spring dry; summer hot; autumn variable; winter stormy and frosty. Provisions most plentiful. Bread sold at twenty-one pounds six ounces for a shilling.‡

1743—The summer and autumn were remarkable for health, as well as for fertility and plenty in large crops of corn of all sorts, and we had scarce any disease then or in winter, except cold and sore throat, from which we are seldom exempted.§

1798—Summer and autumn of 1797 wet, crops scanty, fuel scarce. 1798, gentry flying out of the country; poor out of employment; tillage neglected; consequent starvation. Fever prevalent in spring of 1798, spread in the end of summer to a frightful extent.

1799—Summer *wet* and cold; general deficiency in the crops. Fever now assumed a most malignant type.

1800—Summer unusually *hot* and *dry*, but followed, like the previous wet summer, by deficient crops; the crops, moreover, of very bad quality; the people in a state of starvation. Malignant fever continued from 1798.

1801—Most abundant harvest, fever began to decline, and disappeared in the summer of 1802.||

1817—Crops of the preceding year very deficient, did not arrive at maturity; corn was uncut in November, much of it lost. Corn saved was green in the husk, or malted; potatoes scanty, wet, unripe. No straw even for the beds of the poor; turf also deficient. This combined deficiency

* Ratty, p. 86.

† Ratty, pp. 92, 123.

‡ Ratty, p. 98.

§ Ratty, p. 107.

|| Barker and Cheyne, p. 18.

of food, fuel, and bedding, felt most severely in winter and spring of 1816-17, when fever appeared, which became very prevalent in summer of 1817. Spring and summer of 1817 wet, cold and unproductive, as the preceding year.

1818—Spring *moist*; summer unusually *hot*; crops good; provisions in abundance. The epidemic, which had arisen in spring of 1817, continued to increase at a rapid rate through summer, winter, spring, and summer again, until the autumn of 1818, which brought with it a most abundant supply of food, fuel, and straw for bedding. Fever at the very same time began to decline, and soon after disappeared. One million and a half of the population suffered from fever in this epidemic.

1826—Potato crop of the preceding year, 1825, very deficient. The weavers in Dublin were, by a sudden reverse of trade, thrown out of employment to the number of 20,000. Fever appeared rising rapidly in spring of 1826, reached a terrific height in the autumn and winter following, declined in summer of 1827, and disappeared in autumn. Summer of 1827 produced an almost unparalleled abundance of crops.

I have thus thrown together, with a concise notice of the most remarkable preceding or accompanying circumstances, the principal epidemics of the last hundred years.

It is a maxim in philosophizing, to assign like causes to like effects; and if upon a general view of all the *instances* adduced, we find some one condition invariably present, to that condition we give the name of cause. “We give the name of cause to the object which we believe to be the invariable antecedent of a particular change.”* Epidemic Fevers are the like effects; we must, if possible, assign them like causes. Upon a general view of all the instances, with the accompanying circumstances, we find one condition in-

* Brown on Cause and Effect.

variably present, *Famine*, which we therefore mark down as their common cause.

Even a rapid glance over the table, as I have arranged it, will show, that however all other circumstances, as time, season, climate, might have varied, this one condition, *Famine*, was never absent. No matter how climate altered, or seasons revolved, how summer or winter rolled on, so surely as want appeared, so certainly did *Pestilence* follow. The two have also ever kept pace with one another; as the degree of want, so has been the extent of fever. In 1728, an epidemic appeared that lasted for four years. It was preceded by bad harvests: unparalleled distress, even among the middle classes of society, prevailed for nearly four years. Again, in 1734, after an unproductive harvest, fever set in, and after two years' duration, disappeared in 1736, when an abundant crop was gathered.

In 1739 and 1740 there was a great dearth of provisions, which continued until the harvest of 1741, and so long, although there was every variety of weather, did the epidemic continue, defying alike the heat of summer, and the supposed fever-destroying influence of winter. As if to make the cause of *Epidemic Fever* so palpable as not to be passed over, unless by the most obstinate blindness, in the following year 1742, when bread was selling twenty-one pounds for a shilling, there was hardly a case of fever to be seen among the lower classes.

The summer of 1797, was, as already noted, unpropitious to the fruits of the earth—constant rain prevented the laying up even of fuel. The state of the crop and of the country in 1798, was not such as to bring relief. The tempest of civil war was sweeping the kingdom; the gentry fled; all connexion, save that of party between the higher classes and their dependants, was severed. The peasants were either in arms, or driven from their homes; tillage was neglected, and the scanty supply of food raised was further lessened by the ravages of the two contending parties. What providence spared, man destroyed. Want increased, and with increased want came increasing fever.

This epidemic, which appeared in the spring of 1798, was in the latter end of the year abroad as a plague. In 1799, the crop was again deficient, fever assumed now the worst form of typhus, but was still, in a great measure confined to the poor. The summer of 1800 came; it was a strong contrast to the summers that had preceded it; those had been wet and cold, this was hot and dry. A burning sun withered the corn and the potatoes. Scarcity became so great, that distillation from grain was prohibited, and bounties were given on imported corn; but under such circumstances the mass of the poor were still in want. Fever assumed a malignancy that enabled it to burst from the poor among the rich, and few in civil or military life escaped. It continued with unabated violence, until Providence sent, in 1801, a most abundant harvest, and then, and only then, a fever that had raged through all variations of temperature, of climate, and season, for a space of four years, began to subside.

We may pause for a little on this epidemic. It arose in the commencement of the terrible, and never-to-be-forgotten year of 1798, continued through all seasons, uninfluenced alike by the wet and cold summers of 1799, or the tropical sun of 1800, or the again succeeding winter. The afflicted people looked to cold, to rain, to snow, to purify the air, or destroy contagion. Want continued, with want fever, until in the spring of 1801, at the end of three years, from its commencement, it assumed a malignancy that defied all human power.

Was it stopped by change of climate? For three successive years every variety in climate had in turn existed; the summers had been cold or unusually hot, dry, or pouring down torrents of rain; it would therefore, be idle to charge climate with the production of the evil, or to attribute to climate its cessation. The epidemic had defied all its changes; in the autumn of 1801 came a plentiful crop, and then fever began to decline. The crop of 1801 was unequalled for goodness and abundance, and accordingly, before the end of the summer of 1802, the terrible visitant that

had defied every other power to remove it, disappeared before an abundant supply of food.

I may mention here, as a passing observation, that the check of the epidemic in 1801, was attributed by some of the writers of the day to a fall of rain which occurred in the autumn of 1801. This opinion scarcely deserves a serious confutation. Those who held such an opinion, must have shut their eyes to what had taken place the preceding year, when, at the same period, a similar occurrence took place, namely, an unusual fall of rain; but the same effect did not follow, for one overlooked condition to give this rain its miraculous power was absent, a supply of food.

We now pass to the epidemic of 1817, 18, and 19, which nearly equalled the preceding. If the population of Ireland at that period be reckoned at six millions, it will be no exaggeration to state, that one million and a half of persons suffered from an attack of fever in the time included between the commencement of the year 1817, and the middle of 1819; of these, about 65,000 died, and of the upper ranks in society attacked, at least one-third perished. In the course of two years, commencing with September, 1817, in Dublin alone, more than 42,000 patients were received into hospital, giving one-fifth as the apparent number of those attacked, but the number of sufferers in reality very far exceeded this; for it will be no exaggeration to say, that at least as many more went through the fever in their homes.

This epidemic bore a very striking resemblance to that of 1798. In duration there was a difference of two years, and in the duration of the cause, famine, we find a corresponding difference. The epidemic of 1798 lasted nearly four years; want from deficient crops prevailed just so long, commencing with the bad harvest of 1797, and ceasing on the gathering in of the abundant crop of 1801. The epidemic of 1817 lasted but two years. Want began to be severely felt after the bad harvest of 1816, and disappeared on the coming in of the abundant crop of 1818.

These are convincing proofs that the causes of these

epidemics have been Famine. We find that not alone of all the circumstances attending them, Famine has been the condition never failingly present, and therefore to be marked as the paramount cause; but that Fever has endured just so long as Famine, and that when the latter has ceased, the former has soon disappeared. When we find two objects, the one invariably following the other, we put them down as cause and effect. This is all, in many instances, that we know of the connexion between them, and the connexion between Famine and Fever is just as close as between any other two objects, that are designated, with universal admission, by these names.

It is scarcely necessary to call to recollection the summer of 1816, cold and wet—corn uncut in November, or rotting in the sheaves on the ground; potatoes not ripened, (and when unripe there cannot be worse food,) containing more water than nutriment; straw at such an extravagant price as to render the obtaining of it for bedding almost impossible, and when procured, retaining from its half-fermented state so much moisture, that the use was, perhaps, worse than the want of it. The same agent that destroyed the harvest spoiled the turf. Seldom had such a multiplication of evils come together. In some of the former years, although food and bedding were deficient, the portion saved was of good quality, and fuel was not wanting; but in 1816 every comfort that might have compensated for partial want was absent. This description applies to the two years of 1816 and 1817. In midsummer of 1817, the blaze of Fever was over the entire country. It had burst forth almost in a thousand different points. Within the short space of a month, in the summer of 1817, the epidemic sprung forth in Tramore, Youghal, Kinsale, Tralee, and Clonmel, in Carrick-on-Suir, Roscrea, Ballina, Castlebar, Belfast, Armagh, Omagh, Londonderry, Monastereven, Tullamore, and Slane. This simultaneous breaking-out shows, that there must have been some universal cause.

Although the bursting forth of Fever about the same time in all the places mentioned above, made this the most re-

markable epoch from which to designate it a general epidemic, it had commenced through the greater part of Connaught in the autumn of 1816, anticipating its appearance in the other parts of the country by at least six months. This fact, on calling to mind the peculiar circumstances of the province of Connaught, affords further confirmation of the opinion advanced, that Famine and Fever are related as cause and effect. In Connaught the bulk of the people are more dependant on the immediate crop of the year, and especially on the potato crop, than in most other parts of Ireland. Hence want immediately ensues on the occurrence of an unproductive harvest. No sooner, therefore, in the autumn of 1816, was Famine felt from the deficient crop than Pestilence followed, raging with great violence through the country parts of the province. But while the country parts, at this early period of the epidemic, were suffering severely, the thriving towns of the province, for example, Westport and Castlebar, were free; and it was not until six months after, towards midsummer of 1817, when distress and want became general, that these towns in common with others began to suffer to any considerable extent. If the epidemic had originated in climate, season, atmospheric influence, or contagion, these towns should have suffered in common with the parts immediately around them. They possessed for some time, at least, one immunity which their more inland and less thriving neighbourhoods wanted, an immunity from Famine, and in the same degree they enjoyed immunity for some time from Fever.

Another part of Ireland furnishes a similar example of the power of a supply of food in warding off Epidemic Fever. When distress and want had become even very general, the inhabitants of Wexford and Dingle enjoyed comparative abundance from the fisheries, and the latter town from a flourishing linen trade in addition. In these two towns Epidemic Fever was later by a year than in other parts of Ireland.* But at length contagion burst the barrier in these places.

* Vide Barker's and Cheyne's Report.

As we continue our review, we find supplies of food still exhibiting the power of warding off Fever. In Dublin the epidemic was later in its appearance than in any other part of Ireland. The distress of the poor came more immediately under the observation of the opulent. The rich, greater in proportion in their number than in the country, came forward freely, and contributed liberally to relieve the sufferers. Almost as soon as the effects of the bad harvest of 1816 were perceived, employment was provided for the poor. A committee was selected from the humane and wealthy of the city, called, from their place of meeting, the Mansion House Committee. By their exertions, the evil effects of want were comparatively but little felt in the city, and Fever was kept at a distance. Dublin was thus, by active exertion, circumstanced as the towns in Connaught already described, and it was not until the occurrence of the second bad harvest, that of 1817, that the epidemic appeared in the capital. Fever was now, September, 1817, universally diffused over the country, and continued unabated until the autumn of 1818, when a fine harvest brought an abundant supply of good provisions.

We have in this epidemic, Fever following Famine as closely as effect can follow cause, in every instance the appearance and prevalence of the one, being an indication of the commencement, and extent of the other.

The next epidemic worthy of note, is that of 1826. The summer of 1825 was very unproductive. The great drought checked the growth of all crops. Potatoes were particularly deficient. In the commencement of the winter, by a sudden reverse of trade, more than 20,000 weavers in the liberties of Dublin were thrown out of employment. Epidemic Fever appeared. The distress of the people increased during the summer, so did Fever, and in the autumn and winter of 1826, when distress had reached its acme, so had Fever attained a height equal to that of 1817.

In the summer of 1827, the epidemic began to decline, and in the autumn of the same year disappeared. Providence blessed the country with a most productive har-

vest, and in less than a year from its commencement, this epidemic that had threatened, from the suddenness with which it arose, and the rapidity with which for a time it spread, to surpass all former visitations, had disappeared.

Climate or season, absence of cleanliness and crowded apartments, intemperance, contagion; all these severally, or together, have been at various times, put down as principal causes of Fever.

To climate or season being a cause of Fever, the answer is given in the facts already stated; each epidemic having raged through heat and cold, through summer and winter, spring and autumn. The vulgar opinion that cold has power in checking Epidemic Fever, is totally without foundation. In the two last visitations of 1817 and 1818, and 1826 and 1827, the epidemics were at their height in the middle of winter, and began to decline in warm weather.

As to absence of cleanliness, want of ventilation, or intemperance, being causes of great consequence in the production of Epidemic Fever, it will be, I think, at once admitted, that there has not been, in connexion with the occurrence of an epidemic, any change in the habits of the people, in those particulars.

Were absence of cleanliness, ventilation, &c., causes of great importance, there should be some relation between changes in those particulars, and the extent of the epidemic; but it has never been proved that with the rise of any epidemic there has been increase of filth or slovenliness, at all corresponding with the increase of disease.

When the epidemic of 1826 appeared, an act of parliament was put in force, suggested by the Board of Health, which obliged each parish to appoint persons denominated officers of health. Their duties were to see that all nuisances, as collections of manure, &c., were removed, and that the habitations of the poor were whitewashed. Much money was expended in this way; in cleaning out depôts of filths for those who were too indolent to do it for themselves, and in whitewashing rooms for poor creatures who then had not the price of fuel to dry their wet walls.

Those measures of cleansing coming from a board of health, and enforced by an act of parliament, had an imposing effect; but a little reflection would have convinced any one who had independence enough to think for himself, that it was very improbable that a dunghill or slaughter-yard which had lain for years quiescent, should have suddenly taken on and retained the new power of elaborating fever, or that the walls of a weaver's apartment, in which for successive summers one or more families had lived in good health, should have acquired in the midst of winter the power of vomiting forth contagion.

I would be far from undervaluing the advantages of cleanliness; but it is plain, that all those matters over which the officers of health were given control, had equally existed, for an indefinite period of time, and without being accompanied by any epidemic, and that expending much time and money in their removal, and directing the principal attention to them, was objectionable for two reasons. First, it was nearly an useless expenditure; and secondly, presenting an appearance of active exertion, it drew away attention from the real cause of the evil. The act of parliament took away all discretionary power from the parishes; they might spend as much money as they pleased in whitewashing rooms and staircases, but they could not lay out one penny to save a fellow-creature from starvation.

To sum up; Epidemic Fever in Ireland cannot depend on climate or season, for, it has raged unchanged through every variation, through heat and through cold, through wet and through drought; it cannot depend on changes in the condition of the poor as regards cleanliness, ventilation, or temperance, for their habits in these respects never varied much during the period of time through which the epidemic prevailed; it cannot depend on contagion alone, for contagion must have been generated by fever, or being once generated must have never ceased to spread, until itself was extinguished from a want of subjects.

Epidemic Fever may be attributed to a mysterious something, an occult quality in the atmosphere; but it would be

bad philosophy to pass by a visible and palpable cause, and ascribe an occurrence to some agent, of the very existence of which we have no proof. We find *Famine* invariable preceding or accompanying Epidemic Fever, (it matters not how other circumstances vary,) and *Famine*, therefore, we are justified in marking out as its great cause.

The people of Ireland are peculiarly liable to become the victims of such pestilence. The effect of competition among a population with little employment, has been to reduce their wages to the lowest sum on which life can be supported. Potatoes have hence become their staple food. If this crop be unproductive, the earnings of the labouring class are then quite insufficient to purchase the necessary quantity of any other food. Corn is altogether out of reach of their means, and thus, with an abundance of it around them, so great as to admit of exportation, they *starve* in the midst of plenty, as literally as if dungeon bars separated them from a granary. When distress has been at its height, and our poor have been dying of starvation in our streets, our corn has been going to a foreign market. It is, to our own poor, a forbidden fruit.

The potato has, I believe, been a curse to our country. It has reduced the wages of the labourers to the very smallest pittance, and when a bad crop occurs, there is no descent for them in the scale of food: the next step is starvation.

While considering the influence which the *comforts* of living exert, in warding off disease, it may not be uninteresting to mention a few facts, which show, the very intimate connexion that exists between the prosperity of a country or city, and its health. The climate or situation is of much less consequence than we suppose. The health of a city very often bears a direct ratio to its prosperity. It is an old remark, that if a merchant be attacked with fever when his affairs are deranged, the chances of recovery are small. What is true of an individual applies to a community. In 1777, Amsterdam was one of the most thriving cities in Europe; the mortality was then one in twenty-seven. In 1821, Amsterdam had become a wretched

city; the mortality had risen to one in twenty-four. In London, in the middle of the last century, the mortality was one in twenty, being considerably greater than that of Amsterdam; yet in 1821, while in Amsterdam the mortality had increased, in London it had diminished to one in forty.* In Paris, for fifty deaths in a rich arrondissement, there are one hundred in a poor one; the mortality is double.† In New York, in 1826, the mortality among the whites was one in forty, among the blacks one in nineteen. In Baltimore the slaves are treated much better, and there the mortality is but one in thirty-three. Wherever war, or other cause, has produced *want*, there also has been *pestilence*. Our own civil wars for the last 700 years, have been followed by it. During the wars of Montrose, in the reign of Charles I., fever devastated Scotland. In 1813, in the flight from Russia, it followed like its shadow the course of the retreating army.

I have, I trust, shown enough to prove the intimate connexion between want and fever, and sufficient to prove that want stands paramount beyond all other causes. It is not *my* province to go farther. It is for the political economist, when the medical observer has pointed out this cause, to devise the measures best calculated to take away, or lessen, that cause. To him whom fortune or station has called to such a task, there is a high incitement to serve his country. He will have the gratification of feeling, that while promoting the prosperity and wealth of his country, he is its best physician, diminishing deaths and dispensing longevity.

While on the subject of Epidemic Fever, I cannot avoid taking notice of an article in the *Edinburgh Review*, No. 62, on this subject. The following passage occurs in Bateman:—
 “As unquestionably, Epidemic Fever is generated in the first instance by defective nutriment, so we cannot doubt that it continues to originate in many successive individuals during the existence of its cause, independently of any communi-

* Hawkins' Medical Statistics.

† Villermé.

cation with each other." The reviewer, who is a violent contagionist, is criticising this passage, and has replied thus:—"Now we will confess that this doctrine appears to us not only to be erroneous, but to be the very reverse of true; for we believe that defective nutriment (provided it do not go to the length of impoverishing the blood, and thus depraving the solids,) instead of being favourable to the existence of fever, is the very reverse." After theorising as to why it should be so, he goes on, "Nor is this opinion merely theoretical; we have the evidence of many facts confirming it, did our limits permit us to state them. Out of the many, however, we may mention the very striking one, that in the present sickness, fever has been proportionally more fatal among the rich than the poor." This paragraph contains great absurdity and bad logic. The reviewer talks of *defective* nutriment which does *not* go the length of impoverishing the blood. *Defective* nutriment can only mean nutriment which goes to that length. The word can bear no other meaning. To speak of *defective* nutriment, and yet make a proviso in favour of its *not* impoverishing the blood, is manifest nonsense. The exception which the reviewer makes, "provided it do not go the length of impoverishing the blood," &c. is a confession that if it *do* go this length, (and *no* other can be defective nutriment,) it will be favourable to the existence of Epidemic Fever. This is all I want. Now as to the logic of the reviewer. He says he has many facts to prove, that among the scantily fed, fever is less apt to occur than among those who live well; that he has many facts, did his limits permit him to prove this, but that he confines himself to "the very striking one, that in the present sickness, fever has been proportionally more fatal among the rich than the poor." For the facts which he does *not* advance, we cannot of course give him credit. Let us consider the *one* which he has advanced, selected, of course, because he thinks it the most striking, and the most convincing in proving his point. He argues thus:—Fever is more fatal among the rich than the poor, therefore, it is more frequent among the rich. There is here, in the reviewer's reasoning, a "*non*

sequitur." The consequence does not follow the premises. The reviewers's error is one committed by many who confound the fatality and the frequency of a disease. These two elements are very distinct. If twenty rich persons, and twenty poor, be attacked with fever at the same time, that a greater number of rich than of poor will be carried off I do not deny; but if an equal number of rich and of poor be exposed to the same contagion, that the liability to catch the disease will be as great with the rich as the poor I do deny. The reviewer's error lies in supposing, that the greater fatality in disease in a certain class necessarily involves a greater frequency of disease. There is not only no connexion whatever between the two, but they even bear an inverse ratio to one another. The poor are the more liable to fever, but recover easily and quickly from it. The rich are the less liable, but when attacked, fever with them runs higher and quicker, and the disease is more severe and more fatal.

The reviewer's error might be attended by bad consequences. To the general reader his argument is a specious one. By disseminating the belief that want of food has little to do with the production of Epidemic Fever, he turns away attention from the great cause of the disease, and affords, equally to the charitable, the selfish, and the indolent, reasons for withholding exertion towards supplying the poor with food; in fact, he would justify them in opposing a supply.

My assertions as to the respective liabilities to fever of the rich and of the poor—as to the respective frequencies of the disease in the two classes, and as to these two being totally unconnected, are easily borne out. In the last epidemic, that of 1826, it will be easily remembered, that while the poor were lying ill in thousands, there was little fever among the rich. The fact of the poor being the principal sufferers in epidemics is so marked, that with all writers the greater frequency of disease among the poor is laid down as a principal characteristic feature of Epidemic Fever in Ireland. In Dublin alone, in the Epidemic Fever of 1817, more than 42,000 persons passed through hospital. In six months

of 1826, 6264 passed through Cork-street Hospital alone. The *mortality* among the poor bears no proportion—no relation to this frequency. The average mortality in ordinary Sporadic Fever among them is, one in twelve; in an epidemic, it is as low as one in twenty-four. The mortality, on the other hand, among the rich is one in three, and calculated by some as high as one in two.* The article mentioned in the Edinburgh Review, on the subject of Epidemic Fever, contains false facts and bad reasoning, but it is not necessary to pursue these further.

After the view which I have presented of Epidemic Fever and its cause, little need be said of the means best adapted to guard us against it. It remains for others than the physician to provide the preventive; it is to be found not in medicine, but in employment, not in the lancet, but in food, not in raising lazarettos for the reception of the sick, but in establishing manufactories for the employment of the healthy. This is the true mode of banishing fever from this country.

Some time might, however, elapse before measures how wellsoever devised, could be brought into effective operation, to enable our population to possess within themselves the means of obtaining sufficient supplies of food; and it therefore remains to be determined, what would be the most beneficial mode of distributing nourishment, were we again to be visited by an epidemic such as that of 1817 or 1826.

In some parts of the country, exertions have already been made to lay in a store of oatmeal, rice, &c., for distribution in the approaching spring and summer, should the dreaded failure in the Potato Crop leave the people without food. It will be useful to determine beforehand, and from past experience, the best mode of distributing food should it be required. In the epidemic of 1826, oatmeal, potatoes and rice, were, in many places, distributed or sold to the poor in a raw state. This proved a bad arrangement. The poor

* Barker and Cheyne's Report.

who were unable to purchase food, were equally unable to obtain fuel to cook it. Moreover, raw food was readily disposed of. Impostors who did not stand in need of food contrived to obtain it and found a ready sale for it in huxters' shops; and even the poor, themselves in need of food were not always able to resist the temptation of money, but often were tempted to sell for a few pence the raw provisions that were intended for their support for days to come. Even the tickets on which the raw provisions were obtained, were made an article of sale by the impostors who procured them, to unprincipled persons who purchased them and who thus managed to obtain provisions at a cheaper rate than market price. Such abuses should be guarded against.

Food when sold at a cheaper rate than market price, or when distributed *gratis*, should be always given out cooked, so as to prevent its sale and to make its immediate use necessary. In this way the poor who really stand in need of it will procure wholesome nutriment, and the traffic in it by impostors will be effectually checked.

A plan was adopted in St. Catherine's parish Dublin, for the distribution of food during the epidemic of 1826, which will be found, I believe, applicable on all similar occasions in towns. I can speak from personal knowledge of its efficiency.

Tickets were issued to persons or families ascertained to be fit objects for relief. No ticket was given unless at the residence of the applicant, whose real circumstances thus came directly under the eye of the inspector. Those tickets remained in force for fourteen days, and were renewed or not at the end of that time according to the discretion of the inspector. There were two classes of tickets, *pay* tickets and *gratis* tickets. The holder of a *gratis ticket* received, each day during its term, a roll of bread with one quart of hot soup. The holder of a *pay ticket* received the same, but was obliged to pay for it one penny, about one-third of its original cost. It frequently happened that those who during one fortnight were in the greatest distress, were often able during the next fortnight to become holders of *pay tickets*, and

thus to contribute to the maintenance of the fund by which they had themselves been relieved. The demand of the small sum of one-third of the first cost for the food, while it enabled the distressed labourer to support himself cheaply, still preserved his independence, and preserved him from the disgrace of being considered as a mendicant. Moreover, the sum thus obtained in pence from the poor, and returned to them in the most advantageous form for themselves, namely, in wholesome hot food, amounted to much more than might at first be supposed. In St. Catherine's parish, the sum thus received in pence from the poor in little more than six months was £277.

Perhaps it may not be out of place to record the form usually followed in preparing the soup, viz :—

One cwt. of coarse beef, half cwt. of split peas, fourteen pounds of rice, seven pounds of salt, ten pounds of oatmeal, one dozen of leeks, half dozen of cabbage, half pound of pepper, 100 gallons of water boiled slowly for sixteen or eighteen hours from the previous afternoon to the hour of distribution next morning.

In country districts, however, the plan of supplying the food cooked could not be carried out. The distance would often be too great for the poor to travel daily and the journey would take them from their work, and would, in severe weather, expose them to wet and cold. The provisions must necessarily, in such districts, be given out in sufficient quantity to last for a week, and in a raw state. The depôts for food should be in such districts as numerous as possible, in order to diminish the distance of the journey and to bring all the applicants within the personal knowledge of the inspectors, and the day and hour of distribution should be the same in all, to prevent as far as possible the abuses of buying and selling the food.

Famine, the paramount cause of Fever, may thus be obviated by employment and food. But contagion, the power which Fever, no matter how generated, acquires of propagating itself, can only be effectually extinguished among the poor by providing hospitals for the instant reception and

isolation of those who may be attacked. Hospitals should not be very far asunder, for the necessity of long journeys to them should be avoided, and the poor will not be content to have members of their families in hospitals unless so circumstanced as to enable them to make frequent inquiries. In fever, the change to death or recovery is often the work of a few days, and the anxiety is corresponding in intensity. In chronic diseases there is not the same sudden and anxious suspense.

The amended Poor Law Act (6 and 7 Vict. 1843,) gives the power to Boards of Guardians to hire or rent houses for fever hospitals when required in their unions, or to appropriate portions of the work-house, if considered safe, for such purpose. Since that clause has been passed, measures have been taken, and contracts have been entered into in some unions for the erection of district Fever Hospitals "in connexion with the work-houses," within their walls. I think this step has been taken without due consideration. The industrious tradesman, the hard working labourer who happens to be attacked with fever and needs only hospital relief for a few days, should not be compelled to pass through the gate of the work-house to obtain it, nor should he be obliged to feel on his recovery that he carries about on him the stain of work-house relief. Should his wife or daughters be taken ill they should not be condemned to mingle with the idle, the dissolute, and abandoned, that must ever be found among the inmates of a work-house. There is more danger from such admixture in a fever hospital than in any other hospital, for patients when recovering from fever are necessarily thrown together as convalescents for several days before their discharge. These considerations alone, form, I think, very serious objections to the erection of fever hospitals within work-house precincts. But there are others. Fever hospitals thus erected will not fully attain their object; the people will not avail themselves of them, or comparatively few but the most wretched. They will lie at home spreading contagion around, rather than enter an hospital in connexion with a work-house. I do not speak without experience on this point.

Prior to the introduction of the poor law into Ireland, the hospitals of the House of Industry Dublin, were a part of the Institution, and while more or less occupied by the sick inmates of the House of Industry, were at the same time open to the sick of the city at large; in fact circumstanced then precisely as it is now proposed to circumstance the Union Fever Hospitals. I heard it stated by a distinguished member of the profession, who had been for many years connected with those hospitals, and whose celebrity would of itself have been sufficient to attract patients to them, that there was the greatest repugnance on the part of the people to enter those hospitals, while the connexion with the House of Industry continued. When asked for the reason their invariable reply was, that they "did not like to mix with beggars." This is a feeling of honest pride that should be cherished instead of being broken down. Sickness should not be made a chain to drag a man into a poor-house. An hospital should be an institution provided for the decent, the honest, the industrious, who may be suffering from temporary sickness, or accident, to enable them to obtain what is only thus within their reach, the highest professional aid, to restore them as soon as possible to their former station in society, and should never be permitted to be made the medium of degrading its inmate to the level of a pauper. The moral management of the people is of equal importance with their physical relief. The former has, I fear, been lost sight of, in confounding together the sick and the beggar.

I have heard it said, that the hospitals should be built within the precincts of the workhouses, as they are both supported out of the same rate. It might as well be argued, that every county infirmary should be built within the walls of the county jail, and that honest men and virtuous women should be mixed with felons, because the grand jury cess is applied to the support of both. I do think that an hospital for the relief of the poor virtuous and industrious member of society, should never be within a workhouse wall.

Equal in importance to hospital relief, would be a good dispensary system. Not only in attacks of epidemics, but

in all the ordinary illnesses of the poor, they stand in need of, not alone medical attendance, but what is of equal importance, a supply of drink and food during their illness, and convalescence, in short of a system of outdoor relief, that will afford to them the support they so much require, and at the same time be as far as possible from the abuses so frequently attendant on such relief. This object which has been a source of perplexity to legislatures, has been achieved by Irishwomen, and the system has now been successfully carried on under their superintendence, for a period of thirty years in Dublin. I will briefly detail the circumstances. In the year 1794, the Sick Poor Institution in Meath-street, Dublin, was founded for affording the usual dispensary medical relief to the sick poor of the district. But to combat *want* and *sickness*, which with the poor are most often together, *food* and *medicine* are both required. The Sick Poor Institution, like all other dispensaries, provided the medicine, but not the food. On the 11th January, 1816, seven ladies, Mrs. B. Guinness, Anne Bewley, Mrs. Bailie, Mrs. J. Guinness, Mrs. Ricky, Jane Gatchell, and Miss Hutton, ladies, whose names should be ever honored, who have left behind them, good deeds that will never die, met at the Sick Poor Institution, and founded the Dorset Nourishment Dispensary, which has been now in unceasing operation for 30 years. It is supported altogether by voluntary subscriptions, and conducted by a committee of ladies, one of whom attends daily from twelve to one o'clock, to see the nourishment distributed. The medical attendants of the dispensary who visit the sick poor at their own homes, are provided with tickets on the Nourishment Dispensary, which they distribute at their discretion, and which remain in force for as many days as they think necessary. These tickets presented at the dispensary, entitle the holder to receive daily for the time specified, so many pints of whey, gruel or broth, as may be ordered, each pint of gruel being accompanied with half a pound of bread, and each quart of broth with one-fourth of a pound cut up in it. From forty to sixty poor persons daily receive that wholesome nutriment,

which is so much required during illness, and which it would be quite impossible for them to obtain otherwise. There is hardly a possibility of abuse in the system. It has now been carried on for a period of thirty years, without one day's intermission. It has afforded incalculable relief, and as a system of out-door relief to the sick poor, I believe it is the most perfect that could be devised. Humanity owes a deep debt of gratitude to those intelligent, warm-hearted and noble-minded women who originated, and have untiringly carried on the good work, and if this institution for affording medicine and nourishment were made the model for every dispensary district in Ireland, it would form, perhaps, the most perfect and most economical system of out-door relief for the sick poor that could be devised, and would moreover form the most grateful link of union between rich and poor, the link of active charity. Years on years have passed over in inquiring into, and legislating for the medical charities of Ireland. There is a model in the system above described, which in principle I believe it will be found difficult to excel. I was for some time a medical officer of the Sick Poor Institution, and I can therefore bear testimony, from experience, to the benefits conferred upon the sick poor by this two-fold institution, for supplying them with food and medicine.

I have in the above observations endeavoured to keep three positions prominently before my readers—

1st. That Famine (including deficient or unwholesome food) is the paramount cause of the Epidemic Fevers of Ireland.

2ndly. That Epidemic Fever originate as it may, soon acquires a contagious power, a power of generating and of propagating itself, and thus involving all, rich and poor in the country, in one common danger; and

3rdly. As a Corollary from these two, that employment and wholesome food will be the best prevention, aided, should the necessity arise, by hospitals to extinguish contagion.

I cannot conclude without noting a warning circumstance that has had some influence with me, in bringing out

these observations at the present time. It has been remarked by all the observers of the Epidemic Fevers of Ireland, by Rogers, O'Connell, Ruddy, Barker and Cheyne, that small-pox has invariably prevailed, either immediately before, or with each visitation of it. The same connexion between small-pox and the bad fevers which ravaged England in the 16th and 17th centuries, has been observed by medical writers. Sydenham has gone so far as to say, that from their intimate connexion, he doubts that the plague and small-pox may not be of the same nature, only with different forms of development. It seems as if the human constitution, under whatever influences have acted injuriously on vegetable organization, or have predisposed to Epidemic Fever, had lost so much of its energy as to render it less able to resist infection. Small-pox has been of late very prevalent in Ireland. I subjoin a table of the admissions and deaths from it in the Hardwicke Hospital for the last four years.

			<i>Total No. of Admissions.</i>	NO. OF SMALL-POX CASES.		
				<i>Admitted.</i>	<i>Cured.</i>	<i>Died.</i>
1842	...	...	1553	22	17	5
1843	...	...	1551	18	14	4
1844	...	...	1769	5	5	0
1845	...	...	2413	86	71	15

This visitation should put us on our guard. It may have come to us as a warning. With our previous experience we should not neglect it. We now know the danger that threatens us. We may combat it, should it come, but we can do more. We can prevent its attack. If there be no famine, there will be no fever—and if active and timely exertion be made to afford sufficient employment and wages to our people, I believe there will be, neither FAMINE nor FEVER.

Observations at the present time. It has been remarked by the observers of the Epidemic Fevers of Ireland, by Mr. O'Connell, Huxley, Jackson and Chalmers, that small-pox is invariably preceded either immediately before, or within a short period of its visitation of it. The same connexion between small-pox and the bad fevers which ravaged England in the 17th century, has been observed by medical writers. It has been gone so far as to say, that from their intimate connexion, no doubt that the fevers and small-pox may be of the same nature, only with different forms of development. It seems as if the human constitution, under various influences, have acted differently on vegetable matter, or have produced the Epidemic Fever, but so much of its energy as to render it less able to resist small-pox has been observed in the

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Year	Small-pox	Scarlet fever	Measles	Whooping cough	Diarrhoea	Cholera
1842	1552	22	17	5
1843	1531	18	16	4	...	...
1844	1707	8	5	0	...	...
1845	2418	38	24	13	...	...

This table shows that small-pox is not only preceded by the other fevers, but also follows them. It may be observed that the number of small-pox cases is much greater than that of any other fever. This is owing to the fact that small-pox is a very contagious disease, and is often introduced into a country from abroad. It is also a disease which is very fatal, and which has caused the death of many thousands of people. It is therefore a disease which should be carefully watched, and which should be prevented as far as possible. We can prevent its attack, if there be no other fevers, and if active and timely measures be taken to guard against its introduction and spread. I believe there will be neither small-pox nor any other fever in this country.