

Patronage and health care in eighteenth-century Irish county infirmaries

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ABSTRACT. *The creation of a network of county infirmaries was a remarkable achievement in late eighteenth-century Ireland. Supported by grants from parliament and the county grand juries, each hospital was managed by governors whose subscriptions entitled them to appoint the medical staff and decide on the patient population. While the laudable aim of the legislators was that the infirmaries would be ‘a means of restoring the health and preserving the lives of many’, the reality was quite different. In 1788 the prison reformer, John Howard, and the inspector general of prisons, Sir Jeremiah Fitzpatrick, delivered a damning report to parliament on the state of the county infirmaries. They described good care and governance in a minority of institutions, but most were in a very bad state; they noted decayed and broken buildings, dirty or no bedding, poor food, lack of regulation, financial malfeasance, few patients and absent staff. Based on their report, this paper argues that the county infirmaries benefited the governors and the staff considerably, and had little impact on the health of the nation. However, providing a hospital and trained medical professionals in every county was a significant step in the formation of the Irish institutional healthcare system.*

On Friday 19 January 1787 there was a partial eclipse of the sun, which was hardly noticeable.¹ It certainly was not noticed by Sir Jeremiah Fitzpatrick, the inspector general of prisons in Ireland, who that day was carrying out an inspection of the County Tyrone Infirmary at Omagh. What he found did not impress him. He described the hospital as an: ‘old ruinous building situate in the main street; its outward appearance is wretched and despicable ... but the inside beggars description’. Fitzpatrick went on to describe an institution that was physically disintegrating: ‘in ascending the stairs the porter very prudently advised me to be cautious how I proceeded as their rottenness made them unsafe. The tottering situation of the roof has made it necessary to apply props in all the upper apartments of the house’.²

There were sixteen patients in the hospital under the care of Surgeon McDonnell that day. Of the six male patients, two were on ‘a kind of bedstead, three on pallets and one in a bathing tub’. They lay on unclean straw

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¹ National Aeronautics and Space Administration, ‘Five millennium catalogue of solar eclipses’ (<http://eclipse.gsfc.nasa.gov/SEcat5/SE1701-1800.html>) (11 May 2015).

² *Commons’ jn. Ire.*, xii, appendix, p. dccl.

with 'scarce a blanket to cover them' and the few that were available were 'so rotten and filthy as rather to add to than alleviate the suffering of the diseased'. To add to their misery the windows and ceiling were broken so that when it rained the water fell on the patients. Fitzpatrick commented that 'there was neither privy nor bathtub in the house or yard'. Oatmeal was the only food, which seemed to the inspector 'not well calculated either for sweetening the juices, correcting or diluting the blood'. He concluded by saying that 'the whole was a mockery on the humane institution'.³ Six months later things had not improved when the well-known English prison reformer John Howard visited the same institution:

An old ruinous house: – very dirty. – Patients lay on straw on the floors: – one of them a man of eighty years of age. – No sheet: – hardly a blanket to cover them. On application to the vice treasurer, he replied, 'They may find their own straw and blankets'. A very sick boy had not had his clothes taken off for a fortnight. – Two lay in the bathing tub; which was five feet nine inches by three feet six. – No water: – no vaults. Patients, eight men and four women. The felons in the gaol were better accommodated as to cleanliness and bedding, and their cells were less offensive.⁴

Between 1767 and 1788 the government spent £2,151 13s. 1¼d. on the County Tyrone Infirmary and the county grand jury provided another £2,100 in presentments. Local subscriptions by governors and returns on investments generated at least another £1,000 and the fines levied at the assizes on poaching and illicit distilling were also awarded to the infirmary.⁵ In 1806 the governors had £600 in government debentures from this source. Thus, at a conservative estimate, at least £6,000 was spent on the infirmary in twenty-one years, an average of £285 per year or approximately £18 per bed per year.⁶ In view of the dilapidated condition of the infirmary, the small number of patients treated and the general lack of governance, the hospital was unlikely to have had much impact on the health of the sick poor. However, it was a useful source of power and influence for the local gentry who, as hospital governors, appointed the staff and determined who would be admitted as a patient.⁷

On 15 April 1788 Isaac Corry M.P. provided the Irish House of Commons with the report of a parliamentary committee appointed to inquire into 'the state of hospitals, infirmaries and public dispensaries of this Kingdom'. The report was based on evidence provided by Sir Jeremiah Fitzpatrick and John Howard, both prominent penal reformers and the only witnesses examined by the committee.⁸ Between September 1786 and January 1788 the two men travelled separately around Ireland inspecting the county infirmaries

³ Ibid.

⁴ John Howard, *An account of the principal Lazarettos in Europe with various papers relative to the plague together with further observations on some foreign prisons and hospitals and additional remarks on the present state of those in Great Britain and Ireland* (2nd ed., London, 1791), p. 96.

⁵ *Belfast Newsletter*, 23 Sept. 1788.

⁶ *Commons' jn. Ire.*, xiii, appendix, p. cxcv; *The thirty-fourth report of the Commissioners of Accounts of Ireland*, pp 52–3, H.C. 1809 (297), vii. 348.

⁷ *Commons' jn. Ire.*, xii, appendix, p. dcccl.

⁸ Ibid., pp dcccxliii–dccclii.

and some of the voluntary hospitals that existed in the country at that time. This article provides an overview of the creation and operation of the county infirmaries across Ireland in the late-eighteenth century. It draws on the findings of Fitzpatrick's and Howard's report to assess the governance and the quality of care provided in those institutions during the early years of their existence.

There has been a revival of interest in the history of medicine in Ireland in recent years. The early works of John Fleetwood, J. D. H. Widdess and J. B. Lyons, all of whom were medical doctors, captured general, institutional and biographical details of Irish medical history focused on the experience of scientific medicine and doctors in the early-modern and modern periods.⁹ Other medical authors have expanded on these subjects with a series of generally hagiographic publications celebrating institutions or individuals.¹⁰ From the 1990s professional academics in disciplines other than medicine began to publish widely on the history of Irish medicine with a time frame extending from the early-medieval period to the twentieth century.¹¹ Many of the resulting studies relate to the complicated interactions between medicine, politics, religion and social policy as it evolved in Ireland over the last 400 years.¹²

⁹ J. D. H. Widdess, *The Royal College of Surgeons in Ireland and its medical school, 1784–1966* (Edinburgh, 1967); idem, *A history of the Royal College of Physicians of Ireland, 1654–1963* (Edinburgh, 1963); idem, *The Richmond, Whitworth & Hardwicke Hospitals: St Laurence's Dublin, 1772–1972* (Dublin, 1972); J. F. Fleetwood, *The history of medicine in Ireland* (Dublin, 1983); J. B. Lyons, *Brief lives of Irish doctors, 1600–1965* (Dublin, 1978).

¹⁰ Important contributions published over the past twenty-five years include: Eoin O'Brien, *Conscience and conflict, a biography of Sir Dominic Corrigan 1802–1880* (Dublin, 1983); idem, *The Charitable Infirmary, Jervis Street, 1718–1987* (Dublin, 1987); F. O. C. Meehan *Cecilia Street, the Catholic University school of medicine, 1855–1931* (Dublin, 1987); Davis Coakley, *The Irish school of medicine* (Dublin, 1988); James Deeney, *To cure and to care* (Dun Laoghaire, 1989); J. B. Lyons, *The quality of Mercer's, the story of Mercer's Hospital, 1734–1991* (Dublin 1991); Davis Coakley, *Irish masters of medicine* (Dublin, 1992); D. J. O'Sullivan, *The Cork school of medicine* (Cork, 2007); P. M. Bennis, *St John's Fever and Lock Hospital, Limerick, 1780–1890* (Newcastle-upon-Tyne, 2007); Eugene Nolan, *Caring for the nation: a history of the Mater Misericordiae University Hospital* (Dublin 2013).

¹¹ Most of the publications have concentrated on the period 1600 to 1970, but Fergus Kelly, Aoibheann Nic Dhonnchadha, Charlie Dillon and Maria Kelly have all explored aspects of medicine and disease in Ireland before the seventeenth century: Fergus Kelly, *A guide to early Irish law* (Dublin, 2009); Aoibheann Nic Dhonnchadha, 'Irish medical writing, 1400–1600' in Angela Bourke (ed.), *The Field Day anthology of Irish writing* (5 vols, Derry & Cork, 1991–2002), iv, 341–57; Charlie Dillon, 'Medical practice and Gaelic Ireland' in James Kelly and Fiona Clark (eds), *Ireland and medicine in the seventeenth and eighteenth centuries* (Farnham, 2010), pp 32–52; Maria Kelly, *A history of the black death in Ireland* (Stroud, 2001).

¹² Ruth Barrington, *Health, medicine & politics in Ireland, 1900–1970* (Dublin, 1987); F. W. Powell, *The politics of Irish social policy, 1600–1990* (Lewiston, 1992); R. D. Cassell, *Medical charities, medical politics, the Irish dispensary system and the poor law, 1836–1872* (Rochester, 1997); Elizabeth Malcolm and Greta Jones (eds), *Medicine, disease and the state in Ireland 1650–1940* (Cork, 1999); Tony Farmar, *Patients, potions & physicians, a social history of medicine in Ireland* (Dublin, 2004). In 2006 historical studies into Irish medicine received a significant boost with the foundation of the Centre for the History of Medicine in Ireland based in University College Dublin (<http://www.ucd.ie/history/chomi/>) (4 Dec. 2015).

A number of studies have focused specifically on medicine in the eighteenth century. Laurence M. Geary provided an in-depth analysis of voluntary hospitals and county infirmaries in his *Medicine and charity in Ireland 1718–1851*.¹³ In 2010, James Kelly and Fiona Clark edited *Ireland and medicine in the seventeenth and eighteenth centuries*, in which a number of authors explored the changes and developments in medicine practised by Irish physicians at home and abroad during those centuries.¹⁴ In the same year Catherine Cox and Maria Luddy produced *Cultures of care in Irish medical history, 1750–1970*.¹⁵ Specifically, in that work James Kelly analysed the eighteenth-century Irish medical world with its penchant for bloodletting, blistering and purging, as well as the taking of the waters at spa resorts. The latter subject he expanded on greatly in ‘Balneotherapeutic medicine in Ireland, 1660–1850’ where he reflected that water-based therapies were very popular in an era when effective or reliable drugs were a rarity.¹⁶ Gabrielle M. Ashford has written of the excessively high mortality caused by smallpox during the eighteenth century in Ireland. She has argued that the introduction of smallpox inoculation, especially in children, was influential in the professionalisation of medicine as responsibility for a sick child passed from parent to doctor.¹⁷ Three recent studies have focused specifically on the county infirmaries. Two essays by Susan Mullaney have described the seminal role of the apothecary Charles Lucas M.P. in promoting the county infirmary legislation in parliament, and she discussed the ideological motivation behind the establishment of these hospitals in the context of Enlightenment thought.¹⁸ Andrew Sneddon, focusing on the Ulster infirmaries, argued that the infirmary system was conceived as a practical, cost effective solution to the growing problem of poverty and that the care received by patients in Ulster was better than other studies have suggested.¹⁹

Employing the findings of the inspections carried out by Howard and Fitzpatrick in the 1780s, this article argues that the county infirmaries were

¹³ He also provided an overview of nineteenth-century fever hospitals and dispensaries in the same work: L. M. Geary, *Medicine and charity in Ireland, 1718–1851* (Dublin, 2004).

¹⁴ Kelly and Clark (eds), *Ireland and medicine*.

¹⁵ Catherine Cox and Maria Luddy (eds), *Cultures of care in Irish medical history, 1750–1970* (Basingstoke, 2010); James Kelly, “‘Bleeding, vomiting and purging’”: the medical response to ill-health in eighteenth-century Ireland’ in Cox and Luddy (eds), *Cultures of care*, pp 13–36; idem, ‘Health for sale: mountebanks, doctors, printers and the supply of medication in eighteenth-century Ireland’ in *R.I.A. Proc.*, sect. C, cviii (2008), pp 75–113.

¹⁶ James Kelly, “‘Drinking the waters’”: balneotherapeutic medicine in Ireland, 1660–1850’ in *Studia Hib.*, xxxv (2008–9), pp 99–146.

¹⁷ Gabrielle Ashford, ‘Children’s smallpox and inoculation procedures in eighteenth-century Ireland’ in Anne Mac Lellan and Alice Mauger (eds), *Growing pains: childhood illness in Ireland, 1750–1950* (Dublin, 2013), pp 19–36.

¹⁸ Susan Mullaney, ‘Charles Lucas and medical legislation in eighteenth century Ireland’ in *Irish Journal of Medical Science*, clxxxiv (2015) pp 555–6; Susan Mullaney, “‘A means of restoring the health and preserving the lives of his majesty’s subjects’”: Ireland’s 18th-century national hospital system’ in *Canadian Bulletin of Medical History*, xxix (2012), pp 223–42.

¹⁹ Andrew Sneddon, ‘State intervention and provincial health care: the county infirmary system in late eighteenth-century Ulster’ in *I.H.S.*, xxxviii, no. 149 (May 2012), pp 5–21.

generally decrepit, expensive to run, and represented poor value in financial terms and in the number of patients treated. Nonetheless, they afforded the governors the opportunity to exercise considerable patronage to their own advantage. Notwithstanding the shortcomings, the presence of a hospital in each county brought professional medical practitioners, mostly surgeons, to every part of Ireland. The provision of a nationwide network of hospitals initiated the concept of state involvement in healthcare provision in Ireland and can therefore be seen as the foundation stone of the institutional Irish health services.

I

In 1700 Ireland did not have a hospital system. The suppression of the monasteries in the sixteenth century and the overthrow of the Gaelic order by the early seventeenth century had destroyed the medieval medical infrastructure including the monastic infirmaries and hospitals, the medical kindreds, and the Gaelic medical schools.²⁰ Only one large-scale hospital existed, the Royal Hospital of King Charles II at Kilmainham in Dublin, which, according to Sir William Wilde, was the first public hospital in Ireland ‘specially constructed for the treatment of disease’. However, it was exclusively ‘for the relief and maintenance of ancient and maimed officers and soldiers of the army in Ireland’.²¹ In Dublin there was not a single civilian hospital for the sick or a workhouse for paupers. The same was true elsewhere in the country where the ‘aged, the infirm, the orphan, depend on casual assistance, and private charity’.²²

By the mid-eighteenth century philanthropic patrons in Dublin and Cork had established a number of voluntary hospitals, so called because the medical staff gave their services *gratis*; governors provided finance by voluntary subscription, and patients were treated without charge. Elsewhere the country was almost bereft of medical institutions; exceptions were Dundalk and Navan where two small hospitals of five and ten beds, respectively, were established in 1753, Limerick where a small hospital was started in 1759, and Waterford, which had the Leper Hospital of St Stephen dating from the medieval period.²³ In the 1765–6 session of the Irish parliament, legislation was passed enabling the establishment of infirmaries in thirty of the country’s thirty-two counties.²⁴ An infirmary was to be established in each of the county towns of twenty-three counties and in another

²⁰ Roy Porter, *The greatest benefit to mankind* (London, 1997), p. 198; Aoibheann Nic Dhonnchadha, ‘The medical school at Aghmacart, Queen’s County’ in *Ossory, Laois and Leinster*, ii (2006), pp 11–43.

²¹ *Census of Ireland for the year 1851. Part III. Report on the status of disease*, p. 91, [1765], H.C. 1854, lviii. 95.

²² William Tighe, *Statistical observations relative to the county of Kilkenny made in the years 1800 & 1801* (Dublin, 1802), p. 516.

²³ Mullaney, ‘“A means of restoring the health and preserving the lives of his majesty’s subjects”’, pp 223–42; C. C. Ellison, ‘County Infirmary’, Navan and District Historical Society (<http://www.navanhistory.ie/index.php?page=county-infirmary>) (26 Nov. 2015); John Ferrar, *The history of Limerick, ecclesiastical, civil and military, from the earliest records to the year 1787* (Limerick, 1788), p. 218; Samuel Lewis, *A topographical dictionary of Ireland* (2 vols, London, 1837), ii, 693; Fleetwood, *The history of medicine*, pp 95–113.

²⁴ An act for erecting and establishing publick infirmaries or hospitals in this kingdom, 5 Geo. III, c. 20.

town, not the county town, in seven counties (Meath, Antrim, Donegal, Kildare, Cork, Mayo and Tipperary). Later Louth would have two infirmaries, at Drogheda and Dundalk, and Wicklow two, at Wicklow and Baltinglass.²⁵ The first county infirmary was established at Carlow in 1766 and the last at Carrick-on-Shannon in 1805–6.²⁶ In an amending act of 1768 the Donegal and King's County infirmaries were moved to Lifford and Tullamore, respectively, as these were deemed more convenient than Letterkenny and Philipstown, the original county-town locations.²⁷ The two counties excluded from the legislation were Waterford and Dublin. Waterford city already had the leper hospital for accident cases. Its income of over £300 per year was derived from twenty-one properties vested in trustees elected by Waterford Corporation. In line with the voluntary hospital ethos patients from Waterford city were admitted at the discretion of the master and treated without charge; all others had to pay 1s. 2d. per day which equates to £21 2s. 4d. per in-patient per year.²⁸ In 1799 an amending act of parliament was passed to establish a public infirmary for County Waterford.²⁹

Dublin by 'mistake or omission hath not been provided for by the said act'.³⁰ By 1766 Dublin had a number of voluntary hospitals funded by public subscription and charity events; the first performance of Handel's *Messiah* in 1742 netted £400 for the Charitable Infirmary, the Meath Hospital and the Society for Relieving Prisoners.³¹ Following a petition to parliament by the governors and subscribers of the Meath Hospital whose finances 'were considerably lessened by the failure of the late treasurer' an amending act of parliament was passed in 1774 designating the Meath Hospital the County of Dublin Infirmary.³² The act noted that several persons who had established the Meath Hospital at a cost to themselves of £2,000 and upwards were willing 'without fee or reward' to give up their institution to be the county infirmary. From their petition to parliament it would seem that the governors were only too happy to have the state take over some of the funding of the hospital.³³ Thus, by 1800 all thirty-two counties had at least one county infirmary.

²⁵ Geary, *Medicine and charity*, pp 40–53.

²⁶ *Census of Ireland 1851*, pp 96–9; *Thirty-fifth report accounts of Ireland*, pp 115–17.

²⁷ An act to amend an act made the last session of parliament for erecting and establishing public infirmaries or hospitals in this kingdom, 7 Geo. III, c. 8.

²⁸ *Report of the poor law commissioners on medical charities Ireland, pursuant to the 46th section of the act 1 & 2 Victoria. c. 56. Addressed to the most noble the marquess of Normanby, her majesty's secretary of state for the home department*, p. 84, [324], H.C. 1841, xi. 653; *The thirty-third report of the Commissioners of Accounts of Ireland*, pp 113–16, H.C. 1808 (28), iii, 635–8.

²⁹ An act for extending to the county of Waterford, the different laws passed in this kingdom for erecting, establishing and regulating public infirmaries or hospitals, 39 Geo. III, c. 17.

³⁰ An act for explaining and amending an act passed in the fifth year of his present majesty's reign entitled, an act for erecting and establishing public infirmaries or hospitals in this kingdom, 13 & 14 Geo. III, c. 43.

³¹ The Dublin voluntary hospitals were the Charitable Infirmary (1718), Dr Steevens' Hospital (1733), Mercer's Hospital (1734), the Hospital for Incurables (1744), the Rotunda Lying-In Hospital (1745), the Meath Hospital (1753) and St Patrick's Hospital (1753). See: O'Brien, *The Charitable Infirmary*, p. 5.

³² *Commons' jn. Ire.*, ix, p. 29.

³³ *Finn's Leinster Journal*, 25 May 1774; 13 & 14 Geo. III, c. 43.

As Susan Mullaney has pointed out, the creation of a network of county infirmaries was unique to Ireland, but was in keeping with eighteenth-century mercantilist ideas enunciated specifically in the preamble of the 1766 act.³⁴ The hospitals would be a ‘means of restoring the health and preserving the lives of many of His Majesty’s subjects, of promoting labour and industry, and of encouraging the manufacturers of this kingdom’.³⁵ Self-preservation may also have been a factor in providing institutions to confine the poor and sick, as the upper classes recognised the connection between poverty and disease, even if they did not understand the underlying mechanisms.³⁶ Oliver MacDonagh has argued that the eighteenth-century ruling elite in Ireland was too small and too scattered to govern individually or in small groups in the localities as they did in England; they therefore ‘bound themselves together on national rather than parish or county levels’.³⁷ Unlike the urban voluntary hospitals, the county infirmaries could not have succeeded without the financial support of the parliament in Dublin or the annual subventions from the grand juries; local subscriptions would not have been enough to cover the expense of running a hospital because of a shortage of potential subscribers. For example, the County Antrim Infirmery had an income in 1797 of £497 13s. 9½d. of which £197 came from grants and £100 from a once-off gift from a benefactor. The annual subscriptions from six annual governors only amounted to £23 15s. and fines to a derisory £2 10s. 4¾d.³⁸ However, control over the distribution of this money remained in the hands of the hospital governors, providing them with considerable opportunity in the manner of its allocation. As with the contemporary charter schools, no systematic method of inspection existed to guard against corrupt practice in the hospitals.³⁹ As Andrew Sneddon has argued, the creation of a national network of hospitals might be deemed an example of eighteenth-century enlightened philanthropy and ‘improving’ rhetoric that motivated people to support charitable enterprises, but it also delivered significant control and patronage into the hands of a small group of powerful people.⁴⁰

Firstly, the governors decided who would and who would not be admitted which, as Ronald Cassell has observed, generally meant their own tenants, labourers and servants, and not the minions of non-subscribers.⁴¹ The only other criterion for admission was that the prospective patient be resident in the county. Secondly, the governors elected a surgeon who had to have served an apprenticeship and passed an examination set by the statutory County

³⁴ Mullaney, “A means of restoring the health and preserving the lives of his majesty’s subjects”: pp 223–42.

³⁵ 5 Geo. III, c. 20.

³⁶ Diarmuid Ó Grada, *Georgian Dublin: the forces that shaped the city* (Cork, 2015), p. 152.

³⁷ Oliver MacDonagh, *The inspector general: Sir Jeremiah Fitzpatrick and the politics of social reform, 1783–1802* (London, 1981), p. 316.

³⁸ *Belfast Newsletter*, 14 Aug. 1792.

³⁹ *Reports, presented to the House of Commons, from the Commissioners of the Board of Education in Ireland. I. Free schools of royal foundation. II. Schools of Navan and Ballyroan, of private foundation. III. The Protestant charter schools*, pp 28–9, H.C. 1809 (142), vii, pp 488–9.

⁴⁰ Sneddon, ‘State intervention and provincial health care’, pp 5–21.

⁴¹ Cassell, *Medical charities*, p. 3.

Infirmaries Board before he could be appointed.⁴² This resulted in the appointment of a group of trained professional surgeons across the country. While this was obviously to the benefit of the counties, it was still more advantageous to the governors and their families who had access to a trained surgeon locally. Thirdly, some of the income of the infirmary came from the county cess, which was levied on those who occupied and worked the land, specifically the tenants and leaseholders. This income was awarded to the infirmary by grand jury presentments decided on by the same group of people who controlled the infirmary, namely the local gentry. As the responsibility for paying the cess fell to the occupier rather than the owner of the land, many grand jurors were exempt because they leased their land rather than worked it themselves. Thus, the tenants, who had no right of admission, provided money for the infirmary, which the governors then used to employ a surgeon of whose services they availed. The gentry were thereby provided with professional medical care at the expense of their tenants.⁴³ Lastly, Roy Porter has pointed out that charitable foundations reinforced the ties of deference and gratitude owed to the benefactors by the objects of their charity, and were a source of local patronage for the elites of the county.⁴⁴ David Dickson has commented that much legislation, enacted ostensibly for the public good by the eighteenth-century Irish parliament, tended to benefit disproportionately the holders of wealth.⁴⁵ The act establishing county infirmaries may be a case in point.

II

Local money was required to support the local hospital. The 1766 County Infirmaries Act permitted rather than mandated the establishment of infirmaries. Before an infirmary charity could be formed a local subscription of at least £500 had to be collected; only then would the Treasury release funds up to £1,500 to develop a hospital.⁴⁶ Matters went according to plan in a number of centres. The *Freeman's Journal* reported in August 1767 that Vesey Colclough of Tintern Abbey in County Wexford requested 'the noblemen, gentlemen and ladies who intend to forward that spirited and charitable undertaking of building a County Infirmary to meet at the next assizes' and to send in their subscriptions.⁴⁷ Similarly, an advertisement in the *Belfast Newsletter* in 1767 informed its readers that 'The Gentlemen of the County of Down have appointed to meet at Downpatrick, on Monday the first of June, to establish an Infirmary for that County'.⁴⁸ Events moved very quickly thereafter as the Down hospital opened four months later on 6 October 1767. The process was slower in Wexford where the infirmary opened in August 1769.⁴⁹

The governance arrangements for the county infirmaries were similar to those of the voluntary hospitals; a subscription of twenty guineas entitled the

⁴² 5 Geo. III, c. 20.

⁴³ Cassell, *Medical charities*, p. 5.

⁴⁴ Porter, *The greatest benefit*, p. 298.

⁴⁵ David Dickson, *New foundations: Ireland, 1660–1800* (Dublin, 2000), p. 85.

⁴⁶ Geary, *Medicine and charity*, pp 40–53.

⁴⁷ *Freeman's Journal*, 15 Aug. 1767.

⁴⁸ *Belfast Newsletter*, 15 May 1767.

⁴⁹ *Census of Ireland 1851*, pp 96–9; *Thirty-fifth report accounts of Ireland*, p. 97.

donor to become a governor for life while three guineas bought membership of the board for a year. By the provisions of the 1766 act four governors were appointed by parliament: the lord chancellor, the archbishop of Armagh, the bishop of the local diocese and the rector of the parish in which the infirmary was sited.⁵⁰ The governors were empowered to lease one or more houses contiguous with each other or ground not exceeding two acres for their infirmary, which had to be within one mile of the courthouse of the respective county town; as noted above, in seven specified counties the infirmary was to be built elsewhere. The governors were all-powerful; they appointed the medical staff and issued admission tickets.⁵¹ Only in ‘cases of sudden accident’ could the surgeon or physician decide to admit a patient. The number of tickets a governor could issue depended on the sum contributed; typically, a one-guinea donation allowed the donor to recommend one in-patient admission for the year and one out-patient. A more sizeable donation would bring more entitlements.⁵² The minimum donation to an Irish infirmary was three guineas. The governors were empowered to elect a treasurer who ‘shall act without fee or reward’ and were required to meet four times a year at the infirmary with a quorum of five members.⁵³ Some infirmaries, such as Antrim and Down, published accounts of their activities, which supports Andrew Sneddon’s contention that the Ulster infirmaries were better organised, but most did not.⁵⁴ Although the idea was discussed in the Irish parliament, it was not until 1806 that treasurers were required to make annual returns to the Commissioners of Imprest Accounts in Ireland stating the names of the governors, the assets of the infirmary, the staff and the numbers of patients treated.⁵⁵

Under the 1766 County Infirmaries Act the governors of each county infirmary were required to elect a surgeon within twenty-one days of placing a notice in the Dublin newspapers. Candidates for the position had to have served as ‘a regular apprentice’ for not less than five years and to pass an examination set by the County Infirmaries Board, which, as it antedated the creation of the Royal College of Surgeons in Ireland by eighteen years, became the first examining body for surgeons in Ireland. The board was required to examine in anatomy and surgery all surgeons who applied for appointment to the infirmaries. The panel was intimidating, comprising ‘the Surgeon-General, the Visiting Surgeon, the two Assistant Surgeons, the Resident Surgeon of Dr Steeven’s hospital and the five senior surgeons of Mercer’s Hospital’.⁵⁶ Even well-established surgeons had to undergo the examination if they wished to be considered. Thus, Sylvester O’Halloran, a surgeon with a thriving practice

⁵⁰ 5 Geo. III, c. 20.

⁵¹ Cassell, *Medical charities*, p. 3.

⁵² Lindsay Granshaw, ‘The rise of the modern hospital in Britain’ in Andrew Wear (ed.), *Medicine in society* (Cambridge, 1992), pp 197–218.

⁵³ 5 Geo. III, c. 20. Notwithstanding the directive regarding fees, the deputy treasurer in Wicklow was being paid £10 a year when Fitzpatrick visited it in June 1787 (*Commons’ jn. Ire.*, xii, appendix, p. dcccxlvi).

⁵⁴ *Belfast Newsletter* 14 Aug. 1792, 4 Aug. 1797.

⁵⁵ *The parliamentary register, or history of the proceedings and debates of the House of Commons of Ireland* (17 vols, Dublin, 1782–1801), viii, 437–8; An act for the more effectually regulating and providing for the relief of the poor, and the management of infirmaries and hospitals, in Ireland, 46 Geo. III, c. 95.

⁵⁶ 5 Geo. III, c. 20.

in Limerick for sixteen years, was formally examined in the boardroom of Mercer's Hospital in Dublin on 2 September 1766. On the same day John McKnight, also from Limerick, William Stewart and Christopher Johnston, both from Fermanagh, were 'duly call'd and examin'd ... and adjudg'd certificates'.⁵⁷ Two surgeons were exempted from the examination by act of parliament; Thomas Wilkins in Galway and John Murphy in Tralee had served as an army and a naval surgeon, respectively, and were deemed suitably qualified for their posts.⁵⁸ In its thirty-year existence the board examined 110 candidates of whom ninety-four passed, thirteen were rejected because they had not completed a proper apprenticeship and three because they did not know enough anatomy or surgery. In 1796 the functions of the board were transferred to the Royal College of Surgeons in Ireland and thereafter letters testimonial from the college were required for appointment as an infirmary surgeon.⁵⁹ In 1814 parliament enacted legislation requiring the grand juries to retain a copy of the surgeon's letters testimonial and obtain a certificate of his good conduct.⁶⁰ Under the 1768 amending act, physicians being appointed had to be examined and certified by the King and Queen's College of Physicians in Ireland.⁶¹

The County Infirmaries Act stipulated that the surgeons so appointed 'shall each of them be paid by the year a sum ... not exceeding one hundred pounds to be paid out of the publick money, which sum ... shall be applied either to physician or surgeon or other use ... as the governors or governesses shall think proper'.⁶² The 'publick money' was subject to 'fees of pells and poundage' so that the actual grant was usually somewhere between £95 and £97.⁶³ In general, the surgeons received a salary of £100 but in Cashel it was only £80 and in Kilkenny 'two medical gentlemen' were paid £40 each.⁶⁴ Some hospitals, such as Wicklow and Down, also employed apothecaries at £25 per annum and others arranged to buy their drugs in Dublin, which seemed to be a cheaper option than having them compounded locally. Sometimes an apothecary's apprentice attended the infirmary as part of his job while working in an established business outside the hospital.⁶⁵ While the 'king's letter' provided for the salaries of the medical staff, the grand jury presentment was used to buy food and medicines for the patients and 'other necessaries'.

⁵⁷ List of infirmary surgeons, 1766 (Royal College of Surgeons in Ireland, RCSI/MS/79).

⁵⁸ 7 Geo. III, c. 8.

⁵⁹ C. A. Cameron, *History of the Royal College of Surgeons in Ireland and of the Irish schools of medicine including numerous biographical sketches also a medical bibliography* (Dublin, 1886), p. 110; An act for the further regulation of public infirmaries or hospitals, 36 Geo. III, c. 9.

⁶⁰ An act to amend several acts for erecting or establishing public infirmaries or hospitals in Ireland, so far as relates to the surgeons and apothecaries of such infirmaries or hospitals, 53 Geo. III, c. 62.

⁶¹ 7 Geo. III, c. 8.

⁶² 5 Geo. III, c. 20. Edward Foster, who was a physician, thought that surgeons should only receive £60, 'very sufficient in proportion of £100 to a physician'. See: Edward Foster, *An essay on hospitals or succinct directions for the situation, construction and administration of the county hospitals* (Dublin, 1768), appendix, p. 7.

⁶³ *Thirty-fourth report accounts of Ireland*, pp 5–81.

⁶⁴ *Commons' jn. Ire.*, xii, appendix, pp dcccxliii–dcccclii; Howard, *An account of the principal Lazarettos*, p. 85.

⁶⁵ *Belfast Newsletter*, 13 May 1788.

In most counties this was £100 annually but in Queen's County and Tipperary it was £200.⁶⁶ Infirmaries benefited occasionally from bequests, some of which were significant. Richard Robinson, Baron Rokeby and archbishop of Armagh, left £1,000 to the governors of the county infirmary to purchase bank stock, the interest from which was to be used to support the infirmary.⁶⁷ In 1792, the treasurer of the County Down Infirmary received a banknote of £100 from Edward Jones for the benefit of 'so useful an institution'.⁶⁸

It is possible to estimate the average cost of treating a patient in an infirmary. Between September 1767 and September 1783 the County Kilkenny Infirmary treated 2,144 in-patients; that is, 134 per year or three per week. These numbers are consistent with John Howard's observation that there were six or eight patients in the hospital at the time of his visit in 1788.⁶⁹ In the seven years between November 1767 and August 1774 'more than 200 received careful advice and assistance' on an out-patient basis, which equates to one patient every two weeks.⁷⁰ By 1783 the total accumulated income to the infirmary was £1,600 from the parliamentary grant, £1,600 from grand jury presentments and, extrapolating from William Tighe's *Statistical observations relative to the county of Kilkenny* and the 1808 *Accounts of Ireland*, approximately £679 from the governors.⁷¹ There was also an annual income of £70 from interest on bequests and debentures. Excluding other charitable activities such as charity sermons or musical concerts, the total income for the sixteen years was approximately £5,017. The average cost of treating one in-patient was therefore £2 6s. 10d.

Looked at another way, this income supported a hospital of twenty-six beds. Thus, the cost of maintaining one patient in a bed for a year was £12 12s. However, as the twenty-six beds were not used all the time the cost per bed was even greater; assuming a national average occupancy of twelve patients, the cost would be £26 2s. 7½d. As demonstrated above, the cost in the County Tyrone Infirmary was £18 per patient per annum and in Waterford, £21 2s. 4d. These calculations approximate very closely to Edward Foster's estimation that it cost £520 per annum to support a hospital of twenty beds or £26 per bed per annum.⁷² Comparing these figures with the accounts of the charter schools, another nationwide institution subjected to a parliamentary enquiry in 1788, it appears that it cost £21 per annum on average to maintain a patient in a hospital compared to £8 for a child in a charter school.⁷³ Twenty pounds was the salary of a clerk in the late-eighteenth century, while the yearly wage for a

⁶⁶ *Commons' jn. Ire.*, xii, appendix, pp dcccxlili–dccccli.

⁶⁷ *Freeman's Journal*, 18 July 1795.

⁶⁸ *Belfast Newsletter*, 16 Mar. 1792.

⁶⁹ *Finn's Leinster Journal*, 6 Sept. 1783.

⁷⁰ *Ibid.*, 6 Aug. 1774.

⁷¹ Fourteen governors-for-life made a once-off subscription of twenty guineas each and eight annual governors subscribed three guineas each (*Commons' jn. Ire.*, xiii, appendix, p. cxcv; *Thirty-third report accounts of Ireland*, pp 117–18; Tighe, *Statistical observations*, pp 516–18).

⁷² Edward Foster, *An essay on hospitals*, appendix, p. 7.

⁷³ In the House of Commons report on charter schools to which Howard and Fitzpatrick also contributed, the cost of maintaining a pupil for a year was estimated at £7 17s. 1¾d., while Timothy Corcoran later gave it as £8 17s. 9¼d. See: *Commons, jn. Ire.*, xii, appendix, p. dcccxxx; Timothy Corcoran, *State policy in Irish education* (London, 1916), p. 178.

labouring man in County Kilkenny was £6 to £10, and £3 to £6 for a woman; nationally most people survived on less than £5 per annum.⁷⁴ Thus, it appears that maintaining a patient in hospital was an expensive undertaking.

It is difficult to evaluate the effectiveness of the treatments administered to patients in the county infirmaries. As Susan Mullaney has pointed out only ‘curable’ patients were admitted so that the hospitals would seem successful and encourage subscribers.⁷⁵ Thus, of the 2,144 patients admitted in Kilkenny, 1,661 (seventy-seven per cent) were deemed cured and only fifty three (two per cent) died.⁷⁶ In Antrim in one year sixty-four patients were admitted and fifty cured (seventy-eight per cent) while in Down ninety-eight of 162 were cured (sixty per cent) and three died (two per cent).⁷⁷

Exactly what was wrong with the patients is unknown, but newspapers give a glimpse of the type of problem encountered. As many medical problems were not amenable to treatment in the eighteenth century, surgery dominated the activity in the hospitals; hence the preponderance of surgeons as medical attendants. Both Howard and Fitzpatrick refer to ‘surgery rooms’ in some of the infirmaries, but it is likely that these were rooms where medicines were stored rather than surgery performed. Reference is made throughout the report to medicines ‘often in large amount’ being either made up on site by the apothecary or purchased in Dublin.⁷⁸ In Wexford there was a medicinal herb garden that supplied some of the infirmary’s needs. In Maryborough the surgery measured ten feet by six and contained some vials of salve and tow, which may have been used for dressing wounds. In Waterford the surgery contained ‘one pot of salve and 18 old empty drawers’.⁷⁹

Much medical activity during the eighteenth century comprised non-surgical treatments.⁸⁰ However, Sylvester O’Halloran’s publications indicate that some significant surgical procedures were also performed. Thus, he removed cataracts, performed surgery for breast disease, amputated legs and arms, and trephined skulls, all without the benefit of anaesthesia. He considered himself ‘a master’ in dealing with head injuries as he saw so many of them following ‘fairs, patrons and hurling matches’ that terminated ‘in bloody conflicts’ fuelled by the consumption of ‘spirituous liquors’.⁸¹

⁷⁴ Ó Grada, *Georgian Dublin*, p. 49; Tighe, *Statistical observations*, p. 498; Dickson *New foundations*, p. 111. In 1884 the average cost nationally per patient was £2 5s. 4d. and £19 10s. 5¼d. per bed. See: Hercules MacDonnell, ‘Statistics of the county infirmaries, Ireland’ in *Journal of the Statistical & Social Inquiry Society of Ireland*, viii (1884), pp 541–3.

⁷⁵ Mullaney, ‘Charles Lucas and medical legislation in eighteenth century Ireland’, pp 555–6.

⁷⁶ *Finn’s Leinster Journal*, 6 Sept. 1783.

⁷⁷ *Belfast Newsletter*, 14 Aug. 1792.

⁷⁸ Sylvester O’Halloran in Limerick mentioned many of the compounds he used in treating his patients. These included: powders of nitre, laudanum, valerian, castor, thebaic tincture, decoction of Peruvian bark, wine, green tea and nervous julap. See: Sylvester O’Halloran, *A new treatise on the different disorders arising from external injuries of the head illustrated by eighty-five selected from above fifteen hundred practical cases* (Dublin, 1793).

⁷⁹ *Commons’ jn. Ire.*, xii, appendix, pp dcccxlili–dccccli.

⁸⁰ Porter, *The greatest benefit*, pp 266–71; Kelly, “‘Bleeding, vomiting and purging’”, pp 13–36.

⁸¹ O’Halloran was a prolific medical innovator and author. He performed numerous experiments and wrote a number of books on cataract and glaucoma, the methods of

Among a series of eighty-five, admittedly selected, serious head injuries there was a thirty-four per cent mortality rate; this supports his assertion of being a master in this subject.⁸²

Admission following accidents was common and at the discretion of the medical staff. In Dublin, Mary Hughes had her leg broken in a coach accident and Eleanor Smith fractured her leg and collarbone following ‘a fall from an unruly horse’; both were taken to the county infirmary.⁸³ In Galway, Thomas Ward, who underwent an amputation of his leg, was recovering well on 5 October 1772.⁸⁴ However, in the same month, in Kilkenny, Nicholas White’s recovery was doubtful; he also broke his leg but refused an amputation and left the hospital for ‘an ignorant bone setter’ only to be readmitted later to have ‘it taken off’.⁸⁵ A broken leg might necessitate a hospital stay of up to nine weeks.⁸⁶ In Limerick, O’Halloran frequently used a trephine to open the skull in his management of head injury.⁸⁷ A grimmer activity in the infirmaries was the dissection of the bodies of those executed by hanging. Such were the fates of Owen Maguire and Bernard Grimes, two men found guilty of murder in Belfast in 1795, and Bryan Murphy, convicted of murder at the Clonmel assizes in 1799, and sentenced to be hanged and ‘his body to be delivered to the surgeons of the county infirmary, to be dissected and anatomized pursuant to the statute’.⁸⁸ The numbers treated as out-patients seem to have increased over time, perhaps as the infirmaries became more acceptable to people as places where professional advice might be had. As noted, very few out-patients were treated in Kilkenny initially, but William Tighe reported an average of 281 attendances per annum from 1796 to 1802, while in Antrim 526 were treated in 1791–2 and 1,160 in Down in 1796–7.⁸⁹ Sometimes the infirmary surgeons inoculated people in the community against smallpox, a major health hazard during the eighteenth century.⁹⁰ Thus, the *Freeman’s Journal* noted that in March 1777 the surgeon from Tullamore inoculated 461 people at Birr and Shinroan, and warned the noblemen and gentlemen of the county that they would only have themselves to blame if they did not subscribe to the infirmary so that more inoculations might be carried out.⁹¹

amputation and the management of head injury, as well as a treatise on air. His writings also influenced those who founded the Royal College of Surgeons in Ireland. See: O’Halloran, *A new treatise*, p. 4; J. B. Lyons, ‘Sylvester O’Halloran (1728–1807)’ in *Irish Journal of Medical Science*, xxxviii (1963), pp 217–88.

⁸² O’Halloran, *A new treatise*, pp 2–5. In modern medicine the mortality following serious head injury is approximately twenty-five per cent. See: B. J. Zink, ‘Traumatic brain injury outcome: concepts for emergency care’ in *Annals of Emergency Medicine*, xxxvii (2001), pp 318–32.

⁸³ *Finn’s Leinster Journal*, 2 Sept. 1772.

⁸⁴ *Ibid.*, 17 Oct. 1772.

⁸⁵ *Ibid.*, 1 Feb. 1772.

⁸⁶ *Freeman’s Journal*, 3 Jan. 1795.

⁸⁷ O’Halloran, *A new treatise*, p. 210.

⁸⁸ *Belfast Newsletter*, 10 Aug. 1795; *Finn’s Leinster Journal*, 3 Aug. 1799.

⁸⁹ Tighe, *Statistical observations*, p. 518; *Belfast Newsletter*, 14 Aug 1792, 4 Aug 1797.

⁹⁰ Ashford, ‘Children’s smallpox and inoculation procedures in eighteenth-century Ireland’, pp 19–36.

⁹¹ *Freeman’s Journal*, 8 Apr. 1777.

III

The 'Report on the state of hospitals, infirmaries and public dispensaries' comprised two parts. The first part was based on inspections carried out by John Howard of twenty-two hospitals, mostly located in Dublin and the northern half of the country. The second part relied on observations from Sir Jeremiah Fitzpatrick on twenty hospitals scattered across the country, ten of which Howard also visited.⁹² Fitzpatrick, an Irishman, physician and social reformer had been the inspector general of prisons in Ireland since 1785. His origins are opaque but he was probably born in County Westmeath into a prosperous Catholic family and, like many of his coreligionists, studied medicine on the continent. He converted to Anglicanism in St Ann's parish, Dublin, in 1780, and for reasons that are unknown received a knighthood from the departing lord lieutenant, the third duke of Portland, in 1782.⁹³ Howard's input was based on a much more extensive inspection that he made in 1787–8 of the gaols and prisons of Ireland. As he toured the country following the route of the assize courts' circuits, he also decided to 'give a sketch of the state of some of the infirmaries or hospitals in Ireland'.⁹⁴ He published his detailed observations in a book entitled *An account of the principal Lazarettos in Europe*, which appeared in 1791. From this he seems to have abstracted the information he provided to the Irish House of Commons on the hospitals. There were ten hospitals that neither man included in their reports to parliament, but Howard did include them in his book. It is not clear how it was determined which hospitals to include in the parliamentary report and which to ignore. The findings of the inspectors were conveyed to the House of Commons' committee and ordered to 'lie on the table for the perusal of the members'.⁹⁵

Of the thirty-two hospitals included in the report only nine, or twenty-eight per cent, were found to be clean and in good order; four of those were voluntary hospitals in Dublin. But even among the satisfactory there were minor complaints. For example, in some the buildings were never white-washed and had no baths. However, not all the infirmaries were inadequate. Howard commended Dr McGennis, the physician in Derry, for paying for all the medicines and giving £50 towards the maintenance of the poor in the hospital. In the same institution it was noted that the patients' food 'was wholesome and good, which they receive cheerfully at two meals, at ten and three'.⁹⁶ He also approved of a notice in Monaghan stating that 'No Patients shall smoke in the Infirmary' and was very impressed with an account book kept by the housekeeper in Dundalk in which she recorded the provisions supplied to the hospital. He noted that a sixpenny loaf weighed 3lb. 5oz.⁹⁷ At Lisburn, the weekly service on Sunday impressed: 'here is a kind and proper

⁹² The report also contains observations on a number of schools and orphanages, and these have been excluded from this analysis; *Commons' jn. Ire.*, xii, appendix, pp dcccxlvi–dccccli.

⁹³ C. J. Woods, 'Fitzpatrick, Sir Jeremiah (c. 1740–1810)', in *D.I.B.*; MacDonagh, *The inspector general*, pp 19–22.

⁹⁴ Howard, *An account of the principal Lazarettos*, p. 81.

⁹⁵ *Commons jn. Ire.*, xii, p. 426.

⁹⁶ *Ibid.*, appendix, p. dcccxvi.

⁹⁷ *Ibid.*

attention to the patients'.⁹⁸ In Roscommon, Mrs Walcott generously gave £200 a year to support the infirmary, which was in 'a handsome commodious building'.⁹⁹ Fitzpatrick, commenting on the County Antrim Infirmary, noted that 'altogether it is well kept'.¹⁰⁰

For the rest of the hospitals the report describes a litany of decay, dirt, broken buildings, poor diet and lack of regulation. The inspectors could not understand how twelve to eighteen patients in Down could run up a drugs' bill of the 'enormous sum' of £52 14s. 2d. for the year nor why the housekeeper to the Hospital for the Incurables in Dublin was absent 'in the country'.¹⁰¹ Fitzpatrick noted that the maidservant's daughter and son-in-law were living in the infirmary in Enniskillen.¹⁰² 'Everything in it is shocking' was his conclusion about the County Monaghan Infirmary.¹⁰³ In Dr Steevens' Hospital in Dublin, a voluntary hospital, the indiscriminate admission of 'visitants' was deemed 'highly improper especially of men into the women's wards and more particularly where the beds are enclosed with wood and curtains'.¹⁰⁴ Similarly, Howard commented that in the South Infirmary in Cork 'the men (improperly) pass through the women's ward'.¹⁰⁵ At Ennis, 'most shamefully kept', a man and a woman who were strangers to each other were in one room while there were seven men in another; 'the blankets were old and filthy, and not a single sheet'.¹⁰⁶ In Galway, Fitzpatrick was so angry at what he found – 'walls besmeared with repeated foul spittings' – that he got some of the members of the grand jury to accompany him to the hospital on a Sunday to witness the truth of his report 'to their great astonishment'. He then 'expostulated warmly' on the shameful condition of their hospital to Mr Wilkins, the surgeon, and Mr Kelly, the deputy treasurer. Within three hours blankets, sheets and a carpenter appeared and it was agreed that the whole place would be white washed.¹⁰⁷

In spite of the money provided, the diet in the infirmaries was monotonous, consisting mostly of bread and milk. Usually two or three pints of milk were provided per patient per day along with a 2¹/₂d. or 3d. loaf. A pennyworth of bread weighed 8oz. in Castlebar. However, even in their diet some patients were short-changed. In Sligo, Howard noted that the 1lb. loaf weighed only 13oz. and in Maryborough 'if my taste not deceive me' the milk was diluted with water.¹⁰⁸ In Cork, potatoes were provided and, in Donegal, 10lb. of oatmeal per week. In some hospitals, for example Kildare, water gruel was provided and in Castlebar a sheep's head was boiled for soup for the sixteen patients on three days of the week. The diet was therefore poor and unvaried. In the reports, no mention was made of vegetables, meat or butter.¹⁰⁹

⁹⁸ Ibid., p. dcccxlvi.

⁹⁹ Ibid., appendix, p. dcccxlvi.

¹⁰⁰ Ibid., p. dcccli.

¹⁰¹ Ibid., pp. dcccxlvi, dcccxliv.

¹⁰² Ibid., p. dcccl.

¹⁰³ Ibid., p. dcccli.

¹⁰⁴ Ibid., p. dcccxlvi.

¹⁰⁵ Howard, *An account of the principal Lazarettos*, p. 90.

¹⁰⁶ *Commons' jn. Ire.*, xii, p. dcccxliv.

¹⁰⁷ Ibid.

¹⁰⁸ Howard, *An account of the principal Lazarettos*, pp 86–7, 92–3.

¹⁰⁹ *Commons' jn. Ire.*, xii, appendix, pp dcccxlvi–dccccli; Howard, *An account of the principal Lazarettos*, pp 78–100.

On average each county infirmary had thirty-eight governors. The number ranged from as few as fifteen in Donegal to as many as 141 in Queen's County. The governors were a mixture of life and yearly subscribers, the latter being the most common.¹¹⁰ While the governors may have held meetings, in some counties they rarely if ever visited the infirmary. For example, Howard was informed that no governor had entered the Enniskillen Infirmary in the previous seven years. In Sligo, a committee room set aside for the governors was not used for seven years.¹¹¹

Many became subscribers for the sole purpose of electing the surgeon and took no further interest in the infirmary. The Donegal experience is illustrative. Regarding the infirmary at Lifford, John Howard reported: 'I am well informed that the surgeon, Mr Spence, spent upwards of £500 in procuring votes to secure his election'; he paid the 'cheap rate' for people to become governors for a year and once he was elected their subscriptions lapsed. It turned out to be a poor investment.¹¹² In 1787, Fitzpatrick noted that the local infirmary subscribers converted the old cavalry barracks in the town into a new 'spacious hospital' at a cost of £617 4s. 2d. However, the treasurer, Dr Lamy, who held over 2,000 guineas in subscriptions would not hand over the money required to complete the purchase and fit out the new renovation. He did this by the simple expedient of not turning up to the meetings of the governors under the chairmanship of the rector, Revd Dr Knox. Meanwhile the patients remained in their old 'ill-contrived brick house' where 'there is not a sheet and the beds are in an unparalleled filthy state'. Surgeon Spence complained that the hospital suffered 'great distress from Dr Lamy's neglect to supply money ... and he had not received any satisfactory payment of his salary for two years past'. Spence seems to have arranged funding for provisions, bedding and fuel, but this cost him a shilling in the pound on exchange bills. Dr Lamy would have been responsible for paying these bills had he ever attended to his duties as treasurer. Attempts to dislodge him from his position failed. On one occasion he did attend a meeting, but after four o'clock in the afternoon when most of the other governors had already left. He also brought with him four newly created annual governors, whose subscriptions he had paid that day, thus ensuring his re-election.¹¹³ Dr Lamy was not finally removed until 1797 by which time he had acquired a bond of £450 of the charity's money 'no part of which ... is ever likely to be recovered'.¹¹⁴ Moreover, no patient was admitted to the new hospital until 1799, twelve years after the cavalry barracks had been acquired.¹¹⁵ Fitzpatrick recommended that only governors who had been in place before a medical vacancy arose should be entitled to vote for a new medical officer.¹¹⁶ This idea was enshrined in law in 1833 when an amending act ordered that no governor was to vote at the election of a surgeon unless he had paid his subscription for the two previous years.¹¹⁷

¹¹⁰ *Thirty-third report accounts of Ireland*, pp 67–126; *Thirty-fourth report accounts of Ireland*, pp 5–84; *Thirty-fifth report accounts of Ireland*, pp 56–139.

¹¹¹ Howard, *An account of the principal Lazarettos*, p. 93.

¹¹² *Commons' jn. Ire.*, xii, appendix, pp dcccxlvi, dccccli.

¹¹³ *Ibid.*, p. dccccl.

¹¹⁴ *Thirty-fifth report accounts of Ireland*, p. 76.

¹¹⁵ History Links Project, 'Lifford Community Hospital: over the years' (<http://history-links.blogspot.ie/2010/06/lifford-community-hospital-over-years.html>) (16 July 2015).

¹¹⁶ *Commons' jn. Ire.*, xii, appendix, p. dcccxlvii.

¹¹⁷ An act to explain and amend the provisions of certain acts for the erecting and establishing public infirmaries, hospitals, and dispensaries in Ireland, 3 & 4 Will. IV, c. 92.

The infirmaries had an average of twelve in-patients at the time of the inspection, with numbers ranging from thirty in Limerick on 21 June 1787 to four in Tralee on 9 April 1788.¹¹⁸ While Sligo also contained only ‘four decent looking elderly women’, one of whom acted as housekeeper, the same number of staff was employed there at the same expense as in other, busier, infirmaries.¹¹⁹ Few patients were admitted to hospital in eighteenth-century Ireland. The only people deemed suitable for admission were the ‘lower class of (the king’s) subjects’ or the deserving poor who were identified by the governors and suffered from a limited number of problems.¹²⁰ Among the excluded were pregnant women, children, people with fever or venereal disease, lunatics and incurables.¹²¹ The rich and well off would never go to hospital. Instead they had their medical needs, including surgery, dealt with at home; this is how the doctors made their money and why it was worthwhile influencing the governors for an appointment to the infirmary. The destitute, whose plight was deemed to be their own fault, were not welcome and it was felt that the parish or house of industry should deal with them.¹²² The majority of the population made do with self-remedies, proprietary medicines, folk cures, and treatment by knowledgeable local people or empiricists.¹²³ Thus, the patient population in the early hospitals comprised only accident cases or people with relatively minor medical problems.¹²⁴

The infirmary medical staff mostly consisted of one surgeon, although some surgeons as in Wicklow had pupils who paid apprenticeship fees. In Kilkenny there was a physician and a surgeon. In Monaghan Fitzpatrick was told by the housekeeper, Anne Wedderby, that the surgeon, Mr Foster, came to the hospital once a week and his apprentice attended on the other days. In Down, Mr Warren, the surgeon, lived five miles away at Killough one half of the year when the duties at the infirmary devolved to Samuel Johnson, the apothecary. Johnson’s salary was £25 per year and he was paid another £25 for doing the surgeon’s job, a saving to the governors of £25 assuming that the surgeon received only a six-month salary. Sometimes the surgeon, as in Armagh, ‘resides in the hospital in very large apartments’. The Meath Hospital in Dublin was better staffed. It had five surgeons and two physicians who, in line with the voluntary hospital ethos, did not receive payment for their services and assigned the £100 from the king’s letter to the hospital treasurer to be used ‘for the support of the house’. Similarly, in Derry, Dr Ferguson gave half of his salary to the hospital and also paid for the medicines.¹²⁵ Indeed, Howard

¹¹⁸ *Commons’ jn. Ire.*, xii, appendix, pp dcccxliv, dcccxlvi.

¹¹⁹ *Ibid.*, xii, appendix, p. dcccxliv. Fitzpatrick noted that there was a housekeeper, nurse-tender, maidservant and porter as well as the surgeon.

¹²⁰ Foster, *An essay on hospitals*, p. i.

¹²¹ Various institutions were established during the eighteenth century to deal with these specific problems.

¹²² David Fleming and John Logan (eds), *Pauper Limerick; the register of the Limerick house of industry, 1774–1793* (I.M.C., Dublin, 2011), pp xi–xxix.

¹²³ Farmar, *Patients, potions and physicians*, pp 64–5; James Kelly, ‘Domestic medication and medical care in late early modern Ireland’ in Kelly and Clark (eds), *Ireland and medicine*, pp 109–35; Kelly, ‘Health for sale’, pp 75–113; Kelly, “‘Bleeding, vomiting and purging’”, pp 13–36; Geary, *Medicine and charity*, p. 5; *Medicine and recipe book, Boyle family, c.1675–c.1710* (Wellcome Library, MS 1340, pp 156–8).

¹²⁴ Granshaw, *The rise of the modern hospital*, pp 197–218.

¹²⁵ *Commons’ jn. Ire.*, xii, appendix, pp dcccxlvi–dccccli.

asked in relation to Wicklow whether it would not 'be proper to apply part of the king's £100 per ann. to the benefit of the house, as is done in some other infirmaries; especially considering that the surgeon has advantages by pupils or apprentices, and but few patients?'¹²⁶

With so few patients to be looked after in the infirmary and their infrequent attendance, one can surmise that the doctors were free to spend a lot of their time looking after their other patients. It is possible to get a glimpse of the practice of an infirmary surgeon from the writings of Sylvester O'Halloran. Only twenty per cent of the patients he treated for head injury were managed in the county infirmary; the others were treated in private houses near where they were injured and frequently underwent surgery there. In one case O'Halloran spent nine days in Kerry attending a 'young nobleman' who had been 'pitched on his head' while hunting near Castlemaine and was taken to the house of the Revd Mr Godfrey. He recovered.¹²⁷ Obviously, as he was seventy miles away, O'Halloran could not look after the hospital patients in Limerick at the same time. However, it seems that he and Surgeon McKnight had a system whereby one of them was the attending surgeon to the hospital for a month at a time.¹²⁸

Elsewhere matters were not so well arranged. Fitzpatrick observed that when the surgeon was absent the care of the infirmary patients frequently devolved 'to some ignorant person'.¹²⁹ He described a case in King's County where the surgeon was in Birr attending a lady's delivery while in the county infirmary in Tullamore a young girl began to haemorrhage twenty-four hours after the same surgeon had amputated her leg. He was sent for but he was 'so circumstanced in respect to his attendance on the lady' that he could not come until the next day. Meanwhile the young girl bled to death.¹³⁰

Geary has discussed the influence of geography on the delivery of care. He pointed out that the position of the infirmaries within a county often made them difficult to access from remoter areas.¹³¹ Andrew Sneddon has noted that care in Ulster was better than elsewhere, although the 1788 report to parliament suggests that the same dilapidation and governance difficulties that were identified elsewhere in the country existed there also.¹³² However, with the exception of Monaghan, all of the Ulster infirmaries were opened within a year of the 1766 act and, as noted, some of the Ulster infirmaries published financial accounts.¹³³

Having received the report, the Irish House of Commons appears to have done little with it. On 19 March 1789 Sir John Blaquier M.P. noted that the county treasurers had not complied with an order of the previous April to make a return to parliament on the state of the hospitals and infirmaries in each county. He moved that each treasurer be made to appear before the house, but Isaac Corry M.P. advised that the treasurers were not the

¹²⁶ Howard, *An account of the principal Lazarettos*, p. 84.

¹²⁷ O'Halloran, *A new treatise*, pp 15–17.

¹²⁸ *Ibid.*, pp 293–4.

¹²⁹ *Commons' jn. Ire.*, xii, appendix, p. dcccxlvi.

¹³⁰ *Ibid.*

¹³¹ Geary, *Medicine and charity*, p. 49.

¹³² Sneddon, 'State intervention and provincial health care', pp 5–21; *Commons' jn. Ire.*, xii, appendix, pp dcccxlvi–dccccli.

¹³³ *Census of Ireland 1851*, pp 96–9; *Belfast Newsletter*, 14 Aug. 1792, 4 Aug. 1797.

responsible officers and the motion was withdrawn.¹³⁴ That same year parliament published the payments made to each hospital over the previous twenty-one years, collectively a total of £65,272 15s. 6³/₄d.¹³⁵ A similar amount would have been granted by the grand juries. In 1796 an act was passed giving the governors greater power over the infirmary treasurers and facilitating their dismissal if they failed to account for their funds.¹³⁶

IV

The creation of the county infirmaries was a remarkable undertaking. Nowhere else in Europe was a similar nationwide network of hospitals established. However, the reality of the institutions fell well short of the ideals that created them. A 1725 piece of Dublin doggerel captured the contemporary perception of hospitals:

In hospitals, if well endow'd,
The stewards all go rich and proud,
Whilst the poor pensioners are fed,
With half their due of flesh and bread.¹³⁷

As this article has argued, the county infirmaries were expensive to run and the cost of treatment per patient was high. With few exceptions the buildings that housed the hospitals were dilapidated and in poor physical condition. Governance was often conducted at arm's-length and, while the governors may have held meetings, their attendance at the infirmaries was sporadic. There was no national system of inspection or requirement to provide regular returns to parliament or the grand juries on the disbursement of the monies awarded, although the idea was mooted.¹³⁸ The detailed inspections carried out by Howard and Fitzpatrick would not be repeated in the eighteenth century and only after the Act of Union would hospital accounts be scrutinised by parliament.

There was plenty of opportunity for corrupt practice in the infirmaries. As evidenced by the experience in Lifford and the Meath Hospital, the integrity of some of the treasurers was questionable and money disappeared. The provision of drugs was a profitable opportunity for apothecaries. The food provided in the hospitals was basic, but even that was substandard or adulterated in a minority of institutions. Some staff used the hospitals to accommodate themselves and their relatives. Only a small number of patients with a limited variety of conditions were treated in the hospitals or as outpatients at the discretion of the governors. The total number of in-patients in all the hospitals visited by Howard and Fitzpatrick was less than 400 and, at best, an infirmary might treat twenty patients per week as out-patients towards the end of the century. The impact on the health of the population must,

¹³⁴ *Parl. reg. Ire.*, ix, p. 328.

¹³⁵ *Commons' jn. Ire.*, xiii, appendix, p. cxcv.

¹³⁶ 36 Geo. III, c. 9.

¹³⁷ Edward Ward, *The parish gutt'lers: or, the humours of a select vestry* (Dublin, 1725), p. 18.

¹³⁸ *Parl. reg. Ire.*, viii, pp 437–8.

therefore, have been negligible.¹³⁹ However, both national and local government were willing to spend large sums of money to uphold this system.

Considerable advantage accrued to governors by their association with an infirmary charity. They were all members of the Protestant elite that ruled Ireland in the eighteenth century through its dominance of parliament, the established church, grand juries, municipal corporations, the army, the law and local institutions.¹⁴⁰ Thus, they held all the levers of power and commanded substantial patronage and social control, which they exercised in the infirmaries by regulating admissions and appointing the staff, in particular the surgeon; his ability might have personal consequences for the subscribers.

The system also benefited the surgeons. As well as having £100 from the king's letter they spent much of their time looking after fee-paying patients outside the hospital. It was therefore a worthwhile investment for prospective candidates to procure the support of the governors, as Spence did in Donegal.¹⁴¹ Being busy with private work meant that the surgeons were not always available to their infirmary patients, few as they were. Having only twelve hospital patients to look after could hardly have been an onerous task. Delegating care of the infirmary patients to an apprentice or an apothecary was a way for the surgeon to overcome the difficulty of being in two places simultaneously, but the death of the girl in Tullamore following an amputation indicates that this was not always a satisfactory arrangement.

On a more positive note the creation of the county infirmary system allowed well-meaning people to dispense charity in line with eighteenth-century Enlightenment values.¹⁴² It also guaranteed that each county had at least one trained surgeon available locally. The examinations of the County Infirmaries Board ensured a high standard of professional knowledge; only twice were prospective surgeons excused the examination by act of parliament. Thus, national standards for surgery were established, and expanded when the functions of the board were transferred to the Royal College of Surgeons in Ireland in 1796. It is clear that many surgeons, such as O'Halloran, performed very well in their role as 'county surgeon', a category that would last for 200 years.¹⁴³

The county infirmaries remained an integral part of the institutional Irish health service throughout the nineteenth century, their obvious limitations notwithstanding. Overall the infirmaries were few, small, and difficult to access. This article has argued that they were poorly governed and benefited the governors and the surgeons more than the patients. Nevertheless, the system was the first attempt by the state to establish a countrywide network of hospitals staffed by professionally trained surgeons and physicians and in that it was successful. Dedicated fever hospitals would be built in the early 1800s,

¹³⁹ *Commons' jn. Ire.*, xii, appendix, pp dcccxlili–dccccli; *Belfast Newsletter*, 14 Aug. 1792.

¹⁴⁰ Toby Barnard, *A new anatomy of Ireland: the Irish Protestants, 1649–1770* (London, 2003), pp 13–20.

¹⁴¹ *Commons' jn. Ire.*, xii, appendix, p. dcccxlvi.

¹⁴² Michel Delon (ed.) *Encyclopedia of the Enlightenment* (2 vols, New York, 2013) i, 233–4.

¹⁴³ Barry O'Donnell, *Irish surgeons and surgery in the twentieth century* (Dublin, 2008), pp 47–50.

but as Laurence Geary has pointed out, patients were wary of hospitals in general for fear of contracting disease, becoming a mortality statistic, or being dissected after death.¹⁴⁴ Many people preferred to attend the infirmaries as out-patients, but initially very few were treated in this way as evidenced by the Kilkenny experience. In the nineteenth and early-twentieth centuries dispensaries, where medicine and advice were given *gratis* to the poor without admission, became the main source of professional medical care in Ireland. In 1898 the county infirmaries came under the control of the new county councils and were subsumed into the health services established by the new Irish state after 1922.¹⁴⁵

¹⁴⁴ Geary, *Medicine and charity*, pp 55–7.

¹⁴⁵ Local Government (Temporary Provisions) Act, 1923, 1923/9 [I.F.S.] (28 Mar. 1923). I would like to thank Professor Bernadette Whelan and Dr John Logan of the Department of History at the University of Limerick for their comments on earlier drafts of this paper.