

## Treating Ulster's rural poor:

### The County Infirmaries of Armagh and Down 1766-1851

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#### SUMMARY

**This paper considers the role of county infirmaries in providing health care for the inhabitants of two counties in south-east Ulster. It traces the establishment and management of these institutions from their beginnings shortly after the passing of the Infirmaries Act (1765) to the middle of the nineteenth century. From the available evidence, the accommodation, staff, patient numbers and diet of the infirmaries are considered and an assessment of their efficacy in offering a valuable service to their communities is discussed.**

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#### INTRODUCTION

In Ireland, until the 1760s hospital care was limited to the cities, and during the years when voluntary hospitals were growing in number in these centres of population, rural areas experienced total lack of provision. However, in 1765 an Act was passed to encourage the setting up of county infirmaries, thus providing the opportunity for those in more rural districts to benefit from some treatment and care.<sup>1</sup>

This Act made provision for the establishment of one infirmary for the relief of the sick and diseased poor in each county in Ireland. In 23 counties the Act directed that the hospital should be built in or near the county towns without any reference to the convenience or indeed inconvenience of such locations to the majority of the population – in effect many of these places were situated at the extreme end of the county. In seven counties a site remote from the assizes town was specified and the counties of Dublin and Waterford were completely omitted, probably because there were already hospitals in each.

The Primate, the Lord Chancellor, the bishop of the diocese and the rector of the parish in which the infirmary was directed to be built, together with donors of 20 guineas and annual subscribers of three guineas, were to form a corporation for the building and management of the establishments. Funds to construct and maintain these were to be the responsibility of the Grand Juries which were empowered to make presentments of up to £100.

To be admitted to the infirmary, prospective patients were required to be residents of the

county and they also had to be in possession of a ticket which could be obtained from members of the corporation or from the surgeon himself. In theory, therefore, those meeting the criteria, could present themselves for admission at the infirmary. However, in practice, tenants, labourers and servants who worked on the estates and farms of members of the corporation received tickets whilst tenants and other dependants of non-members did not.<sup>2</sup>

The expediency of making provision for the sick poor was considered by the landlords and gentry of counties Armagh and Down within one and two years respectively of the passing of the Act relating to county infirmaries (1765).

#### THE ARMAGH COUNTY INFIRMARY

Under the terms of the Act, the Armagh County Infirmary was established in 1766 in Abbey Street to cater for the needs of the sick of the whole county. Before its establishment the inhabitants of the city had erected and maintained, by private contributions, a hospital called the 'Charitable Infirmary' which was located in Scotch Street and 'which they liberally assigned over to lord primate and governors of the new establishment and it was used until the erection of the present edifice'.<sup>3</sup>

Before a surgeon was appointed under the terms of the new legislation, the staff of the Charitable

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Infirmaries were in attendance and they are thanked formally on their retirement in the early minutes of the new institution. Tributes were paid to Dr King, Senior, Dr King, Junior, Mr Samuel Maxwell, surgeon and Mr Joseph Boyde, apothecary for their 'Faithful, Diligent and Successful Attendance without fee or reward at the Charitable Infirmary since its first opening'.<sup>4</sup>

In 1777 it was described as:

a building of three stories 90 feet in front & 50 feet deep, with a large court or area before it, inclosed from the street by a wall. The lower storey consists of a kitchen, rooms for servants and storerooms for provision and firing. The right wing contains two large wards of eight beds in each, and two rooms with one bed each for men. The left wing contains a ward of four beds and two rooms with a bed in each for women with apartments for the surgeon, his family and apprentices. There are two staircases, one communicates with the offices below from the men's wards and the other from the women's. There are also in the infirmary a room for surgical operations, another for preparing & keeping medicines. There is a room where the governors meet the first Saturday in every month & a large hall with a fireplace.<sup>5</sup>

The institution was administered by a board of governors which, from 1774, met every month. In May 1813, a standing committee was established 'to regulate the management of the infirmary' and from that time regular quarterly and annual meetings were held to consider such routine business as passing accounts and general organisation of day-to-day affairs.<sup>6</sup>

Furniture and equipment were purchased – beds, cupboards, lamps, curtains, tables and chairs – and building work, whitewashing, repairs and alterations were carried out regularly to improve the fabric of the premises.<sup>7</sup>

In 1767, the first surgeon appointed to the new infirmary on an annual salary of £100 was Joseph Shewbridge. He died in 1776 and was replaced by Michael Whyte of Mercer's Hospital. On his death in 1787, Richard Daniel also from Mercer's Hospital who had earlier relieved Mr Shewbridge was confirmed as surgeon and held the position for 17 years. Various appointments were made in subsequent years as vacancies arose.<sup>8</sup>

Other members of staff included the porter, the housekeeper who appears to have held an important position in the early years of the infirmary, and nursing assistants who, in the eighteenth century, might not have had the

recognition they deserved. In 1773, for example, the Minutes of the Infirmary 'merely refer to the need for two women to assist in attending the patients and were considered along with a kitchen maid'.<sup>9</sup>

Patient numbers in the early years of the infirmary show that from 8 August 1767 until that same month in 1771 there were 111 interns, 14 of whom were still receiving treatment. As the years passed numbers of patients increased considerably as the following table shows:

TABLE I

*Number of patients treated at Armagh County Infirmary 1817, 1818 and 1822*<sup>10</sup>

	1817	1818	1822
Interns	181	192	160
Externs	3,722	3,174	1,842
Accident victims	245	400	163
Children vaccinated	108	51	100
Ruptured poor		26	
<b>Total</b>	<b>4,256</b>	<b>3,174</b>	<b>2,265</b>

#### THE ARMAGH INFIRMARY AFTER SEVERAL DECADES

In the 1830s, it was reported by the Assistant Commissioners considering the state of Ireland's poor that the hospital was a well constructed three-storey building.<sup>11</sup> The basement contained various utility rooms to serve both the infirmary and the surgeon – for the former, a kitchen, housekeeper's pantry, potato and meal store, matron's sitting room, washhouse and scullery; and for the latter a butler's pantry, two other pantries, a kitchen and scullery. The first floor comprised a surgery, a female ward with 12 beds and a new ward not completed due to lack of funds, but capable of holding six or eight beds. Two men's wards, one containing 13 beds and another eight, a nurse's room and a matron's bedroom were all located on the second floor. On these floors also, the surgeon had his complement of rooms – a study, drawing-room, and board room on the first floor and on the second, five bedrooms and a garret with two rooms. These together with the basement rooms occupied five-twelfths of the accommodation of the whole building.

Three wards were occupied. These were found to be 'clean, lofty, and well-ventilated and everything looked neat and orderly'.<sup>12</sup> Despite the elevated situation of the hospital and the favourable condition of the wards, it was on two occasions severely infested with malignant erysipelas – in 1823 and 1826. In the latter year, this disease could only be arrested by the total evacuation of the building and the burning of clothes and bedding.

The medical attendant and the apothecary were both well qualified. The former was a graduate of the Royal College of Surgeons in Ireland and a Doctor of Medicine. In addition, he held a certificate in midwifery. He was engaged in private practice, which was required not to interfere with his duties at the infirmary and the governors were to be advised of any intended absence of more than four days. The surgeon who was appointed by the governors received an allowance of £89 1s 10d from the government and since 1829 was paid an annual sum of £50 from the general funds of the charity in view of his work with out-patients.<sup>13</sup>

The latter, who was responsible for dispensing the medicines, was a licentiate of both the Dublin Apothecaries' Hall and the King's and Queen's College of Physicians in the same city. He was also a member of the London College of Surgeons.<sup>14</sup> The apothecary received a salary of £30 per annum and a further allowance of £20 for discharging the duties as registrar. Such medical staff were augmented by a matron, a male and female nurse, an assistant nurse, a cook and a porter.

The dispensing room was neatly maintained and contained a good supply of excellent medicines, including many of 'the more delicate preparations'. There was also an adequate stock of surgical instruments. Leeches were sometimes used and these were purchased in small quantities as required. Arrangements for vaccination were established and the surgeon was obliged to vaccinate all who applied for it.

An unlimited number of tickets entitling the bearer to receive relief at the hospital was issued by each subscriber and, unlike some areas, there was little difficulty in obtaining admission. The medical officer decided on which cases were eligible to be admitted and which would be treated as extern patients. The latter received aid at the dispensary on two days a week – Tuesdays and Saturdays

between 11.00 am and 12 noon – but were not visited in their homes. Expectant mothers from the labouring class were attended by midwives, the majority of whom, it appears, possessed little skill.

Intern patients were confined to the infirmary. According to the Assistant Commissioners they were not required to work 'further than cleaning the wards and rendering assistance to the nurses'.<sup>15</sup> Visitors were permitted on Thursdays and where patients were seriously ill were allowed to remain in the building.

In March 1830 there were 35 patients in the infirmary and figures for the years 1825-1829 reveal the following numbers treated and the total annual expense :

In 1821 the inhabitants of county Armagh numbered 197,427,<sup>17</sup> so that while some provision

TABLE II

*Number of patients treated at Armagh County Infirmary 1825-29, and the total annual expense*<sup>16</sup>

		£	s	d
1825	2,288	718	6	8
1826	2,576	711	13	10
1827	2,691	765	0	8
1828	2,341	753	19	0½
1829	2,567	852	0	4½

had been made to alleviate the condition of the sick poor in the county, comparatively few benefited from the work of this institution even after more than half a century. But, whilst the numbers treated in the Armagh infirmary, by modern standards appear small, they compared favourably with, and in some cases much better, than those of similar institutions in other counties, for example the infirmary for county Antrim at Lisburn, which treated an average of 1,348 patients from a population of 262,860 during the same period.<sup>18</sup> By the time of the Assistant Commissioners' report several years later, the numbers of patients treated in the Armagh infirmary had risen as follows

However, concern was expressed by the Assistant Commissioners about certain management issues

Table III

*Number of patients treated at Armagh County Infirmary 1832-34*<sup>19</sup>

	<i>Intern</i>	<i>Extern</i>	<i>Total</i>
1832	388	2,657	3,045
1833	438	2,289	2,727
1834	482	2,682	3,184

particularly regarding the diet rolls and the provision accounts in the Armagh establishment.

Two principal factors were noted: the striking excess of low diets over full diets (the only other variety allowed in the dietary in this hospital) compared with the diet-rolls in operation in the early years of 1832; and the large and increasing part which milk formed in both full and low diets, but especially in the latter. The rules by which the respective quantities of milk were charged against each patient in the weekly diet-roll were as follows:

1. Every patient, whether on full or low diet, was entitled to one pint of milk as his/ her regular daily allowance.
2. Each patient on full diet, and any on low diet, who might happen to have had no extra milk, were entitled to one pint of milk on Mondays and Fridays, 'Instead of meat or broth', in addition to his/ her regular allowance.
3. All patients on low diet, with very few exceptions, had each a pint of extra milk every day, as well as on Mondays and Fridays and in addition, very often a pint of butter milk every day.<sup>20</sup>

The milk was paid for from the funds of the infirmary at a cost of 2d per Irish quart. The same commodity was supplied to the Armagh Fever Hospital for 1½d or 1¾d per quart. The surgeon at the infirmary was responsible for supplying all the milk required. He received payment from the treasurer through the matron, a situation in which the medical attendant was reckoned to be the contractor for that article. However liberally and honourably the surgeon might have fulfilled his contract for milk with the infirmary – and the Assistant Commissioners did not intend to convey any contrary insinuation – the principle of the transaction was considered objectionable coupled

as it was with some circumstances peculiar to the case.

The medical attendant framed the dietary of the hospital and proposed it for sanction to the governors, by whom it was adopted in 1831. He ordered and regulated all additional allowances of milk to the patients in the infirmary and he held in his possession and cultivated for his own profit, all the land (four acres in total) belonging to the institution. Consequently, it was in his interest to augment the consumption of an article in the patients' diet which he alone could prescribe in any quantity he would choose to sanction. The Assistant Commissioners believed that this was a position in which the medical officer of a public charity never should have been permitted to place himself.<sup>21</sup>

The annual reports of the infirmary exhibited some interesting facts which received due consideration in the comments of the Assistant Commissioners. It appeared that the annual county grants had risen in the early years of the 1830s from £400 in 1831 to £500 in 1833, and the annual subscriptions increased from £92 to £131, and although during the same period £183 had been expended on building and repairs, £86 11s 11d on new articles of furniture and repairs to old items, yet one large ward remained unoccupied due to lack of furniture. The building work executed in 1831 and 1832, it was reported, appeared 'not directly connected with the accommodation of the patients, though it cost £154 10s 10d and left the institution £170 in debt.'<sup>22</sup> Just over a decade later, plans for the establishment and management of additional accommodation to house scrofulous patients were approved by the governors on 23 June 1843. The project was supported from the bequest of the late Dr Edward Lill, rector of Clonoe parish, County Tyrone from 1739 until his death in 1791 and the new buildings were to be named the 'Lill Wards' in his memory.<sup>23</sup>

Dissatisfaction was also expressed with the surgeon's attitude towards out-patients. These were given prescriptions and received medicines at the hospital pharmacy on agreed weekdays as suggested earlier, but the sick poor were not visited in their own homes even though the medical attendant had, since 1829, been paid £50 per annum for administering this service. As a result of the inefficiency of this dispensary another was established by the gentry of the parish of Armagh.<sup>24</sup>

### THE DOWN COUNTY INFIRMARY

A general meeting of the gentlemen of county Down was held at Downpatrick on 21 April 1767 to discuss the establishment of an infirmary for that county. Subscriptions at this date totalled £810 10s 9d.<sup>25</sup> The newly-elected governors who were responsible for the management of the institution met on 1st July 1767 and resolved to take out a lease on a house in Saul Street, Downpatrick, to accommodate patients. Beds and furniture were immediately ordered and by 14 July of that year the infirmary was ready to receive patients.<sup>26</sup> A surgeon was appointed at a salary of £100 per annum.

Various rules were formulated to ensure the efficient management of the hospital. A register of all in- and out-patients was to be kept by the surgeon. This was to include their ages, diseases, the parish from which they came, by whom they were recommended, the time of admission and discharge, and their state of health when discharged. In agreement with the Act of parliament a bed was to be reserved in cases of emergency and in such cases the surgeon would be permitted to give advice and medicine. Several categories of persons were not permitted to be received as in-patients: 'pregnant women near their time; persons under ten years of age unless they were to undergo operations; persons under lunacy; ill of infectious diseases, as fevers, smallpox, measles, itch, venereal disease, last stage of consumption etc.'<sup>27</sup> Those who were admitted were allowed to remain more than two months only on recommendation of the surgeon.

Within the infirmary a certain discipline was initiated. Segregation of male and female patients was stipulated. Patients were required to go to bed at nine o'clock in winter and at ten o'clock in summer and to rise by eight o'clock in winter and seven o'clock in summer. Smoking was prohibited unless ordered by the physician and if such were the case this was to be carried out only in the kitchen. Cursing, swearing, playing cards, dice or any other game were not permitted and the housekeeper, who was responsible for the oversight of the domestic arrangements of the infirmary, was to ensure that no provisions of any kind, particularly strong liquors, were to be brought to the patients by their relatives and friends. Visiting was by arrangement with the housekeeper who was expected to keep a strict surveillance on the duration of the stay. Patients

were required to assist with nursing duties and with routine household chores such as washing and ironing, cleaning and gardening. Rules concerning the behaviour of patients, nurses and servants were read once a week in all the wards.<sup>28</sup>

The patients' dietary was formulated early in the infirmary's history. Sunday, Tuesday and Thursday were flesh meat days, while Monday, Wednesday and Friday were designated 'meagre days'. The dietary was as follows :

Breakfast: water oatmeal porridge, one pint, with a pint of milk or small beer – or a pint of milk pottage without sauce.

Dinner: Eight ounces of beef or mutton or pork or veal, weighed when raw for each patient; either of them to be boiled and broth made of it, thickened with cuttings or grotts; a pint of which to be served to each. Roots are to be used when to be procured, as potatoes, turnips or parsnips. When there are roots, six ounces of bread, and eight ounces when otherwise. A pint of small beer when to be had conveniently.

Supper: Water pottage a pint, or a pint of flummery or potatoes; with either of them a pint of milk pottage, or six ounces of bread and a pint of milk.

On 'meagre days' breakfast and supper were to be the same as on Sunday, Tuesday and Thursday, however dinner on the former was to consist of:

1. Ten ounces of bread and a pint of milk.
2. Or twelve ounces of plain pudding, one ounce of butter and a pint of small beer.
3. Or a sufficiency of potatoes and one pint of milk.
4. Or ten ounces of bread, two ounces of butter and a pint of small beer.
5. Or three ounces of skimmed milk cheese, eight ounces of bread and a pint of small beer.
6. Or one quart of broth, made the day before, and four ounces of bread.
7. Or a quart of grott gruel or barley, seasoned with salt and butter, and four ounces of bread.<sup>29</sup>

Two centuries later, the Metabolic Unit Dietitian at the Royal Victoria Hospital, Belfast investigated this diet and reported that, on average, it was very adequate, except for a deficiency in vitamins A, D and C. It was computed at an average daily intake of 2,400 calories per day, compared with 2,750 calories per day recommended by the BMA in 1950 for a man doing light work.<sup>30</sup>

At a meeting of governors on 12 January 1768, it was reported that since the opening of the

infirmery, 15 patients had been received and six discharged cured; three were incurable and six remained in the house; 31 out-patients had also received advice and medicines, 17 of whom had been cured, two were discharged as incurable and 12 remained under care.<sup>31</sup>

In March 1768 the total income of the infirmery amounted to £571 8s 1d, a sum which comprised subscriptions, Grand Jury presentments, a parliamentary grant, the proceeds of various functions and the interest of debentures. In addition to annual subscriptions, the governors hoped to attract certain 'casual benefactions' and consequently four boxes each inscribed 'Poor Box of Down Infirmery' were placed 'one in the church of Down, one in the meetinghouse, one in the infirmery and one in the market place of Down'.<sup>32</sup>

Gradually the governors deployed the finances to improve the facilities and appoint additional personnel. In October 1768, it was decided to convert one of the rooms into a ward to accommodate patients under salivation. The services of an apothecary were enlisted in April 1773 at a cost of 10 guineas per annum. By 1774, the original building in Saul Street, Downpatrick where the infirmery was housed, necessitated considerable repairs. At a meeting of governors held on 5 April of that year it was resolved to purchase from the Barrack Board, the old barracks in the town and convert them into an infirmery with accommodation for 20 patients, a number which had been suggested a year previously to meet the minimum requirements of the area. After some delay the barracks were repaired and opened as the new infirmery.<sup>33</sup>

By the closing years of the first decade of the nineteenth century, due to the dedication of the governors and the hospital personnel, the numbers of patients treated had risen considerably (see Table IV).

Despite attempts at improving both the fabric of the building and the comfort of patients,<sup>35</sup> by the end of the first three decades of the nineteenth century the state of the building was again a cause for concern.

#### NEW PREMISES

On 1 May 1830 after an inspection of the premises and on consideration of an architect's report, the governors decided to erect a new building which should include fever wards. Funds were to be

TABLE IV

*Numbers of patients treated at Down County Infirmery 1807-9*<sup>34</sup>

	1807	1808	1809
In-patients cured	90	80	78
Much relieved	44	40	37
Incurable	7	8	10
Died in the house	2	2	3
Remaining in the house	20	21	21
Out-patients who received advice and medicine	1,540	1,460	1,450
Children inoculated with cowpox	150	180	194

raised by private subscriptions and by Grand Jury presentments. Financial problems had generally been eased at least slightly by the County Infirmaries (Ireland) Act, (1808)<sup>36</sup> which empowered Grand Juries to present an additional sum of £500 per annum. (This was increased by the Grand Jury Act of 1836<sup>37</sup> to a maximum of £1,440).

On 2 June 1830, at a general meeting of governors, a site was selected. It was agreed to advertise for plans and estimates for the construction of an infirmery with a house and offices for the surgeon and, as intimated at an earlier meeting, the addition of wards to constitute a fever hospital.<sup>38</sup> The infirmery was to cost not more than £3,000 and the fever hospital not more than £1,000. Plans were examined on 5 October 1830, when it was decided that the accommodation for the surgeon was to be under the same roof as the infirmery, and the fever hospital was to be a separate building. Revised plans were examined at the governors' meeting on 3 November 1830 and those submitted by a Dublin architect, John B Keane, were approved. His estimate was £4,500. Construction costs were soon to dictate the plan of the new institution. On 16 February 1831, two tenders were discussed. Each was considerably higher than the estimated cost and the architect was instructed to revise his plan which was duly submitted to the governors the following month. Tenders for building the infirmery, fever hospital, entrance lodge, gates and boundary wall were received. The sealed tenders were not opened at a meeting held on 21 March 1831 as the governors

had learned privately that it was unlikely that any contractor could complete the work for less than £6,000. A long letter signed by three governors and quoting an estimate of £6,000 was addressed to the Grand Jury. Funds in hand amounted to £694, with £1,846 laid out at interest; the probable sum to be realised from the sale of the present building was £300, thus making a total of £2,840. The governors therefore applied for a Grand Jury presentment of £3,000.<sup>39</sup> The surgeon, Dr Buchanan, was instructed to enlist the services of Mr John Lynn, at that time engaged in building the county gaol and Mr Bowen, a land surveyor, to prepare the estimates, serve all the necessary notices and bring the governors' application before the road sessions and subsequently to the Grand Jury.<sup>40</sup>

On 10 August 1831, a copy of the Grand Jury presentment for £3,000 payable in half-yearly instalments of £250, was received by the governors and commissioners for the completion of the work were appointed. Of the two tenders submitted, Mr Lynn's was accepted – for the infirmary, entrance lodge, gates and surrounding wall £3,950; and for the fever hospital, £2,050. The landlords and gentry of the county contributed to the construction costs of the new buildings demonstrating their concern for the welfare of their tenants.<sup>41</sup>

Whilst the exterior of the new premises appeared impressive, the interior, it seemed, revealed certain defects. The Assistant Commissioners reported somewhat critically that consideration for the comfort of patients had been sacrificed in order to provide 'a superb and spacious residence for the surgeon'. Indeed it was lamented that for such capital expenditure 'so little wholesome accommodation' was 'provided for those to whose exclusive benefit the establishment should have been appropriated'.<sup>42</sup>

Accommodation consisted of 11 wards – five, containing a total of 16 beds for females, and six with a total of 24 beds for male patients. The Assistant Commissioners reported that the wards were 'small and very imperfectly ventilated' and that in one ward occupied by four male patients 'the air was so oppressively loaded with cutaneous effluvia that one of the Assistant Commissioners could not without difficulty remain long enough in the room to measure its extent, which did not exceed 20 feet square'.<sup>43</sup> The yards of both the male and female wings of the hospital were

confined and enclosed by high walls, apparently to provide a spacious stable yard and out-offices for the surgeon's residence.<sup>44</sup>

By the 1830s, two medical officers remained attached to the infirmary – a surgeon and an apothecary. The former was engaged in private practice but was expected to be in regular attendance at the hospital. (In alleged cases of neglect the poor had the right to complain to the governors). The apothecary's duties consisted of compounding medicines and attending to the patients under the direction of the surgeon. The Assistant Commissioners found the pharmacy to be well-maintained – high quality medicines were stocked including several of the most delicate and expensive preparations – and the institution possessed the correct equipment for preparing decoctions and infusions. The stock of surgical instruments was limited and consisted only of enema syringes, bougies, bandages, splints, trusses and lancets. When necessary, leeches were supplied to in-patients.

On the signed recommendation of a governor, any person was entitled to relief, although emergency cases were admitted immediately without recommendation. There was no limit to the number of recommendations which a subscriber could issue. At the time of the Assistant Commissioners' visit there were 21 patients in the house and 48 operations had been successfully performed in the preceding three years. Extern patients were seen at the infirmary and those unable to travel were attended at home by medical staff. The duties of the medical personnel, however, did not include visits to expectant mothers. These were generally looked after by midwives, whose skill was, in many cases, very limited.

Unfortunately the *Report of the Select Committee on the State of the Poor in Ireland (1830)*<sup>45</sup> and the *Report of the Commissioners for inquiring into the State of the Poorer Classes in Ireland (1835)*<sup>46</sup> do not provide information on the numbers of persons relieved in this infirmary during the years 1825-29, so a comparison between the Down and Armagh establishments cannot be made for this period. However, other sources reveal an increase in the numbers of patients treated and relieved during the years 1834-38 in the Down County Infirmary:

The infirmary committee reports for these years portray a very positive picture of the work of this

TABLE V

*Number of Patients treated and relieved in the Down County Infirmiry 1834-38*<sup>47</sup>

	1834	1835	1836	1837	1838
Admissions	194	237	256	284	295
Discharged cured	142	178	227	230	238
Incurable	8	8	7	10	9
Relieved	25	34	12	31	25
Died	11	12	11	13	21
Remaining	28	33	33	32	34

institution, citing the afore-mentioned figures to reinforce their comments. The increase in accommodation since the construction of the new building, which amounted to an additional 16 beds – making a total of 40 – received particular praise, and the industry, zeal and retrenchment of the surgeon were also highly commended. The treatment of out-patients was of course an additional feature of each county infirmiry and in Downpatrick this work continued and increased annually. In 1834, applicants who received advice and medicine amounted to 1,230, and the number of prescriptions dispensed totalled 3,652. These figures rose in 1835 to 1,408 applications and 3,926 prescriptions. By the end of 1838, there was a small decrease in applications, (1, 137) and also in the number of prescriptions dispensed (3,553). Vaccination of children was practised as part of the infirmiry service here as elsewhere and available figures show that 54 children were vaccinated in 1834, 61 in 1835, and 74 in 1838.<sup>48</sup> This was performed on two days each week and was found ‘generally efficacious’.<sup>49</sup> Members of the public were confident about its benefits and the prevalence of small pox in the early and mid-1830s may have been a factor in the increased numbers of children being vaccinated.

#### ASSESSMENT

There can be no doubt that it was of some benefit to the sick poor that there should be at least one hospital in every county, even though it may not have been particularly large or endowed with sufficient funds to admit all needy or urgent cases. The legislation under which such a system was established must, therefore, be considered humane, wise and beneficial. The idea of a uniform system throughout the country should also be

seen as valuable. The infirmiries also contributed to the substitution of scientific medicine for the folk cures which were prevalent throughout the country. Medical officers were well qualified and were generally capable of discharging their professional duties efficiently. The professionalism of surgery was encouraged as the credentials of infirmiry medical officers were required to be approved by the surgical staffs of Steeven’s and Mercer’s hospitals in Dublin and from 1796 infirmiry positions were limited to those holding the licence of the Royal College of Surgeons which had been established twelve years earlier.<sup>50</sup>

The reports and figures for the two infirmiries in south-east Ulster show that the establishment of these institutions through the concern and generosity of the more fortunate members of the local community provided increasing assistance and medical care for those in need of medical attention.

One hospital to serve a population of 220,134 persons in county Armagh and one for 352,012 in county Down<sup>51</sup> extending over an area of 513 and 955 English square miles respectively nevertheless appears completely inadequate. The available figures for those treated at each infirmiry in the years cited earlier, and viewed confidently by local personnel, seem meagre when the broader whole-county perspective is considered. In the period from 6 June 1841 to 30 March 1851 there was accommodation for 72 patients in the Armagh infirmiry and for 50 in the Downpatrick building. During that period, a total of 7,847 cases had been admitted to Armagh, a proportion of one bed to 1,140 of the county population. The situation in county Down was even worse. There,



during the same period, while fewer cases were admitted (6,215), the proportion of beds per head of population was 1 to 2,126.<sup>52</sup>

Distance was certainly a major factor. Although in these two counties the establishments were situated quite centrally (unlike that for county Antrim, situated at Lisburn in the extreme southwest as noted earlier), many patients would still be required to endure distances of at least 20 and in some cases 30 or more miles to receive treatment. In the Downpatrick infirmary, for example, on 5 January 1839 there were 34 patients. In the course of that year, 305 were admitted. Of this total of 339, 169 resided within five miles of Downpatrick, 64 resided between five and ten miles away and 106 lived at a distance of more than ten miles from the town. A similar picture was evident for 1840. Of the 341 patients admitted during that year, 144 lived within a distance of five miles, 89 from five to ten miles and 108 more than ten miles away. Thus it appears that a population contiguous to the infirmary, not perhaps one quarter that of the county, supplied 50 per cent of the patients admitted during 1839 and just over 42 per cent in 1840.<sup>53</sup> Figures for the Armagh infirmary for 1839 reveal that 641 patients were admitted during that year. Of these, 379 resided within five miles of the hospital, 212 from five to ten miles and 50 more than ten miles away. Therefore, in this county, over 59 per cent of patients lived within five miles of that institution.<sup>54</sup>

Denis Phelan, a Poor Law Commissioner, was critical of the Downpatrick infirmary. He felt that it was preposterous to assert that the population of county Down would send so few cases to that hospital in any one year, and equally that one of the most wealthy and commercial counties in Ireland could not, provided accommodation was sufficient and the establishment managed on different principles, contribute funds to support three times the number of patients treated.<sup>55</sup> Phelan believed that had no public expense been forthcoming to support the infirmaries, the resources in each county would have been deployed more extensively and such charities would have been better managed.<sup>56</sup> Undoubtedly the subscriptions for the years 1831-1833 were very low particularly as this county was considered by many to be one of the most prosperous in Ireland. The county grant for each of these years was £461 10s 9<sup>1</sup>/<sub>4</sub>d and the subscriptions were as follows – 1831 : £26 17s 2d;

1832 : £5 5s; 1833 : £46 5s.<sup>57</sup> These figures for a so-called prosperous county were appalling. However, when the substantial subscriptions towards the building of a new infirmary during this period are taken into consideration, these apparently meagre amounts may not appear so niggardly.<sup>58</sup> Yet by March 1840, the amount of subscriptions remained comparatively low, at £35 4s, and contrasted sharply with those in county Armagh which, for the same year totalled £145 19s. Indeed, it is not surprising, given the total income of each infirmary for the 1839-40 period that the Armagh hospital admitted almost twice the number of patients than the county Down establishment during that year.<sup>59</sup>

Phelan was also critical of the extent of the surgeon's accommodation at Downpatrick and estimated that the rooms occupied by that gentleman would 'be capable of containing at least twenty-four beds, which is one more than the hospital usually holds'<sup>60</sup> A similar criticism was levelled against the Armagh institution by Phelan and Gulson who reported on the state of medical charities in various Poor Law unions in 1840. They stated that a considerable portion of the building was occupied by the surgeon and that 'this portion, independent of the offices appropriated to his use, would, if converted into wards contain at least 20 beds'. They continued 'If the entire hospital building were converted into wards for the sick, it might possibly be found adequate for the reception of all cases occurring within such parts of the county as are not so remote from it as to render their removal there difficult or impossible'.<sup>61</sup>

Generally, the concept of county infirmaries was a worthy one and capable of being expanded through future legislation. In the meantime it required some supplementary provision at a more localised level and this was evidenced by the rise and growth of the dispensary movement in these counties and throughout Ireland during the nineteenth century.

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