

Fever hospitals in counties Armagh and Down : 1817-39

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SUMMARY

This paper outlines the provision for fever patients, (other than those suffering from cholera during the epidemic of 1832-34), in counties Armagh and Down in the two decades prior to the introduction of the Poor Law to Ireland. Possible causes of fever and the numbers of patients treated are discussed. The establishment and location of fever hospitals and the state of the premises are considered and an assessment of the contribution of these institutions to the development of medical provision in the early nineteenth century is also provided.

THE EPIDEMIC OF 1816-17

Fever was a frequent visitor to Ireland and one of the worst epidemics in the pre-Famine years occurred during the years 1816-19. According to one medical historian, it could:

without fear of any charge of exaggeration be asserted that a more general epidemic never, perhaps, existed in any country of equal dimensions and population; for according to every account, whether public or private, it would appear that not only every city, town, and village was visited by the disease, but that even very few of the isolated cabins of the poor escaped.¹

By the end of 1816 and during the early months of 1817 the contagion had become widespread. In Ulster, 'fever was uncommonly prevalent and destructive'.² There, it reached epidemic level quicker than in the other provinces. The epidemic spread more rapidly than elsewhere and declined at an equally quick rate. Indeed its duration in Ulster rarely exceeded a year and a half.³

In county Down, fever first appeared in October 1816 in the vicinity of Downpatrick. It became widespread the following spring and summer, reached its peak in 'prevalence and malignity' between July 1817 and March 1818 and from that time gradually subsided.

No class of society was completely exempt from attack. Mortality among the poor of county Down was cited as seldom exceeding 1 in 20, while it amounted to one in five among the more prosperous inhabitants. However, when fever entered the houses of the poor, scarcely anyone escaped the infection. Unless there was a hospital

in the vicinity, to which patients could be removed, the conditions in the homes of the poor demonstrated that it was impossible to separate the infected from healthy members of the family and to adopt the necessary measures of cleansing and ventilation. Among the poor, relapses were very frequent, particularly in the latter periods of the epidemic, and instances of recurrence of the disease were often observed: some individuals had it three times. Relapse was not so frequent among the wealthier classes where, in their families, a second individual contracting the disease was scarcely known.

Virtually every town, village and townland was affected, with the exception of Rostrevor which was described as a town 'out of the common thoroughfare, situated in a remarkably dry soil, with wide and airy streets, devoid of those miserable habitations where the lower orders of travellers and mendicants [were] lodged'.⁵ During the summer months this town accommodated a considerable number of visitors who circulated 'a great deal of money among the inhabitants, who [were] thereby induced to keep their houses clean and in good order'.⁶ In 1816, to alleviate the distress caused by scarcity of food, large contributions were made to the poor by the local

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gentry for the purchase of provisions, clothing and fuel. This too may have had some bearing on Rostrevor's fortunate escape from fever at this time.⁷

The neighbouring town of Newry, however, witnessed this 'very formidable epidemic' which began in 1816 and had increased alarmingly since March 1817.⁸

The fever was first observed in county Armagh in June 1817, when the towns of Armagh and Lurgan were affected. From that time until the following spring, the epidemic was most prevalent and fatal. At Armagh it was considered to have been the most destructive fever which had appeared for half a century and it was reported that in 1817 more people had died from it than during the preceding ten years. It proved most fatal to those who were advanced in life and those who were corpulent.⁹ In Armagh city the mortality rate was high among many of the wealthier class who, due to their benevolent intentions may have come into contact with many of the stricken. Indeed the fever was deemed so severe that 'all those persons of the upper ranks who were attacked previous to September 28th, 1817, became its victims'.¹⁰

CAUSES AND RELIEF MEASURES

The causes which occasioned the spread of fever were similar in this part of Ulster to those elsewhere in the province and in the country generally. There was much unemployment and the people were scantily clothed. The cold and humidity of the seasons led to great scarcity and poor quality of provisions. Dr William Ryan wrote from Armagh in May 1818, that due to very high food prices, the distress was so great that many were obliged to use bran and pollard from the mills, boiled nettles and the refuse and stalks of kale to satisfy their hunger.¹¹ In county Down, the flour was so defective that 'peasants were frequently known to go a distance of thirty miles to procure bran or pollard, to enable them to make bread'.¹² The wet seasons in this period also caused turf shortages, which in many instances meant that food was eaten raw and clothes were hardly ever dry. Lack of ventilation in the dwellings of the poor was another factor which perpetuated the misery.

Vagrants and beggars were always regarded as being one of the ways by which the contagion was spread. Dr Atkinson of Armagh remarked that:

the rainy season of 1816 and the great scarcity of provisions forced into towns, where they were assisted with fuel and provisions, many of the poor orders who often carried with them children ill of the confluent small-pox and measles and even of fever, for the purpose of exciting pity and obtaining relief, and these appear to have been the chief causes of disease, which was at first confined entirely to the poor.¹³

In Armagh during the winter of 1816-17 soup shops were established for the relief of the destitute. This encouraged the influx of

an immense crowd of mendicants and poor of all descriptions into the town, who horded (sic) together in miserable lodging houses, lying on the floor on straw; and in many instances, taking up their quarters in the market house, or any place where they could procure shelter.¹⁴

The means adopted to prevent the spread of disease and their success were proportionate to the energy with which they were carried into effect. In the mountainous districts of county Down, where the inhabitants received no assistance or medical advice, the mortality was reported to have been excessive. In towns where neither fever hospital nor board of health was established scarcely a house escaped the contagion, while in others not more than one in four was visited by the fever. Early separation of the infected from the healthy; cleansing, whitewashing and ventilating the houses from which they were removed; and, as far as possible, the exclusion of mendicants were the usual measures adopted to contain the disease.¹⁵ However, it was regrettable to note that the co-operation of the poor often met with almost insuperable difficulty. In some places, the personnel sent to cleanse the dwellings of the afflicted were refused admission and even maltreated; and the sick, though convinced of the contagious nature of the disease, were, at the beginning of the epidemic, most reluctant to be admitted to hospital. Such prejudice was almost completely overcome by the pressure of the evil, and the confidence of the poor in the benefit conferred on them by such establishments was soon widely acknowledged.¹⁶

THE OPENING OF FEVER HOSPITALS

A fever hospital was opened in Newry on 12th July 1817. Figures for this institution in Table 1 show that from its commencement until 18th February 1819, 1,494 patients were admitted. Admissions increased from 61 during the first two weeks of opening to a total of 116 in October

1817. In September, Dr Black reported that the applications for admission had been so numerous that it was necessary to procure a much larger house, and by the liberality of Lord Kilmorey the old custom-house was converted into a fever hospital. There was, ironically, a gradual decline from that time until March 1818 when numbers

again rose steadily, reaching their peak of 150 cases the following July. From 1st to 18th February 1819, 13 patients were admitted – the fewest since the opening of the institution. During the 19 months, 41 died of fever and 16 of 17 fever-related diseases. The remainder were discharged cured.¹⁷

TABLE I

Monthly Report of the Fever Hospital in Newry, from its commencement 12th July 1817 to 18th February 1819 inclusive

<i>Months</i>	<i>Admitted</i>	<i>Died of</i>	<i>Died of</i>	<i>Discharged</i>	<i>Remaining</i>	<i>No.</i>
<i>Total</i>		<i>Fever</i>	<i>Disease</i>	<i>Cured</i>		<i>rec'g</i>
			<i>Supervening</i>			<i>aid</i>
			<i>Fever</i>			
1817						
12-31 July	61	–	–	35	26	61
August	99	5	2	80	38	125
September	116	1	–	103	50	154
October	106	4	3	105	44	156
November	102	4	–	101	41	146
December	86	7	1	83	36	127
1818						
January	75	2	6	67	42	111
February	64	2	2	66	36	106
March	76	3	–	76	33	112
April	72	2	1	68	34	105
May	94	1	1	86	40	128
June	91	–	–	90	41	131
July	150	2	–	136	53	191
August	101	2	2	95	55	154
September	49	2	–	67	35	104
October	46	1	–	63	27	91
November	42	–	–	44	25	69
December	34	2	1	37	19	59
1819						
January	17	1	1	15	19	36
February 18	13	–	2	18	12	32
Totals	1,494	41	16	1,435	706	2,198

A fever hospital was opened in Armagh on 1st October 1817 and received patients until its closure in February 1818. The highest number of cases – 52 – was admitted during October 1817. Of these, three died and 21 were discharged cured. The following month 50 were admitted, seven died and 37 were discharged cured. In December the number of admissions had plummeted to 13; there was one death and 31 were cured. By January 1818, five patients were admitted and 19 discharged cured; there were no deaths. During the final month of the hospital's operation only one patient was admitted and was cured. This establishment reopened on 9th September 1818 when 42 patients were admitted and by the following month all these had been discharged cured. At this time the disease was much milder with the majority suffering from typhus miten.¹⁸

Apart from these two establishments there appears to be no evidence of any other fever hospitals in counties Armagh and Down during the 1816-19 epidemic. Fever hospitals of a more permanent nature were, however, erected several years later.

MORE PERMANENT INSTITUTIONS

At Newry, in 1825, when the dispensary was established, a fever hospital was founded on the same site. Their aim was to 'relieve the sick and to provide comfort to fever patients'.¹⁹ The population of the district attached to this institution amounted to almost 18,000. It was supported by Grand Jury Presentments²⁰ and by private contributions and managed by a committee who appeared to discharge their duties conscientiously. In addition to the surgeon, there was one attendant resident in the hospital who acted as matron, nurse and cook. The building had originally been a corn store. The upper storey was divided into two wards which could accommodate eight beds. Each ward was provided with a fireplace and was well ventilated, but access was by a wooden staircase constructed on the outside of the building. Bedsteads for patients were of iron, and ample supplies of bedding consisted of straw mattresses, which were destroyed when each patient was discharged, some loose straw, sheets, blankets and rugs. Facilities for washing and sanitation were, however, non-existent as there was 'no wash-house or scullery, or other out-offices, nor any yard or garden'.²¹

Unfortunately, most figures for this establishment do not differentiate between patients treated in

the fever hospital and those relieved at the dispensary. However, several reports give some indication of the efficacy of the fever hospital in the treatment of sufferers. In January 1827, seven patients remained in the hospital from the previous month, and 107 were admitted during the year. Of these, 99 were discharged cured and seven died. This achievement was regarded by the chairman of the management committee as 'peculiarly valuable in a year more than usually marked by the prevalence of contagious fever'.²² In course of the year 1831 there was a total of 198 patients, 186 of whom were discharged cured. There were two deaths from fever and two from consumption and smallpox. In his report for that year the surgeon at Newry commented on the importance of the institution's work:

The Fever Hospital is of incalculable benefit to the community; it is an asylum for those sick poor, whose disease, if unrestrained must expose a large circle of the public to imminent danger, and by this means it contributes exceedingly to check the extension of fever in this town and neighbourhood.²³

In 1832, the number of fever cases amounted to 211, a figure which fell to 118 the following year.²⁴ Fever was not so prevalent in 1834 and indeed must not have been as serious. Only 86 patients were admitted during that year, yet an additional 207 cases were treated out of hospital. There was a total of 12 deaths – three intern patients and nine extern.²⁵ Larger numbers were recorded in 1840, most of whom lived in fairly close proximity to the institution. In that year, 360 patients were admitted, the majority of whom – 325 – lived within five miles of the town; 30 resided from five to ten miles away, and five more than ten miles distant. There were 18 deaths in 1840, indicating a mortality rate of five per cent.²⁶

Conditions for admission were similar to those imposed generally on applicants for relief, namely the possession of a subscriber's ticket. Patients were not required to engage in labour during their stay in hospital. They were, nevertheless, subject to certain regulations designed to ensure good conduct and they were permitted to have visitors on five days each week.²⁷ Reports from the Newry establishment indicate that patients other than those suffering from fever were treated there. In 1835, for example, it was reported that the number of scalds, burns, wounds, fractures, dislocations and contusions was proportionately large, and several of the worst were admitted to hospital. In

addition, there were three amputations of the leg, all performed in the hospital.²⁸

In 1830, when a new county infirmary was planned for Downpatrick, the governors decided to erect a fever hospital on the same site. This was organised and financed in a similar way to the infirmary: by private subscriptions and Grand Jury Presentments. A board of governors separate from that of the infirmary was elected in June 1833²⁹ and the first patients were admitted on 31st January 1834. The importance of the charity was attested by the steady rise in annual contributions. The first year's subscriptions, collected in 1833, totalled £71 8s. This amount increased in 1834 to £96 14s and to £133 6s 6d in 1835.³⁰

The two-storey stone building contained eight wards with a total of 40 beds. Sewerage was good and there were baths and toilets. The hospital received patients suffering from 'all diseases likely to become epidemic and occurring in any part of the county'.³¹ It would evidently prove beneficial as the neighbouring county infirmary afforded no assistance in these circumstances.

Three medical attendants were connected to the hospital, one of whom was also attached to the infirmary. The other two doctors lived in Downpatrick and were engaged in private practice.

According to the Assistant Commissioners inquiring into the state of the poor, they carried out their duties most conscientiously and efficiently. Each physician had a male and female ward under his separate charge. Daily visits were made and the resident apothecary was always at hand to assist in cases of emergency and to dispense the necessary medicines.³² The three physicians, who were appointed by annual subscribers of one guinea or more, gave their services to the charity without remuneration – a fact commented on favourably by the Assistant Commissioners:

It must be confessed that it is rather a curious circumstance to see the dangerous duties of a fever hospital quite as well performed *gratis*, as those of a county infirmary close by for a handsome salary and a most splendid house.³³

The apothecary, however, received a salary of £20 per annum and other members of staff were paid as follows: matron: £12 per annum; cook (who was also first nurse): £6; second nurse £6; and porter £8 8s.³⁴

All fever sufferers were entitled to immediate admission, unconditionally. No extern patients were attended, but there was an arrangement by which any person – rich or poor – could be received into the hospital on an advance payment of £1, with a further 5s per week to be paid for the duration of the stay. No uniform diet was formulated, but each physician regulated the type and quantity of food required by individual patients. Clothing was not supplied by the hospital, nor was there any provision for cleansing and purifying the clothes which patients brought with them. Unfortunately, such short-sightedness, in some instances proved fatal.

The dangers of contracting fever by employees of the establishment and by those in close contact with sufferers were continually present. In November 1836, 'a fever of a particularly malignant type prevailed in the hospital'.³⁵ This had been introduced by a 'wandering beggar' from county Louth and he was the first to fall victim to it. It was later ascertained that eight families who, in the course of a few days had given him shelter in their homes, were attacked and three individuals died. At the hospital the nurse and the porter each contracted this fever which, in a short time led to their deaths.³⁶

The members of the hospital committee were eager to emphasise that the institution provided treatment for the poor of the whole county. This was reflected in the distinction made in admission figures between those patients who were inhabitants of Downpatrick and those who resided outside the town. In 1834, the number of patients admitted to the hospital was 63, 53 of whom came from the surrounding country and ten from the town. In the following year, 77 patients were admitted, 59 of whom came from outside the town and 18 lived in Downpatrick itself.³⁷ During 1836, 95 patients were admitted to the hospital. The committee members were delighted that 73 out of those 95 cases had come from 'the country districts' and were eager to publicise the utility of the institution even more extensively, so that more patients from distant parts would avail themselves of its benefits. They wished to impress upon the rural population the importance of sending patients to the hospital as early as possible. This was evidently to increase the prospects of recovery and to remove the sufferers from the close contact which pertained within the family unit. To assist in transporting patients to the

hospital, the committee kept a 'covered fever cart' which could be provided on application.³⁸

In 1837 typhus was prevalent in Downpatrick and the surrounding area. This, together with the increasing confidence in the fever hospital and the diminution of those prejudices which initially rendered so many unwilling to send their relatives as patients to the establishment, may account for the rise in admissions during that year.³⁹

During 1840, as in Newry, the number of patients admitted reached the 'unusually large' figure of 327. Of these, 166 resided in Downpatrick itself, 138 lived between five and ten miles from the hospital and 23 more than ten miles distant. A comparison with the admission figures for the Newry establishment show that, in that same year – 1840 – at Downpatrick the numbers of patients admitted to the fever hospital from more than five miles away (161), was almost equal to the numbers of those who resided within a five mile radius of the institution (166). At Newry, only 11 per cent of patients resided more than five miles away.⁴⁰ The members of committee would obviously have been pleased that such a trend as intimated in their 1836 report had continued. However, the Assistant Commissioners in their 1841 report on *Medical Charities* quote figures supplied by the resident apothecary at Downpatrick, which suggest that out of 105 admissions in an unspecified year, 85 resided within five miles of the town, 17 lived between five and eight miles from the hospital and three came from a distance of more than eight miles.⁴¹ They concluded that fever hospital relief was therefore 'only partially supplied to the sick poor of this Union'.⁴²

ADDITIONAL ACCOMMODATION

In addition to the two county fever hospitals, there was some limited provision for sufferers at Hillsborough. Here, on the dispensary premises, were located three wards which could provide accommodation for ten patients. Although the wards were described as being 'low and confined' they were, nevertheless, 'considered adequate to the wants of the poor accruing from serious accidents or bad cases of fever'.⁴³ The Hillsborough establishment does not appear to have been used consistently nor indeed solely for the treatment of fever patients. In 1835, the Assistant Commissioners reported that there were no intern patients but that the rooms were still furnished. The dispensary report for 1836 stated that the hospital which was 'appropriated for

accidents and non-contagious diseases' had proved 'a useful appendage to the institution as it afforded accommodation to several who could not be properly attended to in their own homes'. Furthermore, it was suggested that measures were in progress for the establishment of a hospital 'in the neighbourhood of the town for fever patients'.⁴⁴ Such an institution was indeed founded, and in 1840 admitted 82 patients.⁴⁵ Admission to the fever hospital was evidently not free as the medical superintendent's 1841 report indicated:

Patients were received into the fever hospital, which comprises four wards, containing nine beds, on the payment of five shillings being made for each. Those who could afford it, from a sense of the value of the institution, have willingly contributed ten shillings, and, in some instances, a pound, for admission.⁴⁶

About this time a subscription list was opened with a view to extending the fever hospital, but it was decided to postpone any further action on this pending the outcome of possible legislation.⁴⁷ The foundation stone of a new building was eventually laid on 26th July 1844. The cost was apparently to be met by the Marquis of Downshire,⁴⁸ who, according to a later report, presented 'the new fever hospital erected by him at Hillsborough at a cost of upwards of £1,200, independent of the site and value of grounds attached, besides a most liberal annual subscription, to the Corporation, constituted by the act of 58th Geo, III, chap. 47, for establishing fever hospitals'.⁴⁹

At Armagh, a fever hospital, supported solely by the munificence of his Grace the Lord Primate, was opened in 1827. This 'chaste and handsome building of hewn limestone' cost approximately £3,000 which was defrayed by the Primate. The accommodation included wards for male and female patients on the first and second floors respectively. Each floor contained two wards – a fever ward and a recovery ward, the former having ten beds and the latter five, making a total of 30. The hospital received praise for its standard of cleanliness, its economy, and its 'suitable accommodation for its suffering inmates' and ranked 'among the first in the province'.⁵⁰ This institution was also considered 'remarkable' by the Assistant Commissioners who commented on the 'excellent economy of its administration' and 'the important sanitary results which it has produced'.⁵¹ Numbers of patients relieved or

admitted fluctuated depending on the prevalence of fever as the figures below indicate:

TABLE II

<i>Patients relieved/admitted to Armagh Fever Hospital 1827-33⁵²</i>				
<i>Relieved</i>	1827	1828	1829	
	38	100	58	
<i>Admitted</i>	1830	1831	1832	1833
	15	183	147	134

Staff at this hospital were, like those in other institutions, continually in danger of contracting fever. Within the first seven years of opening, the matron had two attacks of typhus; her daughter had one attack and a nurse also suffered.⁵³

In 1840, the Armagh hospital contained 40 beds, intended for those fever sufferers who lived within the borough. At most dispensary meetings the subscribers expressed a desire that provision should be made for supplying fever hospital relief to the class of poor who were 'not destitute in health', but whose means could not afford 'the necessary aid or the necessary convenience, in time of severe illness'.⁵⁴

A fever hospital was established at Middletown, county Armagh, in 1832, by the trustees of the charities of the late Bishop Sterne.⁵⁵ A dispensary, opened in February 1834, was housed in the same building. The hospital provided accommodation for 16 patients, although for several months after it opened no fever cases were admitted. During the local cholera epidemic of 1833, 81 individuals contracted the disease. Of these, 35 cases proved fatal and 46 were cured.⁵⁶ The charity housed and treated 40 patients at this time and was, undoubtedly, considered most beneficial to the parish.⁵⁷

This establishment derived no assistance whatever from the county, nor from any source other than the bequest cited earlier. Neither did the trustees contemplate applying for a county grant, as the funds at their disposal amounted to £1,800 per annum and clearly appeared sufficient. The concept of such a charity received commendation from the Assistant Commissioners, who considered it 'a most judiciously managed example of what may be done in this country for a given sum, in the way of small, local hospital

accommodation . . .'.⁵⁸ They were, nevertheless, disappointed that reception and treatment of patients was restricted to those suffering from 'two diseases of rare occurrence'.⁵⁹ Further evidence suggests that this institution was used as an infirmary, but as no division of cases admitted could be obtained, it remained enumerated among the fever hospitals.⁶⁰

The third fever hospital in county Armagh was situated at Tandragee and was exclusively for the benefit of fever patients who lived in that dispensary district. It had been built originally as a cholera hospital, but was later converted into a fever hospital, financed by donations and the contributions from a charity sermon, and supervised by the medical attendant of the dispensary. It was described as 'a good commodious building . . . divided into two wards . . . furnished with nine iron bedsteads, straw mattresses and a good supply of bedclothes'.⁶¹ According to the medical attendant, during the winter of 1832, there were 40 in-patients at one time. Two years later this figure had plummeted to two.⁶² In 1839, 42 patients were admitted. At that time it appeared to be 'well-managed' and was considered 'to be very useful, both for the prevention and cure of disease'.⁶³

In the early 1830s, the inhabitants of Keady were concerned that the county hospital at Armagh was of little or no benefit to the poor in their area, and indeed that the fines levied at the Keady Petty Sessions, were, by an Act of parliament, appropriated by the Armagh infirmary.

Therefore, a small hospital attached to the dispensary was opened. Initially, it appears to have received patients other than those suffering from 'cholera and fevers'.⁶⁴

However, later evidence shows that as circumstances in the county deteriorated it was used, perhaps solely, as a fever hospital. Very few patients were treated in the early 1840s: five in each of the years 1841, 1842, 1844 and 1845; seven in 1843; and six in 1846. By 1847, when 410 cases were received, this establishment had, like many others in Ireland, definitely assumed the function of a fever hospital. This was, however, short-lived, for by the first quarter of 1851 only one patient was treated.⁶⁵

ASSESSMENT

In 1841, there were 91 fever hospitals in Ireland.⁶⁶ Between the years 1831 and 1841, 243,427

individuals were received at these institutions and 15,988 deaths were recorded – a ratio of mortality to receptions of 1 in 15.24. In the Ulster counties, the number of receptions for that period totalled 10,974, and 907 of these – a ratio of 1 to 12.1 – died. The hospitals in county Armagh (Armagh and Middletown) which are cited in the statistics for these years, record 2,412 patients received and 143 deaths, giving a ratio of mortality to reception of 1 to 16.87. In county Down, only the figures for the Downpatrick establishment are quoted. These show that of the 1,206 patients received, 102 died – a ratio of 1 to 11.82. It is difficult to draw any definite conclusions from these figures regarding the standard and efficacy of treatment and care, since there are several variables to be considered – for example the figures do not categorise the seriousness of the cases received at the institutions, nor do they show the height the fever had reached on referral to the hospitals. Furthermore, the figures are limited to very few hospitals and other institutions for the treatment of fever in these counties are not recorded.

Generally, however, the removal of cases to hospital must have been the means of preventing an equal number, perhaps many more, from being stricken with fever, and consequently, of saving the lives of at least as many as died in the institutions. The support of patients in hospital preserved a considerable number of families from becoming paupers. It was noted that when fever attacked two or three members of a poor family, pauperism and mendicity were consequential, as the members of the family were obliged to pawn or dispose of their clothes and any little furniture they possessed, in order to obtain food and drink for those suffering from the illness at home. There was also an advantage for the medical profession in having these hospitals established, as doctors had consistent opportunities to acquaint themselves with the nature and treatment of fever, and were, therefore, able to monitor the various stages of the epidemic and to employ the relevant treatment for each.

As with infirmaries and dispensaries, these hospitals were dependent on subscriptions; thus, failure of the wealthy to contribute towards them signified that many towns and districts were restricted from much possibility of access to them. Even in counties Armagh and Down, many areas were so remote from the few hospitals, that treatment of fever patients was completely

impossible. In areas where small fever hospitals were established, these appeared not to be fairly distributed in proportion to the population, and in general, their benefits were intended for a small surrounding district. Some of the larger fever hospitals in towns were also less beneficial than might have been expected, as relief was confined to a comparatively small area, although in Newry, the one mile radius surrounding the fever hospital included a population of approximately 18,000. Considering the prevalence of fever, it is surprising that, even in counties Armagh and Down, where landlords and local gentry were quite actively involved in charity work, so few of these institutions were established. It is possible that the erratic nature of fever outbreaks may have caused the planning of certain temporary fever hospitals, but, if the fever subsided within a short period, such plans were abandoned.

In 1839, the fever hospitals in county Armagh served a population of 220,134 and those in county Down 352,012 – probably most inadequate for the needs of a rising population. However, this would be addressed through the implementation of Poor Law legislation in Ireland and the establishment of the workhouse fever hospitals which would, of course, assume a pivotal role in the treatment of patients in the immediate future.

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33. *Ibid.*
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35. Annual Report of the Committee of the Downpatrick Fever Hospital, 1836, in *Minute Book of Board of Governors of Downpatrick Fever Hospital*, (PRONI, HOS 14/2/2).
36. *Ibid.*
37. Day A and McWilliams P (eds). *Ordnance Survey Memoirs, Parishes of County Down IV, 1833-7, East Down and Lecale*, p.46.
38. *Downpatrick Fever Hospital Minutes*, January 1836, (PRONI, HOS 14/2/2).
39. The report of the committee for 1837 does not quote specific figures for admissions.
40. *Medical Charities Report*, 1841, Appendix A, No. 2.
41. *Medical Charities Report*, 1841, Appendix B, No. 6. This brief report pertains to Downpatrick Poor Law Union and although not stated, the total number of admissions may refer only to those patients residing within that union.
42. *Ibid.*
43. *Poor Inquiry* Appendix B.
44. Hillsborough Dispensary Report in Day A and McWilliams P (eds). *Ordnance Survey Memoirs, Parishes of County Down III, 1833-7, South Down*, (Belfast: The Institute of Irish Studies, The Queen's University of Belfast, 1990), p.96.
45. *Medical Charities Report*, 1841, Appendix A, No. 3.
46. Hillsborough Dispensary Report for the year ending 31 December 1841, *Dublin Medical Press* 1842; 7: 137.
47. *Medical Charities Report*, 1841, Appendix B, No. 6.
48. *Banner of Ulster*, 30 July 1844.
49. *Ibid.*, 10 March 1846. A dispute arose between the Marquis and the Board over the appointment of a medical officer, and at the beginning of 1847 the Marquis announced that, in future, he would undertake the support of the institution himself. Medical aid was, therefore, for a time, confined to the Downshire tenantry. See Barry J. *Hillsborough, A Parish in the Ulster Plantation*, Belfast: Wm. Mullian & Sons Ltd., 1962, p. 29.
50. Lewis S. *A Topographical Dictionary of Ireland Vol. 1*. London: S Lewis & Company, 1837, p.74.
51. *Poor Inquiry*, Appendix B.
52. Figures for the years 1827-30 quoted as the number 'relieved' in H C 1830 (667), vii; those 'admitted' for the years 1831-33 quoted in *Poor Inquiry*, Appendix B.
53. *Poor Inquiry*, Appendix B.
54. *Medical Charities Report*, 1841.
55. Dr Sterne was former Bishop of Clogher who, in his will dated 13 May 1741, bequeathed to the village of Middletown certain lands in counties Armagh and Monaghan. Money from these lands was to be used for charitable purposes.
56. Day A and McWilliams P (eds). *Ordnance Survey Memoirs, Parishes of County Armagh, 1835-8, Vol. 1*. Belfast: The Institute of Irish Studies, The Queen's University of Belfast, 1990, p. 129.
57. *Poor Inquiry*, Appendix B.
58. *Ibid.*

59. *Ibid.*
60. *Census of Ireland, 1851, H C 1856 (2087 I), xxix.*
61. *Poor Inquiry, Appendix B.*
62. *Ibid.*
63. *Medical Charities Report, 1841.*
64. *Poor Inquiry, Appendix B.*
65. *Census of Ireland, 1851, Reports of Commissioners, H C 1856 (2087 I), xxix.*
66. *Ibid.*