

Fever Hospitals in Ireland, 1780, 1797-1806

Margaret DeLacy¹

¹ Northwest Independent Scholars Association, Portland (OR), United States

Abstract. Accounts of the “fever hospital movement” in 18th and 19th century Britain have failed to address the movement in Ireland. Although purpose-built Irish fever hospitals both predated and outnumbered their English counterparts, the few scholarly secondary accounts of Irish medical reform during this period do not give much consideration to this topic. Between 1780 and 1835, over 70 of these centres were founded in cities such as Limerick, Belfast, Cork, or Dublin. These institutions deserve more attention from historians.

1 Introduction

The creation of special hospitals for patients with continued fever depended on a new characterization of this ailment as symptom of a specific and contagious illness [1, 2] This process began in the mid-eighteenth century and continued through most of the next century as physicians gradually abandoned the idea that fevers themselves were a single phenomenon different only in severity and periodicity¹. Although a few doctors still denied that even bubonic plague was a distinct and contagious illness, other physicians drew on a set of interventions initially deployed against plague to combat this newly recognized disease entity.

2 Origins and development of fever hospitals

Over the course of nearly four centuries following the re-emergence of epidemic bubonic plague, European governments had developed and refined a continuum of measures to prevent contact between their own denizens and any potentially infectious individuals and/or goods from plague-affected places. The first lines of defense consisted of layers of trade embargoes, quarantines, and *cordons sanitaires*. If cases broke out inside these barricades, governments resorted to containment: isolating patients in their own homes, barring the doors, and posting guards to prevent exchanges of goods or people. Sometimes they removed patients to separate huts located outside the city limits that were reserved for urban plague epidemics.

Contending that these measures were inhumane and ineffective, some doctors denied that the plague was contagious and claimed that the entire system of interdiction was futile. As historian Arnold Zuckerman noted: “the litany of anticontagionist arguments [...] described the plague as more a matter of the disposition of the air than of human effluvia [...] isolating

¹ Ireland was not part of the United Kingdom until 1801.

infected households in the past had proved of little value [...]” [3] Other doctors believed that the plague was a separate contagious disease but argued that measures for preventing it needed refining. In an influential pamphlet of 1720, for example, Dr. Richard Mead of London claimed that the traditional practice of shutting patients up in their own homes with their healthy relatives was cruel and dangerous. When “contagion is kept nursed up in a House,” it became more and more concentrated and venomous, dooming the healthy residents who had been locked up with the already afflicted. [4] Moreover, when doors or windows were opened, this especially virulent vapor could spread from house to house and then throughout a neighborhood and city. Instead, Mead recommended removing the sick to one lodging and sending the sound to a second lodging. They should all be washed, shaved, and dressed in new clothing, and their dwelling should be emptied. The contents should be burned and possibly the house itself. The Overseers of the Poor should visit the homes of the poor, improve any that were “stifled up too close and nasty”, by removing some lodgers to better housing, and strive to make the original lodgings more “cleanly and sweet.” [4]

Two years later, Mead elaborated on his earlier recommendation. He claimed that moving patients to better lodgings was a charitable endeavour because plague epidemics nearly always started in poor neighborhoods. Thus, removing patients before epidemics infected a larger swath of the population would also ameliorate their condition. “The removal of the sick from their homes, I advise only at the beginning [...] but is what [...] those sick should themselves desire. It has hardly ever been known, when the disease did not first begin among the poor [...] whose habitations by the closeness of them are in all respects very incommodious for diseased persons. So that my advice chiefly amounts to the giving relief to the poor.” [5]

At the time Mead wrote the first draft of his Short Discourse, he believed that the Plague was a poison spread by contagious seeds, but he did not draw a clear distinction between plague and other acute epidemic diseases. In his revised edition, he revisited his conceptualization and argued that the plague was a separate and contagious species of disease, noting “I would not be understood to call every fever a plague, which is followed by eruptions [...] the principal difference between these [two] diseases is, that the plague is infectious, the other not; at least not to any considerable degree.” [5]

Mead was writing just before a major transition in disease theory. By the middle of the eighteenth century, physicians were redefining the previously amorphous class of “fevers.” As sharper distinctions and more coherent groupings emerged, it became clear that these “fevers” were also contagious and especially prevalent among the poor.

As they began to recognize fever of this kind as a symptom of a distinct and contagious disease that disproportionately attacked the poor and was often widespread within communities, doctors turned to measures previously employed to contain urban outbreaks of bubonic plague. These measures included removing typhus patients from their lodgings to a specially designated institution. Once admitted, their clothes would be washed or destroyed and the patients themselves would be washed and shaved. The institution itself would implement a regimen that ensured cleanliness and free ventilation, preventing the build-up of toxic miasma. Reformers hoped that a combination of sequestration and institutional hygiene could break the chain of transmission in the surrounding community while avoiding cross-infection within the building.

Scottish military doctors such as John Pringle and James Lind were among the first to argue that a confused mass of “camp,” “ship,” “jail,” “continued,” and “pestilential” fevers were a single entity. The influential Edinburgh professor William Cullen would confirm this view in his taxonomy of diseases: *Synopsis Nosologia Methodicae* (1769) and name it “typhus.” [1] Lind, a naval surgeon, seems to have been the first physician to introduce an

² He provided a more extensive account in the second edition of 1772.

explicit and rigorous regimen for the control of typhus at Haslar Hospital in Hampshire soon after his appointment in 1758. [1] In about 1777, the Edinburgh Infirmary, supervised by Professor Alexander Monro Secundus, created separate men's fever wards. In 1780 his brother Donald Monro published a book on military medicine that recommended grouping patients together in separate lodgings as far as possible according to the nature of their complaint, separating all beds by six to eight feet, and ensuring that nurses remained in distinct wards. In 1783, John Haygarth of Chester established the first civilian fever wards in England. This was followed by the creation of separate wards in the Liverpool Infirmary (1787) and workhouse (1793) and finally, by the Manchester House of Recovery in 1796: the first separate fever hospital in England.

Historians have analyzed this "fever hospital movement" in late eighteenth-century England in detail but they have not addressed the corresponding movement in Ireland. Although Irish fever hospitals both predated and outnumbered their English counterparts, the few solid secondary accounts of Irish medical reform during this period do not give much consideration to this topic.³ [6,7] These early institutions deserve more attention.

Year of foundation	Name	Location
1780*	Lady Hartstongue's Hospital	Limerick
1796	Manchester House of Recovery	Manchester
1797*	Belfast Fever Hospital	Belfast
1799*	Waterford Fever Hospital	Waterford
c. 1800*	Killarney Fever Hospital	Killarney
1801	London Fever Hospital	London
1802*	Cork House of Recovery	Cork
1803	Newcastle Fever Hospital	Newcastle
1804*	Cork Street House of Recovery/Hardwicke Fever Hospital	Dublin
1804	Leeds House of Recovery	Leeds
1806	Liverpool Fever Hospital	Liverpool

Table 1: Hospitals for patients with fever in England and Ireland (*) by date, 1780-1810. Source: the author.

Typhus was a greater problem in Ireland than in England, but the speed and apparent ease with which Irish fever hospitals were established is still puzzling. Irish historians have debated whether the Irish government was more "interventionist" than the English during the late eighteenth century. Several local histories emphasize the enthusiasm of the local communities for other institutions, the large sums that were raised relatively quickly and the

³ The essays in (Jones, 1999), including Margaret Crawford's chapter "Typhus in Nineteenth-Century Ireland", do not discuss the fever hospitals as institutions. (O'Neill, 1973) offers a detailed account but focuses on early nineteenth-century institutions.

support of government, extending to the passage of Acts of Parliament that guaranteed continued funding.

Infirmaries had appeared across Ireland following passage of an Act of 1765 that incorporated the clergy of the Anglican Church in Ireland as a body for the creation of infirmaries to be funded through private donations and Grand Jury presentments. Dispensaries relying on the same funding mechanism followed. Fever hospitals were not specifically included, but in 1807 an Act would enable Irish Grand Juries to raise up to one hundred pounds to support fever hospitals, a sum that would increase in 1814 to two hundred and fifty pounds. Although this was still a small amount, Grand Juries did make presentments, especially in the two southwestern provinces of the island. By 1835, there were seventy fever hospitals in Ireland. [7]

The first civilian fever hospital anywhere in the United Kingdom or Ireland specifically dedicated to caring for fever patients was founded in Limerick by Lady Hartstonge (née Lucy Pery) in 1780. Charles Creighton and many other authors are thus mistaken to claim that the first was in Waterford in 1799. [8] Lady Hartstonge was a member of the Anglican Establishment. [9] Her husband, Sir Henry Hartstonge, was M.P. for Limerick and her brother, a liberal nationalist, was the Speaker of the Irish House of Commons. [10] According to local historians, she was motivated by pity for poor victims of a typhus epidemic to convert a small guard house for the citadel of St. John into what was intended to be a temporary hospital. It is still in operation. [11] Accommodations for victims of venereal disease were soon added and the institution became known as the Limerick Fever and Lock Hospital. [12, 13] Lady Hartstonge's motivation is not well documented but an article from 1994 in the *Limerick Chronicle* quotes a tribute from the hospital medical staff at the time of her death in 1793. The tribute commented that "she was resolved on bringing fever under one roof so as to lay the groundwork of an institution which, by confining contagion within its precincts, has preserved thousands from disease and death." [14] This suggests, albeit at third hand, that Lady Hartstonge was interested in the new fever theory and created her charity in the hope of reducing the incidence of typhus in the city. [15]

The fever hospital in Belfast was established in 1797 explicitly to help reduce the spread of contagion in addition to caring for fever patients. The founders were James McDonnell and Samuel Martin Stephenson. McDonnell, an Irish Protestant from Catholic stock, earned an MD from Edinburgh in 1784 with a thesis on resuscitation of the drowned: a controversial practice championed by Nonconformist doctors including the Quaker John Fothergill and the Presbyterian William Hawes. [16] Stephenson was a Presbyterian minister who had studied under the heterodox professor William Leechman at Glasgow. [17] Stephenson's ordination in 1774, following his refusal to subscribe to the foundational Westminster Confession, had divided his presbytery. In 1776, he had obtained an MD from Edinburgh with a thesis on typhus. After a decade of serving in the village of Greyabbey as both a minister and a doctor, he settled in Belfast where he founded a dispensary in 1792 with McDonnell and then the fever hospital in 1797. Within three months, McDonnell himself, the housekeeper, the apothecary, the surgeon, and other members of the medical staff had all contracted typhus and the hospital's work was suspended. McDonnell recovered and ultimately became the leading physician in Belfast where he also founded the Medical Society and the School of Medicine. [18]

The Waterford Fever Hospital, often (incorrectly) described as the first fever hospital in Ireland was established in 1799 by a committee of gentlemen. They commissioned a young graduate of Trinity College Dublin and recent Edinburgh MD named Francis Barker to write a report promoting the idea. [19] Barker's report, which drew on reports from Manchester, emphasized the immiseration caused by typhus and noted that a dread of contagion led friends and neighbours of victims to refuse to assist them. [1] Barker hinted that the project had aroused opposition, but it seems to have come not from neighbours of the hospital but from

the patients themselves and their families who opposed the plan to remove fever victims from their own homes. His account included a handbill that was distributed to the poor explaining that even after patients had been removed to the House of Recovery, infection could linger in their apartments. It recommended cleansing, whitewashing, airing and washing clothing, obtaining fresh straw for bedding, and scraping the floor of the sickroom with a shovel, offering unintentional evidence of the extent of poverty in Waterford. [20] Instead of the thorough daily washing recommended by English doctors, the Waterford doctors advised the poor to wash their face, hands and feet daily for just a week following a sickness in the household. [21] In such circumstances, it is not surprising that typhus persisted in Ireland, nor that local medical institutions felt a need to address it.

Barker moved to Dublin soon afterwards and became the assistant lecturer to Robert Percival (1756-1839), Professor of Chemistry at Trinity College, whom he succeeded in that position in 1808. (Percival had contributed a letter to the effort to establish a fever hospital in Manchester.) [22] Barker also became physician to the Fever Hospital and House of Recovery in Cork Street. He remained a committed contagionist for the rest of his life, collaborating with Dr John Cheyne to publish an important work on typhus epidemics in Ireland. [23]

A table of Irish Hospitals published in the Parliamentary Papers in 1863 lists a Fever Hospital in Killarney with a foundation date of 1800. There was certainly a Fever Hospital there by the early decades of the nineteenth century, but I have not been able to determine the exact foundation date or founder(s). [24]

The Cork Fever Hospital was founded by another Edinburgh-educated contagionist, John Milner Barry, who was born in County Cork and earned an MD from Edinburgh in 1792. [25] He returned to Cork and soon became an energetic advocate for Jenner's cowpox vaccination which he introduced to Cork in 1800. In 1801 he published A Report on the Infectious Diseases of the City of Cork which called for a fever hospital on the model of those in Chester, Manchester, and Waterford. It opened in November 1802 as "The Cork House of Recovery". Together with the Catholic physician, Charles Daly, MD, Milner Barry served as its first physician, and wrote many annual reports for the hospital.⁴ Milner Barry's character, interests and beliefs closely resembled those of his near-contemporary, James Currie in Liverpool: both deplored drinking, believed in women's education, supported the use of cold bathing for fever patients, and pursued literature and philosophy in their spare time.

Dublin's first fever hospital was the House of Recovery in Cork Street, also known as the Hardwicke Fever Hospital. This was founded by a committee of merchants, most of whom were Quakers, including John Barrington. [26] Although he left the Society of Friends about 1801, he retained many his ties to the Society and to Quaker philanthropy. After Barrington died of typhus in 1824, his son, Edward, served on the board. The Earl of Hardwicke helped the hospital committee secure government grants of one thousand pounds for the building and five hundred pounds per year for the support of patients. After raising about ten thousand pounds in additional donations, the hospital opened with 120 beds in 1804. [27] Edward Percival (1783-1819), son of Thomas Percival of Manchester, served as the hospital's physician as did Francis Barker. Edward Percival, who seems to have been unrelated to the chemist Robert Percival, was also a contagionist. [28] Over time he became less dogmatic, arguing that he had seen too many cases where patients contracted typhus and even scarlet

⁴ Charles Daly, MD was among the "Roman Catholics of the City of Cork" whose names appeared in the *Cork Advertiser and Commercial Register* Tuesday, August 20, 1799, as signatories of a letter expressing loyalty to the King, thanks to Cornwallis for ending the late rebellion [of 1798] and supporting a Union of the Parliaments. Historical Records of Cork, Ireland.
<http://www.corkrecords.com/RCMenOfCork.htm>

fever without any evidence that they had had contact with a previous victim to believe that contagion was the only possible explanation for outbreaks. [29, 30]

3 Conclusions

There is no evidence that Irish Methodists or other members of newer Dissenting groups participated in the establishment of these early fever hospitals. The relative absence of Catholic participation is interesting. The poor in Ireland were disproportionately Catholic and the Catholic Church was certainly active in creating and maintaining medical institutions that served the poor in many other countries. Catholics could not graduate from Trinity University, but they could and did attend Edinburgh, obtain Edinburgh MD degrees, and study in many Continental universities. Despite fitful efforts by the College of Physicians in Dublin to bar their entry, Catholic practitioners were well represented in the medical profession, but apparently not in the ranks of fever hospital activists.

Apart from Lady Hartstonge, in fact, most founders of the new fever hospitals in Ireland were members of the same small network of reforming physicians who were active in the effort to establish fever hospitals in the North of England and in London. Most members of this network were trained in Edinburgh. Many were Scots or were members of old English Nonconformist groups. There appears to be a denominational divide on the possibility of preventing epidemics of fever through state action, but more analysis of Irish disease theory during this period is needed.

Irish communities, unlike their English counterparts, apparently tolerated these new and alien institutions in their midst. We do not know how the poor themselves viewed the advice on disease prevention and hygiene that was handed out so freely by the medical profession, but it does appear that many ordinary people had a fear of contagion and tried to avoid anyone stricken with a fever.

There are many possible explanations for the easier establishment of these institutions in Ireland than in England, where every proposal met with fierce and sometimes successful resistance. Perhaps the Irish medical community, much smaller in size, gave rise to fewer professional feuds over control of local institutions; perhaps local communities near the hospitals were too desperate and downtrodden to mount any effective opposition; perhaps the fever hospitals themselves were sited in less controversial places; or perhaps typhus was so prevalent in nearby houses that the residents didn't see hospitals as potential foci of new epidemics. Perhaps local historians have simply failed to report fully on local opposition.

References

1. M. DeLacy, *Contagionism Catches On: Medical Ideology in Britain, 1730-1800* (Palgrave, New York, 2017)
2. C. Hamlin, *More than Hot: A Short History of Fever* (Johns Hopkins University Press, Baltimore, 2014)
3. A. Zuckerman, *Bull. Hist. Med.* **78**, 2 (2004)
4. R. Mead, *A Short Discourse Concerning Pestilential Contagion, and the Methods to be used to Prevent It* (Sam. Buckley and Ralph Smith, London, 1720)
5. R. Mead, *A Short Discourse Concerning Pestilential Contagion, and the Methods to be used to Prevent It*, 8th edition with large additions, xxi-xxii (Sam Buckley, London, 1722)
6. M. G. Jones, ed., *Medicine, Disease and the State in Ireland, 1650-1940* (Cork University Press, and International Specialized book Services, Cork, 1999).
7. T. P. O'Neill, "Public Health in Pre-Famine Ireland", *J R Soc Antiq Irel* **103** (1973)

8. C. Creighton, *A history of epidemics in Britain* (Frank Cass, London, 1965)
9. K. Hannan, "The Perys," *Limerick Chronicle* **12** (August 16, 1994)
10. A. Webb, "Viscount Edmond Sexton Pery," in *A Compendium of Irish Biography* (M.H. Gill and Son, Dublin, 1878)
11. St. John's Hospital website, <https://www.stjohnshospital.ie/management-and-administration/>
12. M. Lenihan, *Limerick, its History and Antiquities* (James Duffy & Sons, Dublin, 1866)
13. R. Holmes, *Ir J Med Sci* **171** (2002)
14. K. Hannan, "Two Centuries of Care at St John's Hospital," *Limerick Chronicle* **12** (March 15, 1994)
15. W. J. Geary, M.D. *Dublin Journal of Medical Science* **11**, 3 (1837)
16. P. Froggatt, "Dr. James McDonnell MD (1762-1845)" *The Glynnys* **9** (1981) <https://antrimhistory.net/james-macdonnellmd-1763-1845-by-peter-froggatt/>
17. A. Gordon, "Stephenson, Samuel Martin (1742-1833)", revised by S.J. Skedd, in *Oxford Dictionary of National Biography* (Oxford University Press, Oxford, 2004) <http://www.oxforddnb.com/view/article/26401>
18. S. Simms, *Ulst. Med. J.* **1**, 34 (1932) http://www.ums.ac.uk/mcdonell_j.html
19. L. M. Geary, "Barker, Francis (1771/2-1859)", in *Oxford Dictionary of National Biography* (Oxford University Press, Oxford 2004) <http://www.oxforddnb.com/view/article/1394>
20. Dr. [Francis] Barker, *Reports of the Society for Promoting the Comforts of the Poor* **1**, 2 (1800-1802)
21. M. DeLacy, "Preventing Contagion: Advice to the Poor", http://www.contagionism.org/advice_to_the_poor.htm
22. *Proceedings of the Board of Health in Manchester* (Cadell and Davies, London, 1805)
23. F. Barker, J. Cheyne, *An Account of the Rise, Progress and Decline of the Fever Lately Epidemical in Ireland...* (Baldwin, Cradock and Joy, London, 1821)
24. "Population (Ireland) Status of Disease and Deaths, Table 1--Patients in Infirmarys, Fever, General, and Special Hospitals", *HMSO, Parliamentary Papers* **58**, 101 (1863)
25. L. M. Geary, "Barry, John Milner (1768-1822)", in *Oxford Dictionary of National Biography* (Oxford University Press, Oxford, 2004) <http://www.oxforddnb.com/view/article/1565/>
26. R. Goodbody, "Barrington, John (1764-1824)", in *Oxford Dictionary of National Biography* (Oxford University Press, Oxford, 2004) <http://www.oxforddb.com/view/article/68154>
27. G. N. Wright, *An Historical Guide to the City of Dublin*, (Baldwin, Cradock and Joy, London, 1825)
28. R. M. Veatch, *Disrupted Dialogue* (Oxford University Press, Oxford, 2005)
29. E. Percival, "Observations on the Epidemic Fevers of Dublin, founded on a Report of the Hardwicke Fever Hospital, During the Years 1813, 1814, and 1815.... read March 12, 1817", *Transactions of the Association of Fellows and Licentiates of the King's and Queen's College of Physicians in Ireland* **1** (1817)
30. E. Percival, *Practical Observations on the Treatment, Pathology and Prevention of Typhous Fever* (Longman, Hurst, Rees, Orme and Browne, London, 1819)