

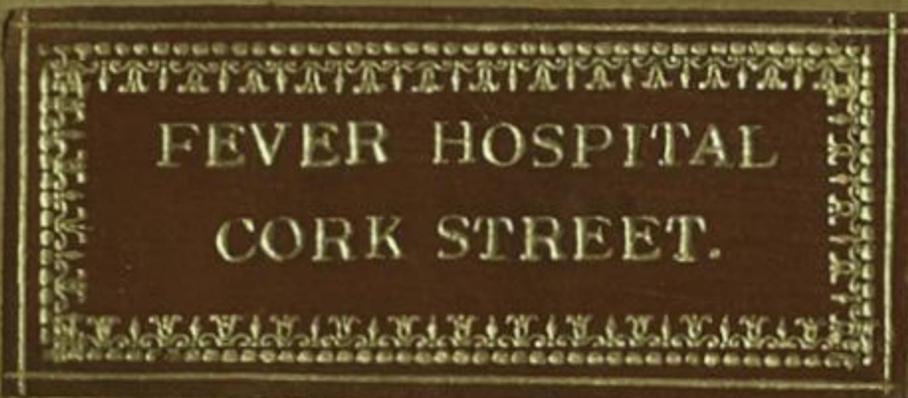
## **House of Recovery Cork Street Fever Hospital**

### **Annual Report and Physicians Report**

**1804-1805**

**The first patients were admitted on the 14th May 1804. The opening pages of this report are a restating of the rules of the hospital. There then follows admission figures and the financial returns. The annual report goes into some detail on the incidence of fever in the city. It is the physicians report , however, which is most interesting. Individual physicians detail their eyewitness accounts of the living conditions of the poor of the Liberties area of Dublin. Reference is made to the Rev. James Whitelaw's 1798 survey of the population of Dublin.**

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FEVER HOSPITAL  
CORK STREET.

Reports  
and other  
Documents  
relating to  
The Fever Hospital  
and  
House of Recovery  
Cork Street  
Dublin

From the Commencement, to 4 January 1818

Collected by J. L. Maguay

and when he is no more, let the Book  
be sent to the Managing Committee.

A. D. 1819

J L M

REPORTS

FROM THE

TRUSTEES,

THE

MANAGING COMMITTEE,

AND THE

PHYSICIANS,

CONCERNING THE

*House of Recovery or Fever Hospital,*

Cork-Street, Dublin.

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Dublin :

PRINTED BY CHARLES DOWNES

*Whitefriar-Street.*

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1806.

ORIGINAL RESOLUTIONS  
OF THE  
SUBSCRIBERS

FOR THE  
*ERECTION*

OF AN

House of Recovery or Fever Hospital,

*Entered into on the 28th October 1801, at the  
Royal Exchange, which was afterwards  
Established in*

CORK-STREET, DUBLIN,

WITH THE

*ACCOUNTS*

OF THE

TRUSTEES,

AND

*TWO REPORTS*

OF THE

MANAGING COMMITTEE.



# ORIGINAL RESOLUTIONS,

&c.

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## I.

**T**HAT to relieve the destitute poor, afflicted with fever, and to check the progress of contagion, are the main objects of the proposed Institution.

## II.

That in order to carry the design fully into effect, we are of opinion, that the erection of a new building, adapted in its construction and all its arrangements for the specific purpose of a House of Recovery, would be more desirable than the fitting up any old buildings designed for other purposes.

## III.

That we consider manifest poverty and disease properly ascertained to the satisfaction of the Managing Committee (to be appointed as hereafter directed) and residence within a certain district (to be defined in the manner hereafter prescribed) as the only circumstances necessary to entitle a patient to admission, and we are of opinion that no recommendation of a subscriber should, on any account, be attended to, unless the above circumstances shall, after minute enquiry at the houses of the persons recommended, be found to concur.

IV. That

## IV.

That the procuring the ground, on which the House of Recovery shall be built, the erection of the building, and the providing the necessary Furniture, be entrusted to fifteen Trustees, in whom the property of the Institution shall be invested, without any other controul than that they shall permit the building to be used for the purpose of a House of Recovery or Fever Hospital, conformably to the general principles now agreed on.

## V.

That in the outset of the establishment, accommodation should be provided for the reception of at least forty patients: But if the funds of the Institution, whether arising from donations or annual subscriptions, should so far encrease as that a surplus shall remain after the above-mentioned accommodation shall have been provided for, the trustees shall be at liberty either to enlarge the establishment by providing accommodation for an additional number of fever patients, or in case such enlargement shall be deemed inexpedient, to such other measures as they shall deem most conducive to the health of the poor of this city; and in case the House of Recovery shall hereafter be discontinued, for the space of three years, the said trustees shall be at liberty to dispose of the property then in their possession, or the produce thereof, for the purposes aforesaid, in such manner as they shall judge most eligible.

## VI.

That the management of the Institution, the extent of the district from whence patients labouring under contagious fever may be admitted into the house, the appointment of physicians, nurses, and all the other officers and servants, be vested in a committee, consisting of the trustees, and six other persons to be elected annually by the governors.

VII. That

## VII.

That said Committee shall be fully competent to make all such rules and bye-laws (not inconsistent with the principles expressed in these resolutions) as may seem best fitted to carry the objects of the Institution fully into effect, as well for the internal regulation of the house and the admission of patients, as for preventing the spreading of contagion in the houses and neighbourhood from whence the patients shall have been removed, and for the introduction of such habits of cleanliness, as may diminish, if not destroy, the operation of those causes, that have contributed to make such an institution so necessary at the present time, and to disburse, from time to time, such sums as may be necessary for any of the above purposes.

## VIII.

That a donation of twenty guineas, paid in any one year, shall make the donor governor for life; and that annual subscribers of two guineas, or upwards, shall also be governors, provided that no such annual subscriber (after the first year) shall vote at the election of members of the managing committee, unless his name shall have been on the books of the Institution, as a subscriber, for one whole year previous to such election, and unless he shall have paid his subscription for the year, in which he shall tender his vote, together with all arrears thereof.

## IX.

That it shall be lawful for the Managing Committee, at any meeting, specially summoned for the purpose (not fewer than eleven members being present) to enlarge the sum necessary to constitute a governor.

X. That

## X.

That when a vacancy or vacancies shall occur by the death or resignation of any of the trustees, any one of the remaining trustees shall have a power of convening the others, specifying the place, time, and purpose of the meeting, and giving three days notice thereof; and the trustees who shall meet in consequence of such notice (provided every trustee resident in the city of Dublin, shall have been summoned, and not fewer than five shall have been assembled together) shall be competent either to fill up such vacancy or vacancies, by the election of a new trustee or trustees, or to empower the governors to enlarge the number of managers to co-operate with the trustees by electing one or more additional managers as may seem best calculated to advance the purposes of the Institution, provided always, that the number of managers shall not be enlarged beyond the number of nine, nor the number of trustees reduced below the number of twelve, nor the whole number of the Committee beyond the number of twenty-one, by such proceeding.

## XI.

That in case of the insolvency, or general non-residence of any one or more of the trustees in the city of Dublin, or within ten miles thereof, the remaining trustees be, and they are hereby impowered (if they shall think it expedient so to do) to declare the place of such trustee or trustees vacant, and to proceed either to the election of a new trustee or trustees, or to enlarge the number of elective managers in the same manner, and subject to the same restrictions, as are contained in the foregoing resolution.

XII. That

## XII.

That in case it shall be found by the experience of three years after the opening of the Hospital, that a committee of twenty-one members is not sufficient for conducting the business of the Institution, it shall be competent for the managing committee, specially summoned for the purpose, and not fewer than eleven being assembled together, to declare that the number of elective managers should be enlarged to any number not exceeding the number of trustees at the time, or that the number of said annually elected managers should be reduced to a number of not less than the original number of six, as the exigency of the Institution may require.

## XIII.

That in case it shall be found expedient to enlarge the Committee to the full number of thirty members, and the number of trustees shall have been reduced below the original number of fifteen, it shall be competent to the trustees, or any five of them, assembled in the manner described in the 10th resolution, to restore the original number of fifteen trustees in the manner herein before directed.

## XIV.

That it be an instruction to the Managing Committee to take special care that such a registry shall be kept of all their proceedings, whether within the walls of the House of Recovery, or without, as shall enable them at all times to exhibit to the public a detailed view of their progress; and that it be a standing rule of the Institution, that at the end of the year after the opening of the Hospital, and at the end of every succeeding year, an account of the annual income and expenditure, and all other particulars of their progress, shall be printed for the public information,

After the foregoing Resolutions had been passed, the Subscribers proceeded to elect fifteen Trustees by ballot, when the following persons were declared to be duly elected.

|                       |                     |
|-----------------------|---------------------|
| Edward Allen          | John David Latouche |
| John Barrington       | Randal Mac Donnell  |
| Samuel Bewley         | George Maquay       |
| William Disney        | J. L. Maquay        |
| Thomas Disney         | John Orr            |
| Arthur Guinness, jun. | George Renny        |
| William Harding       | Luke White.         |
| Lewis Hodgson         |                     |

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*House of Recovery, Cork-Street,  
10th April, 1806.*

The Trustees having fulfilled the Trusts committed to them by the 4th of the preceding Resolutions, and having handed over the balance remaining in their Hands to the Managing Committee, submit the following Account of their Expenditure to the Public:

*Account*

*Account of the Expense of Erecting the House of*

To Cost of Holdings in Cork-Street, £. s. d.  
 subject to 70l. 12s. —d.  
 per annum - - - - - 520 6 —

Building Fever and Conva-  
 lescent Wards and out  
 Offices, viz.

£. s. d.

|                           |   |       |    |    |        |   |
|---------------------------|---|-------|----|----|--------|---|
| Bricklayers Work          | - | 3402  | 13 | 11 |        |   |
| Carpenters, do.           | - | 2051  | 15 | 5½ |        |   |
| Plasterers, do.           | - | 527   | 14 | 3  |        |   |
| Slaters, do.              | - | 361   | 16 | 9½ |        |   |
| Stone Cutters, do.        | - | 1118  | 10 | —  |        |   |
| Plumbers, do.             | - | 228   | 6  | 5½ |        |   |
| Glaziers, do.             | - | 66    | 9  | 4  |        |   |
| Painters, do.             | - | 134   | 2  | 4  |        |   |
| Smiths & Ironmongers, do. | - | 291   | 17 | 8½ |        |   |
| Labourers, do.            | - | 312   | 3  | 3½ |        |   |
|                           |   | <hr/> |    |    | 8495   | 9 |
| Enclosing Ground          | - |       |    |    | 642 6  |   |
| Clearing, do.             | - |       |    |    | 28 3   |   |
| Sewer                     | - |       |    |    | 222 15 |   |
| Furniture                 | - |       |    |    | 843 9  |   |
| Rent and Taxes            | - |       |    |    | 162 15 |   |
| Salaries                  | - |       |    |    | 111 15 |   |
| Incidental Expenses       | - |       |    |    | 180 13 |   |
| Advertising               | - |       |    |    | 68 5   |   |
| Printing and Stationary   | - |       |    |    | 42 13  |   |

Balance of this Account transferred to  
 maintenance of Hospital - - -

11318 13

32 —

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11350 14

*Recovery and Fever Hospital in Cork-Street, Dublin.*

| By Amount of Parliamentary Grant                 | £. | s.    | d. | £. | s.   | d.   |    |
|--|----|-------|----|----|------|------|----|
| 1802, Nett                                       | -  | 1455  | —  | —  |      |      |    |
| Ditto 1803                                       | -  | 499   | 12 | 11 |      |      |    |
|  |    | <hr/> |    |    | 1954 | 12   | 11 |
| Subscriptions from the Public                    | -  | -     | -  | -  | 9337 | 4 7½ |    |
| Profit on Purchase and Sale of public Securities | -  | -     | -  | -  | 37   | 5 6  |    |
| Hay and After-Grass sold, deducting Expenses     | -  | -     | -  | -  | 15   | 7 9½ |    |
| Old Materials that were on Premises sold         | -  | -     | -  | -  | 6    | 3 8  |    |

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 11350 14 6
 

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*First Report of the Managing Committee of  
the House of Recovery or Fever Hospital  
in Cork-Street, from its Commencement to  
the 4th January 1805, in pursuance of the  
14th of the Original Resolutions.*

THE House, the first stone of which was laid on the 24th day of April 1802, and calculated for the accommodation of 80 patients, was opened on the 14th May 1804.

The district, for the relief of which it was originally designed, comprised the five parishes of St. James, St. Catharine's, St. Audeon's, St. Luke's and St. Nicholas without, and a portion of each of the adjoining parishes of St. Michael's, St. John's and St. Peter's, and no patient has been received into the Hospital during this period, except such as were resident within the above limits.

The following is a statement of the numbers received into the Hospital during the above time :

|   |   |     |       |
|---|---|-----|-------|
| Total admitted                            | - | -   | 422   |
| Discharged cured                          | - | 364 |       |
| Died                                      | - | 30  |       |
| Remained in the Hospital 5th January 1805 |   | 28  | — 422 |

The fundamental principle of the Institution is, "To confine admission to the destitute Poor, labouring under contagious Fever."

The mode of admission is rendered as simple as possible. No recommendation whatever is necessary. Printed tickets, with proper blanks for the names and residence of the patients, are dispersed at convenient stations throughout the district. The friends of any person attacked with fever, have nothing to do but to fill up the blanks and deposit one of the tickets in the box in the entrance door, in Cork-street, in consequence of which the patient is visited on the same or following day, by one of the Physicians of the establishment, and if the case appears to be of the proper description, he gives an order for his admission: on delivery of which, at the Hospital, a covered carriage, hung on springs, provided for this specific purpose, and on which the patient is conveyed on a bed in a recumbent posture, is immediately sent from the Hospital.

In the first month after the opening of the Hospital, several persons were received into the house in the last stage of the disease, when their case was perfectly hopeless, and baffled all the exertions of human skill. From this cause, the number of deaths at the commencement bore a considerably greater proportion to the whole number than at a later period, when the nature of the Institution and the mode of admission, became more generally known, and applications were consequently made in proper time for reception into the Hospital.

The following is the state of the funds from the commencement to the 5th January 1805:

*Account of Income and Expenditure of the House  
Dublin, from the 14th of May, 1804,*

|  | £.          | s.        | d.        |
|--|-------------|-----------|-----------|
| To Rent and Taxes of Premises -            | 47          | 10        | 2½        |
| Maintenance of Patients and Servants -     | 235         | 18        | 5½        |
| House Bedding, Furniture, and Clothing     | 106         | 8         | 10        |
| Salaries of Officers, Nurses, and Servants | 367         | 16        | 2         |
| Fuel, Soap, and Candles -                  | 161         | 6         | 10        |
| Printing, Stationary, and Advertising -    | 49          | —         | 8         |
| Medicines, including Wine and Spirits -    | 79          | 9         | 10        |
| Incidental Expenses -                      | 49          | 16        | 6         |
| Repairs and Alterations -                  | 37          | 7         | 7         |
|  | <u>1034</u> | <u>15</u> | <u>1</u>  |
| Excess of Income above Expenditure -       | 62          | 8         | 5½        |
|  | <u>1097</u> | <u>3</u>  | <u>6½</u> |

*Account of Property of the Institution, exclusive*

|                                   | £.         | s.       | d.       |
|-----------------------------------|------------|----------|----------|
| To Clothing, for Value on Hands - | 125        | 5        | 6        |
| Horse, for Ditto -                | 17         | 1        | 3        |
|                                   | <u>142</u> | <u>6</u> | <u>9</u> |

*of Recovery and Fever Hospital, Cork-Street,  
to the 4th of January 1805, inclusive.*

|   | £.  | s. | d.  |
|---|-----|----|-----|
| By Parliamentary Grant, nett                | 499 | 12 | 11  |
| Subscriptions                               | 574 | 9  | 3   |
| Donations                                   | 2   | 5  | 6   |
| Amount of Hay and Grass, deducting Expenses | 20  | 15 | 10½ |

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1097 3 6½

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*of Buildings, and Premises, the 5th January 1805.*

|                              | £.  | s. | d. |
|------------------------------|-----|----|----|
| By Amount due Treasurer      | 79  | 18 | 3½ |
| Nett Property of Institution | 62  | 8  | 5½ |
|                              | 142 | 6  | 9  |

*Annual Report of the Managing Committee  
of the House of Recovery and Fever Hos-  
pital in Cork-Street, for the Year ending  
the 4th January 1806.*

IN the commencement of the year 1805 (until the 14th May) the Managing Committee of the House of Recovery and Fever Hospital continued their operations within the same district, namely, the five parishes of St. James, St. Catharine's, St. Luke's, St. Audeon's and St. Nicholas without, and a very small portion of the adjoining parishes of St. John's, St. Peter's and St. Michael's.

During the period commencing 5th January and ending the 14th May 1805, there were received into the Hospital 225 patients. But the liberality of Parliament having increased the grant during the last session from 500l. to 1000l. the Committee, on the 14th May 1805, came to a resolution to enlarge their district, and to take in patients labouring under contagious Fever, from all parts of the City of Dublin south of the Liffey, and within the Circular road.

From this extended district they have received into the Hospital, from the 14th May 1805 to 5th January 1806, 803 patients.

|   |    |     |      |
|---|----|-----|------|
| Total admitted from 5th January 1805 to 5th<br>January 1806 | -  | -   | 1028 |
| Of whom were discharged cured                               | -  | 874 |      |
| Died  | -  | 97  |      |
| Remained in Hospital 5th January 1806                       | 57 | -   | 1028 |

Their

Their exertions, however, have not been confined within the walls of the Hospital, but in pursuance of their original plan, they have endeavoured to commence a system of external measures for checking the progress of contagion, by whitewashing and otherwise cleansing the apartments from whence patients have been received into the Hospital. In this department they have to acknowledge the prompt co-operation of the Managing Committee of the Sick Poor Institution, who undertook the whole labour and expense of this arduous duty, in the five parishes which compose their district, and the original district of the House of Recovery.—They likewise endeavoured to excite the attention of the several parishes of the extended district to this important subject, and to invite their co-operation in a more comprehensive plan for the purpose.—Nor have their efforts in this respect been destitute of success. However, as no system of general co-operation was yet ripe for execution, and as the labours of the Committee of the Sick Poor Institution could not embrace the whole of the extended district, the Managing Committee of the House of Recovery have thought it right, for the ensuing year, to take this business under their own immediate superintendance, and have accordingly hired two persons, whose principal duty it is, to proceed immediately on receiving a notification to that effect from the Physicians, to whitewash the apartments from whence patients are received.

And it having appeared, on the report of the Physicians, that patients afflicted with pulmonary complaints were liable to frequent relapses in consequence of being unprovided with sufficiently warm clothing, and that for the same reason it was necessary to detain them for a longer time in the convalescent wards of the Hospital, the Committee came to a resolution to

*Account of Income and Expenditure of the House  
Dublin, for the Year ending*

|   | £.    | s. | d.  |
|---|-------|----|-----|
| To Rent and Taxes of Premises - -                                   | 92    | 13 | 10½ |
| Maintenance of Patients and Servants -                              | 616   | 15 | 7½  |
| House-bedding, Furniture and Clothing -                             | 206   | 4  | 2   |
| Salaries of Officers, Nurses and Servants -                         | 403   | 12 | 11  |
| Fuel, Soap and Candles -  | 197   | 10 | 4   |
| Printing, Stationary and Advertising -                              | 73    | 4  | 10  |
| Medicines, including Wine and Spirits -                             | 127   | 13 | 2½  |
| Incidental Expenses - -   | 84    | 1  | 4   |
| Repairs and Alterations -   | 68    | 2  | 6   |
|   | <hr/> |    |     |
|   | 1869  | 18 | 9½  |
| <br>New Building for Laundry - -                                    | 270   | —  | —   |
| Additional Furniture in consequence of<br>Extension of District - - | 183   | 12 | 10  |
| Excess of Income above Expenditure -                                | 211   | 6  | 8½  |
|   | <hr/> |    |     |
|   | 2534  | 18 | 4   |
|   | <hr/> |    |     |

*Account of Property of the Institution, inclusive*

|  | £.    | s. | d. |
|--|-------|----|----|
| To Furniture for Sundries, paid<br>for by Trustees - - | 843   | 9  | 10 |
| Ditto, additional as above                             | 183   | 12 | 10 |
|  | <hr/> |    |    |
|  | 1027  | 2  | 8  |
| Clothing, Value on Hands - -                           | 92    | 1  | 8  |
| Medicine - -   | 11    | 12 | 1  |
| Amount in Treasurer's Hands -                          | 132   | 19 | 5  |
| Amount due for Hay and Grass sold -                    | 37    | 2  | —  |
|  | <hr/> |    |    |
|  | 1300  | 17 | 10 |
|  | <hr/> |    |    |

*of Recovery and Fever Hospital, Cork-Street,  
4th of January 1806.*

|   | £.   | s. | d. |
|---|------|----|----|
| By Amount of Parliamentary Grant, nett      | 998  | 11 | 8  |
| Subscription                                | 1413 | 6  | —  |
| Donations                                   | 51   | —  | 2  |
| Balance of Account of Buildings, &c.        | 32   | —  | 7  |
| Amount of Hay and Grass, deducting Expenses | 39   | 19 | 11 |

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2534 18 4

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*of Buildings and Premises, the 5th January 1806.*

|   | £.   | s. | d. |
|---|------|----|----|
| By Nett Property of the Institution   | 1300 | 17 | 10 |
| Said Property arises thus, viz.   |      |    |    |
| Balance of Stock last Year  | 62   | 8  | 5½ |
| Furniture paid for by Trustees,<br>and now transferred to exhibit<br>the Accounts clear | 843  | 9  | 10 |
| Ditto purchased in consequence<br>of extension  | 183  | 12 | 10 |
| Excess of Income above Expenditure  | 211  | 6  | 8½ |
|   | 1300 | 17 | 10 |
|   | 1300 | 17 | 10 |

FIRST  
REPORT  
ON THE  
OBJECT AND EFFECTS  
OF THE  
HOUSE OF RECOVERY  
IN  
Cork-Street,  
BY THE  
*Physicians to that Institution.*

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Dublin :  
PRINTED BY  
CHARLES DOWNES,  
Whitefriar-Street;

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1806,

FIRST  
REPORT, &c.

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**T**HE Establishment of a House of Recovery for the reception and prevention of contagious Fevers, the first of the kind built and appropriated to this object exclusively, has attracted the attention of all those who regard the welfare of the community.

Hospitals have been deemed a necessary part of the institutions of all civilized societies; when the poorer classes of the community are afflicted by disease or accidental injury, their poverty thus increased by the interruption of their daily labour, precludes them from obtaining those comforts or assistance necessary to alleviate or remove their sufferings.

Importance  
of Hospital  
establish-  
ments.

Medical or surgical aid, attention of nurse-tenders, medicine, suitable diet with fresh air and changes of clothing, are necessities to the sick which the poor cannot obtain but in hospitals. The benefits of such establishments extend even to the richer classes of society; for not to mention the gratification which benevolent feelings must experience from the reduction of human misery, the labours

Want of  
hospitals in  
Dublin.

Particularly  
of medical  
hospitals.

of the poor are rendered efficient to the rich, and discontent, with all its formidable consequences, removed or prevented. Obvious as the necessity of hospitals may seem in a large and populous city, remarkable for the poverty of the lower classes of its inhabitants, yet it has been ascertained that Dublin is more deficient in accommodation of this kind than most great cities in Europe. On examination we find the deficiency to be most remarkable in hospitals for the reception of diseases strictly medical, although they constitute by far the larger proportion of those to which mankind are subject. Dispensaries it is true, exist in many parts of this, as in other cities, with much advantage to the poor, but the only medical relief afforded by such institutions is medicine, the effects of which are often counteracted by the miserable regimen, which the poverty of the sufferers obliges them to adopt. 'Till within a few years past, since the establishment of the House of Recovery in Cork-street, the Hardwicke and St. George's Fever Hospitals, there were not more than 54 beds for the reception of medical cases in this crowded metropolis. In the year 1800 it was calculated "that there were 240 beds more in London than in Dublin; respect being had to the relative population between the two cities, and consequently that in Dublin 2760 persons annually wanted that relief which in London is provided for those in similar situations."\* Since that time there has been an increase to the number of medical beds in Dublin, but were we to institute a similar comparison between the two cities at the present day, since the accommodation for medical patients in London has been increased within the same period, particularly by the establishment of Fever Hospitals, we should probably find that the general truth of the above statement would still remain.

Among

\* Reports of Sub-Committee for bettering the condition of the poor.

Among the diseases of mankind; those which appear to extend from one individual to another, and are thence denominated contagious, from their frequency and consequences; evidently claim much of the attention of those who interest themselves in the alleviation of human calamity. It appears from the London bills of mortality that the deaths by contagious diseases alone, constitute above one-sixth of the whole †.

Contagious  
disease.Mortality  
occasioned  
by

To the application of hospitals for the relief of such diseases, superior inducements present themselves; every person so afflicted may be considered as a centre from which contagion may spread indefinitely in every direction; his removal therefore into an hospital may be the means of rescuing a family, a neighbourhood, or even a whole country from all the horrors of a contagious epidemic, and we may be allowed to say, that hospitals appropriated to contagious diseases are as superior to other medical institutions as prevention is to remedy. It is not necessary at present to dwell on the melancholy consequences of contagion—the ravages of the contagious fever which has so lately laid waste a considerable part of Europe have roused the attention of the public to the means of averting such calamities, and will probably operate to recommend the extensive establishment of institutions for prevention.

Hence the  
necessity  
of hospitals  
for their  
reception,As well as  
from the  
danger of  
foreign  
contagion.

From a conviction of the superior utility of such hospitals,  
establishments

† The total mortality from the year 1746 to the year 1752, inclusive, was 168,276, which, divided by 41603, the number of deaths from contagious diseases, gives nearly 4.4 for quotient. The total mortality from 1795 to 1800, inclusive, was 152,806, which, divided by 23812, the number of deaths from contagious diseases, gives 6.4 nearly quotient.

Vide Willan on the Diseases of London.

Each contagious disease should be received into a distinct hospital.

establishments of this kind have been formed in various places; the small pox and infectious fever the most generally diffused and most fatal of our epidemics, are now received into such hospitals with the most important benefits to the community.—The application of general hospitals to such purposes has been deemed an inferior system to the exclusive appropriation of an hospital to each particular disease. Contagious distempers sometimes spread in general hospitals, and endanger the lives of other patients and the attendants. The means of ventilation and purification cannot be employed to the necessary extent, from the presence of patients in other diseases to whom that system would be injurious; but where the hospital is exclusively applied to the reception of one disease, the building can be adapted in the first instance to the proper treatment of that which it is intended to receive, the same principles can be observed in the furniture and accommodations, and such a course of internal regulations pursued as may best conduce to the benefit of the sick and the public at large.

Utility of Fever Hospitals.

On comparison of the different kinds of such establishments, we shall find that hospitals appropriated to the reception of common contagious fevers deserve the first rank for importance and utility †.

evinced by the frequency of fevers.

Contagious fevers frequently constitute above one-fifth of the diseases of mankind; thus from the reports of the Meath-street dispensary, the operation of which charity has been confined to the same district nearly with that of the House of Recovery, it appears that from the year 1803 to 1805, 9559 cases were relieved, of which number 2464 were fevers.

In † To prevent ambiguity concerning the species of disease alluded to, it may be observed that it is known by the names of Typhus, Synochus, Continued Fever, Putrid Fever, Gaol and Hospital Fever.

In Liverpool, when its population did not exceed 63,000, 3000 fever patients were annually relieved by the dispensary \*. In Waterford, the population of which city is between 30,000 and 40,000 the annual number of fever patients was nearly 1500.

From the London bills of mortality it appears that the annual average number of deaths from fevers during the last century, has been 3188, during the last 50 years of that period 2424. † and by their mortality.

The deaths from fevers frequently constitute one-tenth of those from all other causes conjoined. Thus the yearly average number of deaths in London is 19473, which, divided by 1879, the average of deaths from fever, gives 10½ for quotient. ||

We cannot, from any registry kept in this city, state with exactness the annual number of deaths from fever, but

\* See Dr. Currie's Reports.

|   |      |
|---|------|
| † Average of 10 years from 1701 to 1710 . . . | 3230 |
| 1711 1720 . . .                               | 3656 |
| 1721 1730 . . .                               | 4037 |
| 1731 1740 . . .                               | 3432 |
| 1141 1750 . . .                               | 4351 |
| 1751 1760 . . .                               | 2564 |
| 1761 1770 . . .                               | 3521 |
| 1771 1780 . . .                               | 2589 |
| 1781 1790 . . .                               | 2459 |
| 1791 1800 . . .                               | 1988 |

See extract from an account of an institution for the preventing of contagious fever in London.

|| See Report of the Society for bettering the condition of the poor,

but if the population of London be to that of Dublin as 1000 to 182 †, and the annual number of deaths from fever in London 2424, between 400 and 500 persons must be supposed annually to fall victims to this disease in this city, as we can hardly doubt that there is a proportional mortality in Dublin, when we consider the poverty of the lower classes of the people, and the numerous existing causes that tend to produce or spread the contagion of fever.

but chiefly  
from their  
being con-  
tagious.

Hence mi-  
serable con-  
sequences  
arise.

Prevention  
of fever  
more im-  
portant  
than of  
other con-  
tagious dis-  
eases.

The general diffusion of this distemper, its constant existence among us, and fatal consequences thus established, might be supposed fully to confirm the utility of hospitals for its reception; but another consideration deduced from the nature of the disease itself remains, namely, *that it is contagious*. The introduction of one infected person into a family has been known to occasion the disease to spread through a whole house or neighbourhood, and the same dwelling has remained thus occupied by infection for months, or even years: The removal of a fever patient may therefore produce effects far more extensive than the relief of the sufferer, by taking away the source of the infection, thus preventing its spreading through the family, and occasioning beggary, ruin, or even death.

Here we may observe that the nature of fever is such as to render the means of prevention of more importance when applied to it, than to other infectious diseases. The most generally diffused distempers of this nature rarely attack but once in the course of life, but fever has no limits to the frequency of its recurrence: thus it has been known to take possession of a family, not merely by affecting different individuals in succession, but by frequent relapses in the same person to the extent of five or six times; add

† The population of London is supposed to be equal nearly to a million, that of Dublin has been determined at 182,000.

add to this, that we have many reasons for supposing that fever is often generated by causes independent of contagion, namely, by the concurrence of filth, bad air, and accumulated animal effluvia, which we do not know to be capable of producing any other contagious disease, and fevers thus generated are equally or sometimes more infectious than if they had originated in the first instance from a contagious source.

In whatever degree the richer classes of society may be benefited by the establishment of hospitals in general, they are most important gainers from institutions for the reception of fevers. Omitting all moral considerations of the duty imposed on them by the leisure their circumstances afford, to exert their talents and means to ameliorate the condition of the poor, it must be obvious that the prevention of misery and discontent, the promotion of industry by securing its foundations, namely, the health and strength of those who exercise it, are objects of self-interest to those whom Providence has thought fit to place in the more elevated stations of life. But there are other considerations of more weight perhaps with some minds, that however remote in situation or circumstances the richer classes may appear to be from the poor, yet there are innumerable channels through which the contagion of fever may diffuse itself from the infected tradesman or mechanic, to those who from their rank in society and habits, may entertain the belief of full security from its approaches. To purchase the necessaries of life which fever prevents the requisite exertions to obtain, infected clothes are transferred to the shop of the pawnbroker, where either they come in contact with those of the servant of the rich, or are actually conveyed by him into their families. The washing of clothes in infected dwellings, and the making of wearing apparel which afterwards passes to the very persons of the opulent, are a few of the

Benefits obtained by the richer classes from Fever Hospitals.

By obviating the consequences of sickness among the poor, and the extension of contagion to the rich.

means by which contagion may be propagated. We have been credibly informed, that clothes have been made up at a house thus infected, in Mark's parish, for a servant to the first family in this country. An instance lately occurred to one of the physicians, where clothes were making up for the privates of a regiment of dragoons, in a room not ten feet square, in which they were actually in contact with the bed-clothes of a person labouring under an infectious fever.—

And by affording medical information.

To the benefits that arise from thus extending relief to sickness and want, and affording protection from one of the severest of human scourges; we may add another of considerable importance, namely, that by collecting together under one view a number of patients in such diseases, thus affording the physician the means of observing their different modifications, ascertaining their nature and the remedies best suited to their management, information will be collected, and improvements in medical practice introduced, the benefits of which will extend even to the opulent contributors to such establishments, who may happen to be similarly afflicted:—The opportunities for observation and improvement afforded by such an hospital to the medical practitioner, are almost too evident to require illustration. In private practice, irregularity in diet, alteration in the state of air and clothing, mistaken interference of friends, clandestine use of other remedies than those prescribed, with various agents, interfere so often with the regular course of the disease, that the physician is too frequently unable to appropriate the changes of symptoms to their respective causes; but in a well regulated hospital, the sick are placed nearly in the same circumstances, whilst they are completely under the controul of the physician; hence the effects of remedies and variations of symptoms can with more certainty be observed and compared together, and conclusions deduced

deduced from the cases of patients so circumstanced, must evidently be entitled to a superior degree of credit. From the imperfect state of medical science, and of the knowledge we possess of fevers in particular, the opportunities afforded to the physician of acquiring information and adding to the means of curing diseases, should be always ranked among the benefits to be derived from such institutions.

Having premised thus far on the objects and advantages of Fever Hospitals, we may briefly sum them up in the following positions:—1st. The prevention of infection.—2d. The alleviation or removal of diseases.—3d. The acquisition or diffusion of medical knowledge, and conclude this part of our subject by affirming, that hospitals so constituted as steadily to hold these objects in view, will produce as much good to the community as can be expected from such institutions.

Previously to entering into a detail of the operations of the House of Recovery, it may be necessary for the information of those who are unaccustomed to consider such subjects, to establish the foundation on which the system of prevention rests, by some remarks on the subject of contagion.

General remarks on contagion.

By contagion is meant a peculiar matter that passes from the persons of the sick to those of the healthy, and occasions disease; we are certain that this happens in the instances of the Small-pox and Cow-pox as is proved to us by the practice of inoculation; on extending our enquiries, we find reason to attribute the origin of other diseases to contagion, the evidences for which does not appear at the first view to be equally demonstrative, although on closer investigation

Contagion, proofs of its existence.

In the case  
of the  
plague.

investigation it is altogether unquestionable; the plague may be produced as an instance of this kind; seclusion of the sick from the healthy is known to prevent the spreading of this disease, thus, at Aleppo, the Europeans escape the plague by living in the suburbs, and shutting themselves up in their houses;\* thus too, in countries frequently visited by that disease, the inhabitants of colleges and monasteries, who live secluded from intercourse with their neighbours escape while pestilential disorders rage.

Thus also in the year 1772, when the plague carried off daily, above one thousand persons in the city of Moscow the Foundling Hospital, containing above 1,400 persons and situated in the centre of the city, was kept almost completely free from the malady during the whole period of its continuance, by cutting off all intercourse between the inhabitants of the hospital and those of the town and fumigating all articles intended for the hospital previous to their introduction; to these means were added a careful examination of the sick each day, and whenever any suspicious symptoms appeared, an immediate separation of them from the healthy; thus, although in seven instances the plague made its appearance, yet it never extended farther.† Stronger proofs of the contagious nature of the plague, are afforded us by the frequent instances of its communication through the medium of bales of cotton, or other goods brought from infected countries.— From combining evidence of this kind, we have proof amounting to demonstration, that some matter is generated in the persons of those who are infected with this disease capable of producing it in those previously uninfected.

The

\* See Wilson on fevers, vol. 1. page 420.

† See an extract from De Merten's account of the plague at Moscow, Med. and Chirurgical Review, vol. 6. p. 72.

The contagious nature of the plague, once established, affords a strong presumption from the analogy between the two diseases, that fever is also communicated by similar means; many of the best informed physicians, consider the plague to differ from the common fever of these countries in degree only: it must at least be allowed that the analogy between them is very great, and the observation that the malignant fever succeeds and follows the plague, seems to add strength to the opinion that the latter is merely an aggravated malignant fever.

which renders probable that of fever.

But the evidence of the propagation of fever by contagion does not rest on such grounds only: on observing its progress, we find it extend itself through families after the introduction of some person labouring under the disease; we find it also in the first instance to attack those who have been nearest to the sick person, and gradually to pass through the whole family, whilst visitors, though previously healthy, are not unfrequently similarly attacked. In fever also, as in the plague, seclusion of the sick from the healthy has been ascertained to prevent the extension of the disease.

Fuller proofs of the existence of febrile contagion.

It has, however, been objected, in the wildness of speculation which has of late years so frequently led to the calling in question of established opinions, that as persons in the same family, are placed in the same circumstances with regard to diet, air, exposure to effluvia, and general habits

Objections answered.

of  
 ¶ From the Registry kept at the Fever Hospital, in Cork-street, it appears, that 392 persons were attacked with fever within a short time previous to the removal of 647 patients who had become the objects of relief, and it must be observed, that the above number does not state with exactness the fact on this head, as from the nature of circumstances, there must be many omissions.

of life, fevers may arise from the limited operation of these causes, tending to generate disease independently of contagion. But such objections, when examined, serve only to establish more firmly the contrary opinion. For if it shall appear, first, that where the above supposed causes of fever are in full operation, that still the disease proceeds as if it were propagated by contagion, and secondly, that where no cause but contagion can be supposed to operate, still fever spreads amongst those exposed to it, and lastly, that the speedy removal of the sick from the healthy will occasion a reduction in the number of fever-patients to be found within a limited district in a certain time; all such objections must at once vanish. Now it is observed that the progress of fever is gradual, that it first seizes on some individual who has been exposed to its influence, and that it afterwards spreads through the family, by first attacking those who have slept in the bed with the sick person, or who have been most exposed to the febrile effluvia. Frequent instances of this kind have occurred to the extern Physician to the House of Recovery, and there can be no doubt, but that accurate observation, would furnish similar proofs in a great proportion of the cases where fever spreads through a family. The following examples may serve to illustrate these positions:—

By facts  
shewing the  
manner of  
the progress  
of contagi-  
on through  
a family.

Abraham Gaynor, by trade a Weaver, with his family, seven in number, took lodgings at No. 2, Sweeny's lane, immediately adjoining to a Cat-gut spinner, where they were constantly exposed to the nauseous effluvia which exhale from animal intestines in a state of putrefaction. In a short time, one of the family, a girl of 16 years of age, sickened with fever; soon after, two children, from 8 to 14 years of age, who slept in the same bed with this pa-

tient

tient were also attacked:—The mother, whose attentions to her children, might be supposed to expose her more particularly to infection, was the next whom the distemper seized; then a child whom she at that time suckled was added to the number of sufferers:—The father, whose occupations prevented him from being so constantly as the rest within the sphere of contagion, was the last whom the fever seized. On considering the progress of the distemper, in this instance, it will be obvious that it followed that course exactly which might be expected on the supposition of its being propagated by contagion.

The evidence of the contagious nature of fevers still en-  
 creases, if it shall appear, that in a small society of indi-  
 viduals, upon whom no extraordinary cause operates, except  
 proximity to fever patients, fevers are more frequent than  
 they would be amongst the same persons in ordinary cir-  
 cumstances; that this is the case, is confirmed by observa-  
 tions made in the Fever Hospitals already established in this  
 country. In the Waterford Fever-Hospital, the nurse-  
 tenders and servants, were frequently attacked with fever.  
 In the House of Recovery, in this city, where nurse tenders  
 are employed for the sick, female servants in washing the  
 clothes, and porters in conveying the sick from their houses to  
 the hospital, fevers certainly appear to have been more frequent  
 among them than ordinary; of nearly 30 persons so employed  
 18 were attacked by fever, in the course of a year and five  
 months, eleven of whom were nurses, an event, which com-  
 mon observation must convince every unbiassed mind,  
 would not have happened in the ordinary course of  
 society, and as these persons were better clothed, better fed,  
 more cleanly in their persons, and lived in better air than  
 the lower classes of people in general, the greater frequency  
 of fever amongst them, cannot be accounted for on any  
 other

And the  
 great fre-  
 quency of  
 fever where  
 contagion  
 alone could  
 occasion it.

And by the effects arising from removal of the sick from the healthy.

other principle but that of the existence of contagion. If to these facts we add, that the removal of the sick from the healthy, prevents the spreading of fever among the latter, every doubt of its contagious nature must be removed. This seems to be highly probable from the experience of the Houses of Recovery of Manchester and Waterford, where by the removal of the patient from his dwelling into an hospital, a considerable reduction in the number of sufferers from fever was brought about: Thus the annual number of fevers in Manchester, within an adjoining district, during three years previous to the establishment of the House of Recovery, was nearly 400, and, during eight months succeeding its establishment, it was only 25. In Waterford, it was calculated that the annual number of fevers was by similar means reduced one-half during the first year.

Thus it seems firmly established from the progress of fevers, the circumstances under which they are produced, and the operation of seclusion as a means of prevention, that they are communicated, as the small pox and the plague are, by a contagious matter generated in the persons of the sick. The susceptibility of fever is such, that from some observations made by Dr. Haygarth now of Bath, it is rendered almost certain that not more than one in twenty-three of those exposed to contagion escape the disease, if its action has been exerted for a sufficient length of time with a certain degree of concentration, and without the opposition of those circumstances which enable the constitution to resist it\*. Other causes of the production of fever are also supposed to exist; confined animal effluvia, as of many persons crowded together in an unventilated place, as in hospitals, jails, and crowded ships; this opinion

\* Dr. Haygarth's letter to Dr. Percival, on infectious fevers, p. 23.

nion derives support from a circumstance observed by Doctor Fordyce, that the lower animals, as sheep and hogs are subject to fever when confined together: putridity is also supposed to give rise to fever; but the proofs of the generation of fever by such causes do not appear equally demonstrative with those adduced for the existence of contagion. To these we may add cold, which in this variable climate frequently operates as an exciting cause, and gives rise to a fever which spreads by infection; a physician of eminence in this city whose accuracy of observation is well known, traced with care the origin of a fever which spread through a family of 13 persons in Tenniscourt-lane, and found it to have commenced with a boy who had bathed while sweating.

The existence of febrile contagion thus established, the nature of the contagious matter seems next to demand attention; on this subject little more than conjecture can be offered, we have not as yet been able to collect it, and examine its properties. Whether it be a gas, vapour, or minute solid particles escaping from the bodies of the patient, are questions as yet undetermined. The investigations of some ingenious physicians, particularly of the learned Doctor Haygarth have, however, determined certain of its properties, the most important for us to know; amongst these the principal is, *that its operation is confined to a short distance from the patient.* That it is thus limited in the case of the small pox has been proved by direct experiments; that the contagious matter of the plague ceases to exert its action at the distance of a few feet from the patient is almost equally certain\*, the analogy between this latter disease

Properties  
of conta-  
gion.

Its operati-  
on limited.

C

and

\* Dr. Patrick Russel used to administer medicines to great numbers of persons ill of the plague every day out of a street window about fifteen

and fever, we find to be confirmed in this particular also, the fever wards in the Chester Infirmary are situated within thirteen yards of some other wards of the building; yet during a space of above twelve years the contagion of fever never seemed to extend itself from thence. In the Edinburgh Infirmary, it has been the practice for some years past, to keep the fever-patients under the same roof with others without any bad consequences. Similar facts are related by the late much to be lamented Dr. Currie in a letter to Dr. Clarke of Newcastle, in which he states, that during ten years, in no instance had fever extended itself from the fever-wards either in the Liverpool infirmary or in the work-house, although the latter of these buildings has sometimes contained one thousand four hundred persons\*. Facts of this kind are of the first importance, as they shew that when the contagious matter of fever has been sufficiently diluted by admixture with the air, it becomes inert, and as they establish incontrovertibly the efficacy of separation of the sick from the healthy as a means of prevention.

Attaches  
itself to dif-  
ferent sub-  
stances.

The existence of contagious matter established, we might a priori expect that it would attach itself to clothes or furniture that were in contact with the sick person; this is found to be the case; bales of cotton have conveyed the plague

fifteen feet above the ground even in the months of June and July, and being short-sighted he examined the sores within so short a distance as four feet; yet neither his family, nor any other inhabitant of the square in which he lived, were infected by the contagion of such a number of patients. V. Haygarth's inquiry how to prevent the small-pox, and Russel on the plague.

\* See medical reports on the effects of water, cold and warm, by James Currie, M. D. v. 2. p. 6. Appendix.

plague from one country to another; and fever has been communicated to a person who slept in the bed clothes which had been-used by a fever-patient; even the walls of the apartment in which fever patients have resided, are supposed to retain contagion; instances have occurred at the House of Recovery in this city, in which the fever did not cease in a dwelling until a thorough cleansing of it, by washing the walls, floors, and furniture had taken place. \*

From a variety of observations, it appears nearly certain, that contagion of fever in most instances lies dormant in the constitution for some time before it produces the disease. Remains inert after being received. The small pox matter it is universally known does not excite any action for some days after its application. Late experiments seem to render it probable that the plague in the same manner generally lies dormant for about four days, and frequent instances have occurred to us, where patients have sickened several days after the removal of the sick person from whom they had received the contagion; this is also an important circumstance, as it shews the necessity of the use of means for obviating sickness in those exposed to contagion, even after the source has been taken away.

Although few persons remain uninfected who have been fully exposed to the influence of its contagion, yet many escape who have been near to fever patients.— Circumstances which give certainty to the operation of contagion. The degree of certainty that febrile contagion has been communicated to those exposed, depends on several circumstances—1stly. On the duration of its application, hence it happens that occasional visitors who remain but a short time near the sick are but seldom attacked, from the

\* The Jews were directed by Moses to pull down houses infected by the leprosy.

same cause, medical attendants on fever-patients so generally escape.—2dly. On the quantity of contagious matter applied; hence arises the greater certainty with which fever is produced by contact, since the degree of concentration of the febrile effluvia must diminish in a very rapid ratio with the distance from its source. On this latter principle is founded the utility of ventilation, which can in no case be supposed entirely to dissipate the contagion, but merely as it were to dilute it so far as to render it inert.

A variety of causes are known either to dispose the system to receive contagion, or excite it into action.—As the principal among those, we may rank cold, which in these countries, particularly so frequently operates as an exciting cause of fever; by confining persons to their houses, thus exposing them to the action of contagious effluvia, and otherwise injuring their health, as well as by preventing that ventilation which might dissipate the contagion. On this principle, we may in part account for the occasional prevalence of contagious fever with more than usual frequency during cold weather. Every thing that weakens the body disposes it to infection; the living in crowded apartments, where the air must be tainted by respiration and animal effluvia, dejection of mind, bad or insufficient food, are all causes which, as they exist in the highest degree among those with whom fever most prevails, must be supposed to dispose the body to receive contagion, or excite it into action. On the other hand, contagion is obviated by the opposite of those causes, which are to be found in full force among the richer classes, among whom infection is rarely known to spread. Habit appears to obviate the action of contagion, a circumstance agreeable to general laws of the animal œconomy, which by use becomes

Causes which excite contagion into action, or dispose the body to receive it.

Causes which obviate contagion.

Habit.

becomes

becomes insensible to the operation even of strong poisons. Hence is explained why strangers take the plague after it has ceased to act on the inhabitants of a town where it has raged, and why persons from the country appear particularly liable to fever, as observed by Doctor Ferriar, (*Essays*, v. 2, p. 183.) The same principle will explain why an epidemic fever is most active and spreads most rapidly on its first appearance, and why nurse-tenders so frequently escape fevers, particularly if long accustomed to such attendance. One of the nurse-tender's who died in the Hospital took her illness a few weeks after the commencement of her office; she had not been previously accustomed to attendance on fever-patients. Other circumstances more within our reach are known to obviate contagion; of these, the most important is cleanliness: contagious diseases do not spread in the upper ranks of society, in a great measure, probably, from their frequent ablutions and changes of apparel, and on the other hand we observe them to prevail just in proportion to the neglect of such practices. The principles already laid down, at once explain how cleanliness must tend to the prevention of fevers, as it removes contagious matter from clothes, furniture, or the surface of the body; which, although in the first instance inert, would by a continuance of application, have exerted its formidable influence. The efficacy of water as a preventative, even to the plague, is said to be exemplified in the water carriers at Cairo, who escape when the malady rages in that city. Doctor Currie in his letter to Doctor Clarke before quoted, observes, that the nurses in the Liverpool Wards are singularly exempt from fever.—“ This exemption of the nurses from contagion (a few instances excepted) is to be attributed, not merely to the  
“ ventilation

Cleanliness.

Water.

“ ventilation of the wards, but to the singular cleanliness  
 “ of the patients. *On every one of whom in whatsoever*  
 “ *stage of the disease, complete ablution is performed in*  
 “ one form or other at least once every day.” Such are  
 the principal means by which infection may be obviated.

Various  
gases and  
vapours.

As we have every reason for supposing the matter of contagion to be of an animal nature, we might expect that such substances as exert a decomposing action on animal matters would tend to destroy contagion, accordingly the vapours of mineral acids have been thus applied with excellent effects; the vapours of nitric and muriatic acid as well as the sulphurous and oxymuriatic acid gases have been recommended, of these the nitric acid vapour appears to have the strongest claim to preference, as the facts adduced in its support as a preventative by Dr. Carmichael Smyth are sufficiently satisfactory, and as it does not incommode patients, as is the case with the other gases; but we believe that their use may be almost entirely superseded by attention to cleanliness and ventilation, an assertion in which we are supported by the experience of the Liverpool Fever Wards. But all these means must be considered as partial remedies for the evil, unless the infected patient, the source from whence it flows, be taken away; this is of all others the most important step, not only towards the alleviation of one of the greatest of human calamities, but even towards its eradication, a benefit, which if the opinion of its being propagated chiefly by contagion be just, it must be evidently within the scope of human exertion to attain.

But principally by separating of the sick from the healthy.

Occasional causes of fever numerous in Dublin.

Having premised these principles on the subject of contagious fever, we proceed to shew, that the causes for its existence are to be found in an eminent degree in this city, and to explain the means adopted for its relief by the Institution

stitution of a House of Recovery, \* a system of more extensive operation and diffusive benefits than any yet mentioned. In that part of the city called the Liberty, which from its including the old city, has been abandoned to the lower classes of the people, the causes of fever have existed in full force. In this district the densest population is to be found. From a most valuable publication on this subject, it appears that in this district the average number of inhabitants to a house is above thirteen, but that the population varies much in different places, thus, in Plunket-street, thirty-two contiguous houses contained 917 inhabitants, which gives an average of 28.7 to a house. In lodging houses the inconvenience is still greater, where from thirty to fifty individuals are frequently to be found in the same house,—we deem ourselves very fortunate in being furnished with authentic documents on this subject, by the publication of Dr. Whitelaw's valuable work, he states, (we quote his words): "As I was usually out at very early hours on the survey, I have frequently surprised from ten to sixteen persons in a room not fifteen feet

Crowded  
state of in-  
habitants.

\* The name of a House of Recovery was first appropriated to this institution at Manchester, from a supposition that it would excite less alarm in the minds of the lower classes of the people, than that of a Fever Hospital, and indeed as the operation of the charity is different from that of an hospital, a different name should be applied to it.

|| The whole population of Dublin equals 182,000 nearly. The parishes in the House of Recovery District were,

| Parish.         | Population. | Parish.               | Population. |
|-----------------|-------------|-----------------------|-------------|
| St. James's     | 6,104       | St. Nicholas, without | 12,506      |
| St. Catharine's | 20,176      | Part of St. Michael's | 2,579       |
| St. Audeon's    | 5,191       | Do. St. John's        | 1,192       |
| St. Luke's      | 7,141       | Do. St. Peter's       | 2,438       |
|                 | 39,712      |                       | 18,715      |
|                 |             |                       | 57,427      |

“ feet square, stretched on a wad of filthy straw swarming with vermin, and without any covering, save the wretched rags that constitute their wearing apparel.”—The district which the House of Recovery has been applied to relieve during the first year, included a considerable part of the town stated to contain the densest population and comprehended certain parishes in the vicinity, which from their peculiar wretchedness, seemed to stand most in need of relief. \* In this district the streets are narrow. From Dr. Whitelaw’s statement, it appears that the average number of inhabitants to an acre in the parishes included is 249, whilst the same average number in the whole south side of the Liffey is only 169, and in some of the richer parishes, as St. Anne’s, and St. Peter’s is only 114. The density would appear much greater, but that much of the space in the district is occupied by warehouses and manufacturing concerns. †—The crowded state of the poor in the district mentioned cannot be justly estimated from this statement, as the houses in the Liberty are much smaller than those in the richer quarters of the town, the number of rooms smaller, and therefore the number of occupiers of each room proportionally greater. From an account kept of the state of some of the inhabitants of houses occupied by patients admitted to the House of Recovery, it appears that there were on an average nearly six persons to a room. A great proportion of the lower classes lives in lanes and back yards. The houses through  
the

\* See Whitelaw on the Population of Dublin.

† The density of the population in another city may be learned from the report of Dr. Barry and Dr. Daly, on the Fever Hospital in Cork, which states that 190 patients had been received in a year into that hospital, and that 2,323 persons resided in the houses from whence those patients had been removed.—See Reports of the Society for promoting the Comforts of the Poor. No. 7. page 66.

the Liberty in general are unprovided with privies, or the privies are choked up.\* The lanes therefore, are frequently the deposit of all the filth of the adjacent dwellings. If the attention of the scavengers is seldom directed to the streets of the Liberty, still more neglected are those recesses, which in fact, are hardly ever cleansed; the constant respiration of air thus tainted, must gradually weaken the powers of life; and if disease be not the immediate consequence, the system is at least fitted for the reception of contagion whenever it presents itself. On attending to the state of the dwellings of the poor, we find them too often extremely miserable. These evils are most obvious in lodging houses. To such habitations there is a common staircase that is never cleansed, which from accumulated dirt affects the senses like a dunghill, whilst the effluvia pent up in these recesses is intolerable to all, but the miserable tenants. Each floor is occupied by one or more families; the roofs and walls frequently let in the rain; the rooms small, badly ventilated, often filthy in the extreme; the beds few, often nothing but straw, strewed on the ground; the bed clothes too, frequently consist of a blanket only, which is never washed or changed, and the apparel worn by day is often, the only night covering of the more wretched classes. The practice of many persons sleeping together in the same bed must ever prevail where there is much poverty, and how it tends to spread contagion has been established by the principles already laid down. A considerable proportion of the inhabitants are manufacturers whose occupations confine them to their houses; the

Houses  
small, filthy  
unventi-  
lated.

State of the  
tenants.

D

same

\* Daniel's Alley on the Coombe, affords a striking instance of this kind, part of the houses of this lane are in such a miserable state that it is necessary to support them by props, that extend from house to house across the lane, more than one-half of it is occupied on one side by a dunghill of unusual size and filth.

same room serves them for a work-shop, and to sleep in, to the almost total exclusion of the practice of ventilation: they are badly clad, often unprovided with changes of clothing, and in consequence extremely uncleanly in their persons, an evil which habit contributes to increase.— Food is sparingly supplied, or is of a bad quality, not sufficient to give vigour to the system, and enable it to resist the action of contagion; or what is still worse the means of obtaining it are often exchanged for ardent spirits or tea. It may lend a support to the numerous arguments against the abuse of spirituous liquors so prevalent in this country, to state, that fevers are particularly fatal when they attack habitual dram drinkers. Other causes tending to spread contagion are to be found in this quarter of the city, for which we refer to a pamphlet on this subject published by the trustees of the fever hospital. \*

Hence fever  
is preva-  
lent.

Where so many of the pre-disposing causes to fever exist, it cannot be surprizing that such diseases should spread in an alarming degree.—On consulting the registry kept at the House of Recovery we find proofs sufficient of this fact. In one of the columns appropriated to registering the numbers previously ill in the houses from whence the patients had been taken, we observe that from five to eight or nine persons had frequently been ill in the dwelling from which the patient had been removed, as the following table extracted from the Registry will shew †

#### TABLE

\* Observations on the causes that tend to spread contagion, by the Trustees of the Fever Hospital.

† These extracts shew that contagious fever is not limited to particular quarters of the city.

## TABLE.

| NAME.          | Number in Registry. | RESIDENCE.      | No. previously ill in the Dwelling. |
|----------------|---------------------|-----------------|-------------------------------------|
| Andrew Judge   | 16                  | Thomas-court    | 6                                   |
| Mary Gore -    | 22                  | Coombe          | 5                                   |
| M. Kearney     | 39                  | Church-lane     | 12                                  |
| John Toole -   | 52                  | Poddle          | 6                                   |
| Mary Murphy -  | 63                  | Ditto           | 9                                   |
| Michael Burke  | 74                  | Hanover-lane    | 5                                   |
| John Byrne -   | 267                 | Ditto           | 8                                   |
| R. Fullam -    | 272                 | Weaver's-square | 5                                   |
| J. Spratt -    | 287                 | Gibraltar-court | 5                                   |
| C. Lynch -     | 384                 | Dolphin's-barn  | 4                                   |
| Mary Collins - | 400                 | Ditto           | 6                                   |

The above extract shews also that the distemper prevails in every quarter of the city inhabited by the poor. The constant prevalence of contagious fevers in this district amounting at times to such an extent that above one in forty of the inhabitants were relieved by the Dispensary during the year, excited the attention of a humane society of individuals

Origin of the House of Recovery.

Individuals who had long devoted a large portion of their time to the alleviation of the distresses suffered by the poor in sickness. The destruction of contagion by relieving the poor and promoting cleanliness, had for a considerable time been their object to attain, but without effect, so long as the patient, the source from whence contagion originated was suffered to remain in a crowded dwelling. Encouraged by the success of the fever-wards at Chester, the Houses of Recovery at Manchester and Waterford, in checking the progress of infectious fevers, they formed a plan on a more extensive scale than any hitherto instituted, by which a new building was to be erected, in the construction and arrangement of which the observation and experience of those who had directed their attention to this subject were to be taken advantage of and applied in the best manner. Through the benevolent interference of his Excellency the Earl of Hardwicke a large sum was voted by Parliament towards the building of an hospital, and its annual support, to which were added the nobly liberal subscription of numerous private individuals. By the regular and unremitting attention of the humane persons above alluded to, who constitute a principal part of the managing committee, the hospital has been built on a plan of superior excellence, the same exertions have largely contributed to the perfection of the system of its internal arrangements.

Description of the Hospital.

A short description of the plan of the Hospital may be necessary to explain the medical system pursued with the patient.\* The ground selected for the site of the Hospital is a field of nearly three acres in the immediate vicinity of the district intended to be relieved. It

\* In the following description of the plan of the Hospital we have been assisted in our arrangement by an account of the Hospital published in the report of the society for promoting the comforts of the poor, by W. Disney, Esq.

It is nearly the highest ground in the neighbourhood of Dublin, and the surface of the soil is perfectly dry, an abundant and never failing supply of water runs through it. Site of

It is situated on the south western side of the city, consequently from the prevalence of the winds from this quarter it is but seldom involved in the smoke or effluvia which would otherwise reach it.—In the construction of the building, to procure a complete separation of the sick from those who are recovering, two buildings are constructed, running Two buildings. parallel to each other at the distance of 116 feet asunder, and connected only by a covered colonade, which serves the purpose of conveying the patients from the sick to the convalescent side of the house, and as a walk for the convalescents, for which it is well fitted, as it is open on one side to the south. The eastern building contains the sick, the western the convalescents, by which arrangement the probability of the transmission of noxious effluvia from the sick to the convalescent wards is diminished, in consequence of the prevalence of westerly winds.—The direction Direction of them. of the buildings in length is from north to south, thus the inconvenience of much light on the wards is obviated as much as possible, and at the same time ventilation is promoted by the western exposure. Each of the houses is three stories high, with underground kitchen and store rooms. The lower story in the house appropriated to the sick is partly occupied by wards, partly by store rooms and other apartments. The upper stories are subdivided into wards for the patients. It was at first a question whether large or small wards were to be preferred. The larger wards were recommended by their more complete ventilation, by the smaller surface of walls for contagion to attach itself to, and by the lesser expence; the smaller by their affording the means of separating the patients, and by the inconvenience

Small wards preferable to large.

venience being avoided of the patients disturbing each other, as well as of the shock which the appearance of death must at times occasion, the smaller wards would also admit of more frequent cleansing and fumigation.—Preference has been given to the sub-division of wards which experience seems to justify. These wards are ranged along each side of a long gallery, that extends the whole length of the building, one gallery is appropriated to men, the other to women. The dimensions of each ward are 16 feet by 11 feet 3 inches, and 10 feet and a half high. The walls are perfectly plain without any cornice or projection that might impede the operation of sweeping or whitewashing, or encrease the surface to which dust or contagious matter might attach itself, similar principles have been observed in the construction of the window frames.—The fever-wards were originally intended to contain two beds, but in consequence of the extension of the district to be relieved, three beds have been introduced.—The bedsteads are of cast iron with boards laid across on which ticks filled with straw are placed, the blankets are rather of the better kind, and the sheets are of bleached linen. Ventilation in the galleries is effected by three open grates in each floor vertically opposite to each other, and two louvres in the roof, and there is a window at each extremity of the gallery that opens from above. Each of the wards is ventilated by the door, window, fire place, and a tube inserted in the extremity of the cieling most remote from the fire place, and continued to the upper part of the house.—The ventilation is so complete that no disagreeable smell is ever perceptible.—To ensure cleanliness there are water closets on each gallery.—Each of the nurses apartments (of which there is one on each gallery) is provided with a water cock and bason supplied by a forcing pump, which tends to the protection

Description  
of  
wards.

Ventilation  
procured.

Water cock  
in nurses  
apartments.

protection of the nurses by affording them the means of washing themselves after they have been in contact with the patients—all the painted parts of the house are white, the articles of dress and furniture are of the same colour, (with the exception of the quilts which are made of materials that can be washed,) which affords the advantage of allowing fumigation with the usual acid materials when deemed necessary.—The house opened with accommodation for 40 patients which has since been increased to 80. In ascertaining the proportion to be kept between the number of sick and convalescent beds, recourse was had to the plan of the Waterford House of Recovery, where it appeared that the sick were to the convalescent, nearly in proportion of 2 to 3; but experience has established that in this city, the number of sick exceeds that of convalescents and that the proportion should rather be inverted\*. This difference in the results of the two Hospitals can be accounted for by the difference of the duration of fever in the two places, combined with the different construction of the wards; fevers in Waterford were more disposed to terminate critically at an early period than in Dublin, besides as the Waterford wards were larger, it became a matter of importance to the recovery of the patients, from the noise and disturbance produced by a number of sick, to send them to the convalescent side of the house as soon as possible, a practice that tended to diminish the number of patients at the sick, and encrease that of the convalescent side of the building. In favour of the sub-division of wards it has been observed, that relapses appear to have been less

Proportion  
of sick to  
convalescent  
beds.

\* See extract from an account of the House of Recovery, by William Disney, Esq. in 7th number of reports of society for bettering the condition of the poor.

Small wards preferable.

Details of the system pursued at the Hospital.

less frequent in the Dublin than in the Waterford Hospital, which may be attributed to the more complete separation of the sick and convalescents in the former Hospital. To prevent unnecessary intercourse between the sick and convalescent parts of the establishment, the servants, furniture, dresses, and various accommodations are different.—The system of the Hospital has in view to select the particular disease which it is the object of the charity to prevent.—2nd. To free the patient from contagion and expedite his recovery. Accordingly three physicians visit the Hospital each day between 10 and 11 o'clock. To facilitate the patients admission, no recommendation is required, but any application is attended to if made before 10 o'clock in the morning, when a physician from the Hospital visits at their dwelling the sick thus applying, selects from them those who labour under fever, and gives a ticket of admission: when this is received at the Hospital, a covered carriage placed on springs, applied to this use only, so constructed as that the patient can lie at ease in an horizontal posture, and furnished with a bed is sent, in which the patient is slowly and cautiously conveyed to the house.—He is stripped in a reception room appropriated to this use, and his wearing apparel put into cold water preparatory to its undergoing a complete cleansing.—The patients face, hands and feet are washed with warm water, he is provided with clean linen and conveyed to bed; he is visited each day by a physician who keeps a journal of the case, marks in a table the diet to be used, and gives directions as to his medical treatment, which are speedily carried into effect: when the patient is able to sit up he is provided with a white wrapper, stockings and slippers which he wears until he is fit for removal, when this is the case, he is furnished with the dress appropriated to convalescents, and passes to the convalescent building—  
when

When fit to be dismissed, the wearing apparel brought by him into the House is returned, after having undergone purification and exposure to the air. Such are the means by which contagion is suppressed in the person of the sick, to the beneficial consequences of which, may be added, the effect produced on the mind of the patient, by having a system of cleanliness pursued in his person for a considerable time, and by shewing the possibility of the practice of cleanliness as well as the comforts it produces.

With respect to the second part of the system of the House of Recovery, viz. the application of the means for destroying contagion within the sick person's habitation, a printed ticket of advice is given to the patient's friends, in which various particulars conducive to the destruction of contagion are recommended—whitewashing the dwellings of the poor has been put in practice by the Sick Poor Institution in Meath-street, and is still performed by the same charity in the dwellings of patients sent to the House of Recovery. The efficacy of whitewashing in such cases has been long established; lime is known to occasion the decomposition of animal matters, and thus perhaps operates in destroying the matter of contagion, which is probably of an animal nature. In the directions issued from the Manchester House of Recovery it is said, the lime should be slaked where it is to be used, and that the whitewashing should be practised whilst the mixture is bubbling and hot. These circumstances are important, as lime is more active when fresh, or before it has been exposed to the air, and as the vapours that rise from fresh slaked lime hold the latter substance in a state of minute division, therefore are likely to come in contact with, and destroy any contagious effluvia that may float in the atmosphere. The removal of the infected patient from the midst of his family,

System at  
the patients  
habitations.

Occasional causes of fever ought to be removed.

and the cleansing of his dwelling, though to be ranked among the means which tend to cut off the very source of the evil, are of themselves insufficient for the attainment of this great object, without attention to the removal of those causes that either generate contagion, or dispose the body for its reception.—The cleansing of back yards, the removal of different nuisances, the affording those who have been near the sick the means of having their clothes purified, and the more minute purification of the furniture of infected houses, are objects which have not escaped the vigilant attention of the Committee, and will no doubt be met with the zeal and activity their importance merits.

It must be a pleasing reflection to those engaged in this work of mercy, that even the remote effects of their exertions will tend to the attainment of the objects of this charity : the prevention of poverty by obviating sickness, the improvement of the constitutions of the poor by removing nuisances, the introduction of cleanliness by facilitating the means for obtaining it, will all be the consequence of such benevolent endeavours, and will all tend to eradicate contagion.

Facts adduced in proof of the efficacy of this plan.

From the short time elapsed since the preceding system has begun to operate, the fullest proofs of its beneficial effects can be hardly expected ; yet the latter we may form a satisfactory estimate from the detail of particular instances afforded partly by the Registry kept at the Hospital, but principally by enquiry made at the dwellings of those relieved. The family of Michael Donohoe, \* who lived at No. 12, Weaver's-square, were visited by fever, the mother and children were first attacked, and lastly the father ; five individuals of this family were sent to the  
House

House of Recovery, and their dwelling whitewashed and ventilated on the 5th of September, since which time there has been no sickness in this family. This inquiry was made two months after the father had been admitted.

Five persons were attacked with a fever in the room of Mary Osborne, at 127, New-street;\* three of these individuals were sent to the House of Recovery; the room was whitewashed, the windows thrown open, the bed clothes and wearing apparel of the tenants washed. On enquiry at the dwelling (two months after, the family was completely free from sickness.

In a room about fourteen feet square, situated in an entry adjacent to 34, Plunket-street, eight persons slept; † a fever broke out among them, six individuals were attacked. They applied to the House of Recovery for relief; they were removed into the Hospital, the room ventilated, and fumigation and whitewashing employed. The bed clothes and wearing apparel also were carefully washed and aired. This was done about the 25th of August,—On visiting the dwelling on the 11th of November following, the family still continued to occupy it—no sickness had appeared since the preventative means had been employed. It conveyed a pleasing sensation to observe, that the practice of cleanliness seemed to have been introduced into this poor family; the staircase and the floor were much cleaner than is usual, the clothing and persons of the occupiers were in like manner improved.

In a miserable dwelling situated at the remote extremity of an entry adjoining to No. 8, Patrick's Close, a fever  
E 2 had

\* No. 1065 General Registry.

† Alice Smith, No. 1045, in the General Registry.

had constantly prevailed for many months. Enquiry was made at this house, and it appeared that nine persons had been attacked with this distemper, three of whom had died. The circumstances of this abode of wretchedness must have contributed in a peculiar manner to render it the seat of contagion; the entry extremely narrow; the dwelling remote from the street, the dirt and offals of the numerous inhabitants collected on one side of the door in a dunghill that exhaled all its effluvia to the windows placed over it. Several of the tenants were admitted into the House of Recovery, and after the admission of James Dunn, the house was thoroughly scoured, washed and fumigated with muriatic acid vapours, the bed clothes of some of the tenants were also washed: after this the fever ceased; the house was free from sickness when visited three months after cleansing.

Frequent admissions to the House of Recovery had taken place from No. 6, Stills-court, a lodging house at the upper extremity of a narrow blind lane on the Coombe. The result of enquiry shewed that five persons had been attacked with fever there, previous to the admission of Michael Byrne, on the 2d July. The distemper was principally confined to one garret-room.—This case was represented to the Managing Committee, and it was suggested, that more than usually active means should be employed to destroy the contagion, by whitewashing, scouring the floors and furniture, and by fumigations with muriatic acid vapours, which were put in practice in a complete manner after the removal of the sick, and with the happiest effects. On visiting every room in the dwelling on the 12th of November following, there was no sick person to be seen there, nor has there been any since.—To superficial observation it might have appeared that  
fever

fever had prevailed there afterwards, as Nancy Harding had been admitted into the Fever-Hospital a few days before this visit, but inquiry shewed that her illness began in another house where she acted as a servant, in a wet kitchen, and that she had come to this lodging on being taken ill. At No. 5, Island-street, a fever broke, out beginning with the father of the family William Lyon, from whom it spread to his wife and four children. They were all admitted into the Hospital on the same day, July 22, the cellar in which they dwelt was whitewashed and cleansed; on returning to their home, another of the family sickened and was received into the House of Recovery. Their abode was now fumigated with muriatic acid vapours, after which the sickness ceased, nor has it since appeared though near four months have elapsed.

It was observed that the opportunities for medical information which a Fever-Hospital offers must be considerable. The disease is very generally diffused and is speedy in its progress and termination, the first of these causes tends to furnish a constant supply of patients, the second to insure a rapid succession of them within a given time. Hence, the number of patients admitted must be greater in this than in other Hospitals of the same size, at least during the commencement of its operation.

Remarks on  
the cases  
admitted.

Number  
great.

It is however certain that the benefits of this Charity have not been so widely diffused as there is every reason to suppose will happen, when its objects and the excellence of its arrangements are more extensively known. A variety of causes contribute to prevent the poor from embracing the advantages of such an Institution; their reluctance to expose themselves as the objects of charitable relief, or to confessing the

the existence of fever in their houses; their dislike to quitting their families and placing themselves in the helpless state of sickness under the care of strangers, besides the general distrust of a novel system. It is, however, with much pleasure we state that these objections are daily diminishing, and there can be little doubt that time will completely remove them.

**Plan of  
Registry.**

The registry from which a great part of the following conclusions has been drawn, states the sex, age, place of residence, the number of persons in the patient's family; the trade, the day on which the patient was taken ill; the day on which he began to recover, the day of dismissal from the house, with general remarks on the cases. These articles are filled up partly by the physician's ticket of admission, partly by the daily medical reports on the cases of the patients.

In a part of the succeeding statements, we have been assisted by the reports of Dr. Thomas Mills's cases, who acted as physician to the charity for above three months.

**But part of  
fever pati-  
ents admit-  
ed.**

The house opened for the reception of patients on the 14th of May 1804, the district to which it was limited contained about 57000 inhabitants as already stated, from which were admitted in fevers 647 during the first year. That the above number constituted but a part of the fevers of that district, appears from the statements of the Meath-street Institution, where about 1000 fever patients were relieved during the same time by that Charity.—On inspecting the annexed table, we find that the females constituted the larger proportion of those admitted, this might be expected, as females are more numerous in society than males, and it has been ascertained that the proportion between them in the

**Proportion  
of males to  
females.**

Liberty is nearly that of 4 to 3. It is however probable that the proportion of male patients in the House of Recovery is increased by the influx of men to the capital, and the greater susceptibility of strangers to contagion as before alluded to. The latter opinion derives support from the proportion of females to males admitted into the Waterford House of Recovery, being greater in that charity than here.

It deserves attention that whenever a remarkable increase in the number of patients has taken place, that it is chiefly of females; this might be expected, since whenever fever is more contagious than usual, it must spread principally among those most exposed to its influence, consequently females who live in a great measure within doors are on such occasions the greatest sufferers.—On inspecting the table, we observe that fever seems most prevalent among persons of from 20 to 30 years of age, and next in those from 30 to 40, this prevalence however is probably apparent only, as we are tolerably certain that there are more persons in society actually living at those than at any other ages \*. It may be also supposed that the age under ten years was peculiarly unsusceptible of fevers, but the small number in this column arises from the charity not receiving young children, owing to the numerous inconveniencies that would attend

Increased admission of females at particular times.

Ages of patients admitted.

\* The ages of 224 persons who lived at the houses from whence some of the patients were taken as follows:—

|       |    |    |    |       |   |    |     |
|-------|----|----|----|-------|---|----|-----|
| From  | 0  | to | 10 | Years | — | 49 |     |
| —     | 10 | —  | 20 | —     | — | 54 |     |
| —     | 20 | —  | 30 | —     | — | 48 |     |
| —     | 30 | —  | 40 | —     | — | 28 |     |
| —     | 40 | —  | 50 | —     | — | 27 |     |
| —     | 50 | —  | 60 | —     | — | 18 |     |
| Total |    |    |    |       |   | —  | 224 |

attend such a measure, an imperfection in the system rendered necessary by existing circumstances, but for which future exertion may provide a remedy.

Mortality  
in the Hos-  
pital.

It is with much pleasure we are able to state that notwithstanding the numerous causes, that tend to render fevers fatal in their termination among the poor in this quarter of the city, that the proportion of deaths to recovery is by no means considerable when compared with that of other Hospitals. Of 647 patients admitted, 41 died, which is somewhat less than 1 in 15, but it appears from the registry, that of these 30 only were fevers, the remaining 11 were other diseases which either had existed before the patient was attacked by fever, or had supervened to the fever after the patients admission, and some cases not of the proper description were admitted in consequence of the imperfect knowledge which the extern physician can acquire of the state of the patient in the short time of one visit. The proportional number of deaths is consequently not more than 1 in 21. When we compare this mortality with that of the Manchester House of Recovery, our assertion is confirmed, in the latter institution the mortality in 1796 was nearly 1 in 11, in 1797 about 1 in 13, and in 1798 less than 1 in 18. The usual proportion of deaths from contagious fever in London as stated in Dr. Willan's report, p. 229, is 1 in 17 or 18 cases. In the London Fever Hospital the Mortality was about 1 in 12 during the last year\*. This difference in the mortality of this distemper in favour of our Hospital, originates probably from circumstances independent of medical treatment that render fever less fatal in this country than in England, among which we may perhaps rank principally the fuller living of the people of the latter country, particularly in the use of animal food.

Compared  
with that  
of other  
Hospitals.

It

\* See reports of the Institution for preventing contagious fevers in the metropolis.

It is probable that the influence of the Hospital on the mortality in fevers cannot be fully inferred from the experience of one year only, since the mortality has been found to vary considerably in different years at the Waterford House of Recovery. Thus it appears from a registry of 1159 cases received into that Hospital, that in part of the year 1799 the mortality was 1 in 24 $\frac{1}{2}$ , in 1800 it was somewhat less than 1 in 17, and in a part of 1801 it was less than 1 in 40. According with the general observations of physicians, we have found that the mortality among those admitted, increases in a rapid proportion with age. Thus of those who died the ages were as follows:

| * From | Ages. |       | Years | Number. |
|--------|-------|-------|-------|---------|
|        | 10    | to 20 |       |         |
|        | 20    | — 30  | —     | 14      |
|        | 30    | — 40  | —     | 12      |
|        | 40    | — 50  | —     | 1       |
|        | 50    | — 60  | —     | 6       |
|        |       |       |       | 41      |

On the first opening of the Hospital in this city, the mortality was considerable, this arose from several causes, the epidemic which then prevailed was of a dangerous type, and the novelty of the institution, along with the advantage held out to the poor, of excellent attendance from an established dispensary, made them defer their application to a late period of the disease, when they were alarmed by the severity of the symptoms. The mortality has at no period been so considerable since that time, and we have every reason to suppose that as the institution advances in the confidence of the public, the number of deaths will diminish in the same proportion.

Proportion  
of deaths  
will proba-  
bly dimi-  
nish.

F

From

\* Compare this with the proportion of ages in this quarter of the city, stated in Note at page 39.

Critical  
days.

From the registry we can collect proof that fevers have a tendency to terminate on particular days reckoned from their commencement, hence called critical days: some physicians question that there is any tendency of this kind in fevers, but the observation of those who have had extensive opportunities of determining this point, place it beyond doubt. We might by reasoning from analogy expect critical termination in fevers, since other febrile diseases are universally allowed to decline in a large proportion of cases on certain stated days, this is the case with intermittents, the small-pox, measles, and scarlet fever. From comparing different observations, together we believe that fevers exhibit a tendency to a critical termination of this kind, much more evidently in some places than in others, and that the day of termination differs also considerably in different places and at different times. Thus from the quotation already given from Dr. Willans, reports (note page 233,) it appears that the 14th is the most usual critical day, one-fourth of the cases adduced by this respectable and learned physician terminated in London on that day, in the year 1799; but during the year 1804, in this city the days of termination as observed in 193 cases at the House of Recovery with some accuracy, were as follows:

| Days of Fever. | Number of Crises. |
|----------------|-------------------|
|----------------|-------------------|

|         |    |
|---------|----|
| 3d. Day | 5  |
| 4th     | 9  |
| 5th     | 17 |
| 6th     | 18 |
| 7th     | 33 |
| 8th     | 27 |
| 9th     | 20 |
| 10th    | 10 |
| 11th    | 8  |
| 12th    | 8  |
| 13th    | 9  |
| 14th    | 9  |
| 15th    | 14 |
| 16th    | 5  |
| 17th    | 1  |

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193

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The seventh day appears more frequently critical than any other in this city, a fact that corresponds with what has been observed at the Waterford House of Recovery. We learn however, that the 7th day was much more frequently critical in that Hospital than here, a circumstance which joined to that already noticed, on comparing the fevers of London and Dublin, confirms what has been said on the greater tendency to critical terminations on certain days in some situations than in others; thus of 758 cases of which a registry was kept in the Waterford House of Recovery, 278 shewed symptoms of convalescence on the 7th day, and 70 on the 5th day.—Observations on critical days are of importance, as they lead the physician to distinguish between the operation of remedies and regimen, and the progress of nature in the cure of the disease.

We have not found that death has happened on any particular day in preference to others, though we believe a tendency of that kind frequently to exist.

It has been observed, that on the opening of the House many cases were received that exhibited symptoms of a formidable appearance.—The inhabitants of the Liberty, from the bad air in which they live, are subject in a high degree to pectoral complaints, by which the danger of fever is much encreased, such symptoms are in general rendered frequent by damp weather.—From the abstract from the registry of the weather, the month of May when the House opened was wet, it rained during 22 days of this month, which will perhaps account for the greater frequency of affections of the chest; with this were often combined symptoms indicating great debility, the pulse frequent and irregular, with palpitations of the heart. In many cases also there was great prostration of strength, in some instances spasms, with these symptoms were frequently combined great irritability to external impressions, the patient uttering shrieks on waking as if in acute pain, a symptom indicating considerable danger. The tongue in many cases was loaded with yellow sordes, in others it was dark coloured, presenting an appearance as if covered with the lees of wine, petechia were also frequent, and gangrenous sores occurred in the parts exposed to pressure. Billious vomiting, a symptom common at that season of the year, occurred in many cases, and along with it a symptom which we believe is often observed in the worst kinds of epidemics, that the bowels in most instances were either more free than natural, or a diarrhoea was present; as the season advanced, delirium was more frequent, and in many instances obstinate.—In autumn the disease was milder, the pulse seldom rose above 100, pectoral symptoms

Symptoms  
of the fe-  
vers first  
admitted.

symptoms appeared in but a few cases.—Of 32 male cases that occurred from the latter end of August to the second week in September, the chest seemed affected in nine cases only, and that slightly. Delirium occurred seldom, and it was generally of a mild kind. In some of the cases where the delirium was violent and other symptoms moderate, tartarized antimony given till it occasioned nausea, produced good effects, the symptoms abated with sweating or a critical eruption.

Towards the end of September, deep seated pains attended the termination of the fever, they were relieved by antimonials, succeeded by peruvian bark.

In the beginning of October a remarkable tendency to hæmorrhage shewed itself in many cases, in most instances from the bowels, in one it took place to a considerable extent from a sore on the foot, this patient died, lividity of the extremities coming on before death. In many of the preceding cases cold was assigned as the cause of their illness, on more minute inquiry the disease could be traced to contagion, we have often observed that the poor attribute their illness to cold, although they have received it from contagion, a circumstance to be explained from the action of cold as an exciting cause immediately preceding the attack, while that of contagion had been exerted at a more remote period.—As the winter advanced, symptoms of autumnal diseases were mingled with those of fever, particularly bowel complaints, a common occurrence at this season as noticed by the celebrated Sydenham. The fevers now became of longer duration, several of the cases in November were protracted beyond the 14th day: pectoral complaints were by no means so frequent as formerly. The pulse varied

varied from 100 to 116: the muscular strength was but little impaired, pains in the limbs were frequent, delirium as usual occurred, but without accompanying bad symptoms. The tongue was white and moist, an appearance it generally assumes in the summer when bilious symptoms prevail: the bowels were in general free or were easily moved, a pustular eruption often appeared in different parts with relief to the symptoms. In some instances there was a disposition to gangrene.

In January, the cases were in general slight, the pulse little quicker than natural, the strength but little impaired, many of the patients complaints of headache and a sense of tightness in the head, which speedily disappeared.—In February and March, affections of the lungs were more frequent than before.—Almost all the patients ascribed their complaints to cold, a circumstance to be explained by the causes above mentioned, as well as by the variable state of the weather at this season of the year. In March, pectoral symptoms increased in frequency. Many patients complained at this time of pain in the bowels, increased by pressure, giving rise to a suspicion of the presence of inflammation, but this symptom ceased on the use of laxatives. At this time the appearance of diseases in other respects were more serious than usual, delirium prevailed in a considerable proportion of the female patients. The symptoms during the remainder of the year differed but little from those described, except that pains of the bowels were a more frequent symptom, and were relieved as before by laxatives. It is needless to enter into a relation of the remedies employed in the above instances, as it is well known to physicians, that when fever cannot be arrested in its progress in the first instance, it is by combating individual symptoms that the disease can

can be subdued, the detail of which our present limits will not permit us to enter into. We must however observe, on the subject of a remedy of great importance introduced into practice by the late Dr. Currie, of Liverpool, the cold affusion of water, that pectoral symptoms have prevailed in so large a proportion of cases, and in so few of the remainder did those circumstances exist that allow of its application, that it has been but seldom employed; perhaps the occurrence of an epidemic of a different form at some future period, may render admissible a practice, which the experience of so many well judging physicians has proved to be useful.

Cold affusion hitherto not admissible.

With these remarks we conclude, anxiously hoping that the minuteness of detail into which we have sometimes entered, whilst it presses conviction on the uninformed or incredulous, may contribute to the extensive adoption of what we consider, one of the greatest benefits humanity can bestow, not only on the suffering poor but the public at large.

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