House of Recovery Cork Street Fever Hospital Annual Report and Physicians Report 1806

The 1806 report was not was wide ranging as 1806 but notes that the catchment area of the hospital has been enlarged to Include all areas south of the River Liffey and within the Circular Road. The report states that the majority of patients are women which they state mirrors the population divide of the area.

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FEVER HOSPITAL CORK STREET.

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

ANNUAL

REPORT

OF THE

MANAGING COMMITTEE

OF THE

HOUSE OF RECOVERY,

AND

FEVER HOSPITAL,

IN

Cork-Street, Dublin,

For the Year ending 4th January, 1807.

Dublin:

CHARLES DOWNES, Whitefriar-Street.

1807.

Annual Report of the Managing Committee of the House of Recovery and Fever Hospital in Cork-street, for the Year ending the 4th January, 1807.

BETWEEN the 5th January, 1806, and the 5th January 1807, there have been received into the Hospital 1272 Patients, being 244 more than were admitted in the preceding year.

But this difference is not to be imputed to any increased prevalence of fever, but chiefly to this circumstance, that the District of the House of Recovery during the whole of the period included in the present Report, embraced all that part of the City of Dublin that lies South of the River Liffey, and within the Circular Road; whereas during upwards of four Months of the preceding Year, that is to say, from the 5th January to the 14th May 1805, it was confined to the five Parishes of St. James's, St. Catharine's, St. Luke's, St. Audeon's and St. Nicholas' without, and a very small part of the adjoining Parishes of St. John's, St. Peter's and St. Michans'.

The Exertions of the Committee to check the progress of Contagion, by whitewashing and otherwise cleansing the Dwellings of the Poor from whence Patients are removed, have been unremittingly continued; and they have also continued to supply such Patients as were affected with pulmonary complaints, with flannel waistcoats, when discharged between the 1st of November and the 1st of May.

The following is a statement of the number of Patients admitted from the opening of the Hospital on the 14th May 1804, to the 4th January 1807, inclusive, viz.

Admitted during the above period -		2722
Discharged cured	2471	
Died	200	
Remain in Hospital 5th January 1807	51	
	2722	
	The second second	

And the following is a statement of the number received into the Hospital in the year ending 4th January 1807, inclusive, viz.

In the Hospital 5th January,	1806	-	No 11772	57
Admitted from 5th Jan. 1806	to 4th	Jan	1807, inclusive	1272
William Al Andrews Committee of the Comm		a fo	4 104 J. 30 Jak	1329

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Discharged cured	OL HOUSE	3 31 317 367 pi	1176
Died	I in groot	his tate allowed	102
Remain in Hospital 5	th January,	1807	51
	Marie St. 1500	to the man	1329

the factor of the world with the comments of

26th February, 1807.

Committee for the present Year:

Edward Allen,
John Barrington,
Samuel Bewley,
Thomas Crosthwait,
Thomas Disney,
William Disney,
William English,
Arthur Guinness,
William Harding,
* Lewis Hodgson,
John Hone,

Joseph Hone,
John David La Touche,
Randal Mac Donnell,
George Maquay;
John Leland Maquay,
John Orr,
George Renny,
Edward Swanwick,
Robert Vickers,
Luke White.

Physicians,

Surgeon,
Register, Purveyor and Collector
† Apothecary,
House-keeper,

Francis Barker, William Stoker, George Hagan, Richard Gamble,

C. H. Todd, Charles May, John Shaw, Leonora Boys.

^{*} Peter La Touche, Jun. has been elected in the room of Lewis Hodgson, deceased.

[†] Robert King, has been elected in the room of John Shaw, resigned.

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

Likes, Joseph Sings 17 E	£	5.	d.
To Rent and Taxes of Premises -	87	13	81
Maintenance of Patients and Servants -	702	16	21/2
House-bedding, Furniture and Clothing, wear		(T)	- 30
and tear	209	18	3
Salaries of Officers, Nurses and Servants -	499	8	8
Fuel, Soap and Candles	331	8	51.
Printing, Stationary and Advertising	87	16	91
Medicines, including Wine and Spirits -	202	-1	2
Incidental Expenses, including Expense of Hor	se 75	6	11
Whitewashing Habitations of the Poor, &c.		14	71
New Buildings, Repairs and Improvements	597	8	8
	2886	13	5章
	-	-	

Account of Property of the Institution, exclusive

To Furniture and House-bedding			£		
Clothing	Ally O.	10 TO (2)	87		
Wine and Drugs -	-	-	36	8	
			1221	8	4

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Kiese, has been alread in abactuom of John Staws

of Recovery and Fever Hospital, Cork-Street, 4th of January, 1807

	DE SAN AND SOUTH				£	5.	d.
By	Parliamentary Grant,	Net		-	999	12	11
	Subscriptions -	N. A. Z	3 1-12	-	1266	14	91
	Donations -		- 1		242	3	115
	Amount of Hay and	Grass,	deducting	Ex-			
	penses -		4	-	30	18	7
	LOUISE 6		W. History		2539	10	3

Excess of Expenditure above Income - 347 3 21 2886 13 51

of Buildings and Premises 5th of January, 1807.

			£	s.	d.
By Treasurers due them -			267	13	81
Net Property of the Hospital	-	-	958	14	7×
			1221	8	4
	- 18			-	-

SECOND

REPORT

ON THE

OBJECT AND EFFECTS

OF THE

HOUSE OF RECOVERY,

AND

FEVER HOSPITAL,

IN

Cork-Street, Dublin,

BY THE

Physicians to that Institution.

Dublin:

CHARLES DOWNES,
Whitefriar-Street.

1807.

SECOND

REPORT, &c.



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N presenting to the public a second report of the Reference medical proceedings of the House of Recovery, we feel to first reourselves called on to urge the utility of that Institution as port. strongly as in a former communication; to this, however, we would refer for information on topics there sufficiently discussed, and shall at present confine ourselves to the result of diligent investigation and increased experience.

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Before we enter into details on the operation and effects of the Hospital, it should be observed that the limits of the district specified in the former report were in the month District exof May, 1805, extended, so as to include that part of the tended. city on the south-side of the river within the Circular Road.

With this extension of district, the number of Physicians has been increased to four, of whom two daily attend to Number of the patients in the house: two visit at their dwellings Physicians A 2 such

Arrangement of their attendance

such persons as are reported to labour under contagious fever, and on finding them proper objects, immediately direct their removal to the Hospital, which is effected with all convenient speed .- The extern physician notes in the ticket of admission the name, age, condition, and occupation of the patient-the number in family, where he resided-the number of persons (if any) previously ill of fever-the date of the attack-whether whitewashing of other means of purification be necessary for the destruction or prevention of contagion, and finally, if the emergency of symptoms require, prescribes such remedies as are necessary to be adopted prior to the regular visit of the interni Physician on the following morning, to whose care devolves the future treatment.-Of the previous history of the case, much information is derived from the admission-ticketfrom this, from the patients own account, or from obvious symptoms an accurate detail is entered in a journal, the appropriate remedies are directed, and on each succeeding day the progress of the disease, the effects of the remedies employed, in short, every circumstance that can contribute to the knowledge or relief of the malady is carefully noted. From these journals and from the registry, the materials of the present report are chiefly derived.

Mode of collecting the information respecting cases.

Number of patients admitted.

Effects therefrom. Since the extension of our district there has been a considerable increase in the number of patients relieved. From the 14th of May 1805 to January 1st 1807, 2056 persons have received the immediate benefits of this institution. These sufferers have been removed from crowded habitations, often from extreme wretchedness and the influence of every circumstance capable of augmenting the severity of their disease, and lessening their chance of recovery, to comforts and accommodations not inferior to those which

even affluence can procure.-To the public in general the advantages resulting from the removal of sources of infections, so extensive in their effects, and constant in their operation, need hardly be insisted on, as they must be at once felt and acknowledged by all those who admit the existence of febrile contagion. It is with much pleasure we can adduce a fact which evinces the progressive attainment of the main object of this establishment, that the registry, one column of which states the number of persons previously ill in the patients dwelling, proves that fevers rarely extend their ravages through whole families as formerly; and that a comparison of the two last years points out a reduction of in the contagious sources of this disease. The higher ranks of society, though remote from the poor in situation and circumstances, must by this system obtain encreased security from the infection of fever. Servants; whose occupations occasionally lead them to the dwellings of the poor, are now less exposed to risk from contagion; wearing apparel and other vehicles of infectious matter are now less liable to receive and convey the poison.

The annexed table shews that the predominance in the More Feadmission of females still exists, the causes of which were males than stated in our former report to be the greater number of females in society, and their more constant exposure to contagion : but we are inclined to think that the latter cause does not operate in any considerable degree, as the proportion of females to males admitted to the Hospital seems almost exactly the same during different years since its opening; a fact that would shew a uniformity in the operation of contagion, which can hardly be supposed to ewist.

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Although it seems established that fever prevails at every season of the year with nearly equal frequency and malignity, yet as the appearances which this disease assumes, together with the requisite medical treatment are, much connected with and influenced by the states of the weather, it may be necessary to prefix a few remarks on the variations in the atmosphere during some of the periods included in this report—this we are enabled to do through the kindness of Mr. Kirwan who has permitted us to extract from his meteorological registry, such observations as are connected with our subject.

In the month of May, 1805, the east wind prevailed, as usually bappens at this season of the year, and from the middle to the end of the month continued to blow with little variation; its prevalence extended nearly to the end of the first week in June: from August till October the winds were in general southerly; in October the east winds returned, and blew more or less for two thirds of the month. During the winter westerly winds prevailed, and falls of snow occurred on several days of the months of December, January, and February; yet the season was not in general severe, the monthly mean of temperature did not fall below 42°. The weather was very rainy during these months, and the mean height of the barometer in this period fell short of that of the whole year.

The east wind returned in the succeeding spring months blowing for a considerable part of May and June, particularly in May, when it was the prevailing wind for twenty-four days. The weather during this season was dry; in the succeeding months of July and August much rain fell, and the wind blew principally from the western points.—In October the easterly wind prevailed, as in the same

month of last year; the remainder of the year was remark-

In the commencement of the summer 1805, particularly sketch of during the month of May, the fever was characterized by the concomitance of bilious vomiting, with diarrhoea of the same kind; such symptoms are not uncommon in fevers at this season, and may be ascribed to the sudden transition from cold to warm weather, which produces bilious congestion; as is known to happen to the inhabitants of cold, on passing into warm climates. These symptoms were often succeeded by pains in the limbs, which were in general an indication of recovery.—The lungs seemed to be affected in a lesser degree than is usual.

It has been often observed by medical practitioners that the prevalence of easterly winds disposes to intermittent fevers: accordingly we find that several cases of ague occurred to the observation of the Physicians at this period. The attacks of this disease could not be considered as severe, yet they did not readily yield to the usual treatment of moderate evacuations succeeded by peruvian bark. In a few instances, continued fevers changed into tertian or quotidian intermittents; these did not appear to have originated from human contagion.

As the summer advanced, the bilious symptoms declined and affections of the lungs, which in the former month had been less frequent than usual or slight in degree, assumed their place; to the frequency of pectoral affections combined with fever we chiefly attribute the mortality of this disease. That such combination is frequent, at every season of the year, among the poorer inhabitants of this city has

has been satisfactorily determined by a minute examination of the registered cases of patients admitted within the period of the present report, which evinces that the functions of the lungs have been in various degrees interrupted during every season of the year, and in above one half of the fevers received into the Hospital.

Towards autumn affections of the bowels as indicated by diarrhea, with symptoms of dysentery, began to appear: general pains, approaching to rheumatism, were frequent, particularly during convalescence; but the lungs as usual were the principal seat of disease in a large number of instances, and often brought the fever to a fatal termination.

As the winter advanced the pectoral symptoms increased both in frequency and severity, and during the month of December affected at least two thirds of the patients. According to former observation that a determination to the lungs is the principal cause of mortality in fevers, we find that fatal terminations were more frequent at this, than at other periods. The predominance of pectoral affections continued during spring, their existence was indicated by difficult respiration, cough, pain in the chest, and expectoration tinged with blood.

In March, some cases of measles occurred, and in several instances an eruption somewhat resembling that of measles was connected with the fever. The appearance of such an eruption, combined with symptoms of pneumonic inflammation in fevers, we believe to be connected with the prevalence of measles as an epidemic; and that the opinion of Sydenham respecting this connection of symp-

toms is drawn from accurate observation of nature. In some instances, at this period, the functions of the alimentary canal were much impaired, as denoted by slow and costive bowels, swelling, hardness, and sometimes tympanitic tension of the abdomen; in others, dysentetic symptoms appeared. At this time a fever occasionally presented itself which terminated on the 5th day, in one family seven persons were attacked, six of whom relapsed, one of them three times.

The measles continued during the month of April, and pneumonic and other affections similar to those which attend measles still prevailed. Delirium was more frequent than usual among the men; this was not the case with the women, of whom however several were affected with severe headach.—Several cases of intermittent fever were observed at the beginning of this month: the east wind had prevailed much from the last week in March to the middle of April: at the same time relapses were frequent. Whether the causes which tend to produce intermittent fevers, also create a disposition to relapse after recovery from continued fever, is a question which we cannot at present answer satisfactorily, though we believe this to be the case.

In May, the form which the epidemic assumed bore a remarkable resemblance to that of the corresponding month in the preceding year. Bilious vomiting and diarrhoea were observed in a great many instances; by reference to our former report it will appear that a similar train of symptoms occurred in May, 1804, a coincidence worthy of remark, as it tends to establish a generally-received opinion that the nature of the epidemic is much modified by the constitution of the atmosphere.

As

As the summer advanced, pneumonic affections were less frequent, although they still formed a large proportion of the symptoms of the sick. At this season, the fever in a few instances assumed an intermittent or remittent form. Toward autumn rheumatism prevailed, among the females chiefly; it was sometimes very severe and obstinate, but in no instance did it pass into the chronic species of this disease; the practice lately recommended by Dr. Haygarth of administering peruvian bark seemed appropriate to the attending debility and was tried, often with decided benefit. At this time delirium was of rare occurrence: critical termination by sweating was observed more commonly than usual. In September, the epidemic assumed a formidable appearance, and in many instances proved fatal; in these, violent symptoms of pneumonia indicated the necessity of blood-letting, while great debility forbade the use of this remedy. At this time also examples occurred of the transition of continued into tertian intermittent fever. Toward the close of the year, pectoral symptoms reassumed their ordinary frequency; and in several instances green vomiting was observed, attended by diarrhoea.

of mic. From the above statement it appears, that although the prevalence of fever was constant, yet the season of the year, and the state of the weather exerted a considerable influence in modifying the form of the disease. That pectoral affections were present in a majority of the patients; that such symptoms suffered a remission in the mild weather of summer but towards winter resumed their former severity; that the commencement of summer was marked by the appearance of a bilious fever, and that continued fevers, at particular times, had a tendency to assume the intermittent form.

The mortality, since our last report, has somewhat ex- Mortality. ceeded that of former periods; this will not appear extraordinary to those who are acquainted with the usual effects of contagious fevers in large cities, and with the frequent variation in their attendant fatality. Several circum- Causes tende stances contribute to introduce patients into this Hospital, ing to its in the very worst kind of illness; the destitute and abans increase. doned, those who have been reduced to the lowest state of poverty by drunkenness and profligacy are, in too many Intoxicainstances the objects which this Institution is called on to tion. relieve. In such persons it is well known that fevers are peculiarly dangerous. Other causes, of still greater import, have contributed to the same effect, particularly the deferring to a late period of the disease the application for ad- Late applimission; of this, abundant proofs are furnished by the cation for registry, which shews that 21 of the patients in the list of fatal cases were dying when brought into the house, and actually died within a few hours after their admission .- We must also add that 31 of the cases which terminated in death were not those of common continued fever. The melancholy effects of late application are sufficiently evident from the registry of admissions. In many instances the patient was found either in a dying state, or actually dead on the Physician's visit at the place of residence.

As it may be, to the medical enquirer, a desirable object to ascertain the days on which fevers have a tendency to terminate fatally, the following table is subjoined-not as Days of fadetermining this point, but as assisting in the investigation. tal termi-

On day of fever 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 1, 5, 9, 5, 11, 4, 6, 15, Died -

On day of do. 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 9, 5, 6, 7, 3, 6, 6, Died

On

On day of fever 20th, 21st, 22d. Died 2, 0, 5,

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It seems to deserve particular attention, that fever has proved fatal in a much greater number of men than of women, and that the comparative mortality among the males appears to increase. In the first year after the opening of the Hospital, the males who died in the house constituted and the females are of the total number of each sex taken separately: since the commencement of the period included in the present report, the males form in the nearly, the females rather less than is of the same relative numbers.—Greater irregularity in living, particularly the abuse of intoxicating liquors will explain the greater frequency, at all times, of fatal terminations of fever in the male sex.—The cause of increased mortality among the latter further observation must determine.

To the subject of the decline or termination of fever on particular or critical days we have little to add. Experience confirms our former position, that the seventh day is that on which most generally the symptoms begin to abate, as is shewn in the following table:

Days of decline of Fever.

No. of convalescents 1, 8, 25, 71, 56, 157, 75, 107, On day of Fever 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, No. of convalescents 49, 59, 56, 42, 25, 32, On day of Fever 10th, 11th, 12th, 13th, 14th, 15th. No. of Convalescents 18, 14, 9, 12, 8, 10. On day of Fever 16th, 17th, 18th, 19th, 20th, 21st.

We

We may further remark that next to the 7th the 9th Term of day has appeared to be the most frequently critical; and next to it, the 5th day .- Considerable variation has been noticed at different periods in the interval between the first decline of symptoms, and complete restoration to health .-The average number of days elapsed from the appearance of convalescence to the patients dismissal, determined in each month, seems to afford a criterion sufficiently exact for ascertaining this point, The following table exhibits the result of such calculation.

cence at different periods.

Months.	Average Days.	Months. A	ve. Daya	Months, Ave. Days,
May	9.8	December	13.8	July 9.2
June	8.6	January	10.7	Aug. 8 . 1
July	8.6	February	9.8	Sept. 8.7
August	9.3	March	11.6	Oa. 9.5
Septemb	er 8.2	April	12.1	Nov. 8 . 4
October	12.5	May	7.9	Dec. 8.1
Novem.	12.9	June	7.8	unish state to tente

We cannot conclude without noticing a circumstance, which may serve to evince a progressive improvement in the system of the Hospital, and remove an objection which might be urged against similar foundations, that the number of nurses and servants of the House, attacked by fever, has of late diminished in a remarkable degree. In our fever, former report we stated that 18 of the nurses and servants had been sufferers from febrile affections during a certain time; but in a later period, nearly of the same length, this number has been reduced to 8, less than one half of the former; although there has been an increase both in the number of patients and of nurses employed to attend them.

Attendants in Hospital less frequently attacked by

Conclusion.

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From this faithful delineation, even ordinary observers must be forcibly impressed with the many advantages derivable from this and similar institutions. To the political economist it unfolds views more sublime and extended. To him the importance of the laborious poor in upholding the social union is a familiar subject.-The preservation of their numbers; the maintenance of their physical strength with the capability of its full exertion; but above all, the improvement of their moral habits are amongst the beneficial effects of our peculiar establishment.-It forms a part of our system, in our visits to the abodes of infection strongly to inculcate in the minds of the afflicted the necessity of cleanliness, temperance, and general regularity: but more especially in the Hospital itself, by anticipation of their wants and attention to their wishes-by the force of example, as displayed in every branch of its domestic arrangement, habits of decorum and of mutual kindness are commenced. Gratitude to their benefactors, compassion for their fellow sufferers, and thankfulness to the Great Restorer of Health become the predominant feelings, and promise to influence their future conduct.

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Francis Barker,
William Stoker,
George Hagan,
Richard Gamble,