

# *The Great Famine and Fethard Temporary Fever Hospital*

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By Laurence M. Geary

At the beginning of March 1846, a committee which had been appointed by the Lord Lieutenant to monitor the progress of famine in Ireland, reported on the ubiquity of fever.<sup>1</sup> According to the report, the disease had appeared and was spreading in virtually every Irish county.<sup>2</sup> The government concluded that the existing medical resources were inadequate to deal with the developing crisis and that additional hospital accommodation was required.

A temporary fever bill was rushed through the Commons and became law on 24 March. The preamble stated that it was necessary to make more effectual provision for the treatment of poor persons afflicted with fever and other epidemic diseases in Ireland. To this end the government proposed to establish a Central Board of Health in Dublin, with extensive advisory and executive functions, including the power to direct boards of poor law guardians to provide fever hospitals and dispensaries in their respective districts for those suffering from fever or any other epidemic disease.

The cost of establishing and maintaining these institutions, together with that of patient care and medicines, was borne by the ratepayers of the union, while the doctor's salary was paid by the government. The institutions established under the temporary fever act were the responsibility of the boards of guardians, subject to the overall control of the Central Board of Health, and were to continue as long as the latter advised and the Lord Lieutenant decreed. The act was to remain in force until 1 September 1847.<sup>3</sup>

The queen's signature was scarcely dry on the parchment before famine relief committees in various parts of Ireland, including one representing Fethard, County Tipperary, sought to have their localities brought under the provisions of the act. The Fethard relief committee consisted of thirty-six members, including Archdeacon Michael Laffan and his brother, Patrick, Catholic parish priest and curate respectively.<sup>4</sup> On 27 March 1846 the committee informed the Lord Lieutenant of an outbreak of fever in the town, which they attributed to poverty and, more specifically, to the inadequacy and poor quality of the food of "the humbler classes".

They recommended that William Archer Byrne be appointed to relieve the sick poor under the provisions of the recently enacted fever legislation and to introduce whatever measures he considered necessary to check the spread of disease. Byrne, who was a licensed apothecary and whose address was given as the Medical Hall, Fethard, had been the medical attendant of the Fethard Temperance and General Dispensary for some years and, the relief committee added, the local people had every confidence in his skill and integrity.

The relief committee do not appear to have received a response from the Lord Lieutenant, for on 11 May 1846 they reminded him of their earlier communication. They stated that no medical appointment had been made under the provisions of the fever act, nor had any precautionary measures been taken against infectious disease. Shortly afterwards, Byrne informed the Relief Commission in Dublin that there were twelve current and six convalescent fever cases in the town and that the disease had already been responsible for two deaths.

Bowel infections were also prevalent and he feared that the situation would deteriorate



further. His apprehensions were fuelled by the extent of poverty in the locality, the lack of personal and domestic hygiene, and overcrowding. The area was rarely free from fever, he said, but it had become more prevalent during the previous twelve months. According to Byrne, the absence of a local fever hospital was a great deficiency. The nearest one was in Clonmel, some seven miles away.

The partial failure of the potato crop in 1845 was followed by its complete destruction in the following year. The age-old pattern of fever shadowing famine reasserted itself and most parts of the country experienced the onset of the disease during the winter and spring of 1846-7. Fever appeared in Clonmel in November 1846 and throughout the rest of County Tipperary during the early months of the following year.

The physicians in Clonmel Fever Hospital detected a number of peculiarities in their fever patients, including what they termed "the blue nose". It appears that the proboscides of several patients became "pale and glossy" before turning rapidly "to a greenish blue, as if going into mortification, or having been frost bitten". This was regarded as a very grave symptom and was invariably followed by a rapid and fatal decline.

Sudden death among convalescents was another Clonmel feature. The hospital doctors reported cryptically: "The patients appeared on the mending hand, were able to eat a little, talked, and expressed themselves altogether better, and perhaps in a few minutes would be found by the nurses *dead*". Relapsing fever was the prevalent disease throughout the county and was frequently accompanied or followed by diarrhoea or dysentery. The fever generally lasted from one to three weeks and convalescence took another 14 to 21 days.

Most Tipperary doctors favoured the stimulant plan of treatment. They attempted to build up rather than deplete the strength of their fever patients. Venesection was rarely employed. One exception was Dr Purefoy of Cloughjordan, who bled his patients freely. He claimed that general bleeding was "one of the most efficient and valuable remedies" in treating fever. Opium was the usual remedy for diarrhoea and dysentery.<sup>5</sup>

On 1 March 1847 Dr George Ryall, medical officer of the Fethard public dispensary, informed the Lord Lieutenant, the Earl of Bessborough, that 61 inhabitants of the town were sick from fever or dysentery and that this had been the daily average since the beginning of the year. He reported that there was widespread destitution and starvation in the town. Many families had only a scanty supply of damp straw for beds and there was a general shortage of bed clothes. The position of the rural poor was marginally better, he said.

The local relief commissioners disclaimed responsibility for the sick poor and refused to help. Ryall observed that private charity had come "to a complete standstill" in the town, as it had in other parts of the country. He observed that everyone was feeling the pressure of the times and that "the gentlemen of the country" were "at their wits end". The absence of a hospital meant that patients had to be sent to Clonmel or Cashel. Ryall appealed to Bessborough for advice and financial assistance.

Three weeks later Ryall informed the Central Board of Health that he had 79 cases of fever, dysentery or diarrhoea under his care, all of them in their own cabins. The dispensary funds had run out three months earlier and the dispensary committee were in debt, though not heavily, to their druggists. Ryall had not received his salary during this period and he had been obliged to discharge his assistant.

The Cashel and Clonmel fever hospitals were closed to them because of their overcrowded state. The county infirmary was also full. Ryall explained that persons who would have been treated at the dispensaries in normal times had been admitted to the infirmary because of the prevailing hunger and distress. He noted that private charity had ceased completely and that



individuals suffering from dysentery and diarrhoea were compelled to try to obtain work.

"Almost every aged person attacked dies", he said. "Whole families take ill one after the other. In some cases, providence seems to interfere, raising up one in due time to attend his or her former nurse, perhaps to bury them". Ryall added that he had been medical officer of the dispensary for more than 22 years and had never seen anything like the present destitution.

Fethard was in the Cashel poor law union and the Central Board of Health offered to co-operate with the guardians in carrying out the provisions of the 1846 fever act. However, the guardians displayed little enthusiasm for the proposal because of the financial implications for the ratepayers. On 23 March 1847 Ryall complained to the Central Board of Health that the Cashel guardians were prevaricatory and irresponsible. The guardians appeared to be divided over the appointment of a medical officer, he said, and were further split over the location of the hospital. Such tensions reflected parochial strains and divisions, and were not unique to the Cashel poor law union.

The Central Board of Health were obliged by law to operate through the existing boards of guardians. They had no powers of compulsion and could not act unilaterally. In this instance all they could do was to stress the importance and urgency of establishing a temporary fever hospital in Fethard. It was another three weeks before the Cashel guardians acknowledged the prevalence of fever in the Fethard district.

### Cashel Guardians' Decision

By then the Clonmel and Cashel fever hospitals were grossly overcrowded, with as many as four patients to a bed in Clonmel. The Cashel guardians could equivocate no longer and consented to the establishment of a temporary fever hospital in Fethard to cater for the sick poor of the town and the surrounding electoral divisions. They recommended that Dr John Flynn of Fethard, the medical officer of Killusty dispensary since 1839, be put in charge.

The guardians' decision was not unanimous. Some claimed that the proposed fever hospital was unnecessary and, more pertinently, that it would entail considerable expense for their respective electoral districts. The Central Board of Health ignored their objections and authorised the Cashel guardians to hire a house in Fethard for use as a fever hospital, or to erect temporary sheds for that purpose. They agreed to recommend Dr Flynn's appointment to the Lord Lieutenant for ratification.

Dr Ryall was unhappy with the proposal that Flynn be appointed medical officer of the Fethard temporary fever hospital. On 21 May 1847 he complained to the Central Board of Health that Flynn was unqualified and that he owed his selection to favouritism and jobbing. Ryall informed Sir Philip Crampton, one of the key members of the board, that he had a "legitimate" claim, almost a right, to the medical appointment. He was a regularly-trained physician, he said, and physicians were "the proper attendants at fever hospitals".

He claimed that his training, qualifications and experience were beyond dispute. He was an arts and medical graduate of the University of Dublin and had attended the poor of Fethard for the previous 22 years. He had "their universal goodwill and respect", he said, and could not conceive that any board of guardians, except one in Tipperary, would do him "the injustice and dishonour" of ignoring his professional claims.

He believed that if a fever hospital were to be established in Fethard he, as the sole physician in the district, was the only properly qualified candidate for the medical appointment. Ryall stated that the name of Francis Burges, a licentiate of the Royal College of Surgeons in Ireland, and of the Apothecary's Hall, Dublin, had also been touted but should be ignored, as he was



only a surgeon, "a respectable" one, he acknowledged, but a surgeon nonetheless. Flynn was dismissed even more peremptorily. He was unqualified and had no professional respectability or standing whatsoever.

In response to a query from the Central Board of Health regarding his qualifications, Flynn stated that he held a diploma in midwifery from the Coombe Lying-in Hospital, Dublin, dated 1 May 1833, a licence from the Apothecary's Hall, Dublin, dated 11 August 1837, and one from the Royal College of Surgeons of England, dated 5 July 1839. He had formerly lived in Callan, County Kilkenny, he said, but had transferred to Tipperary when he was appointed to Killusty dispensary. The Central Board of Health were satisfied and Flynn's appointment to the Fethard hospital was ratified on 11 June 1847.

An unrepentant Dr Ryall was not prepared to yield and a week later complained to the Central Board of Health about the appointment of "men without qualification or competence" to fever hospitals. When informed of Flynn's qualifications, Ryall reminded the board that surgeons who were not also qualified as physicians were ineligible to hold a fever hospital appointment and that Flynn's selection should therefore be invalidated.

He accepted that Flynn was qualified as a surgeon but derided English medical licences, arguing that "the general run of London surgeons in Ireland" were unfit to hold any professional appointment. He claimed that some Irish medical practitioners had passed English examinations by proxy, many without even leaving the country, while others had done so on false certificates. He added that a pastry cook had recently been "licensed to kill" by the English College of Surgeons after a few months attending lectures.

Ryall's protestations were in vain and the Fethard temporary fever hospital, catering for the electoral divisions of Fethard, Cloneen, Drangan, Peppardstown, Kiltinan and Magorban, opened on 21 June 1847, with a promise from Flynn to make the institution as efficient as possible. William Archer Byrne, the nominee of the original Fethard relief committee, was appointed apothecary and registrar. He promised to discharge his duties "with zeal and fidelity". The 25-bed hospital was situated in the townland of Kilnocken, about one mile from Fethard, and the first patients were admitted on 28 June.

Ryall was so incensed by his failure to secure the appointment that he threatened to raise the matter in the press. He now claimed that the Fethard fever hospital was unnecessary and that it was nothing more than jobbery of the worst kind. He complained to the Central Board of Health:

"The country is put to the cost of an inefficient staff at an enormous job-rent, in a most ill-chosen site, at the foot of a hill where there is not one drop of water. But the proprietor, one of the poor law guardians, who got up the fraudulent recommendation, to the late Lord Lieutenant, of Mr Flynn, has an ass to draw water at a heavy expense, has a caretaker to receive payment from the county for minding his gates, and cows to give milk at the highest cost to the patients".

The board refused to rise to this particular bait, concentrating instead on the fact that individuals who were qualified as surgeons were legally entitled to take charge of fever hospitals. Ryall retorted that he would continue to regard such appointments as illegal until the Central Board of Health proved otherwise. In a curt reply on 15 July 1847 the board refused to have any further correspondence with him.

The incidence of fever in the Fethard district increased dramatically during the summer and autumn of 1847 and the hospital came under enormous pressure. Shortly before Christmas the Central Board of Health sent Dr Richard Hudson Courtenay, one of their medical inspectors, to





*Fethard Bridge, 1847 – from a painting by Du Noyer. (With the permission of the President & Council of the Royal Society of Antiquaries of Ireland).*

investigate the situation. He reported on 20 December that the hospital was “dreadfully overcrowded”. There were 47 fever-stricken patients in the 25-bed institution, 19 males and 28 females.

Mild typhus, lasting from seven to fourteen days, was the principal disease, but relapsing fever was also present. Dysentery had occurred as a complication in a few cases and rheumatic pains were the only marked sequelae. He attributed some of the defects he encountered to overcrowding. He referred specifically to dirty bedding, which was only changed when patients left. Toilet facilities were inadequate and water had to be wheeled in from a distance. Dr Courtenay recommended that the hospital be extended to accommodate another 25 beds and that it be converted from a temporary to a permanent institution.

The inspector’s report was given added weight when Dr Flynn informed the Central Board of Health on New Year’s Day 1848 that a very malignant form of fever, which he described as “bad maculated typhus”, prevailed throughout the district. Most of those who sought admission to the hospital were “in the utmost misery”, he said. They were clad in filthy and tattered rags and had nothing but water to drink. This level of poverty and deprivation had been a feature of the district for the previous twelve months and had prompted him to admit as many individuals as the hospital could contain rather than leave them “to perish without aid in their squalid huts”.

An additional 25 hospital beds were provided by the Fethard relief committee at the beginning of February 1848, following an appeal by the Central Board of Health for extra accommodation. Yet, a mere six weeks later on 14 March several members of the Fethard relief committee, including clergymen of the three main Christian denominations, requested the Central Board of Health to close the hospital. They claimed that the institution was no longer necessary as fever had abated very significantly in the locality.

They had no medical evidence to support this contention. It rested solely on the observations



of the clerical members of the committee, who had, it was claimed, "abundant opportunities of judging". They acknowledged that considerable numbers were still being admitted but argued that these were not necessarily fever cases. They alleged that the hospital's supporters had a vested interest in keeping it open.

On the following Sunday, 19 March 1848, the Rev. Patrick Laffan, one of the hospital's original promoters, denounced the institution from the altar of the town's Catholic church. Similar criticisms had been made by Laffan and his brother on a number of occasions in the previous year. In their wake a detached house, which was intended for convalescents, was burned to the ground on the evening before it was due to open.

The investigating police officer reported solecistically that the house was "maliciously set on fire and consumed by persons unknown". The official explanation was that the house was "considered too close to the road for the admission of convalescent patients", an oblique reference to the apprehension and fear which infectious diseases and isolation hospitals engendered in many people. Dr Flynn feared an arson attack on the hospital itself and demanded police protection.

Flynn explained to the Lord Lieutenant that as a Catholic, "strictly educated in that faith and brought up in habits of the utmost veneration for the clergymen of his church", he had borne in silence what he termed "the unworthy and cruel insinuations which were thrown out from the altar" shortly after his appointment as medical officer. These clerical observations, delivered from an influential and privileged position, and which appeared to carry the *imprimatur* of the Catholic church, had very serious implications for him.

According to Flynn, the Laffan brothers had alleged that the doctor's salary was calculated according to the number of deaths rather than the number of patients in the hospital. Patrick Laffan was reputed to have stated that if the money used to support the hospital were allocated to purchase food for the poor, every destitute person in the Fethard district would obtain a certain quantity of meal. The doctor added that Laffan was well aware that there were many hungry individuals in the congregation "greedily listening" to his message. Flynn concluded that the language used by Laffan in church on 19 March 1848 was "so exciting and dangerous" that an arson attack on the hospital was almost inevitable.

W. H. Hoey, sub-inspector of police at Clonmel, was sent to Fethard to investigate the charge and he corroborated Flynn's story. Hoey was told that Laffan had expressed his regret from the pulpit that some £800 a year was being "thrown away on that institution" instead of being used to support the poor of Fethard, adding that "he hoped yet to see grass growing at the door" of the hospital.

Laffan explained to another investigating officer, sub-inspector W. Fosbery, that the hospital was an enormous burden on the parish and that he was simply acquainting his flock with his concerns. According to Fosbery, there had been some complaints that the period of hospitalisation was excessive and, more specifically, that one of the patients had been seen at Fethard fair. However, the demand for closure was based on the relief committee's belief that fever was declining in the district. The committee suggested that those suffering from the disease could be accommodated in the Clonmel and Cashel fever hospitals, as before.

Dr Flynn informed the Central Board of Health that the petition seeking the suspension of the fever hospital had been drawn up in private, rather than at a regular meeting of the Fethard relief committee and that several had signed for personal and petty reasons. He stated that the Rev. Patrick Laffan had always been hostile to the hospital, that he had never taken any part in its management and had ceased to attend meetings of the relief committee, in the previous August or September.



## P.P. in Bitter Feud

He claimed that "a most bitter private and personal feud" had existed for some time between the priest and the owner of the property on which the hospital was located, adding that Laffan had "publicly expressed his determination to get it torn down". One of the priest's supporters was Jacob Sankey, a half-pay naval officer, who believed that fever hospitals were responsible for spreading, rather than curbing, disease. Flynn argued that such a belief was dangerous and irresponsible. He claimed that the emergency fever legislation had rendered "important services to the kingdom in checking the progress of fever" and he thought it essential that the sick and dying poor of the locality should not be deprived of the hospital's advantages because of "petty local byebattles". He cited the suppression of various communications from the Central Board of Health, the irregularity with which the relief committee met, and the absence of advance notice of meetings as further evidence of local dissension.

Several of the Cashel guardians, as well as the Drangan and Cloneen famine relief committees, supported the continuation of the hospital. They complained to the Central Board of Health that they had been excluded from "the hole and corner" meeting at which the memorial favouring closure had been proposed. They were astonished that such a demand had been made, claiming that it was contrary to the wishes and feelings of the majority of the ratepayers. They were convinced that the hospital had conferred "incalculable benefits" on the sick poor and on the community generally, and called for its conversion to permanent status, as the board's medical inspector had recommended some months earlier.

In a passing reference to the often acrimonious debate that had been going on for at least a decade regarding the country's charitable medical institutions, they hoped that the Fethard hospital would remain under the permanent control of the Central Board of Health. They were convinced that it would be advantageous to the sick poor, the ratepayers, and the medical profession to have all of the country's medical charities brought under the control and inspection of the Central Board of Health or some similarly constituted body.

Another outspoken supporter was Francis Burges, the apothecary and registrar at the hospital and medical officer of the Fethard and Drangan dispensaries. Burges informed the Central Board of Health that two of his brothers had held the Drangan appointment before him but had died from fever contracted while attending the poor in their own homes. He stated that dispensary medical officers were obliged to minister to the fever stricken "in their wretched, ill-ventilated cabins", which they entered through "an aperture cut in the rear".

This was a reference to the primitive attempts of the poor to isolate those afflicted with infectious disease and a practical manifestation of their awareness of the principle of contagion. In single-roomed dwellings the feverstricken were placed at one end of the cabin, while the healthy attempted to ward off infection as best they could at the other. In more substantial dwellings, the practice was to isolate the infected in a room by blocking up the door with sods. A hole was made in the rear wall, through which the doctor had to scramble on all fours.<sup>6</sup>

Burges attributed the high rate of mortality from fever among doctors during the previous 20 years to the absence of fever hospitals and to the necessity of having to spend so much time in the unhealthy cabins of the poor. He claimed that fever was endemic in the district and the lack of a hospital had been sorely felt.

Cashel and Carrick-on-Suir were twelve and fourteen miles respectively from the village of Drangan, and fever patients who were sent to these towns were often refused admission because there was not enough room. The establishment of the temporary fever hospital at Fethard had brought about a significant improvement. It had been the means of averting much



misery and destitution and had helped to check the spread of "pestilence and disease". However, the institution was presently so full that he was unable to have patients admitted.

On 29 March 1848 the Central Board of Health sent Henry Freke, another of their medical inspectors, to investigate the competing claims for and against closure of the Fethard fever hospital. Like Inspector Courtenay three months earlier, Freke reported that the institution was centrally located and healthfully situated on rising ground about one mile north of the town. Other features were less satisfactory. Bedding was in short supply and there were no pillows. There was a deficiency of blankets, sheets and rugs and "a great want of shirts, shifts and nightcaps", he reported. Toilet facilities were also inadequate and the hospital was not as clean as it should have been.

The terms "fever", "relapse fever", "acute fever" and "petechial fever" appear in Freke's report. The type of fever that prevailed in the district was a mixture of "low typhus and simple continued", which lasted from 5 to 21 days. Relapses were common, occurring and recurring, irrespective of the type of treatment, he said. Whiskey, ether, ammonia and camphor were widely used, seemingly without any great effect. The complications of fever were diarrhoea, dysentery, bronchitis, severe gastric irritation, rheumatic affections of the joints of the lower extremities, and iritis, while the most frequent sequelae were dropsy and chronic dysentery.

There were 39 inmates at the time of Freke's inspection, 22 females and 17 males, all but one of whom were suffering from fever. Four of the 39 inmates were aged 10 or under, 11 were in their teens, 10 in their twenties, 3 in their thirties, 6 in their forties, 4 in their fifties, and there was one 60-year old. One of the patients, Mary Radcliffe, had already spent seven weeks in the Clonmel fever hospital before transferring to Fethard, where she had lain for the previous thirty days.

Seventeen-year-old Jane Bishop was recovering from her fifth relapse. This was the third occasion on which she had been admitted to the hospital. Twenty-four-year-old Patrick Hanning, who was in his second day in the institution, was suffering from "a low typhoid form of fever, complicated with bronchitis". His pulse was 116, "small and compressible, great prostration, petechial eruptions over entire body, eyes suffused, tongue loaded". Two of the luckier patients were fit for discharge but most were extremely debilitated, their tongues foul, furred or loaded, according to Freke.

Copies of the report were sent to Dr Flynn, to the Cashel board of guardians and to the Fethard famine relief committee, with a strong recommendation from the Central Board of Health that the hospital be kept open. When Dr Flynn succumbed to fever a few days later, Dr Burges was chosen as his temporary replacement. In response to a hypothetical query from Burges, regarding the number of patients he could admit in the event of fever spreading to an unusual degree, the Central Board of Health stated that they would deem it improper to exclude fever-stricken individuals from temporary fever hospitals even if these institutions were technically full.

The board members were prepared to countenance overcrowding in isolation hospitals in order to segregate the sick from the general population, but would not sanction it in workhouses, gaols and other institutions where there were large numbers of healthy inmates. The Central Board of Health were convinced that such overcrowding was one of the primary factors in generating and spreading disease.<sup>7</sup>

On 8 July 1848, some weeks after resuming his duties, Flynn reported to the Central Board of Health that the hospital was in serious financial difficulties and that some of their contractors were threatening to withhold supplies unless their accounts were settled. To compound the hospital committee's difficulties, a wooden shed which had been erected some time earlier and



which contained 24 beds had not been weatherproofed. Flynn observed that the scene in the building after a night's rain was enough "to shock the feelings of any man possessed with common humanity". The beds and bedding were invariably drenched through and he attributed the appearance of bronchitis and croup in the ward to this factor. He feared many more deaths if improvements were not effected.

The Central Board of Health replied that the Poor Law Commissioners were responsible for the financial arrangements of temporary fever hospitals and that the commissioners had sent one of their inspectors to investigate. He reported that there had been a serious shortage of money in the union for some time and he recommended that the Fethard hospital be closed. There was spare room in the other temporary hospitals in the Cashel union, he said, and additional fever accommodation had been provided in the workhouse.

The Central Board of Health demonstrated their willingness to co-operate in "every practicable measure of proper economy" by closing the small hospital at New Inn, which was less than five miles from Cashel, but they did not deem it prudent to discontinue any of the other temporary fever hospitals in the union, those at Fethard, Cashel and Killenaule.

In early September 1848 the emergency legislation under which these institutions had been established two years earlier was amended and continued.<sup>8</sup> One of the provisions of the new act was to transfer the management of these hospitals from local relief committees, which had been created for this purpose under an act of 1847,<sup>9</sup> to boards of guardians.

### Dr. Flynn at risk

The power of appointing doctors to temporary fever hospitals and of fixing their salaries now devolved on the guardians, subject to the approval of the Central Board of Health. Dr Flynn reminded the board that he had risked and very nearly lost his life in discharging his professional duties, and sought an assurance that his appointment would be continued. He was informed that all appointments made under the earlier legislation were void; but it was the board's wish that the present medical officers would be re-engaged.

The Central Board of Health suggested to the Cashel guardians on 19 September that serving doctors deserved to have their contracts renewed in recognition of their previous services. In addition to the principle of natural justice that was involved, there were considerations of continuity, economy and public confidence, each of which would be promoted by following their recommendation, the board argued. Furthermore, potentially divisive and disruptive selection contests would be avoided.

The Cashel guardians chose to ignore such blandishments and put Flynn's position out to tender. The advertisement specified a salary of £40 a year, which was a considerable saving on the five shillings [25p] a day which Flynn and the other doctors servicing temporary medical institutions had previously been paid. Four of the guardians protested to the Central Board of Health, claiming that Flynn had discharged his duties to the satisfaction of all and urged the board not to sanction the appointment of a replacement.

Flynn informed the Central Board of Health that he was prepared to serve at whatever salary they approved. The board sought legal advice on the matter and were told that they could not withhold their approval from the guardians' appointee unless he was unqualified or incompetent to discharge the duties of the office. Flynn tendered for the position at the advertised salary but was not elected. Instead, the position was offered to Richard P. Coffey, who, according to Flynn, was a stranger to the district and less qualified than himself.

Flynn appealed his case to the Central Board of Health on 15 October 1848, observing that



they were unlikely to encounter "a case of more remarkable and unmerited hardship" than his. He had a young and helpless family to support and the guardians sought to ruin him because a few of them disliked him personally. He was a diligent and competent doctor, he said, and his professionalism could not be faulted. In contrast, the guardians proposed to replace him with a stranger, a mere London surgeon, who was unqualified as a physician or apothecary, and who had not been particularly successful in private practice.

Flynn added that one of the main reasons why so many of the local poor had allowed themselves to be hospitalised during the previous two years was their personal confidence in him. Finally, he implied, he deserved the support of the Central Board of Health because of his loyalty in the controversy over the so-called "five shilling grievance".

As noted already, doctors who staffed the temporary fever hospitals and dispensaries were paid five shillings a day in addition to their permanent salaries. Many members of the medical profession, especially the Dublin-based leadership, regarded this as an insulting level of remuneration and they blamed the Central Board of Health.

A petition, objecting to the inadequacy of the salary, was organised and supported by the leading lights of the profession and signed by some 1100 doctors nation-wide.<sup>10</sup> According to Flynn, this petition was drawn up simply to embarrass the Central Board of Health and he "indignantly refused to sign". He added that at all times since his appointment to the Fethard hospital he was aware of the integrity of his position and the dignity of the board under whom he served and he appealed to the board, as an act of mercy to his poor children, not to allow his ruination.

Francis C. Burges was also angered by the Cashel guardians' machinations. He informed the Central Board of Health that he was "much astonished" at the guardians' decision to appoint a stranger, whose qualifications had not been verified and who did not enjoy the confidence of the local population. He claimed that a great injustice had been done to Flynn and to himself to a lesser extent. He had inferred from one of the board's circulars that the serving doctors would be reappointed and did not apply for the Fethard position as a result. Burges was convinced that he would have been elected by a large majority had he done so. He suggested that Flynn be reinstated or that a fresh election be held.

The Poor Law Commissioners, who also favoured Flynn's reappointment, sent one of their inspectors to inform the Cashel guardians directly of their wishes. However, the guardians refused to alter their decision and their intransigence provoked the commissioners into dissolving the board and replacing them with paid vice-guardians. Subsequently, Rev. Patrick Laffan appealed to the Poor Law Commissioners to uphold Coffey's appointment. He pointed out that Coffey had agreed to superintend the hospital and to compound and dispense medicines for an annual salary of £40, which contrasted sharply with the previous situation, whereby the doctor's and apothecary's combined salaries amounted to £146 a year.

Laffan claimed that there had been flagrant abuses and jobbing under the old regime and that Flynn had connived in their perpetration. He stated that the average number of patients in the hospital had not exceeded 50 during the year ending 28 June 1848 and that more than £700 had been spent on them. During the same period the Cashel temporary fever hospital had accommodated a much larger number of patients at a significantly lower cost. He urged the commissioners to institute "a searching inquiry" into these "facts".

Forty residents of Fethard supported Laffan's request to the Poor Law Commissioners to ratify Coffey's appointment. The curate's influence is discernible in the tone and content of the petition, not least in the reference to the difference in salary. The petitioners added a new and mischievous element of their own. They accused Flynn of having an "excessive fear and terror



of patients afflicted with fever", which, they said, should debar him from holding a hospital appointment. The petitioners claimed that his fear of fever had led him to hospitalise several members of their own families who were not ill and who were needlessly exposed to contagion as a result. In contrast, Surgeon Coffey's "condescension and humanity to the poor" merited "the utmost approbation". Confirmation of his appointment would allay their "excessive and justly grounded apprehensions" that members of their families might "be hurried to premature graves" because of Flynn's dread of fever.

The Poor Law Commissioners forwarded Laffan's letter to the Central Board of Health, who in turn passed it on to Flynn for his comments. He replied that the decision to appoint an apothecary had nothing to do with him. It had been taken at a meeting of the legally constituted Fethard famine relief committee on 28 June 1847. The apothecary's salary was originally fixed at 2s-6d a day but was subsequently increased. Rev. P. Laffan had voted in favour of the original appointment and had approved of the increase in salary.

Flynn rebutted the charges of financial irregularity which the priest had levelled against him, retorting that Laffan, as a leading member of the Fethard relief committee until 5 September 1848, had more say in deploying the institution's funds than he. The £700 to which Laffan referred was not expended solely on the patients. Rent, water charges, the salaries of the ancillary staff, the cost of fuel, soap, candles and medicine, as well as that of conveying patients from their homes to the hospital, and the coffins and interment of those who died in the institution, were also included in the figure.

### Fr. Laffan Loses Out

The Central Board of Health deemed themselves entirely satisfied with the way Flynn had discharged his professional duties at the hospital. On 27 October 1848 the vice-guardians of the Cashel union overturned their predecessors' decision and offered to re-appoint Flynn to his former position at a salary of £40 a year, arguing that this was a "fair remuneration". The Central Board of Health retorted that Flynn should be paid the standard rate of five shillings a day, which they regarded as a reasonable return for the labour and risk involved. The vice-guardians yielded and Flynn's appointment was confirmed on 10 November at the rate recommended by the Central Board of Health.

In a subsequent penny-pinching exercise, the vice-guardians attempted to reduce Flynn's salary to £1 a week. They argued that this sum was "quite sufficient" for the duties involved, adding that the doctor attached to the Killenaule temporary fever hospital had accepted a similar offer. Once again, Flynn felt compelled to protest to the Central Board of Health and once again the vice-guardians were informed that they were exceeding their powers.

The vice-guardians resorted to a more circuitous approach. At the beginning of December 1848 they claimed that the staff and expenditure at the hospital were disproportionate to the number of patients. According to the vice-guardians, there were 25 inmates, 22 of whom were convalescing and only three undergoing treatment. The vice-guardians recommended that the sick be transferred to Cashel fever hospital, the convalescents discharged and the Fethard hospital closed down. The Central Board of Health replied that the vice-guardians were not competent to make such a decision and that a medical inquiry was required. On 9 December 1848, Dr John Hill, Ely Place, Dublin, was requested to investigate the hospital, the third such since the institution opened almost eighteen months earlier.

According to Hill, the floors and walls of the building were perfectly clean. In contrast, the beds and bedding were shabby and deficient. There were only 14 bolsters, 34 "very ragged"



rugs, 44 "much worn" sheets and 46 blankets. The prevailing fever was a mild form of "single continued type", characterised by headache, gastric upset and general debility. Attacks lasted from nine to twenty-one days and there was a great tendency to relapse. Typhus was rare. Diarrhoea and acute neuralgic pains were occasionally present with the fever, but there were few complications. Diarrhoea was the most common sequelae. Dysentery and dropsy were less frequent than before but measles were very prevalent in the neighbourhood.

He could not detect a single instance where the stay in hospital had been protracted and Flynn appeared to have discharged his duties "punctually and efficiently". Hill thought that the weekly rent of £1 was excessive, that it was nearly double what it ought to be. He pointed out that the landlord was a poor law guardian, the largest ratepayer in the electoral division and a supplier of milk to the hospital. Hill blamed the vice-guardians for the institution's extravagance. He recommended that the hospital be maintained and that a financial committee be appointed to regulate expenditure.

Dr Flynn had informed the inspector that fever and dysentery had been declining in the hospital catchment area for some time, although both prevailed very extensively in the town and immediate neighbourhood of Fethard. He told Hill that "strong influence" had been exerted by some of the local Catholic clergy to discourage the sick from entering the hospital and that at least ten fever-stricken individuals had been deterred from doing so in the previous month.

Furthermore, the local populace had been warned that "they must not expect to receive the attendance of a clergyman" should they die in the hospital. He cited the recent case of a patient named Margaret Ryan who had requested the last rites of her church. The Rev. Patrick Laffan had been sent for but declined to attend. The Central Board of Health reported Laffan and his attempts to dissuade fever stricken individuals from entering the hospital to his episcopal superior, the Archbishop of Cashel, but no acknowledgement was received.

On 31 December 1848 Flynn informed the Central Board of Health that fever and malignant dysentery were rampant in the neighbourhood and that Laffan and Coffey were making every possible effort to prevent patients entering the hospital. Laffan's orchestrating hand can be seen in several demands to the Central Board of Health that the hospital be closed.

On 6 January 1849, "a heavy ratepayer" accused the board of robbing the Cashel union of £700 a year. The writer claimed that the board had abused the public trust and public money in relation to the Fethard fever hospital and that the ratepayers were becoming increasingly disgusted at their actions. He insisted that fever did not exist anywhere in County Tipperary, a fact corroborated by Laffan, and demanded that the hospital be discontinued.

A fortnight later, "an oppressed ratepayer" complained that the ratepayers were paying £700 a year for a hospital which did not contain a single patient. "There is nobody sick. That is what the priests say. That's what the doctors that have honesty say. That's what the minister says. That's what Captain Sankey says, the treasurer that was". In the opinion of this self-depicted, overburdened ratepayer, the hospital was nothing more than "a job for the unprincipled doctor and his robbing herd". He wished to see the hospital closed or else staffed by an honourable and honest medical officer, in whom they could repose their confidence and who would inform them truthfully of the extent of sickness in the county.

On 12 February 1849 eleven residents of Fethard petitioned the Lord Lieutenant to investigate the numerous abuses which they claimed existed in the hospital and threatened to appeal to the House of Commons if he refused. They claimed that the vice-guardians regarded the hospital as "a systematic tissue of jobbing". In their memorial they criticised Flynn's reinstatement at the expense of Surgeon Coffey, whom they described as "a gentleman of great



professional skill and of the utmost humanity" They added that his appointment had met "with the unqualified approval of the clergy and ratepayers of the entire locality".

The Lord Lieutenant's office forwarded the memorial to the Central Board of Health for comment. The board replied that there was a clear necessity for the hospital. The demand for places was strong and the number of inmates had often exceeded the hospital's capacity. The institution had been investigated on three different occasions – on 20 December 1847, 31 March 1848, and 13 December 1848 – and in each instance the relevant inspector had recommended that the hospital be maintained because of the prevalence of fever in the district.

The board relayed Dr Flynn's belief that the sick were being discouraged from entering the institution. They denied that they had overridden the wishes of the majority of the poor law guardians by appointing Flynn in preference to Coffey. They stated that they had made it generally known that they would not sanction the removal of doctors who had discharged their duties satisfactorily, adding that complaints of a professional nature had never been made against Flynn. The Central Board of Health acknowledged that the hospital's finances had been badly managed; but this was the board of guardians' responsibility and not the doctor's.

### Petition to Westminster

The Fethard petition was presented in the House of Commons on 5 March 1849 by Francis Scully, member of parliament for Tipperary. Dr Flynn accused Rev. Patrick Laffan of instigating and promoting this initiative, claiming that the Laffan brothers had always opposed a fever hospital for the sick poor in Fethard. He suggested that Patrick Laffan's hostility to the hospital arose from a personal animus, which was intensified by the failure of "his intimate friend", Coffey, to secure the medical appointment. Flynn claimed that some of those who signed the petition to the House of Commons were intimidated into doing so and that others were prevented from reading the document before appending their names.

On 19 March Flynn informed the Central Board of Health that Asiatic cholera had appeared in Drangan, which was in the Fethard fever hospital district, and sought their advice on the course he should adopt if cholera patients applied for admission to the hospital. The board replied that they had already instructed boards of guardians to provide immediate medical aid to individuals suffering from cholera or its premonitory symptoms.

It was the professional opinion of the Central Board of Health that cholera was not infectious and they had already issued a circular to that effect. They claimed that there was no need to separate the sick from the healthy and that cholera victims could and should be admitted to the ordinary hospitals of the country. The mistaken and dangerous view that cholera was not contagious was accepted by many doctors and hospital administrators, and the failure to isolate the infected contributed to the spread of disease and increased the overall mortality.<sup>11</sup>

The Fethard fever hospital file in the National Archives records that six cases of Asiatic cholera occurred in Fethard between 27 March and 7 April 1849, four of which proved fatal. Two of the afflicted died in their own homes, the other two in hospital, where the remaining cases were being treated. According to the published report of the Central Board of Health, the first cholera case occurred in Fethard on 28 March 1849. The board's figures record ten cases in all, with a staggering 90 per cent mortality rate.<sup>12</sup> During the period of the cholera pandemic – December 1848 to August 1850 – a total of 45,698 cases were reported to the Central Board of Health, of which 19,325 proved fatal. This represents a national mortality rate of 42.3 per cent.<sup>13</sup>

The Fethard hospital file peters out inconclusively in the middle of the cholera outbreak. The file was compiled by the Central Board of Health in early July 1849, in response to the petition



which Scully had presented to the House of Commons in the previous May. We need to turn to another source, the minute books of the Cashel poor law union, to complete the story of the Fethard temporary fever hospital.

Dr Heffernan, the doctor at the Cashel union workhouse, visited the Fethard hospital on 5 September 1850. He reported that it was "in a very clean state and well adapted for the cure and recovery of fever patients". There were 45 inmates, ten of whom were too sick to move. The others were either discharged or transferred to the workhouse hospital in Cashel, and the guardians instructed that no further patients were to be admitted. Those who still remained were removed to Cashel on 19 September and the Fethard hospital was discontinued from that date.<sup>14</sup> By then the temporary fever acts, under which the hospital had been established, had expired and the Central Board of Health had been disbanded.

The three-year history of the Fethard fever hospital throws fascinating light on one local effort to confront the spectre of infectious disease during the Great Famine. The affair may or may not have been representative of the Fethard relief effort as a whole. What it did show was the vanity and venality of some individuals, the diligence and heroism of others, as well as the strains and tensions to which local society was subjected by the catastrophe that was the Great Famine. At this remove, the question of individual motivation is speculative and probably unanswerable.

The role of Michael and Patrick Laffan, parish priest and curate respectively, was quite extraordinary. They abused their positions of authority and influence, apparently for selfish reasons. Their actions were irresponsible and dangerous and contributed to the persistence of infectious disease, and in all probability to increased mortality in the neighbourhood. Dr Flynn appears to have discharged his professional duties diligently and honourably and clearly did not deserve the strictures and insults that were heaped on his head.

The campaign that was deliberately orchestrated against him, and the abuse to which he was repeatedly subjected, suggest the insecurity of medical practice in mid-nineteenth century Ireland, the intense competition between doctors for public appointments and the general lack of esteem in which the medical profession was held. The Central Board of Health emerged positively from the affair, as they did from the Great Famine generally, notwithstanding their mistaken view on the contagiousness of cholera. The board endeavoured to co-operate with all local efforts to suppress fever and other infectious diseases, and without their support and intervention the horrendous mortality of the Great Famine would have been even greater.

#### ACKNOWLEDGEMENTS

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#### FOOTNOTES

1. Unless otherwise indicated, the material in this article is derived from a file in the National Archives of Ireland, entitled "Return to an order of the honorable the House of Commons, dated 1 May 1849, containing copies of all correspondence between the Board of Health and the Poor Law Commissioners, the board of guardians of the Cashel union, the vice-guardians, and any other persons with respect to the Fethard temporary fever hospital", Central Board of Health, Dublin, 6 July 1849, OP 1849/113. See also OP 1849/03 and CSORP 1849 H 5065, NAI.
2. *Disease (Ireland). Abstracts from representations made by medical superintendents of public institutions*, British Parliamentary Papers, 1846 (120) xxxvii. 389. For the reports on County Tipperary, see



- Gordon Smith, "The health and medical aspects of the famine in Tipperary", *Tipperary Historical Journal*, 1996, p. 72.
3. 9 & 10 Vic., c. 6, "An act to make provision, until the first day of September one thousand eight hundred and forty-seven, for the treatment of poor persons afflicted with fever in Ireland".
  4. For the Laffan brothers, see Michael O'Donnell, "The Great Famine in Fethard", *Tipperary Historical Journal*, 1996, p. 68, notes 13 and 19.
  5. *Dublin Quarterly Journal of Medical Science*, 7 (1849), pp. 69-70, 72-3, 75, 77, 80, 82-3.
  6. *Dublin Medical Press*, 22 May 1844, p. 325. For an incidence of this practice at Cappawhite, County Tipperary, see CSORP 1 846 11354, NAI.
  7. Laurence M. Geary, "The late disastrous epidemic: medical relief and the great famine", in Chris Morash and Richard Hayes, eds., *"Fearful realities": new perspectives on the Famine* (Dublin: 1996), pp. 56-7.
  8. 11 & 12 Vic., c. 131, "An act to amend and continue until the first day of November one thousand eight hundred and forty-nine, and to the end of the then next session of parliament, an act to make provision for the treatment of poor persons afflicted with fever in Ireland", 5 September 1848.
  9. 10 & 11 Vic., c. 7, "An act for the temporary relief of destitute persons in Ireland".
  10. R. J. Graves: *A letter relative to the proceedings of the Central Board of Health in Ireland* (Dublin, 1847), reprinted from *Dublin Quarterly Journal of Medical Science*, 4 (1847), pp. 513-44.
  11. The circular of the central Board of Health relating to cholera was issued on 1 September 1849 and is cited in full in *Report of the Commissioners of Health, Ireland, on the epidemics of 1846-1850* (Dublin, 1852), pp. 70-3.
  12. *Report of the Commissioners of Health, Ireland, on the epidemics of 1846-1850*, p. 37.
  13. *Ibid.*, pp. 28-42.
  14. Eamonn Loneragan, *A workhouse story. A history of St. Patrick's hospital, Cashel, 1842-1992* (Cashel, 1992), p. 55.