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State intervention and provincial health care: the county infirmary system in late eighteenth-century Ulster

The eighteenth century, a period when pain, suffering and illness was an 'omnipresent threat',[1] saw medicine became more institutionally-based, increasingly state-funded, and wedded to a more scientific and analytical approach to disease. Voluntary hospitals, county infirmaries, medical supply dispensaries for the poor, the Royal Colleges of Physicians and Surgeons, and various medical guilds, schools and societies, were established or grew in importance.[2] Collectively these institutions did much to influence how Ireland's main medical practitioners (physicians, surgeons, apothecaries) were educated, trained and organised, as well as the way the sick were cared for.[3] While university-trained Irish physicians catered mostly for wealthy elites, the sick, rural poor usually only possessed the means or opportunity to engage the services of apothecaries or, occasionally, surgeons.[4] Along with commercial, patent medicines, domestic remedies and self-medication,[5] the sick had at their disposal an array of untrained, unregulated empirics, quacks, mountebanks, druggists, oculists, and faith and magical healers.[6]

A limited number of the poor were also treated in voluntary hospitals, first in general institutions for the 'curable' sick and then, later in the eighteenth century,

[1] James Kelly, '"Bleeding, vomiting and purging": the medical response to ill-health in eighteenth-century Ireland' in Catherine Cox and Maria Luddy (eds), *Cultures of care in Irish medical history, 1750–1970* (Basingstoke, 2010), p. 15.

[2] James Kelly, 'The emergence of scientific and institutional medical practice in Ireland, 1650–1800' in Greta Jones and Elizabeth Malcolm (eds), *Medicine, disease and the state in Ireland* (Cork, 1999), pp 21–39.

[3] Kelly, 'Emergence', p. 21; idem, 'Domestic medication and medical care in late early modern Ireland' in Fiona Clark and James Kelly (eds), *Ireland and medicine in the seventeenth and eighteenth centuries* (Farnham, 2010), p. 109; Toby Barnard, *A new anatomy of Ireland: the Irish Protestants, 1649–1770* (London, 2003), pp 129–42.

[4] Laurence Brockliss, 'Medicine, religion, and social mobility in eighteenth- and early nineteenth-century Ireland' in Kelly and Clark (eds), *Ireland and medicine*, pp 77–9; James Kelly and Fiona Clark, 'Introduction' in ibid., p. 4; Barnard, *New anatomy*, pp 129–35, 138–40; Patrick Fagan, *Catholics in a Protestant country: the papist constituency in eighteenth-century Dublin* (Dublin, 1998), pp 77–100; Kelly, '"Bleeding, vomiting and purging"', p. 22.

[5] Kelly, 'Domestic medication', pp 134–5.

[6] James Kelly, 'Health for sale: mountebanks, doctors, printers and the supply of medication in eighteenth-century Ireland', *RIA proc.*, 108c (2008), pp 1–38; Tony Farmar, *Patients, potions and physicians: a social history of medicine in Ireland, 1654–2004* (Dublin, 2004), pp 34, 37–8; Kelly, 'Domestic medicine', pp 113–14; Andrew Sneddon, *Witchcraft and magic in Ireland, 1586–1949* (forthcoming), chapter 4.

in specialised ones for pregnant, mentally ill or venereal patients, as well as those suffering from fever, smallpox or measles. Voluntary hospitals were financed by subscription, interest on capital investment, donations, lotteries, pupils' fees, bequests, annual charity sermons and income generated by public events. Subscribers appointed medical staff, played a major role in patient selection and supervised the day-to-day running of their hospital.[7] Unlike their English counterparts,[8] some voluntary hospitals in Dublin, such as St Patrick's (founded 1757) and the Lying-In Hospital (1745), received parliamentary grants or appropriations to help with, if not fully cover, their establishment and running costs.[9] Furthermore, while voluntary hospitals were making inroads into the English provinces by the second half of the eighteenth century,[10] their Irish equivalents were limited to Dublin, Belfast, Limerick and Cork, leaving the rest of Ireland without provision.[11]

The County Infirmary Act of 1765/6 aimed to remedy this paucity of provincial hospital care by providing local elites with the legal power, financial encouragement and medical and institutional guidance needed to set up and run infirmaries in thirty of Ireland's thirty-two counties.[12] Along with dispensaries, houses of industry, lunatic asylums, nursing homes, and workhouses, eighteenth-century county infirmaries remain an under-researched area of Ireland's medical landscape.[13] Case studies of individual infirmaries, based on manuscript minute

[7] Kelly, 'Emergence', pp 21–39; Laurence M. Geary, *Medicine and charity in Ireland 1718–1851* (Dublin, 2004), chapter 1. See also: J. D. H. Widness, *The Charitable Infirmary, Jervis Street, 1718–1968* (Dublin, 1968); T. P. C. Kirkpatrick, *History of Dr Steevens' Hospital, Dublin, 1720–1920* (Dublin, 1924); J. B. Lyons, *The quality of Mercer's: the story of Mercer's Hospital, 1734–1991* (Dublin, 1991); Elizabeth Malcolm, *Swift's Hospital: a history of Swift's Hospital Dublin, 1745–1989* (Dublin, 1989).

[8] For voluntary hospitals in England, see: Anne Borsay, 'Cash and conscience: financing the general hospital at Bath 1738–1750' in *Social History of Medicine*, iv, no. 2 (1991), pp 207–29; Roy Porter, 'The gift relation: philanthropy and provincial hospitals in eighteenth-century England' in Lindsay Granshaw and Roy Porter (eds), *The hospital in history* (London, 1989), pp 149–78; John V. Pickstone, *Medicine and industrial society: a history of hospital development in Manchester and its region, 1752–1946* (Manchester, 1985); Bronwyn Croxson, 'The foundation and evolution of the Middlesex Hospital's lying-in service, 1745–86' in *Social History of Medicine*, xiv, no. 1 (2001), pp 27–57.

[9] T. P. C. Kirkpatrick, *The book of the Rotunda Hospital* (London, 1913), pp 29–31, 37–8; Kelly, 'Emergence,' pp 28–9; Geary, *Medicine and charity*, pp 25, 35–6. See n. 40 below.

[10] In the sixty years after 1720, twenty-seven voluntary hospitals opened in England (twenty-three in the provinces and four in London), along with three in Scotland, see Borsay, 'Cash and conscience,' p. 228.

[11] Geary, Medicine and charity, p. 40.

[12] See notes 18, 37–8 below.

[13] See Kelly and Clark, 'Introduction', pp 2–3. The nineteenth century is much better catered for, see: P. M. Prior, *Madness and murder: gender, crime and mental disorder in nineteenth-century Ireland* (Dublin, 2008); Virginia Crossman and Peter Gray (eds), *Poverty and welfare in Ireland 1838–1948* (Dublin, 2011); Cormac Ó Gráda and Desmond McCabe, '"Better off thrown behind a ditch": Enniskillen workhouse during the Irish Famine' in Michael De Nie and Sean Farrell (eds), *Power and popular culture in modern Ireland: essays in honour of James S. Donnelly Jr* (Dublin, 2010); Mark Finnane, *Insanity and the insane in post-famine Ireland* (Totowa, N.J., 1981).

books as well as printed sources, provide detailed descriptions of how these institutions were established, financed and managed,[14] but in common with other institutional histories, they lack social and political contextualisation.[15] Although weighted towards the nineteenth century, and based largely on official, printed sources, Laurence Geary's research provides the first overview of the eighteenth-century county infirmary system at a national level. He argues that the fledgling infirmary system failed to deliver on its charitable and utilitarian promise of creating a healthy, industrious workforce out of the country's poor, as not only was its development slow and piecemeal but access restricted to the curable, non-infectious poor. Furthermore, with emphasis being placed on religious observance and discipline, the standard of patient care was generally woeful and governor, surgeon and treasurer neglect and indifference widespread.[16]

This article suggests that the infirmary system was conceived by central government as a practical, cost-effective solution to the growing problem of poverty, and examines when, why and how effectively the 1765/6 act was implemented in the late eighteenth century. Despite having a clear impact on institutional medicine in Ireland and occurring in a century that saw the Irish Parliament sit regularly and become a productive legislative machine, especially with regards to social and economic issues,[17] the Infirmary Act and related amending legislation awaits detailed examination. This will be provided, along with a consideration of the extent to which county infirmaries represented a new, enlightened breed of medical institution, as well as a political negotiation between central and local government, national power and local influence. Finally, the traditional picture of a corrupt and mismanaged infirmary system will be re-evaluated. These questions will be considered through a regional study of Ulster county infirmaries.[18] Regional studies are virtually non-existent in the

[14] D. R. M. Weatherup, 'The foundation of the Armagh County Infirmary' in A. J. Hughes and William Nolan (eds), *Armagh history and society: interdisciplinary essays on the history of an Irish county* (Dublin, 2001), pp 713–43; G. M. Beale, 'Treating Ulster's poor: the County Infirmaries of Armagh and Down, 1766–1851' in *Ulster Medical Journal*, lxxi, no. 2 (2002), pp 111–20; Laurence Geary, 'Medical charities in pre-famine North Cork' in *Mallow Field Club Journal*, xix (2001), pp 117–30; idem, 'Medical charities in Queen's County, 1765–1851' in Padraig G. Lane and William Nolan (eds), *Laois history and society: interdisciplinary essays on the history of an Irish county* (Dublin, 1999), pp 513–14.

[15] See Greta Jones and Elizabeth Malcolm, 'Introduction: an anatomy of Irish medical history' in Jones and Malcolm (eds), *Medicine, disease, and the state*, pp 1–17.

[16] Geary, 'Medical charities in Cork', pp 117–20; idem, 'Medical charities in Queen's County', pp 513–14; idem, *Medicine and charity*, pp 40, 43–5, 104–5, 131–2.

[17] D. W. Hayton, 'Introduction: the long apprenticeship' in David W. Hayton (ed.), *The Irish Parliament in the eighteenth century* (Edinburgh, 2001), pp 8–12; James Kelly, 'Harvests and hardship: famine and scarcity in Ireland in the late 1720s' in *Studia Hibernica*, xxvi (1991–2), pp 79, 95–100; Andrew Sneddon, 'Legislating for economic development: Irish fisheries as a case study in the limitations of "improvement"' in David Hayton, James Kelly and John Bergin (eds), *The eighteenth-century composite state: representative institutions in Ireland and Europe, 1690–1800* (Basingstoke, 2010), pp 136–59.

[18] Infirmaries in Ulster were located in the following locations: Londonderry (Derry); Donegal (Letterkenny named in 1765/6 act, changed to Lifford in 1767 amendment act); Tyrone (Omagh); Fermanagh (Enniskillen); Armagh (Armagh); Cavan (Cavan); Antrim (Lisburn); Down (Downpatrick); Monaghan (Monaghan).

historiography of Irish medicine in this period,[19] and are important as they help fill gaps unavoidably left by national generalisation, while questioning, often overturning, models made at that level through observation and explanation of local difference.[20]

Ulster has been chosen as a case study for a number of reasons. First of all, of Ireland's thirty county infirmaries, nine were placed in Ulster, and in common with the province's medical infrastructure as a whole, we know comparatively little about them.[21] This is in spite of the fact they are among the best documented: of the six surviving late eighteenth-century infirmary minute books,[22] four belong to Ulster.[23] To these institutional records can be added parliamentary records, printed books and pamphlets, private correspondence and newspaper accounts. Furthermore eighteenth-century Ulster was a self-contained region of Ireland, distinct religiously, ethnically, politically and economically. It was largely Protestant in a Catholic country, with most parts of the province containing substantial populations of Presbyterians and Anglicans. The late eighteenth century witnessed a substantial increase in Ulster's population, as well as an exceptional growth in the linen industry, combined with an increase in the export of agricultural products, such as live cattle, butter and pork. This in its turn led to an increase in imports of manufactured goods which helped develop Ulster's ports and facilitated the shift of economic activity to Belfast from elsewhere. In this period, Ulster was also a hot-bed of political unrest and radicalism: from the protests and riots of the small tenant farmer-weavers, to the violent clashes between Catholic Defenders and Protestant Peep O'Day boys. It was also deeply affected by the rebellion of the United Irishmen in 1798.[24]

On 15 March 1766, Gustavus Lambert, erstwhile placeman and longstanding, active M.P. for Kilbeggan, County Westmeath, was given leave by the House of Commons to introduce a draft bill (or heads of a bill) for 'erecting and establishing public county infirmaries or hospitals in this kingdom'.[25] This order was given immediately after the first Infirmary Bill, which Lambert had introduced the week before, had been discharged by the House prior to committee stage.[26] That this second, successful bill was backed by the majority of the Commons and the Dublin administration is attested to by the prominence of its introducers and its uncontested, uneventful passage through the House.[27]

[19] See Kelly and Clark, 'Introduction', pp 1–15, and Jones and Malcolm, 'Introduction', pp 1–17.

[20] Steven King and Alan Weaver, 'Lives in many hands: the medical landscape in Lancashire, 1700–1820' in *Medical History*, xiv (2000), pp 173–5.

[21] For narrative histories of Ulster medical institutions see R. S. J. Clarke, *The Royal Victoria Hospital Belfast: a history, 1797–1997* (Belfast, 1997), and n. 14 above.

[22] For the Kildare Infirmary see Kildare Infirmary Governors' minute books, 16 May 1768 – 5 Dec. 1799 (N.L.I., Kildare Infirmary minute books, Ms 19446); for Mallow Infirmary, County Cork, see Maurice Denham Jephson (ed.), *An Anglo-Irish miscellany: some records of the Jephsons of Mallow* (Dublin, 1964), appendix vii.

[23] Minutes survive for the Monaghan, Antrim, Down and Armagh Infirmaries.

[24] Jonathan Bardon, *A history of Ulster* (Belfast, 1992, repr. 2005), pp 179–239.

[25] 5 Geo. III, c.20 (1765); *Irish Legislation Database* (*I.L.D.*), (www.qub.ac.uk/ild/).

[26] 'Heads of a bill for erecting public county infirmaries in this kingdom (failed, 1765)'; *I.L.D.*; *Commons jn. Ire.* (4th ed.), viii, 117.

[27] *I.L.D.*

Furthermore, the lord lieutenant, Francis Seymour Conway, first marquess of Hertford, ensured its negotiation, albeit in a slightly amended form, through one of the main legislative hurdles on the way to the statute book, the Privy Council in London.[28]

The infirmary bill which became law on 24 June 1766 was conceived as a relatively inexpensive way for the state to tackle, or to be seen to tackle, Ireland's expansive poverty. The Protestant middle class and gentry in Ireland became increasingly concerned with the problem of poverty during the 1770s and 1780s, a time when there was uneven provision for the sick, able-bodied and impotent poor. As has been suggested, most Irish counties lacked hospital provision, and the costly, statutory English poor law (which from 1601 onwards levied a rate on the parish for the maintenance of its poor) was not adopted in Ireland. The Irish Protestant elite preferred an ad hoc system of relief, whereby the poor were supported by individual doles or through parochial institutions such as charity schools, poorhouses and almshouses. In 1703, the Dublin workhouse was established by an Act of Parliament (2 Anne, c.19) to provide for the able-bodied poor who were capable of work, but by the 1720s half its population comprised deserted children, and by 1750 it was operating as a fully-fledged foundling hospital. It was not until 1772 that the Woodward Act empowered grand juries to set up a 'house of industry' for infirm and able-bodied paupers in their own jurisdiction. In practice only a handful were founded.[29]

The preamble to the Infirmary Act[30] stated that it would provide 'receptacles in the several counties of this kingdom' for 'the poor, who are infirm or diseased', thus 'preserving the lives of many of his majesty's subjects' and promoting the 'labour and industry' and 'the manufactures of this kingdom'. The infirmary system was thus conceived by initiators as a charitable, utilitarian endeavour, designed to increase the health and productivity of the country's workforce. This, in its turn, would help to create national, economic prosperity. This rhetoric lent the infirmary system moral, political and economic legitimacy, making it more attractive to the local elites expected to establish it.[31] This explains why treasurers and governors of Ulster infirmaries employed it when soliciting local landowners

[28] *Lloyd's Evening Post*, 14 June 1766. The Privy Council amendment ensured that parliamentary subvention was paid directly to the Infirmary treasurer and not the district tax collector: see British Privy Council, Irish Bills committee report, 13 May 1766 (The National Archives, London (T.N.A.), Privy Council Records, PC 1/8/24).

[29] David Dickson, *New foundations: Ireland 1660–1800* (Dublin, 2nd ed., 2000), p. 186; idem, 'In search of the old Irish Poor Law' in Rosalind Mitchison and Peter Roebuck (eds), *Economy and society in Scotland and Ireland 1500–1939* (Edinburgh, 1988), pp 150–2, 154–6; Joseph O'Carroll, 'Contemporary attitudes towards the homeless poor, 1725–1775' in David Dickson (ed.), *The gorgeous mask: Dublin 1700–1850* (Dublin, 1987), pp 65–82; Barnard, *New anatomy*, pp 316–23; James Kelly, 'Infanticide in eighteenth-century Ireland' in *Irish Social and Economic History*, xix (1992), p. 20; idem, 'Jonathan Swift and the Irish economy in the 1720s' in *Eighteenth-Century Ireland*, vi (1991), pp 7–36.

[30] In common with all acts discussed in this article, the following examination of the 1765/6 Act (5 Geo. III, c.20) relies on the text of the original statute. See *The statutes at large passed in the Parliaments held in Ireland* (20 vols, Dublin, 1786–1801).

[31] For an example of 'improving' rhetoric being used to lend moral legitimacy to attempts to develop Ireland's fishing industry, see Sneddon, 'Legislating for economic development', pp 153–4.

for subscriptions.[32] The message was also disseminated in the tracts of medical reformers. The title-page of Edward Foster's lengthy exegesis on voluntary hospitals and county infirmaries, published in Dublin in 1768, contained scriptural quotations extolling the virtues of caring for the sick and poor.[33] He also praised the Irish legislature for passing the 1765/6 Act, which he claimed helped preserve the 'health and lives of the lower class of the subjects' of Ireland.[34] Foster was born in Donegal, practised as a physician and was educated at Edinburgh University.

The 'improving' aspect of infirmary rhetoric tapped directly into the increasing mania for social, cultural and economic improvement among representatives of the eighteenth-century Irish Protestant ascendancy. Improvement not only enjoyed cultural currency at a behavioural and attitudinal level, it assumed material form in the promotion and encouragement of urban, estate, agricultural and economic development.[35] This is not to say that involvement with medical charities did not cater to more worldly concerns such as sociability, social prestige and upward mobility. Hospital and infirmary boards, along with the stage-managed social events and balls that accompanied them, provided the shared space in which different social orders could interact and have their names linked publicly.[36]

If the act's preamble described its social and economic aims, the main body of the act detailed how the infirmaries were to be established, financed and run. It stated that in twenty-three of Ireland's counties,[37] infirmaries were to be established in a county or assize town, while in another seven[38] the actual town was specified. Counties Waterford and Dublin were not alluded to in the act as they were thought to be well catered for in terms of voluntary hospital provision.[39] As with voluntary hospitals, the onus of establishing individual infirmaries was placed in the hands of Church of Ireland clergy: the rector of the parish in which the infirmary was to be built, his bishop and the primate of all Ireland, the archbishop of Armagh. The current lord chancellor was to form the final part of this quorum, who along with founding clergymen and benefactors who gave twenty guineas or more, were to sit for life on the board of governors. Annual subscription of three guineas, however, bought a year on the board.

[32] John Whittingham to James Hamilton, eighth earl of Abercorn, 31 Aug. 1767 (P.R.O.N.I., T2541/IA/1/7/95); Galbraith Lowry Corry to Abercorn, 27 Apr. 1767 (P.R.O.N.I., Abercorn papers, D623/A/37/70).

[33] Edward Foster, *An essay on hospitals. Or succinct directions for the situation, construction and administration of country hospitals …* (Dublin, 1768): 'Blessed is he that considereth the poor; the Lord will deliver him in the time of trouble'(Ps. 41:1); 'I was naked, and ye clothed me; I was sick, and ye visited me'(Matt. 25:36). See also Geary, *Medicine and charity*, p. 43.

[34] Foster, *Essay on hospitals*, p. i.

[35] T. C. Barnard, *The kingdom of Ireland 1641–1760* (Basingstoke, 2004), pp 80–9; idem, *Improving Ireland? Projectors, prophets and profiteers 1641–1786* (Dublin, 2008).

[36] See Borsay, 'Cash and conscience', pp 215–21, 228.

[37] Armagh, Cavan, Down, Fermanagh, Londonderry, Monaghan, Tyrone, Carlow, Kilkenny, King's County, Longford, Louth, Leitrim, Queen's county, Westmeath, Wexford, Wicklow, Clare, Kerry, Limerick, Galway, Roscommon and Sligo.

[38] Lisburn in County Antrim; Mallow in County Cork; Castlebar in County Mayo; Letterkenny in County Donegal; Kildare in County Kildare; Navan in County Meath; Cashel in County Tipperary.

[39] Geary, *Medicine and charity*, p. 41.

In a departure from the funding of voluntary hospitals, infirmaries were to receive grand jury presentments, or county tax, worth between £50 and £100. This was to be donated annually at the summer assizes and spent on food and medicine for patients or to repair or replace hospital fixtures and fittings. Infirmaries were also to receive a parliamentary subvention of £100, paid annually out of the public purse and to be used, in the first instance, to employ a surgeon.[40] Infirmary surgeons were expected to have served a five-year apprenticeship and possess certification demonstrating they had been examined on their medical knowledge by leading Dublin surgeons, including 'the surgeon general … and the five senior surgeons of Mercer's hospital'. In the event of the death of an infirmary surgeon or physician, the vacancy was to be advertised in two Dublin newspapers and the candidate chosen by five members of the board of governors.

The boards of governors of infirmaries were directed by the 1765/6 act to meet quarterly and have complete financial control of their institution. Boards were expected to manage their own finances, both in terms of income (subscriptions, grants, gifts, benefactions, balls, return on capital investment, parliamentary subvention and grand jury presentment) and expenditure (the payment of the wages of medical and housekeeping staff, ground rent, repairs to hospital building and grounds, 'firing', and the purchase of medicines, furniture, food and medical apparatus).[41] The board was also expected to appoint treasurers, surgeons, physicians and servants and elect a standing committee to inspect hospital management in the intervals between their meetings. Patient intake was to be restricted to the curable poor who had been recommended by letter by a governor or governess. The exception to this rule was accident and emergency cases, and even then only at the discretion of a resident physician or surgeon.

In order to ascertain the extent to which the requirements of this act were met in the localities by infirmary boards, it is necessary to explore in detail how Ulster's infirmaries were established and managed; in particular, patterns of patient intake and the appointment of standing committees and medical staff. Although an area warranting further investigation, infirmary finances will not be explored here as this would require an article in its own right.[42]

[40] It should be noted that the 1765/6 Infirmary Act also provided Mercer's Hospital, Dublin, the North and South Charitable Infirmaries of Cork, the Charitable Infirmary, Dublin, and the Hospital for Incurables in Townsend Street (then Lazar's Hill) with an annual subvention of £50 each. It also stipulated that these institutions were to receive between £50 and £100 annually from grand jury presentments.

[41] These examples, given in parenthesis, of typical infirmary income and expenditure are taken from an examination of the following records: Monaghan Infirmary minutes, 9 Aug. 1770, 13 July 1775, 19 Aug. 1783 (N.L.I., Hospital Records, Monaghan Infirmary minute book (MB), 1768–1857, accession number, 2006/100); Minutes of the Governors of Antrim Infirmary, 7 Apr. 1767, 2 Feb. 1772, 8 Aug. 1777, 2 Nov. 1785, 5 May 1789, 1 Aug. 1792 (P.R.O.N.I., Hospital records, HOS/7/3/1/A/1); Down Infirmary minutes, Jan. 1768 – June 1800 (P.R.O.N.I., HOS/14/2/1/A/1, pp 1–4, 16, 34, 62–77, 82–99); Armagh Infirmary minutes, 1777, 1788 (Armagh County Museum (A.C.M.), Infirmary minute book (MB) 14, pp 261–2).

[42] For examples of this type of financial study, see: Borsay, 'Cash and conscience', and Amanda Berry, '"Balancing the books": funding provincial hospitals in eighteenth-century England' in *Accounting, Business and Financial History*, vii, no. 1 (1997), pp 1–30.

In contrast to existing historiography, which suggests that the establishment of the infirmary system was slow and uneven,[43] by 1771 twenty-six of the thirty infirmaries envisioned by the 1765/6 act had been established and were receiving annual, parliamentary subvention, including the nine sited in Ulster.[44] In line with the original act, Ulster infirmaries were founded by the initiative of the Church of Ireland parish clergy and their superiors. It was the parish and diocesan clergy, along with other representatives of the affluent Protestant elite (the local aristocracy, gentry and wealthy urban professionals), who subscribed to Ulster infirmaries and sat on their boards of governors.[45] With the exception of King's County (now County Offaly), infirmary subscribers and governors outside Ulster sited their institutions in the places proscribed by the act. Apart from the Donegal Infirmary at Lifford, Ulster governors followed suit: Antrim Infirmary was established at Lisburn and the rest were placed in or near county or assize towns. The thinking behind this decision was that Irish county towns provided a ready supply of would-be governors and subscribers: enlivened by markets, bi-annual assize courts, electioneering, military reviews and county meetings, they were filled with the wealthy, powerful and well-connected who lived or congregated there to work, relax or spend.[46]

On occasion, behind adherence to the letter of the Infirmary Act lay a measure of self-interest and political manoeuvring. For example, the Tyrone Infirmary was founded at Omagh by large landowner and M.P. for Co. Tyrone, Galbraith Lowry Corry, and fellow subscribers in late 1766, with the approval of the local grand jury.[47] This was in spite of the fact that 'Mr Knox of Dungannon, a gentleman of large estate and proprietor of that town, refused subscribing, alledgeing that the Infirmary should be there [Dungannon], as being more centeral'.[48] This decision of the board to site the infirmary at Omagh was based on three considerations: the need to comply with the 1765/6 Act; to provide ease of access to the infirmary by 'the principle gentlemen' of the county when attending the twice-yearly assizes;[49] and because Corry, agent to the chief subscriber, James Hamilton, eighth earl of Abercorn, was concerned that placing it elsewhere would be 'injurious' to his employer's 'property'.[50]

[43] Timothy P. O'Neill, 'Fever and public health in pre-famine Ireland,' in *R.S.A.I.Jn.*, ciii (1973), pp 5, 7; Geary, 'Medical charities in Cork', p. 118.

[44] *Commons jn. Ire.* (2nd ed.), xv, 26. This number was the same two years later, see *Commons jn. Ire.* (3rd ed.), xvi, 23.

[45] Minutes of Governors of Antrim Infirmary, 1 Jan. 1767 (P.R.O.N.I., HOS/7/3/1/A/1, pp 1–2); Weatherup, 'Armagh infirmary', p. 715; Down Infirmary minutes, Jan. 1768 – June 1800 (P.R.O.N.I., HOS/14/2/1/A/1, pp 4–104); James Hamilton to James Hamilton, eighth earl of Abercorn, 2 Feb. 1779 (P.R.O.N.I., Abercorn papers, D623/A/43/186); Monaghan Infirmary minutes, 1 Jan. 1768 (N.L.I., MB 2006/100).

[46] W.H. Crawford, 'The creation and evolution of small towns in Ulster in the seventeenth and eighteenth centuries' in Peter Borsay and Lindsay Proudfoot (eds), *Provincial towns in early modern England and Ireland: change, convergence and divergence* (Oxford, 2002), p.116; Weatherup, 'Armagh County Infirmary,' pp 716–17; O'Neill, 'Fever and public health', pp 5, 7.

[47] Corry to Abercorn, 27 Apr. 1767 (P.R.O.N.I., D623/A/37/70).

[48] James Hamilton to Abercorn, 30 May 1767 (P.R.O.N.I., Abercorn papers, D623/A/37/75).

[49] Hamilton to Abercorn, 30 May 1767 (P.R.O.N.I., Abercorn papers, D623/A/37/75); see also Corry to Abercorn, 27 Apr. 1767 (P.R.O.N.I., D623/A/37/70).

[50] Corry to Abercorn, 27 Apr. 1767 (P.R.O.N.I., D623/A/37/70).

Although no patient lists survive for Irish county infirmaries, surname analysis[51] and the denominational make-up of infirmary boards imply they were largely Protestant. The Infirmary Act placed patient selection almost solely in the hands of infirmary governors, a system adopted by most Ulster infirmaries.[52] It is thus highly probable that Protestant infirmary governors there recommended poor, Protestant patients whom they knew or had applied to them for patronage. Most discretionary charity in eighteenth-century Ireland was controlled by members of the Protestant elite, who preferred to give to local paupers from their own denomination.[53] When patients are mentioned by name in Infirmary minutes they appear to be Protestant, with the Antrim Infirmary for example admitting patients named Dolly Johnston, Jane Hannah and Joseph Bodkin.[54]

Despite the absence of any legal requirement, part of the culture of at least some Ulster infirmaries was the maintenance of a religious ethos at once Protestant and Anglican.[55] This is perhaps unsurprising given the Protestantism of the majority of subscribers and governors, and the close involvement of Church of Ireland clergy in the establishment and running of infirmaries. Founded in an era when the Anglican confessional state was beginning to be dismantled through a series of Catholic (and to a lesser extent Presbyterian) relief acts, infirmaries, like charter schools, were one of the few public institutions where inmates could be inculcated with the principles of the Anglican faith.[56] In Armagh Infirmary patients were allowed to leave hospital on Sunday to attend their parish church, and if lucky enough to have been cured they were expected upon release to give 'public thanks' to 'Almighty God'.[57] At Antrim Infirmary local clergy conducted a service every Sunday, read prayers, visited patients and distributed prayer-books and bibles.[58]

Whatever their religious denomination, patients admitted to an Ulster infirmary became part of a fortunate minority, as capacity, if one judges hospital size by bed numbers, was very small. It has been calculated that the average number of patients in eighteenth-century Irish infirmaries, including those in Ulster, was eleven, but within individual infirmaries this ranged anywhere from between five

[51] It is accepted that contentions made regarding religious background or ethnicity based on surname analysis are inherently conjectural.

[52] Down Infirmary minutes, 12 Jan. 1768 (P.R.O.N.I., HOS/14/2/1/A/1, p. 9); Armagh Infirmary minutes, c.1766? (A.C.M., MB 14, 'Rules of Infirmary'); minutes of Governors of Antrim Infirmary, 3 May, 2 Aug. 1768, 10 Nov. 1772, 2 May 1775 (P.R.O.N.I., HOS/7/3/1/A/1, pp 13–14, 31, 40).

[53] Barnard, *New anatomy*, pp 317–18.

[54] Minutes of Governors of Antrim Infirmary, 3 May 1768, 2 Nov. 1779 (P.R.O.N.I., HOS/7/3/1/A/1, pp 13, 56).

[55] Geary, *Medicine and charity*, p. 33.

[56] See Kenneth Milne, *The Irish charter schools, 1730–1830* (Dublin, 1996); Andrew Sneddon, 'Church of Ireland missions to Roman Catholics, c.1700–1800' in Keith Francis and William Gibson (eds), *The Oxford handbook of the British sermon, 1689–1901* (Oxford, forthcoming).

[57] Armagh Infirmary minutes, c.1766? (A.C.M., MB 14, 'Rules of Infirmary').

[58] Minutes of Governors of Antrim Infirmary, 5 May 1767, 2 Feb., 2 Aug. 1768, 1 Aug. 1770, 5 Feb., 7 May, 8 Aug. 1771, 3 May 1774, 7 Nov. 1775 (P.R.O.N.I., HOS/7/3/1/A/1, pp 8, 11, 14, 22, 25–7, 36, 41); John Howard, *An account of the principal lazarettos in Europe …* (London, 1789), p. 98.

and twenty-five.[59] In common with those in the rest of Ireland,[60] and in line with the 1765/6 act, Ulster's infirmary population was drawn from the ranks of the 'curable' poor, with the dying and incurable being regularly refused entry after a brief consultation with a surgeon.[61]

In Armagh Infirmary incurables who had been 'inadvertently admitted' were 'immediately removed',[62] while governors of Down Infirmary limited patient stay to two months, after which time they were discharged as incurable.[63] In August 1769, Charles McAnully was discharged from Antrim Infirmary, having 'continued near eight months in the infirmary, without being effectually relieved, and being judged incurable'.[64]

Although in-patient numbers were low, it has been overlooked that Ulster infirmaries also provided advice and medicine to a considerable number of out-patients, in much the same manner as the voluntary dispensaries founded in late eighteenth-century Belfast, Dublin and Cork to tackle urban poverty and sickness.[65] Surgeons from Antrim and Monaghan infirmaries were by the 1770s and 1780s respectively attending out-patients,[66] while it was noted by Down Infirmary governors in January 1768 that since the opening, 'thirty-one out-patients have received advice and medicines'.[67] From 1788 onwards it opened its doors to out-patients every Wednesday and Saturday from 9 a.m. until 2 p.m.[68]

If infirmary governors fulfilled their statutory duty of recommending patients to the infirmary, did they meet quarterly, elect standing committees, and appoint qualified surgeons? The available evidence suggests Ulster infirmaries found it difficult, especially as the century wore on, to meet the standard of quarterly meetings. Tyrone Infirmary governors met twice a year 'at every assizes',[69] while their counterparts at Down Infirmary met tri-annually up until 1774, after which

[59] Geary, *Medicine and charity*, p. 44; Monaghan Infirmary minutes, 2 Oct. 1770, 5 July 1783 (N.L.I., MB 2006/100); Howard, *Account of the principal lazarettos*, pp 95–9; Armagh Infirmary minutes, 1777 (A.C.M., MB 14, pp 261–2); Minute Book of the Standing Committee of Antrim Infirmary, 6 Jan. 1767, 2 Sept. 1776, 3 Apr. 1780 (P.R.O.N.I., Hospital records, HOS/7/3/1/B/1, pp 1, 24, 34).

[60] Geary, 'Medical charities in Queen's County', p. 513; idem, 'Medical charities in Cork', p. 117.

[61] Down Infirmary minutes, 12 Jan. 1768 (P.R.O.N.I., HOS/14/2/1/A/1, pp 9–10); Armagh Infirmary minutes, c.1766? (A.C.M., MB 14, loose leaf entitled, 'Rules of Infirmary').

[62] Armagh Infirmary minutes, c.1766? (A.C.M., MB 14, 'Rules of Infirmary').

[63] Down Infirmary minutes, 12 Jan. 1768 (P.R.O.N.I. HOS/14/2/1/A/1, pp 10, 15).

[64] Minutes of Governors of Antrim Infirmary, 1 Aug. 1769 (P.R.O.N.I., HOS/7/3/1/A/1, p. 18).

[65] Geary, *Medicine and charity*, pp 54–9; see also Catherine Cox, 'Access and authority: the medical dispensary service in post-Famine Ireland' in Cox and Daly (eds), *Cultures of care*, pp 57–78.

[66] Monaghan Infirmary minutes, 5 July 1783 (N.L.I., MB 2006/100); minutes of Governors of Antrim Infirmary, 10 Nov. 1772, 4 May 1773 (P.R.O.N.I., HOS/7/3/1/A/1, pp 31, 33–4).

[67] Down Infirmary minutes, 12 Jan. 1768 (P.R.O.N.I., HOS/14/2/1/A/1, p. 15).

[68] Ibid., 8 Oct. 1788, pp 85–6.

[69] William Stewart to James Hamilton, eighth earl of Abercorn, 3 Jan. 1775 (P.R.O.N.I., Abercorn papers, D623/A/42/48).

they convened every few years to pour over hospital accounts or handle important issues. In 1779, for example, they met to appoint a live-in apothecary in place of the current, absentee practitioner.[70] In the Fermanagh Infirmary, however, governor neglect was palpable, with the nonconformist English parliamentary Inspector John Howard noting in 1787 that no repairs had been done on the building 'for twenty years', nor had 'any governor been there these seven years'.[71]

Ulster infirmary boards did on the whole meet their statutory obligation of appointing standing committees. The standing committee of the Armagh Infirmary met three times between 1772 and 1774, after which it sat monthly.[72] The Monaghan Infirmary set up its first standing committee in January 1786. It was to include the resident surgeon who was expected to draw up a report on 'the state of the hospital'.[73] The standing committee of Antrim Infirmary, the only standing committee to possess an extant minute book detailing its activities, sat regularly from January 1767 until the early 1780s.[74] The committee advertised for, employed, paid and disciplined house staff, housekeepers, nurses and porters.[75] It ensured the hospital building was regularly repaired,[76] purchased patient clothing, beds, bedding, furniture and kitchen utensils,[77] and regularly inspected the housekeeper's accounts as well as conditions in the wards.[78] In January 1783, it reported 'with pleasure the house was remarkably clean and everything in good order'.[79]

When selecting infirmary surgeons, Armagh, Antrim and Monaghan infirmaries adhered strictly to the dictates of the 1765/6 Act.[80] For example, in July/August 1767, Armagh Infirmary governors advertised in two Dublin newspapers for a surgeon and its subscribers and governors, 'pursuant [to an] Act of Parliament', subsequently elected Joseph Shewbridge.[81] Before employing a

[70] Down Infirmary minutes, 21 Apr. 1767 to 24 June 1800 (P.R.O.N.I., HOS/14/2/1/A/1, pp 1–104).

[71] *Commons jn. Ire.* (3rd ed.), xxv, appendix, cccxcii. For John Howard, see Ole Peter Grell, 'A journey of body and soul: the significance of the hospitals in southern, Catholic Europe for John Howard's views of health care and the creation of the utopian hospital' in Ole Peter Grell, Andrew Cunningham and Bernd Roeck (eds), *Health care and poor relief in 18th and 19th century southern Europe* (Aldershot, 2005), pp 289–316.

[72] Weatherup, 'Armagh Infirmary', p. 717.

[73] Monaghan Infirmary minutes, 12 Jan. 1768 (N.L.I., MB 2006/100).

[74] Minutes of Standing Committee of Antrim Infirmary, 6 Jan. 1767 to 1 Jan. 1782 (P.R.O.N.I., HOS/7/3/1/B/1, pp 1–41).

[75] Ibid., 6 Jan., 20 Feb. 1767, 25 Aug., 1 Sept., 13 Oct. 1777, 3 Apr. 1780, pp 1, 7, 26–7, 34.

[76] Minutes of Standing Committee of Antrim Infirmary, 16 Sept. 1772 (P.R.O.N.I., HOS/7/3/1/B/1, p. 18).

[77] Ibid., 2, 13 Feb., 25 Aug. 1767, 1 Oct. 1781, pp 5, 7, 11, 40.

[78] Minutes of Standing Committee of Antrim Infirmary, 16 Sept. 1772, 3 Dec. 1781 (P.R.O.N.I., HOS/7/3/1/B/1, pp 18, 40).

[79] Ibid., 6 Jan. 1783, p. 43.

[80] Monaghan Infirmary minutes, 25 Sept., 12 Oct., 16 Dec. 1782, 22 Apr. 1793, 8 Feb. 1796 (N.L.I., MB 2006/100); minutes of Governors of Antrim Infirmary, 10 Feb., 17 Mar. 1777 (P.R.O.N.I., HOS/7/3/1/A/1); Armagh Infirmary minutes, 2 Mar., 6 Apr. 1776, 19 Nov. 1787, 8 Feb. 1788 (A.C.M., MB 14, pp 27–8, 40, 41).

[81] Armagh Infirmary minutes, 13 July, 8 Aug. 1767 (A.C.M., MB 14, p. 14).

surgeon in 1796, the board of governors of Monaghan Infirmary carefully 'examined his qualifications'.[82] However patronage, nepotism and sale of appointments was not confined only to voluntary hospitals but was in evidence in some county infirmaries up until the mid-nineteenth-century.[83] At Donegal Infirmary in June 1780, Robert Spence was elected surgeon by subscribers created specifically for that purpose, at a total cost of £500. He nevertheless won only by the slightest of margins as the father of the other main candidate, Mr Spoul, had spent £400 in a similar manner.[84] The creation of these new subscribers did little good for infirmaries in the long term as they seldom continued their subscription for a second year.[85] In the 1790s, the board of Tyrone Infirmary placed the appointment of a surgeon in the hands of its chief subscriber, John James Hamilton, first marquess of Abercorn.[86] Abercorn, an English-born Irish peer and absentee landlord, who owned estates in Counties Donegal and Tyrone, passed this valuable patronage to his agents, John Stewart and Lieutenant Colonel Nathaniel Montgomery Moore, to distribute.[87] Along with estate purchase, patronage formed an important part of Abercorn's pursuit of parliamentary power and the lord lieutenantship of Ireland.[88]

The majority of Ulster surgeons were paid the £100 per annum recommended in the 1765/6 Act.[89] Salary was one of the main differences between infirmary and voluntary hospital medical staff. For most of the century, a majority of voluntary hospital surgeons and physicians worked free of charge, being paid with the coin of prestige, social connection, and the promise of private patients.[90] For some, such as Michael Whyte, the draw of a salary of £100 per annum was so strong that he left Mercer's Hospital in Dublin to become surgeon to Armagh Infirmary in 1776. Whyte was replaced by another Mercer surgeon, Richard Daniel, in 1788, on the recommendation of the president of the Royal College of Surgeons, Samuel Croker King.[91] The Royal College of Surgeons, founded in 1784, paid testimony to the increasing professionalisation and rising medical skill

[82] Monaghan Infirmary minutes, 8 Feb. 1796 (N.L.I., MB 2006/100).

[83] Geary, *Medicine and charity*, pp 128, 131.

[84] James Hamilton to James Hamilton, eighth earl of Abercorn, 23 June 1780 (P.R.O.N.I., D623/A/44/36); same to same, 9 July 1780 (P.R.O.N.I., D623/A/44/38); *Commons jn. Ire.* (3rd ed.), xxv, appendix, cccxcii.

[85] *Commons jn. Ire.* (3rd ed.), xxv, appendix, cccxciv.

[86] John James Hamilton, first marquess of Abercorn, to Stewart, 18–20 Dec. 1794 (P.R.O.N.I., D623/A/79/30); Moore to Abercorn, 24 July 1795 (P.R.O.N.I., D623/A/147/29).

[87] Abercorn to Moore, 31 July 1795 (P.R.O.N.I., Abercorn papers, D623/A/79/115).

[88] A. P. W. Malcomson, 'A lost natural leader: John James Hamilton, first Marquess of Abercorn, 1756–1815' in *R.I.A.Proc.*, 88C, no. 4 (1988), pp 61–86; E. M. Johnston-Liik, *History of the Irish Parliament 1692–1800: commons, constituencies and statutes* (6 vols, Belfast, 2002), iii, 39–4; ibid., iv, 341–2.

[89] Specifically those in Counties Londonderry, Down, Monaghan, Armagh, Antrim and Down, see: Down Infirmary minutes, 6 Oct. 1767 (P.R.O.N.I., HOS/14/2/1/A/1, p.7); Howard, *Account of the principal lazarettos*, p. 97; Monaghan Infirmary minutes, 20 Apr. 1770 (N.L.I., MB 2006/100, 'Loose leaf inserted in minute book'); minutes of Governors of Antrim Infirmary, 17 Mar. 1777 (P.R.O.N.I., HOS/7/3/1/A/1); Armagh Infirmary minutes, 1777 (A.C.M., MB 14, p. 262).

[90] Geary, *Medicine and charity*, pp 124–5.

[91] Weatherup, 'Armagh County Infirmary', pp 725–6.

and status of surgeons, in which their association with voluntary hospitals and infirmaries played no small part. The College possessed the power to regulate its membership and develop a system of surgical education: schools of anatomy and surgery were founded, a licensing system put in place, professors appointed, and students enrolled.[92]

With regular public funding came the expectation of greater accountability, and from the late 1770s onwards inquiries were conducted by the Irish House of Commons into the finances and medical effectiveness of the country's infirmaries. This was achieved by ordering infirmary treasurers to return to the House details of the income and expenditure of their institution, as well as numbers of patients they had admitted, discharged, killed and cured.[93] An inquiry of a more ambitious nature was launched in March 1788 by the Commons.[94]

This resulted in a report delivered on 15 April 1788 which detailed conditions within Ireland's voluntary hospitals, dispensaries, prisons and infirmaries. It was based on two inspections carried in the second half of 1787 by John Howard and Dublin-based physician, and inspector-general of prisons, Sir Jeremiah Fitzgerald.[95] It has been regarded as a damning indictment of the Irish county infirmary system,[96] as it spoke of dilapidated buildings and unsanitary, cramped conditions, with many patients lacking beds and clean linen, and in some cases adequate nourishment. It named and shamed unscrupulous, unqualified treasurers, surgeons and administrators who collectively neglected the small number of charges under their care. This description held true for some of Ulster infirmaries. John Howard reported that Donegal Infirmary was dirty, never whitewashed and lacked running water, while Fitzgerald found the twelve beds in Fermanagh Infirmary filthy and the six beds in Cavan Infirmary dirty and broken.[97]

However, the 1788 report was not wholly negative in its summation of Ulster's infirmaries. According to Fitzgerald, conditions in the Antrim Infirmary were very good. His report stated that it contained 'nine beds remarkably clean' and was 'altogether well kept'.[98] He noted that the Armagh Infirmary was 'an excellent new building', containing 'fourteen beds, up in two wards, occupied by twelve patients', with floors and walls being 'very clean'.[99] Howard

[92] Kelly '"Bleeding, vomiting and purging"', p. 19; idem, 'Emergence', pp 33–4; John F. Fleetwood, *The history of medicine in Ireland* (2nd ed., Dublin, 1983), pp 66–9, 81; J. B. Lyons, *A pride of professors: the professors of medicine at the Royal College of Surgeons in Ireland, 1813–1985* (Dublin, 1999), p. 2; Eamon O'Flaherty, 'Medical men and learned societies in Ireland, 1680–1785' in Judith Devlin and Howard B. Clarke (eds), *European encounters: essays in memory of Albert Lovett* (Dublin, 2003), pp 256, 258.

[93] *Commons jn. Ire.* (2nd ed.), xviii, 205–6, 353, 366, 371–2, 432, 499; Armagh Infirmary minutes, Aug. 1777 (A.C.M., MB 14, p. 261).

[94] *Commons jn. Ire.* (3rd ed.), xxv, 277.

[95] *Commons jn. Ire.* (3rd ed.), xxv, 331; idem., appendix, cccxci–cccci. For Sir Jeremiah Fitzgerald, see Oliver MacDonagh, *The inspector general: Sir Jeremiah Fitzpatrick and the politics of social reform, 1783–1802* (London, 1981).

[96] Geary, *Medicine and charity*, pp 43–5.

[97] *Commons jn. Ire.* (3rd ed.), xxv, appendix, cccxci–cccci; Howard, *Account of the principal lazarettos*, pp 95–8; Geary, *Medicine and charity*, p. 44; MacDonagh, *Inspector general*, p. 21.

[98] *Commons jn. Ire.* (3rd ed.), xxv, appendix, cccxcix.

[99] Ibid., cccc.

congratulated the Monaghan Infirmary for its ban on tobacco-smoking, and the only criticism he had of Down Infirmary was that it 'wants whitewashing'.[100]

It has also been suggested that the 1788 report was ignored by the government and hospital administrators alike, as no discernable effort was made to improve hospital conditions and patient care.[101] In reality it caused immediate disquiet in the Commons, which ordered that 'the treasurer or other proper officer' of each county infirmary send a full report of conditions within their institution by the second week of the next sitting of parliament. The reports were to provide details of when the infirmary was founded, how many patients it had admitted since opening, as well as an account of patient capacity and a description of the physical condition of the hospital building. They were also to specify the names and donations of benefactors and subscribers, and the salary details of attending surgeons.[102] Many infirmaries, including Armagh, met the deadline, while others responded a couple of months later, with Sir John Blaquiere even suggesting that unresponsive treasurers be forced to 'appear at the bar of this House'.[103] Furthermore, as a direct result of the report, Monaghan Infirmary's board increased its number of quarterly meetings and ward inspections and ordered its premises be inspected for structural faults.[104] These improvements eventually made a difference to the way the infirmary was publicly perceived, and by the dawn of the new century Sir Charles Coote reported that it now lay 'on an elevated and airy situation, and [was] well attended to by the visitors'.[105] The lack of any 'discernable effort' to improve conditions in other institutions was possibly a result of the fact that their respective boards and standing committees were already engaged in ongoing programmes of institutional improvement. This included increasing patient capacity and repairing or rebuilding hospital buildings.[106]

The twenty infirmary amendment acts passed between 1767 and 1800 were uncontroversial, and the majority, if not all, were reactive and non-regulatory in orientation. They closed loopholes in the original act, enabling them to function more effectively, as well as helping governors to regulate and fortify their institution's finances. They also exempted or included specific institutions in the provisions of the original act.[107]

[100] *Commons jn. Ire.* (3rd ed.), xxv, appendix, cccxciii.

[101] Geary, *Medicine and charity*, p. 44.

[102] *Commons jn. Ire.* (3rd ed.), xxv, 326–7.

[103] *The parliamentary register; or a history of the proceedings and debates of the House of Commons of Ireland* (15 vols, Dublin, 1784–95), ix, 328; *Commons jn. Ire.* (3rd ed.), xxvi, 274; Armagh Infirmary minutes, July 1788 (ACM, MB 14: 261); Weatherup, 'Armagh County Infirmary', p. 715.

[104] Monaghan Infirmary minutes, 1 Aug. 1788, 27 July 1789, 11 Feb. 1793 (N.L.I., MB 2006/100).

[105] Sir Charles Coote, *Statistical survey of the county of Monaghan ...* (Dublin, 1801), p. 171.

[106] Down Infirmary minutes, 12 Jan. 1773, 8 Oct. 1788 (P.R.O.N.I., Hospital records, HOS/14/2/1/A/1, pp 46, 86); Beale, 'Treating Ulster's poor', p. 116.

[107] For examples of this legislation and their passage through parliament, see: 11 & 12 Geo. III, c.23 (1771); 13 & 14 Geo. III, c.43 (1773); 15 & 16 Geo. III, c.31 (1775); 19 & 20 Geo. III, c.44 (1779); 23 & 24 Geo. III, c.29 (1783); 25 Geo. III, c.40 (1785); 25 Geo. III, c.39 (1785); 26 Geo. III, c.21 (1786); 39 Geo. III, c.17 (1799); *Parliamentary register*, iii, 10–12; Armagh Infirmary Minutes, August 1777 (A.C.M., MB 14, p. 261); British

The 1767 Amendment Act,[108] which passed through parliament and the British and Irish privy councils without opposition,[109] changed the town designated for the Co. Donegal Infirmary from Letterkenny to Lifford, 'being the county town, and more central and convenient to the best inhabited part of the said county'. Furthermore, Church of Ireland clergy and governors of charities and corporate bodies were now able to bestow fee farms or grant leases in perpetuity to enable infirmaries to be built on their property. Eligible guardians of minors, along with other tenants for life, were added to this list by an act of 1777, which also enjoyed both an uncontested path through parliament and the privy councils in Dublin and London.[110] Meanwhile in the 1796 session of parliament, legislation was introduced to detect and remove treasurers suspected of embezzling infirmary or hospital funds, and compel them to pay back the money. The act also added to the qualifications laid down in the 1765/6 act for prospective infirmary surgeons the production of letters testimonial from the Royal College of Surgeons.[111] This clause was born of the lobbying and campaigning, from the early 1790s onwards, of Sir John Blaquiere, the College itself, and its future president, Dr George Renny.[112]

Only three of these amendment bills began life in the House of Lords and were promoted by men loyal to the Dublin executive: two by the lord chancellor, John FitzGibbon, first earl of Clare, and one by Lord Ranelagh.[113] Although a sizeable minority of post-1765 infirmary bills were brought into the House of Commons by Irish privy councillors, office-holders and supporters of the Dublin administration, the majority were introduced by county M.P.s on behalf of infirmary boards. In some cases these M.P.s served on infirmary boards themselves and, in common with many of Dublin's leading intellectuals and professionals, including medics, they were often actively engaged in other social and economic 'improvement' projects, boards and societies.[114]

Privy Council register, 7 May 1772 (T.N.A., PC 2/116: 217); *I.L.D.*; *Commons jn. Ire.* (4th ed.), viii, 120, 515; ibid., ix, 29, 64; Richard Lewis (ed.), *The Dublin guide: or a description of the city of Dublin* (Dublin, 1787), pp 181–2; *The Times*, 15 Mar. 1786; *Morning Chronicle and London Advertiser*, 6 Feb. 1786.

[108] 7 Geo. III, c.8 (1767).

[109] *I.L.D.*; British Privy Council, Irish bills committee report, 20 Apr. 1768 (T.N.A., Privy Council Records, PC 1/9/18, f.4r); British Privy Council register, 19 Apr. 1768 (T.N.A., PC 2/113, p. 131).

[110] 17 & 18 George III, c.15 (1777); I.L.D.; *Commons jn. Ire.* (2nd ed.), xviii, 379; British Privy Council, Irish bills committee report, 13 May 1778 (T.N.A., Privy Council records, PC 1/11/80, f.3r).

[111] 36 Geo. III c.9 (1796).

[112] *Lloyd's Evening Post*, 8 Apr. 1791; *Parliamentary Register*, xii, 290–3; *Commons jn. Ire.* (3rd ed.), xxviii, pp 1102, 1131; minutes of Royal College of Surgeons, 5 Apr., 2 May 1791 (Royal College of Surgeons, minute books, RSCI/COL/1, pp 204–9); Kelly, 'Infanticide,' p. 20; Geary, *Medicine and charity*, p. 132.

[113] 15 & 16 George III c.31 (1775); 'To amend an act passed in this kingdom in the 5th year of the reign of his present majesty, entitled, an act for erecting and establishing public infirmaries or hospitals in this kingdom' (1795, failed); 'To amend an act passed in the 5th year of the reign of his present majesty, entitled, an act for erecting and establishing public infirmaries or hospitals in this kingdom' (1796, failed). For details of this legislation, see *I.L.D.*

[114] This assertion is based on an examination of legislative promoters contained in the *I.L.D.*, as well as biographical details of M.P.s in Johnston-Liik, *History of the Irish*

Irish county infirmaries were distinct from other existing hospital systems in Britain, Ireland and continental Europe.[115] First of all they were born in 1765/6, not with a subscriber charter but in an essentially regulatory piece of legislation. This legislation conceived a unified, national system, set up and run in specified locations, according to detailed rules of finance, governance and patient intake, by provincial elites who, largely, regarded it as statutory obligation. It is true that some infirmary financial and governance structures had antecedents in the voluntary hospital system but this should not be overstated. Although both institutions operated subscriber and governor recommendation schemes and admitted only curable poor patients, infirmaries catered for significant numbers of out-patients in a similar way to the nineteenth-century dispensary system. Furthermore, infirmary surgeon salaries and expected levels of training were set by the 1765/6 Act, which provided every institution with an annual parliamentary subvention and access to funds raised at county level. It also allowed income to be derived from charitable means, but this time in much the same way as voluntary hospitals.

Periodic parliamentary inquiries into how well the governors of Ireland's various infirmaries spent public money also demonstrated a new demand for public accountability. The infirmary system thus represented a shift by central government away from its laissez-faire, reactionary and non-regulatory attitude to medical matters, whether in relation to the operation and function of voluntary hospitals,[116] the regulation of drugs and medicines or the training and practices of medical professionals,[117] to a more enlightened one, where the state took at least some responsibility for the country's sick poor.[118] In this way it can be regarded as part of the eighteenth-century medical enlightenment and representative of the growing institutionalisation and professionalisation of medicine, as well as forerunner to the regulatory institutions of the succeeding century.

Parliament. Details of initiatives which began life as parliamentary petitions have been taken from *Commons jn. Ire.* and *Lords jn. Ire.* For improving medical practitioners, see Toby Barnard, 'The wider cultures of eighteenth-century Irish doctors' in Kelly and Clark (eds), *Ireland and medicine*, pp 185, 187, 191.

[115] See Ole Peter Grell, Andrew Cunningham and Robert Jutte (eds), *Health care and poor relief in 18th and 19th century northern Europe* (Aldershot, 2002), and Grell, Cunningham and Roeck (eds), *Health care in southern Europe*.

[116] For a list of voluntary hospital legislation, see Andrew Sneddon, 'Institutional medicine and state intervention in eighteenth-century Ireland' in Kelly and Clark (eds), *Ireland and medicine*, pp 157–62. For details of their content and passage through Parliament, see: *I.L.D.*; *Commons jn. Ire.* (4th ed.), xiii, 173; ibid., v, 29; ibid., xiv, 36; *Lords jn. Ire.*, iii, 378–9; ibid., viii, 399, 410, 433–4, 452, 459; *Stat. Ire.*, vii, 248–54, 836; Kirkpatrick, *Steevens' Hospital*, pp 42–4; Geary, *Medicine and charity*, p. 17.

[117] See Sneddon, 'Institutional medicine', pp 137–56; Kelly and Clark, 'Introduction', pp 11–12, 15.

[118] For studies which place state intervention at the centre of a medical enlightenment, see Roy Porter, 'Was there a medical enlightenment in eighteenth-century England?' in *British Journal of Eighteenth-Century Studies*, v (1982), p. 53, and David Gentilcore, '"The golden age of quackery" or medical enlightenment? Licensed charlatanism in eighteenth-century Italy' in *Cultural and Social history*, iii, no. 3 (2006), p. 257. For an article which questions the idea of an enlightened Ireland see, Gerard O'Brien, 'Scotland, Ireland and the antithesis of enlightenment' in S. J. Connolly, R. A. Houston, and R. J. Morris (eds), *Conflict, identity and economic development: Ireland and Scotland 1600–1939* (Preston, 1995), pp 125–34.

Although initiated, monitored and funded by the state, it should not be overlooked that the practical implementation of infirmary legislation relied on the social connections, wealth and influence of local, Protestant lesser gentry and urban professionals. Statutory obligation and the ideological allure of improvement rhetoric was not their only motivation for supporting infirmaries as they provided shared social spaces where religious, political and social goals could be pursued and solidified. Along with control over patient intake the selection of an infirmary surgeon supplied some governors and subscribers with socially and politically useful patronage; a practice, however, that did not lead to the appointment of the unqualified. For the clergy of the established church, infirmary patients were both deserving subjects for Christian charity and potential parishioners to be saved from irreligion.

When minor clauses of the original Act proved an encumbrance, in common with other eighteenth-century religious and medical interest groups,[119] infirmary boards lobbied local M.P.s to introduce reactive and non-regulatory amendment bills into Parliament. The infirmary system thus represents a negotiation between central and local power, between those Protestant elites in parliament and government who framed legislation and their counterparts in the localities who implemented it. For the most part however the 1765/6 act was flexible enough to provide boards with a large degree of discretionary control over the finances and physical and human resources of their institution. This in turn explains the different conditions and levels of patient care within the infirmary system, in that some were more innovative, dynamic, better run and managed than others. Nevertheless the overall impression is that the care received by both in-patients and out-patients in Ulster infirmaries was far better than national studies have suggested.*

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[119] John Bergin, 'The Quaker lobby and its influence on Irish legislation, 1692–1705' in *Eighteenth-Century Ireland*, xix (2004), pp 9–36, and Sneddon, 'State intervention'.

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