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*An examination of the causes and conditions of death
in County Waterford, 1864-1900*

by

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INTRODUCTION

The purpose of this work is to extract a profile of a community based primarily on an examination of the official death records for County Waterford between 1864 and 1900. By studying this source it is hoped that a snapshot of a population in a particular place and time will be created. Aspects of occupation, lifestyle, social-class and public health care provision will be emphasised with particular reference to the districts of Tramore and Lismore.

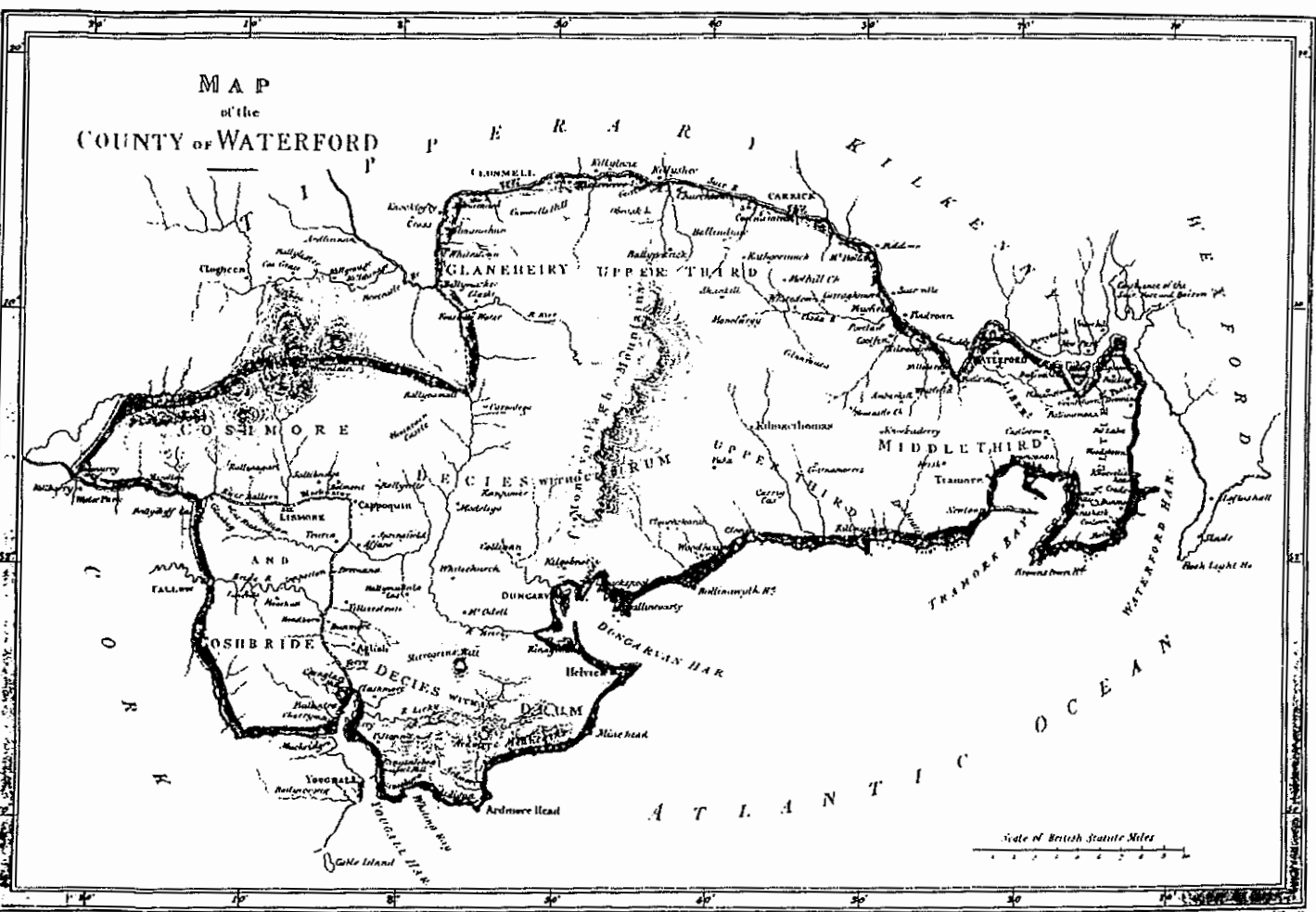


Funeral Procession, County Kerry (1910)

Source: Corey Schofield, Ireland Photographs 1840-1930, (UK, 1994), p.110

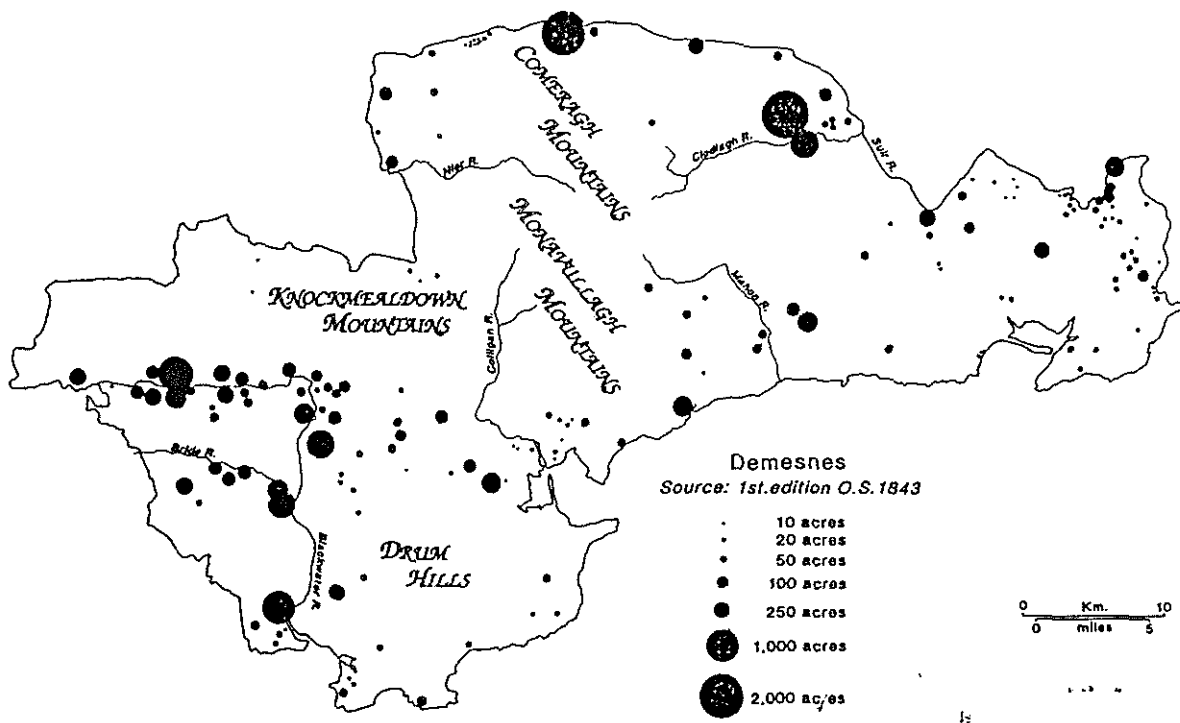
TOPOGRAPHY AND POPULATION OF CO. WATERFORD

For civil purposes the county of Waterford was divided into seven baronies and comprises 461,598 statute acres. Population figures in the 1851 census were 138,754 and in the 1901 census were 55,568.



Source: Rev. R. H. Ryland, The history topography and antiquities of the county and city of Waterford, (London, 1824)

Physically Co. Waterford divides naturally into east and west by virtue of the huge mountain ranges of the Comeraghs and Monavullagh. The Knockmealdowns continue this impassivity further north westwards so the main population clusters became centred on the landed demesnes around Lismore, Cappoquin and Dungarvan in the centre and the coastal townlands of the south. The well-managed and extensive estate of the Marquis of Waterford in the east of the county hosted a substantial population also.



Source: Jack Burtchaell, 'A typology of settlement and society in County Waterford c. 1840' in William Nolan and T.P. Power (eds.), *Waterford - History and Society* (Dublin, 1992) p. 557

The county is served by two of the great Munster rivers, the Suir to the north and east and the Blackwater to the west. In nineteenth century Ireland rivers were still the arteries of commerce so the regions of greater economic development grew along their banks. Consequently the largest houses and most valuable estates were situated in the Blackwater and Suir valleys. Lindsay Proudfoot points to the pronounced disparity in patterns of land ownership in Co. Waterford. He proves that by studying Griffith's Valuation returns 'the aristocratic minority owned a disproportionately large share of the landed wealth'¹. There were 112 estates listed here and of these seventy-five were valued at less than £2,000, twenty-nine at between £2,000 and £4,000 and of the remaining eight, five were valued at between £4,000 and £6,000. However, the Dromana, Lismore and Curraghmore properties of Lord Stuart de Decies, the Duke of Devonshire and the Marquis of Waterford were valued at £9,733, £17,130 and £22,099 respectively².

Dungarvan was Waterford's wealthiest rural parish in 1851³. This was attributed to its fertile arable land and the very improved town structure developed and paid for by the Duke of Devonshire.

The two towns of Lismore and Tramore, situated at opposite ends of the county, will come under particular scrutiny in this study of the records of deaths during the years 1864 to 1901.

Lismore, a small cathedral town situated in the west of the county on the banks of the Blackwater has had a remarkable history. It was one of the holy cities in early Christian Ireland and, from the seventh century when St. Carthage founded his university there, the town flourished as a seat of

¹ Lindsay Proudfoot, 'The estate system in mid-nineteenth century Waterford' in William Nolan and T.P. Power (eds), Waterford - History and Society (Dublin, 1992), p. 546.

² *Ibid.*, p. 250.

³ Jack Burtchaell, 'A typology of settlement and society in County Waterford c. 1850' in William Nolan and T.P. Power (eds.), Waterford - History and Society (Dublin, 1992), p. 546.

century. Sir Walter Raleigh was granted the castle and manor and, on his death, the property passed into the hands of Sir Richard Boyle, Earl of Cork. Through marriage it passed to the Devonshire family who, to this day, retain the castle and much land in the area. Lismore and the surrounding parishes were formed into the Lismore union when the Irish Poor Law was introduced in 1838. The workhouse and fever hospital were built in the town and, during the years under observation here (1864 to 1901), the population and consequently the death numbers were much enlarged by the existence of these two institutions. Also, it is worth noting, that for genealogical purposes, it is not very helpful to find so many people recorded with no former address other than that of their death, the workhouse in Lismore.

Tramore, on the eastern coast of the county and just eight miles distant from Waterford City, was merely a post-town overlooking the horseshoe shaped Tramore Bay. While some wealthy merchants of Waterford had their summer residences there, no great landowners with the prestige of the Duke of Devonshire, were native to the area. Also, in comparison to Lismore, Tramore had no institution such as a workhouse or a hospital of any kind but small numbers did die in what were termed 'alms houses' or 'poor houses'. Thus, the vast bulk of recorded deaths occurred at home, fever and infectious diseases do not feature as causes of death in the same high proportion as they do in Lismore and there is a higher rate in Tramore of coroners reports owing to fatalities caused by drowning. It can be assumed that the truly destitute and feverish travelled from the Tramore environments to Waterford city workhouse as happened in reverse in Lismore.

Therefore, it is apparent, that by examining the deaths in these two areas, some differences in cause and condition will be highlighted and a microcosmic picture for the whole of the county of Waterford will be outlined.

HEALTH AND MEDICAL CARE - National Developments

Before looking at the statistical details of death in nineteenth century Waterford it is helpful to outline the national state of health and medical care at this time.

Prior to the nineteenth century there was no public or state commitment to the creation of a health care system for Ireland's dependant sick. People who could afford it were treated at home by physicians and, as Ruth Barrington says, 'in an age before antibiotics those who could keep their distance from the poor and their infections, did so'⁴. However, legislation was passed for the setting up of county infirmaries and by 1841 thirty-nine of these, funded by county grants and public subscriptions, were set up. The infirmary was staffed by a surgeon and its purpose was to treat the sick and infirm poor. As Ireland suffered regularly from fever epidemics in the eighteenth century and the first half of the nineteenth century fever hospitals were also established. By 1833 there were seventy fever hospitals in the country⁵. Lunatic asylums run by laymen were set up too in this period but it was not until 1862 that control of these passed to the medical profession. Voluntary hospitals including the Meath and Dr. Steevens Hospital in Dublin had been founded in the eighteenth century.

But in 1838 a more conclusive step was taken in the area of public health care. That year saw the passing into law of the 'Act for the Effectual Relief of the Destitute Poor in Ireland' which from the beginning became simply 'The Irish Poor Law Act'. This made provision of poor relief in Ireland compulsory for the first time and it was implemented throughout the land. Ireland was divided into 130 unions based in townland areas. Maintenance and the running of these unions fell to the Boards of Guardians. Workhouses were to be established in every union and the stated purpose

⁴ Ruth Barrington, Health, medicine and politics in Ireland 1900-1970 (Dublin, 1987), p.3.

was 'to relieve and set to work within the workhouse all the destitute poor therein'⁶. Relief was to be granted only in the workhouse and preference was to be given to the aged, the infirm, children and people resident in the union to which the workhouse belonged. The workhouses were to be financed by the poor rate - an unpopular system of local taxation charged on property owners of the area. Building of the workhouses was speedy. By early 1842 eighty-one workhouses were admitting paupers. By the beginning of 1845, 118 were providing relief. The workhouses in Lismore, Dungarvan and Waterford were opened in April 1841, May 1842 and July 1844 respectively.

The buildings themselves were designed to be forbidding and regimental and 'the style is intended to be of the cheapest description compatible with durability'⁷. Conditions within were designed to be such that only dire necessity would force people to seek admission. Families were separated and a workhouse uniform worn. All able-bodied inmates were put to work the men breaking stones or grinding corn and the women nursing the sick and washing and mending clothes. Within seven years of its introduction the poor law had become firmly established in Co. Waterford but the famine of 1845 and subsequent years stretched it to its limit.



Lismore Workhouse by Robert Armstrong, 1842

Source: Paddy Vaughan, The Last Forge in Lismore, (Dublin, 1994 p.68)

⁵ Helen Burke, The people and the Poor Law in nineteenth century Ireland (Dublin, 1987), p.7.

⁶ Fifth Annual Report of the Poor Law Commissioners of England and Wales, 1839, London Appendix B. No. 5 p.105 cited in Helen Burke, The people and the Poor Law in nineteenth century Ireland p.47.

⁷ *Ibid.*, p.48.

The main diseases rife during these years were typhus, relapsing fever, scurvy and dysentery. It was almost an impossible task for the workhouse master to contain these from becoming epidemics in the constricted and overcrowded confines of the workhouse.

Government acts which attempted to stem the spread of infectious diseases included: The Nuisance Removal and Disease Prevention Acts (1848, 1849), The Relief of the Destitute Poor in Ireland (Amendment) Act (1862), Savage Utilisation Act (1865), Sanitary Act (1866), and the Public Health Act (1878) - all of which made the Boards of Guardians into local boards of health. The Poor Law Extension Act (1847) or the Soup Kitchen Act as it came to be called allowed for the provision of outdoor relief without the test of work.

In the decades following the famine the role of the workhouse changed from being an asylum for the poor to being a centre for medical relief. However the workhouse system was never viewed with any feeling warmer than toleration⁸. It was always seen as a place of last resort to the extent that in Lismore when the infirmary building was used as a district hospital people of a recent generation were even still fearful of dying in the premises⁹.

The passing in 1851 of an act known as the Medical Charities Act consolidated the dispensary service which up to then had developed only in some areas. Now the Boards of Guardians had responsibility for the provision of dispensaries. Medical officers were appointed who attended without charge the poverty-stricken sick in their dispensary districts. It was from this scenario that in 1863 the dispensary doctors were made registrars of deaths, births and of Catholic marriages¹⁰.

As Hensey recounts, this sideline of the poor law services 'was to be the source in later years of many of the vital statistics which formed the basis of

⁸ Brendan Hensey, The health services of Ireland (3rd ed., Dublin, 1979), p.10.

⁹ Paddy Vaughan, The last forge in Lismore (Dublin, 1994), p.72.

¹⁰ Brendan Hensey, The health services of Ireland, p.8.

plans for further development in the health services¹¹. See Appendix A for sample copies of death records.

The purpose of the maintaining of records of births and deaths, made compulsory in 1864, was to assist the authorities with better information on patterns of illness and mortality rates. The registration districts used for administering the system were identical with the Dispensary Districts in the Poor Law Union. In most cases the Medical Officer for the Dispensary District now also acted as the Registrar for the same area and there was a Superintendent Registrar responsible for all the Registers within the Union. Today local Health Boards hold the original registers and the general Register Office in Dublin holds the master index for the entire country. It is interesting to note that the same book of regulations, inclusive of fines amounting to pre-decimal amounts. As to the death record itself, it was completed by the Registrar in the presence of the informant who was required to supply a medical certificate from the attending doctor. If there was no doctor in attendance the informant must supply as much information as he was able to regarding the nature and cause of death. Each individual record was, and still is, completed in ink by the Registrar and both this officer and the informant added their signatures. The record was made up of eleven columns in total and the chief areas of information included:

1. the date and place of death
2. the name and surname of the deceased
3. the sex of the deceased
4. the condition of the deceased as to marriage
5. the age of deceased at last birthday
6. the rank or occupation of the deceased
7. the certified cause of death and the duration of the final illness

This is still in use today in the Health Boards around Ireland. The section in this book relating to registration of deaths refers to rules laid down under the Act of 26th Vic., cap.II, and instructions for registrars are extremely

¹¹ Ibid., p.8.

detailed and inclusive. However, at least one ruling contained in this book of guidelines has recently been amended.

In paragraph 143 it is stated that 'no still-born child is to be registered'¹². However, since 1994, a separate file of records pertaining to stillbirths has been created, thereby adding a necessary piece to the complex pattern of deaths.

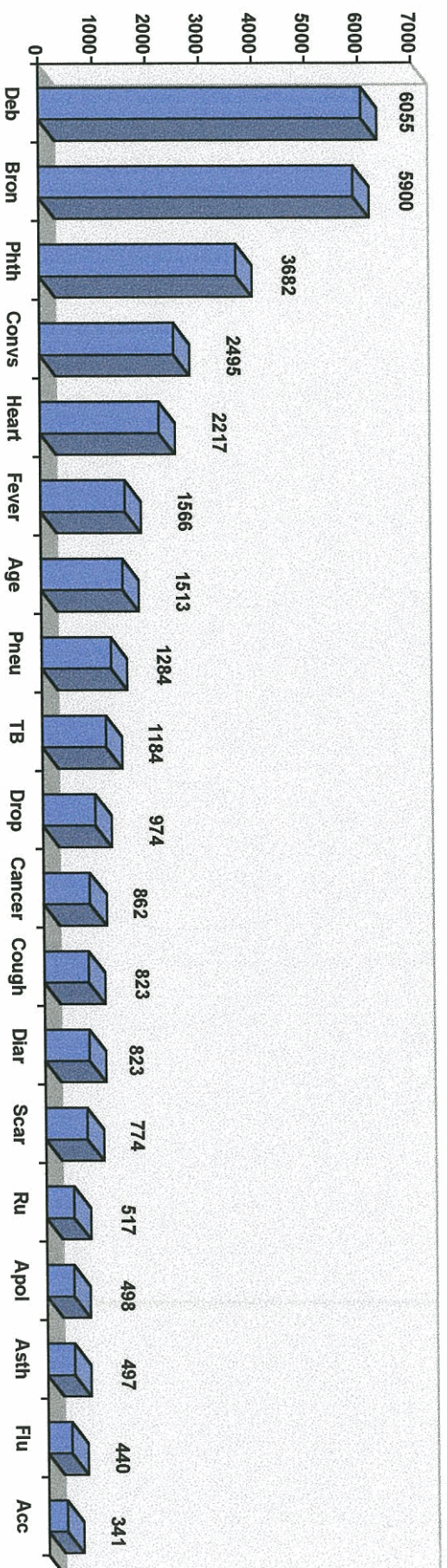
In County Waterford the Health Board Office in Dungarvan now holds the original death registers for the whole county where, by prior arrangement with the Registrar, they may be consulted by members of the public. Apart from gaining essential information about family antecedents the present Registrar finds that people generally are captivated by the possibility of holding in their hands the genuine hand written testimony of the lives and deaths of relatives. Indeed, the fine handwriting of some of the Registrars adds dignity and value to the records themselves. Also, although precision of detail was urged in the guidelines for Registrars it is interesting to note that the phrase, 'died as a result of a visitation by God' occurs in records throughout the county and that, one Registrar in particular, Mr. Edmund Doyle in the Tramore District, persistently adds the word 'probably' before most entries for the cause of death.

On a slightly negative note, regarding the use of handwriting as opposed to print or type-print it must be mentioned that occasionally it may prove difficult or even impossible to decipher what has been written. This is an old problem with historical sources but it is lessened to a great extent by continued familiarity with that source. In this present study the computerised form of the County Waterford death records has been utilised to a large degree especially for enumeration of total figures but its use is not as valuable as was originally envisaged. The fact that a hand-written source has been inputted by largely inexperienced personnel revealed by a number

of misreading and misspellings. When it is considered that total logic in word use and spelling is essential to a computer system it is clear it is clear that some pieces of information may become lost in the exchange. However, taking into account that there were over fifty thousand records under examination, it is also quite probable that only a very tiny fraction of this number is wrongly entered. It was in an effort to be completely exact that the districts of Lismore and Tramore have been examined more clearly and chiefly through the medium of the original records.

¹² Regulations for the discharge of the duties of Registrars of births, deaths and marriages in Ireland (Dublin, 1896), p.28.

Table 1
Main Causes of Death in Co. Waterford (1864-1900)



Source: Manuscript and Automated Database of Register of Deaths - Co. Waterford 1864-1901
 (Courtesy of Waterford Co. Library Service)

Key: Deb: Debility, Bron: Bronchitis, Phth: Phthisis, Convs: Convulsions, Heart: Heart Disease, Age: Old Age, Pneu: Pneumonia,
 TB: Tuberculosis, Drop: Dropsy, Cough: Whooping Cough, Diar: Diarrhoea, Scar: Scarlatina, Ru: Rubella, Apop: Apoplexy,
 Asth: Asthma, Flu: Influenza, Acc: Accidental

CAUSES OF DEATH IN CO. WATERFORD

An Examination of Statistics

In conjunction with the foregoing statistics relating to the principal causes of death in County Waterford between the years 1864 and 1901 some additional facts must be added. In total there were 54,454 deaths recorded in this period and in this present study approximately two-thirds of these are represented in the chart showing main causes of death. The large number of deaths caused by reasons other than those shown in this chart can be accounted for, in many cases by an amalgam of causes (e.g. broncho-pneumonia); by the use of such terms as 'ulcer', 'marasmus' or 'obstruction' in insignificant numbers and by many single descriptions of cause of death. There were also 198 entries under 'natural causes', 189 more categorised as 'unknown', 143 listed as 'death caused by visitation from God', thirty-five as suicide and one as 'murder'¹³. See Appendix for details of suicides.

The fact that 'debility' comes highest in the list of main causes of death for County Waterford indicates perhaps, that when sections of the population became ill, poor nutrition and lack of medical care led to a general weakness and ultimately to death. From the 54,454 total number of recorded deaths for County Waterford the rank of 'labourer' appears in 16,667 cases, that of 'farmer' in 11,739 cases and children of all ranks number 9,245. 'Servants' account for 1,964 deaths, 'paupers' being next with 720 while 'gentlemen' and 'ladies' number 325 and 235 respectively. Without becoming specific on this point a quick scan of a section of the records over a couple of years reveals that, in general, heart disease caused most deaths among the gentry while *debility, infections and accidents carried off a high proportion of the labouring classes.*

¹³ This one murder was in fact infanticide and was discovered at Norrisland on 6 March 1882. The baby was estimated at 'about a fortnight old'.

The equally high incidence of bronchitis in the Waterford death registers coincides with the fact that this disease of the lung area was the most common cause of death in Great Britain and Ireland up to recent times¹⁴. Damp weather conditions together with overcrowding and poverty produce the ideal climate for such a disease to become a serious threat to a population.

Tuberculosis, another disease more common among the ill-fed and poorly housed, had become, by the end of the nineteenth century, the most serious public health problem in Ireland. More than 11,500 persons were dying annually from it¹⁵. In County Waterford the third main cause of death, 'phthisis', is a general term applied to tubercular disease of all kinds. If the total number of deaths caused by phthisis and tuberculosis are combined (4,866) it is even more apparent how serious this disease was.

Prior to the famine the two great threats to public health were cholera and typhus. Cholera produced a high mortality rate and struck all classes. The Cholera Board was set up in 1832 and it was an effort to stem the tide of this epidemic that caused the local boards of health to act. Poor living conditions and an under-nourished population were still in the late nineteenth century major contributing factors to incidences of both cholera and typhus in the country. (The figure for cholera-caused death in this study is just forty-five). Within the recorded death registers of Co. Waterford typhus is variously entered as 'Typhus', 'Typhus Fever', 'Typhoid Fever' or simply as 'Fever'. From studying the references in the Minute Books of the Board of Guardians for the Lismore District it is quite clear that typhus was the chief fever concerning the authorities there. It was termed 'the poor man's disease' and Timothy P. O'Neill underlines the main

¹⁴ Black's medical dictionary.

¹⁵ Joseph Robbins, The miasma-epidemic and panic in nineteenth century Ireland (Dublin, 1995), p.241.

environmental causes of the spread of this disease¹⁶. Absence of fire and hot water; overcrowding in dark and dirty houses; general poverty and subsequent low resistance to infection; the traditional hospitality to wandering beggars who, when contagious, carried the disease and the practice of 'waking the dead' were all factors in determining the prevalence of typhus in Ireland.

It must be noted that for the period under examination the number of deaths by smallpox (twenty-five) was relatively insignificant. A vaccination service to counteract the spread of smallpox was introduced in 1830 and by the 1860s vaccination was compulsory throughout the Poor Law dispensaries. On a weekly basis the Lismore Board of Guardians received submissions regarding vaccination totals from the dispensaries in their district. See Appendix C. Indeed James Deeny acknowledges that 'at the turn of the century Ireland was probably the best vaccinated country in the world' because defaulters were prosecuted in the district courts and the consequence of this was that the year 1911 saw the last case of smallpox in Ireland¹⁷.

Heart disease figures include deaths caused by 'morbus cordis' and also cardiac disease. Incidences of influenza, whooping cough (pertussis) and measles (rubella) usually occur in clusters. For example for the December and January months 1890/91 there were nine deaths among children under four years old in the Lismore district from whooping cough. Similarly an influenza outbreak in Tramore took eleven lives between 30 September 1893 and 24 January 1894.

¹⁶ T.P. O'Neill, 'Fever and public health in pre-famine Ireland' in R.S.A.I. Gn, Vol. 103 (1973), p.2-5.

¹⁷ James Deeny, To cure and to care (Dublin, 1989), p.200.

Accidental Death - Causes and Ranks Involved

As is shown in the main chart there were 341 records of accidental death. To these have been added the fifty-two further records simply entered as 'drowned' but again it must be remembered that a number of these may have been suicide. Also a number of other deaths may have been the result of accidents but the term 'accidental' was not used. However, it is hardly surprising to find that many of the accidents were occupationally related, for example, all the sailor fatalities were by drowning and the sole miller demise was caused by being 'crushed to death in his mill'¹⁸.

The frequency of death caused by drowning indicates that the coastal waters and the large inland rivers constituted quite a danger to a population. Two 'gentlemen' featured among the drowned victims - Henry Villiers, Stuart in October 1895 and Henry Beresford, the Marquis of Waterford who drowned in his local river, the Clodagh in December 1911. As may be expected deaths of this unforeseen nature affected all of Waterford society, ranging from pedlars, salters and horse trainers to clergymen, merchants and doctors of medicine. See Appendix D.

Before leaving the statistics relating to Co. Waterford as a whole the following observations should be made:-

Column no. 9 of the death record requires the signature, qualification and residence of the informant who is often but not necessarily a relation of the deceased. The Registrar was instructed that in the case of inability to write by anybody whose signature is required, 'a cross or other mark shall be in all respects as funding and effectual as the signature of such persons if capable of writing would have been'¹⁹. The total number of signatures by informants would surely prove to be an indication of the literacy levels in

¹⁸ Death record no. 360, Book no. 2 for Carrick-on-Suir, dated 12 March 1880.

¹⁹ Registration of deaths in Ireland, 26 VIC. CAP II, Sec. 43.

the different decades under scrutiny. So, when 241 signatures of the county coroner and the numerous signatures of officials in charge of institutions (workhouse masters, fever hospital matrons, etc.) were subtracted, the resulting percentage showed a definite progression in literacy. For example, in Tramore district for 1864 out of a total of eighty-five records twenty-seven informants in addition to the county coroner in two cases, signed their names. This corresponds to 32.5%. In the following years there is a noticeable improvement in literacy levels.

Informants Signatures in Tramore

Tramore	1865	=	31%
	1871	=	42%
	1872	=	51.8%
	1880	=	43.7%
	1881	=	42.6%
	1890	=	35.9%
	1891	=	51.9%
	1900	=	65%

Source: Manuscript of Register of Deaths - Co. Waterford 1864-1901

(Courtesy of Waterford County Library Service)

It would be valuable in a future study to balance this observation against the official figures for national literacy.

Column no. 6 in the death record seeks the 'age at last birthday' of the deceased. It might be assumed that this would yield an exact indication of mortality age but this is not so. Using the computer to sort and display the total number of deaths at given ages it can be seen that this does not give a satisfactory picture. See Appendix E. It is obvious that the community generally and the registrar, specifically (when he could not ascertain a definite date of birth) rounded death ages off to the nearest decade. In some cases the age is actually entered as 'probably 60' or 'probably 70'.

Finally the very small number of deaths (eight) occurring among persons termed as 'illegitimate' offers a similarly unclear picture. It may be true that there were few people in this category that died during the years 1864 to 1900 but it is more likely that the fact was hidden or regularised. Proof of a different kind is supplied from the Board of Guardians Minute Books for Lismore Union where, throughout 1863 and 1864, efforts were being made to have mothers of illegitimate children make the affidavits required by law against the putative fathers. In March 1864 there was estimated to be twenty such cases in Lismore workhouses alone²⁰.

²⁰ Board of Guardians Minute Book - Lismore Union (1863-1864), p.758.

Having investigated the statistics pertaining to County Waterford as a whole, it is instructive at this point to narrow the focus of this study to concentrate on two deliberately selected towns in Waterford with a view to presenting a more in-depth insight into the causes of death in areas from very contrasting regions of the county.

TRAMORE

Tramore is a maritime village in the parish of Drumcannon and in the barony of Middle third, which had grown into a popular resort only in the late eighteenth century when sea bathing began to be the vogue. H.D. Inglis in his Journey throughout Ireland mentions that in 1834 while Tramore was merely a collection of indifferent houses, 'the sea-beach is remarkably fine; and no shopkeeper at Waterford is entitled to hold up his head, who does not spend a few weeks with his family at Tramore'²¹. In 1861 the population of the town was 1,847 which had reduced by 1901 to 1,733²²

By 1886 the town had seven substantial hotels, three schools, four different denominational places of worship, traders and merchants of all types and a railway line to Waterford City²³. There were almshouses, a poor house and a dispensary all of which catered for the sick and the poor of the area.

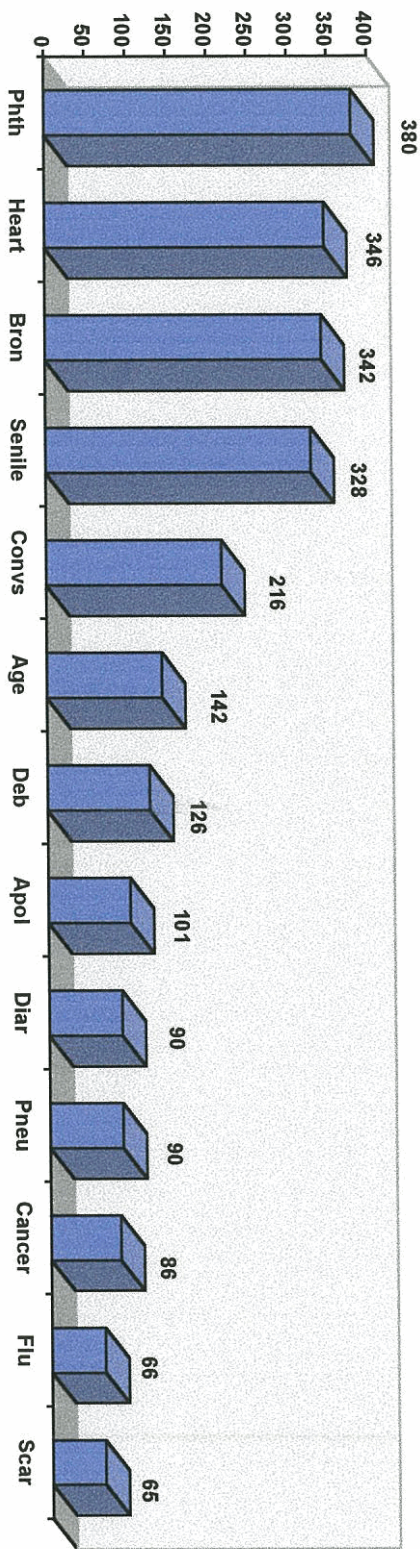
²¹ 'As others saw us: Waterford in Inglis's Journey throughout Ireland in 1834' in *Decies*, no. 45 (Spring 1992), p.5.

²² Census of population, 1851. Census of population, 1901.

²³ Guy's Postal Directory of Munster, 1886, p.894.

Tramore deaths recorded: 3,495
 Male deaths: 1,599
 Female deaths: 1,896

Table 2
Main Causes of Death in Tramore (1864-1901)



Source: Manuscript and Automated Database of Register of Deaths - Co. Waterford 1864-1901 (Courtesy of Waterford Co. Library System)

Key: Phth: Phthisis, Heart: Heart Disease, Bron: Bronchitis, Senile: Senile Decay, Convs: Convulsions, Age: Old Age, Deb: Debility, Apop: Apoplexy, Diar: Diarrhoea, Pneu: Pneumonia, Flu: Influenza, Scar: Scarlatina

It is important to note that phthisis, the main cause of death in Tramore, featured also among the top three causes countrywide. Heart disease, bronchitis and senile decay are all among the main causes of death in Tramore. Two hundred of the victims of convulsions were young children, 180 of who were only days, weeks or months old. The term 'debility from birth' (not included in the Tramore chart) was entered for seventy-three infants, all of whom were only a few months old. Whooping cough (thirty-five cases), meningitis (thirty-two cases) and hydrocephalus (thirty-three cases) were the next most common causes of infant mortality.

Dr. E.A. Stephenson, the Medical Officer and Dispensary Registrar for Tramore had his own personal file of child mortality. His daughter, Mary Angela (16 days old) died on 27 December 1881 from whooping cough; a son Francis (4 hours old) died on 13 February from debility; another daughter Helen Mary (1 year old) died 14 March 1885 from measles while a further son, Eustace (11 years old) died on 1 August 1897 from meningitis. This example of a whole family succumbing to an infectious disease is quite representative of Tramore deaths in this period. Three Kiely brothers died from scarlatina in the first half of May 1884; Michael and Daniel Power - twins - died, aged four weeks, of convulsions on 4 August 1882; and, in early March 1867, Michael, Thomas and Laurence Lunergan - all under three years old - died from pertussis or 'tussis' as it was often called then but which was the popular word for tuberculosis. There are numerous further examples of death claiming many members of the same family in a short time span including mother and child combinations. Childbirth-related deaths among women amount to eighteen instances in the Tramore region and of these only one case resulted in the concurrent death of the new-born infant. Three of these deaths are entered as 'abortion' and three also are entered as 'metritis' which is a disease of the womb. However, the main factor contributing to death in these cases was puerperal fever or puerperal convulsions, which are both, caused by unsanitary conditions and low standards among the 'handy women' as uncertified midwives were called.

An extremely high number of deaths by drowning occurred in Tramore as compared with drowning in Lismore, for example. These most frequently are recorded during summer months but death by drowning among sailors and boatmen occurred all the year round. A particularly sad example is displayed in February 1886 when six sequential records list six deaths of unknown sailors on Tramore Strand.

Aside from examining the causes of death it is also interesting to note some anecdotal details relating to the population of Tramore in the period 1864 to 1901. Some unusual names and occupations appear on the death records. For example, 'a showman's child' refers to the existence even then in Tramore of a section of the community involved in the funfair business. Other occupations of curiosity include a 'strutting musician', a 'billiard marker', a 'reporter', a 'newspaper editor' and a 'paper stainer and painter' by the name of Mr. Ivory Haughton. The most unusual name encountered was Aphra Anne Scroder whose occupation was a 'lady governess' and of course the most common surname in this region, long since called Power country, was indeed Power represented here in a total of 466 records.

LISMORE

Lismore has always been described in lavish terms with regard to its natural beauty and its well-ordered urban appearance. In 1834 Inglis declared that his expectations relating to Lismore's physical and charms were not disappointed and that 'nothing can surpass in richness and beauty the view from the bridge'²⁴.

Lewis in 1837 notes that the town 'is romantically situated on the summit of a steep eminence and with new streets and well built houses the place has a cheerful and thriving appearance'²⁵.

From the Parliamentary Gazetteer (1843-4) it is learned that

*Lismore is comparatively speaking, quite free from the filth and meanness which disfigure portions of so many of the towns of Ireland and has been improved and beautified by its proprietor, the Duke of Devonshire, till it has acquired a tidy, airy, comfortable and decidedly urban character*²⁶.

The population of the town in 1861 was 1,860 and in 1901 it had declined to 1,583 but the area covered by the Lismore Poor Law Union provided for a population which in 1863 was 27,077. In post-famine years it was noted that Lismore Union, unlike many others, managed to stay solvent and still fulfilled its duties to poor and starving quite efficiently²⁷

As has already been mentioned, the existence in Lismore of both a workhouse and a fever hospital to some extent distorts the figures and the causes of death. Deaths in these two institutions comprise 35% of all deaths in the Lismore Union during the period 1864 to 1900 and the signature of Mr. William Flood, master of the workhouse, appears on practically every third record. The classes of persons dying in the workhouse were chiefly

²⁴ 'As others saw us: Waterford in Inglis's Journey throughout Ireland in 1834', p.8.

²⁵ Samuel Lewis, A topographical dictionary of Ireland 2 vols & atlas (London, 1937), ii, p.283.

²⁶ Parliamentary Gazetteer 1843-1844, p.656.

paupers, labourers and their dependants. Poor and ailing people obviously travelled from the surrounding areas to the workhouse and the fever hospital.

In the Board of Guardian Minute Books there are periodic warnings of fever outbreaks together with plans for coping with them²⁸. These Minute Books frequently refer to the serious problem of beggars or 'wandering vagrants' who gravitated towards such a town. At the Guardians meeting of 28 March 1863 it was noted that the number of 'strollers applying for lodgings at the Workhouse' numbered 282 for the previous six months. Later, on 4 June 1864, the Guardians wish to have the Constabulary Authorities put the Vagrant Act into operation in order to counteract the vast numbers of professional wandering vagrants prowling about the country and seeking admission for a night's lodging²⁹.

Inglis mentions that while there were comparatively few unemployed poor in Lismore nevertheless that a

*large proportion of the pauperism of Lismore does not naturally belong to it, but has resulted from the clearances of some neighbouring and less considerate landlords*³⁰.

The problem caused by wandering mendicants carrying disease has already been referred to.

Apart from the Workhouse, built to accommodate 500 paupers, and the fever hospitals at Lismore and Tallow there were also dispensaries at Lismore, Tallow, Cappoquin and Mocollop. Lewis mentions that there were six almshouses founded and endowed by the First Earl of Cork for decayed Protestant soldiers³¹.

²⁷ Tom Nolan, 'The Lismore Poor Law Union and the Famine' in Donal Brady and Des Cowman (eds), *The Famine in Waterford 1845-1850* (Dublin, 1995), p.118.

²⁸ Board of Guardians Minute Book - Lismore Union (1864-1865) pp.284, 794. Held by Waterford Co. Library.

²⁹ Board of Guardians Minute Book - Lismore Union (1863-1864) p.870. Held by Waterford Co. Library.

³⁰ 'As others saw us: Waterford in Inglis's Journey throughout Ireland in 1834', p.8.

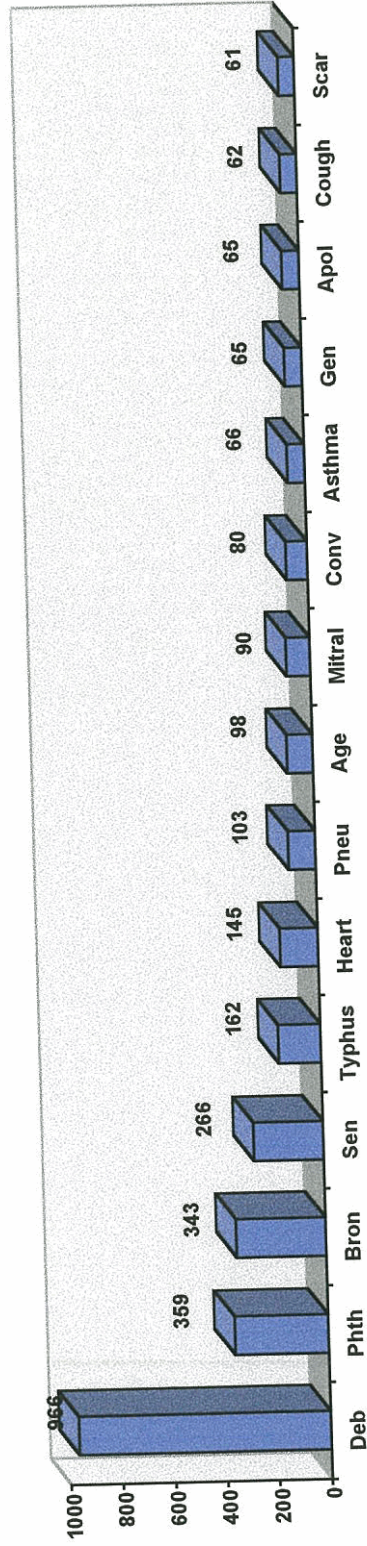
³¹ Lewis, *Topographical dictionary* ii, p.285.

Table 3
Main Causes of Death in Lismore (1864-1900)

Lismore deaths recorded = 4454

Male Deaths = 2183

Female Deaths 2271



Key: Deb: Debility, Phth: Phthisis, Bron: Bronchitis, Sen: Senile Decay, Heart: Heart Disease, Pneu: Pneumonia, Age: Old Age, Mitral: Mitral Regurgitation, Gen: Gen. Paralysis, Apop: Apoplexy, Cough: Whooping Cough, Scar: Scarlatina

Source: Manuscript and Automated Database of Register of Deaths - Co. Waterford 1864-1901 (Courtesy of Waterford Co. Library Service)

The death causes in the Lismore region neatly mirror the statistics for the whole county with debility, phthisis and bronchitis most frequently recorded. The fact that typhus appears fifth on the scale underlines the existence in Lismore of a fever hospital. Causes of death not shown in this chart include croup (forty cases) measles (thirty-seven cases) and childbirth-related death (forty cases). Three of this latter cause resulted in the death of the new-born infants also and four of the mothers' deaths are described as resulting from a difficult birth with "instrumental delivery" and ensuing septicemia. It must be remembered that as incidences of still birth were not recorded at this time there may be quite a gap in the picture of infant mortality. Periodically, in Lismore, as throughout the county of Waterford, there were minor outbreaks of infectious diseases. Before vaccination solved the problem of smallpox there was in Lismore a four-month period in 1865 when ten children, all under four years, died from this disease. Similarly, between February and April 1879, there were nineteen recorded cases of rubella among children in the Lismore district. As in Tramore there are many dramatic instances of a number of family members dying in a short space of time. A doctor's two young daughters, Louisa and Isabella, died within a week of each other of gastro-enteritis and atrophy in August 1875. A young son, James Flood, of the workhouse master who figures so prominently in the informant-category of the death registers for the whole of the period under investigation, is himself a mortality statistic in 1864 when he succumbed to scarlatina. It is remarkable that quite a number of deaths are described as being caused by 'alcoholism', 'interdependence' or by 'excessive drinking'. It is also worth noting that throughout the county second Christian names are almost exclusively present only with non-native surnames e.g. Honora Abigail Inman or John Ffolliott Gyles, the first a daughter of a soldier and the second a gentleman. Other unusual surnames in this area include Shaloo, Kenn, D'Kesk, Pigin and one Mr. George Acres who coincidentally was a proprietor of a corn-mill.

CONCLUSION

It is difficult to summarise the findings in this examination of the death records because people, then as now, died from a diverse number of causes. The reasonably high incidence of 'debility' as a cause of death indicates that the population suffered from general 'weaknesses', which were not further defined. Tuberculosis and its related conditions were becoming more rampant as this was the period in medical history prior to the discovery of germs and their control. Outbreak of fever, particularly typhus, was still a main contributory cause but by the end of the century, with more effective monitoring of public hygiene and sanitation, this was gradually being contained.

It is reassuring for observers today to note that, even within the space of a generation, many diseases like smallpox, scarlet fever, typhus and cholera had been eradicated. However, the inevitability of death was much more marked in nineteenth century Waterford than it is today. In particular, health risks to children and infants, who had not yet built up immunity to disease, were very great. This is witnessed by the fact that death records of children comprise one-sixth of the total in County Waterford for the years 1864 to 1901.

To conclude, from studying the death registers of County Waterford, it becomes graphically evident that, as well as containing the total details of type and pattern of death, these records also give an accurate reflection of a society preserved forever for future generations.

APPENDIX A

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These books should be filled in before any entry is made on the page.

DEATHS Registered in the District of Framore in the Union of Waterford in the County of Waterford

No. (1.)	Date and Place of Death (2.)	Name and Surname (3.)	Sex (4.)	Condition (5.)	Age last Birth day (6.)	Rank, Profession, or Occupation (7.)	Causes of Death, and Duration of Illness (8.)	Signature, Qualification, and Residence of Informant (9.)	When Registered (10.)	Signature of Registrar (11.)
266	1888 Twentieth June Sourgar	Bridget Halley	F	Married	61 years	Subsurer's Wife	Probably Bronchitis No med. Att.	^{his} Anty. J. Hayes mark Present at death Framore	Twentieth June 1888	Edmund Doyle Asst. Registrar
267	1888 Eighteenth April Barrett St.	Mary Anne Phelan	F	Spinster	10 years	Maon's child	Probably Convulsion No med. Att.	^{his} Patrick J. Phelan mark Present at death Market St. Framore	Twentieth June 1888	Edmund Doyle Asst. Registrar
268	1888 Twentyfifth June Main St.	Mary Phelan	F	Spinster	16 years	Daughter of Publican	Phthisis 6 months Certified	^{his} Minnie Doyle mark Present at death Framore	Twentieth June 1888	Edmund Doyle Asst. Registrar
269	1888 Twentysecond July Mount Hill	Bridget Walsh	F	Widow	98 years	None	Senile Decay 3 years Certified	^{his} Mary J. Rowan mark Present at death Consent Hill	Twentyfifth July 1888	Edmund Doyle Asst. Registrar
270	1888 Twentythird July St. David's Street	Catherine Browne	F	Widow	68 years	Reaper	Rheumatism Gangrene 5 days Certified	^{his} Robert Phelan mark Present at death Framore	Twentyfifth July 1888	Edmund Doyle Asst. Registrar

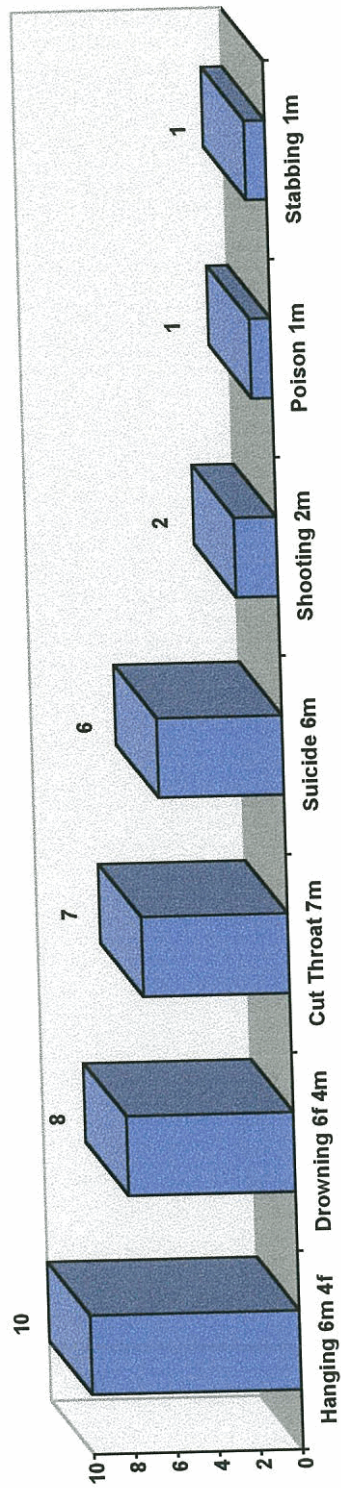
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DEATHS Registered in the District of Framore in the Union of Framore in the County of Waterford

No.	Date and Place of Death	Name and Surname	Sex	Condition	Age last Birth day	Rank, Profession, or Occupation	Causes of Death, and Duration of Illness	Signature, Qualification, and Residence of Informant	When Registered	Signature of Registrar
191	Twelfth February 1869 Townin	Michael Hurley	Male	Bachelor	22 years	Labourer	Accidental drowning Certified	Information received from Henry, who was employed for the Committee of Waterford	Thirtieth March 1869	Edmund Curry Registrar
192	Twentieth March 1869 Kilnacarriga	Johnna Cunningham	Female	Spinster	44 days	Daughter of Farmer	Probably from Birth 10 days uncertified No medical Attendance	^{his} Thomas Cunningham mark Present at death Kilnacarriga	Thirtieth March 1869	Edmund Curry Registrar
193	Eighteenth March 1869 Church Lane Lismore	Margaret Flaherty	Female	Widow	75 years	Mudicant	Swims of Pain of the Heart 54 years Painful 3 1/2 years certified	^{her} Thomas Barry mark Present at death Church Lane Lismore	Thirtieth March 1869	Edmund Curry Registrar
194	Twentieth March 1869 Ballyafter	Laurance Hannan	Male	Bachelor	7 months	Son of a Woodman	Marasmus 4 months uncertified No medical Attendance	Laurance Hannan mark Present at death Ballyafter	Thirtieth March 1869	Edmund Curry Registrar
195	Thirtieth March 1869 Waterhouse Framore	Ellen Donohoe	Female	Widow	70 years	Widow of a Labourer	General debility Indigestion Diarrhoea 3 months certified	^{her} John J. Kelly mark Present at death Waterhouse Lismore	Thirtieth March 1869	Edmund Curry Registrar

APPENDIX B

Cases of Suicide in Co. Waterford (1864-1900)



Source: Manuscript and Automated Database of Register of Deaths - 1864-1901 (Courtesy of Waterford Co. Library Service)

Total = 35
Males = 25
Females = 10
Age Range = 21-90

APPENDIX C

BOARD OF GUARDIANS (LISMORE UNION) - MINUTE BOOKS

EXTRACTS FROM 1863 - 1864, 1864 - 1865.

The following Letters from the Poor Law Commissioners and others were read by the Clerk, and Directions given to answer them respectively, to the following effect, (or Orders made on them respectively as follows):

75. 31 March. From P.L. Com^r. transmitting Copy of a Bill for Establishing Compulsory Vaccination in Ireland.
The Board made no observations on the subject.

28 The following Letters on matters arising under the Medical Charities Act or the Nuisances Removal and Diseases Prevention Acts, from the Poor Law Commissioners and others, were read by the Clerk, and directions given to answer them respectively, to the following effect (or Orders were made on them respectively as follows:)

Read Letter from _____ dated _____
stating that

Submitted

Medical Officers Reports of Successful Vaccination.

Abbydun	Dispensary District, 256 Cases.	From 5 Feb to 15 Dec 1864
Lismore	" " 268	" " 20 May to 13 June "
Blow	" " 134	" " 20 June to 9 Dec "

N. J. Foley

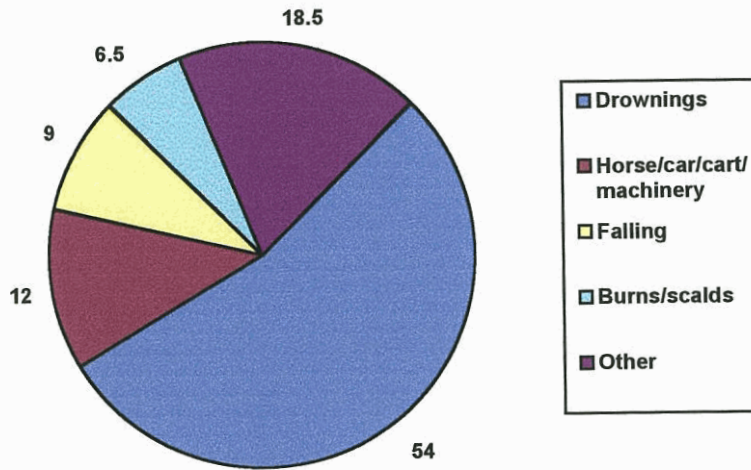
Chairman

John Stalley
W. H. Baldwin

Guardians present

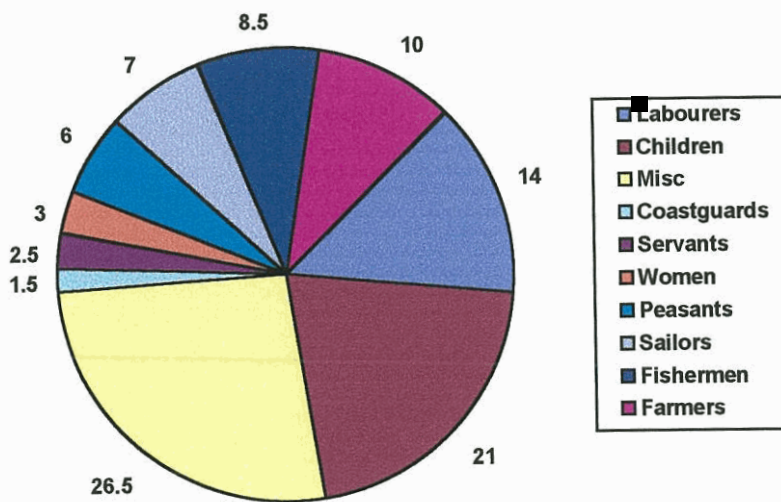
APPENDIX D

TYPES OF ACCIDENTAL DEATH



Source: Manuscript and Automated Database of Register of Deaths Co. Waterford 1864-1901 (Courtesy of Waterford Co. Library)

RANKS OF VICTIMS OF ACCIDENTAL DEATH



Source: Manuscript and Automated Database of Register of Deaths - Co. Waterford 1864-1901 (Courtesy of Waterford Co. Library Service)

APPENDIX E

RECORDED	AGE AT DEATH	CO. WATERFORD (1864 - 1900)
101 = 2		
100 = 34	79 = 128	59
99 = 14	78 = 281	58
98 = 17	77 = 150	57
96 = 39	76 = 316	56
95 = 63	75 = 617	55
94 = 33	74 = 239	54
93 = 0	73 = 222	53
92 = 45	72 = 222	52
91 = 24	71 = 127	51 = 54
<hr/>		
90 = 287	70 = 1793	50 = 563
<hr/>		
89 = 45	69 = 154	49 = 70
88 = 105	68 = 322	48
87 = 92	67 = 238	47
86 = 183	66 = 305	46
85 = 191	65 = 574	45
84 = 312	64 = 261	44
83 = 107	63 = 216	43
82 = 236	62 = 217	42
81 = 102	61 = 108	41 = 64
<hr/>		
80 = 1442	60 = 1348	40 = 392

Source: Manuscript and Automated Database of Register of Deaths - Co. Waterford 1864-1901 (Courtesy of Waterford County Library Board)

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(under the provision of the 26 VIC., CAP.II, & 43 & 44 VIC.,
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