

# On the Need and Use of Village Hospitals in Ireland.

By **George Sigerson, M.D. Ch.M.**, etc.

[Read Tuesday, 31st January, 1882.]

DURING an existence of some forty years the Irish Poor-law system has undergone some modifications for the better; and the test of time, whilst demonstrating beyond question the great benefits it has conferred upon the country has also shown that it may fitly receive further developments. The strain put upon it in times of exceptional distress brings conspicuously into view those hindrances to its perfect efficiency which in ordinary times escape the accustomed eye. It was thus, for instance, that the "*enormous size of the Unions in Connaught*" was brought under attention by Mr. James H. Tuke, in 1847, with especial regard to the immense Union of *Ballina*, then "*about sixty miles in width by thirty miles in breadth or about three times the size of Middlesex.*" His remonstrance, published in that excellent repertory of good ideas and good work, the *Report of the Central Relief Committee of the Society of Friends*, bore useful fruit soon after in the adoption of his suggestions for the subdivision of the Union in question.

The recent Distress period has not passed away without leaving indications for amendments which, if adopted, may serve to render the Poor-law system at once more widely useful and more generally popular.

They became peculiarly impressed upon those whom the Dublin Mansion House Committee commissioned to enquire into the prevalence of privations, and the causes and extent of the fever epidemics in the West of Ireland in the year 1880—namely, Mr. Fox, Mr. Curran, Dr. Kenny, and myself. In order that a clear conception may be had of the wants discovered, and the remedies which are indicated, I may take the cases of three districts :—

(1) The town of *Ballaghaderreen* numbers 1,496 inhabitants, according to the census of 1871, being thus in excess of *Swineford* by 130 persons. It is the residence of the Most Rev. Dr. McCormac, Bishop of *Achonry*. Being the centre of a populous, though poor district, its commerce is such as to have authorised the extension of a railway branch to its verge. There is a dispensary in the town, and the dispensary district contains a population of about 15,500 persons, mostly poor, and covers an area of eighteen by eleven English miles. There is not, however, any hospital here - the nearest, that to which the poor must be transmitted if they are moved at all, being the Union Hospital at *Castlerea*, some ten miles distant, in the adjoining county of *Roscommon*. The distance to that hospital, from the remotest parts of the district is not less than twenty miles, and it is easy to understand that a distance of ten or twenty miles practically prohibits removal in a large majority of cases where removal would be most desirable if it could be accomplished. Fever broke out in this locality in 1880, amongst the recipients of the relief dole of *Indian-meal*, and the evil of the absence of convenient hospital accommodation became strikingly manifest.

Mr. Fox, in his report, "*Here, as elsewhere, the people were stricken with terror at the proximity of a disease, accompanied by delirium in some of its stages, which might have*

*the effect of depriving them of the consolations of religion at the hour of death; and had it not been for some Sisters of Charity in the neighbourhood, the dead might have been left without burial for an inconvenient period. Two of these ladies had undressed, washed, and coffined, a destitute woman the day of my arrival, carrying her remains into the street after extraordinary labour. Theoretically, the Poor-law system is supposed to provide for such an emergency, but practically the poor fever patients who cannot be removed to the work-house are barbarously allowed to die in their wretched hovels without either nursing or attendance."*

No blame could attach to the medical officer, who had visited these cases, and was indefatigable in his exertions to check the spread of disease. But the machinery to work with was most imperfect. The relieving officer's time was fully occupied, he being forced daily to proceed on foot to remote cabins, and periodically to *Castlerea*. With a salary of eleven shillings a week he had to travel twenty Irish miles every Saturday, and frequently ten or eleven miles each day.

The only conveyance for the sick was a common cart, without springs, whose motion would be a torture in many cases, and a positive danger in some. Some four or five years previously an old bread-van had been employed, the patient being thrust into the interior and the door closed: he was thus compelled to make a cheerless journey in the dark. To add to the forlornness of the affair, the driver was a ragged, bare-legged individual, of crazy character. In order to avoid the exposure and jolting of the country cart, an attempt was made to borrow a van from an adjoining Union; the loan was assented to, but there was no horse, and when after some delay, a horse was found, the woman's disease had reached such a stage as to forbid removal. On a subsequent occasion, when required for another patient, the van was reported to be out of order.

In probably the larger number of instances, the cases of disease were not reported at a time sufficiently early to authorise removal, and removal in all cases to a distant workhouse, whether in open cart or in van, is sure to arouse great antagonism, owing to the invincible repugnance which the people feel to entering the gates of a Poor-house.

There thus may be, as there have been, owing to the operation of these causes, large hospitals not filled, and yet a great deal of disease throughout a subordinate dispensary district.

Where, as in this district of *Ballaghadereen*, the medical officer has forty red tickets monthly on an average (he had fifty-four in the month of May, 1880), compelling him to make long journeys daily, often through a wild and mountainous country, it is wholly impossible for him to repeat his visits to patients stricken by grave diseases, as frequently as would be desirable. That some must suffer by it is a painful fact recognised by none more readily than by the medical officers, who lament their powerlessness on such occasions.

The alarm and dread which arise in a neighbourhood when the presence of a grave infectious disease is made known, avails certainly to secure isolation, but not proper nursing.

This is sufficiently attested by the case already mentioned, where even the corpse of a woman, dead of typhus, was avoided with so much dismay that two ladies, Sisters of Charity, had themselves to prepare and enclose the body, and carry the

coffin down stairs into the street, before any external help could be had. In the adjoining district of *Charlestown*, Father Loftus had himself to carry a fever patient out of the house to the hospital conveyance. In *Cloonkeen*, the medical officer, Dr. Lydon, and the parish priest, Father Walters, were obliged to coffin and carry out a person who had died of fever. When such things as these occur, there can be no nursing at home. From the report of the Medical Commission, relating to the next district, I take the following extracts, which will enable you to obtain an accurate idea of the interior of a fever-stricken homestead. The first depicts an interior in the little town of *Charlestown* : -

*" Entering one house, fairly circumstanced, we were received by the mother - pale, worn, feeble, scarcely able to move about after a severe attack of fever. Two or three children, convalescents, were sitting in the kitchen, and, in an inner room lay, far advanced in maculated typhus, her father-in-law, husband, and two, grown-up daughters. Until a few days ago, she had to attend to all. Even now, though an old woman had been got as nurse, the sick son had been obliged to take the sicker father into his bed in order to restrain him whilst delirious."*

The next extract shows the interior of a cabin, in the country, on a bleak moor of which a few acres had been reclaimed. When the door was pushed open, all was perfect darkness inside, whence we heard moaning : -

*" Heaving the voice of the owner, D , saluting us, we requested the window to be opened. There was no window—nothing but a shutter. When this was thrown back we found the earthen floor covered with victims of the destitution fever. At their entrance, their feet near the door-way, lay side by side, two grown young women, aged respectively twenty-one and nineteen; beyond, with her head almost touching theirs, was a younger girl, aged fourteen, recovering, but unable to move. On the left hand side, on the floor, lay the mother of the family in her day-clothes. There was scarcely straw enough to keep them off the ground— not enough to hide its hardness, doubly hard to the aching backs of fever patients. What scanty covering they had could not be called bed-clothes. The only person to nurse or attend on all was the worn and wretched parent, aged fifty, trembling with weakness from want and watching as he stood, and expecting every hour to be stricken down, when all would be left to die within the walls.' . . .For months they had had nothing but Indian meal to eat, and brownish bog-water to drink. No out-door relief had reached them."*

Of the five persons in this family, three - the mother and her two oldest daughters - were shortly carried off to the grave, leaving but the aged father and the youngest girl alive in the desolate home.

If the home-nursing fail on such occasions, its place cannot readily be supplied. The Board of Guardians at *Swineford*, not proving efficient in the Distress period, was replaced by a Board of Vice- Guardians who acted with vigour in conjunction with Captain Spaight, the Poor-law inspector, who was earnest in seeking to obtain nurses, when his attention was called to the want. Yet they were not to be got even from Dublin without difficulty and delay, and city nurses are not the most suitable for rural cabins.

Now, had there been a Village Hospital in *Ballaghadereen*, (or in *Charlestown*), the difficulties would have been greatly lessened or entirely removed. All the objections of a resort to the Poor-house would disappear when patients were simply required to proceed to a Cottage Hospital, in connection with a dispensary, the aid of which they habitually make use of.

The distance to be traversed, instead of being some ten Irish miles, a prohibitory distance in wintry weather, and in some stages of disease, would be abolished so far as this populous little town and its immediate environs are concerned, and greatly diminished for the adjoining neighbourhood. Much of the to-and-fro journeying of the relieving officer, and other routine, might be avoided by enlarging the action of a local dispensary committee. The Village Hospital should be provided with a light spring vehicle, covered with canvas, suitable for conveying the sick, which a countryman could guide—the heavy Crimean ambulances, possessed by some Unions being quite too heavy and cumbrous for use in the mountain districts with an ordinary driver. This light and simple vehicle being always under the medical officer's eye, and always in use, would be always ready for service. With such appliances under his control, and the co-operation of a willing population, he could get transferred to the Village Hospital every case of contagious disease, at its commencement, and thus deliver the neighbourhood from the peril of its spread; whilst the patient himself would be given a greater chance of life, inasmuch as he could be visited daily from the beginning to the close of his disease. In affections not contagious, the advantage to the individual would be equally great, and the community would be served by the speedy restoration to health and work, of men who otherwise might sink into chronic invalids, coming finally, with their families, on the rates for support. One or two nurses could be retained for such a Cottage Hospital, at small expense, especially as the Workhouse wards might supply material for training. In *Ballaghadereen* the Sisters of Charity could assist in looking after the hospital; there is no lack of medical men in the town, who might co-operate. The Bishop highly approved of the project; and here, as elsewhere, the dispensary medical officer was most desirous to see an institution of the kind established.

Let us next consider the circumstances of another district.

Bounded by *Clew Bay* on the north, and *Killery Harbour* on the south, lies a large peninsula, between which and the outer world rise the great mountains of *Muilrea*, *Cruach Patrick*, and a barrier of others of lesser note. The small town of *Louisburgh*. is its natural centre, some ten to eleven miles to the west of *Westport*, the means of communication being a coast road which commands a sea and land view of surpassing beauty, but which is completely exposed to all the tempestuous winds that do such damage along our Atlantic shore. This district suffered severely during the great Famine, as may be judged from the following extract, taken from the report of Mr. William Edward Forster to the Friends' Central Relief Committee, and dated 17th January, 1847: -

" *The next day we left Westport on our way to Connemara, after a morning of much pressure - applications for aid coming in from all sides, especially from Louisburgh, a populous and most distressed parish along the coast to the south ; the surgeon of the*

*dispensary there describing the people as swept off by dysentery, the most usual form of the famine-plague, by ten to twenty a day. The town of Westport was in itself a strange and fearful sight, like what we read of in beleaguered cities, its streets crowded with gaunt wanderers, sauntering to and fro, with a hopeless air and hunger-struck look, a mob of starved almost naked women around the poor-house, clamouring for soup-tickets; our inn, the head-quarters of the road engineer and pay clerks, beset by a crowd of beggars for work."*

The district is very insufficiently supplied with bye-roads. There are clusters of houses, small hamlets, scattered here and there, to reach which there is not even a lane; one must cross fence and field, moor and marsh, to get into them. When it became a question of proceeding to *Leenane* by the most direct route from *Louisburgh*, it was ascertained that we should abandon our car and borrow horses to ride on, from the tenants of the adjoining farms. By the route we adopted, round by the mouth of the *Killeries*, it was also necessary to quit our vehicle for a portion of the journey. Yet, even there, were to be found sufferers who, if they were to see the interior of an hospital as their state demanded, should make, first a journey to *Louisburgh*, and next a journey from *Louisburgh* to *Westport*—in all, a long and weary journey of some thirty miles to a strange place, whence no tidings of them could be hoped for except at rare intervals.

The news of a death comes then suddenly on the relatives, and this helps to intensify the aversion to removal, if advised. But in a great number of cases it was impossible to advise removal. Here, as elsewhere, for instance, the medical officer had had reason to believe that many cases of fever had occurred which were not reported to him, and in advanced stages of that disease, or where a child may be the sufferer, the transfer of the patient to a distance could not be counselled. Material obstacles also impede the way, and the imperfection of ambulance help and appliances. Thus, a magistrate's order having been obtained for the removal of a fever patient, the relieving officer, unable to accomplish the task by himself, asked the constable's assistance; but this was refused him. On the other hand, the duty which devolves upon the medical officer of watching over the health of this large and rugged district, very onerous at all times, becomes excessive in case of an epidemic. During the Distress period, one hundred and twelve persons were known to have been prostrated by fever, of whom six died. Possibly an entire day, certainly not less in the winter months, maybe occupied by one visit to a remote cabin, at one extremity of the district, whilst a messenger may be waiting to guide him to another at the opposite side. Nor is this all: certain islands, nine or ten miles away, and as far apart, are included within this dispensary district.

The medical officer may of course be called out to see a patient here, with the possible result of being detained a prisoner for days, perhaps for a week, should one of the frequent storms arise that vex our western seas. At the time his presence might be urgently required inland. The Dispensary district includes a population of 7,500 inhabitants. Were there a Village Hospital established in *Louisburgh* it may be readily understood how the greater difficulties would be diminished, and the minor ones altogether abolished.

In connexion with this case, and as a further illustration of a class of obstacles here indicated, I may refer to the case of the *Aran* Islands, of which the description given by Mr. Curran in his Report will serve to point out the propriety of an improvement in the system of medical relief: -

" *The Aran Islands are three in number, and lie some thirty miles off to the W.S.W. of Galway. Aranmore or Xnismore, the largest of the three, is about eleven miles long by one and three-quarters mile wide at its broadest part. Inismain, or the middle island, is some eight miles in circumference, and Inisere, the eastern, or as it is sometimes called the southern island, is about half the size of Inismain. There is a pier at Kilronan in Inismore, which is of great use during the fine season, but, as I was informed, is utterly incapable of affording sufficient protection to boats during the fierce gales that prevail in winter.*"

The total area of the islands comprises 11,288 acres, and the population is over 3,000. . . Communication with the main land is carried on by the hookers which ply to and from Galway, and other points of the coast. A good sized yacht carries the post-bag, passengers, and merchandise, three times a week to and from Galway during the summer months, and twice a week during the remainder of the year, weather permitting—an important qualification at *Aran*, where communication during the winter months is frequently interrupted by storms for weeks together, and very much interfered with during the summer by calms which prevent the sailing of the hookers. I was placed in the position of being made personally to feel the latter inconvenience, as I was detained on the island for a considerable time after I had concluded the business I had to do, by a calm, which gave the ocean the appearance of a sheet of oil for some days "

Now, the *Aran* dispensary district belongs to the *Galway* Union, and the Workhouse hospital is at *Galway*. A sea voyage of thirty miles would present an invincible obstacle to the transfer of many patients, especially of children, whilst, even if the condition of a victim to contagious disease permitted removal, there could hardly be a better means devised for disseminating the disorder than by a long voyage in a passenger boat. The population of the *Aran* Islands are thus practically deprived of all hospital accommodation during tempestuous periods the inhabitants of one island or of another are hindered from obtaining any medical relief from the storm-bound doctor. The consequences must be painful and lamentable at times, when injuries are sustained and lives perhaps are lost; these consequences might, manifestly, be to a large extent averted if there were on *Aranmore* a Cottage Hospital to which patients from the neighbouring isles might be transferred, during a few hours lull, and where the medical officer could visit them without fear of being cut off from the majority of his flock.

Lastly, I shall briefly allude to another *Galway* district, which is in the Union of *Loughrea*, where the workhouse is situated. There had been an outbreak of fever in the direction of the *Sliav Aughty* mountains, at *Derrybrian*. The latter place, about eighteen English miles south of *Loughrea*, is reached by a hilly road, passing for twelve miles through upland moors, bogs, and long stretches of barren mountain, made all the more dismal, at the time of my journey, by lowering clouds and falling rain.

Along this weary way patients must be brought, if brought at all—some from a distance of over twenty English miles to Loughrea; and such a journey, even in a spring conveyance, must cause much suffering, especially to those who experience the aching pains of typhus. In winter time it must be impracticable, and at any time removal to such a distance offers an almost insurmountable obstacle. Neither patients nor their families will consent to so long a journey, if they can avoid or evade the necessity. I may be permitted to make a short quotation from my report, to illustrate the situation : -

*"The disease has been exceedingly virulent in this mountain district. Of thirty-one fever-stricken patients, seven died of the disease, thus giving a very high percentage. One other death occurred, the circumstances connected with which illustrate very sadly the want of a ready mode of obtaining nursing attendance in remote country districts. In this case, all the members of the family were stricken down by disease - some simultaneously, some successively. One is lying still in maculated typhus. The father and mother died of it; there was no nurse, and one son, in the delirium of disease, got out of bed, and, wandering abroad over the fields in the night, never returned; he was finally discovered drowned in a pool of water. So melancholy an event as this should induce the creation of cottage-hospitals in every remote locality like Woodford, where, as Dr. Blackton (the Dispensary Medical Officer) justly remarked, it would be of the greatest utility." The population of the Woodford Dispensary District numbers 6,569.*

Impressed by the facts which I have stated in reference to the need of small local hospitals in several of the rural districts of the West, it occurred to me to note down on a map of Ireland the positions of the various workhouses and mark the intervening spaces.

They appear to be distributed with judicious care; but yet it is evident that there are many localities where a Cottage Hospital would be required. Take, for example, the case of *Moville*, in the County Donegal; the town itself has a population of over a thousand persons, and there are small hamlets close at hand. The dispensary district includes ten thousand inhabitants, but the Union Hospital stands remote, in another district, and sufferers must be sent to it from the populous eastern side across the mountainous peninsula of *Inishowen*. *Dungloe*, in the extreme west of the same county, with a dispensary population of 10,853, must send its patients a long and bleak way to *Glenties*; in Down, the *Rathfriland* district of 10,883 inhabitants must refer to *Newry*; in Londonderry, *Dungiven*, a town with nearly 800 inhabitants in a dispensary district of about 6,500, must send patients from among its mountains to *Limavaddy*. Any tourist who has travelled the picturesque highway from *Glengariffe* to *Bantry* will confess that, however great may be its beauties, the prospect of such a journey must debar many a *Glengariffe* patient from the advantages of the Union Hospital.

The question of Cottage Hospitals has for some time been earnestly advocated in England, and has already an enlarging chronicle of success. The lines on which we would proceed are therefore tried and sound. There are practically no

difficulties in the way, for almost all the elements of the system are at hand, and only require to be set in motion. It cannot be doubted that the dispensary medical officers would co-operate whenever their co-operation was needed. The plan should, of course, be tried tentatively at first in centres where the need appeared most pressing and the materials most copious. The expense would be comparatively small, and no abuse could exist where the system of poor-law inspection is so effective.

It is to be hoped that the important reform now begun in the direction of compulsory superannuation of medical officers on a Civil Service scale, out of a central fund, may be carried on until it comprise a system of Village Hospitals which would potently help to check the progress of ordinary disease, to prevent the out-spread of dangerous epidemics, and to eradicate the fevers which are now unfortunately endemic in several districts in Ireland.

#### Appendix.

Since the foregoing was written, I have been fortunate enough to obtain particulars with regard to the costs and working of a Village Hospital actually in operation in Ireland. It is situated at Portlaw, county Waterford, and has been created and kept in existence by the earnest philanthropy of a distinguished physician, Dr. Martin, assisted by the intelligent co-operation of the Union guardians and others. I cannot do better than quote his letter, giving the result of long experience, and append his statement of accounts, to show how much good may be done at a small expense - none of which, surely, ought to be allowed to fall upon the humane physician : -

" Mine is a very rude affair. Originally built in a hurry in 1832, as a preparation for the advent of cholera, it was, after that epidemic dis-appeared, divided into dwelling-houses, and since that on several occasions used as a temporary hospital when outbreaks of typhus fever and scarlatina occurred. On the termination of the last outbreak, when it was opened by the Board of Guardians for temporary purposes, I determined to try and keep it open permanently ; and being encouraged to do so by the Messrs. Malcomson, who gave me the house rent free, I contracted with the guardians at 4s. a week to take in all fever cases occurring in the district. The Messrs. Malcomson bore all other expenses, so that I had no care.

" When that firm failed, I applied to the Board of Guardians to increase the contract allowance to 7s., and, Lord Waterford giving me £10 a-year, I undertook the responsibility myself to carry it on, and the enclosed papers (which are copies of what I furnish to Lord Waterford annually when applying for his subscription) will show you how the expense has been borne. On the three years I am liable for £24 ; of this I received about £6 from some young men, the surplus receipts of a dance given by them. I also had a bill to pay for repairs, of £15, for which I received two subscriptions in aid—one of £5 and another of £3. I am now in a difficulty for some garments and some further repairs of damages done by storms.

"I keep one nurse—not a very brilliant specimen, but zealous and anxious to do what is right. I give her, when the hospital is empty, 6s. a week, with house room

and firing; when a patient comes in I increase it to 8s. If two come in, I give her a charwoman to wash and take charge for a few hours in the evening ; when a third comes in, I give her 1os., and, if the cases be heavy, I get another nurse. I have three rooms, with three beds in each; were it necessary I could safely accommodate twelve patients; but for several years I never have had more than five beds occupied.

I have some difficulty about admitting cases other than fever, for some of the guardians imagine that it would not be safe to admit cases of any other disease where fever has been. I, however, take in bad cases of pneumonia, congestion of lungs, etc. I have been also obliged to admit bad cases of metria, and some bad accidents, but generally at periods when the hospital was empty.

" The people are only too anxious to be taken in. They dread removal to the Union fever hospital, six Irish miles distance; and when they have been removed I must say many cases suffered from the journey.

" They have also a prejudice, perhaps, in favour of being under the care of one who has worked amongst them for 47 years, and who presided at the Lucinian rites that ushered many of them into this world. Then they are near their friends and see them often."

"Of the 725 cases of zymotic disease, 90 were scarlatina, 518 typhus fever, 83 enteric or typhoid, and 34 pythogenic pneumonia—of all then 52 died, being at the ratio of 7.17 per cent, a most favourable result.

" Of the 58 cases of other diseases, three were cases of metria or puerperal disease, only admitted when at the last gasp, to take them out of very miserable, I might say shameful, surroundings; seven were cases of brain disease ID children simulating fever in the early stage; seven cases of bad rheumatic fever, which could not be easily removed to Carrick; two cases of fracture of the thigh, and two of leg; one of amputation of the arm.

"As I only admit cases, other than fever, when in urgent, and extreme necessity, and often merely to allow them the privilege of dying with decent surroundings, the rate of mortality has been of course very high in this class. Twenty-one of the whole died, 13 of whom were however admitted without the slightest hope of recovery.

" For the success which has followed in the treatment of cases of fever and scarlatina I claim no credit for more than a conscientious attention such as is, as far as I know, the habit and custom of all my confreres similarly placed I adopted no new plan of treatment; patience, cleanliness and fresh air constituted by principal therapeutic agents.

*"I must say a few words for a class often unduly decried. I have had no trained nurses; I could only afford to have poor uneducated, I may say ignorant, women; but such as they were they have one and all shown a deep interest and devotion to their duties, of which I cannot speak too highly, making up my honest zeal for their deficiencies.*

*" I may add that I have been sparing in the use of stimulants, only resorting to them in extreme urgency, and then often for a very short period. Still, I would be sorry to encourage the idea that they can be entirely done without. I have often found them of marked service, and a cheap mode of hastening the progress of convalescence,*

*The Hospital is of the rudest construction, and its appliances are very limited ; still the benefits conferred on the community by its presence are great, and claim for it a warmer support than it receives.*

JAMES MARTIN.

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