

Danish Society and Folk Healers 1780–1825

Gerda Bonderup



FOLK HEALERS ARE PRESENTED in this chapter in the context of their society, in relation to the population, medical doctors and the government. The general discussion is illustrated by three examples.

The Population

AROUND 1800 DENMARK had a population of approximately one million people. Eighty per cent of the population lived in the rural districts, the remainder being evenly divided between the cities and towns and the capital of Copenhagen. Five to 10 per cent of the population was comfortably well-off, another 10 per cent had reasonable living conditions, while the rest lived more or less with the threat of starvation. What was life like for all these people? What was their state of health? We can find some of the answers to these questions from the questionnaire which was sent out to all doctors in Denmark in the beginning of the nineteenth century,¹ as well as in the medical topography of Copenhagen written at the same time.²

Food was often adulterated. Grain could be wet, partially rotten or mouldy, and it was frequently found to be polluted with grass, weeds or stones, not to mention something worse. Flour might be mixed with other ingredients in order to give it more bulk. Even the flour used by bakeries was sometimes filled with mites. Meat was a rare commodity, although lard was sometimes available, while in the cities the meat people could buy was 'inflated' or 'touched up' in other ways. Poisonous food colouring was commonly used, and pots were either glazed with mixtures containing lead

and other metallic poisons. Above all, food storage was inadequate, especially in the summertime.

The water supply was considered basically good, but in the cities the water was extremely contaminated. The public health officer from the third largest Danish city described the problem in this way:

We have creeks with pure and fresh water, however, a lot of women use this water to wash their dirty clothes in, many tanners clean their skins in it and many sewers flow into the creeks. Consequently, our water is extremely contaminated.

Homes were often very unclean – from our point of view. A family of six to 10 members might live together in one room, sometimes together with animals and items associated with their occupations, such as sour hemp in the rope-maker's home or the urine-soaked materials at the tanner's. Houses and apartments were not cleaned regularly. The smell was awful, as the windows generally did not open. Even the new buildings which followed in the wake of agricultural reforms were too small, damp and generally inadequate. Urbanisation had led to the emergence of slum areas in the cities and especially in the capital of Copenhagen, and the construction of houses outside the city ramparts was forbidden, in accordance with military rules which required a zone of clear land beyond the city limits. In order to house all the families as well as the taverns for the common people, houses had to be built both higher and deeper with humid cellars.

In the eyes of a Copenhagen doctor, people were little concerned with their personal hygiene, and he cited the example of a coachman. The coachman neglected everything else except for currying, washing and cleaning his horses, and, when the horses got weak and thin, his first thought was to give them a bath and rub them. However, when his child became ill, thin or weak – often as a result of a lack of cleanliness – the coachman used poor household medicine or took the child to a quack instead of attending to the child's hygiene.³

The medical surveys of the day were characterised by the new and profound hygienic demands of the bourgeoisie, later adopted by the society of today. Therefore, we must be careful not to view these sources from a modern standpoint. On the other hand, it is clear that the conditions described, even if we subtract a little from the account of the odours, could support a broad range of diseases, even though conditions may have made the population more hardy. In their annual medical surveys, however, the doctors talked about the 'gastric period' in the summertime. In death certificates, medical surveys and lists over causes of death from the church

records the following diseases can be found. Minor ailments such as coughs, colds, inflammations, diarrhoea, catarrh, open wounds and scabies were frequent, and more severe diseases such as asthma, spitting blood, rheumatism and cancer were also listed. Frequently, epidemics of typhus, smallpox, jaundice, yellow fever, tuberculosis or venereal diseases broke out. Accidents were common, but who could help that?

The Authorised Healers

IN THE MID-EIGHTEENTH CENTURY the healers in the professional sector were either physicians or surgeons. The physicians (about 20 in all) received a very theoretical education at the University of Copenhagen and had no practical experience. Yet, they were the only persons authorised to practise and prescribe medicine. The majority lived in the capital city, taught at the university or were employed by the king, nobles or wealthy patricians. Only a handful of them were spread across the country as public health officers. After the Reformation the public health officers took over health care from the Church, and long received financial support from that quarter.

The surgeons were artisans trained in surgery. Often they were specially trained barbers who were only allowed to render external medical treatment (i.e. treat wounds and fractures). Even though they outnumbered the physicians, they were still numerically few. Barber surgeons were primarily employed by the military and in the merchant fleet, and in their rare spare time they worked as surgeons in private practice.

In the mid-eighteenth century the government, influenced by mercantilist theories, encouraged the growth of a large and healthy population. Therefore, a number of institutions were founded, for example therapeutic hospitals and a maternity hospital for unwed girls, the purpose of which was to save the unborn children as well as the reputation and health of the mothers. A surgeon's academy that taught anatomy and internal medicine was founded in 1785. Its new scholars actually had a much better knowledge of medicine than the theoretically educated upper-class doctors. Both groups attempted to combine the two educational traditions, and this proved successful in 1838. Since the need for healers was great, this homogenisation process was not problematical. The supervisory General Board of Health was founded, whose members were all doctors. A network consisting of 50 additional public health officers with the status of surgeons was spread all over Denmark, which had a population of 900,000 living outside the capital of Copenhagen.⁴ These health officers lived in the towns, whose population they attended, in addition to the people in the

surrounding area. This task was virtually impossible because of the long distances and the poor road conditions. Furthermore, the population did not display very much enthusiasm over this new phenomenon. They were not accustomed to consulting authorised healers, and hence continued to turn to unauthorised folk healers when the advice of their friends and family did not suffice.

The Folk Healers

WHO WERE THESE FOLK HEALERS? This third group of healers can be divided into subgroups. Some had an outdated education or had learned a little about medicine and received a royal commission allowing them to treat certain ailments, such as eye injuries and hernias. Some of the folk healers were common people from the local community, although no sharp distinction can be made; this is also suggested by the fact that folk healers could be found in every parish.⁵ We do not know their exact number, but we do know that there were approximately 2,000 parishes. The folk healers were a motley lot, including smallholders, farmers, blacksmiths, priests, chemists, old women, travelling men who castrated horses and pigs, gypsies and bankrupt artisans. Their education was not 'authorised', but the folk healers had been taught their skills by masters in the art of folk healing, often their fathers or mothers, as folk medicine was frequently practised by certain families for generations.⁶ They extended the knowledge and customs of their predecessors with their own experiences and general knowledge of the local folk beliefs. However, they naturally lacked any theoretical connection. As most knowledge in agricultural society was handed down through the generations, a folk healer was considered to be just as good as a 'professional' surgeon. Furthermore, the folk healers came from the same social class as their patients.

In principle, the folk healers could also be divided into (folk) physicians and (folk) surgeons, according to their 'official' skills. However, this distinction would be more confusing than beneficial. While most folk healers preferred to profile themselves as fracture or wound doctors, that is (folk) surgeons, we know that they also practised internal medicine, not to mention the fact that many of them also used magic in their treatments.⁷ Furthermore, a clear division into groups is only possible in analyses; in 'reality' the two authorised groups, as well as the authorised and unauthorised groups, often overlapped.

The term folk healer has always had clear undertones. Therefore, both their contemporaries and researchers have found it difficult to come up

with a uniform term for the phenomenon. The doctors called them ‘quacks’ or ‘the so-called wise people’.⁸ In addition to ‘quacks’, law texts use the terms ‘empirici’, ‘chemists’ or ‘whatever name they may have’.⁹ Nor have contemporary historians succeeded in finding a suitable term. Roy Porter has given up on the problem and consequently writes ‘quacks’ whenever he refers to the folk healers in his work *Health for Sale ...* from 1989. Folklorists, anthropologists and medical historians use the more neutral term ‘folk physicians’. In her book *Kloge folk og skidtfolk* Birgitte Rørbye has chosen to use the terms ‘folk healers’ and ‘quacks’ indiscriminately, after having pointed out that both terms can be pronounced either with awe or with deep contempt and bitter irony. I have decided to use the term ‘folk healers’ for all unauthorised healers, including the (barber) surgeons who did not meet formal educational demands. This means that anyone who could be charged according to the Quackery Law of 1794 is referred to as a folk healer. This law contains six articles, only two of which deal with quacks: article 5 states that quacks are to be fined or imprisoned, and article 6 introduces the possibility of a partial authorisation of those who can convince the public health officer and the county prefect (a kind of county chief officer) of their skills.¹⁰

The genesis of the above-mentioned law sheds light on the public health situation at that time. Due to the erroneous diagnosis of a folk healer, a group of officials, including the doctors on the General Board of Health, was so upset that they tried to force through a quackery law with severe punishment for both the quack and his patient. However, this was opposed by the Danish Chancellery, a superior body during absolutist rule. First of all, the patient had already been punished enough, they reasoned, and the folk healer had to pay a fine of 20 *rigsdaler*, corresponding to a day labourer’s salary for 120 days of work, a punishment that was certainly considered hard. Should the accused not be able to pay the fine, he/she was to be imprisoned for eight days on bread and water. In this context, however, the most important aspect of the proposal is that the Danish Chancellery managed to include a clause for exemption of all folk healers who were able to convince the health inspector and the county prefect about his or her skills. The Danish Chancellery was well aware of the lack of doctors throughout the country, but also that there were many skilled folk healers. Therefore, this study includes those among the group designated as folk healers who obtained partial authorisation to practise medicine according to article 6 in the law. Their number was surprisingly low – a fact we will return to later.

The Activities of the Folk Healers

THOROUGH STUDY OF THE SOURCE MATERIAL has revealed approximately 130 folk healers.¹¹ Most of them were mentioned by name, while the rest were clearly identified in other ways, such as 'the blacksmith in Vedum'. Immediately following the implementation of the law in 1794 the first folk healers applied for a dispensation to practise quackery. The first two were granted permission, but after that the General Board of Health denied such exemptions to practically all applicants. On rare occasions they would say, 'Maybe'. Consequently, the folk healers simply stopped applying and continued to practise without authorisation. I have selected three cases to illustrate how the folk healers functioned in their surroundings and how they were viewed by the authorities and the authorised doctors.

A Folk Healer and Various Groups in a Local Community

The inhabitants of four villages in the county of Svendborg on the island of Funen sent a petition to the Danish Chancellery via the county prefect recommending a pardon for Friederich Jørgensen, who had been accused by the public health officer of allegedly having performed acts of quackery on two patients. Friederich Jørgensen was subjected to an official investigation, and when the matter was brought to the attention of the villagers, they submitted a petition to the county prefect with a total of 18 signatures. The county prefect was soon convinced of the competence of Friederich Jørgensen, but to be absolutely certain he wrote to the parish priests and the landlord Count Bille Brahe and asked them to express their opinions in the case. They were also very positive, and the county prefect gave the following account:

They agreed that farmer Friederich Jørgensen was a very sensible and decent man, with abilities in curing even the most complicated fractures, and the priests emphasised that there was no evidence of any of his patients having left without treatment, therefore many people in the district would miss him if he were forbidden to treat fractures and other similar ailments. Therefore the villagers and everybody else wanted him to keep his authorisation.

The county prefect himself supplemented the case with a long letter stating that there was a great need for doctors. The few available doctors saw to the more well-off patients first, whereas the less privileged often became crippled because they had to lie with a broken leg for several days without medical attention. He suggested adopting the ideas from Sweden where the doctors taught the sextons and other knowledgeable people from the peasantry how to perform minor operations.¹² Something similar should be

introduced in Denmark, and decent and knowledgeable men such as Friederich Jørgensen should certainly not be punished, continued the local official. Since everyone praised the character and decency of Friederich Jørgensen, as well as his experience and capabilities in certain treatments, the county prefect concluded by stating that he supported the villagers in their petition to let him practise and that his punishment should be remitted.

The Danish Chancellery sent the application on to the General Board of Health, which turned it down in distinct terms with one exception: the folk healer was allowed to treat the sick when the public health officer could not be sent for, and later, under his supervision.

It appears that Friederich kept on practising. But five years later one of his patients died, and this caused the public health officer to submit yet another complaint. The course of events is somewhat obscure, but the essence of the case is that the public health officer had treated the patient in question for cancer at an advanced stage. As this treatment did not help, the patient had turned to Friederich Jørgensen. The patient died under his care a few days later. This set the whole official machinery working again, and Friederich was convicted of quackery and sentenced to pay a fine of 20 *rigsdaler* to the 'poor box'. The whole process repeated itself, though on a larger scale, not just because someone had died, but also because this time entire villages in the district demonstrated their confidence in the defendant, even on stamped paper. The General Board of Health was unrelenting, but the Danish Chancellery intervened and lowered the punishment for quackery to a fine of two *rigsdaler*.¹³

A Folk Healer and the Authorities

In 1795 a smallholder by the name of Jørgen Hansen applied for permission to continue to treat arm and leg fractures. He obtained recommendations from the priest, the public health officer and the county prefect. They all vouched for his skills and agreed that he only had to consult the district medical officer in exceptionally complicated cases. His case was sent to the Surgeons' Academy, which refused his petition in very distinct terms, as this was the kind of folk healer who was prone to make serious mistakes because of his limited knowledge of medicine. Their next argument, which does not appear to be uncommon, was that article 6 concerned the middle class 'but not simple and unskilled common people. Granting such permits would also have a damaging effect on the properly authorised healers'. Furthermore, the applicant had not demonstrated his skills to the public health officer, who had merely spoken to him. Therefore the Surgeons' Academy could not grant him permission, but was of the opinion that he should still be allowed

to help the poor until the authorised doctor could be sent for. The next step taken by the Danish Chancellery was significant. As was often the case, they withdrew from the decision-making process by deciding to 'inform the county prefect about the decisions of the Surgeons' Academy'.¹⁴ It thus became the responsibility of the county prefect to inform Jørgen Hansen of the Academy's decision,¹⁵ meaning that it was left to the county prefect alone to either directly forbid Jørgen Hansen to practise medicine or, in effect, to grant him permission to treat the entire population of the county, for who could not be considered poor in the society of that day?

The county prefect's reaction to this order is astonishing, as he never made the information available to Jørgen Hansen in writing. He simply allowed him to continue his practice. In other words the county prefect alone had been left to decide what was best in the local community. After all, he was the one who had the best understanding of local conditions.

A Folk Healer and the Authorised Doctors

Approximately 100,000 people lived in the capital and, if we sum up all the authorised healers such as physicians, surgeons and private practitioners, we reach a total of almost 100. However, this astonishing result does not mean that there was a doctor for every 1,000 citizens. Half of the doctors worked for the military, and more than 20 were private doctors serving the king and court or were professors at the university or other institutions. Only 12 public health officers were therefore left to care for the remaining 55,000 citizens. As a result, people obviously turned to folk healers. The archives of the General Board of Health contain a lot of material concerning folk healers, including requests for permission to practise, quackery charges from doctors and numerous letters of support from ordinary people. One of the most long, drawn-out cases with abundant source material concerns a female folk healer by the name of Ane Larsen who performed midwifery. Her dispute with the board continued for almost 20 years.¹⁶ In the country a midwife was usually considered to be a semi-authorised healer working as a kind of assistant to the doctor. But in the capital city, where the General Board of Health, the government and a large number of private practitioners resided, she was subjected to accusations at a very early stage in her career. Not only was she a very competent midwife, she was also a competent surgeon and had healed fractures and open wounds caused by accidents, gangrene, cancer or venereal diseases. At that particular time, from 1810 to 1830, a long-lasting syphilis epidemic raged. When it became known that Ane Larsen had treated a woman with this disease, she was charged and sentenced to prison or to pay a high fine. Numerous people immediately wrote letters to the chief constable

supporting her. The chief constable was deeply impressed and petitioned the king for a pardon. The General Board of Health was consulted and obviously said 'no', but under pressure their decision was changed to 'perhaps'. Their response was interpreted by the government to be an affirmative answer, at least for one year. Each year the midwife had to apply for renewed permission and the General Board of Health spent much time and energy on refusing it, leaving it up to the government to intervene and grant the permit. In short, this midwife had more than 100 patients every year and gave an undocumented amount of advice. Finally, she even started a sort of private hospital where she could also treat the mentally ill.

In addition to expanding her practice Ane Larsen succeeded in converting some of her most vigorous opponents on the General Board of Health. In the beginning the chief public health officer in Copenhagen spoke about her in slanderous tones. According to him, she could 'not even write her own name. And generally displays very little intelligence'. Approximately 10 years later, when the General Board of Health was about to send another damaging letter to the Danish Chancellery concerning Ane Larsen, the same man refused to sign it, as he did not believe her to be a quack. This shift in opinion was motivated by the fact that, when the ailment in question was not one that she was licensed to treat, she asked the Danish Chancellery for permission before treating the patient who had come to her for help. Even when patients came to her with open wounds and other ailments that her licence did allow her to treat, she still consulted the doctor in charge of the procedure. 'Thus her work seems to be much more limited than required in the law of 1794'.¹⁷ The chief public health officer was not the only one who came to appreciate her skills. Two other members of the General Board of Health became her adherents, but they were still in the minority and the harsh replies continued. The radical change came when His Majesty himself expressed his approval after having visited a relative who was being treated in Ane Larsen's hospital. After this incident Ane Larsen was more or less free to treat anyone and the source material concerning her case stops.

We also have Ane Larsen to thank for one of the clearest definitions of quacks, which was given by one of the members of the General Board of Health:

They occupy themselves with treating ordinary ailments for payment, although they have no knowledge of medicine. Even though they confine themselves only to treating certain diseases, they still attempt to treat diseases that cannot always be cured without some scientific training and general knowledge of medicine.

Then he mentioned seven points that made it incomprehensible for people to understand why quackery should be prohibited. The two main points were that many people either considered the quacks to be more skilled than the authorised doctors or that they would rather take the advice of a semi-professional healer than receive no medical attention at all. He refuted every single point on nine closely written folio sheets. In short, he was of the opinion that the quacks had merely been lucky to be consulted when the disease was nearly cured. With regard to the semi-professionals, it was far better to turn to a sensible and cultivated person such as a priest, a master (landlord or farmer) or mistress, who out of compassion helped their neighbours, often on the basis of popular medical journals, while he considered the quacks were unwise and often non-thinking common persons.¹⁸

When the General Board of Health very occasionally yielded in cases concerning partial authorisations, a number of demands had to be met. The folk healer was only allowed to treat a patient under the supervision of an authorised healer. This authorised healer was to examine the patient. He also had to approve the suggested cure, keep an eye on the treatment, and finally make a report to the General Board of Health. It was hard enough for the folk healer to abide by these rules, but the precondition for being allowed to treat a patient at all was documented proof that an authorised healer had already attempted to cure the patient in vain. This documentation proved almost impossible to procure. Obviously, no doctor in his right mind would be willing to admit that his treatment had not worked on a disease which a folk healer claimed to be able to cure. The potential patients therefore resorted to giving an account of the poor authorised help which they had received and even stated the name of the doctor in question. The General Board of Health spent much time and energy on investigating and evaluating these treatments. However, the Danish Chancellery sometimes intervened and granted permission to a folk healer. This was laconically reported in the minutes of the General Board of Health as 'noted'.

Conclusion

IN THE TOWNS AS WELL AS IN THE COUNTRY, and even right before the eyes of the General Board of Health, the population turned to the folk healers even though this was prohibited from 1794 onward. The folk healers continued their work and took no heed. They only turn up in our archival material if they were caught in the claws of a very determined public health

officer or when one of their patients died. At the trial which followed, they often succeeded in winning the approval of the population, and, especially if they were good, they also obtained the approval of the priest and the county prefect. In my material the priest often served as an indicator of the seriousness of the folk healers. However, if the healer made use of the occult, the priest would be the first to level accusations. Numerous examples of this exist, but only one case, that of Christen Thorstensen, will be mentioned here. A priest from the island of Mors in the Liim Fiord area said: 'It would be desirable to condemn this person to a punishment for which he has long been qualified by performing disgraceful quackery and corroboration of superstition'. The district medical officer supported this by stating that Thorstensen was

a true *studiosus philosophiæ occultæ*. He has many skills. For a consideration he bewitches and cures bewitchment, produces expensive ointments, plasters, powders, pills and drops. In short his practice is both surgical and medicinal. He prepares his medicine himself as the chemist will not prepare it for him. He has been charged with quackery, has been fined to pay 20 *rigsdaler* – yet his practice is more successful than ever. His reputation even seems to have benefited from these charges.¹⁹

From the subsequent interrogation in court it became clear that Thorstensen indeed did not have a clear conscience.

Generally, however, there were many reasons for the goodwill of the priests and county prefects towards the skilled folk healers. There was a widespread lack of doctors, and the district medical officer normally treated the more privileged patients first. I have found numerous complaints in the source material from patients who had not been able to reach the doctor because he was attending to someone more privileged, such as a farmer. The services of the folk healers were cheap, and they often even treated the poor (under poor relief) free of charge. As the priest and the county prefect were members of the Board of Guardians in the parish and the county, this was a weighty argument.

In the examples cited the opinions of the doctors have only been illustrated in part. Many public health officers in the country considered the folk healers helpful. Others were indifferent, but only a few complained about them. In the capital, however, we clearly see the burgeoning elitism and the encouragement of the monopoly by the doctors on the part of the General Board of Health. Actually the General Board of Health was only obstinate towards the folk healers as persons. When the folk healers found a promising cure which was not yet known, the doctors were always willing to

try it out. Usually this ended with a refusal of approval accompanied by a statement that the cure had been known for a long time or that it was useless. When a new wave of healers using so-called animal magnetism or mesmerism swept the country in 1810, the General Board of Health attempted to reserve the treatment for the authorised healers. They encouraged their doctors to try out the method and report on it. It could be argued that the doctors, despite their generally negative attitude, always kept an eye on what happened within the area of medical treatment. In other contexts, such as investigations concerning clandestine births and infanticide, they left a degree of uncertainty, allowing the defendant the benefit of the doubt.

As the superior body of the absolutist state, the Danish Chancellery had generally been positive towards the folk healers. However, they showed a tendency to delegate the responsibility to local authorities. This was also done in the case of Ane Larsen, as the magistrate in Copenhagen dared not assume the responsibility. Commenting in favour of Ane Larsen, they passed the case on to the General Board of Health. This left the Danish Chancellery back where it started, and therefore the actual application procedure was sometimes shortened by granting Ane Larsen permission to practice.

From this study I have concluded that the absolutist state and its central government preferred to stay in the background, leaving it up to the local authorities to settle the cases. Sometimes they even gave their support when the issue concerned the general well being of the population, even though this was not in accordance with their own laws. It seems to have been characteristic for Danish absolutism not to confine Danish society within rigid and narrow limits. The county prefect had an important role in dispensation cases. He alone had the authority in the local community to decide what was best, because he best understood local conditions, and in 1801 the ruling classes accepted the consequences of this development when they formalised the practice by allowing the county prefect to administer a number of prohibitions and rules.

Notes

- 1 This questionnaire was sent by a commission which was created in 1802 to prepare a proposal for legislation on medical policy. Danish National Archives (*Rigsarkivet-RA*), Copenhagen, DK G 125, 1802–14.
- 2 Heinrich Callisen, *Physisk medicinske Betragtninger over Kjøbenhavn*, vols. I–III, (1807–09). Callisen was a member of the General Board of Health and was very well informed.
- 3 Callisen, *Betragtninger*, vol. I, pp. 149 ff.
- 4 The first 20 to 30 of them took office prior to the new examination requirement.
- 5 The folklorist Birgitte Rørbye has coined the phrase ‘integrated folk healers’. See Birgitte Rørbye, ‘Den illegale sygdomsbehandling som folkloristisk problem’, *Fataburen* (1976).
- 6 Folklorists refer to this as the principle of apprenticeship. Only the final examination was lacking.
- 7 This ‘magic’ was the root of numerous problems, and I shall describe one example later.
- 8 In Danish these people are called *kloge folk* (wise people).
- 9 Law on Medicis and Pharmacists, 4 December 1672.
- 10 The other articles sum up some general public health measures such as encouragement of the population by priests and other officials to keep houses and clothes clean and not to use too much salt in their food.
- 11 The sources, found in the National Archives, are ‘Suppliques’ to the king for the years 1794–98, the records of Collegium Medicum and Academy of Surgery after 1794 and the material from The General Board of Health from 1803–25, including the doctors’ annual reports for 1803–25. Nr. 8 of these reports refers to quackery.
- 12 In Norway some soldiers received instruction in surgery in the 1790s. RA, DK F 54 Supplik 2379-1796, Apr. 7.
- 13 RA, DK G 20 Brevsag 1436-1806 General Board of Health jnr. 362 and 363-1805; General Board of Health jnr. 381-1811, copy book 30/1-1812 and DK K 6 Registrantsag 731-1812.
- 14 RA, DK F 54 Supplik 2185 9/4; 28/7-1795.
- 15 District Archives for Funen, Odense (LAF), Odense Amt. Assens og Hindsgavls amter, Journal 1793–98. Danish Chancellery, letter from 1 August 1795.
- 16 RA, DK I Brevsag 4253/1811 and Registrantsag 1204-1812. General Board of Health jnr. 300-1814, 387-1821, and 412-1822.
- 17 RA, General Board of Health jnr. 412-1822.
- 18 RA, General Board of Health jnr. 251-1817.
- 19 RA, The public health officers’ report General Board of Health jnr. 146-1821.

