Who Shall Take Care of Our Sick?

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As surprising as it may seem today, the hospital is a relative newcomer to American health care. Although pesthouses and military infirmaries date back to the seventeenth century, the first permanent hospital in what would become the United States did not open until 1752, in Philadelphia. Over the next 125 years, the number of institutions grew slowly. Unlike the hospitals of the twentieth century, these early American hospitals cared for few surgical or obstetrical patients. Rather, they provided simple care and shelter to the sick poor who had nowhere else to turn. The first survey of U.S. hospitals, done in 1873, located only 178 nationwide. Then came the hospital explosion. During the next fifty years, the number of American hospitals increased dramatically—estimates reach as high as four thousand by 1900—and the hospital emerged as the central institution in medical treatment and training.

In recent decades historians have begun to pay attention to American hospitals, and we now know a great deal about how the American hospital became the institution it is today. Two outstanding surveys of American hospital development and several excellent histories of hospitals in particular cities have been published, as have studies of specialized hospitals for groups such as African Americans, women, and mentally ill people. Nevertheless, although religiously sponsored institutions made up nearly one-third of the hospitals in the United States in 1910, we still do not know much about these institutions. What is clear is that, of all the religious denominations operating hospitals in America, Catholics have been the most active. American Catholics opened their first hospital, Mullanphy Hospital in St. Louis, in 1832; by the end of the century they were running 10 percent of all the hospitals in the country. As one nineteenth-century Catholic publication put it, it clearly had become “a matter of high policy, duty, and right, among Catholics to build and support hospitals.”
Catholics did so for numerous reasons, including fears that Protestant administrators and chaplains at other hospitals were not sympathetic to the religious needs of Catholic patients and that the Catholic clergy were not treated well or fairly in those hospitals. In New York, for example, Catholics complained that it was difficult for priests to visit the privately run New York Hospital. New York Hospital’s rules were such that a patient had to request a visit from a clergyman; Catholic priests wanted to visit on their own initiative and find Catholic patients. At Bellevue, the city’s municipal hospital, Catholics protested that the Protestant chaplain was unfairly privileged with a salary. “We did not know Presbyterianism was the established religion at Bellevue,” the Catholic Freeman’s Journal fumed in an editorial in 1848, the year before the first Catholic hospital in New York City opened.

Women play a prominent role in the history of Catholic hospitals. Like the overwhelmingly majority of Catholic hospitals in the United States, all of New York’s Catholic hospitals were founded by women religious, properly called sisters, though commonly referred to (inaccurately) as nuns. These women assumed primary responsibility for the nuts and bolts of Catholic hospital development. They raised money to initiate and maintain a hospital, managed it, set the standards of care, and provided the nursing. Sisters organized their hospitals to do more than create a nondiscriminatory environment for Catholic patients. Their purpose was also to advance their mission to the needy. They took the quality of their hospital care very seriously for two related reasons: because they believed that they had a spiritual mandate to provide good care and because they believed that their patients deserved it. For sisters, caring for the sick was a religious responsibility.

An apocryphal anecdote in the journal Catholic World at the end of the nineteenth century suggests, crudely but spectacularly, how Catholics promoted their hospitals. “A poor wretch was brought to a Sisters’ Hospital and died after a few days of suffering. On entering he said he had no religion and no use for religion but the day he died he called for a chaplain. ‘Sir,’ he said, ‘I want to die in the religion of that lady with the big bonnet taking care of me.’” Catholic hospitals may have produced few conversions such as this, but they powerfully affected the lives of New Yorkers in other ways.

In 1849 the Sisters of Charity opened the first Catholic hospital in New York City. This was St. Vincent’s. At the time the city already had two hospitals, but the sisters and their supporters believed they could do a better job than either the city administrators at Bellevue or the
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board of directors at the New York Hospital. By the time of the 1898 consolidation, which combined Brooklyn and New York, the Sisters of Charity had been joined in hospital work by Sisters of St. Joseph, Missionary Sisters of the Sacred Heart, Dominicans, and Francis- cians—none of which had been organized primarily to run hospitals. Six years later a census revealed that Catholics were running fourteen of the city’s privately run hospitals: seven general-care institutions plus specialized facilities for infants and children, for women, and for sufferers from contagious and incurable diseases. Among religious hospitals, Jewish hospitals came in a distant second with three; Lutherans were next with two. By 1924, the more than 4,500 beds in Catholic hospitals accounted for about one-quarter of all beds in the privately owned, nonproprietary hospitals in New York City. Sisters managed them all. At a time when women rarely occupied positions of leadership in business, scores of sisters sat on hospital boards and served as administrators of large and increasingly complex institutions. Twentieth-century sisters managed physical plants that included laboratories, kitchens, laundries, offices, emergency rooms, nursing schools, private rooms, and wards.¹⁰

In this book I seek to answer the following questions: What was distinctive about Catholic hospitals? Why did patients choose to go to them, and what kind of care did they receive when they did? How could patients tell they were in a Catholic hospital—by appearance, personnel, treatment? What role did Catholic hospitals play in the religious and medical worlds of New York City? How did Catholic involvement in health care influence Catholicism, and how did Catholicism influence health care?

The Catholicism of Catholic hospitals was certainly tangible. Sisters were ubiquitous, there were crucifixes in most every room, and most facilities had a chapel. Sisters never hid their religion, and they surely prayed for miracles, but their hospitals featured careful nursing and state-of-the-art medical care and treatment. How and why they did so is the focus of this book.

In examining Catholic hospitals in New York City from just before the Civil War through the 1920s, I explain why the sisters were so central to the development of Catholic hospitals and what made them unique among hospital nurses and administrators in New York. I look at the motivations driving the growth of Catholic hospitals, particularly the determination to establish a strong Catholic presence in an often hostile American environment. The specifics of Catholic hospital care in the latter nineteenth century are compared with that given at
other hospitals and the sources of financial support for Catholic hospitals during that same critical period are analyzed. I then carry the story into the early twentieth century, when Catholic hospitals responded to the movement to standardize Catholic hospital management and care.

The most familiar Catholic institution in New York City is probably St. Patrick’s, the city’s Gothic-style cathedral on Fifth Avenue. Built to be more than a place to worship, the cathedral proclaims the Catholic Church’s aspirations to power and prominence in nineteenth-century New York. St. Vincent’s Hospital, a contemporary of the Cathedral, while less imposing, shares its origins and a similar purpose. Both were the product of a contested social environment where Catholics sought to make their church a prominent force in the city’s political and social landscape. Their founders also were related. St. Patrick’s was the dream of John Hughes, the first Roman Catholic archbishop of New York, who was an outspoken leader of the American Catholic Church in the middle of the nineteenth century. Ellen Hughes, his sister, was St. Vincent’s first administrator.

Ellen Hughes never achieved her brother’s notoriety, nor would she have wanted to. As Sister Angela, a member of the Sisters of Charity, she lived among other women similarly dedicated to a communal life of prayer and service to the poor. Her life and work were a quiet counterpoint to her brother’s. John’s style was aggressive; he addressed civic inequalities and the public manifestations of nativism head-on—from his pulpit, in the press, and at the ballot box. Sister Angela concerned herself with different kinds of issues facing immigrants, and she did so in less dramatic and confrontational ways. She is a lesser known historical figure, but the deliberateness of her efforts and her contribution to her church equal the archbishop’s in their significance in New York City.

Sister Angela and a host of other sisters lightened the burden of illness and soothed fears about hospital care for several generations of immigrant New Yorkers, and they left the Catholic Church entrenched in the hospital landscape of New York City. They did so as women religious cohabiting the world of God and immigrant New York. They went back and forth between these worlds with ease. While sisters believed in miracles, they never promised them to their patients. Their treatment was not infused with zealotry but recognized that health care was more than medicine and surgery. The therapeutics of their health care was decidedly noncontroversial and up to date scientifically. Ironically, these otherworldly women established the Catholic Church’s place in the very real world of mainstream medicine.