The great grace he has received is to be attributed to the intercessions of our Lady of Lourdes as the Sisters made novenas for him and we gave him some of the water to drink.¹

*Remark Book, Santa Rosa Infirmary*

January 18, 1898

The Sisters of Charity of the Incarnate Word used this language to explain a miracle of a railroad worker’s conversion at their hospital in San Antonio. Catholic teachings emphasized miracles, usually due to intercession of Jesus, Mary, and the saints, that often involved the use of holy water. Stories from the Bible frequently associated water with miraculous healing. To devoted Catholics, not only did holy water have protective and curative powers, it also had sacramental properties that would remind persons of their baptism. In the Catholic imagination, then, water could be a major source of spiritual restoration and protection.²

This account of holy water and its use in what was viewed as a miraculous conversion is just one of many examples of how the nuns wove their religious beliefs and practices into their nursing service. A conception of health care that understands it solely in terms of the prevention of suffering, illness,
and death would see sister-nurses simply in an auxiliary role of fulfilling a duty of charity. However, the significance of their nursing was much broader because the meanings of suffering, illness, and death were much broader. To comprehend nuns’ nursing and hospital establishment in the late nineteenth and early twentieth centuries, it is important to understand the ways in which disease, death, and healing simultaneously were issues of body and spirit. These formulations of meaning lay at the very heart of nuns’ hospital establishment and nursing.

An emphasis on religious practice, however, sometimes contrasted sharply with the day-to-day reality of sister-nurses’ work. During one particularly hectic week in 1889, the Incarnate Word Sisters at St. Joseph’s Infirmary, Fort Worth, admitted nineteen patients, discharged six, transferred one to another room, and cared for twenty-four others, prompting the annalist to remark, “Our heels are praying very hard all day.” Thus, while spiritual concerns fueled their nursing, on their stressful hospital wards where they were exposed daily to life-threatening illnesses and emergencies, nuns’ nursing dispelled the notion of them as passive praying creatures.

**Meaning of Sickness in the Roman Catholic Tradition**

Multiple explanations for sickness existed simultaneously for Catholic sisters, including both religious and medical, and there were equally complicated understandings of remedies. The point, here, is not to emphasize the conflicts and tensions between religious and medical missions, but rather to illustrate how Catholic sisters integrated them. Nursing the sick and dying placed nuns in situations that linked the worldly and the divine. It was a means by which sisters could participate in important and dramatic religious experiences, and this conferred on them a special mission.

In the American Catholic tradition of the nineteenth century, no clear distinction existed between the healing effects of secular medicine and the comforts of religion. Both religious and nonreligious explanations prevailed when one became ill. These included a concept of disease as a deviation from normal health, caused and potentially correctable by natural means, but also other perspectives that involved an emphasis on supernatural causes and healing by religious measures. For example, belief in the natural causation of disease associated medicine as part of the natural order. Often, however, natural causes were subsumed under ultimate supernatural causes that only divine intervention could ameliorate.
At this time, recognition of the inevitability of pain and suffering was still part of the American Catholic ethos, although certain tensions prevailed. Caring for the sick could ease suffering, and it was a characteristic demonstration of charity. Yet, suffering was also an invitation to share in Christ’s redemptive sufferings. While this did not translate into a view of suffering as good in and of itself, it could advance the glorification of the sufferer and the self-sacrificing caretaker, in whom suffering could awaken compassion and present opportunities to relieve the sufferings of others.

Writings by nineteenth- and early-twentieth-century theologians as well as the nuns reveal the full range of interpretations of illness and suffering. The 1888 *Manual of Decrees and Customs of the Sisters of St. Joseph of Carondelet* recorded a statement on sickness as a guide for sister-nurses. Indicating God’s hand in illness, it stated: “God’s fatherly providence frequently visits negligent Christians with sickness, in order to lead them back to the fold from which they unfortunately strayed.” Similarly, in his 1908 sermon entitled “Sickness a Season of Divine Mercy,” James Gibbons, the cardinal archbishop of Baltimore, justified sickness as somehow deserved:

> Seeing that we have not the courage to subject ourselves to voluntary deeds of penance, or even to observe those of the Church, God in His mercy visits us with a remedial penalty of His own selection. This consideration should prompt us to accept ailments and other corporal pains with patience and cheerful resignation.

To Cardinal Gibbons, the best kind of penance was sickness and other afflictions, which God imposed. God might send sickness and suffering to punish an individual’s sin or to strengthen one’s character and deepen one’s faith. How many sick, he asked, “would have exulted in their strength and have plunged like untamed colts into the precipice of vice, if they had not been restrained by the bit and curb of a spell of chastening malady[?]” Illness, in other words, could be an opportunity for spiritual growth. Gibbons described the biblical Job’s sufferings as sent to try his faith rather than to punish his sins. God allowed Job to be afflicted with a “loathsome illness, that he might serve as an example to posterity.” Indeed, “a sickness visitation is a season of grace, not only to the patients themselves, but to the other members of the family as well.” He concluded: “Let these be your sentiments when you are ministering to the sick. The Lord will restore your cherished patient, if it is expedient for his salvation, or if the sickness is unto death he will give you interior grace to
bear the cross.” Thus, while God could cause illness, God surely could
cure it or help one more easily endure it. Significantly, Gibbons empha-
sized a combination of regular medicine and faith when treating the sick:
the physicians’ and nurses’ ministrations were important and were com-
plementary to God’s work. While the doctor’s skill should be invoked, one
should not overlook the aid of the “Divine Physician.”

Spiritual Agents of Care

It followed that Catholic sister-nurses viewed illness not only in biologi-
cal terms but also within a spiritual framework. The message of priests
was to endure suffering as a means of strengthening faith, whereas the sis-
ter-nurses placed greater emphasis on alleviating pain and comforting the
sufferer. They supplemented their nursing care with prayer cards, icons,
and other religious symbols designed to provide comfort and healing. At
the same time, by caring, serving, and treating the poor, the sick, and the
dying, sister-nurses were involved in important religious experiences. In
their hospitals, nuns could do spiritually important work for their patients
while obtaining sanctity and grace for themselves.

Because Catholic sisters were committed to the vowed life, part of
their formation as nurses included the development of a role that had a
strong religious identity. Before they established their own nurse training
schools at the turn of the century, nuns received on-the-job instruction in
the care of the sick from doctors and experienced nursing sisters. As they
gained experience through practice, these women in turn taught nursing
tasks to new members. Most communities had a period of training either
during or after the novitiate when young sisters trained for their future
work. Their convent training included not only nursing education but also
instructions on prayer, Mass, and other religious practices.

Several written documents provide insight into the training and nurs-
ing practice of Catholic sister-nurses. Constitutions articulated how the
sick were to be treated, what daily schedule nurses should follow, how they
should relate to physicians, how they were to prepare food and medicines,
and most important, by what means the nuns should prepare a person for
death. Sisters were to speak softly and to work gently, quietly, and unhur-
rriedly. Most patients until the twentieth century were males, and nuns
tried to obtain male nurses to help with them. As far as can be determined
from the records, however, there were not enough to make it possible to
enforce this rule. Thus, directives also emphasized the need for modesty.

Prescriptions also focused on caring and compassion as necessary attitudes
for sister-nurses. The Incarnate Word Sisters were to “serve [patients] with a tireless zeal,” and entertain for the sick, not only a compassion, kindness and devotedness, but likewise a great respect.” The Sisters of the Holy Cross were to be mild, vigilant, patient yet firm, and compassionate for the suffering of others.\(^{11}\)

For Catholic sisters, nursing itself was a religious discipline. This can be seen in one of the earliest Catholic texts for sister-nurses, a handwritten one from 1796. It is located in the archives of the Midwestern Province of the Daughters of Charity of St. Vincent De Paul and is composed of two parts. In the first section, an anonymous priest in France wrote a catechesis for the religious Hospitallers at the time of the French Revolution. Because priests could not exercise their clerical functions at that time, much of the religious instruction of the sick passed to the Sisters of Charity as nurses. This first section was recirculated in 1841 when Mother Xavier Clark, superior of Elizabeth Seton’s Daughters of Charity in the United States from 1839 to 1845, wrote the second part, “Instructions for the Care of the Sick.”\(^{12}\) Nuns could carry the text in their pockets as a supplement to directions of doctors and experienced sister-nurses. At the beginning of her “Instructions,” Mother Xavier set the book’s spiritual focus: “Our charity must be extended to all; all are the redeemed souls of our Savior.”\(^{13}\)

Mother Xavier taught her nurses to exercise authority and good judgment. The experienced sisters must guide the others; indeed, “they must know everything.” This included advising the less experienced nurses when they were not yet skilled enough to care for the sick. Furthermore, the sisters would teach the men who were caring for male patients. While the nuns’ model emphasized self-abnegation, deference, and loyalty, the nurse also was to seek knowledge and ask questions. In addition, the sister-nurse was to be decisive. Mother Xavier gave specific instructions for admitting new patients and steps to take if the person required immediate attention, either physically or spiritually.\(^{14}\)

Nuns were to be concerned with practical nursing care. Mother Xavier reminded her sisters that when they gave patients a drink of water to remember Jesus’ thirst while on the cross. She also exhorted them to anticipate the patient’s wants without waiting to be asked. They were not to ignore physical problems, indeed were to care for them first, because “the union between the soul and the body is so close that when the latter is suffering a great deal, the other, attentive to its wants, cannot think of anything else.” She insisted, “But remember one thing—never begin to speak of religion before you have afforded them all the little relief and comforts you can to the poor body. By these you will find your way to the soul.”\(^{15}\)
Mother Xavier gave detailed instructions on how to give medicines. These included purchasing the best medicines, knowing the correct doses, looking at the label to avoid mistakes, keeping medicines covered to prevent evaporation, and learning the “weights, measures, and the signs” which the doctors used to write prescriptions. If they did not know the signs, or could not read the physician’s writing, they should always ask one who knew more than they did. Sisters were to “pay great attention” to vessels in which they mixed or boiled ingredients and never “mix medicines in vessels that have had other remedies in them without first washing them well.” Alluding to drug interactions, she taught, “The qualities of a medicine may be destroyed by another and . . . does not produce the desired effect,” and might even lead to death of a patient. Furthermore, “Everything ought to be very clean,” including the food. “Good and clean water should . . . be used in all the preparations, etc.”

Examination of sister-nurses’ daily schedules also reveals the integration of religion and nursing in their practice. Nuns began and ended each day with prayer and meditation and had specific times for work, meals, and recreation. Their hospital work followed this same pattern. For example, the 1867 Rule for the Sisters of Charity of the Incarnate Word directed sisters to rise at four thirty in the morning and have prayer and spiritual recitations at five. At 5:45 AM, they visited the sick in the dorms, made beds, and distributed drinks, potions, and soup. They attended Mass at six thirty and then ate breakfast at seven thirty. At eight they accompanied physicians on rounds, at which time the head sister wrote their orders in a register. She then gave the register to the pharmacist for the preparation of medicines. At nine o’clock, the sisters served patients breakfast, then performed other religious exercises and ate their own lunch at eleven. They were to go to the chapel for prayers after lunch, have recreation until 1:00 PM, and then do “common tasks.” More visits to the wards came in the afternoon, followed by overseeing patients’ supper at five o’clock in the evening and eating their own at six. They visited patients again at 6:45 and retired after evening prayer and meditations at 8:25 PM. These tasks changed after 1900, when sister-nurses spent more time with patients, but even then, their spiritual exercises and personal lives continued to mesh deeply with their nursing.

Sisters’ nursing practices conveyed a distinct religious vision and were important in a religion such as Catholicism that emphasized ritual. For Catholics, the central rituals were the Mass and sacraments. Thus, nuns often accompanied patients to Mass in hospital chapels. They also incorporated various healing practices associated not only with regular medicine but also with devotions and rituals. These included devotions to the saints
and the Virgin Mary who, Catholics believed, had power over disease. During the nineteenth century, the Catholic Church revived other exercises such as the rosary, forty hours devotion, benediction, and devotions to the Sacred Heart and the Immaculate Conception. These devotions were a form of personal piety that especially helped immigrant Catholics who were displaced from their homelands to preserve their faith. Associated with saints were novenas, or nine-day devotions to honor a saint or make a particular request. Relics were particularly popular with Catholics, and nuns used beads, scapulars, medals, prayer books, and holy pictures to heal or at least to lead a suffering person closer to God.  

Sister-nurses also promoted elaborate religious ceremonies in their hospitals. The Incarnate Word Sisters and their patients celebrated religious feasts, held forty hours of adoration in chapels, and processed in hallways and on hospital grounds. Nuns faithfully recorded different feast days in their annals. On August 15, 1896, they held a procession through the hospital grounds of Santa Rosa in honor of the Blessed Virgin’s Assumption into heaven. Catholic sisters participated in all of these activities in their traditional dress. The hospital’s Catholicism was unmistakable.

Prayers for the sick and dying had a long history in the Catholic Church, and references were particularly prominent in nuns’ writings. Combined with the sacraments, Catholic belief held that prayer could lead to graces and favors from Jesus and Mary, cures for the sick, and intervention in the course of events. Lay Catholics requested sisters’ prayers, believing they were more effective than those by laypeople. In 1897, when death seemed imminent, a patient requested his remaining salary to go to the Incarnate Word Sisters so they would pray for him after death, thereby, according to Catholic belief, releasing his soul from purgatory to rest in heaven. A few months later, family members removed the remains of a woman from one cemetery to another in closer proximity to the Incarnate Word Sisters so they could pray for her.

Given the emphasis the Catholic Church placed on charitable works for personal salvation, nursing became a prominent means by which nuns could satisfy their desires for evangelism. During the Civil War, Mother Angela Gillespie wrote the prominent Catholic Orestes Brownson from the Mound City, Illinois, hospital. She emphasized the important spiritual work that wartime nursing could bring for Catholic nuns. By the time she wrote her letter in 1862, the Sisters of the Holy Cross had baptized 154 dying soldiers in the Mound City hospital. “We have the happiness to think we are recruiting subjects for the Church Triumphant,”
she wrote. “Should the war continue much longer we may have a full Regiment!”

In their evangelical work, sisters’ rules and constitutions provided guidelines. The 1888 Manual of Decrees of the Sisters of St. Joseph stated that they were to attend to a patient’s bodily wants while being “very solicitous for the welfare of his soul.” They were to avoid actively seeking Protestant converts, though, and to respect their religious convictions.

Yet, sisters’ very work was a powerful form of evangelization. They proselytized by the virtue of their deeds and accomplished conversions in this way. Upon going to Utah in 1875, Sister Augusta Anderson remarked that the best way to do any good with the Mormons was “to have little to say, and give them good example.”

The power of “good example” was a strategy sisters frequently used in their nursing and hospital work. Because of their association with immigrants, their distinctive dress, and their unfamiliar belief system, nuns employed various strategies to break down non-Catholics’ fears. They based their position on political necessity. Securing capital and community acceptance was crucial to any hospital endeavor. Legitimation was important, since much of the support had to be obtained either in patient fees or donations. Thus, to allay nativist fears of proselytizing, nuns often relied on good deeds rather than sermons. Sometimes, however, proselytizing methods could be subtle. During the Spanish-American War, the Sisters of St. Joseph shared scapulars, crucifixes, medals, and beads with Catholic soldiers. As they did, they were conscious of non-Catholics in nearby beds who were listening to what they said. Thus, Sister Liguori McNamara could write that both Catholic and Protestant soldiers asked for medals. Some non-Catholics requested to join the Catholic Church as they neared death.

Sacramental Power

Hospital work also allowed Catholic sister-nurses an opportunity to be centrally involved in important sacramental occasions that involved sickness and death. The Council of Trent in the sixteenth century set the directions of the Catholic approach to health care in the nineteenth century. To counter Martin Luther’s doctrine of justification by faith alone, the bishops at Trent reaffirmed that both faith and charity through good works brought salvation. Most important for sisters, bishops affirmed the sacramental principle and its corollary, mediation. According to the sacramental principle, signs manifested in rituals and symbols can medi-
ate God’s presence to humans. These visible channels of God’s grace can be natural, such as the world itself as God’s creation, and the more formal sacraments, all of which signify God’s reality.28

Spanning three centuries, these strands of belief required accommodation to new circumstances. Still, any accommodations were viewed through the lens of the Catholic faith. A problem for sister-nurses was that only male priests could administer the formal sacraments. On the other hand, Trent had insisted upon a wider view of the sacramental principle by linking sacramentality with every aspect of a Christian’s life.29 Any ritual, object, person, or place could be “sacramental” if it represented something that was sacred, even mysterious. Thus, nursing took on new meaning for sisters. Sickness and dying could be sacramental experiences in which the body could be an important way for contact with the divine. Nuns’ comforting, feeding, and sheltering the sick and dying, and their whispers of consoling prayers to the patient in pain or near death functioned as invitations to religious experiences and means for patients to meet God. God could also be encountered through created, finite things. Churches, temples, and even hospitals could be sacred places. Pictures, statues, religious garb, or food may be hallowed objects. Sacred persons could be priests, kings, gurus, and virgins. Indeed, there could be a sense of sacred importance and power in these places, persons, and things, because they pointed to something transcendent, “something beyond themselves.”30 Thus, Catholic hospitals were key centers of ritual, hope, and reconciliation and represented “sacramentally” the presence of Christ.31 In this way, even though nuns’ nursing tasks did not require ordination, they served as an independent means for women to acquire sacramental authority. Sister-nurses could strengthen the sick or dying person’s soul and help him or her more easily bear illness and resist temptations. In the process, the nuns could be mediators to God.32

The Hour of Death

The care of patients at the time of death was particularly significant for its sacramental potential. Notwithstanding prevailing attitudes that a good death was one that occurred at home, late-nineteenth-century Catholic writers asserted that a Catholic hospital was the best place for Catholics to die. Patients could receive not only physical care based on modern technology but also the sacraments that the church sanctioned, and nuns would be present to see that important deathbed rituals were carried out. Catholic theology held that grace, which the sacraments
conferred, could save the soul of the dying. Thus, to die in a state of grace, it was absolutely necessary for a person to have opportunities to make a last confession and receive the sacraments. In his sermon on sickness, Cardinal Gibbons focused on the sacramental role of Catholic hospitals: “Rarely, indeed, do any patients die in these institutions without being chastened by repentance and fortified by the grace of the Sacraments, especially when their sickness is prolonged.”

Sister-nurses’ notations confirm that they hoped to restore patients to physical health but also to help them with a “good death.” As an example, the booklet written in 1796 instructed the Daughters of Charity to fulfill three duties with their patients regarding their souls: “to instruct them; to prep them gently and prudently towards their conversion; and lastly to help them to die well.” A history of the Sisters of Charity of the Incarnate Word recorded that their hospitals had a long record “of frequent restorations to health, and of beautiful and edifying deaths.”

While sisters were to follow the doctor’s orders for medications and physical care, they also were to assist the sick and dying in their spiritual maladies by exhorting them to penance, resignation, and prayer. Mother Xavier Clark had joined the Daughters of Charity after her husband and son died; thus, she had early experience in the care of the dying. In her “Instructions to the Care of the Sick,” she wrote that the sister-nurse must do all she could to help the dying patient “in this last dreadful moment” because “it is the time for the enemy of salvation to use all his power” to entrap and “tempt the soul he sees so near the gates of heaven.” The drama of the sickroom scene and the sister-nurse’s important role with the dying were such that she devoted an entire chapter to ministrations for the dying. Sister-nurses were to strive to bring their patients into a state of grace and prepare them to make a good confession. While nuns were to offer silent prayers for a deathbed conversion of Protestant patients, the nurses had detailed instructions and prayers for Catholics.

Typical of many religious communities, the Incarnate Word Sisters’ 1885 constitution emphasized that, in caring for the sick, sisters especially were to “induce those who are in danger to receive the last sacraments, and to prepare worthily for that great action.” Similar instructions continued well into the twentieth century. To nuns, death did not mean losing a patient. Indeed, they considered it a “great grace” that a person died after having been baptized. To lose a patient, to sisters, meant they could not reclaim the person’s soul. In 1896, the Incarnate Word nuns wrote of a patient in their hospital: “We regretted to see him die a Free Mason, but could not do good for his soul.” It appears, then that some patients did not accept nuns’ ministrations. Other patients may have reluctantly
resigned themselves to them. In 1896, one sister-nurse wrote, “The poor man was brought back to the right path in a few days.” By then, “He was well prepared to die.”

The supernatural drama of dying was such that nuns had to be acclimated to the event. When the Sisters of St. Joseph first took over a hospital in Philadelphia in 1849, Mother St. John Fournier described the fear the nuns experienced: “Our sisters were so afraid of the dying that I had to stay with them during the night... Little by little these poor children got accustomed to working for the sick and dying.”

Because sister-nurses were at the bedside during critical moments, they were the first to notify priests to perform the sacraments of baptism, penance, and extreme unction. Baptism was particularly important in a hospital, since Catholics believed that if a person died without it, he or she could not be saved. When priests were unavailable, nuns baptized dying patients. Manuals on nursing and pastoral medicine gave explicit instructions on procedures to follow, including where to place the hands, what words to say, and how much water to pour.

Preserving the body at death also was an important role for Catholic sister-nurses. Incarnate Word Sisters frequently held wakes in their parlor at Santa Rosa, and they kept a “dead house” behind the hospital where they held bodies of the deceased until relatives arrived. Families often requested sisters to attend to burial services, and nuns made funeral arrangements and paid for expenses. A stark contrast can be seen here between hospitals where the body of a deceased working-class patient died with dignity and the public hospital where the body was conceived as a source of cadavers for dissection. Rather than experiencing the fear and apprehension accompanying expectations of dying in a public facility, lay Catholics could trust sisters to dispose of the corpse in a respectful way.

Congregations often kept statistics of successes with baptisms and “good deaths,” mainly for the community’s motherhouse. Indeed, a major goal of their nineteenth- and early-twentieth-century hospital work was to save souls, either through baptism or reclaiming lost Catholics to the church. In productivity terms, the number of baptisms was not large. Many lapsed Catholics did come back to the church’s fold, however, and sisters took great pride in these spiritual successes. One annalist exulted, “How grateful we ought to be to God for the great grace of redeeming a soul out of the snares of the devil.” In later years, sisters at St. Mary’s Infirmary, Cairo, were especially fruitful. In 1925, they recorded eighty-five deaths, sixty of whom were baptized, and fifteen who received the last sacraments. By far the majority of patients at the hospital that year were not Catholic. Even if the nuns kept to
their prescriptions against proselytizing, it appears that at times they ensured that practices distinct to Catholicism were carried out.

Sisters inherited a multivalent set of significances of Christian responses to death. Early Christians viewed death as a time of great joy as well as grief. Death also brought an enormous sense of vulnerability, since it was a time when heaven seemed most accessible. As Philippe Aries points out in his magisterial survey, however, Christian responses to death varied with time and place. During the Reformation and Counter Reformation, both Protestant and Catholic martyrs went joyfully to their deaths and powerfully influenced others. On the other hand, French texts and artwork between the twelfth and fifteenth centuries reveal a representation of the torments of hell and a fear of what lay beyond death. For Europeans terrified by the plague, opportunities for confession and the benefits of the Eucharist gave increasing importance to the deathbed scene, where one’s fate could be decided for the last time. Death was the moment when the individual could gain or lose all. One’s existence for all eternity would be determined at that time, and hence, it was the decisive moment in a person’s life.48

Nuns were working in a heritage where all these ideas were present. The sickbed became the “arena of a drama” in which the dying person’s fate could be decided for the last time. Thus, deathbed conversions and preparation for eternity were immensely important. Nineteenth-century sermons directed that death would bring “rest after the hardships of the day.” At the same time, a sermon entitled “The Last Judgment” taught of a vengeful God that would separate the just from the unjust. It described that terrible moment: “Oh fearful moment, when wilt thou arrive? O unhappy moment! Perhaps in a few days from now we may observe the harbingers of this, for sinners, so terrible a day of judgment.”50 Thus, to nuns who firmly believed in life beyond the grave, death was a momentous and even risky time. Mediators of this critical event could be very powerful. Indeed, in their hospitals, nuns found a place to exercise power at a crucial moment. Through their role in deathbed conversions, nursing became a priceless opportunity for sisters to further God’s kingdom.51

There is certainly a tension, even a paradox, about the sacramental role of hospitals that requires some comment. Hospitals were and still are, to a degree, places of death and, hence, places of spiritually important work for Catholic sisters. It should not be thought, however, that sisters intended their patients to die or that they failed to provide them the best care they could. However, given the kinds of conditions hospitals treated and the limited means of medical intervention available, until quite recently they were places of death, not intentionally but inevitably. Sisters’
involvement with health-care institutions in the late nineteenth and early twentieth centuries must be understood in relation to hospitals as they were and not in light of what they have become, with much more powerful possibilities for medical intervention. Furthermore, while in the past, death was a highly public event that had major significance for the person, family, community, and caretakers, currently death typically takes place among strangers. It is accompanied by secular practices involving professional caretakers who extensively employ drugs and other treatments. In the late nineteenth and early twentieth centuries, however, sister-nurses dealt with death in ways that are no longer the case in the twenty-first-century hospital.

In sum, nuns considered the welfare of patients not only in terms of the present but also with a view to eternity. In their view, because the body was only a temporary dwelling place of the soul and the soul was immortal, it must be saved. If physical death was the access to eternal life, so too the sickness that led to it. Pain and suffering had special meaning and purpose. Sometimes they were necessary, not only for the natural welfare of men or women but also for the supernatural welfare of their souls. Suffering could be a means of redemption. Whereas in health one might be indifferent to religious practices, when sick he or she might be more receptive to renew the faith. Through physical distress, one might find his or her way back to the church, and this renewal would affirm sisters’ ministry.

Other Nursing Practices

In addition to battling for souls, records make it clear that nuns’ concerns for making their patients well were characteristic elements of their nursing. The Manual of Decrees for the Sisters of St. Joseph prescribed practical nursing tips: “She tries to be exact in carrying out the directions with regard to the remedies ordered, either by the physician or by Superiors, and does not, except by the doctor’s advice, give any but ordinary remedies.” Likewise, the Sisters of Charity of the Incarnate Word were to heed physicians’ orders for medicines, hygiene, “and everything connected with the purely bodily alleviation of the sick.” By the latter decades of the nineteenth century, sister-nurses were taking temperatures, pulses, and respirations; preparing and applying dressings; and using hot and cold body packs for fever cases. They administered laudanum (opium in its liquid form), ointments, and poultices for pain relief. Like secular nurses, sisters’ nursing care involved comfort measures and assistance with feeding and personal hygiene. Nurses bathed patients, changed their linen, gave
medications, and prepared and administered food for special diets. They kept the sickroom clean and well ventilated, protected the patient against contagious diseases, and prepared corpses. They also observed patients for signs and symptoms of disease and its complications, recorded these in the clinical record, and reported them to the physician.\textsuperscript{55} 

Nuns typically worked a seven-day week, including night shifts, and usually lived in the hospital itself. One physician who had worked with the Sisters of Charity of the Incarnate Word recalled: “The sisters worked fifteen hours a day and often slept just where they found a place. They worked too hard—too many died too young.”\textsuperscript{56} As more severely ill patients came to hospitals in the late nineteenth century, nuns had to deal with more time-consuming procedures, leaving them less time to perform religious exercises.

In hospitals for miners and railroad workers, patients with lead poisoning and typhoid fever were numerous. Lead poisoning reflected the poor working conditions in the mines, while typhoid fever showed the unsanitary conditions in mining and railroad camps.\textsuperscript{57} These hospitals also became centers for the treatment of traumatic injuries, and sisters handled frequent emergencies. Besides sustaining injuries from personal violence, men fell from mining shafts, were crushed by boulders or large equipment, or injured from exploding gunpowder. Many had suffered burns, head injuries, and broken limbs and backs.\textsuperscript{58} Accidents among ranchers also were frequent. Sisters ran their own ambulance services (fig. 6.1), and in later years, interns accompanied attendants so they could provide immediate emergency care.

Nuns’ discipline helped them manage sudden influxes of large numbers of patients. In 1890, the Incarnate Word Sisters often received up to six new patients a day, including those with throat injuries, fractured backs, and knife wounds to the head. On October 18, 1895, the nuns at Santa Rosa Infirmary admitted a twenty-month-old child who had a pecan shell in his larynx. And during one week in 1897, sisters admitted a stabbing victim and four badly burned patients.\textsuperscript{59} 

Nuns’ nursing was not without risk of physical violence. They frequently had to deal with patients who were victims of assault or who were going through withdrawal delirium from alcohol abuse. Late in the nineteenth century, neighbors of Holy Cross Hospital in Salt Lake City complained about the inability of the sisters to manage their patients, prompting the physicians to come to the nuns’ aid in the newspapers. Sometimes sisters had to go after patients who had run away from the hospital. Occasionally, when patients were extremely violent or suicidal, nuns resorted to the use of protective beds or even straitjackets.\textsuperscript{60} In the United States,
views at the end of the nineteenth century supported moderate use of restraints because it prevented accidents and injuries, and the “peculiar violence” of American insanity required it. At times, sisters provided private nursing to those at risk of violence to themselves or others. In September 1889 at St. Joseph’s, Fort Worth, a sister had an especially rough night when she admitted a man who threatened to kill both her and his wife. Driven by hallucinations or delusional fears, this patient received close observation throughout the week.

Besides the routine daily care of patients, a typical week in the 1880s and 1890s saw nuns assisting with surgeries, tending to visitors, handling finances, negotiating hospital charges, and admitting and discharging patients. On January 16, 1892, a physician telephoned St. Joseph’s Infirmary in Fort Worth at 5:00 PM. He wanted the sisters to have everything ready within the hour for an emergency operation for a skull fracture. After doctor, nurses, and equipment were in place, the annalist noted that “the patient never showed up.” Yet, two weeks later, the sister-nurses did assist in an actual emergency that required an operation for a skull fracture. In

Figure 6.1 Horse-drawn ambulance, St. Joseph’s Infirmary, Fort Worth, TX, undated. (Courtesy Archives, Motherhouse of the Incarnate Word, San Antonio, TX)
one forty-eight-hour period in 1896, sister-nurses at Santa Rosa had to chase a delirious person who left the hospital with only a shirt on his back, tend to a patient with a high fever and convulsions, nurse a postoperative person with cancer, and provide emergency care for one who hemorrhaged. Flexible constitutions certainly helped, since sisters’ activities often broke with rules about caring for male patients. While male orderlies assisted the nuns with violent patients, records indicate that the turnover of male nurses was high.

Knowledge of signs and symptoms of complications was essential, and sisters learned to respond quickly to emergencies such as hemorrhage or suffocation. The following example shows how sister-nurses relied on a combination of regular medicine and faith. On June 10, 1889, a patient at St. Joseph’s Infirmary in Fort Worth began hemorrhaging early one morning, prompting the Incarnate Word Sisters immediately to telephone the attending physicians. Unable to locate anyone, the nuns tried several remedies, but none stopped the bleeding. At last they reached one doctor who ordered interventions they had already tried. Eventually the bleeding stopped, but not before the nuns spent several anxious hours observing and praying for the patient. As this example shows, the sister-nurses performed emergency measures first, called the physician, and then tried other remedies. Equally important, while they waited for the doctor, they prayed.

**Criticisms of Nuns’ Nursing**

Although secular nursing leaders and physicians admired sisters for their devotion and the amount of time they spent in hospitals, some groups criticized them, for several reasons. According to some, nuns’ “misplaced” religious behaviors and beliefs—such as the body as an occasion for sin, or suffering as a route to spiritual salvation—threatened proper care for patients. Florence Nightingale disparaged religious nursing orders that aimed “always, more or less, to prepare the sick for death,” compared to the secular nurse, whose goal was “to restore them for life.” Charging that the nuns neglected their patients’ general conditions, she accused them of allowing a patient to “die of a bedsore, because the nurse may spread the dressing for it, but must not look at it.” At night, they left the wards “in sole charge of subordinates.” Reflecting her concerns, she wrote her father, William Nightingale, that being “concerned with one’s own salvation was like being concerned with one’s own dinner.” One must be cautious about making simple generalizations, however, when discussing a group as heterogeneous
as the nursing sisters. Nightingale’s criticisms applied to particular European groups. She greatly admired the Irish Sisters of Charity, and her ally and friend during the Crimean War was a Sister of Mercy.

Others disparaged outdated nursing practices and constitutions of Catholic women’s nursing orders. In 1895, Thomas Dwight, a physician and Catholic convert, asserted that nuns were not doing the best nursing. Sisters’ hospitals “may have been the best places for a Catholic to die in; [but] they were not the best for him to get well in.” These critics were correct that preparing patients for death was important to nuns. However, sisters also carried out medical orders, gave emergency care, and tried to make their patients well. Catholic sister-nurses did not see any contradiction in healing as spiritual and as somatic, and they performed measures for both.

As they interacted with European immigrants and American-born patients in hospitals, army camps, and homes, sisters were both caretakers and missionaries. Yet, conflict sometimes developed between nuns and their patients. As in secular hospitals, sisters served meals at certain times; had specific visiting hours and times to go to bed and to awaken; and routines for hygiene. They viewed discipline as necessary to enforce appropriate behavior, but to some patients the discipline appeared oppressive. Historians of the post-Foucault era have emphasized hospitals as sites of control. Yet, this literature loses sight of the function of hospitals as institutions of care. Care and control could necessarily be bound together: to provide care was to take control of patients’ well-being physically, psychologically, and spiritually when they could not care for themselves in their homes. Ultimately, then, control and care were not clearly distinct.

This could especially be evident when care was understood to include spiritual sustenance. Priests brought the sacraments to sick patients for religious succor, but nursing sisters cared for and consoled the sick and dying day after day. It is unknown how patients reacted to the dying experience, whether readily accepting death or bitterly resenting it. It is also unknown if nuns forced their patients to accept death. While the evangelical nature of their work may have offended some patients, it is possible that religion appealed to those who knew they were about to die and render an account of their lives. While it may have been an appeal based on fear, a return to the Catholic Church or conversion to the faith could also satisfy a need to find meaning to one’s existence. For some, hearing Mass was important as a means to receive the Holy Eucharist. For others, religious practices and the care by nuns in Catholic hospitals could satisfy a need for encountering the sacred, participating in healing mysteries, or finding hope for eternal life.
Catholic Nursing: Skillful and Evangelical

As they cared for the poor, nuns did not engage in public discussions about the causes of poverty. Their emphasis was on improving the individual. They remained socially active in their local communities, although they were not gainfully employed as visiting nurses in city slums. The Sisters of Charity of the Incarnate Word could visit the sick in their homes, if necessary, but their constitutions forbade them from earning money from this type of nursing. In 1890 in Fort Worth, a physician asked the sisters to accompany him to the home of a patient who needed emergency surgery. A nun gave chloroform while the physician operated. The Sisters of St. Joseph could visit the sick and imprisoned as part of their broad service ministry. Nuns had been working with the poor in inner cities long before secular women reformers established settlement houses. During epidemics, sisters had gone into the streets, lanes, and alleys carrying food baskets and medicine that were necessary for health restoration. Since the middle of the nineteenth century, they had established orphanages, Sunday schools, free schools for the poor, hospitals, and homes for dependent girls and women accused of prostitution.

In all these cases, through their nursing, prayers, and devotions, nuns tried to make certain that no one would be denied physical or spiritual care. As they administered laudanum for pain relief, they also said rosaries, made novenas, accompanied patients to Mass in their chapels, and maintained hospital shrines. Thus, they conveyed an alternative to official medicine and church doctrine. Sisters had confidence that healings would occur. Indeed, their practices contrasted sharply with the Catholic devotional ethos that emphasized enduring suffering and pain. Nuns' practices also were subtly resistant to the authority of male physicians and their narrowly focused medical goals.

Sisters were extremely sensitive to criticism of their hospitals and their nursing, and they firmly believed they were providing a valuable and needed service in ways other women could not. In their hospitals, sister-nurses had enormous potential to blend spiritual and somatic healing. They used their authority to effect changes not only in physical health but also in attitudes and behaviors through provision of religious instruction and guidance. Nuns also had an opportunity to claim authority over the living and the dying. At the moment of death, when the carnal intersected with the spiritual, and the finite became the eternal, the sister-nurses' roles in this transition epitomized their religious purpose and identity.

The gendered emphasis on obedience and reverent devotion and the romantic construction of pain and suffering often contrasted sharply with
the realities of everyday work. Just as important, physicians had confidence in the sisters’ competence. When the Incarnate Word Sisters encountered a hemorrhaging patient, they did not hesitate to take the appropriate steps, which the doctor’s orders later affirmed. When a physician called them quickly to prepare the operating room for emergency surgery, he knew he could trust them to do so. Furthermore, nuns were “in charge” of both secular and religious nurses. And in the eyes of the laity, sisters had the power to effect change through their prayers. Most important, nuns’ very presence could be a sign to others of a dimension beyond the visible world of everyday experiences.