

# *St. Joseph's and St. Mary's: The Origins of Catholic Hospitals in Philadelphia*

**I**N THE NINETEENTH CENTURY clergymen, laity, and physicians cooperated in organizing hospitals. Most denominations in Philadelphia found it sufficient to establish and support one institution for their constituents. But the Roman Catholics created two hospitals—St. Joseph's and St. Mary's. Religious, ethnic, and medical considerations resulted in the creation of these two very different institutions. St. Joseph's and St. Mary's illustrate a fascinating mixture of ethnic pride and rivalry, altruism and self-interest, religious zeal and medical professionalism. By determining the reasons behind their distinct foundings and subsequent early histories, one can mark the change in the conception of the hospital as a purely charitable institution designed to provide relief for the destitute into a scientific agency designed to bring medicine to paying patients.

St. Joseph's and St. Mary's always functioned autonomously. The differences between the two hospitals came to reflect the increasing size and diversity of Philadelphia's Catholic population. St. Joseph's Hospital was strongly Irish; St. Mary's, German. Both drew patients from throughout the city and its environs, but they were based in different kinds of neighborhood settings. Both were influenced by hierarchical directives, but they also owed much to initiative and to funds generated outside the bishop's office. Each hospital made steady strides in medical work, but the scope of services offered varied according to the interests of the physicians and nursing orders staffing them. Of the more than

\*The author is grateful to Charles Rosenberg, Michael Zuckerman, Michael B. Katz, Carroll Smith-Rosenberg, Lynn Lees, Henry Williams, Morris Vogel, Louis P. Cain, Timothy Walch, Joseph Casino, and Randall M. Miller for their readings and suggestions for this study. She also thanks Sister Elaine Wheeler, D.C., archivist of the Daughters of Charity Northeast Province, Sister Mary Marita Egan, O.S.F., archivist of the Sisters of St. Francis of Philadelphia, Sister Eileen Marie Cunningham, S.S.J., archivist of Mount St. Joseph Convent, Philadelphia, Sister M. Alberta Chelius and Sister M. Ruth Angela McLaughlin, O.S.F., of the St. Mary Hospital library, and the members of the Medical History Seminar of the Wood Institute, College of Physicians of Philadelphia, for their assistance.

400 men who served on their medical and dispensary staffs before 1900, only a handful had appointments at both facilities.<sup>1</sup>

The reasons for this segregation lie in the way the hospitals evolved from different segments of the Catholic community. The stages in this process are indicative of the factors which led the Catholics to build the largest sectarian health care system in the United States, a system totaling 154 hospitals across the country by 1885.<sup>2</sup> St. Joseph's grew out of a collaboration between physicians and lay people, while St. Mary's was instituted by Franciscan nuns. Nativist tensions were a factor in the development of St. Joseph's; the position of the Germans in an Irish-dominated church figures in that of St. Mary's. Both branched off from older Catholic charities, and their founders drew on experience gained through previous social service and medical work.

Both institutions appeared during the early stages of the movement that transformed hospitals from custodial institutions for indigents to modern centers of scientific treatment—a process extending roughly over seventy years, through World War I. Many reasons for this transformation have been offered, explanations ranging from new surgical techniques to urban demographic shifts. But the growth of church-affiliated institutions suggests that denominational involvement

<sup>1</sup> With the exception of two sketches, Joseph M. Spellissy, "St. Joseph's Hospital," and James A. Kelly, "St. Mary's Hospital," in Frederick P. Henry, ed., *Founders' Week Memorial Volume* (Philadelphia, 1909), 613-31 and 648-52, the institutional history of both establishments has been neglected in secondary sources. Material for this study has been drawn from hospital reports as well as St. Joseph's and St. Mary hospital libraries, the College of Physicians, Philadelphia, the Historical Collections of Ryan Memorial Library, St. Charles Seminary, archives of the Sisters of St. Joseph, Chestnut Hill, the Daughters of Charity Northeast Province, Albany, New York, and the Sisters of St. Francis of Philadelphia, Glen Riddle, the Historical Society of Pennsylvania, and census data on file at the Philadelphia Social History Project, University of Pennsylvania.

<sup>2</sup> Aaron I. Abell, *American Catholicism and Social Action: A Search for Social Justice, 1865-1950* (Garden City, 1960), 36. Many of these institutions have since affiliated with the Catholic Health Association which has a current membership of 630 hospitals and 284 long-term care facilities throughout the United States.

was also a significant aspect of the process.<sup>3</sup> By making hospitals part of their social mission in the late nineteenth century, the churches lent respectability to institutions which had always been associated with poverty and dependence. They also lent confidence, funds, and staffing to support the work of an emerging medical profession. The Catholic tradition of assisting the sick poor found new meaning in America. Hospital builders joined in promoting for working people health facilities administered by ethnic laymen and nuns whose stewardship linked hospitals to the larger framework of Catholic organizations. Their involvement contributed to the transformation of hospitals by making them an acceptable alternative to home care.<sup>4</sup>

The problems Catholics faced in their religious and ethnic minority position shaped the way the hospitals were financed. Although both establishments were founded on the conviction that hospitals should be part of the Catholic institutional complex, the initial flurries of subscriptions soon dwindled. St. Joseph's founders put their institution on a fee-collecting basis, assuming that Catholics would be more willing to pay modest fees for hospitalization than to underwrite it as a service for others. This view implied that the best way to insure a steady income was to appeal to the aspirations of those for whom it was a sign of status

<sup>3</sup> George Rosen, "The Hospital: Historical Sociology of a Community Institution," in *From Medical Police to Social Medicine: Essays on the History of Health Care* (New York, 1974), 274-303, and other scholars have argued that scientific advancements were only one of the reasons for the hospital's emergence as a modern treatment center. Rosemary Stevens, *American Medicine and the Public Interest* (New Haven, 1971), 1-97, has stressed developments within the medical profession, such as economic competition and pressures to specialize, which led physicians to seek hospital appointments; these themes are also explored in Leo James O'Hara, "An Emerging Profession: Philadelphia Medicine 1860-1900," Ph.D. diss. (University of Pennsylvania, 1976). Morris J. Vogel's *The Invention of the Modern Hospital: Boston 1870-1930* (Chicago, 1980) probes such factors as new urban living patterns which led the affluent to depend more heavily on institutional care, while David Rosner's *A Once Charitable Enterprise: Hospital and Health Care in Brooklyn and New York 1885-1915* (Cambridge, 1982) has looked at the changing administrative and financial structures of charity hospitals as symptoms of broader political and economic trends. All these factors shaped the opportunities and limitations physicians encountered in institutional settings as shown by Charles Rosenberg, "And Heal the Sick: The Hospital and the Patient in Nineteenth Century America," *Journal of Social History*, 10 (Summer 1977), 428-447, "Inward Vision and Outward Glance: The Shaping of the American Hospital, 1880-1914," *Bulletin of the History of Medicine*, 53 (Fall 1979), 346-391, and "From Almshouse to Hospital: The Shaping of Philadelphia General Hospital," *Milbank Memorial Fund Quarterly*, 60 (Winter 1982), 108-154.

<sup>4</sup> Vogel, 131, has made a similar point, noting that "Ethnic hospitals democratized support" by reducing the distinction between wealthy sponsors and the immigrant patients that characterized older charity establishments.

not to accept charity. St. Mary's founders developed a different approach, but one following a similar pattern. Begun as a charity, it had one of the smallest inflows of voluntary contributions of any hospital in Philadelphia, even in the early 1880s when it had the highest proportion of occupied beds. Most patients were charity admissions whose care was subsidized by a small group of paying patients.<sup>5</sup>

Public funding, another source of hospital income, was unavailable during this period—not as a result of discriminatory policies toward Catholics but because of a restriction in the 1873 Pennsylvania constitution denying aid to all sectarian hospitals. Yet neither Catholic hospital fared as well in building endowments as those of other denominational groups, perhaps because of the low wages paid to the immigrant workforce. More important was the marginal status of hospitals among the many church programs—parish building drives, salaries for priests, schools, even a cathedral and seminary—that Catholics were asked to support. There were always patients who needed institutional treatment, but hospitals had to compete with other church welfare agencies for whatever surplus money the Catholic community possessed. Judging from the annual reports, financial support from the diocese was limited.

A resource for the people who used them, the two church hospitals nonetheless remained on the periphery of Catholic group life, sustained by a few advocates, including physicians, who resorted to various stratagems to organize and fund their work. An analysis of the Catholic hospitals' balance sheets before 1900 shows that they relied more heavily on patient fees than other denominational hospitals whose budgets were better cushioned by yearly voluntary donations and en-

<sup>5</sup> Tables comparing bed occupancy appearing in the Commonwealth of Pennsylvania Board of Commissioners of Public Charities *Annual Report* for 1878 (59), 1881 (234-5), 1882 (235), and 1884 (277) show that St. Mary's was the most heavily used, with 80 of 80 beds filled. These reports, issued each year after 1871, also contain data on hospital revenues and reveal striking differences between the total property values listed for such hospitals as Pennsylvania (\$500,000), Episcopal (\$656,035), and Presbyterian (\$710,000) and the figures for St. Joseph's (\$248,466) and St. Mary's (\$80,000) in 1885. More complete information on state appropriations to hospitals is available in the Auditor General's *Report on the Finances of the State of Pennsylvania* (Harrisburg, 1860-1920).

dowment income.<sup>6</sup> Lacking these cushions, the two hospitals began to function less like charities and more like businesses at early stages in their histories. St. Joseph's promoted the idea of low-cost care from the day it opened; St. Mary's, starting as a free hospital, was increasingly forced to produce its operating income. Both illustrate attempts to attain the stability that other sectarian hospitals would seek as they, too, were obliged to find sources of revenue outside the channels of philanthropic patronage. On the one hand, Catholic hospitals may have had less incentive to fund-raise because their religious staffs received no salaries, thus reducing operating costs. But the nuns' unpaid labors were not the only asset keeping the more marginal institutions afloat. Until the state changed its policy on public funding of sectarian charities around 1900, the true sponsors of Catholic hospitals in Philadelphia were the people who paid for the services they used.

Catholics began to found hospitals in America in the 1840s, when the first heavy wave of Irish immigration began arriving. Even though church schools and orphanages usually preceded the medical facilities, all three institutions developed for similar reasons and reflected the concerns of clergy anxious to aid the immigrants. Although some historians have viewed these programs largely as a defensive attempt to insulate Catholics from the prejudice they encountered in public institutions, the charities made a genuine contribution to civic welfare in areas where few municipal services existed, particularly in new western transportation centers like St. Louis and Milwaukee and the cities that

<sup>6</sup> Note the following summary of patient contribution to operating budgets of denominational hospitals in Philadelphia in two sample years

	1874		1900	
	<i>Receipts from patients</i>	<i>% of Total Receipts</i>	<i>Receipts from patients</i>	<i>% of Total Receipts</i>
St. Joseph's	\$ 351	41.4	\$36,292	66.3
St. Mary's	6,062	56.8	4,069	34.0
Pennsylvania	11,770	19.7	not given	not given
Episcopal	7,777	11.8	8,600	2.3
Presbyterian	939	17.8	29,935	13.0
Jewish	1,207	3.6	6,248	9.9

Source: Commonwealth of Pennsylvania, Board of Commissioners of Public Charities, *Annual Report*, 1874, 1900, 360-65

developed along the Erie Canal.<sup>7</sup> Bishops and priests accompanied immigrants into these areas and brought in nuns to educate the young and care for dependents. Some orders, like the Sisters of Mercy, came directly from Ireland, but the Daughters of Charity also dispatched workers from their headquarters at Emmitsburg, Maryland. In several communities early Catholic efforts received encouragement and even funds from city councils.<sup>8</sup>

Philadelphia had two inpatient facilities in the 1840s: the Pennsylvania Hospital, begun by Quakers, and the medical branch of the Blockley municipal almshouse. Catholics used these institutions and there is no evidence that they saw a need for a Catholic hospital before 1840. They had cooperated with Protestants in public health efforts during the 1832 cholera epidemic, and city officials were so impressed by the Daughters of Charity who nursed victims at the almshouse that they invited the nuns to continue tending the wards after the emergency ended. Although the Daughters declined the offer, the invitation illustrated a respectful attitude on the part of the almshouse Guardians, and the Mother Superior noted that "no complaint has been made by the Sisters against any member of your Board."<sup>9</sup> No sources indicate that Catholic patients were prevented from receiving last rites, which was rumored to be the case in later years. Dr. William Edmunds Horner, who worked at the city relief posts set up during the epidemic, saw "the Catholic bending down to catch the last word of penitence from the

<sup>7</sup> James W. Sanders, *The Education of an Urban Minority: Catholics in Chicago, 1833-1965* (New York, 1977), 19, notes that the "historical fusion between Protestant church and public school, enhanced by a strong nativist undercurrent, provided significant impetus for Catholics to create an alternative system of parochial schools." Circumstances varied from one city to the next, however, Jay Dolan, *The Immigrant Church. New York's Irish and German Catholics 1815-1865* (Baltimore, 1975) found that New York parish schools of the 1850s were not widely used.

<sup>8</sup> Background on the Catholics' involvement in nineteenth-century health care appears in John O'Grady, *Catholic Charities in the United States* (Washington, D.C., 1931), case studies including Mother Anne Kathryn Webster, "The Impact of Catholic Hospitals in St. Louis," Ph.D. diss. (St. Louis University, 1968), Joan E. Lynaugh, "The Community Hospitals of Kansas City, Missouri, 1870 to 1915," Ph.D. diss. (University of Kansas, 1981), Timothy Walch, "Catholic Social Institutions and Urban Development: The View from Nineteenth-Century Chicago and Milwaukee," *Catholic Historical Review*, 64 (January 1978), 16-32, and histories of institutions and nursing orders listed in John Tracy Ellis and Robert Trisco, *A Guide to American Catholic History* (2d ed., Santa Barbara, 1982).

<sup>9</sup> Rev. John Hickey to Board of Guardians, May 15, 1833, ms. copy on file at the Daughters of Charity, Northeast Province, Albany, extract reprinted in Charles Lawrence, comp., *History of the Philadelphia Almshouses and Hospitals* (Philadelphia, 1905), 123-24.

dying" when "other ministers fled in dismay." According to one source, the dedication of these church workers inspired Horner's conversion to Catholicism.<sup>10</sup>

Philadelphia long had a significant Catholic population, but the population rose to an estimated 50,000 by 1842, and it doubled over the next thirteen years.<sup>11</sup> The arrival of Catholic immigrants placed new burdens on the city's welfare system. The Irish, plagued by disease and poverty, accounted for a third or more of the total admissions to both the Pennsylvania and Blockley hospitals in the 1830s and 1840s. Conditions at Blockley deteriorated with overcrowding, and the preponderance of destitute Irish contributed to its reputation as a degrading receptacle of misery, fit only for social outcasts.<sup>12</sup>

St. John's and St. Joseph's orphanages, each of which sheltered about sixty children in 1838, also experienced overcrowding because of the influx of immigrants. In 1854 the number of inmates at St. Joseph's had grown to 125, not including those who were bound out to Catholic families. Since many were "children of the poor, they enter enfeebled by an insufficient diet" which made them hard to place.<sup>13</sup> Catholic clergy shuddered at the thought of youngsters being taken into Protestant asylums, and parents were equally resentful of evangelical influences in public schools. When Catholics objected to the use of the King James Bible in the city's classrooms in 1844, nativists attacked crowds of Irish and burned their churches. After this crisis subsided,

<sup>10</sup> Abell, 19, Vogel, 127-128, and Rosenberg, "And Heal the Sick," 438, cite examples of discriminatory treatment of Catholics in public hospitals in other East Coast cities after the 1830s. Horner's experiences in the cholera epidemic are described in *Lives of Eminent American Physicians and Surgeons of the Nineteenth Century*, ed. Samuel D. Gross (Philadelphia, 1861), 718.

<sup>11</sup> Michael J. Curley, *Venerable John Neumann, C SS R Fourth Bishop of Philadelphia* (Washington, D C, 1952), 185, 257.

<sup>12</sup> *Report of the Board of Managers of the Pennsylvania Hospital* (Philadelphia, 1856), 30, Charles Rosenberg, "Shaping of Philadelphia General", Priscilla Ferguson-Clement, "The Response to Need, Welfare, and Poverty in Philadelphia, 1800 to 1850," Ph D diss (University of Pennsylvania, 1977), Michael B. Katz, "Poorhouses and the Origins of the Public Old Age Home," *Milbank Memorial Fund Quarterly*, 62 (Winter 1984), 110-140, background on condition of immigrants in Dennis Clark, *The Irish in Philadelphia Ten Generations of Urban Experience* (Philadelphia, 1973).

<sup>13</sup> Francis P. Kenrick, Report on the condition of the diocese of Philadelphia presented in Rome, 22 November 1838, reprinted in Hugh J. Nolan, *The Most Reverend Francis Patrick Kenrick, Third Bishop of Philadelphia 1830-1851* (Washington, D C, 1948), 226, *Report of the Roman Catholic Society of St. Joseph for Educating and Maintaining Poor Orphan Children for the Years 1855-1858* (Philadelphia, 1858), 5, 10.

Catholics renewed their efforts to build a parish school system.<sup>14</sup> When the diocese purchased land for the construction of a cathedral at 18th and Race streets, churchmen considered adding a hospital on the same property, and Bishop Francis P. Kenrick appointed a Council on the Hospital of St. Vincent de Paul in 1846.<sup>15</sup>

Dr. Horner, who had by this time become dean of the medical department of the University of Pennsylvania, was a central figure in the discussions of St. Vincent's. Over the years Horner had supported other Catholic efforts to look after their own welfare and had joined forty-eight other laymen in signing an 1844 memorial protesting discrimination in the schools. He was also a life patron of St. John's Orphan Asylum whose officers knew him as a "zealous friend of the poor and sick."<sup>16</sup>

Most important, he was aware of what a third general hospital could mean for the medical profession in Philadelphia. By advocating a Catholic venture, Horner was also lodging a protest against the subordination of physicians to the managers of the Blockley almshouse where he held an appointment as a physician. The situation at Blockley was typical of hospitals of the period; yet it was made more irksome because Horner had come to recognize the value of hospitals as centers for training and research. Horner's teaching at Blockley had been interrupted at 1845 when the Board of Guardians forbade the use of the

<sup>14</sup> Accounts of the Catholic response to the 1844 violence appear in Ray Allen Billington, *The Protestant Crusade: A Study of the Origins of American Nativism* (New York, 1938), 220-237, Nolan, 288-342, Bruce Laurie, *Working People of Philadelphia 1800-1850* (Philadelphia, 1980), 124-133.

<sup>15</sup> Nolan, 364. No references to St. Vincent's appeared in the Catholic press. A letter from Horner to the Board of Managers, St. Joseph's Hospital, June 25, 1849, mentions "Having for many years had in view a general Hospital conducted by a good Catholic organization, having also had with my friends repeated conferences on this subject, and only three or four years ago been as I then supposed on the eve of commencing one. . . ." Cited in Joseph Walsh and Charles H. Goudiss, "Notes on the Life of Dr. William Edmunds Horner, 1793-1853," *Records of the American Catholic Historical Society*, 14 (September and December, 1903), 427.

<sup>16</sup> *Catholic Herald*, March 21, 1844, *Report of the Board of Managers of St. John's Orphan Asylum for 1853* (Philadelphia, 1853), 9. For accounts of Horner's career see Walsh and Goudiss, Samuel Gross, *Eminent American Physicians*, 697-721, Howard A. Kelly and Walter L. Burrage, *American Medical Biographies* (Baltimore, 1920), 555-58, *Public Ledger and Transcript* (Philadelphia), March 13, 1853.



wards for clinical instruction. The restriction lasted ten years. In the meantime he was anxious to place students in another hospital setting.<sup>17</sup>

Another issue at stake in the 1845 decision concerned the relationship between physicians and non-medical staff, for the doctors had little control over the quality of the nursing or the upkeep of the wards. Horner wanted to staff St. Vincent's with the Daughters of Charity, with whom a more suitable arrangement could be worked out. But neither Bishop Kenrick nor the laymen sensed the need for a Catholic facility as keenly as Dr. Horner did and the project floundered for lack of funds.

Soon after, Horner set sail for a tour of European medical schools, but the arrival of immigrants fleeing the Irish famine of 1846-47 made more Catholics see the need for a hospital. Philadelphia clergy and lay people joined in sponsoring aid for the refugees and the task of deploying food, clothing, and services to the famine victims brought a coordinated effort from which grew a greater awareness of the role a hospital could play in the Catholic community. Suddenly Catholic physicians found an opportunity to serve the church and at the same time advance their careers.

Those who later took a role in creating and supporting the hospital were the first to cooperate in the relief drive. Considering the earlier display of animosity toward the Irish, it is not surprising to find that many of those who co-signed the 1844 anti-discrimination petition along with Horner were among those who responded to the suffering of the recent arrivals. For instance, Charles Repplier, editor of the *Catholic Herald*, made appeals in behalf of the Irish immigrants throughout the late 1840s. Joseph Dimond, Southwark liquor dealer and member of the district's board of commissioners, was part of the relief committee appointed in March 1847 by Philadelphia's major Irish fraternal organization, the Hibernian Society, to expand the benevolent activities sponsored by the group since the 1790s. Another former petitioner, Dr. Joseph Nancrede, attended the meeting called in February 1848 by Father Felix Barbelin, the Jesuit pastor of St. Joseph's Church, which was located near the docks where the immigrants landed. The needs of the newcomers far exceeded the resources of this

<sup>17</sup> D. Hayes Agnew, "The Medical History of the Philadelphia Almshouse" in Agnew *et al.*, *History and Reminiscences of the Philadelphia Almshouse and Philadelphia Hospital* (Philadelphia, 1890), 18, notes that Horner was one of the five-member committee of physicians who formally protested the Board's decision to exclude residents

congregation, and Barbelin was anxious to develop continuing contributions for their welfare. Funds flowed in from many areas of the city, suggesting the strong sympathies which pulled the Irish together across parish boundaries to combat a crisis.<sup>18</sup>

Out of the February meeting came a constitution for the "St. Joseph's Society for the Relief of Distressed Immigrants from Ireland, and for the Establishment of a Hospital." The founders moved quickly to elect a board of managers whose names and involvement would lend support to further fund-raising efforts. The board included Hibernian Society members like Dimond, officers of the Catholic orphanages, and others who were active in church and ethnic organizations.<sup>19</sup> Six physicians also attended the early meetings and helped formulate the agenda for the group.

Dr. William Valentine Keating was probably the principal advocate of the medical facility. Keating shared some of Horner's negative impressions of Blockley, for he was one of the residents who had resigned during the 1845 dispute with the Board of Guardians. He subsequently set up his own practice but had not been able to secure another hospital appointment. The work at Blockley had given him clinical experience but he had other credentials as well. His grandfather was a friend of Bishop Kenrick, and the physician counted the prelate among his patients.<sup>20</sup>

As a subscription drive got underway, Keating continued working to establish the hospital's growth. When reports of a new cholera epidemic arrived from England, he located a building and convinced the Relief Society to buy it so the rooms could be readied for occupancy. On November 13, 1848, the Society established an independent board for St. Joseph's Hospital "with the desire of concentrating the influence and aid of the whole Catholic community" on the plans for the medical facility.<sup>21</sup> The Society's directors became officers of the hospital along

<sup>18</sup> *Catholic Herald*, February 10, 1848, Rev P Aloysius Jordan, "Historical Narrative of St Joseph's Church, Willings Alley, Philadelphia," handwritten ms, 1873, Historical Collections, Ryan Library, St Charles Seminary

<sup>19</sup> Biographical material in John H Campbell, *History of the Friendly Sons of St Patrick and of the Hibernian Society for the Relief of Emigrants from Ireland, March 17, 1771-March 17, 1892* (Philadelphia, 1892), "History of the Society of St Vincent de Paul in the Archdiocese of Philadelphia," *Records of the American Catholic Historical Society*, 47 (September 1936), 198-207

<sup>20</sup> *Catholic Standard*, September 14, 1886, John H Packard, "Memoir of William V Keating, M D," *Transactions of the College of Physicians*, Third Series, 17 (Philadelphia, 1895), Kelly and Burrage, 648-49

<sup>21</sup> *Catholic Herald*, November 22, 1848

with Dr. Horner, who returned to Philadelphia some months later.

The rapid separation of the hospital from the relief group gives the impression that the doctors were exploiting the concern for the migrants in order to promote their own plans. Such motives cannot be proven; but the hospital was never run as a charity institution. Undoubtedly hospital affiliations gave physicians a means of enlarging their practices and the church project would expand the limited number of posts in Philadelphia. Keating and his colleagues saw a need for an establishment to which they could refer their Catholic patients during illnesses which could not be treated at home. But to say that professional self-interest was the main consideration in their involvement would be misleading. All the founding physicians remained active in other church benevolent activities and three of them had Irish backgrounds.

A more significant question relates to the doctors' affiliation with the Relief Society. The relationship mirrored the ambiguous status of physicians in a period when medicine was a crowded, low-paying profession. Even a prominent medical educator like Horner, working under the bishop's auspices, could not arouse much community interest for his project, but this new collaboration with the Irish business people laid the foundations for the St. Joseph's Hospital board. The comparison with Horner's attempt also shows that a bishop's endorsement was not enough to mobilize laymen to support a hospital proposal. Horner was a native Southerner and a religious convert, so his advocacy was less compelling than that of the later medical contingent whose backgrounds drew them closer to the Irish business class. Finally, Keating's proposal benefitted from more widespread exposure because it surfaced in St. Joseph's parish under the aegis of Father Barbelin, the popular hero of the famine crisis.

The division of the Relief Society into two separate associations enabled the hospital to pursue its own need for a separate structure and financial mechanism. Originally, both relief and hospital care had been linked to the needs of impoverished Irish. The *Catholic Herald* in February 1848 praised plans to open a hospital that would "relieve much of the present distress among the poor immigrants."<sup>22</sup> As the *Herald* pointed out, "Many arrive. . . in the most destitute condition—debilitated by disease incident to a long voyage, in a crowded vessel,

<sup>22</sup> *Catholic Herald*, February 10, 1848.

and unable to make any provision for themselves or their helpless families.” The *Herald* saw the projected facility as offering these people “the best medical aid,” away from “the contagious atmosphere of the crowded rooms in which they are so often obliged to congregate.” The *Herald* emphasized one of the consequences of the inadequate facilities available:

In too many instances, extreme poverty, or the death of the parents, cast the children upon the public charities, and those who might have been, under other circumstances, bright and exemplary members of the Church, for which their forefathers have sacrificed so much, become revilers of her sacred doctrines—and objects of disgrace to this community.

The hospital was expected to play multiple roles. In reducing the mortality rate, St. Joseph’s would address the problem of dependent children and help families stay together during a trying period of adjustment. All these factors would uphold the respectability of Catholics in Protestant eyes and discourage Protestant proselytizing as well.

Whatever the public expectations, the hospital managers took the view that any charitable efforts would have to be supplemented by charges collected from paying patients. This was the intended practice at the Pennsylvania Hospital, although that institution had acquired such generous endowments that many patients were treated gratis. St. Joseph’s received no large donations in the late 1840s, and although the founders may have hoped for a church subsidy, the charter made it clear that St. Joseph’s was to be self-sustaining. The articles of incorporation approved in March 1849 vested management in a twenty-four-member lay board with the bishop as ex-officio president.<sup>23</sup> The initial location of the hospital proved unsuitable. The building located by Keating was in an accessible downtown area, but when problems with the deed developed, the board purchased a house at Girard Avenue and 17th Street in what was then a suburban neighborhood. Early hospital reports stressed the “salubrity and ample Room” afforded by this setting, which meant that it was also removed from areas of immigrant settlement. The house was too small to render service in an epidemic: only two patients were admitted during the cholera epidemic of 1849.<sup>24</sup>

<sup>23</sup> *Charter, By-Laws, and the Rules of St. Joseph’s Hospital* (Philadelphia, 1849).

<sup>24</sup> St. Joseph’s Hospital, *Annual Report*, 1849–50.

It soon became clear that the founders were committed to building an institution that was everything Blockley was not; destitute immigrants would not be the primary beneficiaries of the new hospital. A prospectus appearing in the *Herald* on June 23 explained that St. Joseph's was designed to relieve the city's shortage of hospital beds, of which "not more than about 113 are provided for sick beneficiaries of the more reputed classes of the poor." The design plainly differentiated the new effort from the almshouse, the beds of which were excluded from the tabulation. St. Joseph's had been opened "with the view of mitigating the calamities of disease, of accidents, and other bodily indispositions" among "a meritorious portion of our fellow citizens," including "deserving journeymen, domestics in families, and operatives of various kinds" whose loss of wages, in addition to the expenses attending an illness—boarding, lodging, nursing, and medicines—"are either beyond their means or are very inadequately supplied." In order to meet the needs of its "meritorious portion," the hospital had to conform to sound business practices. Until the managers paid off their mortgage, reported the *Herald*, "it is difficult to foresee what number of gratuitous patients can be received."

The board supplied figures to show potential patients why using St. Joseph's made practical sense, even estimating the cost of an extended illness for a typical worker as \$5 a week. St. Joseph's proposed to charge \$3 a week to "meet all the requisitions of sickness in a more complete manner than can be accomplished in a private house of five." The rate was lower than the \$5 charge at the Pennsylvania Hospital and the fees had been calibrated on a long-range formula that would allow the managers to admit one charity case for every five regular patients *after* the debt was paid off. In short, St. Joseph's was designed to help those who helped themselves—away from the destitute paupers whose presence had made Blockley so objectionable.<sup>25</sup> The charity hospital for immigrants envisioned by the *Herald* was a fine ideal, but it was subverted by the needs of doctors and board members who found few means to sponsor inpatient care of any kind.

Many developments transformed St. Joseph's into a permanent and accepted community health service. The businessmen continued to be the institutional figureheads, but the doctors influenced the planning, much as they had done in 1848. Physicians served on the Board of

<sup>25</sup> *Catholic Herald*, June 23, 1849.

Managers and they provided continuity during the early 1850s, when the make-up of the board often changed. Doctors became more powerful as the lay trustees and their replacements concentrated on the Beneficial Saving Fund Society, the diocesan bank established in 1853. Members serving on both boards then and later on helped St. Joseph's acquire some important bequests, including the \$100,000 estate of banker Mason Hutchins.<sup>26</sup>

While the hospital's non-medical trustees busied themselves with fund-raising efforts—bed endowment plans, subscription programs in the parishes, and even a health insurance society—the doctors achieved some important goals. A charter provision, confirmed by litigation in the 1870s, established their right to collect fees from private patients. The medical board endorsed Horner's proposal to admit a limited number of students to the clinical wards, and by 1852 it approved his suggestion to issue eight tickets to students for visits with the consent of patients. Horner also arranged for the appointment of his university colleague, Dr. Joseph Leidy, to the medical staff. St. Joseph's was thus the first hospital in Philadelphia to employ a resident pathologist. The managers turned the matter of nursing personnel over to Keating. He recruited the Sisters of St. Joseph whom he had known through his work on the St. Joseph's orphanage board.<sup>27</sup>

The role of the doctors was curtailed by Rev. James F. Wood, co-adjutor to Kenrick's successor, John N. Neumann. In 1857 Wood reduced the hospital board to a three-member executive committee and appointed himself president. Two years later he dismissed the Sisters of St. Joseph and leased the hospital to the Daughters of Charity. According to the annual report, financial problems exacerbated by the 1857 panic were the main reason for the diocesan take-over. The reorganization affected power relationships, too, for it vested more authority in the Superior and gave the hierarchy more direct control over policy decisions. The Sisters and the patients who objected to intrusions on privacy caused the diocesan committee to discontinue students and

<sup>26</sup> St. Joseph's Hospital, *Annual Report*, 1849-50, list of incorporators in *Beneficial Saving Fund of Philadelphia, 1853-1928* (Philadelphia, 1928), 13, copy of Mason Hutchins will, 7 July 1863, and William Henry Reible to Rev. James F. Wood, 12 October 1866, concerning the estate in archives of Daughters of Charity Northeast Province, Albany.

<sup>27</sup> Minutes of St. Joseph's Hospital Medical Board, May 12, 1851, June 14, July 12, September 13, 1852, typescript on file at Daughters of Charity Northeast Province, Albany, O'Hara, 175.

resident physicians. The ban on residents lasted until the mid-1880s, thwarting Horner's plan to make St. Joseph's a resource for medical education.<sup>28</sup> One innovative feature, Leidy's pathology laboratory, continued to function as a vestige of the scientific medicine Horner had planned for St. Joseph's. Instead of providing training for residents, most of the medical work at St. Joseph's was conducted by the chief attending physician and surgeon, Dr. Robert J. Cruice, and members of a visiting staff.

Cruice also functioned as business manager, for Wood's involvement did not change the assumption that the hospital should be self-supporting. As early as 1850, 78% of St. Joseph's inpatients paid board fees, and the ratio of pay-to-charity cases continued to be one of the highest of any hospital in the city, averaging anywhere from 50 to 80% paying patients through 1900. Part of the explanation lies in the availability of private rooms—11 in 1859, priced at \$6 per week, and increasing to 64 rooms by 1876, "handsomely furnished, some connecting with private baths."<sup>29</sup> These accommodations may have been modeled after those at St. Vincent's Hospital, New York, run by another branch of the Daughters of Charity. Having attractive rooms was also consistent with the board's desire to attract a desirable class of patients when the surrounding neighborhood grew into a fashionable residential district after the Civil War.

The difficulty of distinguishing the "meritorious portion of our fellow citizens" from the many other candidates for admission continued to pose a challenge. Church, ethnic self-help, and, later, medical considerations all determined how St. Joseph's operated. Eighty-three percent of the 1850 admissions had been born in Ireland, and the proportion of immigrants remained at a high level; twice the percentage of Irish-born admitted to the Pennsylvania Hospital in each of the next five decades.<sup>30</sup> In the 1880s, St. Joseph's patients were "worthy,

<sup>28</sup> St. Joseph's Hospital, *Annual Report*, 1857 Earnest Earnest, *S. Weir Mitchell Novelist and Physician* (Philadelphia, 1950), 42-43, contains an account of Mitchell's tenure as a resident at St. Joseph's in 1858 which was complicated because "the rules of the sisterhood forbade a man to live in the same house."

<sup>29</sup> *Catholic Herald and Visitor*, September 24, 1859, St. Joseph's Hospital, *Annual Report*, 1876-80 George Rosen, "The Hospital," 297, lists St. Vincent's Hospital as "the first to provide private accommodations."

<sup>30</sup> See, for example, data on nativity in reports for St. Joseph's and Pennsylvania hospitals for 1852, 1880, 1891, and 1898.

hardworking youth of both sexes.” Many were domestics, “often but a few months in America;” some were referred by their physicians and priests, and still others were beneficiaries of Catholic lay groups such as the Society of St. Vincent de Paul.<sup>31</sup> Medical concerns became a more significant part of the review process as the years went on. This confused patients expecting to find a place on other grounds. In 1893 board member Edward Heraty received a complaint from a relative who “felt mortified as a Catholic” to see an acquaintance “turned out of a Hospital of my own Religion and seek the aid of our Christian friends who had charge of an Institution that did not belong to our Church.”<sup>32</sup> Another patient, angered when physicians declared him well enough to leave, ended up in the almshouse where he harbored a grudge against the ward nurse until he returned to beat her with a cudgel twelve years later.<sup>33</sup>

These examples illustrate that some patients sought admission to St. Joseph’s because of the friendship, shelter, and social services they had looked to in the past. But St. Joseph’s primary mission was the care of the sick, and its success proved that Catholics would patronize a hospital. Alcoholism was the most common chronic ailment treated, but in 1880 one in five patients was admitted for surgery and by 1898 the ratio was one in three. As was a common practice in voluntary hospitals, some categories of infectious diseases were excluded for fear of losing paid admissions, although typhoid accounted for nearly twenty percent of the inpatient cases in 1850. The records do not indicate what percentage of the patients were Catholics, but the only two admitted before 1860 who were identified by name were upstanding church members—Marc Frenaye, procurator to Kenrick and one of the wealthiest men in the diocese, and Anthony Bachmann, brought to St. Joseph’s in 1851 after he was injured at the quarry where he worked.<sup>34</sup> His widow went on to found the religious order which established St. Mary’s Hospital.

Bachmann was part of the one percent of the German-born patients admitted to St. Joseph’s in 1851-52. No Germans were mentioned in

<sup>31</sup> St. Joseph’s Hospital, *Annual Report*, 1886, p. 8

<sup>32</sup> Edward J. Heraty to Robert Cruice, Secretary of the Board of Managers, St. Joseph’s Hospital, January 23, 1893. College of Physicians

<sup>33</sup> *Philadelphia Inquirer*, May 26, 1900

<sup>34</sup> Francis E. Tourscher, ed., *The Kenrick-Frenaye Correspondence: Letters Chiefly of Francis Patrick Kenrick and Marc Antony Frenaye 1830-1862* (Philadelphia, 1920), viii, Sister Mary Jeannette Clare, *Mother Mary Francis Bachmann (November 15, 1824-June 30, 1863) and the Founding Years of the Sisters of the Third Order of St. Francis* (Glen Riddle, Pa., 1955)



the newspaper reports of St. Joseph's progress, and their largest congregation, St. Peter's, was the only one in the diocese which failed to send a representative to the organizational meeting of the women's auxiliary formed in January 1849. St. Peter's pastor, Rev. John B. Hespelein, did subscribe \$30 to an 1855 emergency drive for St. Joseph's, but by that time he was busy organizing charities for German immigrants.<sup>35</sup>

Eventually Hespelein's efforts culminated in the founding of another Catholic hospital but the process was more gradual than in the Irish example because of the smaller scale and the different circumstances of the German in-migration. Whereas St. Joseph's Relief Society board members and physicians came together during an emergency, German relief projects centered in the parishes and were seldom even mentioned in the Catholic press. Priests played a role in each case, but where Barbelin had mobilized a city-wide movement, Hespelein sought help from within the immigrant community that gathered in his parish. More specifically he looked to women, and under Neumann's guidance he organized the Sisters of the Third Order of St. Francis in April 1855. Like the Irish benevolent organization, this group addressed health problems. Although St. Joseph's Hospital was instituted almost immediately, however, it took eleven years for Hespelein's support group to lay the groundwork for St. Mary's. Like the Irish hospital planners, the group that established St. Mary's grafted a new administrative structure, oriented toward business and professional concerns, onto the earlier charitable organization. During the eleven-year interval, however, the Franciscans had begun to extend their charity beyond its original base in the ethnic parish. When St. Mary's opened in 1866 it had been divested of all outward signs that would cause the public to view it as an exclusively German Catholic establishment.

But this progression does not explain what kept the Irish and Germans from amalgamating their activities into a single joint project. The answer lies in the history of intradenominational squabbles that began as early as 1788 when the Germans organized a separate congregation they called Holy Trinity. This was the first national parish in the American Catholic church. The trend toward separatism continued as more Germans arrived in the nineteenth century and formed segregated

<sup>35</sup> St. Joseph's Hospital, *Annual Report*, 1851-52; *Catholic Herald*, January 18, 1849; St. Joseph's Hospital subscription roster, 1855, Daughters of Charity Northeast Province.

congregations and separate organizations which were encouraged by church leaders as the best means of keeping the Germans firm in their faith. These enclaves became centers for group life and platforms for the priests who represented the interests of the Germans as an ethnic minority within the church. In 1852 Philadelphia's German priests welcomed the arrival of Rev. Neumann, the city's first German-speaking bishop. Neumann promoted the establishment of schools and other organizations in the four German parishes that claimed about a fifth of Philadelphia's Catholic population in the mid-1850s. St. Peter's, located at 5th and Girard, drew its members from the northeast quadrant of Philadelphia which had received the bulk of the recent immigrant influx. By the early 1860s its congregation had grown to 10,000—half the estimated total of German Catholics in Philadelphia at that time.<sup>36</sup>

The German Catholics appear as part of an immigrant group that dispersed throughout the city and its job market. Many Germans were craftworkers—tailors, shoemakers, bakers, furniture-builders—whose skills stood them in good stead in Philadelphia: two-thirds were employed in the better-paying, skilled occupations in 1850, compared to the Irish, of whom less than one-third engaged in these trades. How the German Catholics' work experiences compared to those of the German population overall is difficult to say. In 1880 only 6.1% (about 1,600) of the city's German-born workers were in the bottom category of unskilled, unspecified jobs, which would represent only a small fraction of the city's German Catholic population even if all 1,600 of the low-income Germans were Catholic.<sup>37</sup> The adaptability of the Germans was characteristic of the Third Order as well. The Sisters responded to a need for health care in much the same way that other German immigrants found a demand for their skills in the city's labor market. Eventually they succeeded in moving nursing out of the home and parish and into a specialized hospital facility.

<sup>36</sup> Daniel H. Mahony, *Historical Sketches of the Catholic Churches and Institutions of Philadelphia* (Philadelphia, 1895), 70-73, St. Peter's Church, *Souvenir of the Re-Opening of St. Peter's Church, 1847-1901* (Philadelphia: St. Peter's Church, 1901), 23-29, Jay P. Dolan, "Philadelphia and the German Catholic Community," in *Immigrants and Religion in Urban America* edited by Randall M. Miller and Thomas D. Marzick (Philadelphia, 1977), 69-83.

<sup>37</sup> Theodore Hershberg, ed., *Philadelphia: Work, Space, Family and Group Experience in the Nineteenth Century* (New York, 1981), 471.

As with the Irish, the first German charitable institution was an orphanage, St. Vincent's, instituted by the pastors of St. Peter's and Holy Trinity in 1855. The background of the orphanage explains the absence of Germans at St. Joseph's Hospital, for according to Neumann, the Catholic asylums were filled to overflowing—and "As the Bishops are French or Irish it is natural that the children of these nations have the preference."<sup>38</sup> Concern for children who had lost their parents was characteristic of other pastoral efforts to aid those whose families had been disrupted during the migration—widows, husbands who had come ahead to find jobs, single people—all needing advice and assistance, especially in times of illness. But the Germans seldom resorted to the almshouse or the Pennsylvania Hospital, which suggests they relied on informal means of caring for their dependent sick.<sup>39</sup> At Hespelien's suggestion, for instance, Maria Bachmann and two other Bavarian-born women ran a home for single working women before they were designated as a religious community to do welfare work. Bachmann (Mother Mary Francis) continued to work closely with the priests in building the Third Order into a multipurpose social agency for German newcomers.<sup>40</sup>

Health care was central to the order from its inception; the nuns promptly began visiting the immigrants' homes to nurse the sick. By 1858 the group included twelve nuns who taught school, took in elderly indigents, tended victims of a smallpox epidemic, and solicited food and clothing for the stricken. Soon they had developed a referral network which produced "an ever increasing demand for services among the sick."<sup>41</sup> The nuns charged no fees for their nursing, but they did

<sup>38</sup> John N. Neumann, Philadelphia, to Vincent Eduard Milde, Archbishop of Vienna, May 4, 1841 *Leopoldinenstiftung im Kaiserthume Oesterreiche*, Berichte der Leopoldinenstiftung im Kaiserthume Oesterreiche zur Unterstützung der Catholischen Missionen in Amerika 1831 1913 University of Notre Dame Archives

<sup>39</sup> In 1852, for instance, only 7% of the 1,714 enumerated in the Pennsylvania Hospital *Annual Report* were German-born, compared to the 49% Irish

<sup>40</sup> Histories of the order and its founders include Sister Mary Barnaba, *A Diamond Crown for Christ the King The Story of the First Franciscan Foundation in Our Country 1855-1930* (Glen Riddle, Pa., 1930), Clare, *Mother Francis*, "Sisters of the Third Order of St. Francis, 1855-1928," *Records of the American Catholic Historical Society*, 40 (March and June 1929), 38-64, 123-155, Sister Adele Francis Gorman and Sister Jeanette Clare McDonald, *The Call and the Response A 125th Anniversary Tribute to Mother Mary Francis Bachmann, O.S.F., Founder of the Sisters of St. Francis of Philadelphia* (Aston, Pa., 1980), and the unpublished manuscript "History of St. Mary's Hospital" on deposit at the hospital

<sup>41</sup> Barnaba, 49-50, 59

collect contributions from patients and neighborhood people. This income may have been an important stimulus for the nursing work, for many of the order's other activities generated no revenue. For example, more sisters were assigned to nursing than to teaching. The first project for which the sisters leased real estate separate from their convent was St. Francis, a hospital opened in 1860 in a house near St. Peter's Church.<sup>42</sup>

The home nursing work had pointed up problems that the inpatient facility was designed to counteract. During the 1858 epidemic, the nuns had been obliged to take patients into their convent. Some were homeless working girls, ill, jobless, and unable to pay board. Domestic workers were difficult to care for in their employer's homes; others lived in rooming houses where they contracted fevers requiring close attention. Typhoid plagued many of the immigrants brought to St. Francis. The Superior wrote that "always four to five Sisters had to hold them down" because of the delirium brought on by the fever.<sup>43</sup> Tuberculosis also claimed numerous victims, including Mother Francis who succumbed to the illness in 1863.

The twenty-bed St. Francis was mainly a service for the German Catholic community. No mention of its opening appeared in the *Catholic Herald*, and no listings are found in the advertising columns where the names of other church charities appeared. Unlike St. Joseph's, the German establishment did not make space available to the government during the Civil War. Nor did it join other Catholic orders in sending nurses to military camps. It was not even included in the city directory until 1865.<sup>44</sup>

<sup>42</sup> Clare, *Mother Francis*, 16, 47, 54. According to the first Community historian, Sr. Mary Barnaba, sick-care was the main emphasis and teaching was "an unexpected task" which they entered reluctantly because the order "had made no preparation." In the fall of 1858 Mother Francis and two Sisters answered a call to teach in St. Alphonsus parish, leaving the other nine to continue the nursing. The Sisters' nursing work attracted "voluntary alms offered by the charitable neighbors, both for their own maintenance and for those to whom they gave assistance." Barnaba, 47, 54.

<sup>43</sup> Mother Mary Francis Bachmann to Community of Sisters of St. Francis, Syracuse, New York, June 25, 1861. Copy of the translation from German on file at Sisters of St. Francis Archives.

<sup>44</sup> *McElroy's Philadelphia City Directory, 1865* (Philadelphia, 1865), 834. The *Catholic Herald*, August 11, 1866, did contain the following item on "St. Francis Hospital. Many of our readers have never heard of this institution, so quietly and unobtrusively has it done its work, but it does exist. . . ." The paper announced the move to Kensington, adding "For some time past the accommodations have been far too limited for the calls placed upon it."

In 1866 St. Francis disappeared from the directory and in its place was a listing for St. Mary's Hospital in Kensington. The first report for the institution, published in 1868, described a four-story establishment equipped with eighty beds, a dispensary, and surgical rooms staffed by fourteen physicians and residents. There was no mention of the Sisters' earlier work at St. Francis. Neither the word "German" nor "Catholic" appears anywhere in the statement.<sup>45</sup>

St. Mary's Hospital resulted from a collaboration between the Franciscans' new Superior, Mother Agnes, who had been appointed in 1864; Rev. James F. Wood, who succeeded Neumann as bishop; and Dr. John Grove, who had become house physician at St. Francis around 1865. Unlike St. Joseph's, the religious order at St. Mary's exerted a dominant role from the outset because the project was an extension of the work the Sisters were already doing and would continue to manage. But it was no longer an explicitly German project. Mother Agnes (Teresa Bucher) was a Swiss convert who had been recruited into the order during one of Neumann's visits to the mining town in central Pennsylvania where she worked as a domestic. Having come from outside the city, she had not shared in the experiences that had linked the order to the German parishes. Evidently she arranged for Grove to become the first medical officer at St. Francis. Wood's decision to promote her, rather than one of the older German-born Sisters, suggests his interest in integrating their work more fully into the diocese.<sup>46</sup>

The new location in Kensington involved a shift away from the home and church and into the heart of a seamy industrial area to the north. The hospital building, a former hotel located on Frankford Avenue at Palmer Street, was flanked by boarding houses crowding east to the Delaware River, with its wharves and shipyards, and west through blocks of mills and foundries. Eight railroads converged in the area. Nearby was a railroad depot, another hub for Kensington's transient labor force. Both German and Irish Catholics worked in the factories swelled by the wartime demand for iron and textiles. This community of 120,000 needed hospitals that would serve all groups. The Episcopalians had already begun work on their hospital in Kensington when

<sup>45</sup> St. Mary's Hospital, *Annual Report*, 1867-68.

<sup>46</sup> Biographical material on Mother Agnes Bucher from her "Account of Conversion to the Faith," handwritten in German, undated, and "History of Mother Agnes Bucher and Her Work," typescript, 1923, Sisters of St. Francis Archives.

the Sisters purchased the hotel a few miles away. Episcopal, backed by one of the city's wealthiest denominations, would be a major facility that Catholics would use if there were no other alternatives.

Dr. Grove probably favored the move as well, for the heavy concentration of industry in Kensington meant that patients would be admitted for accidents suffered on the job. In aiding these patients, physicians associated with St. Mary's would receive clinical experience that rewarded their unpaid service. This was a particular attraction for Grove and staff surgeons W. W. Keen and J. Ewing Mears, who had worked in military hospitals during the Civil War. Although surgeons did not need to perform their procedures in a hospital, they were discovering that it was a convenient setting for organizing the work. From its inception, St. Mary's received accident cases "gratuitously and at all hours," and by 1875 these cases accounted for one in five of all admissions.<sup>47</sup> These figures help explain why Keen, who went on to a career as one of Philadelphia's leading surgeons, retained an affiliation with St. Mary's for many years. The Sisters provided a facility that was useful to surgeons' professional and educational needs. Possibly the Sisters' ethnic heritage explains their receptive attitude toward at least one development emanating from Europe: both Keen and Mears performed antiseptic surgery there within months after Lister demonstrated the procedure to an American audience in 1876. The doctors claimed that St. Mary's was the first hospital in Philadelphia to adopt the measure.<sup>48</sup>

Like its Irish counterpart, St. Mary's was meant to be self-sustaining. Financial considerations strongly influenced the way in which the institution was structured. In order to support their expansion into a predominantly low-income, working class area, the Sisters needed to generate outside funds. Apparently they felt that St. Mary's could not be maintained from room fees because of the socioeconomic character of the area and the prospects of losing patients to the Protestant establishment. The hospital's efforts to widen the constituency served to yoke potential German and Irish subscribers together in a common cause.

<sup>47</sup> St. Mary's Hospital, *Annual Report*, 1875.

<sup>48</sup> W. W. Keen to J. Ewing Mears, 27 August 1915; 5 September 1915; "Statement of Dr. J. Ewing Mears," August 1915, St. Mary's Hospital Library. Mears's account of his procedure, performed July 6, 1876, appeared in "Case of Lacerated Wound of the Elbow Joint Treated Successfully by the Antiseptic Method of Professor Lister," *Transactions of the College of Physicians*, Series 3, Vol. 3 (1877).

Although there is no question that Mother Agnes wanted to broaden the order's field of service, the arrangements on St. Mary's suggest that the German Catholic community was too small to sponsor a general hospital without involving other groups.

In her first prospectus, Mother Agnes expressed the Sisters' desire to build an endowment that would allow them to admit all patients free of charge. Initially the nuns were assisted by an auxiliary, the St. Mary's Hospital Association, which was probably inspired by Bishop Wood's connection with St. Joseph's. The auxiliary's charter shows some similarities to voluntary programs devised by the crosstown establishment. By 1868 the Association included 700 members who had succeeded in raising \$5,000 to pay off half the mortgage.<sup>49</sup>

Much of the credit for this effort belongs to the seventeen lay women who served as "authorized collectors." Half were working women with occupations ranging from trimmaker to hosiery worker. Fifteen had German surnames. Only seven lived in Kensington, while five lived in St. Alphonsus parish within blocks of a former Franciscan convent. But they did not restrict their appeals to the Germans or to a few neighborhoods; early donor lists include Irish names and some of the donors can be traced to downtown business addresses.<sup>50</sup> Once again, strong support came from women, who made nearly 40% of the 744 personal donations in 1870. Mother Agnes identified some as "*poor but generous servant-girls*, who with kind words and cheerful liberality, have given us from their hard-earned and scanty store."<sup>51</sup> One attraction may have been the hospital's program of health insurance which entitled members to a bed, if needed, for dues of \$1 a year. For a time, then, the Sisters depended on the network of personal connections they had developed in their earlier work. These friends collected in churches, workplaces, and boardinghouses, where they built up a multiethnic lay sponsorship. As at St. Joseph's, the early appeals aimed at people willing to subsidize a service they could use.

The enthusiasm for the project did not last. Conflicts over collections and admissions procedures developed between the nuns and Association

<sup>49</sup> St. Mary's Hospital, *Annual Report, 1867-68, Constitution and By-Laws of the St. Mary's Hospital Association Organized February 2d, 1867* (Philadelphia, 1867).

<sup>50</sup> Based on lists of officers of the St. Mary's Hospital Association appearing in the annual reports for 1867-70 and information in city directories

<sup>51</sup> St. Mary's Hospital, *Annual Report, 1870*

officers—the lay group reviewed applications for charity admissions funded by the Association—and by the mid-1870s the Association had vanished from the financial statements. Although Mother Agnes instituted some new subscription programs to “relieve the Sisters. . . from the onerous duty of collecting door to door,” yearly contributions slowed to a trickle. By 1885 they totaled \$222, compared to the \$9,000 collected in board receipts.<sup>52</sup>

The reasons for the dramatic drop are unclear, but several factors explain the laity’s reluctance to pledge voluntary support. St. Mary’s was besieged with requests for charity admissions—as many as twenty a day by 1884—and as the number grew, the hospital may have lost its appeal for subscribers unwilling to give from their “hard-earned and scanty store” to help those admitted at no charge.<sup>53</sup> Whereas St. Joseph’s had struggled from the beginning to disassociate itself from paupers, St. Mary’s suffered from financial difficulties because the nuns held fast to their charitable intents. In 1885, the year of the \$222 contributions, 75% of St. Mary’s 786 inpatients were admitted as charity or part-pay patients.<sup>54</sup> St. Mary’s distributed its charity equally between Irish-, German-, and American-born patients but the charity had to be squeezed from a meager cornucopia for the combined Irish-German support did not come close to approaching the amounts subscribed to the more exclusively Irish St. Joseph’s. St. Mary’s could never compensate for the lack of personal and organizational connections that linked St. Joseph’s to an older, larger ethnic business community.

By the turn of the century, St. Mary’s circle of donorship had contracted around Kensington.<sup>55</sup> This situation only added to the institution’s financial troubles for Kensington was losing its residential population as industry continued to move into the area. Although St. Mary’s had received \$50,000 in bequests by 1900, most of these gifts were for

<sup>52</sup> St. Mary’s Hospital, *Annual Report*, 1872. St. Mary’s financial statement for 1885 (*Annual Report*, 1885, 9), gives an unitemized total of \$45,199 in receipts, or \$8,956 after deducting the \$36,243 legacy received that year from the estate of Francis A. Drexel. According to reports submitted to the Pennsylvania Board of Commissioners of Public Charities (*Annual Report*, 1885, 199), St. Mary’s received \$8,734 from “patients or their friends for treatment,” leaving a balance of \$222 that came from other sources.

<sup>53</sup> Board of Public Charities, *Annual Report*, 1884, 22-23.

<sup>54</sup> St. Mary’s Hospital, *Annual Report*, 1885.

<sup>55</sup> Based on a study of the geographical distribution of donors whose names appear in St. Mary’s *Annual Report* for 1870 and 1903.



less than \$1,000 apiece. The only one of any size was a \$36,000 legacy received in 1885 from the estate of Francis Drexel, heir to the Drexel banking fortune and chief benefactor of Catholic charities in Philadelphia. The Sisters continued their missionary work, for instead of investing in building renovations, they used the bequest to launch another institution, St. Agnes, the first hospital in South Philadelphia.

All these changes made paying patients increasingly important to the institution. Hospital publications rarely mentioned these patients, perhaps in fear of discouraging potential donors or applicants for aid. Board rates were not even mentioned in the annual reports until 1903 (\$7 per week general ward fee). But from 1867 to 1900, 22 to 38% of the total admitted paid a fee. The dollar inflow was greater than the Sisters thought prudent to admit, for by the 1880s patient fees were lumped into a single undifferentiated amount labeled "receipts" on the financial statements. Data in the Pennsylvania Board of Charities reports indicates that by now this revenue was the most stable source of the hospital's support. St. Mary's had come to resemble St. Joseph's after all.

Some of these paying patients were referred to the hospital by the doctors, as the founders Wood, Mother Agnes, and Grove had undoubtedly intended in 1866 when they instituted the first medical board. Interestingly enough, the visiting staff was almost entirely composed of American-born, Protestant physicians with practices in other parts of the city who could send patients who were able to pay. Other patients were attracted to St. Mary's because of the reasonable rates. St. Mary's had a few private rooms, priced at \$10 and \$15 a week in the late 1890s, which was less than the amount charged at either St. Joseph's or neighboring Episcopal.<sup>56</sup>

The presence of these paying patients affected the institution in several ways. Probably, it enhanced the comfort of all. Although the wards were plainly furnished, St. Mary's won high praise from the visiting committee of the state charities commission that consistently found it to be one of the cleanest and friendliest hospitals in Philadelphia. As in the case of St. Joseph's, the Franciscans allowed no student visits, even as late as 1897, which might have interfered with the patients' privacy. The atmosphere was homelike. The Superior knew the patients by name, kept them amply supplied with pillows and blankets, and di-

<sup>56</sup> Board of Charities, *Annual Report*, 1897, 86.

rected the sixteen nuns, most of them of German background, with no paid help, who did all the work of the institution. The personal touches were characteristic of the Sisters' loyalty to the institution in which they had so diligently invested their labors. Their work was its own best advertisement and was rewarded by patients with a few dollars to spare.

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The early history of St. Joseph's and St. Mary's highlights the ways in which religious, professional, and social concerns combined in making sectarian hospitals a significant part of Philadelphia's medical heritage. Which of these factors had the most decisive impact is difficult to say. In the eyes of Catholics church health care was both a service and a product fundamentally different from that found in non-Catholic institutions, even when the nature of the medical work was much the same. The hospital was a symbol of Catholic enterprise in new and, at times, adverse surroundings. But it is ironic to look at the census of charities published by the diocese in 1924 and find hospitals heading the list.<sup>57</sup> While the steady growth of St. Joseph's, St. Mary's, and later medical institutions was something all Catholics could be proud of, it had only been made possible because their promoters had made hospitals less forbidding to the sick—or at least a more acceptable alternative than the almshouse or the Protestant voluntary establishments. In spite of continuing appeals for contributions, largesse failed and the paying sick kept the hospitals going.

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<sup>57</sup> Catholic Children's Bureau, *Catholic Charities and Social Welfare Activities of the Archdiocese of Philadelphia Year Book 1924* (Philadelphia, 1924), 9