

Taking Care of Their Own: Irish Catholics, Health Care and Saint Vincent's Hospital 1850-1900

By Bernadette McCauley

This article is based on a paper Ms. McCauley presented at the American Conference for Irish Studies in 1994. Ms. McCauley is currently assistant professor of history at Hunter College of the City University of New York.



Mother Jerome Ely, pictured here, was Community Superior (Mother General) of the Sisters of Charity of New York when St. Vincent's Hospital opened in 1849. In 1855 she became the hospital's second administrator, following Mother Angela Hughes, and remained so until 1861 when she was elected Mother General again. She died in 1885, this photo is dated around 1875. Photo, courtesy of the Archives of the Sisters of Charity, Mount St. Vincent's, Riverdale, NY.

Institutional health care and the modern hospital are products of the urban immigrant world of the nineteenth century, one in which health care had as much to do with ethnicity, religion and social class as it did with medical therapeutics and practice. For most of the century New Yorkers with any choice, like other Americans, nursed their sick, no matter how ill, at home. Before the Civil War

only a few hospitals existed in the United States. Bellevue, Manhattan's first public hospital, was only officially designated as such in 1849. Until then, the Bellevue almshouse was the refuge for the sick of the city who were without any other resources to call upon. Even after Bellevue was divided into two separate facilities, residence at either institution was a reflection of social and economic need. Not surprisingly then, wards at Bellevue Hospital at mid-century were overwhelmingly filled with New York City's immigrants, increasingly Irish, the population with limited means to cope with disease and illness.¹

Irish-Catholic efforts with regard to immigrant health care in New York City began with dissatisfaction with both the quality and tone of medical care in Bellevue and other municipal institutions. It also reflected the fact that for immigrants, health care needs exceeded traditional patterns of care. The Irish immigrant community, and the Roman Catholic Church which claimed full entitlement to their allegiance, objected to several related aspects of the care and treatment of immigrants at public hospitals. Because immigrant disease was more often than not blamed on the victim, conditions and the quality of care were suspect. Some nineteenth-century commentators even went so far as to note that at Bellevue, "the most frequented refuge of the sick in this great city is notoriously liable to the suspicion that it does harm to those who are brought within its walls."² The accuracy of claims like these are debatable since they were usually made by reformers anxious to use a crisis to affect change. Still, in terms of public perception, city hospitals were viewed with suspicion if not fear. In addition, and this is where the Catholic hierarchy's complaints were loudest, hospital treatment in city run and other privately managed but open to the public hospitals, as a matter of course, included religious instruction by Protestant chaplains.

The Irish-Catholic response to these circumstances was twofold: a very aggressive campaign to increase the power and status of the Catholic Church in public institutions and an equally deliberate determination to establish alternative, specifically Catholic, hospitals for the care of the city's immigrant community. These strategies, not at all mutually exclusive, involved a variety of groups within the Irish-Catholic community. Clergy, sisters and lay people all participated, albeit for different reasons, in each. The hierarchy prioritized and responded to issues of religious observance and identification in public hospitals which were closely tied up with broader issues of power and politics in New York City. Sisters and their supporters responded instead to physical realities of illness and hospitalization in New York City.³ On one level these were different approaches to the same overall problem. More critically they were different conceptualizations about the problems of immigrant

health care in New York City. Both efforts were very successful. In 1900 the health care delivery system available to the immigrant community in New York City was quite different than it had been fifty years earlier. The Catholic Church as clergy had significantly increased its power and presence in city-run hospitals. At the same time, Irish-Catholic sisters, lay people and clergy created and maintained a network of their own institutions for the care of the sick as health care providers, financial supporters and as patients.⁴

Efforts to maintain a Catholic presence among immigrants at public institutions preceded those to open Catholic ones. Priests from the nearby parish of St. Stephen's visited Bellevue as early as 1828. Beginning in the late 1840's, the Jesuit Fathers at St. Francis College ferried across to other city institutions which included hospitals on the islands in the East River. These visits were not without problems. Priests complained of administrative hostility to their presence and it was unclear exactly what a visit could include (sacraments, considered idolatrous rites were not allowed) and how long it could go on.⁵

Starting in 1848, the Catholic hierarchy made repeated attempts to have Catholic chaplains awarded salaries at city hospitals, petitioning the Board of Aldermen to "have the Catholic clergymen attending Bellevue Hospital, paid."⁶ With the issue still being discussed ten years later, the pastor at St. Stephen's wrote the Archbishop that he was not "very sanguine in this regard."⁷

The question of salary was a major area of contention between New York Protestants and the Catholic Church for more than simply financial reasons. The argument over salary reflected a fundamental difference of opinion over the status of the religion of inmates in city institutions. To the Roman Catholic hierarchy, those Irish immigrants who were patients at the city hospitals were Catholics because they came to the United States from a traditionally Catholic culture. Because of the overwhelming number of immigrants at city hospitals, the Catholic hierarchy wanted Catholicism to be an active presence among the hospitals' patients. Catholics felt that if any chaplain was to receive a salary it really ought to be the Catholic clergyman because the work to be done was really his. Early on in this argument the Catholic *Freeman's Journal* made this argument clear noting that "[W]e did not know before that Presbyterianism was the established religion at Bellevue" and explaining that "if there is any salary to be given it certainly should not be given to the one who has the least work." From this perspective, if anyone was to be paid it ought to be the Catholic chaplain.⁸

In this argument the conceptualization of medical treatment in terms of spiritual as well as physical care was shared by the Catholic clergy who sought to reform New York public hospitals as well as by those who created them. When New York Bishop John Dubois discussed the health care of Irish immigrants in 1834 he described the need for their "relief, attendance in sickness, and spiritual comfort, amidst the diseases of a climate new to them." His reference to climate was obviously more than temperature, it reflected what would continue to be an emphasis by the Church on both religious and medical aspects of health care.⁹

Of course, New York's Protestant churches saw the immigrants, their religious status and the Roman Catholic clergy in a completely different light. Patients were, in the eyes of one visitor to Bellevue, "Irish of the most common sort." They were considered only nominally Catholic since "many of them could barely be called

Christians."¹⁰ Most important, they were "very accessible to kind words, and many of them will read what we put into their hands."¹¹ In other words, it might very well be possible to make Protestants of them.

The position of the Catholic clergy within the City's public charities began to improve somewhat in the 1860's. According to at least one priest, by 1861 any prejudice which had prohibited Catholic laymen and clergy from visiting City institutions had "yielded or was forced to yield" because of the tenacity of the clergy.¹² That same year Bishop John Hughes commended the Commissioners of Charity and Health for their "true impartiality and fairness which places all religion on a perfect equality."¹³ In March of 1863 he attended the commencement at the Bellevue Medical College where he was a trustee and one week later an editorial in his *Metropolitan Record* noted that religious liberty was a fact at the city charity institutions and "the fact that anything like religious distinctions are completely ignored, shows a complete and beneficial change has been effected."¹⁴ While the presence of Catholic clergy might still have disturbed some public hospital authorities their presence had been established. As one Jesuit on Ward's Island pointed out, "once established there none of the Commissioners had the courage to send me away."¹⁵

In the last quarter of the century, some Catholic chaplains did begin to receive salaries from public authorities. Some of the Jesuits on the island hospitals were receiving salaries in 1890 and there is some evidence that the Catholic chaplain at Bellevue was paid in 1889. Ultimately the New York State Freedom of Worship Act in 1892 established the free exercise of religion in any government institution. It was the final legal step which gave the Catholic clergy the equal status they sought.¹⁶

While the hierarchy was busy strengthening its position in municipal institutions, other Irish Catholics in New York were directing their attention toward developing an alternative. Saint Vincent's, New York's first Catholic hospital was founded in 1849 by the Sisters of Charity of New York. Saint Vincent's was part and parcel of the City's Irish community, patronized, identified and supported by Irish New Yorkers. The patients at Saint Vincent's in the nineteenth-century were overwhelmingly Irish by birth or descent. By century's end native-born exceeded foreigners, but indicative of the hospitals ties to the community, Irish immigrants always exceeded all others. For most of the years with information available, the foreign-born population accounted for an average of 64% of the total patient population, and Irish born always accounted for the greatest number of foreign-born.¹⁷

Even more significantly, given the fact that the Irish were the most likely hospital patients in that period, Saint Vincent's was very firmly supported financially by Irish New Yorkers, foreign and American born, inside the hospital and out. At Saint Vincent's most patients paid some amount toward the cost of their care. Unlike other private non-Catholic hospitals in this period, sisters often charged a fee. While offering free service when they had to, they obviously asked for some kind of payment if at all possible. A majority of patients treated at Saint Vincent's before the turn of the century did pay something toward the cost of their care.¹⁸

These fees did not at all support the hospital. The Sisters of Charity were able to maintain their work at Saint Vincent's because of financial contributions from a variety of sources within the Irish-Catholic community: parishes, male and female lay organizations,

family members, civic associations and individual contributors, all supported their efforts. The importance of this funding can't be overstated because Saint Vincent's and other nineteenth-century Catholic hospitals are too often assumed to have originated as diocesan institutions in twentieth-century understanding of that definition. Yet while encouraging sisters to open hospitals, the Catholic hierarchy never assumed any permanent responsibility for Catholic hospitals in this period.¹⁹

The community-wide nature of hospital support was apparent early on at Saint Vincent's. A fundraising fair held in 1856 was described with typical bravado in the *Freeman's Journal* as "an event in the history of New York."²⁰ Certainly it was a significant event in the history of Saint Vincent's and the Irish community of Manhattan. Lay women worked on the fair through their own parishes; all the Irish churches in the area participated. After expenses the fair netted approximately \$35,000.00 and provided a nice safety net for a few years. In 1863 fair proceeds were still being applied to outstanding bills. This and later fairs were organized primarily by women, but fair activities: raffles, games, food and music, made it a community wide event.²¹

The sisters encouraged patrons to buy a bed which would be made available to a needy patient or to form subscription clubs where members purchased their group rights to a bed. They had some success with this; by 1900 there were seventeen perpetually endowed beds.²² Other beds were endowed for the life of the donor, some provided free care for a specified amount of time. This participation in the hospital's maintenance was advertised as beneficial in terms of the obvious possibility of care but also as explained in one *Annual Report*, participants also received the benefit of the "prayers of the sisters and the sick poor."²³

Other donations are more revealing in terms of ongoing support. Individual contributions were always a source of revenue at Saint Vincent's and they varied considerably in amount. Donor lists were always included in the hospital's annual reports with small donations listed right alongside large ones. Many other contributions were in goods rather than cash and included food and other household supplies. These too were publicly noted. The first *Annual Report* in a general remark that "[B]esides voluntary contributions in money, acknowledgements are also due to several friends for donations in stores, and various articles; for which all the sisters return their sincere thanks, and will ever gratefully remember the donors."²⁴ Later ones acknowledged contributors by name. In the 1890's the sisters were very specifically thanking friends for beer, wine, pickles, oranges, magazines and an etching of the Pope.²⁵

By the 1880's the hospital had a men's advisory board which gave financial advice and could be counted on for emergency funds. Furthermore, members were chosen for their political connections too. Sisters hoped friends would help them obtain state and city funds available for private hospitals. In 1895 Saint Vincent's deliberately expanded the number of men on their advisory board to facilitate this. By appointing "a number of gentlemen who are among the most honored and most influential of our citizens," the Sisters of Charity hoped "that this Board will find some way to present, for consideration, the claims of Saint Vincent's."²⁶

The variety of amounts and kinds of funds which maintained Saint Vincent's suggests quite strongly that when the Sisters of Charity opened Saint Vincent's they hit a very responsive note

within the Irish community. Saint Vincent's was a model for institutions which followed. It was only the first of a variety of other hospitals founded by the Sisters of Charity and other congregations of sisters for New York immigrants. Specific details with regard to organization and funding differ somewhat among them all, but Saint Vincent's was the prototype of an alternative institution. Clearly, the sisters were providing care that was responsive to the Irish community's sense of what hospital care ought to be. Catholic hospitals, managed and staffed by sisters offered a more attractive kind of care. Even non-Catholics noted sisters as able caregivers in the nineteenth-century.²⁷ And as Charles Rosenberg suggested, payment lifted the social stigma from hospital care. Saint Vincent's was clearly not an almshouse.²⁸

As Morris Vogel suggests, Catholic hospitals, like other religious and ethnic institutions, "presented obvious evidence that a group was aware of its obligations and was assuming a responsible role in the community."²⁹ Furthermore, and this is more to the point in terms of the Irish community's perspective, these hospitals were an alternative to the charity hospitals run by the City and other private organizations. When patients at Saint Vincent's rejected the free care at other institutions and chose instead to contribute toward the cost of their care, they were voting with their pocket-books. So were the named and anonymous donors who gave the sisters money, time and a host of other supplies. At Saint Vincent's, Irish Catholic New Yorkers gave very practical support to the idea that health care ought to be provided in an atmosphere sympathetic to their ethnicity, religion and culture.

Footnotes

¹On 19th century hospital care and patients see Charles Rosenberg, *The Care of Strangers* (New York: Basic Books, 1987) and "And Heal the Sick: The Hospital and the Patient in 19th Century America." *Journal of Social History* 10 (June 1977): 428-47. For a discussion of the health of Irish immigrants at mid-century see Alan Kraut, *Silent Travelers* (New York: Basic Books, 1994), pp. 30-49; Samuel Osgood, *New York in the Nineteenth-Century* (New York: The New York Historical Society, 1866), pp. 75-89; Robert Ernst, *Immigrant Life in New York* (New York: Kings Crown Press, 1949).

²State Charities Aid Association, *Report of the Special Committee Appointed to Take Active Measures in Regard to the Erection of a New Bellevue Hospital* (American Church Press Company, 1874), p. 15.

³The hierarchy's agitation to gain a more powerful role in public health and welfare institutions was contemporary with its efforts to control public education. Both were rooted in ideologies shared by the opposition as well which linked religion and culture with health care and education and the Church's fears about the loss of the immigrant to Protestantism. Jay Dolan, *The Immigrant Church* (Notre Dame: Notre Dame Press, 1983) discusses concerns about immigrant Catholicism. The school issue is considered in Vincent P. Lannie *Public Money and Parochial Education* (Cleveland: Case Western University, 1968); Diane Ravitch, *The Great School Wars* (New York: Basic Books, 1968).

⁴In the nineteenth-century a variety of different institutions, not all specifically called hospitals, cared for the sick. Catholic institutions for the care of the sick in New York in 1900 included foundling and women's hospitals, general hospitals and tb hospitals. For a listing and description see New York City Department of Finance, *Private Charitable Institutions Receiving Public Money in New York City* (New York: Martin Brown Press, 1904); U.S. Department of Commerce, Bureau of the Census, *Benevolent Institutions 1904* (Washington, D.C.: U.S. Government, 1905).

⁵*Freeman's Journal*, March 11, 1848; Francis X. Curran S.J., *The Return of the Jesuits* (Chicago: Loyola University, 1966), p. 104-5.

⁶New York City Board of Alderman, *Proceedings*, v.35, pt. 1 (May 9-August 2, 1848), p. 371; New York City Municipal Archives, New York, NY 10027.

⁷Rev. Jeremiah W. Cummings D.D. to Archbishop John Hughes, March 29, 1858: Archives of the Archdiocese of New York, Yonkers, NY 10704.

⁸*Freeman's Journal*, March 11, 1848.

⁹Rt. Rev. John Dubois, *Pastoral Letter to the Clergy and Laity of the Diocese* (New York: John Doyle, 1834), p. 3.

¹⁰State Charities Aid Association. Bellevue Hospital Visiting Committee, Committee on the Surgical Wards for Women, "Transcripts of Hospital Visits," February, 1872, p.1; *Report of the Committee on Surgical Wards for Women*, March 5, 1873: Bellevue Hospital Archives, New York, NY 10016.

¹¹New York Almshouse Commissioner, *Annual Report* 1848, p. 189.

¹²*Woodstock Letters: A Record of the Current Events and Historical Notes Connected with the Colleges and Missions of the Society of Jesus in North and South America* 80 vols. (Woodstock, Maryland, 1872-1969) 3: 174.

¹³*Metropolitan Record*, June 29, 1861.

¹⁴*Metropolitan Record*, March 14, 21, 1863.

¹⁵*Woodstock Letters*, 1:59.

¹⁶*Woodstock Letters*, 23:84, 24:401; Mickinney's *Consolidated Laws of New York* (St. Paul, 1987), p. 402.

¹⁷Saint Vincent's Hospital, *Annual Reports 1882-1900*: Archives of the Sisters of Charity, Bronx, NY 10471, hereafter ASCMSV. On the history of the Sisters of Charity of New York see Sister Marie de Lourdes Walsh, *The Sisters of Charity of New York* (New York, 1960).

¹⁸Saint Vincent's Hospital, *Annual Reports 1863-1901*: ASCMSV.

¹⁹See James Gollin, *Worldly Goods* (New York, 1971) for an explanation of some of the details of the financial organization of the Roman Catholic Church in the United States. Edward Kantowitz's study of the Chicago Archdiocese in the twen-

tieth-century includes an enlightening discussion of the corporate structure of Catholic hospitals in the United States. Kantowitz, *Corporation Sole* (Notre Dame, 1983), pp. 34-35.

²⁰*Freeman's Journal*, December 6, 1856.

²¹Saint Vincent's Hospital, *Annual Report 1863*, p. 8: ASCMSV; *Freeman's Journal*, December 6, 1856; Walsh, *Sisters of Charity of New York*, 3: 139-140.

²²Saint Vincent's Hospital, *Fifty-First Annual Report for the Year 1900*, pp. 13-15: ASCMSV.

²³Saint Vincent's Hospital of New York, *Thirty-Ninth Annual Report for the Year 1888*, p. 24: ASCMSV.

²⁴Saint Vincent's Hospital, *Fourteenth-Annual Report for the Year 1863*, p. 17: ASCMSV.

²⁵Saint Vincent's Hospital, *Forty-Fifth Annual Report for the Year 1894*, pp. 13-15: ASCMSV.

²⁶Saint Vincent's Hospital, *Forty-Sixth Annual Report for the Year 1895*, pp. 8-9: ASCMSV.

²⁷On attitudes toward sisters in health care in the nineteenth-century see Mary Ewens, *The Role of the Nun in the Nineteenth-Century America* (New York: Arno Press, 1978) and Mary Denis Maher, *To Bind up the Wounds* (New York: Greenwood Press, 1989).

²⁸Rosenberg, *Care of Strangers*, p. 240.

²⁹Morris Vogel, *The Invention of the Modern Hospital* (Chicago: The University of Chicago Press), p. 127.



This building at 195 West 11th Street was the original Greenwich Village location of St. Vincent's Hospital. The hospital moved here from East 13th Street in 1856. The building had been St. Joseph's Half Orphan Asylum.
Photo, courtesy of the Archives of the Sisters of Charity, Mount St. Vincent's, Riverdale, NY.