"If I Only Touch Her Cloak":
The Sisters of Charity of St. Joseph\(^{1)}\) in New Orleans’ Charity Hospital, 1834-1860

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\(^{1)}\) In 1809, the Sisters of Charity of St. Joseph was founded as the first community for religious women in the United States. It was later incorporated with the French Daughters of Charity of St. Vincent de Paul in 1850, which was founded by Saint Vincent de Paul and Saint Louise de Marillac in 1633. Even though the Sisters of Charity was originally founded by adopting the rules and constitutions of the French Daughters of Charity, it had no connection with the government of the Sisters of Charity in France until 1850 (Hannefin, 1989: 14-5). In order to emphasize the American origin of the Sisters of Charity of St. Joseph, and to prevent confusion, we will refer them as the Sisters of Charity throughout this study.
1. Introduction

A visitor to New Orleans’s Charity Hospital in 1859 was impressed with how the Catholic sisters from the Sisters of Charity of St. Joseph moved “noiselessly” along the corridors, and “glided softly” around the couches of hospital patients in order to take care of them, as seen in Figure 1. In addition, the sisters were present at the bedsides of the “unfortunate creatures,” who in extreme bodily pain “mumbled blasphemies of unsaved souls trembling on the verge of hell,” and with “incoherent raving of men whirled on in the wild frenzies of a mad delirium.” It was also the Catholic sisters who closed the eyes of the “passing spirit[s]” and stayed with them until their last moments by receiving the dying patients’ last messages of “affection from lips soon to be silent in death…back over years of suffering, and sorrow, and loneliness, and shame.” The Sisters of Charity, wearing their ostentatious dark blue habits and white collars and cornettes acted as a gleaming light in the sickly hospital chambers. To the eyes of the visitor to the Charity Hospital ward, the Catholic sisters were like “visiting angels” (“The New Orleans Charity Hospital,” 1859: 570). They seemed to lead

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2) Daniel Hannefin has pointed out that it is inappropriate to use either the word “congregation” or “nun” when referring to the Sisters of Charity of St. Joseph. Unlike nuns, the Sisters of Charity of St. Joseph belonged to a community (not a congregation), took annual (or simple) vows, and lived in houses (not convents) (Hannefin, 1989: x-xi). The term “vowed women,” suggested by Sioban Nelson is thus a useful concept to indicate collectively those women who voluntarily separated themselves from the rest of the world in order to live in a community according to a set of religious precepts. The vowed labor of these women was a phenomenal resource for the Roman Catholic Church in creating Catholic institutions and building much of the health care system (Nelson, 2001: 2-3; see also Kuhn, 2003 4-5). In this study, we thus use the terms “sisters,” and “vowed women” interchangeably, in order to refer women who took three perpetual vows of poverty, chastity, and obedience within an institute approved by the Catholic Church.

3) For the further explanations on Catholic sisters’ habits, see Part 5.
the suffering and miserable souls and bodies wandering in the middle of a
grayish, murky road, to another realm beyond life and death.

Figure 1. Inside of Charity Hospital in 1859: the Ward

(Source: “The New Orleans Charity Hospital”, 1859: 569)

This paper seeks to illuminate the roles of the Sisters of Charity of St. Joseph in New Orleans’ Charity Hospital from 1834 to the years immediately before the Civil War. As the first community for religious women to be established in the United States, the Sisters of Charity of Saint Joseph was founded in 1809 by Saint Elizabeth Ann Bailey Seton (1774-1821)4) in

4) Founder of the Sisters of Charity, Elizabeth Ann Bayley Seton (1774-1821) was the first
    native-born North American to be canonized by the Roman Catholic church in 1975. Born
    to Dr. Richard Bayley and Catherine Charlton Bayley, she married William Magee Seton, a
    prosperous merchant, As a mother of five children, Mrs. Seton lost her husband in Italy in
    1803. While living in Italy between 1803 and 1804, she encountered Roman Catholicism
    for the first time. She returned to New York in 1804 and she entered a Catholic church in
    1805. In collaboration with the Sulpician priests of Baltimore, Archbishop John Carroll of
    Baltimore invited her to establish a school for girls in his diocese. In 1809, she founded
    the religious community of the Sisters of Charity of St. Joseph’s at Emmitsburg, Maryland.
    Until she died in 1821, she worked at Emmisburg and established St. Joseph’s Academy
Emmitsburg, Maryland. The Sisters of Charity pronounced their first vows under Vincentian rule in 1813 and later became the St. Joseph province of the Daughters of Charity of Saint Vincent de Paul in 1850 by adopting the rule of the French Daughters of Charity (Doyle, 1929b: 777, 783; EC, 1829-1916: 33-4). In 1834, head sister, Sister Regina Smith (1806-1864) and nine other Sisters of Charity arrived at one of the largest “nonsectarian” hospitals in the United States of that time, Charity Hospital, in compliance with a request by the trustees of Charity Hospital. After that, the Sisters of Charity worked as “nurses” and “hospital managers,” even after the Charity Hospital School of Nursing—a professional nursing training school—was organized in 1894.

5) Hereafter EC will indicate the following unpublished manuscript: Early Correspondence, 1829-1916 (transcript), Charity Hospital File Folder, West Central Province Archives, St. Louis, Missouri.

6) Sister Regina Smith—native of Louisiana—entered the Sisters of Charity in her teens and worked there for over forty years (EC, 1829-1916: 35-6).

7) In this study, the term “nonsectarian” rather than “secular” or “without religion” is chosen in order to indicate “people, institutions, or things that are not formally affiliated with a religious sect.” Since the notion of “secular” during the nineteenth century was derived from the secularist movement, which sought to separate church and state in every aspect of society, in this sense, “secular” meant “of the world” as opposed to “of religion” (Nelson, 2001: 5, 167).

8) In 1859, while working at the Charity Hospital as hospital managers, the Sisters of Charity opened their own Catholic hospital, the Hotel Dieu, which became the Louisiana State University Hospital in 1992. They also opened DePaul Hospital for the mentally ill in 1861 and managed the Carville Leprosarium from 1894. After a long controversy on the need for the foundation of a professional nursing school, the Charity Hospital School of Nursing opened in 1894. Eleven students enrolled in the two-year program. On average, sisters comprised of over 30% of the enrolled students. For example, among the first eleven enrolled students, four were the Sisters of Charity, and in 1897, seven out of twenty (Duffy, 1962: 230, 233, 505-7; Salvaggio, 1992: 68, 75, 89-90). The Sisters of Charity gradually gave up control in many parts of the hospital including dietary care, housekeeping, and nursing between 1944 and 1980 (Salvaggio, 1992: 266).
By considering the stories of the Sisters of Charity at a southern seaport hospital as a case study, this study explores the combined issues of nursing (and hospital management), gender, and religion in a seaport hospital. The existing scholarship on the history of hospitals and Catholic nursing has not integrated the concrete and detailed stories of the Sisters of Charity into the broader histories of institutionalized medicine, gender, or religion. John J. Castellanos (1897a; 1897b; 1897c), Albert E. Fossier (1923a; 1923b; 1923c), Stella O’Conner (1948), John Duffy (1958; 1962; 1966; 1984), and John Salvaggio (1992) have provided an excellent overview of Charity Hospital. Their studies, however, have depicted the sisters as marginal to the institutional setting of Charity Hospital. Despite the rich scholarship on Catholic sisters and their work in medical fields (Doyle, 1929a; 1929b; Maher, 1989; Caburn & Smith, 1999; Coon, 2010; Fialka, 2003; McGuinness, 2013; Stern, 2012; Wall, 2005; 2010; 2012), the stories of the Sisters of Charity working for “nonsectarian” hospitals like Charity Hospital have been rarely highlighted, indicating the limited overview of the competition between Catholicism and Protestantism over the control of sick bodies and souls within the hospital walls, 9)

Both nursing and hospital management played significant roles in the move of medical care from home to hospital. In the nineteenth-century and even in the modern period, the notion of “good nursing” was connected with the notions of wellness promotion, concerns for others, and comfort in grief or at the end of life. In this sense, nursing and hospital management were inevitably interrelated. As Charles Rosenberg-- a pioneer in hospital

9) Not many hospitals hired Catholic sisters in order to serve the entire internal management of the hospitals or nurse the sick. However, the Sisters of Charity were temporarily hired for emergency nursing service in some cities, such as New York and Philadelphia during the antebellum period (Maher, 1989: 37; Coon, 2010: 64).
history—has pointed out, the professionalization of nursing was “perhaps the most important single element in reshaping the day-to-day texture of hospital life” (Rosenberg, 1988: 8). One should bear in mind that the Sisters of Charity’s service in nursing and in-house management never became professionalized until the late nineteenth century. When the Catholic sisters came to work as hospital managers and nurses at Charity Hospital, however, they brought an entirely new atmosphere into the impersonal hospital setting, a topic that this study examines in detail. Despite the fact that the boundaries and roles of the nurses gradually expanded to include a much broader scope over time, the popular image of the nurse as a “mother-woman rendering care continued throughout the nineteenth century (Reverby, 1987: 4-6). 10) As anthropologist Clifford Geertz has defined religion as a holistic cultural system (Geertz, 1965: 90), religion—particularly Catholicism in this study—has played an historical role in shaping the nature of nursing. As distinct from contemporary medical ethics, religious ethics and norms have influenced the formation of the moral climate of the nursing practice environment (Fowler et al., 2012). By incorporating the issues of gender, nursing, and religion, this study seeks to elucidate how these elements provide us with a nuanced analytical framework to delineate the everyday lives of the Sisters of Charity at Charity Hospital.

In order to sketch the vivid realities inside the hospital, this study relies on a variety of historical resources, including unpublished reports of Charity

10) By the sixteen century, the meanings of nurse included “a person, but usually a woman who waits upon or tends to the sick (Reverby, 1987: 1-2). It was not until the eighteenth century that the meaning stopped specifying woman and indicated “the person who wait upon or tend a person who is sick. During the nineteenth century, new meanings were added to indicate the “training of those who tend to the sick and carrying out of such duties under direction of a physician”[italics mine] (Reverby, 1987: 4-6).
Hospital Board of Administrators and the Catholic Church Archdioceses of New Orleans Collection. In particular, special attention has been given to the Charity Hospital History Folder (EC) stored at the Daughters of Charity West Center Province Archives. This folder was recorded based on a collection of early correspondences written by the sisters. Thanks to its richness of descriptions and episodes, the Charity Hospital History Folder serves as a meaningful departure for weaving the untold stories of the patients and sisters/nurses inside the hospital. A careful examination of the early correspondences recorded by the Charity Hospital sisters compels us to pay closer attention to the microcosmic stories inside the hospital. In its overall structure, this study reflects the historical particularities of managing, nursing, and religious healing in a southern seaport hospital. Such microcosmic concentration on the local and the specific group of people--here, the Sisters of Charity--is a useful method of engaging a wide range of interests such as medicine, religion, and gender, which could lead us to a leap from particular to general, from micro to macro. This study, however, does not attempt to draw a general conclusion from the particular stories of the Sisters of Charity at Charity Hospital, but rather it aims to engage the particulars as a means of formulating useful questions and illustrating their application to a variety of sets of human experiences inside the hospital.

2. A World of Sickness: New Orleans’ Charity Hospital

The first step to understand the significance of the Catholic sisters-nurses’ roles as nurses, hospital managers, and religious workers would be to understand their workplace, Charity Hospital. A call to work in New
Orleans’ Charity Hospital in the 1830s meant a significant achievement for the Sisters of Charity, since it was one of the most highly regarded and selective hospitals of the time in the United States. Located in the “Queen city of the South,” Charity Hospital was the second oldest continuously operating public hospital in the United States until Hurricane Katrina struck in 2005, bearing the same name over the decades (the oldest remaining hospital—Bellevue Hospital in New York, opened only two months before Charity Hospital in 1736). Between 1736, when wealthy French merchant Jean Louis “bequeathed [to serve in perpetuity] to the founding of a hospital for the sick of the City of New Orleans...[in order] to secure the things necessary to succor the sick,” and 1939, the hospital building was built and rebuilt six time (“Last Will and Treatment of Jean Louis,” 1735; Reprinted in Salvaggio, 1992: 319-20). In response to the state’s and city’s desperate need to enlarge the public hospital space, the five hundred and forty-bed building of the fifth Charity Hospital was erected in 1832, and this was the site where the Sisters of Charity began working. Grandiose in size, as seen in Figure 2, the fifth Charity Hospital remained standing and in use to care for the urban poor for over one hundred years until it was demolished in 1939. The completion of this fifth Charity Hospital was a milestone not just in the history of Charity Hospital but also in the history of institutionalized medical care in the antebellum period. The relocation and construction of the fifth Charity Hospital forged a closer and indispensable connection to the medical profession and education. In 1834, the first medical college in the Southwest—the Medical College of Louisiana12)—was

11) When the Union troops seized the city, one author from Harper’s Weekly praised that “New Orleans, as every one knows, is the queen city of the South” (Harper’s Weekly, 10 May 1862).
12) The Medical College of Louisiana was founded in 1834, and later in 1847 became the
organized. The college primarily used Charity Hospital for teaching and clinical purposes. Later, New Orleans School of Medicine (1856-1870), and the Charity Hospital Medical College (1874-1877) also began using Charity Hospital as a teaching hospital (Salvaggio, 1992: 1-138). For the Sisters of Charity, therefore, working at Charity Hospital ultimately meant they were participating in the heart of New Orleans’ institutionalized medical care as “hospital managers” and “nurses.”

Figure 2, Charity Hospital, 1859

(Source: Ballou’s Pictorial Drawing-room Companion, 16 April 1859)

Located at the center of three overlapping areas of the Mississippi River, Atlantic Ocean, and Gulf Coast, Charity Hospital treated more than eighteen thousand patients in 1850 alone. The laboring poor, vagrants, the homeless, and foreign-born immigrants comprised the majority of the patients. The largest group of patients, comprising about forty percent of the total patients, was recorded as laborers, while boatmen and sailors...
comprised the next largest grouping. More than half of the patients were male. Even though by the late nineteenth century, the number of native patients reached that of immigrant patients the Charity Hospital, over 60 percent still remained foreign-born (Board of Administrator of Charity Hospital, 1850).

The extreme diversity within the hospital walls sometimes hindered communication. Italian sailor John Logo was admitted to Charity Hospital, but since no hospital staff members could understand him, he was treated based on body language and symptoms. No patient’s description of the symptoms was ever heard. Eventually, after vomiting overnight, his condition worsened and he died.\(^\text{13}^\) Even some of the hospital staff members were not communicative. Dr. John L. Riddell mentioned that medical student Mr. John Tesses, who was a druggist (presumed by Riddell), could not speak English (John L. Riddell Diary, vol. 17, 152-60). In November 1839, the faculty made a firm resolution that no one who did not understand English could present himself for a degree (Minutes of the Faculty of the Medical College of Louisiana, vol. 1, 19 November 1839).

In fact, a very marginal number of patients at Charity Hospital were natives. In her \textit{Retrospect of Western Travel} (1838), English visitor Harriet Martineau commented on “the generous charity of New Orleans” to its sick strangers. “When I visited the [Charity] hospital,” she wrote, “it contained two hundred and fifty patients, not about fifty of whom were Americans” (Martineau, 1838: 257). As Charity Hospital reported to the legislature in 1834, “[O]ur own citizens nursed and fed in the institution [Charity Hospital]

\(^{13}\) "Charity Hospital Report," \textit{New Orleans Medical News and Hospital Gazette} 4 (September 1857), pp. 385-6.
is as 49 to 6062.”  

According to the statistics taken in *Niles National Register*, over the twelve-year period from 1830 to 1842, the hospital admitted 56,393 patients, and “of this number, thirty-nine thousand seven hundred and twenty-two, or nearly three-fourths of the whole number of those admitted were foreigners!” Among foreign-born patients, approximately 49 percent were from Ireland, and the second largest patient group was from Germany, comprising approximately 13 percent. Only about 30 percent of the total number of patients were natives. Because of its variegated patient group of different national and cultural backgrounds on the same hospital ward, Charity Hospital was considered as “a sort of neutral ground, where a general ‘congress of nations’ has been held.” In describing the patients from “other countries,” the author of *Niles National Register* stated that these patients were “representatives from almost, if not quite, every nation under the savage as well as civilized.” He continued, “[H]ere, I have met the Hindoo [Hindu] and the Christian-the native of the sunny climate of Italy, and the denizen of the frozen regions of Russia—the simple sons of the Sandwich Islands, and the fiery Spaniards-men who have dwelt upon the Andes, and others who have roamed upon the plains of Palestine!” He then exclaimed how various patient stories were never shared because of language barriers: “[W]hat strange tales could these old walls tell, if the power of language were vouchsafed to bricks and mortar!...Ah! They could tell sad stories of the nameless ones who have gone from this world forever, “unwept, unhonored, and unsung.” Similarly, *Harper’s*
Weekly depicted the Charity Hospital sick ward as an international fair of all humanity, from the “blue-eyed, fair-browned Anglo-American to the tawny, sun-browned child of the Tropics, speaking every language from the liquid lapse of the vowely Italian tongue to the guttural harshness of the Celestial empire” (“The New Orleans Charity Hospital,” 1859: 569-70). To the visitors’ eyes, Charity Hospital was thus like an ethnographic showcase of human beings.

Offering medical treatments to a hospital patient group with diverse backgrounds also meant that more diverse types of diseases were treated at the hospital than in private practice. As a great seaport and trading market, New Orleans was also a starting point of severe outbreaks of epidemic diseases. A researcher in the nineteenth century lamented that New Orleans was manifestly the “most unhealthy city in the civilized world” (Simonds, 1851: 205). Dysentery, malaria, yellow fever, cholera, and scarlet fever weakened its population. Particularly, yellow fever caused the most dramatic mortality in New Orleans. Between 1837 and 1847, five epidemics killed over four thousand residents. The historic yellow epidemic of 1853 caused the city to have a 50 percent total mortality rate that year (Duffy, 1966: 7; Humphreys, 1992: 4). At Charity Hospital, approximately four hundred diseases were “mustered up” in the hospital catalogue. These covered a wide range of diseases—from a simple cold to “malignant vomit,” to an unknown disease whose “formidable investiture of unpronounceable names would test the lingual lubricity of an unfledged Oxonian,” and a deadly one whose “unimagined pangs [came] little short of the fabled torments of damned ghosts beyond the River Periphlegethon [Pyriphlegethon] in
Aside from a small number of chronic cases, most patients admitted to the hospital suffered from acute problems, such as injuries resulting from accidents, sudden alarming illnesses, or infectious diseases. Since many of the patients sought admission to the hospital in their last stage of sickness, approximately 15 percent of admitted patients were reported to have died during treatment in the hospital. These hospital patients consisted of—as physicians called them—the “large, floating, and dependent population” in society (Board of Administrator of Charity Hospital, 1850).

In fact, to the sisters, Charity Hospital looked like the world’s fair of people and diseases from the whole world. In a world full of sickness and death, hospital nursing and management had socio-cultural and religious meanings. Suffering from pain and diseases was viewed as both punishment (Old Testament) and redemption (New Testament). The assumed loathsomeness of the tasks and dissolution of the patients allegedly challenged the sisters to higher levels of patience and endurance in caring and nurturing the sick. Nursing the sick placed the sisters in a unique situation that blended the worldly and the divine, as they inextricably incorporated medicine with religion. At Charity Hospital, nursing thus became integral to self-identity of the Sisters of Charity.

3. Nursing as a Broad Set of Tasks

When Mother Elizabeth Seton founded the Sisters of Charity in Emmitsburg, Maryland, she doubted the necessity for cloistered nuns in

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17) Pyriphlegethon is a Greek god of the underworld river of fire and Orcus refers to an underworld god in Roman mythology.
the United States, “[T]his is not a country my dear,” she wrote Sister Cecilia O’Conway, “for Solitude and Silence, but of warfare and crucifixion” (McGuinness, 2013: 30). Her emphasis on actual participation in “warfare and crucifixion” was well embodied in her followers’ immediate response to a call to build a religious order from a remote place, like New Orleans.

Daughter of the first chief health officer of the Port of New York, Dr. Richard Bayley (1745-1801), 18) Mother Seton seemed to be keenly aware of the immediate need to nurse the sick in the United States (Doyle, 1929b: 778-9). In 1823, the Sisters of Charity thus began taking care of the Baltimore Infirmary (forerunner of the University of Maryland Hospital) in Baltimore, Maryland, which was considered the first hospital managed by the Sisters of Charity (Doyle, 1929a: 780-1). At the request of Archbishop Joseph Rosati, Mullanphy Hospital in St. Louis (1828) was founded as the first Catholic hospital in the United States. It was fully staffed and managed by the Sisters of Charity, and funded by John Mullanphy (Doyle, 1929a: 782). Between 1828 and 1860, the Sisters of Charity established eighteen hospitals in eleven states (including the District of Columbia), which consisted of more than half of the Catholic hospitals during the antebellum period (Wall, 2005: 18). Impressed with the “high reputation for humanity and devotion” to the patients offered by the Sisters of Charity in other hospitals, the trustees of Charity Hospital in New Orleans requested that the Sisters of Charity entirely manage the “interior economy of the institute [Charity Hospital],” including nursing through house managing (EC, 1829-1916: 3-4).

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18) Dr. Richard Bayley (1745-1801) was a British Army surgeon during the War of Independence, afterwards, worked as Columbia College professor of Anatomy and Surgery, and the first Health Officer of the Port of New York. He died from yellow fever while working in charge of a quarantine station in New York (Allen, 1832: 85-6; Randolph, 1908).
Before the Sisters of Charity arrived and began working at Charity Hospital in 1834, Sister Regina Smith and other sisters had moved to New Orleans in order to build a religious community in 1829 at the request of Madame St. Mark. Madame St. Mark and the sisters, however, continued to regard each other with uneasiness. The sisters thus left her house and moved to a community of Ursuline.19) Sister Regina Smith and nine other sisters served at Poydras Orphan Asylum until they began their work at Charity Hospital in January 1834 (EC, 1829-1916: 2-4). Ten sisters began their work at Charity Hospital in 1834, and, by 1844, the number of sisters had increased more than twofold, up to twenty-four (EC, 1829-1916: 30-3).

On May 6, 1833, the Board of Administrators sent a letter to the Superioress at Emmitsburg, instructing her to hire sisters for the management of the whole hospital. While they enclosed the last year’s annual report made to the Louisiana State Legislature in order to indicate the future remuneration, they specified the dual tasks that they expected from the sisters, that is, nursing and domestic house managing:

> [I]n the accounts of disbursement annexed, in which you [sisters] will see charged $1719.21 for nurses, attendants, and servants, these consist entirely of nurses who are in no respect calculated to administer those kind attention to the sick for which those of your Institute [Sisters of Charity of St. Joseph] are so conspicuous. It is to supersede these nurses and take under your immediate

19) Ursuline nuns—not the Sisters of Charity—was the first religious order in New Orleans, who took care of the sick. In New Orleans, the marked increase in the local population during the early eighteenth century also accompanied an increase in the number of physicians and surgeons. Before the first Charity Hospital was established in 1736, the French colony had military hospitals in Mobile and Biloxi at Fort Saint Louis. In 1727, seven Ursuline nuns with four servants arrived in New Orleans and worked with military physicians before the first Charity Hospital was set up. After the Charity Hospital was established in 1736, they worked there until 1770 (Savaggio, 1992: 6-7; O’Conner, 1948: 13).
management the household concerns of the hospital that we are desirous to employ the Sisters... P.S. It will be observed that the Institution [Charity Hospital] owns a number of slaves to do the menial work, none of which will be required to be performed by the Ladies [sisters] (EC, 1829-1916: 3-4) [italics mine].

The Board of Charity Hospital sought a new group of nurses to replace “these nurses” comprising “nurses, attendants, and servants.” As described in the letter, the concept of “nurse” was vague in the antebellum period. The line between nursing and domestic service could hardly be drawn and nurses were poorly paid considering their duties. Many of them—not all of them—were chosen from among the convalescent patients, who were neither trained nor literally “sick” but still needed “attention and good nourishment” before they would be ready to go back to the workplace outside of the hospital. While working at the hospital, they still received medical attention. Therefore, even though they were in the position of caring for other patients, they could never escape their hospital inmate status. In this sense, the antebellum hospital nurses were simultaneously givers and receivers of care. The hospital’s standard of choosing nurses from among the patients—those who were “not sick but in need of attention and good nourishment”—revealed a muddy line between illness and wellness. It was evident that they were at risk of falling victim to diseases—especially infectious diseases—that prevailed in their daily routines at the hospital. As they lived on the border of sickness and recovery, in many cases, they became easy victims of the sicknesses transmitted from the patients. During the cholera epidemics of 1837 and 1838, three nurses at Charity Hospital died in one day (EC, 1829-1916: 13-4, 21).

In accordance with the board’s request, during the 1830s and 1840s the
sisters-nurses, as managers of the hospital, clarified a set of regulations managing the nurses. Three sisters were in charge of one floor, which gave each about four wards to watch (EC, 1829-1916: 21). Any male nurse serving for three months was paid $30, but if he continued working for a longer time, he only received clothes, board, and medical attention. This rule applied only to the male nurses. The female nurses were always paid (EC, 1829-1916: 13-4, 21). In the male wards, there were male nurses, passage-men, and mass-men. In each ward, there was one nurse, and on each floor, there were three passage-men, who cleaned the passage (hallways), stairs, bathrooms, and closets. Mass-men were in charge of the mass rooms. These nurses, passage-men, and mass-men were all in charge of meal delivery from the kitchen, while female nurses never entered the kitchen for meal delivery (EC, 1829-1916: 21-2).

In fulfilling their tasks at the hospital, the hospital physicians and Catholic nurses’ interactions were carefully limited to avoid disturbing their fixed but separate roles. The physicians were treating the patients, while the Catholic nurses were caring them. A newspaper editor recognized the separate roles and tasks undertaken by the physicians and sisters in the ward: “[P]hysicians of the first standing practice in it gratuitously to the patient, Sisters of Charity are ever around the bedside of the sick, waiting upon them and administering to them food and medicine.” 20)

The physicians’ sense of professional self was also never interrupted by the Catholic sisters. Even though the Board of Trustees hardly mentioned the Sisters of Charity in their reports to the state legislature, once, in the Charity Hospital Report of 1852, the Board of Trustees expressed their great

20) Mississippian (Jackson, MS), 31 August 1849.
satisfaction with the work done by the Sisters of Charity:

To the Sisters of Charity, officiating in the [Charity] Hospital, are also especially due, our grateful acknowledgement. Their devotion to the cause of the sick and suffering if already well known, but when carried, as it has been in their present service, even into the jaws of death and self-sacrifice, we cannot but feel that this world is too poor to meet out to them their just reward (Board of Administrator of Charity Hospital, 1852: 4).

The presence of the Catholic sister-nurses ended up transforming the structure of the building. In addition to establishing themselves as an independent body of caregivers, Catholic sisters-nurses desired to set up their own physical space, that is, a separate, private space for themselves in the public space, the hospital. During the nineteenth century, hospital nurses and attendants were usually expected to stay at the hospital, usually at the corner of the hospital in attic garrets or in small rooms of the wards (Reverby, 1987: 29). Similar to other nurses, when they started to work at Charity Hospital, the sisters’ residence was located between the surgical and fever wards (EC, 1829-1916: 12). Even though they did not share the same physical space and conditions with the patients, they were always exposed to sickness. Many of the sisters died of diseases transmitted from the patients, or from exhaustion from being overworked. Their constant exposure to sickness was quite different from physicians’ or medical students’ encounters with diseases, because the physicians and medical students could escape from the sick patients. When typhoid fever spread through Charity Hospital in 1851, medical student Jeptha McKinney wrote to his wife, Adeliza, that his medical professors advised their charges not to go to the hospital (“Jeptha McKinney to Adeliza McKinney,” 1852).
During the early years of their work at Charity Hospital in 1834 and 35, five of the sisters died from diseases and overwork, while seven deserted “the standard of the God Master.” When the cholera and yellow fever epidemics hit New Orleans during 1837 and 1838, all of the sisters caught the fever, even though they were not sick at the same time. Between 1842 and 1848, five of the sisters died from “ship-fever” and a prolonged watch over the patients. In the sickly season of 1847, Charity Hospital housed almost eight hundred patients, which was almost double the average capacity. In response to the overflow of patients, the sisters transformed some of their sleeping quarters and dining halls into wards for the sick.  

In 1848, both the sisters and trustees of Charity Hospital recognized the problems of the sisters’ declining health and exhaustion, and agreed to separate the sisters’ residence from the hospital wards. By 1849, the sisters had their own dwelling house, adjacent to the hospital wards, but in a private, separate building. One sister wrote in her journal, “[W]hat a relief it must have been to leave the hospital where they had to be so constantly on their guard at all times, even when together in their own room, because they were surrounded by the sick” (EC, 1829-1916: 19, 26-28).

Ever since Mother Elizabeth Seton had laid the groundwork for women who would ultimately be the primary healthcare deliverers, her followers at Charity Hospital reconstructed the hospital as a place of sympathy and care.

21) “Health of the City,” New Orleans Medical and Surgical Journal 4 (July 1847), pp. 133-4
22) The original Charity Hospital was a three-story building. On the first floor, there were a kitchen, pantry, store-room, medical students’ dining room, the sisters’ refectory, drug store, two mass rooms, and two students’ rooms with eleven wards (including surgical wards and colored wards). On the second floor, the infirmary, community room, chapel, and three mass rooms, with twelve wards (including medical wards and ophthalmological wards) were placed. The clothes room, dormitories, and three mass rooms with twelve wards (including medical and two colored wards) were on the third floor (EC, 1829-1916: 11-2).
By working divinely in the mostly worldly place, they established their own exclusive area of caring and “separate, personal, and private” space inside the public hospital. Historian Annemarie Adams (2008) has argued that setting up a separate residing shelter for the nurses was an effort to make the public space more likely a home-like environment, where the notion of gender was applied. In sum, the Catholic sisters brought a gendered dimension to the hospital, by not only acting as mother- and wife-like caregivers in nurturing the sick, but also managing the entire hospital.

4. Mothers in Charge of the House

Before the sisters-nurses took on their jobs as “managers” at Charity Hospital, the hospital was under the immediate direction of the house physician, who was in charge of administering three matrons, a porter with sixteen slaves, and a steward. Each of three matrons was taking care of the housekeeping, kitchen, and bedding in the wards respectively. A porter governed the slaves who did all of the menial work such as washing, cleaning, and carrying and burying the dead bodies, and a steward was in charge of purchasing and carrying all of the necessary supplies (EC, 1829-1916: 2, 6-7). After the sisters came to Charity Hospital, they technically took over the administrative duties of the house physician, matrons, and a steward. By performing a wide range of the duties, the sisters managed approximately 35 to 40 percent of the hospital expenditures (Board of Administrator of Charity Hospital, 1844-45). Their most important task was planning the diets of those who resided in the hospital, including patients, physicians, medical students, slaves, and servants (EC, 1829-1916: 7). They were in charge of all of the administrative responsibilities for the
male and female slaves. They also hired the necessary men to any manual labor (carrying coals and water, cutting wood, moving the sick acting as porter). Moreover, they managed the hospital properties and finances, supervised the wards, kept records on the patients admitted, created the monthly reports on the expenditures for the administrator, and checked the cleanliness of the kitchen, laundry, and pantry. They ensured that the utensils in the wards were properly cleansed at 4 am, and that the wards were sprayed with “lavender of incense” in the afternoon. During the daytime they checked the daily food rations and the register of the prescriptions against the number of patients, and tasted the foods to see that they were well seasoned. They were also in charge of keeping the lights in the wards burning throughout the night (“First Agreement Made with the Sisters, May, 1833”; EC, 1829-1916: 6-8). By seizing unusual administrative authorities, the Catholic sisters did not remain in the handmaiden image of hospital nurses; rather, they sought to invest in their existence through the neat management of the hospital, like the plantation mistresses of the Old South.23)

The sisters-nurses worked approximately sixteen hours a day from 4:30 am to 8:30 pm. (EC, 1829-1916: 7-8). The hospital’s call system was that of a bell. One stroke summoned Sister Regina Smith (the head of the all sisters working at Charity), three were used if only one slave “carrier” (one who carried a patient when he or she could not walk) was wanted, and six were

23) Historian David Goldfield has pointed out that antebellum southern cities were “urban plantations,” since southern cities’ fates in regard to prosperity were closely linked to agricultural rhymes and commerce, and a plantation mentality was pervasive among the city residents (Goldfield, 1982: 32-4). For domestic care-giving by southern women and southern plantation mistresses, see the followings: McMillan, 1990: ch, 7-8; Clinton, 1982: ch,8; Fox-Genovese, 1988: ch,3; Kenney, 2009.
used if two were needed. At 8 pm, the bell struck nine times as a signal for the slaves and attendants to rest, and by 8:30 pm, the hospital turned to a place of “peace and silence.” The sisters were given the power to establish such rules as they found necessary “to preserve good order, regularity and cleanliness” (EC, 1829-1916: 6-7).

Their assignments as “managers of the hospital economy” were heavy, and, thus, covered a wide range of work (EC, 1829-1916: 18). What the hospital board paid to the sisters for compensations was the expenditure of twenty pieces of clothes, which cost approximately $45 to $80 each (Board of Administrator of Charity Hospital, 1844-45). The sisters occasionally complained about their heavy workload, including the night watch, and even the head sister, Sister Regina acknowledged her heavy charge of duties. However, they attempted to ease the burden by forging strong bonds with other sisters: “It [Sister Regina’s heavy charge] was rendered much lighter by the kind and affectionate reception. Her beloved Sisters of Charity had spoiled her; she could never “get weaned as easily as she thought” (Smith, 1855).

Catholic sisters did more than just ensure order and efficiency within the hospital walls, and brought about the orderly and efficient management of the hospital. When Dr. Warren Stone was attending a patient outside the hospital, he found that his prescriptions were aggravating the condition of his desperate middle-class patient, instead of alleviating her. He thus

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24) There were some unexpected expenses for the sisters-nurses, such as travel expenses (Board of Administrator of Charity Hospital, 1844-5).
25) Vermont physician Dr. Warren Stone arrived at New Orleans in 1833 and became assistant house surgeon at Charity Hospital. He was one of the three founders of the Medical College of Louisiana along with Dr. Thomas Hunt from South Carolina, and Dr. John Harrison from Maryland (Duffy, 1962: 239-40).
recommended she go to Charity Hospital, saying, “It is all nonsense; go to Charity Hospital; look at the Sisters and there you will see true religion.”

Her husband, who was a physician, secretly visited the hospital for three weeks, in order to see the sisters’ religion and judge for himself. When he came across a sister in the hallway, he stated the followings:

Madam, do tell me what strategy you make use of to keep such order and quiet in this place where confusion and noise would seem so natural. I have been trying these three weeks past to find out what means your employ but have not as yet succeeded. I hear none of that boisterous and unruly language as common among men and indeed I scarcely heard sufficient moaning to convince me that these were any great sufferings in the wards although I know there is the most intense (EC, 1829-1916: 9).

Touched by the orderliness of the hospital and the appeasement of the patients’ suffering, this physician and his family were converted to the “true faith,” Catholicism. According to his narrative, the sisters were envisioned as women of “pure and disinterested zeal and piety” (EC, 1829-1916: 10), as he presumably imagined the sisters as pious and strict, but compassionate “mother” or “wife” in his cozy home.

Like mothers with their children, the sisters developed bonds with the other hospital staff members, particularly, the most marginalized group as well as the hospital’s property, the slaves. During the epidemics of 1848, Sister Cleophas Ott became a victim while staying in the hospital to watch the patients all night. When her corpse was transferred from the sisters’ temporary dwelling house to the hospital, a sister recalled that, the slave carriers carried the body, “weeping like children all the way and saying they had lost their Mother, and indeed, they had, for she was truly a mother.
The sisters-nurses’ paid shepherd-like attention to their wandering sheep-like patients and even their families. The sister-nurses and Catholic decrees acted as messengers by which to connect and reconnect the patients with their families, particularly those overseas. In September 1853, John Browne from Strabane, Ireland sent a letter to the Archbishop of New Orleans to verify a message that his brother, William Browne, had been burned to death “by a spark of fire falling into a wine butt.” William Browne left Ireland three years prior for New York and then moved to New Orleans. Working as a hotelkeeper, he had promised to send his parents $100. John Browne wanted to know whether his brother was dead, whether he had had the “consolation of religion,” and whether he had left anything in cash. The Archbishop replied to John’s father, Reverend William Browne, indicating that his son had died at the age of 25 at Charity Hospital on June 16 of a burn and that nothing was left (Browne, 1853). Considering the Browne’s episode, the patients and their families in terms of their private lives felt closer to the sisters and the Catholic authorities than the hospital physicians or trustees.

As described above, the Sisters of Charity were put in complete charge of a hospital by seizing the departments of nursing, housekeeping, dietary, laundry, and property management. As Daniel Hannefin has pointed out, the heavy workload given to the sisters at Charity Hospital was not seen in other hospitals (1989: 54). Moreover, approaching their personal and private lives beyond the hospital wards meant another dimension of relations directly mediated and experienced by the patients. For the Catholic sisters-nurses, nursing and hospital managing were more than treating ill people or keep everything in order. They were about nourishment, problem
solving and easing a patient’s experience of suffering. This attitude toward bodily pain was deepened by their religious ties.

5. Hospital as a Sacred Space

While nursing and hospital management dealt with the issues of the real world, such as “recovering the sick and unsound body” and “keeping the sick wards well-organized,” both were also concerned with spiritual health and revival. By incorporating religion into nursing, the Catholic sisters-nurses reconstructed the hospital as a site for recovering religious pleasure, and reconfiguring and empowering their own self-identities. In addition to the sisters’ struggle to establish their own exclusively “personal and private” space inside the public hospital wards, these sisters-nurses as “vowed women” also wanted to set up their own religious ground for saving souls and understood the Catholic ways of healing sick bodies.

While the sisters took on the female role of “caring mothers and wives in the middle-class homes” and capable “nurses” in the secular world, their gendered roles had to be retreated, concealed, or denied by their religious identities. Due their religious vows to God, the sisters’ gender identities became porous and unclear. While they were biologically women, but they had to give up “being [a] woman,” both religiously and socially. Their abandoned sexuality was ostentatiously presented to the community through their wearing of the dark blue-and-white habit.

As seen in Figure 3, the Catholic sisters’ habit, or “the ensemble of clothing and accessories that make up religious dress”26 is one of the most widely

26) Habit usually includes the main robelike tunic or dress that covers the body, veil (a long cloth won on the top of the head), “coif” or “cornette” (close-fitting cloth headpiece),
The habits of the Sisters of Charity changed over time. The outfit of the habits (white crimped cap in the beginning and a black bonnet in the later periods) was changed to a dark blue habit with a white collar and cornette when the Sisters of Charity became affiliated with the Mother House of the Daughters of Charity in Paris in 1850 (Kuhn, 2003: 171, 179; Ohio Sisters of Charity of Cincinnati, 1909, 2006: 41-48; Power-Waters, 2000: 156). This habit was both incongruous and conspicuous, providing a strong visual impact. The distinctive habit served as a dramatic announcement to both the wearers and the community. Wearing the habit was a “sign of consecration and a witness to poverty” (Beal, 2000: 837-8). Through this simple dress, the Catholic sisters were recognized as women who had decided to commit their whole life fully to God. At the same time, because it covered the whole body silhouette and hair, it was

27 In the 1983 Code of Cannon Law, there is a specific section concerning the religious habit: "Religious are to wear the habit of the institute, made according to the norm of proper law, as a sign of their consecration and as a witness of poverty" ("The Obligations and Rights of Institutes and Their Members, Can 669, Section 1, in Code Canon Law, 1983.

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Recognizable religious symbols. The habits of the Sisters of Charity changed over time. The outfit of the habits (white crimped cap in the beginning and a black bonnet in the later periods) was changed to a dark blue habit with a white collar and cornette when the Sisters of Charity became affiliated with the Mother House of the Daughters of Charity in Paris in 1850 (Kuhn, 2003: 171, 179; Ohio Sisters of Charity of Cincinnati, 1909, 2006: 41-48; Power-Waters, 2000: 156). This habit was both incongruous and conspicuous, providing a strong visual impact. The distinctive habit served as a dramatic announcement to both the wearers and the community. Wearing the habit was a “sign of consecration and a witness to poverty” (Beal, 2000: 837-8). Through this simple dress, the Catholic sisters were recognized as women who had decided to commit their whole life fully to God. At the same time, because it covered the whole body silhouette and hair, it was

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a kind of armor or protection-more likely denial-from such evils as bodily illness and death as well as spiritual and physical impurity (e.g., sexuality). The Catholic sisters’ self-representation in the dark blue-and-white habits could be seen as a pious emblem of crossing the boundary between life (white) and death (dark blue), like a boundary represented by the destinies of the hospital patients.

In a practical sense, such “unsound poorly organized and disposed, and limited functioning” patients provided the Catholic sisters with a group who needed them to save their souls as well as heal their bodies. More importantly, epidemic diseases like yellow fever and cholera also provided a rich soil within which the sisters could help the deprived sinners realize their sins through their sickness and return to their Godly Father. One middle-class man reminisced on his hospital experience after he contracted yellow fever, and spoke of a memory of presumably Sister Mary Rose Feehan who was devoted to the care of sick patients. After observing her devotion, he confessed that he felt a “great love and respect for the religion which procured such tender care for the suffering” (EC, 1829-1916: 11). The Charity Hospital sisters were delighted that there were many remarkable conversions in the time of the cholera epidemics of 1837-1838, even though all of the sisters suffered from the fever (EC, 1829-1916: 10). In a conversion with “a man obstinate in his sins,” who was about to die, a Jesuit priest asked Sister Regina to send a sister to the chapel to pray for the “conversion of a poor man, who was very low.” Sister Ann Joseph Gallagher was sent to the chapel, and she knelt before the cross to pray. In a couple of minutes, this patient became “bathed in tears of contrition” and converted. The sisters thus prided themselves by quoting the priest’s words, “[T]here [is] a saint in this house [hospital]” (EC, 1829-1916: 10).
The sisters themselves witnessed the God’s miracles while working at the hospital, Sister Ludovia Durham suffered from yellow fever in 1843. Even though almost every physician in New Orleans as well as all the physicians at Charity Hospital saw her and tried to save her life, their final words were, “[T]here is but one hope left and that is in the power of God.” After black vomit collected in large lumps in the back of her neck, she recovered. Her recovery was called as a “miracle alone” and a holy response to the sisters’ fervent prayers (EC, 1829-1916: 13). In addition to physical healing, the sisters thought they witnessed Christian saints sent by God in order to strengthen their faith. One sister, who finished her first scrubbing and found out the need of the second scrubbing because some spilled greases, heard a very mild voice, saying “[S]ister, you do not know for whom you are working.” There, she recognized a young man looking “apparently weak.” He walked away, and the sister followed him quickly in vain. This sister thought she had seen Saint Joseph who had been sent by God in order to restore her weak faith (EC, 1829-1916: 14).

The Catholic sisters-nurses boasted that their religious faith was the “true religion.” Their religious pride in the “true faith” was evident in their conflicts with the Protestant churches. On every occasion of conflicts with the Protestant ministers and believers, the sisters expressed uncomfortable feelings toward them. As mentioned earlier, sicknesses led many people to convert to Catholicism. Interestingly, many of the recorded conversions in the Charity Hospital sisters’ letters to their superior in Emmitsburg included criticisms of Protestant methods of conversion or competition with Protestant ministers over saving souls and preparing for a “good death.”

The sister nurses’ role in the hospital was crucial in the context of dying paradigm of the mid-nineteenth century. Michael J. Steiner (2003)
has examined how death in the nineteenth century was visualized and materialized through the episodes of photographed postmortem and expansive caskets, mostly metal caskets. Fascination with death continued throughout the nineteenth century. Victorian Americans preserved the memory of the dead children in photograph albums. Epidemics changed the meanings of death. Due to frequent possibilities of unexpected death during the sickly seasons, death was segregated by “good and bad death.” Unlike rural cemeteries, urban cemeteries were not envisioned as good death or comfort (Steiner, 2003: ch.3). Similarly, hospital patients’ bodies became materialized in the lecture room and amphitheater. Even after death, their bodies became more materialized on the shelves of the museum; cheap wooden caskets were delivered to the hospitals to carry the corpse to the graveyard while the middle class used a glass coffin to preserve and memorialize the beloved one. Death in the hospital was not definitely a “good death.”

Without the material resources or emotional support, a hospital patient needed to prepare for a “good death” at least spiritually. Nineteenth-century Americans believed dying was an art, and the “good death” was also a goal for all men to achieve by surrendering one’s soul to God and leaving the last words before dying (Faust, 2001). As the attendants of the hospital wards, the sisters filled a vital role in preparing the patients for a “good death.” An interesting episode of a girl well shows what the sisters performed in order to lead their patients into “good death.” One young girl who had never professed any religion was brought to the hospital and “unfortunately” assigned to a bed between two “very bitter” Protestants. Their minister was brought to her, and she was baptized by him. However, she did not speak of her fears or agonies to the Protestant ladies next to
her in the ward. Finally, she called a sister and said that she was scared of dying and that she thought she was not in a proper state to die. The sister asked this girl if she wished to become a Catholic, but she could not answer due to being “in the stupor of death.” The girl died at last. She was baptized again right after her death, because the sister who talked to the girl “knew” the girl’s “desire to die in our [Catholic] Holy Faith” (EC, 1829-1916: 24-5).

Another conflict with the Protestant ministers concerned the usage of a place in the hospitals. Within the fourth Charity Hospital, a chapel had become part of the hospital’s structure. As John J. Castellanos has recalled, the inclusion of the chapel was historically significant because philanthropists’ efforts to cure destitute patients had become connected with divine, “god-inspired work.” In addition, the presence of the chapel later provided a contested ground between soul and body, conversion and therapeutic treatments, and Protestantism and Catholicism, ever since the Sisters of Charity assumed administrative control of the hospital (Castellanos, 1897a: 28-30, 50; 1897b: 63-5). The sisters-nurses were pleased to have the privilege of having a chapel in the hospital from the very first day, saying, “[I]t was a happy day for the poor, when the Hospital was placed under Catholic influence; so great was the number brought to the true Faith; or reclaimed from a life of sin” (EC, 1829-1916: 15). In fact, as the hospital chaplain made twice daily visits to the wards and the Sisters of Charity took care of the hospital, sometimes seven or eight patients a day converted to Catholicism (EC, 1829-1916: 23-4).

When the Protestant ministers wished to use the chapel to hold their Sunday meetings, the sisters felt it “necessary to refuse giving it” because they thought the chapel was not intended for their own private use. Therefore,
the ministers would occupy the parlor and hold services. However, soon, this area had to be changed into a ward, as room for the sick was so much needed, and the Board of Managers permitted the amphitheater to be used for Sunday services. The opening of service was too successful, but very soon, failed to attract patients. The sisters sarcastically mentioned that the minister “found himself almost alone” (EC, 1829-1916: 16-7).

The sisters did not allow Protestant tracts or pamphlets to be circulated in the wards. At Charity Hospital, one of the principle enticements held out by the professors of the Protestant religion was considered “papers more or less immoral” by the sisters. From the sisters’ point of view, the distribution of such readings among the patients was the “first evil” with which the sisters had to contend. Accordingly, just as soon as they were received, the papers were burned by the sisters. As a sister recorded, after that, “[T]he poor minister, finding that this kind of expense made no converts, withdrew them for a time, but renewed his efforts to circulate them, without any better success, we trust” (EC, 1829-1916: 16).

By eschewing female dependence and sexuality, the sisters embraced both nursing and hospital management as their Divinely-ordained missions. The sisters showed firm determination to fight for what they believed as the core of their religious life. By waging their own war on Protestant influences on the patients, the sisters did their best to build their own sacred place in caring for sick bodies and saving souls. As evidenced by the Harper’s Weekly visitors’ comment, they witnessed at Charity Hospital the “Catholic spirit of the institution” (“The New Orleans Charity Hospital,” 1859: 570).
6. Conclusion

This study explored how the Sisters of Charity changed the atmosphere at New Orleans’ Charity Hospital by working as nurses and hospital managers. By using a microcosmic approach, this study examined the details of where they worked, what they performed and achieved, and how they acted in the fields of nursing, hospital management, and Catholicism. Located in the heart of the South, Charity Hospital provided the sisters with ample experiences in a world of sickness. The visitors to the Charity Hospital mentioned the “thrillingly interesting” scenes of compartmentalized medical and surgical wards, large kitchen, libraries, and amphitheater. Along with the images of institutionalized modernization, they were witnessing and hearing a variety of “suffering and distress” clustered in a single space, the sick ward of the hospital. Obviously those scenes and sounds were seen as a hell-like crisis—a rupture that would never be healed at once or with any conventional ways of treatment (“The New Orleans Charity Hospital,” 1859: 569-70). A call to work at Charity Hospital provided the sisters with a chance to respond to a solemn, secular calling to act upon God’s will to nurse the sick. Nursing at Charity Hospital placed these vowed women in conditions that linked the power of secular medicine and spiritual salvation.

Without acknowledging nineteenth-century notion of nursing, it is hard to understand the Sisters of Charity as well as their everyday lives and roles as nurses and hospital managers at Charity Hospital. Florence Nightingale—founder of the modern nursing profession—mentioned in the preface of her pioneering book, Notes on Nursing that her book was intended to “simply give hints for thought to women who have personal charge of the health of others” [italics mine] (Skretkowicz, 2010: 49). Nightingale’s understanding
of nursing has opened up two significant issues in the history of nursing: gender and profession. On the issue of gender, as Nightingale took for granted in her \textit{Notes on Nursing}, the history of nursing has been considered “an episode in the history of woman” (Robinson, 1946, vii; Donahue, 2011: 4). Even though the connotations of the word nurse have changed over the course of history, its roots and meanings have been consistently gendered. Women were considered “born-to-be” nurses throughout the course of history, and as such, nursing actually predates modern medicine. Nursing has thus been called the “oldest of the arts and the youngest of the modern professions” (Donahue, 2011:4).

Even before a whole new system of professional nursing introduced, Catholic sisters had worked in the public sphere as hospital managers and nurses. At Charity Hospital, the sisters not only nursed but also seized unusual administrative authorities. The sisters responded to the suffering of the hospital patients in a multitude of ways. By being actively involved in the hospital management, the Catholic sisters-nurses reconstructed the boundaries of nursing and hospital management as separate professions that sometimes stood up to other medical practitioners. Behind the established rules and rituals applied to the sister-nurses, daily life in the hospital, as in any workplace, was constantly being shaped and reshaped by the sisters-nurses’ own understandings of their rights and obligations as hospital workers. Within the diffuse culture of the hospital, they were able to create an authority of their own. They structured much of daily life in the hospital based on their highly developed sense of caring. They struggled for autonomy to ensure their right to provide what they perceived to be appropriate care. Inside this particular hospital setting, the sisters-nurses built up their own infrastructure of credibility from the wards in their strong
bonds with their patients and the other hospital staff members (including the slaves). Through their efforts, both hospital management and nursing at Charity Hospital were reinvented through religion and increasingly became a quasi-associate-profession to medicine. Management and nursing founded upon religion were not just projections of middle-class ladyhood or southern mistresshood onto hospital nursing. Rather, they embodied the combined spirits of femininity as defined by Victorian society, and religiosity as defined by Catholicism.

The Sisters of Charity, as “vowed women,” also wanted to set up their own religious ground for saving souls and they understood the Catholic ways of healing sick bodies. What made the Sisters of Charity and their nursing distinct from those in other hospitals was their value-driven approach to sickness and healing by pledging to use exceptional care to “reveal the healing presence of God.” As sister-nurses professed public vows of poverty, chastity, and obedience, to the Catholic sisters, being a nurse was about being a “God-like” caregiver as well as a humble servant of God with independent duties, skills and responsibilities. Their religious identities represented as Catholicism led to a new type of segregation, one based not on skin color, class or gender, but on conversion to the “true faith”/Catholicism, or “untrue faith”/Protestantism. From this perspective, to the Catholic sisters-nurses, the hospital setting was not just a physical location, but also a way of understanding the world around them, asking to a mirror used to construct and reflect themselves.

**Keywords:** Sisters of Charity of St. Joseph, Daughters of Charity of St. Vincent De Paul, Charity Hospital, New Orleans (Louisiana),
Elizabeth Seton, nursing, gender, religion, Catholicism, history of medicine, the American South

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“If I Only Touch Her Cloak”:
The Sisters of Charity of St. Joseph in New Orleans’ Charity Hospital,
1834-1860

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This study is about the Sisters of Charity of St. Joseph in New Orleans’ Charity Hospital during the years between 1834 and 1860. The Sisters of Charity of St. Joseph was founded in 1809 by Saint Elizabeth Ann Bailey Seton (first native-born North American canonized in 1975) in Emmitsburg, Maryland. Seton’s Sisters of Charity was the first community for religious women to be established in the United States and was later incorporated with the French Daughters of Charity of St. Vincent de Paul in 1850. A call to work in New Orleans’ Charity Hospital in the 1830s meant a significant achievement for the Sisters of Charity, since it was the second oldest continuously operating public hospitals in the United States until 2005, bearing the same name over the decades, In 1834, Sister Regina

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Smith and other sisters were officially called to Charity Hospital, in order to supersede the existing “nurses, attendants, and servants,” and take a complete charge of the internal management of Charity Hospital. The existing scholarship on the history of hospitals and Catholic nursing has not integrated the concrete stories of the Sisters of Charity into the broader histories of institutionalized medicine, gender, and religion. Along with a variety of primary sources, this study primarily relies on the Charity Hospital History Folder stored at the Daughters of Charity West Center Province Archives. Located in the “Queen city of the South,” Charity Hospital was the center of the southern medical profession and the world’s fair of people and diseases. Charity Hospital provided the sisters with a unique situation that religion and medicine became intertwined. The Sisters, as nurses, constructed a new atmosphere of caring for patients and even their families inside and outside the hospital, and built their own separate space within the hospital walls. As hospital managers, the Sisters of Charity were put in complete charge of the hospital, which was never seen in other hospitals. By wearing a distinctive religious garment, they eschewed female dependence and sexuality. As medical and religious attendants at the sick wards, the sisters played a vital role in preparing the patients for a “good death” as well as spiritual wellness. By waging their own war on the Protestant influences, the sisters did their best to build their own sacred place in caring for sick bodies and saving souls. Through the research on the Sisters of Charity at Charity Hospital, this study ultimately sheds light on the ways in which a nineteenth-century southern hospital functioned as a unique environment for the recovery of wellness of the body and soul, shaped and envisioned by the Catholic sister-nurses’ gender and religious identities.
Keywords: Sisters of Charity of St. Joseph, Daughters of Charity of St. Vincent De Paul, Charity Hospital, New Orleans (Louisiana), Elizabeth Seton, nursing, gender, religion, Catholicism, history of medicine, the American South