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# The Catholic Hospital— Its Yesterdays and Its Tomorrows

JOSEPH M. FOLEY, M.D., Sc.D.

Long before Christianity there were hospitals, and they were intimately associated with religious belief and observance. Four thousand years before Christ there were set aside in or near the temples of Saturn places where the sick were carried and where there were cared for, probably by the priests of the temple. There is some evidence that these were the earliest medical schools, for the younger priests and others acted in the care of the sick under the supervision of their elders.

There is no mention of hospitals in the New Testament, and in the Christian era they were a late arrival. It was not until three hundred years after the birth of Christ that in the Byzantine Empire hospitals appeared for the treatment of the victims of leprosy and famine and the other scourges of man. In Rome, at about the same time, hospitals were organized by wealthy Christian women within their own palaces. Those who in modern times deplore hospitals for special diseases or hospitals restricted to members of specific trade unions should know that this is an ancient practise. The early Roman hospitals were usually developed of necessity along such segregated lines.

In the fourth century, the Council of Nicaea urged each bishop to establish a *xenodocheion*, in which the sick and the poor would be

cared for. The first real hospital is said to have been founded by Fabiola during the fourth century. St. Jerome called it a *nosokomeion* (house for the sick) to differentiate it from the guest house. It was not until the fifth century that hospitals began to appear in numbers in Western Europe. The Hôtel-Dieu of Lyons was founded by the Franks in 542 and probably is the oldest hospital in the world. The Hôtel-Dieu of Paris opened in 650. It should be emphasized that they were the natural and inevitable result of a climate of religious dedication on the part of large numbers of men and women who had taken very literally the injunction of Jesus Christ to find holiness in the exercise of charity to one's fellow-man. Charlemagne encouraged the rise of sisterhoods and brotherhoods whose work included nursing the sick, and he ordered that one-tenth of canonical revenue be set aside for the care of the sick poor. Generally, hospitals were under the control of the bishops who founded them. Administratively, there was a warden who was in charge and a proctor who handled the moneys. Even in the early days, however, some hospitals had autonomy, answerable directly to the papacy.

The hospitals almost always were built close to the monasteries for the highly practical reason that the monasteries were stopping places for

pilgrims on their way to religious shrines. They were also centers of intellectual activity, and then, as we would like to think now, those who were students of physical and mental disease were intellectuals in their own way. The established resident of a city or town was cared for in his own home—but the travellers, the pilgrims, moving in large numbers throughout Europe, had no place to turn except to the hospitals when far from home they became sick, went mad or were injured. The hospitals became the resting places of those who were unable to continue on their journey. Most of the pilgrims walked, frequently in rags, probably underfed and probably suffering infection. Some of them were in cardiac or pulmonary failure; many of them were insane and many retarded. Some of them probably helped to spread the ghastly epidemics of typhus, cholera, and plague across the face of Europe. Commonly, as a scourge of disease would fall upon a city, the inhabitants would then turn to the nearby convents and monasteries for help, a pattern which we shall see repeated even in more modern times.

The very word hospital reflects this association with the guest house. It is from the same root as hospitality, hospice, hostel, and hotel. In some hospitals they refer to the patients as guests—a term which to us sounds quaint but which nevertheless conveys a sense of the once gracious hospitality which so many hospitals have forgotten is their duty and their privilege.

Holy war proved even more potent than holy piety in stirring up

European travel in the twelfth and thirteenth centuries. Some of the Crusades started from the square in front of Notre Dame de Paris. It was no mere coincidence that the Hôtel-Dieu was across the square from the Cathedral. For some came to begin a journey but others found journey's end in the shadow of the twin spires. On Malta and Rhodes, there still can be found the hospitals begun by the Knights Hospitallers of St. John of Jerusalem. By the end of the thirteenth century, there were 19,000 hospitals scattered throughout Europe, almost all of them run by the sisters and brothers, and supported by the tithes of the clergy and faithful of the Church.

In England, hospitals arrived late, probably because the volume of the pilgrimages was less than on the continent. The first institution which at all deserved the name of hospital was St. Bartholomew's in London, built in 1123 by a court jester turned monk, a combination of talents which some may regard as a prediction that both holy dedication and a sense of humor are necessary to survive in hospital administration. St. Thomas, the hospital which later was Florence Nightingale's workshop, was built in 1213. But when Henry VIII dissolved the monasteries, he not only stopped further development but brought about destruction of the hospitals and refuges which were the only solace of the afflicted poor.

The wars of the sixteenth century resulted in the building of large numbers of hospitals, again to care for those sick and wounded away from home. But in the wave of the

Reformation and the breakup of the nursing orders, the new hospitals were largely secular in orientation and municipal and political in authority. They became pest houses, despised and feared. The people of an increasingly secular society refused to do the degrading menial work necessary to care for the sick poor.

Let us leave Europe for the moment and see what was happening in the New World. Cortez found in Mexico a highly organized and responsible Aztec civilization, possessed of physicians and nurses, knowing in the ways of herbal medicine, and organized to care for the sick. In 1524 he founded the Hospital of the Immaculate Conception in Mexico City. He brought in a nursing brotherhood and endowed it in perpetuity. Its name was changed to the Hospital of Jesus of Nazareth, and it remains the oldest hospital in North America with a continuous record of service. Out of Mexico came Father Junipero Serra, founding his missions, which were all things to many people, not the least centers for medical and nursing care of the Indians.

Meanwhile, Europe was in very bad trouble in the Protestant countries where properly managed hospitals, organized nursing and the charitable care of the sick had largely disappeared. This was in the greatest part due to a change in the system of nursing. The century-long free expression of charity by the sisters and brothers was replaced by a "secular riffraff of illiterate and drunken women not acceptable in any other kind of work. . . . The

administrative staff of women was clothed with the meaningless title of Sister, a carry-over from the days of the sympathetic and understanding religious. . . ."

In Paris, however, exciting things were happening. Monsieur Vincent, later to be St. Vincent de Paul, grew restless and impatient with the inadequacies of the existing system even though it was better than many elsewhere. The cloistered nuns were doing their hospital work but the sick at home were getting no nursing care. With the help of Louise de Marillac, he founded the Sisters of Charity. They visited the sick and the poor in their homes and staffed some of the hospitals. This was a new type of nursing, sufficiently flexible to move with the times, and happily it spread through all the Catholic countries of Europe to reach America in the early nineteenth century.

To Canada in 1639, Father Paul de Jeune brought six sisters from France—three Augustinians and three Ursulines. They arrived in Quebec in the middle of a smallpox epidemic and immediately established the second hospital on the North American continent—the present Hôtel-Dieu of Quebec. Hôtel-Dieu of Montreal followed soon after, again staffed by the sisters.

The English settlers never did get around to founding a hospital until 1751 when the Pennsylvania Hospital was opened. Except for a few splendid exceptions, medicine in the colonies and in the new republic followed the pattern of violent and unsettled Europe, where

hospital service became corrupted by mismanagement, uncleanness, and slovenly incompetent nursing care; a situation which did not improve appreciably until the nineteenth century.

When New Orleans was given its "Hôpital des Pauvres de la Charité," now called Charity Hospital, the Sisters of Charity from Emmitsburg, Maryland, sent a delegation to run it. In Mobile, Alabama, from 1830, and Augusta, Georgia, from 1834, the city-owned hospitals were managed by the Daughters of Charity. When things got out of hand in the city hospitals of New York, Philadelphia and Baltimore, a small migration of Sisters of Charity from Emmitsburg would straighten them out.

As we contemplate the proliferation of church-supported hospitals in the United States, it is difficult to believe that in 1840 there were only three of them—all Catholic. The de Paul Hospital in St. Louis was the first hospital west of the Mississippi, called originally the St. Louis Hospital. It was founded by the Daughters of St. Vincent de Paul in a two-room log cabin. A cholera epidemic was their greeting when they moved to larger quarters in 1832. The orphans and the destitute found shelter along with those who were physically and mentally sick. This element of non-medical social service was seen also in St. Joseph's Infirmary in Louisville, which the Sisters of Charity of Nazareth founded originally as a shelter for the orphans of plague victims. The plague epidemic of 1840 provided the stimulus for the

Sisters of Charity to open the Mt. Hope Retreat in Baltimore. Since 1857, it has fulfilled a psychiatric function. These three hospitals, with the exception of Friends' Hospital in Philadelphia, were the only hospitals founded under any religious auspices up to 1840.

The degradation of care in all except a few of the secular hospitals required that the Catholic hospital system expand—and expand it did. In the 1840's, the Sisters of Charity founded hospitals in Detroit, Philadelphia, Buffalo, Milwaukee, and New York City. By 1860, they had hospitals in Norfolk, Mobile, Rochester, Troy, Cincinnati, New Orleans, St. Louis, and even Los Angeles. During the Civil War, Lincoln called on the Sisters of Charity, of Mercy, of the Holy Cross, and the Ursulines—because with all its material expansion, the United States did not have enough workers in charity who would or could care for the sick and the wounded of that unhappy war.

Thus, up to the Civil War the yesterdays of the Catholic Hospital were in the glorious history of the nursing sisters, who held aloft the bright torch of Christian charity during an era when concern for one's brother in Christ was submerged by the expansion of the frontier, the expansion of the economy, and the contraction of the human soul.

After the Civil War, a whole new complex of forces began to move. The immigrants were arriving in large numbers—the Irish, the Germans, the Jews, the Scandinavians,

the Italians, the Poles, the Lithuanians, the Slovenes, the Hungarians, and all the others. Out of immigration came the nationally-oriented neighborhood hospitals with a religious base or superstructure, depending on the group. The Lutheran deaconess movement, started in Germany, had grown in the United States and Pastor Fliedner responded to the call of William Passavant by bringing four deaconesses to Pittsburgh in 1849. The new Protestant and Jewish hospitals had less ecclesiastical government and more lay financial support than the Catholics were accustomed to. Scientific medicine moved quickly, and some would say relentlessly, so that the physicians, previously relatively ineffective in their limited role, now began to participate more actively.

Inevitably conflicts developed among physicians and nurses, physicians and administrators, even among the hierarchy and the nursing orders. Finally, a social consciousness developed in the American community—slow in coming, originally sponsored by private philanthropy, but increasingly in the last thirty-five years by public funds.

Whatever may be the reasons, the Catholic hospitals lost their position of leadership, and up to the present as we view the future, not a single Catholic hospital in the United States is exercising the quality of national leadership which once was a rightful source of pride of the Church in America. The glory of the remote yesterdays both in Europe and America has been replaced in the recent yesterdays by a general decline. Some few Catholic

hospitals have retained a kind of intramural excellence of nursing and medical care under highly qualified leadership, but many others have failed to keep up and have even deteriorated.

As we look to the tomorrows, we need to ask the reasons for the clouded skies of the recent yesterdays. I have yet to meet anyone among clergy and religious, doctors and nurses, patients and trustees, ward maids and porters, and especially among university professors, who is not an expert on the subject. Everyone *knows* the answer—but very few of the experts can *agree* on what it is. It is the fault of the sisters; they have no business running hospitals in these modern times. It is the fault of the doctors; they exploit the hospitals to their own selfish ends. It is the fault of the bishops; they take the wrong advice from the wrong advisers, or they don't take any advice. It is the fault of the lay nurses; they want a fortune for nursing. It is the fault of the medical schools; they are misdirecting the students and hogging all the interns. It is the fault of the government; they are making hospitals the waitresses for the pie in the sky. It is the fault of the AMA and the American Boards; with their university-dominated committees they are setting impossible standards.

There is the smallest grain of truth in each of these senseless imputations of blame, but put all together, these grains would be blown away by the smallest breeze of informed refutation. The tomorrows will be as dreary as the recent

yesterdays, if any more time is spent in such unproductive recriminations.

The greatest and most progressive step for the future of Catholic hospitals in our time was taken not in the United States at all but by good Pope John XXIII when he called together the Second Vatican Council. The most useful product of the post-conciliar world is a flexibility which the Church in America has never had before. With this flexibility has come increased participation by the laity in a process of open communication and criticism which has been lacking in the American church except in a few isolated liberal parts. As this communication and criticism grows, it will be unrestrained at first and then will settle into honest efforts to formulate problems and solve them with professional competence. Pressure for change will not be regarded as disloyalty.

The first task for Catholic hospitals in this liberated climate will be to decide who is in charge. Is it the bishop whose diocese owns the hospital? If so, what will be the chain of command? Are the sisters in charge if they own the hospital? Should the whim of a distant mother-general or an absentee religious board of trustees make decisions on matters of professional policy? What are the responsibilities of the ordinary in a community where there is more than one Catholic hospital, often owned by different orders of sisters?

It may take some years to come to a practical solution about who

is in charge but this must precede all change. More and more, the lay advisory board of trustees of the order-owned hospitals will take increasing responsibility, some of which will be ceded gratefully, some of which will be seized during times of crisis. Then the advisory boards will become real boards of trustees, with all the authority and burden this provides. They will make varying contracts with the orders, but then they will provide the leadership, responsive to the needs of the patients, the professional staffs, and the community of which the hospital is a part. In those communities where there are several hospitals, the bishop will provide for a director of hospitals who is a professional and who will be responsive and responsible to an over-all diocesan hospital board, composed of those who direct the move to excellence, not merely by adjudicating disputes but by acting as a clearing house for interhospital collaborations. The diocesan hospital board and the individual boards of trustees will be given a degree of authority which can be overruled only by the bishop of the diocese. They will find the ways and means of support for the individual hospitals. The charitable care of the indigent in the Catholic hospital will be financed by the clergy and faithful who will accept this duty by order of the bishop. The Catholic hospitals will reach out their hands to the rest of the community to collaborate in the provision of services. They will be intolerant of mediocrity and they will stamp out inferiority. If for some reason a Catholic hospital cannot attain excellence within the

framework of its own objectives, the trustees will change its objectives or urge its end.

Let me make it quite clear that unless such a reorganization can be accomplished, anything I envision for the happy tomorrows will be pure rhetoric. I understand also that such a reorganization may require a dark and stormy night before the happy dawn breaks.

If I were to peer into a crystal ball, I would say that we will see fewer Catholic hospitals, but bigger and better ones. The community will not put up with further unplanned and unnecessary duplication of facilities. Any physician who is on the staff of one Catholic hospital will have privileges on the staff of all. There will be full-time directors of medical education and full-time salaried chiefs of major services. Research by experts will be fostered. The staff physicians will work in buildings immediately adjacent to or directly in the hospital complex. Clinic services will expand as will emergency room services, and more physicians will move toward this kind of practice. Some hospitals will be the center of prepaid plans of medical care and programs of preventive medicine will emanate from them. Some of the hospitals will be training centers for medical students, interns and residents. Some will train the nurses and the other professional people we need to give health to our people. Every hospital will have some educational role and will be affiliated with some kind of college or university, not necessarily with a medical school.

Near to or perhaps in each general hospital will be nursing homes and psychiatric centers, which will be the responsibility of the hospital to integrate into its overall activities. The anachronism of the geographically distant lying-in-hospital will disappear. Many hospitals will be near to churches and some few to cathedrals — evoking the memory of the glory of the remote yesterdays of Catholic Europe and Catholic America.

The old defensive religious and racial postures of the recent past will be banished as Catholic hospitals make their unique contribution to the health and welfare of the future. The specifics of this unique contribution could be the subject of another talk by another speaker at another time, far more interesting and far more specific than this one. It would concern the deterioration of spiritual values and the loss of spiritual motivation in all the professions dealing with health care. It would look back for remedy to the sisters laboring over the sick poor, caring for the disabled pilgrims in the convents and monasteries of Europe, dealing with the victims of plague in the growing cities of America. The glory of the yesterdays was in those people who had an adventurous willingness to change, the toughness to force change upon the reluctant, and a holy desire to serve all of God's people. I cannot believe the Catholic Church in America no longer has such people. They will be the leaders who will light the way to the glorious tomorrows.

[DR. FOLEY has served several university appointments in Neurology at Harvard Medical School from which he received his M.D. in 1941; Boston University, School of Medicine; Seton Hall College of Medicine and Western Reserve University School of Medicine where he is now Professor of Neurology. He has been

recipient of the Laetare Medal, presented by the Guild of St. Luke, Boston, and an honorary Doctor of Science degree from the College of the Holy Cross, Worcester, Massachusetts.]

The above is from an address given by Dr. Foley to the Linacre Society of Cleveland on the Feast of St. Luke, 1966.

### THE 3RD ANNUAL

## *Father Gerald Kelly Lecture*

will be delivered on Wednesday morning, June 21, in Atlantic City following 8:00 a.m. Mass at ST. MICHAEL'S CHURCH, 6 N. Mississippi Ave.

A BREAKFAST-MEETING scheduled for 9:15 a.m. at the HOLIDAY INN of ATLANTIC CITY will have Reverend Dr. Paul B. McCleave, director of the Department of Medicine and Religion of the AMA, as guest speaker for this Lecture. All members of the National Federation of Catholic Physicians' Guilds, their families, and others attending the AMA convention are invited to participate in the Anniversary Mass and the breakfast meeting. Reservations are needed for the breakfast. Write to Mr. Robert H. Herzog, executive secretary of the N.F.C.P.G., 2825 N. Mayfair Road, Milwaukee, Wisconsin 53222, for tickets. Price: \$4.00 each.

THE BOARD OF DIRECTORS of the Federation will meet following the Lecture.