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The Hospital Goals of Bishop Gilmour 1872 - 1891

REVEREND NELSON J. CALLAHAN

Richard Gilmour was the second bishop of the diocese of Cleveland. He was bishop from April 1872 until April 1891. Today, as the Church looks for her roots in the organic past recalling the oft-quoted observation of Pierre Teilhard de Chardin "that all things are comprehensible only in terms of their history," we look more closely at the remarkable man who was Cleveland's second bishop for a number of reasons.

First, Bishop Gilmour was a convert. He came into the Church from a background of Scotch covenant Presbyterianism when he was twenty years old. Perhaps it was because of this that he forever seemed to question everything the Church did; not her doctrine, but how she related it both to herself and to the world. In his case, this meant to the United States in general, and to secular Cleveland in particular. During the years he led Cleveland's Catholic community, both he and the community were quite clear about where they were going, where they were, and where they had been.

The city, to which he came from Cincinnati in those years just after the Civil War, was in many ways typical of many cities of the northern midwest. The Industrial Revolution had brought Cleveland wealth undreamed. Over the city, skies were dark by day and aglow by night with the soot and fire of the steel

mills in the Cuyahoga River Valley. The smell of oil from John D. Rockefeller's first oil refinery permeated the air over the city; the river and Lake Erie bore marks of oily scum. Vast numbers of immigrants were coming to the city which had use for their unskilled labor in the mills, unloading the iron ore schooners from Lake Superior, and countless other jobs to which an immigrant was drawn for his very livelihood in his new land of promise.

Bishop Gilmour, like so many other American bishops of his day was compelled to provide for these new Americans. For the bishops this meant establishing Catholic schools for their children, developing a non-English speaking parish for those coming from middle or eastern Europe to safeguard their faith in the trauma of transplantation. These all helped to guarantee the next generation of American Catholics.

One work these bishops did not have to undertake was that of social service, although they did; and these efforts are the great glory of the American Church in the closing years of the last century. The bishop gave the cities a sense of community. Consider Cleveland: here was a home for wayward girls, a foundling home, an orphanage for children whose parents' deaths proved the short span of life of those days (38 for men, 32 for women), a home for the few aged whose life span

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was an exception to these same statistics, and most importantly the public hospital under Catholic auspices.

Cleveland had one of these hospitals by 1872 — St. Vincent Charity Hospital (now recently modernized and expanded to eight times the bed capacity of 1872). It was the first public hospital in the city. It was built to accommodate the vast numbers of wounded Union soldiers who limped back to Cleveland toward the end of the Civil War maimed often in spirit as well as in body. It is well to recall that in 1865, a hospital was a place where a man went to die, not to live, and it is a tribute to the sisters who staffed these hospitals as well as the skill of the medical men who worked in them (generally without fees), that the recuperative reputation of the hospitals was forever established.

By 1872, only half of the beds in Cleveland's Catholic hospital were occupied. The veterans who had originally come to Charity Hospital were now back in the mainstream of American life. Cleveland in 1872 was not aware that hospital care was now available for all the sick, civilian as well as military. Thus, it was under these new and different conditions that Bishop Gilmour addressed himself to a new set of long range goals for the Catholic hospitals and here a new tradition was begun.

These goals the bishop published in a letter to the Cleveland newspapers in 1873 and he restated them both in his directives to the

sisters of the St. Vincent Charity Hospital and again to the Catholic Central Association in 1877. This latter organization was a layman's advisory group to the bishop representing ethnically the whole spectrum of the diocese. It was comprised of at least one member of each of the parishes of the diocese. The members were not appointed, they were elected by their fellow parishioners.

Bishop Gilmour's goals for the Catholic hospital fall into two categories, and it must be understood that they reflected a society in which there was no hospital insurance coverage or government building funds available at all. It was always the boast of the Catholic hospitals in Cleveland during Bishop Gilmour's episcopate that not one cent of public tax money had ever gone into their building or operation. By 1878, more than half the patients treated by Charity Hospital had paid nothing; the remainder had paid only half of their expenses.

For that reason the principal category of hospital goals was concerned with finances in one form or another. First, he persuaded the religious communities staffing the hospitals to give title to the hospitals and the property they occupied to the diocese. The gift was outright with the guarantee that the hospital would be financially underwritten by the diocese regardless of its cost and that the same source would maintain the sisters in their convent at the hospital. Fee collecting for hospital service would be handled by an agency of the diocese com-

prised of laymen supervised by the bishop. Priest chaplains at the hospital would be supported by the diocese.

On the other side of the coin, the bishop levied a tax on every parish for the support of the hospitals. The money was generally raised by what the priests of that day called "Fairs." This was the first indication that I have been able to note in this diocese of the modern parish phenomena, the Parish Bazaar.

More directly aimed at the reason for the Catholic hospital's existence was the bishop's second goal. He first spoke of the sick always using the phrase, "regardless of race, creed, or sex," as the chief concern. To the superior of Charity Hospital, he said, "Ten years ago, in 1867, you had as your chief work the treatment of the soldiers who fought in the late war; today you must spend your lives in Charity caring for all the sick who come to you. . . ."

In the 1870's, not all the sick of Cleveland, or any large city, were aware of the possibility of hospital care; nor were these people at all sure that they would not be better off, and as some must have thought, more likely to survive at home. The hospitals undertook a public relations task that would do credit to the most sophisticated of today's image makers. These were the days when every newspaper carried advertisements for every form of quack medicine then devised. In the same newspaper on the same day in 1874, opium was advertised (to cure the "whiskey habit") and the "water

cure" (to cure the "opium and whiskey habit") was recommended. The Cleveland bishop exhorted his hospital people to provide the best care possible; he affiliated Charity Hospital with Western Reserve Medical School and he stressed a fundamental medical concept that to ease pain and more, to prolong life, were Catholic goals as well as physicians' aims.

By 1883, Bishop Gilmour was able to begin the most noteworthy of his hospital goals. His plan was for the diocese to purchase property in various neighborhoods of the city and to construct a series of small clinics which would be staffed by sisters of various religious communities. As registered nurses, the sisters' work embraced much of what constitutes public health service today.

The bishop then persuaded many of the undertakers of the city, including all of the Catholic establishments, to offer free ambulance service to bring the ill from their homes to one of the neighborhood clinics. Here diagnosis was made. Those who were seriously ill were taken by ambulance for admittance to Charity Hospital. Those who required out-patient care returned to their homes and remained under the supervision of the neighborhood clinic. Thus a screening system was established to determine on a neighborhood basis acute from chronic illness, and the image of a central, general hospital took form in the Diocese of Cleveland. A corresponding image of importance began to grow around the neighborhood clinics.

Bishop Gilmour's final hospital goal was this: he reminded administrators of the hospital that their work was for the sick and not the well. As soon as good medicine had determined that the patient had regained his health, he was to be discharged from the hospital immediately. He would be visited at home by the personnel from the neighborhood clinic at least once after his hospital discharge.

At the time of his death in 1891 all of Bishop Gilmour's hospital

goals had been fully achieved in Cleveland in a period of six years.

In retrospect, these goals appear to be clearly far ahead of their time. Sadly, today they are no longer in practice; the Catholic purpose in terms of hospital goals is in no way as clear as it was in the mind of Cleveland's second bishop.

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