

THE SISTERS OF CHARITY IN NINETEENTH-CENTURY AMERICA:
CIVIL WAR NURSES AND PHILANTHROPIC PIONEERS

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Submitted to the faculty of the University Graduate School
in partial fulfillment of the requirements
for the degree
Master of Arts
in the Departments of History and Philanthropic Studies,
Indiana University

May 2010

Accepted by the Faculty of Indiana University, in partial
fulfillment of the requirements for the degree of Master of Arts

Master's Thesis
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Acknowledgments

A community has supported me in seeing this project to fruition, and it is a great pleasure to thank one and all. My thesis committee of gifted scholars generously devoted their time and talent. My chair, Nancy Robertson, stood by my side every step of the way, and always knew when to challenge me and when to nurture me. She patiently answered my endless questions, from mundane matters of punctuation to significant goals of publication. Nancy inspired me to think big, yet reined me in when I reached too far. Jane Schultz embraced this project wholeheartedly from the beginning, and confidently assured me I could find something new to say and make a contribution to knowledge. Pat Wittberg worked with me to achieve excellence, and reviewed drafts even while she was on sabbatical.

Additional Indiana University Purdue University - Indianapolis faculty supported me in a multitude of ways. Dwight Burlingame and Leslie Lenkowsky at the Center on Philanthropy vetted my choice of thesis topic and encouraged me along the way. Jack McGivigan supported my studying the U.S. Sanitary Commission for his history colloquium, as it was integral to my thesis. Tere Hogue helped me hone an early version into a coherent and readable argument, and generously read thesis drafts on her own time.

This thesis began as a paper for a class, History of Philanthropy in the United States. For the paper, Sister Judith Metz and Sister Benedicta Mahoney at the Sisters of Charity Cincinnati Archives introduced me to the handwritten journals of sister nurses in the Civil War, and I was launched. Since then, Sister Judith and Sister Benedicta assisted me during a second visit to the archives and answered additional questions. Sister Betty Ann McNeil at the Daughters of Charity, Emmitsburg Province, provided material

several times, in the midst of preparing her archives for the bicentennial celebration (1809-2009) of Saint Elizabeth Seton's founding of the Sisters of Charity. Carol Will at the Daughters of Charity - East Central Province, Evansville, donated several books and pamphlets, one of which is now tattered from use.

Other archivists helped me uncover primary sources. Wayne Motts and his staff at the Adams County Historical Society, Dr. Richard Sommers at the U.S. Army Military History Institute, Terry Reimer at the National Museum of Civil War Medicine, and Karen Oddi at the Archdiocese of Indianapolis all led me to valuable material. Kristi Palmer and Steve Towne at the IUPUI Library directed me to additional material.

My entire family has inspired my life-long love of learning. My mother, Carolyn Sherbert, has always supported everything I set out to do, including walking away, at the peak of my career, from an executive position at a Fortune 500 firm so that I could return to school.

My husband, Dick Badertscher, supported me in ways too numerous to name here. He vacationed in archives, took on a multitude of household tasks, and read several chapters – sometimes more than once. He talked with me about Sisters of Charity, religion and philanthropy for hours on end, and helped me maintain my sense of humor and keep the project in perspective. Most of all, he believed in me even when I did not believe in myself.

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Chapter One - Introduction

Religious institutions form the core of America's nonprofit sector today. Over one third of philanthropic dollars flow to them, and many other nonprofit healthcare, educational and social service institutions have some denominational affiliation. Lester Salamon concludes that, "Religious institutions are near the epicenter of American philanthropy."¹ Yet religious prejudice has permeated American history, despite religion's central role in communities, voluntarism and philanthropy. In the nineteenth century, American hegemony largely excluded Catholics; today it distrusts Islamic people. Some feel the government's anti-terrorism programs, enacted after the attacks of September 11, 2001, target Islamic charities. Others look upon women's hijab, or veil, as a form of oppression. Women who wear the veil report being taunted and harassed. What can we learn by looking back in our history at another group of women, who wore unfamiliar garb and participated in a mistrusted religion, that may inform today's understanding? What was the Catholic sisters' legacy in the history of philanthropy, women's history, medicine and nursing?

The Sisters of Charity was one religious order that provided volunteer nurses, and became highly visible, during the American Civil War.² Several hundred Catholic sister nurses served; they supported both the Union and Confederacy by caring for soldiers from both armies. The sisters' story is important because of the religious and gender

¹ Lester M. Salamon, *America's Nonprofit Sector: A Primer*, 2nd ed. (New York: Foundation Center, 1999), 149.

² The original American community founded by Elizabeth Seton was the Sisters of Charity of St. Joseph's, Emmitsburg, Maryland. The community amalgamated with the Daughters of Charity of St. Vincent De Paul in 1850. "Sisters of Charity" is at times used as a generic term for religious women dedicated to charitable works. Sister Daniel Hannefin, *Daughters of the Church: A Popular History of the Daughters of Charity in the United States 1809-1987* (Brooklyn: New City Press, 1990), x. This thesis will refer to the Sisters of Charity as all communities descendant from Elizabeth Seton, including the Sisters of Charity and the Daughters of Charity.

biases they overcame. As nurses, the Sisters of Charity interacted with different people: they cared for soldiers, worked at the direction of surgeons and alongside lay relief workers.³ The war propelled them into public view, and the sisters acted as agents of change. Their philanthropy eroded some of the antebellum cultural proscriptions that previously confined Catholics, women and nurses.

This thesis argues the Sisters of Charity created and implemented an antebellum philanthropic model, key aspects of which the majority, non-Catholic culture emulated after the war. Many historians agree the Civil War was pivotal in the evolution of American philanthropy. For the first time in American history, women helped establish and operate a national benevolent organization, the United States Sanitary Commission (USSC). Thousands of women volunteered for the USSC, the United States Christian Commission and other relief societies. Wartime benevolence provided templates for large-scale voluntary organizations, illuminated the issue of payment for charity workers, moved the practice of philanthropy from individual to institutional, and led to the development of nursing as a profession. The Sisters of Charity are often absent from analyses of these organizations and trends, and this thesis delivers them to the discussion.

Elizabeth Bayley Seton founded the Sisters of Charity in Emmitsburg, Maryland in 1809.⁴ Seton's Sisters of Charity, and descendant orders, are the basis of this thesis for

³ Sisters are technically members of the laity as women cannot be ordained in the Catholic Church. This thesis will use the terms "lay" or "laity" to refer to ordinary faithful as opposed to members of religious orders.

⁴ Elizabeth Ann Bayley Seton (1774-1821). French and Irish communities named "Sisters of Charity" already existed. The terms "sisters" and "nuns" were often used interchangeably, but there were distinctions. Sisters of Charity took annual (or simple) vows, making them sisters, rather than nuns who took perpetual (or solemn) vows. Cloistered nuns wore veils, active sisters often did not. Sisters lived in houses and belonged to communities or congregations; nuns lived in convents and belonged to orders. To avoid confusion with other types of communities or congregations, this thesis uses the term "order" to refer to Sisters of Charity communities, although it is not technically correct. Hannefin, *Daughters of the*

three reasons. The Sisters of Charity was the first active order of religious women founded in the United States, they provided the majority of sister nurses during the Civil War, and healthcare was integral to their ministry and legacy.⁵ The Sisters of Charity order grew rapidly, and at the outset of the Civil War, there were three orders descendant from Elizabeth Seton: Emmitsburg, Maryland (reorganized as the Daughters of Charity in 1850); Cincinnati, Ohio; and New York, New York.

This thesis examines Catholic sister nurses in the nineteenth century, and engages four broad historiographies: Catholic philanthropy, philanthropy more broadly, female benevolence, and nursing and medicine. It is important to understand the position of the Catholic Church in nineteenth-century America, why women may have chosen religious life, and the role of philanthropy in both the women's lives and the church in general. A rich body of source material on the Catholic Church, Catholic healthcare and religious orders is available to provide this context. There are several published histories of St. Elizabeth Seton, the Sisters of Charity and the Daughters of Charity which provide extensive history and background. Mary J. Oates' *The Catholic Philanthropic Tradition in America* (1995) is a study of religious philanthropy that focuses on the change over time in the philanthropic tradition of the church.⁶ Oates argues that sisterhoods were a defining characteristic of Catholic philanthropy, as they provided the labor force that was a key factor in the church's development of its charitable institutions.

Church, xi and Patricia Wittberg, *The Rise and Fall of Catholic Religious Orders: A Social Movement Perspective* (New York: State University of New York Press, 1994), 47.

⁵ 279 Sisters of Charity, out of six hundred to eight hundred Catholic sisters, served as nurses.

⁶ Mary J. Oates defines religious philanthropy as giving of financial resources and voluntary service, under the aegis of the church, to benefit others. She uses "religious philanthropy" and "organized philanthropy" interchangeably. Mary J. Oates, *The Catholic Philanthropic Tradition in America* (Bloomington: Indiana University Press, 1995), xi-xii.

A limited amount of the historiography of Catholic philanthropy encompasses sister nurses. George Barton wrote *Angels of the Battlefield: A History of the Labors of the Catholic Sisterhoods in the Late Civil War* (1897) in cooperation with several orders, and personally interviewed several of the surviving sister nurses. Ellen Ryan Jolly published *Nuns of the Battlefield* (1927) as part of the Hibernian Society's initiative to dedicate a Washington, D.C. monument to the sister nurses. These tributes were thoroughly researched and provide lively anecdotal material, but are unabashed tributes that did not analyze the sisters' work in context. More recent scholarly works provide historical analysis. In *To Bind Up the Wounds* (1989), Sister Mary Denis Maher describes Catholic sister nurses' activities during the Civil War. Her book is often cited by other scholars as the authoritative work on sister nurses, and contains many citations from religious orders' archives. Christopher Kauffman's *Ministry and Meaning* (1995) provides the social setting for the evolution of Catholic healthcare in America. Kauffman explores antebellum Catholic benevolence, sister nurses during the Civil War and the emergence of Catholic hospitals and healthcare institutions. Mary Ewens' 1971 doctoral dissertation, "The Role of the Nun in Nineteenth-Century America" examines nuns through the lens of American literature. She includes background on religious orders, the various roles played by sisters and both positive and negative interactions with society. Carol Coburn and Martha Smith co-authored the 1999 book, *Spirited Lives: How Nuns Shaped Catholic Culture and American Life, 1836-1920*. The authors analyze the role of nuns' impact on the development of Catholic culture, using the Sisters of St. Joseph of Carondelet as a case study. *Spirited Lives* specifically addresses the dual gender and religious biases that the sisters faced during the nineteenth century. Taken together, this

literature locates the Sisters of Charity in their historical context, and their vital role in the philanthropic goals of the American Catholic Church. The literature often concludes the sisters promoted postbellum religious tolerance through their Civil War service. The historiography generally does not, however, compare the sisters to other, either lay or non-Catholic, female nurses, voluntary associations or broader trends in philanthropy.

The sisters were clearly representatives of the Catholic faith, and they were also women. The thesis must therefore place the sisters in the context of voluntarism and gender boundaries at the time. Philanthropic literature provides the context of voluntary associations and charitable institutions in antebellum America. French political author Alexis de Tocqueville toured America in 1831 and published *Democracy in America* in two volumes, 1835 and 1840. *Democracy in America* was a monumental empirical study of American life and politics, and it remains ubiquitous in scholarship and political discourse. Isaac Kramnick describes Tocqueville as “having a special hold over the American imagination” by virtue of the fact that “Tocqueville’s book has held up a mirror to Americans, allowing each generation to see themselves and their values in it.”⁷ The chapter, “The Use Americans Make of Public Associations in Civil Life,” provides a clear and succinct picture of voluntarism in the 1830’s. While Tocqueville described associational life with precision, he provided only a glimpse into the lives of American women. Nestled amid almost nine hundred pages were four brief chapters concerning ladies who seemed to occupy gilded cages. Tocqueville addressed neither female associational life nor the possibility that they might work outside the home.⁸

⁷ Isaac Kramnick, “Introduction” in *Democracy in America and Two Essays on America* by Alexis de Tocqueville, translated by Gerald E. Bevan (London: Penguin Books Ltd., 2003), xii.

⁸ Linda K. Kerber, “Separate Spheres, Female Worlds, Woman’s Place: The Rhetoric of Women’s History,” *Journal of American History* 75, no. 1 (June, 1988), 10.

Merle E. Curti's 1958 essay "American Philanthropy and the National Character" hypothesized that philanthropy was both a signatory feature of and a developmental force behind the American character. He presented the American character as a *mélange* of several values, and explored examples in which philanthropy illustrates each of these values.⁹ Curti noted the American character "attached importance to the status and role of women," and briefly discussed women's influence in philanthropy.¹⁰ Robert H. Bremner, writing contemporaneously, surveyed the development of philanthropy largely from the perspective of significant male benefactors in *American Philanthropy* (1960, revised 1988). He paid tribute to the USSC, but only touched on female benevolence or religious philanthropy. In *The Public Good: Philanthropy & Welfare in the Civil War Era* (1980), Bremner focused on selected organizations and their causes. He again omitted women and religious philanthropy from his scope. Philanthropic literature, therefore, establishes the general climate for nineteenth-century associational life.

The short shrift given to women in classic philanthropic texts stands in stark contrast to the body of literature that examines the centrality and the crucial nature of women in philanthropy during the Civil War. In *Women and the Work of Benevolence: Morality, Politics, and Class in the Nineteenth-Century United States* (1990), Lori D. Ginzberg examines the antebellum ideology that morality was inherently female, with benevolence accordingly demonstrated through reform and moral suasion. Ginzberg traces female benevolence through the Civil War and beyond, with particular focus on the USSC and its emphasis on businesslike, or masculine, practices that shaped the postbellum model for philanthropy. She concludes that benevolent femininity lost power

⁹ Discussion of values is on page 46.

¹⁰ Merle Curti, "American Philanthropy and the National Character," In *America's Voluntary Spirit: A Book of Readings*, ed. Brian O'Connell (New York: Foundation Center, 1983), 161.

in affecting change as the century progressed, and that conflicting ideologies of morality and gender obscured women's philanthropic work.¹¹

Judith Giesberg, in *Civil War Sisterhood: The U.S. Sanitary Commission and Women's Politics in Transition* (2000), and Jeanie Attie in *Patriotic Toil: Northern Women and the American Civil War* (1998), analyze the USSC's operations, leadership and branch women. Giesberg challenges Ginzberg's assertion that women's traditional benevolent leadership became marginalized. Giesberg argues the USSC was the link between women's antebellum and post-bellum philanthropic styles, concluding that women applied lessons learned from USSC experiences when addressing future social problems. Attie argues that through USSC work, women harnessed their political sentiments and cultivated the seeds of social movements later in the nineteenth century. These studies of antebellum and wartime female benevolence, however, overlook Catholic sister nurses.

Jane E. Schultz's 2004 book, *Women at the Front*, is a nuanced analysis of women's experiences as nurses and relief workers. Schultz explains the role of the USSC, but extends her scope far beyond USSC volunteers and workers. She sets the stage for the war, analyzes women adjusting to the demands of hospital life and their re-adjustment to civilian life including subsequent financial challenges and the pension system for nurses. *Women at the Front* explores factors that both unified and divided women by examining the relationships not only between women and men, but also among women. The "front" was a *double entendre*, as women's presence created its own

¹¹ Lori D. Ginzberg, *Women and the Work of Benevolence: Morality, Politics, and Class in the Nineteenth-Century United States* (New Haven, CT: Yale University Press, 1990), 214.

“front where gender, class, and racial identities became themselves sites of conflict.”¹²

Schultz occasionally engages the sister nurses as examples women’s experiences. While she touches on religious prejudice, an extensive comparison of the sisters to lay women is outside the scope of her book, and this thesis provides such a comparison.

Finally, the medical setting is important, not only because the sisters served in the capacity as nurses but also because the Civil War was a watershed event in terms of public health and sanitation, medical ideology and professionalization. Two comprehensive, and frequently cited, medical histories of the Civil War are George Worthington Adams’ *Doctors in Blue: The Medical History of the Union Army in the Civil War* (1952) and H.H. Cunningham’s *Doctors in Gray: The Confederate Medical Service* (1960). The two books, however, scarcely acknowledged women’s contribution to nursing and relief efforts. Adams conceded that sister nurses had experience and training, but nonetheless erroneously concluded that nursing in field hospitals was done “entirely by men.”¹³ Cunningham briefly acknowledged women for their assistance in contributing supplies to the army and as morale builders.

Subsequent scholarly works complement these studies. In *Bleeding Blue and Gray* (2005), medical historian Ira M. Rutkow examines the dynamics of Civil War medicine, by showing how the military, political and socioeconomic forces of the period affected medical developments, including the evolving status of both male and female nurses. Rutkow discusses the sister nurses in the context of the debate over allowing

¹² Jane E. Schultz, *Women at the Front: Hospital Workers in Civil War America* (Chapel Hill: The University of North Carolina Press, 2004), 3.

¹³ George Worthington Adams, *Doctors in Blue: The Medical History of the Union Army in the Civil War* (1952; Reprint, Baton Rouge: Louisiana State University Press, 1980), 70.

female nurses in Army hospitals and camps, but does not look at nursing from their perspective or examine their contributions in depth.

Nursing histories are important sources, as they provide background on the development of nursing as a profession, including the gender boundaries that constrained the nineteenth-century women who entered it. Susan Reverby's 1987 book *Ordered to Care* presents a history of nursing ideology, reform and professionalization. She traces nursing as it evolved from familial duty to career, beginning before the Civil War and ending with World War II. Reverby's comprehensive study shows how nursing ideology changed over time in relation to the development of the healthcare industry. She does not, however, specifically discuss Catholic hospitals or sister nurses.

Another nursing history is Kristie Ross's 1993 doctoral dissertation, " 'Women are Needed Here': Northern Protestant Women as Nurses During the Civil War, 1861-1865," which analyzes hospital nurses in the context of hospital development and reform. Ross' study, based on the Civil War period, argues that women's volunteerism during the war was more than an extension of their domestic sphere, and that successful women broke through class and gender barriers. She concludes that their success did not outlast the war, and could not challenge gender boundaries in hospitals and nursing on a long-term basis. One chapter of Ross's work compares Protestant lay nurses to Catholic sister nurses. She focuses primarily on the competitive relationship between the two groups, with sources heavily weighted toward Protestant women. This thesis considers relationships between sisters and laywomen other than the competitive, and examines the sisters' nursing as part of an overall philanthropic mission.

This thesis will resonate if the reader can clearly hear the voices of the Sisters of Charity. Archival sources and published chronicles describe their activities, interactions and challenges. Other primary sources include eyewitness accounts of battles, soldiers' letters, and newspaper stories. These collections reflect the experiences of people with whom the sisters interacted, including soldiers, surgeons and other nurses. Extant primary sources written by laywomen nurses, in the forms of diaries, letters or memoirs, provide a counterpoint to the sisters' experiences. Surgeons' records provide insight into what they valued in terms of nursing expertise and the proper place for women.¹⁴

This thesis examines the social and cultural history of the Sisters of Charity and their philanthropy in the nineteenth century. Its synthesis of four broad historiographies is unique: Catholic philanthropy, philanthropy, female benevolence, and nursing and medicine. It looks at the sisters in several comparative perspectives: as symbols of Catholicism, as women and as nurses. Chapter Two explains the context in which Elizabeth Seton founded the order. It describes the antebellum American philanthropic setting, the emergence of the American Catholic church, including the important influences of immigration and corresponding nativism, and healthcare development. This chapter incorporates the historiographies of philanthropy and Catholicism. Chapter Three, which encompasses the historiographies of female benevolence and nursing history, examines antebellum gender ideology, lay female benevolence, the meaning of nursing and religious life as an option for women. Chapter Four looks at the problems of the medical situation and casualties of the Civil War, and responses from medical departments, voluntary associations and individuals. This chapter includes the

¹⁴ Quotations from primary sources are included with emphasis only as it appeared in the original document.

historiographies of lay benevolence, weighted heavily toward the commissions, and Civil War medicine. It focuses on women's roles in associations and as nurses, and discusses some of the outcomes of their work. Chapter Five examines in depth the Sisters of Charity as wartime nurses. This chapter engages predominantly primary sources, and analyzes the sisters' interactions with their own clerical leaders, laity, patients, medical authorities and other nurses. It includes criticisms of sister nurses, the sisters' male counterparts, and the outcomes of their work. Chapter Six discusses postwar philanthropy, both Catholic and non-Catholic, and draws conclusions about the legacy of the nineteenth-century Sisters of Charity for the history of philanthropy, women's history, medicine and nursing.

Chapter Two - Elizabeth Bayley Seton and the Sisters of Charity:
“A Soul Which Fastens on God”

This thesis examines the social and cultural history of the Sisters of Charity and their philanthropy. The Sisters of Charity were instrumental in the development of American philanthropy in general, and, more specifically, in the emergence of American Catholic philanthropy. The term “philanthropy” is an ancient one, and can be literally translated as “the love of humanity.” During the mid-nineteenth century, “philanthropy” encompassed the love of humanity, charity, benevolence, humanitarianism and social reform.¹ Many nineteenth-century actors felt, as did their predecessors, that their contributions to society were spiritual or moral imperatives. Throughout history, religious and secular ideologies have informed philanthropy, making its practice at times hotly contested.

The legal underpinnings of American philanthropy date back hundreds of years. Laws developed as charities emerged as legal entities, closely tied to religious philosophy and wills and testamentary dispositions.² Laws gave wide latitude to donors in creating charitable trusts as long as three elements were present: assets or property, evidence of intention to create the entity and devotion to charitable purpose. Taken together, these laws formed the basis for charitable trust law that was eventually adopted in most U.S. colonies, and later most states. Trust law was conducive to the proliferation of charities.

¹ Curti, “American Philanthropy and the National Character,” 161.

² The English Statute of Uses of 1535 declared that legal title of land could pass to a beneficiary without reverting to the Crown, thus codifying that a charitable use can exist in perpetuity. The English Statute of Charitable Uses of 1601, which proved to have profound influence in the new country, was dual-purpose. It provided methods for correcting fraud and abuse in the administration of charitable gifts, and it encouraged gifts by defining specific charitable purposes. Uses are methods of conveyances of land. Marion Fremont-Smith, *Governing Nonprofit Organizations: Federal and State Law and Regulation* (Cambridge: Belknap Press of Harvard University Press, 2004), 26-28.

Religious and economic ferment coupled with the favorable legal climate shaped the charitable sector in antebellum America. Religion was the single most important factor in the growth of philanthropy because it informed how its members shaped their public lives.³ American Protestant society frowned upon ostentatious displays of wealth and was loath to allow the development of an aristocracy. The luxury of philanthropy, however, allowed the wealthy elite to establish charitable institutions in good conscience.⁴ Schools for the blind and deaf, universities, asylums, hospitals and benevolent societies were established during this period. This time of evangelical religious zeal and revivalism was collectively known as the Second Great Awakening. Itinerant ministers swept the countryside, spreading the gospel in passionate sermons to mass gatherings of sometimes thousands of people. Western New York acquired the moniker “The Burned-Over District” because so many fiery revivals occurred in the region. Female converts outnumbered men three to two. Membership in Baptist, Congregational, Methodist and Presbyterian churches soared. Religious innovation and popular evangelicalism gave rise to new religions, including the Disciples of Christ, Mormons and Shakers, and expanded others such African American churches, Adventists and perfectionists. As a result of the Second Great Awakening, more than half the population was at least nominally associated with a Protestant church. By 1860, all churches combined reported having 26 million seats for the nation’s 31 million people.⁵

³ Kathleen D. McCarthy, *American Creed: Philanthropy and the Rise of Civil Society 1700-1865* (Chicago: University of Chicago Press, 2003), 49.

⁴ Robert H. Bremner, *American Philanthropy*, 2nd ed. (Chicago: University of Chicago Press, 1988), 41.

⁵ Steven Mintz, *Moralists & Modernizers: America’s Pre-Civil War Reformers* (Baltimore: Johns Hopkins University Press, 1995), 32-33. Nearly four times as many Americans regularly attended church as voted in the crucial 1860 presidential election. Drew Gilpin Faust, *This Republic of Suffering: Death and the American Civil War* (New York: Alfred A. Knopf, 2008), 172.

In colonial America, the family unit had been primarily responsible for shaping an individual's character through moral education. Families' perceived failure to compensate for societal changes created the "Age of Reform" which peaked in the 1840's and 1850's. Local voluntary reform societies proliferated, aimed at preserving their community's moral character and inculcating Protestant values. Dedicated men and women formed associations throughout the country to combat moral disintegration occurring in the wake of urbanization, industrialization, geographic mobility and immigration. Alexis de Tocqueville observed voluntary associations of "a thousand kinds, religious, moral, serious, futile, very general and very specialized, large and small" as uniquely American. He attributed their prevalence to the lack of aristocracy and mediocrity of citizenry in the new democratic country. The weakness and inadequacy of individuals was a great equalizer; if people wanted to accomplish anything they had no choice but to help each other voluntarily.⁶ Associations, which historian Peter Dobkin Hall characterizes as "overwhelmingly church related," emerged as powerful means to shape morality and bolster the traditional family unit.⁷

The loose network of interdenominational Protestant volunteers, the Benevolent Empire, struggled to preserve Christian values amid the unsettling social changes. Societies promoted a kaleidoscope of reforms: abolition, temperance, Sabbatarianism, women's rights, public school education, prison reform, rehabilitation of sailors and prostitutes, world peace, utopianism and preparation for the millennium. Protestant

⁶ French political author Alexis-Charles-Henri Clérel de Tocqueville (1805–1859). Alexis de Tocqueville, *Democracy in America and Two Essays on America*, trans. Gerald E. Bevan (London: Penguin Books Ltd., 2003), 595-600.

⁷ Peter Dobkin Hall, "A Historical Overview of Philanthropy, Voluntary Associations, and Nonprofit Organizations in the United States, 1600-2000," In Walter W. Powell and Richard Steinberg, ed, *The Nonprofit Sector: A Research Handbook*, 2nd Edition (New Haven: Yale University Press, 2006), 39.

women were important actors of the Benevolent Empire. Prominent men directed reform organizations, but women raised funds and managed auxiliary societies.⁸ Most of the leading reformers were devoutly religious people who crusaded on behalf of Christian morality.⁹ Evangelicalism meshed personal liberty with religious principles. Salvation depended on personal factors of faith, virtue and conversion; a person's shortcomings on earth prevented ascension to heaven. It was incumbent on everyone to uplift not only their own but their neighbor's morality.¹⁰

Charitable services were often culturally condescending, in terms of class, race, religion and ethnicity. Philanthropists, reformers and pious citizens developed almshouses to shelter the poor as an alternative to direct aid. They emerged in contrast to the colonial philosophy of Christian charity in which the strata of rich and poor were preordained, and the elite were obligated to love their poor neighbors. The shift toward almshouses was bound up in the formation of a middle class, rising in lockstep with the number of newly arriving impoverished immigrants. Central to the antebellum charitable approach was the distinction between the worthy and unworthy poor. The worthy poor were merely unlucky, and deserved temporary assistance. The unworthy poor were somehow morally deficient and chronically dependent. Assistance threatened to increase dependence on charity and perpetuate poverty.

The crusade to preserve social order contributed to a system of confinement of society's dependent and deviant. Philanthropists and reformers began to embrace institutionalization as a mechanism to impose order, protect productive citizens, treat

⁸ Kathleen D. McCarthy, "Women and Political Culture," In *Charity, Philanthropy and Civility in American History*, ed. Lawrence J. Friedman and Mark D. McGarvie (New York: Cambridge University Press, 2003), 187.

⁹ Mintz, *Moralists & Modernizers*, Chapter One: The Specter of Social Breakdown, 3-16.

¹⁰ Walter I. Trattner, *From Poor Law to Welfare State*, 6th ed. (New York: Free Press, 1999), 67.

deviance and inculcate moral behavior. For the most part, asylums, jails and almshouses confined people of society's lowest classes.¹¹ Almshouses were institutions of last resort that provided the bare minimum of aid without running the risk of pauperizing the recipient. Material aid and lessons of religion, morality, sobriety and industry were delivered concomitantly; improving the character of the poor would ultimately solve the problems created by their moral failure.¹²

Antebellum humanitarian reformers founded a variety of caretaking institutions for dependent members of their communities. A handful of these institutions were public hospitals, and several had begun as almshouses.¹³ Wealthy men founded and governed the early hospitals to provide them a means of patronage or out of a sense of noblesse oblige. They developed exclusionary policies based on social class, race or diagnosis. They often turned away patients with chronic or contagious diseases, including old age, addictions or mental disorders. Public hospitals at the time were marginal social-welfare institutions for the sick, indigent and homeless. Rather than acute-care facilities, they were homes for the dependent in which patients were essentially warehoused as inmates. If the wealthy needed medical care, they remained at home. Untrained hospital attendants or other patients performed menial labor and provided rudimentary nursing care.¹⁴ In typical fashion, New York's Bellevue Hospital employed prisoners and

¹¹ David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. Rev. ed. (Boston: Little, Brown and Company, 1990), xiii-xliv.

¹² Trattner, *From Poor Law to Welfare State*, 67.

¹³ General hospitals, the most common, were also known as infirmaries. A few marine hospitals for sailors or ships' passengers, mental hospitals, and emergency hospitals usually established to meet the needs of an epidemic. Barbara Misner, "Highly Respectable and Accomplished Ladies:" *Catholic Women Religious in America 1790-1850* (New York: Garland Publishing, Inc., 1988), 214.

¹⁴ Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (New York: Cambridge University Press, 1987), 2.

paupers as nurses.¹⁵ Liquor was constantly available as it was dispensed as medicine. One doctor reported he would be satisfied with his hospital's nurses if they would only remain sober. Florence Nightingale had begun to reform healthcare in Britain, where hospital conditions paralleled those in America. She referred to hospital nurses as the dregs of female society "too old, too weak, too drunken, too dirty, too stolid, or too bad to do anything else."¹⁶ Patients would only seek hospital care as a last resort, and nursing was not yet a profession. The founding of the Sisters of Charity, infused with the philosophy of St. Vincent de Paul, would profoundly improve American hospital care.¹⁷

Catholicism was a minority religion, and Catholic sisters had not been conspicuous in the colonial American landscape. Four cloistered orders of nuns existed by 1810: Carmelites, Poor Clares, Visitandines and Ursulines. Each order had been formed by European sisters seeking refuge in the new country. These small, cloistered orders were newly established and not particularly visible. St. Elizabeth Ann Bayley Seton founded the first active, or apostolic, order of Catholic religious women in the United States. Tragedy marked her early life, perhaps propelling her toward her spiritual calling. She was born into a prominent, Episcopalian, New York family in 1774. Her father was a physician, professor of medicine and the first health officer of New York City. Despite her father's medical intervention, Elizabeth's mother and sister died before she had reached age four. Her earliest memories were of wanting to go to heaven so she could join them. She was always a devout parishioner, and "the continual contrast of all

¹⁵ M. Adelaide Nutting and Lavinia L. Dock, *A History of Nursing: The Evolution of Nursing Systems from the Earliest Times to the Foundation of the First English and American Training Schools for Nurses* (New York: G.P. Putnam's Sons, 1907), 2: 331.

¹⁶ British nurse, reformer and writer Florence Nightingale (1820-1910), as quoted in Reverby, *Ordered to Care*, 22.

¹⁷ Father Vincent de Paul (1581-1660) founded the French Daughters of Charity, and is patron saint to the Sisters of Charity.

[her] blessings with the miseries [she] saw” moved her.¹⁸ Her early charitable work included helping to establish the Widows’ Society in New York, whose members were sometimes referred to as Protestant Sisters of Charity.¹⁹

Elizabeth Bayley married William Seton in 1794. Their nine year marriage witnessed the birth of five children, the deaths of both Elizabeth’s and William’s fathers, and the bankruptcy of the family’s business. Seeking treatment for William’s tuberculosis, the young family sought passage to Italy. Their time in Italy represented both blessing and bane: Elizabeth found Catholicism, but she was widowed when William died from his illness. She was twenty-nine years old.

In Italy friends of Seton’s, Antonio and Amabilia Filicchi, took her to Catholic mass. Seton was drawn to the rituals and practices of daily mass, making the sign of the cross, fasting, confession and penance. Amabilia explained the Catholic doctrines of the universal Motherhood of Mary and the Real Presence, which Seton overwhelmingly embraced: “How happy would we be, if we believed what these dear souls believe: that they *possess God* in the Sacrament.”²⁰ Seton returned to New York and wrestled with questions of faith for months. In desperation she attended Catholic mass, which sealed

¹⁸ Elizabeth Seton journal entry 1804. Ellin Kelly and Annabelle Melville, ed., *Elizabeth Seton: Selected Writings* (New York: Paulist Press, 1987), 346.

¹⁹ Rev. Charles Ignatius White (1807-1878) was Seton’s first biographer, and is the source of the phrase “Protestant Sisters of Charity.” He interviewed Sisters of Charity and Seton’s daughter during his research, and derived the phrase from their oral histories. He did not include a citation or endnote in his text; the phrase therefore may or may not be apocryphal. Consultation with Provincial Archivist, DC and Charles I. White, *Life of Mrs. Eliza A. Seton, Foundress and First Superior of the Sisters or Daughters of Charity in The United States of America; With Copious Extracts from her Writings, and an Historical Sketch of the Sisterhood from its Foundation to the Present Time* (New York: Edward Dunigan and Brother, 1853), 35; Also referred to as the Society for the Relief of Poor Destitute Widows with Young Children in Sister Betty Ann McNeil, *The Mountain and Valley of Saint Elizabeth Ann Seton* (Emmitsburg, MD: Daughters of Charity of Saint Vincent de Paul, 1999), 26. Seton referred to the association as simply “Widows Society,” Kelly and Melville, ed., *Elizabeth Seton: Selected Writings*, 346.

²⁰ Also called the doctrine of transubstantiation, the Eucharistic presence of Christ is a central tenet of Catholicism. Elizabeth Seton letter to Rebecca Seton, as quoted in Joseph I. Dirvin, *Mrs. Seton: Foundress of the American Sisters of Charity* (New York: Farrar, Straus and Giroux, 1975), 137.

her conversion. She wrote to Amabilia, “Trembling to communion, half-dead with the inward struggle when they said the *Body and Blood of Christ*. Oh! ... *I will go peaceably and firmly to the Catholic Church.*”²¹ After much grief, torment and soul searching, Seton and her children converted to Catholicism in 1805.

Episcopalian and Catholic dogma and practice are barely distinguishable today, but they were worlds apart in 1805. Only a few thousand New Yorkers belonged to the Catholic Church at that time, and most of them were poor immigrants. While Seton wrote of the “grateful and unspeakable joy” she discovered in her new church, her conversion estranged her from her family and friends.²² Members of the small Catholic community lived on the periphery of society, as will be explored later in greater depth, as mainstream Protestant citizens distrusted the hierarchical structure and religious doctrines of Catholicism.²³ Her former Episcopal pastor and spiritual advisor dealt her a crushing blow by calling on all her New York relatives, friends and acquaintances to convince them not to communicate with her at all.²⁴ He persuaded many of them, and only a few stood by her after her conversion. One of her remaining friends wrote that ladies in Seton’s former social circle began to refer to her as “poor, deluded Mrs. Seton.”²⁵

Seton was grieving over her husband’s death, financially destitute and ostracized as a spiritual traitor from her familiar support system. She held a few temporary teaching posts, but still struggled financially as she sought a more permanent situation. She meanwhile grew increasingly devout, and surrounded herself with leading Catholic spiritual advisors, including Father Simon Gabriel Bruté, Father John Carroll and Father

²¹ Elizabeth Seton letter to Amabilia Filicchi, February 1805, as quoted in Dirvin, *Mrs. Seton*, 163.

²² Elizabeth Seton letter to Amabilia Filicchi, 1805, as quoted in Dirvin, *Mrs. Seton*, 173.

²³ Oates, *The Catholic Philanthropic Tradition*, xi.

²⁴ Dirvin, *Mrs. Seton*, 194.

²⁵ Catherine Dupleix letter to Elizabeth Seton, as quoted in Dirvin, *Mrs. Seton*, 172.

John Cheverus.²⁶ When a visiting priest, Father Dubourg, confided to her his dream of a community of religious women to teach young girls in America, she “expressed a most ardent desire of seeing it commenced and of being herself admitted into it.”²⁷ Seton, Dubourg and Carroll were all instrumental in establishing the Sisters of Charity. The community needed a priest’s sponsorship to be recognized by Vatican authority; Seton was an experienced teacher and was drawn to the life of sisterhood she had observed in Italy.

Plans moved swiftly. Seton pronounced her vows, binding for one year, and she moved to Baltimore with her three daughters, two sisters-in-law and seven companions. The Sisters of Charity of St. Joseph’s began their order in Emmitsburg, Maryland on July 31, 1809.²⁸ Gradually the sisters were able to strike a balance between prayer, penance, manual labor and charitable works, amid scarce resources. Seton opened a free parish school, which scholars often cite as the cradle of the American parochial school system. The state of Maryland recognized the incorporation of the order in 1817, defining its charitable purpose as, “Works of piety, charity and usefulness, and especially for the care of the sick, the succor of aged, infirm and necessitous persons, and the education of

²⁶ Bruté (1779- 1839) was later Bishop of Vincennes, Indiana; Carroll (1735-1815) was later Archbishop of the U.S. and founder of Georgetown University; Cheverus (1768-1836) was later Bishop of Boston.

²⁷ Father William Louis Dubourg letter to Abbe Henri Élèves, as quoted in Dirvin, *Mrs. Seton*, 227. Similar translation quoted in Hannefin, *Daughters of the Church*, 7.

²⁸ Maryland was the only original colony with a significant Catholic population; 200 English Catholics had settled there in 1634. By 1809 Baltimore was the third largest city in the U.S., and it was the hub of American Catholicism. Baltimore (including surrounding counties) was the first American diocese, established 1789, and the influential Carroll was its bishop. Baltimore was home to the first American Catholic cathedral and universities. Antebellum Catholic population by city is difficult to obtain, as the U.S. Census did not capture religious affiliation; the church maintained population at the diocese level (when dioceses were states or groups of states); and many Catholics were lapsed and therefore not members of congregations. Diocesan histories provide the best population details. In 1809 Catholics represented approximately 9% of Baltimore’s population, estimated at 4,000 out of the city’s 46,000 people.

young females,” in the spirit and tradition of St. Vincent de Paul and the French Daughters of Charity.²⁹

Two of her children died of tuberculosis soon after she founded the Sisters of Charity, testing Seton’s faith even more severely. In the wake of profound grief, her writings grew gradually more serene and peaceful, yearning for the spiritual connection of the “soul which fastens on God.”³⁰ Elizabeth Seton served as mother superior of the order until her death in 1821.³¹

Historians often credit St. Vincent de Paul with institutionalizing Catholicism’s commitment to caring for the sick, and his vision informed the philanthropy of the Sisters of Charity. Vincent de Paul and Louise de Marillac had created and maintained the original non-cloistered order, the Daughters of Charity, centuries earlier in France. St. Vincent had believed the cloister was “the streets of the city, your chapel, the parish church and your veil holy modesty.”³² Benevolent care of the needy had been the domain of religion for centuries. After St. Vincent’s time, European Catholic sisters were no longer bound by strict enclosure and could pursue missions of caring for the sick, injured, aged and dying. Work formed the core of spiritual life and dominated over prayer.³³ His philosophy influenced Catholic charitable missions throughout Europe. The church projected his views onto newly established congregations in America.

²⁹ *Sisters of Charity Act of Incorporation* quoted in Dirvin, *Mrs. Seton*, 389.

³⁰ Elizabeth Seton letter to Mary Post, 1816, as quoted in Dirvin, *Mrs. Seton*, 374.

³¹ Seton’s Cause for Canonization began in 1882. Pope Paul VI canonized her in 1975.

³² As quoted in Sister Carlan Kraman “Women Religious in Health Care: The Early Years,” In *Pioneer Healers*, ed. Sister Ursula Stepsis and Sister Dolores Liptak (New York: Crossroad Publishing Co., 1989), 19.

³³ Sioban Nelson, *Say Little, Do Much: Nurses, Nuns, and Hospitals in the Nineteenth Century* (Philadelphia: University of Pennsylvania Press, 2001), 23.

Mother Seton's Sisters of Charity formally adopted the Rule of the French Daughters of Charity of St. Vincent de Paul in 1850.³⁴ Two groups of sisters established separate orders around this time, so that at the outset of the Civil War, there were three distinct Sisters of Charity orders descending from St. Elizabeth Seton: Emmitsburg, Cincinnati and New York.³⁵ By 1861 approximately a dozen Catholic orders were established in America. Their sisters also served during the war; the Sisters of Charity were at the vanguard of nursing orders and provided the majority of the sister nurses.

Several factors contributed to the opposition Elizabeth Seton faced when she converted to Catholicism. English Puritan immigrants, who had sailed to America full of hopes for their settlements in the New World, had brought prejudice against the Catholic Church along with them. Catholicism was a minority religion in England, and only a few hundred emigrated alongside the Puritans. Prejudice was rooted in distrust of Catholics' obedience to the pope, which was viewed as incompatible with religious freedom. While the English were predominantly Protestant and the Irish predominantly Catholic, Irish ethnicity and Catholic religiosity had become permanently intertwined. The English had viewed the Irish as lazy savages and Catholicism as a superstition.³⁶ English colonial penal laws had systematically disenfranchised the Irish from owning property, voting, worshipping in Catholic churches and speaking their own language. Catholicism, even if not widely or openly practiced, became a unifying and defining Irish belief system even

³⁴ The Rule is synonymous with the community's constitution, governing all practices including devotions, interactions and other customs.

³⁵ See footnote 28 for additional information on population statistics. Sisters of Charity went to New York in 1817, and the order was formally established in 1846. Catholics represented approximately 12% of New York's population, estimated at 12,000 out of the city's 96,000 people. Sisters of Charity went to Cincinnati in 1829, and the order was formally established in 1852. Catholics represented approximately 35% of Cincinnati's population, estimated at 40,000 out of the city's 115,000 people.

³⁶ Lawrence J. McCaffrey, *The Irish Diaspora in America* (Washington, D.C.: Catholic University of America Press, 1984), 31.

while it was being driven underground. Bishop John Tracy Ellis observed that the “transplantation of English religious prejudices to America thrived ... [and] became one of the major traditions in a people’s religious life.”³⁷

In most of the American colonies, Catholics could not publicly acknowledge their faith. Even after the Federal Constitution assured the protection of religious freedom, anti-Catholic legislation took several forms and varied by state. States were reluctant to officially recognize Catholic entities, even amid the enabling legal milieu. When the Ursulines applied for a charter for their New York convent in 1814, a state official commented, “This is perhaps the first incorporation of a *Convent* in a country decidedly Protestant and evinces the liberality of the legislature.” The official wanted to require the nuns to prove their community benefit by sheltering “distressed” women.³⁸

Catholicism’s emphasis on self-discipline and obedience to central authority would remain at odds with Protestantism’s creed of self-reliance and suspicion of centralized authority throughout the nineteenth century.

After the American Revolution, Vatican authority in Rome designated Marylander John Carroll to be the first American bishop. Carroll’s charge was to expand and organize the small and scattered Catholic community. His cosmopolitan vision set the tone for successive leaders: “All would lay aside national distinctions & attachments & strive to form not Irish, or English, or French Congregations ... but Catholic-American Congregations.”³⁹ Carroll and his successors ambitiously sought to establish the church hierarchy in a country that despised everything Catholic, or as he described the

³⁷ John Tracy Ellis, *American Catholicism*, 2nd ed. (Chicago: University of Chicago Press, 1969), 20.

³⁸ Mary Ewens, “The Role of the Nun in Nineteenth Century America: Variations on the International Theme” (Ph.D. Diss., University of Minnesota, 1971), 73.

³⁹ As quoted in Dolores Liptak, *Immigrants and Their Church* (New York: Macmillan Publishing Company, 1989) 6.

environment, “A Popish [Catholic] priest was thought to be the greatest monster in creation.”⁴⁰ They wanted to become part of the American experiment and build the kind of church that would protect its religious heritage but also serve the nation.⁴¹ Carroll’s leadership, characterized by his positive and integrating views, contributed to the recruitment of priests and the establishment of new dioceses. Catholicism gained a foothold as a result of increasing numbers of parishioners and the formation of early religious orders such as the Sisters of Charity created under his auspices. By 1850 six dioceses were organized, each with a bishop chosen for their consistent determination for the church to be seen as American.⁴²

The rapid influx of European Catholics into the newly created structure, however, presented a double-edged sword. The first wave of poor European immigration to America in the first half of the nineteenth century propelled the church from a tiny cadre of about fifteen thousand parishioners into a large, destitute populace whose needs would quickly overtax its resources. Between 1800 and 1850, over 1.2 million Catholics immigrated in search of religious, economic and political freedom. During the 1850’s, another million impoverished Irish came to America fleeing starvation during the Great Famine, more than in Ireland’s previously recorded history.⁴³ The American Catholic population doubled with each antebellum decade. In this fifty year span of time,

⁴⁰ As quoted in Liptak, *Immigrants and Their Church*, 38.

⁴¹ Dolores Liptak, “Catholic Immigrant Patterns, 1789-1989,” In *Perspectives on the American Catholic Church, 1789-1989*, ed. Stephen J. Vicchio and Sister Virginia Geiger (Westminster, MD: Christian Classics, 1989), 64.

⁴² The six dioceses were Maryland 1789, Boston 1808, New York 1808, Richmond 1820, Charleston 1820, and Mississippi/Alabama 1822. Thomas W. Spalding, *The Premier See: A History of the Archdiocese of Baltimore, 1789 – 1989* (Baltimore: Johns Hopkins University Press, 1989), 26.

⁴³ Roger Daniels, *Coming to America: A History of Immigration and Ethnicity in American Life*, 2nd Ed. (Princeton, Visual Education Corporation, 2002), Chapter Six, “Pioneers of the Century of Immigration.”

Catholicism grew from a tiny enclave to the country’s largest religious denomination.⁴⁴

Estimated population growth follows⁴⁵:

American Catholic Population Growth by Decade			
Year	Estimated Total U.S. Population	Estimated Catholic U.S. Population	Catholics as % of Population
1790	3,929,214	35,000	0.9%
1800	5,308,483	50,000	0.9%
1810	7,239,881	95,000	1.3%
1820	9,638,453	195,000	2.0%
1830	12,866,020	318,000	2.5%
1840	17,069,453	663,000	3.9%
1850	23,191,876	1,606,000	6.9%
1860	31,443,321	3,103,000	9.9%
1870	39,818,449	4,504,000	11.3%

The Irish rural population had exploded during the late eighteenth and early nineteenth centuries, while dependence on the potato as an almost exclusive food source had increased. When blight destroyed the entire potato crop from 1845 to 1849, over one million people died and millions more subsisted below the poverty level. America offered hope, but voyages were nightmarish. Ships’ conditions were wretched. Many immigrants arrived emaciated, ill or contagious with epidemic diseases such as cholera, typhoid or “ship fever” from their passage.⁴⁶ Up to ten percent of passengers died en route.

Those who survived the trip clustered in filthy slums and shanties which were not much better than the ships. American urban ghetto populations, in turn, doubled or tripled in a few years, stretching the capacity of the cities’ abilities to care for the sick and

⁴⁴ Thomas Bokenkotter, *A Concise History of the Catholic Church*, rev. ed. (New York: Image Books, 1990) Chapter Thirty-One, “The American Church.” Other estimates are as high as 4.5 million American Catholics in 1860, such as Michael Williams, *American Catholics in the War* (New York: Macmillan Company, 1921), 51. By 1840 Catholics were concentrated in New York, Philadelphia, Baltimore, Charleston and New Orleans (in descending order). Oates, *The Catholic Philanthropic Tradition*, 9.

⁴⁵ U.S. population from J. Davidson, et al. *Nation of Nations: A Narrative History of the American Republic* (Boston: McGraw Hill, 2005), 1: A-32. Catholic population from AI.

⁴⁶ Daniels, *Coming to America*, 135.

poor. Cholera and tuberculosis were rampant, and infant mortality rates in their sections of cities eclipsed those of other immigrant groups. Crime rates skyrocketed. Men were often arrested for violent behaviors such as fighting and drunkenness, women for prostitution. By mid-century, jails, churches, public hospitals and almshouses in every major city were overrun with these poor immigrants, aggravating class and religious tensions.⁴⁷ The magnitude and visibility of indigent immigrants was alarming. At mid-century, Irish represented two-thirds of patients at Philadelphia's St. Joseph's Hospital, New York's Bellevue Hospital and New York City's Almshouse.⁴⁸ During the 1854 cholera epidemic, three-fourths of New York's Almshouse patients were Irish.⁴⁹ A New York City priest lamented, "We are so overrun at this time with immigrants and other poor that I do not know what is to become of us."⁵⁰ Despite the hopes and vision of episcopal leadership to be viewed as American, the Catholic Church acquired the image of a foreign-born and squalid congregation.

In the standard pattern of chain migration, male heads of household traveled alone. Poor families could not afford to migrate together, so they would pool their resources and send one pioneer delegate to the promised land of America. Once he arrived and found work, he would send remittances back to the next link in the family chain. The process would repeat until the entire family could afford to leave.

Desperately poor and largely unskilled and uneducated, many Irish men worked in high

⁴⁷ Irish immigrant settlements were concentrated in Boston, New York and Philadelphia in the North; Baltimore, Charleston, Memphis, New Orleans, Richmond and Savannah in the South.

⁴⁸ Christopher J. Kauffman, *Ministry and Meaning: A Religious History of Catholic Health Care in the United States* (New York: Crossroad Publishing Company, 1995), 72; Maureen Fitzgerald, *Habits of Compassion: Irish Catholic Nuns and the Origins of New York's Welfare System, 1830-1920* (Urbana: University of Illinois Press, 2006), 260-261, n9 and n11.

⁴⁹ Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, Inc., 1987), 42.

⁵⁰ Father Bayley letter to M. Frenaye, 1848, as quoted in Oates, *The Catholic Philanthropic Tradition*, 25.

mortality jobs in railroads, mining and canal digging for paltry wages, displacing American workers and further reinforcing resentment. Excavation work, for example, was rife with disease and accidents. Native-born American workers blamed immigrants for their unemployment during economic slumps.⁵¹ The church encouraged immigrants to settle in rural America by sponsoring agrarian communities, but most of them failed as the immigrants had neither skill nor interest in resuming the agricultural pursuits that had so disastrously failed them in their homeland.

Unlike most other chain migration patterns in which single men traveled first, single women without children constituted over half the immigrants fleeing Ireland by the 1840's. Single Irish women, rather than dependent wives, immigrated as the Famine had eroded much of their economic independence as well.⁵² Most of these women, however, had no qualifications or education. They accepted domestic work if they could find it, hazardous textile industry work if they could not, and prostitution as a last resort.⁵³ Irish women filled a labor vacuum and rapidly occupied the available domestic positions in urban areas. Faye Dudden's study concludes turnover was so high that "almost every young Irish woman who came to America spent some time in domestic service."⁵⁴ Employers often weren't satisfied, either because the women weren't qualified or Catholics were not to be trusted. Rumors circulated that the Pope dispatched Catholic

⁵¹ Mintz, *Moralists & Modernizers*, 43.

⁵² Female emigration from Ireland outnumbered male emigration only in the 1850's, and was a combination of single women traveling alone and women following men who had emigrated earlier. Janet A. Nolan, *Ourselves Alone: Women's Emigration from Ireland 1885-1920* (Lexington: University Press of Kentucky, 1989), 46-47.

⁵³ New England textile mills had few safety precautions. Fires and other industrial accidents caused numerous injuries and deaths. Hasia R. Diner, *Erin's Daughters in America: Irish Immigrant Women in the Nineteenth Century* (Baltimore: Johns Hopkins University Press, 1983), 74-75; and James J. Kenneally, *The History of American Catholic Women* (New York: Crossroad Publishing Co., 1990), 68-69.

⁵⁴ Faye E. Dudden, *Serving Women: Household Service in Nineteenth-Century America* (Middletown, CT: Wesleyan University Press, 1983), 62.

domestics as spies. This want ad from the *New York Evening Post* was typical: “Wanted. A Cook or Chambermaid... must be American, Scotch, Swiss or African—no Irish.”⁵⁵

Author L.P. Brockett bemoaned the number of Irish women able to secure positions as domestics in upper-class households:

We can not but regret that they have been able to do so. Our families are not so well served, a very large proportion of those seeking situations being newcomers, unfamiliar with our language, habits, and customs, and having but limited and very imperfect notions of cleanliness and good order, and generally unskilled in even the rudiments of cooking, or the laundress' art.⁵⁶

He further described them as ignorant and dishonest, and predicted that American women would soon resume their rightful place as domestic laborers. American women, however, eschewed domestic labor and Irish women continued to respond to almost unabated demand for domestic positions, despite constant criticism of their skills.⁵⁷ Irish Catholics were barred from many other types of jobs; they also had difficulty finding housing, loans and schools.⁵⁸

The momentum of chain migration, coupled with limited employment opportunities, caused newly established religious orders such as the Sisters of Charity to become magnets for single, Irish Catholic women.⁵⁹ In Ireland, several orders competing for candidates launched recruiting drives as part of their missionary efforts, and thousands of women embarked to America as part of a serial migration system that

⁵⁵ *New York Evening Post*, September 4, 1830 as quoted in Daniels, *Coming to America*, 131.

⁵⁶ L.P. Brockett, *Woman: Her Rights, Wrongs, Privileges, and Responsibilities* (Hartford, CT: L. Stebbins, 1869), 143.

⁵⁷ Diner, *Erin's Daughters in America*, 84-85.

⁵⁸ Rosemary Radford Ruether, “Women in North American Catholicism” In *Encyclopedia of Women and Religion in North America*, ed. Rosemary Skinner Keller and Rosemary Radford Ruether (Bloomington: Indiana University Press, 2006), 1: 127.

⁵⁹ Liptak, *Immigrants and Their Church*, 6.

populated fledgling congregations.⁶⁰ At times bishops from American dioceses traveled to Europe to recruit postulants, and they often waived dowry requirements to increase opportunities for poor or working class women willing to make the journey.⁶¹ Orders such as the Sisters of Mercy in New York became way stations for new arrivals, providing shelter and training to aid the migration process.⁶² Irish immigrant laywomen came to depend on sisterhoods more generally for aid and support. Many Irish laywomen faced illness, poverty, alcoholism and domestic violence. They could turn to sisters for support, as both groups had ethnicity, religion and gender in common. The bonds that developed played an important role in convincing many laywomen to enter religious orders.⁶³ After the initial founding period, the majority of American Catholic women who professed vows during the mid-century decades were Irish immigrants or of Irish heritage.⁶⁴ The influx of Irish immigrants quickly engulfed foundresses', including Seton's, American heritage.

The onrush of immigration helped fuel the rapid growth of the Sisters of Charity, from the handful of sisters in Elizabeth Seton's original band in 1809 to approximately 600 women by mid-century. With approximately 1,400 sisters in all religious orders

⁶⁰ Suellen Hoy estimates as many as 7,000 Irish women immigrated to America as nuns in the nineteenth century. For detailed discussion of nuns and serial migration see Suellen Hoy, "The Journey Out: The Recruitment and Emigration of Irish Religious Women to the United States, 1812-1914," *Journal of Women's History* 7, No. 1 (Winter, 1995): 64-98.

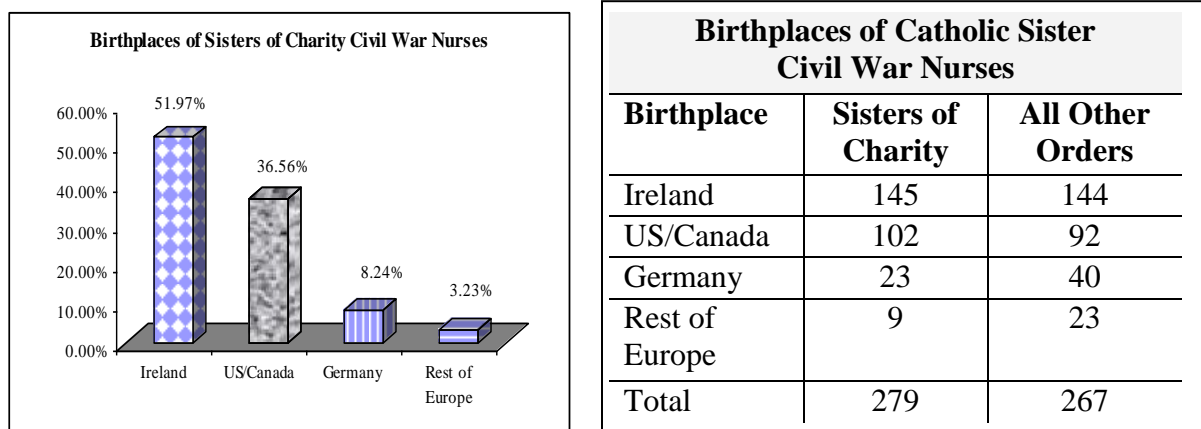
⁶¹ The 1852 Constitution of the Sisters of Charity, Article 5 stated: No fortune or dowry is required for their maintenance after their Novitiate. Board and expenses were required, but could be waived by superiors (SCC).

⁶² New York's Archbishop specifically recruited Irish Sisters of Mercy to establish a New York presence. They established their community in 1846, as a safe house for single Irish immigrant women. Fitzgerald, *Habits of Compassion*, 57.

⁶³ Diner, *Erin's Daughters in America*, 130.

⁶⁴ Wittberg, *The Rise and Fall of Catholic Religious Orders*, 69; Misner, "Highly Respectable and Accomplished Ladies," 121-123; and John Francis Maguire, *The Irish in America* (New York: D. & J. Sadlier & Co., 1868), 361-9.

combined in America in 1850, the Sisters of Charity was the largest order.⁶⁵ As shown below over half their Civil War nurses, and over two-thirds of their order, were born in Ireland. The ethnic nature of the order would probably have been even more obvious if sisters' parents' birthplaces had been documented.⁶⁶



Birthplace	Sisters of Charity	All Other Orders
Ireland	145	144
US/Canada	102	92
Germany	23	40
Rest of Europe	9	23
Total	279	267

A sister at the time proudly wrote that the Irish lineage “[spoke] well of the piety of the Emerald Isle.”⁶⁷ Qualities in addition to piety may have contributed to Irish women’s gravitation to religious orders. Barbra Mann Wall notes that elements of Irish culture such as discipline, adaptability, hard work, devotion and obedience dominated religious orders’ cultures. These attributes were well suited to the rigors of religious life and contributed to the process of Americanization.⁶⁸ Such qualities would also be crucial when the sisters served as Civil War nurses.

⁶⁵ Barbara Misner compiled archival records from all communities that existed in 1850 and succeeded in maintaining permanent establishments. She records 1,441 sisters in total. A few small but temporary communities existed at this time but no records survived. Misner, “*Highly Respectable and Accomplished Ladies*,” 89-91.

⁶⁶ Ellen Ryan Jolly compiled accounts of 21 communities for the 1924 dedication of the monument “Nuns of the Battlefield” in Washington D.C. She listed the name and birthplace of every sister, which I compiled into a spreadsheet. Ellen Ryan Jolly, *Nuns of the Battlefield* (Providence, RI: Providence Visitor Press, 1927).

⁶⁷ As quoted in John Francis Maguire, *The Irish in America* (New York: D. & J. Sadlier & Co., 1868), 369.

⁶⁸ Barbra Mann Wall, *Unlikely Entrepreneurs: Catholic Sisters and the Hospital Marketplace, 1865–1925* (Columbus: Ohio State University Press, 2005), 30.

By 1860 the Catholic population was over three million and roughly ten percent of Americans. More than one million were Irish, the balance German and Polish Catholics. The onrush was so great that by 1860 New York City was the largest Irish city in the world. Episcopal leadership was forced to face inward, as Catholics withdrew into their own religious and ethnic enclaves. They were compelled to shift away from Carroll's original bridging strategy aimed at strengthening connections with other institutions. Instead, they had to focus on the basic human needs of their rapidly growing congregation. Widespread, dire poverty, exacerbated by intermittent population surges, presented the overwhelming threat to both the physical and spiritual health of the Catholic congregations. Many immigrants were not practicing Catholics, who did not attend mass and made neither confession nor Communion, whose fragile faith alarmed the church.⁶⁹ John O'Grady furthermore contended the majority culture's "medium of philanthropic effort" undermined the Catholic faith by trying to winnow orphaned or dependent children away from immigrant families.⁷⁰ The St. Vincent de Paul Society arrived in 1845 to assist the church in serving the poorest of its charges.

Protestants and Catholics agreed that all faithful stewards had an obligation to help society; however Catholics held that salvation rested not only on faith and personal virtue, but on good works.⁷¹ Charity, therefore, was a religious duty incumbent upon Catholics of all classes. The religious commitment to charity and the poor population

⁶⁹ Non-practicing Catholics were not uncommon in pre-famine Ireland, where over 80% of Irish were Catholic but between 30% and 60% attended mass. In some counties, as few as 20% of the Catholic population attended mass. This lack of regular observance extended to the U.S. with emigration. Nolan, *Ourselves Alone*, 28-29.

⁷⁰ John O'Grady, *Catholic Charities in the United States: History and Problems* (1930; Reprint, New York: Arno Press, 1971), 238.

⁷¹ Mary J. Oates, "Faith and Good Works: Catholic Giving and Taking," In *Charity, Philanthropy and Civility in American History*, ed. Lawrence J. Friedman and Mark D. McGarvie (New York: Cambridge University Press, 2003), 283.

produced a self-perpetuating cycle of need and response. The church built institutions to simultaneously serve their needy population most efficiently, protect them from Protestant proselytizing and tap into the rapidly growing labor force.⁷² The favorable legal climate for charities at the time was conducive to the church's establishment of seminaries, schools, orphanages and hospitals. At the same time, the church's hierarchy began to exert control over Catholic properties and charities, causing laywomen to assume a role subordinate to the sisters. One priest expressed the hierarchy's insistence on control over its benevolent enterprises as "the great organized works of general charity must be carried on by the clergy or religious societies."⁷³ Sisters provided the primary labor force of these newly established charities; they staffed facilities wherever possible, partly to create and preserve a distinct Catholic identity. Lay auxiliary benevolent associations rose in lockstep with institutions, as lay Catholics' fundraising often supported sisters' missions.

Important distinctions between Protestant and Catholic philosophies became apparent as hospitals evolved in the nineteenth century. Society's well-delineated class system was embedded into hospital culture. A few public and private hospitals existed. They were vastly different types of facilities that mirrored the class stratification of the time. Public hospitals, or almshouses, were overcrowded warehouses for society's destitute population. Private hospitals were relatively spacious and comfortable, and admitted primarily patients with the means to pay for services.⁷⁴ The well-heeled

⁷² Protestant proselytizing had been a major problem in Irish and German hospitals, raising immigrants' distrust of American non-Catholic hospitals. Barbra Mann Wall and Sioban Nelson, "Our Heels Are Praying Very Hard All Day," In *Holistic Nursing Practice* 17, no. 6 (November/December 2003): 321.

⁷³ Father Augustine Hewit as quoted by Oates, *The Catholic Philanthropic Tradition*, 22.

⁷⁴ Wendy Gamber, "Antebellum Reform: Salvation, Self-Control, and Social Transformation," In *Charity, Philanthropy and Civility in American History*, ed. Lawrence J. Friedman and Mark D. McGarvie (New York: Cambridge University Press, 2003), 136-137.

population imposed its sense of moral order onto paternalistic hospital trusteeship. The Troy, New York hospital in 1864 accepted “worthy poor people ... when sick or meeting with sudden accidents.”⁷⁵ Exclusionary private hospital admissions policies barred many of the urban poor from admission, forcing them into the humiliation of almshouse incarceration. If a patient could not afford hospital care, a typical requirement was,

All persons applying for free service must bring a note from some well-known citizen, or present other evidence that their inability to pay does not arise from improvidence or dissipation.⁷⁶

Two distinct sub-cultures existed: trustees, benefactors and doctors on one hand; patients, nurses and attendants on the other. Ethnic and religious differences between the two groups could widen the social distance that already existed between them. Alarmed at increasing numbers of Irish needing treatment, one trustee suggested erecting a separate “cheap building” for them as the patients couldn’t appreciate most of the hospital’s services anyway. Unlike acute-care facilities of today, hospitals accepted some chronic patients for long stays (average length of stay was a year), almost like boarding houses or nursing homes. Hospitals were an arena for elites to instruct the poor in proper societal conduct. They rejected alcoholics and contagious diagnoses, and punished infractions such as drinking, swearing and fighting with mandatory time in “lunatic” wards.⁷⁷ Hospital staff attempted to teach poor patients proper behavior, speech, hygiene and piety, which combined into an overall program of moral reform.

⁷⁵ W.D. Van Alstyne, mayor of Troy, letter to mayor of Utica January 1864 as quoted in Hannefin, *Daughters of the Church*, 68.

⁷⁶ New York Hospital executive committee requirement, as quoted in Charles E. Rosenberg, “And Heal the Sick: The Hospital and the Patient in the 19th Century America,” *Journal of Social History* 10, no. 4 (Summer, 1977): 430.

⁷⁷ The quote is from New York Hospital trustee 1888. Rosenberg presents as typical of nineteenth-century admissions policies. Rosenberg, “And Heal the Sick,” 433-438.

The Sisters of Charity, therefore, could fill a void as caring for the sick merged their concern for the needy with their own spiritual responsibility. Catholic hospitals evolved as a mission of the church, but also to protect their immigrant population. They adopted some exclusionary policies, but were generally more expansive in their admissions. Catholic hospitals' dual-purpose missions involved healing the sick, aged and dying, but also afforded the opportunity for spiritual solace. Catholic philanthropy emphasized interaction among all classes so the elite could embrace the struggles of the poor. Sisters held the centuries-old view that the poor were God's most deserving children, rather than immoral or unworthy.⁷⁸ Catholic hospitals were more concerned with spiritual reform than top-down moral reform. Like their Protestant counterparts, they had rules of behavior but most rules involved spiritual obligations. For their Catholic patients, nursing sisters provided religious instruction and encouraged devotional conformity to rituals.⁷⁹ They could offer a sense of ethnic identity, reinforcement of Catholic faith and a shred of dignity to patients.⁸⁰

Another difference was that many non-Catholic hospitals did not allow Catholic priests in the wards to attend to the dying.⁸¹ Catholic hospitals recognized the crucial nature of spiritual guidance at death, and church leadership wanted to demonstrate respect for all faiths. At Milwaukee's St. John's Catholic hospital, for example, the written policy stated, "Any patient may call for any clergyman he may prefer," as long as the minister did not "preach to, pray aloud before, or interfere religiously with" other

⁷⁸ Wall and Nelson, "Our Heels Are Praying Very Hard All Day," 321.

⁷⁹ Wall, *Unlikely Entrepreneurs*, 52-53.

⁸⁰ Rosenberg, *The Care of Strangers*, 111.

⁸¹ O'Grady reaches even further and states Catholic services in any form were excluded from all Protestant institutions. O'Grady, *Catholic Charities in the United States*, 235.

patients.⁸² Most other Catholic institutions allowed ministers of all denominations at the bedsides of dying patients.⁸³ In 1863, Cleveland invited the Sisters of Charity, after they had displayed their mettle during the war, to assume management of the St. Vincent Hospital. The *Daily Cleveland Herald* ran an editorial to assure the citizens that “while this Hospital will be in the care and control of the Sisters, there will be perfect freedom for every patient to enjoy such religious instructions . . . as his conscience may dictate.”⁸⁴

Sisters did not openly evangelize in their nursing work, and welcomed non-Catholic clergy in their hospitals. The bishop of the Sisters of Charity New York cautioned them to “refrain from speaking of religion to Protestants inside and outside the hospital unless the Protestant broached the subject.”⁸⁵ The church hierarchy and sisters adopted this approach for several reasons. They pragmatically wanted to avoid controversy, as they respected their Protestant patrons and needed to cooperate with Protestant laity to acquire property and manage institutions. Catholics were well aware they represented a minority faith and it was strategic to demonstrate religious tolerance.

Catholics acquired this conciliatory strategy amid the xenophobia of antebellum America. Just as immigration occurred in waves, so did nativism or anti-immigrant sentiments. The antebellum phase was anti-Catholic, aimed largely at Irish Catholics, and, although it permeated the nineteenth century, it flourished in the 1840’s and 1850’s. Catholicism was an essential and inextricable element of Irish culture, so Irish Catholics faced double prejudice. Hostility toward Catholics existed throughout all classes of American society, and nativists often pointed to some specific danger – either real or

⁸² 1849 Catholic Almanac as quoted in Ann Doyle, “Nursing by Religious Orders in the United States: Part II: 1841-1870,” *American Journal of Nursing* 29, no. 8 (August, 1929): 963.

⁸³ Kauffman, *Ministry and Meaning*, 69-71.

⁸⁴ “The Proposed Hospital,” *Daily Cleveland Herald*, May 9, 1863.

⁸⁵ Bishop John Timon as quoted in Wall and Nelson, “Our Heels Are Praying Very Hard All Day,” 324.

imagined.⁸⁶ Cities were inundated with people whose religious practices, customs, habits and speech were unfamiliar and threatening. As much as Carroll and other Catholic leaders wanted religious orders to be seen as contributing to the common good, there was a tremendous amount of prejudice to overcome.

One common aspect in antebellum Protestant revivalism was recognition of the right of the common person to interpret the Bible for himself. This right stood in sharp contrast to the role of the priest and the Pope in Catholic hierarchy.⁸⁷ Although Protestant denominations' theologies and ideologies were different, they all united in anti-Catholicism. Maureen Fitzgerald argues the primary thread that linked Protestants across sects was their emphatic protest against the Catholic Church. Both the religious denominations defined themselves in terms of what they were not: Protestants were truly American because they were not Catholics, and Catholics were not truly American because they were not Protestants.⁸⁸

Prejudice against the Irish evolved from a mélange of bigotry and perceptions of lack of character, hygiene and education, forcing the small minority to the very bottom of American social and economic strata. Lawrence McCaffrey summarized American feelings toward the immigrants as, "The Irish were the first unwanted aliens in the new republic, the first targets of hate and violence ... they were hated, papist subversives, the slinky agents of popery."⁸⁹ The poverty, crime and violence in the Irish ghettos reinforced deep-seated stereotypes. Most Americans feared, loathed or harshly judged, rather than pitied, the new arrivals. This attitude encompassed hostility toward continued

⁸⁶ Daniels, *Coming to America*, 265.

⁸⁷ Mintz, *Moralists & Modernizers*, 34.

⁸⁸ Fitzgerald, *Habits of Compassion*, 22.

⁸⁹ McCaffrey, *The Irish Diaspora in America*, 6.

chain migration and the practice of sending remittances back to Ireland, as the system exacerbated poverty.⁹⁰ They blamed the immigrants for creating their own ill fate out of ignorance, sloth, alcoholism or immorality. For example, in 1865 the American Sunday-School Union declared, “The refugee population of Europe ... congregate in our great cities and send forth ... wretched progeny ... to be scavengers, physical and moral, of our streets. Mingled with these are also the offcast children of American debauchery, drunkenness, and vice.”⁹¹ In the majority worldview, the Irish were clearly unworthy of charity. The common view of the stereotypical Irish Catholic was embedded in the worthy-unworthy poor construct, and the Irish fell into the unworthy poor category because of their perceived paucity of moral fiber. Catholic charitable institutions attempted to provide some counterweight to this philosophy and were less punitive in their delivery of assistance to those in need.⁹²

The Sisters of Charity established their religious orders in part as a defense against the concomitant hostility toward them. Sisters were the most conspicuous and visible group of Catholic women. Many people felt the sisters’ lifestyle violated the ideals of the patriarchal family and true womanhood. Others viewed the sisters as victims of the Catholic Church’s hierarchy who lived in dens of iniquity as targets of sexual abuse by male clergy.

Literature added fuel to the fire. Rebecca Theresa Reed published an exposé of her brief experience as a cloistered Ursuline nun, *Six Months in a Convent* (1835), in which she admitted she could not adapt to the discipline of convent life. She wrote with some detachment of the physical discomforts of ascetic life, unfamiliar Catholic rituals

⁹⁰ Fitzgerald, *Habits of Compassion*, 70.

⁹¹ As quoted in Mintz, *Moralists & Modernizers*, 58.

⁹² Fitzgerald, *Habits of Compassion*, 80-84.

and her running internal debate over her suitability for the solemn Ursuline order versus the Sisters of Charity. Much more damning were the “Preliminary Suggestions by the Committee of Publication,” later attributed to the editor of the *Boston Advocate*. *Six Months’* didactic 48-page introduction warns of “a secret community of foreign females, who have introduced among us for the imitation of the daughters of republicans, the ascetic austerities of a religious discipline destructive of all domestic and social relations.”⁹³

Anti-Catholic propaganda in the form of “true confession” became a popular genre. Maria Monk, who purported to be an escaped nun from a Canadian convent, published *The Awful Disclosures of the Hotel Dieu Nunnery of Montreal* in 1836 and went on a public speaking junket to promote it. She graphically described the torture and degradation of the prison that was convent life, and depicted the sisters as human symbols of all the perversions of the Catholic Church. She described being bound and gagged, and discovering the body of a nun who had been hanged. The illustrated version included a drawing of “The Torture Chamber,” replete with all forms of medieval torture instruments. At the end of the saga, Monk had the option to join the Sisters of Charity in New York. She described them as “mild and favourable,” but most of her audience was not interested in distinguishing between her captors and the benign Sisters of Charity.⁹⁴ Most of the book was fictitious, but it was immensely popular and sold over 300,000 copies in its first printing, second only to Harriet Beecher Stowe’s *Uncle Tom’s Cabin*. *Awful Disclosures* was reprinted multiple times, copycat exposés followed, and

⁹³ Rebecca Theresa Reed, *Veil of Fear: Nineteenth-century Convent Tales by Rebecca Reed and Maria Monk* (1835; Reprint, West Lafayette, IN: NotaBell Books, 1999), 6.

⁹⁴ Maria Monk, *Awful Disclosures of Maria Monk, as Exhibited in a Narrative of Her Sufferings, During a Residence of Five Years as a Novice, and Two Years as a Black Nun, in The Hotel Dieu Nunnery at Montreal* (London: Printed for the Booksellers, 1836), 137.

pamphlets and newspaper articles kept alive the images of evil and depravity hidden behind convent walls. Abolitionist reformers who championed civil rights supported the anti-immigrant and anti-Catholic positions, partly in objection to the putative inhumane treatment of nuns.⁹⁵

Open hostility punctuated by cruel episodes of violence plagued the sisters, as the mysteriously costumed sisters were targets of virulent bigotry. People stoned and slung mud at sisters. Others taunted, hissed, jeered and spat at them. Abuse was so severe that some sisters were compelled to disguise their habits with secular dress to avoid harm when walking in public.⁹⁶ Worse yet, an irate mob incited by the eminent preacher Lyman Beecher looted and burned an Ursuline convent and library in Massachusetts in 1834. The mob was purportedly avenging an abused escaped nun à la Rebecca Reed, but there was no such victim. Even so the sisters were forced to leave the Boston area. Another attacked a Carmelite convent in Baltimore in 1839. Mobs ransacked and burned the homes of Irish families, a convent, a seminary and two churches in Philadelphia in 1844, killing thirteen people. Sister of Charity Mary Gonzaga Grace wrote of her terror,

We are in the midst of frightful dangers; a great portion of our peaceful city is the scene of dreadful riot and bloodshed: two of our churches burned to the ground . . . as [the mob has] sworn vengeance against all the churches and their institutions, we have every reason to expect the same fate.⁹⁷

Throughout the 1850's, a dozen Catholic churches were burned or blown up with gunpowder and many more churches and statues of saints were vandalized. Vigilantes

⁹⁵ Ellin Kelly, *Numerous Choirs: A Chronicle of Elizabeth Bayley Seton and Her Spiritual Daughters* (Evansville, IN: Mater Dei Provincialate, 1996), 2: 210.

⁹⁶ Holly Folk, "American Catholic Women, 1820-1900: From the Jacksonian Period to the Progressive Era," In *Encyclopedia of Women and Religion in North America*, ed. Rosemary Skinner Keller and Rosemary Radford Ruether (Bloomington: Indiana University Press, 2006), 1: 151.

⁹⁷ Sister Mary Gonzaga Grace letter to Mother Superior Xavier May 9, 1844, as quoted in Eleanor C. Donnelly, *Life of Sister Mary Gonzaga Grace of the Daughters of Charity of St. Vincent de Paul, 1812-1897* (Philadelphia: Festival of Sts. Peter and Paul, 1900), 78-80.

tarred and feathered priests. A popular children's game was called "break the Pope's neck."⁹⁸ Riots occurred across the country, from New York to St. Louis to New Orleans.⁹⁹ Louisville's 1855 Bloody Monday election-day protest against Catholic immigrant voters culminated in vandalism, fires and twenty-two deaths.¹⁰⁰ Mary Ewens describes a sort of conflicted, love-hate relationship between sisters and their neighbors during this period, with people having direct interaction with the sisters as respectful but the general population as prejudiced. Elites were beginning to entrust their daughters to esteemed convent schools by mid-century, but most people still had had no direct contact with sisters. The public image of the sisters was still menacing.¹⁰¹

Anti-immigration and anti-Catholicism sentiments coalesced in various forms. From 1830 to 1860 nativism was most directly aimed at Irish Catholics. The label "Irish Catholic" was almost one word, often coupled with adjectives such as vicious or criminal.¹⁰² McCaffrey described nativism as "the leading American neurosis" during these decades.¹⁰³ One Louisiana association denounced immigrants as "the outcast and offal of society ... transported in myriads to our shores, reeking with the accumulated

⁹⁸ Mintz, *Moralists & Modernizers*, 43.

⁹⁹ Daniels, *Coming to America*, 267 and Liptak, *Immigrants and Their Church*, 11.

¹⁰⁰ Historian Andrew Stern takes exception to most historiographical unilateral treatment of Protestant nativism. Stern argues that southern Protestants were overall more tolerant of Catholics despite episodic violence. Southern Catholic leaders were willing to dissemble on the issue of slavery in exchange for Protestant leaders' cooperation; both were fervently anti-abolitionist. In Kentucky Catholic schools and orders owned slaves. Low Irish immigration and Catholic population density in the South also contributed to religious pluralism. Andrew Stern, "Southern Harmony: Catholic-Protestant Relations in the Antebellum South," *Religion and American Culture: A Journal of Interpretation* 17, no. 2 (Summer, 2007): 165-190.

¹⁰¹ Ewens, "The Role of the Nun in Nineteenth Century America," Chapter Four: 1830-1859.

¹⁰² Anne M. Boylan, *The Origins of Women's Activism: New York and Boston, 1797-1840* (Chapel Hill: North Carolina University Press, 2002), 11; Jean Richardson argues that conversely, "American" and "Protestant" were interchangeable, and both "American" and "Protestant" connoted the general public. Richardson, "Catholic Religious Women as Institutional Innovators," 59.

¹⁰³ McCaffrey, *The Irish Diaspora in America*, 92.

crimes of the whole civilized world.”¹⁰⁴ Nativists criticized Irish Catholics for clinging to Catholicism, a relic of the Old World, and clustering in ethnic neighborhoods; both tendencies served as evidence of disloyalty to America.¹⁰⁵

The blending of local nativist associations culminated in the national Know-Nothing movement, a secret society that sought to protect American democracy from immigrants.¹⁰⁶ The society’s object was “to resist the insidious policy of the Church of Rome.” The Know-Nothing oath included promises to “not vote ... for any man ... *if he be a Roman Catholic*” and to “*remove all foreigners and Roman Catholics from office.*”¹⁰⁷ The movement developed into the political American Party in 1854, and it was a national force for several years. The Know-Nothings temporarily controlled the Washington National Monument Society. When Pope Pius IX donated a stone to the Society, they stole the stone and sunk it in the Potomac River rather than see it installed in the monument. They adopted a nativist platform and endorsed Millard Fillmore for President, causing Abraham Lincoln to remark, “When the Know-Nothings get control [the Declaration of Independence] will read, ‘All men are created equal, except negroes and foreigners and Catholics.’”¹⁰⁸ The party proposed several naturalization laws to

¹⁰⁴ As quoted in Daniels, *Coming to America*, 269.

¹⁰⁵ Susannah Ural Bruce, *The Harp and the Eagle: Irish-American Volunteers and the Union Army, 1861-1865* (New York: New York University Press, 2006), 47.

¹⁰⁶ Also known as the Order of the Star Spangled Banner. When questioned about their activities, members were required to answer: “I know nothing.” McCaffrey, *The Irish Diaspora in America*, 94 and Oates, *The Catholic Philanthropic Tradition*, 187, n.8.

¹⁰⁷ As quoted in Maguire, *The Irish in America*, 447.

¹⁰⁸ Abraham Lincoln letter to Joshua Speed, August 1855, as quoted in Hannefin, *Daughters of the Church*, 68.

oppose foreign-born voters and officeholders or control or halt the arrival of Irish Catholics, although nothing substantive passed prior to the Civil War.¹⁰⁹

Going into the war years, rage against Catholics was at its zenith. The Civil War draft riots in 1863 New York caused the extant bitter feelings to burn even more hotly. Mobs of angry Irish rioted over five days protesting a new draft law, which permitted men to purchase substitutes for military service. The lower-class Irish felt the draft law targeted them; not only could they not afford to hire substitutes, they would likely be retained to serve in the war. Members of all classes including the elite, middle, laboring and poor shared the heavily anti-Irish sentiment, especially during the riots. George Templeton Strong was a conservative member of New York's elite whose lifelong diary reflects the nativist view of the Civil War period. In the pages of his diary he railed against the Irish as "brutal, base, cruel, cowards and ... insolent." As a supporter of the Know-Nothing movement, anti-Irish comments pepper his entire diary, but are particularly vehement after the riots. Strong bemoaned the hiring of the "despised and rejected race" in the glorious cause of the Union Army, wishing instead that war be "made on Irish scum."¹¹⁰ The riots renewed or reinforced most of the negative stereotypes of the Irish as disloyal, violent and threatening.¹¹¹

The Sisters of Charity thus frequently faced militant opposition during their war service. Yet the sisters were able to fill a void in caring for America's poor and needy.

¹⁰⁹ Mary Ewens notes that a few jurisdictions passed anti-nunnery or convent inspection laws, subjecting the congregations to surprise visits from local authorities in search of un-American activity. These laws were isolated and short-lived. Ewens, "The Role of the Nun in Nineteenth Century America," 146.

¹¹⁰ George Templeton Strong (1820-1875), best known for his 2,250-page lifelong diary. Allan Nevins and Milton Halsey Thomas, ed., *The Diary of George Templeton Strong: The Civil War 1860-1865* (1952; Reprint, New York: The Macmillan Company, 1962), 342-353.

¹¹¹ Bruce, *The Harp and the Eagle*, 182-189.

Non-cloistered, or active, life suited the pioneer life of the majority of orders founded during nineteenth-century America, whose philanthropy was oriented around specific works such as education, healthcare or care of the poor and orphaned. Economics also played a role in the model of new orders, as, unlike their European counterparts, they did not enjoy the luxury of large endowments and had to generate income from school fees and social service activities. The Vincentian model in particular was the most influential on orders of nursing sisters, where their charitable works served as the core of spiritual life.¹¹² Elizabeth Seton was the perfect woman to implement and continue the model in her newly created order, which became the model for orders founded thereafter. Her personal experiences had led her to recognize the need for compassionate care in the wake of ravaging illness, and fulfilling this need became an element of her ministry and enduring legacy.¹¹³ From the outset her order was conceived “to render their plan of life useful to religion & the public.”¹¹⁴ St. Vincent’s philosophy resonates in the Sisters of Charity regulations: “They are not an enclosed order, the cloister not being compatible with the objects of their institution ... their only monastery being a hospital or an asylum ... their cloister, the public streets; their enclosure, obedience.”¹¹⁵

For the Sisters of Charity, nursing was a holy calling as it was spiritually important work both for their patients and themselves. Their mission was, and is today:

To honor Jesus Christ our Lord, the source and model of all charity, by rendering Him every temporal and spiritual service in their power, in the persons of the poor: either sick, invalid, prisoners, insane, or those who, through shame, would conceal their necessity.¹¹⁶

¹¹² Nelson, *Say Little, Do Much*, 22.

¹¹³ Sister Carlan Kraman, “Women Religious in Health Care: The Early Years,” In *Pioneer Healers*, 22.

¹¹⁴ Bishop John Carroll letter to Elizabeth Seton, as quoted in Thomas O’Brien Hanley, ed., *The John Carroll Papers: 1807-1815* (Notre Dame, IN: University of Notre Dame Press, 1976), 3: 156.

¹¹⁵ Founding regulations of the Sisters of Charity Cincinnati (SCC).

¹¹⁶ Founding regulations of the Sisters of Charity Cincinnati (SCC).

Nursing the sick placed the sisters in situations that linked the worldly and the divine, as the power of secular medicine and religion were inextricably intertwined. The prevailing Catholic view at the time did not distinguish between the healing ability of faith and technical acumen, so the sisters' nursing practices blended the two. They incorporated Catholic rituals, devotions and ceremonies with secular medicine. Care of patients at the time of death was particularly important, and the sisters saw that deathbed rituals were carried out. They did not have the same sacramental power as priests, but the sisters could baptize patients when priests were not available.

The Sisters of Charity had to hone their philanthropic agenda in America while conforming to Vatican expectations. They found it possible to blend the church's emphasis on charitable works with their personal spiritual goals through nursing. Through works of mercy on earth, such as nursing, they could secure salvation for themselves. Training of novices for religious life therefore included religion and their future charitable work, nursing.¹¹⁷ Doctors and experienced nursing sisters provided training. Orders' constitutions delineated compassionate treatment of patients, interactions with doctors, preparation of food, administration of medicine and how to prepare patients for death including baptism. Sisters Mary Xavier Clark and Mathilde Coskery wrote nursing training manuals, based on their own experiences as well as training materials from their European predecessors.¹¹⁸

¹¹⁷ A novice was a member of a religious community for the first year of entrance, prior to profession of vows. Novices studied scripture and the history of their community but didn't engage in charitable works. Postulants were prospective members who lived in the order for a probationary period. Hannefin, *Daughters of the Church*, xi and Wittberg, *The Rise and Fall of Catholic Religious Orders*, 277.

¹¹⁸ Sister Mathilde Coskery (1799-1870).

The sisters filled a vital role by restoring patients' physical health and, when necessary, preparing them for a "Good Death." Founding regulations of the Sisters of Charity required sisters to "dispose [their patients] to practice patience, or to make a good general confession, or to die well. They shall be very careful to instruct them in the things necessary for salvation, and procure for them, in due time, the holy sacraments."¹¹⁹ Similarly, their training manual specifically addressed their role in caring for their patients' souls at death: "To instruct them; to prep them gently and prudently ... and lastly to help them die well."¹²⁰ The sister nurses' role in the hospital, and later on the Civil War battlefield, was crucial in the context of the death and dying paradigm of the period. Americans, Protestant and Catholic alike, believed dying was an art, and that the "Good Death" was a goal for all men to achieve: to surrender one's soul, meet Satan's temptations, to pattern death on that of Jesus Christ and to pray. At mid-century Good Death was central in many religions, including Catholicism, popular culture and songs and literature of the war. A dying person's last words were important because they imposed meaning on the life lived, and provided insights to those at their deathbed.¹²¹

The sisters quickly gained credibility for their capability and efficiency, and they were soon recognized for nursing and caring for orphans. They took over the infirmary of their own parochial school, the Philadelphia Orphan Asylum in 1814 and the New York Orphan Asylum shortly thereafter. Catholic bishops sometimes made overtures to exert influence over existing non-Catholic hospitals or other institutions, but the non-

¹¹⁹ Founding regulations of the Sisters of Charity Cincinnati (SCC).

¹²⁰ Sister Mary Xavier Clark "Instructions on the Care of the Sick" as quoted in Wall, *Unlikely Entrepreneurs*, 138.

¹²¹ For in-depth discussion of Good Death and dying, see Drew Gilpin Faust, "The Civil War Soldier and the Art of Dying," *The Journal of Southern History* 67, no. 1 (Feb., 2001): 3-38; and *This Republic of Suffering*.

Catholic leaders quickly, and sometimes violently, resisted.¹²² For example, one institution manager viewed the sisters as a threat, challenging his peers to help him ward them off: “If you do not assist, the Sisters of Charity from Papal Rome will do the work!”¹²³ Physicians, however, recognized the sisters’ skill and sought opportunities to partner with them, causing their reputations as nurses to rise.

The University of Maryland established a new precedent in 1823 when it requested the Sisters of Charity take charge of the Baltimore Infirmary. For the first time, sisters not only nursed at a hospital in America, they managed the institution. Their success led to their engagement as nurses and managers at the Baltimore Marine Hospital in 1827. They opened the first Catholic hospital in America, St. Louis Mullanphy Hospital, in 1828.¹²⁴ By 1830 they were operating charitable institutions in the major cities along the eastern seaboard, as far west as St. Louis and as far south as New Orleans. In the 1830’s Philadelphia’s Blockley and New York’s Bellevue Hospitals’ physicians requested Sisters of Charity serve in their wards.¹²⁵ In 1852 the Sisters of Charity opened St. John’s Hospital in Cincinnati, then the largest inland city in America.

Between 1828 and 1860, the Sisters of Charity established eighteen hospitals, more than half the Catholic hospitals in America. They opened facilities as quickly as possible to the extent that sisters were available to staff and manage them. Citizens of cities across America with negligible Catholic populations raised funds to subsidize or

¹²² Liptak, *Immigrants and Their Church*, 12.

¹²³ As quoted in Robert H. Bremner, *The Public Good: Philanthropy and Welfare in the Civil War Era* (New York: Alfred A. Knopf, 1980), 15.

¹²⁴ Furrier and millionaire John Mullanphy donated the land and initial capital for the hospital. This was not characteristic of the pattern of hospital establishment in the nineteenth century. Kauffman, *Ministry and Meaning*, 51 and Hannefin, *Daughters of the Church*, 43-46.

¹²⁵ Nutting and Dock, *A History of Nursing*, 2: 331-334.

build a sisters' hospital in their community.¹²⁶ Their facilities treated acute illnesses, women in childbirth and infants, mental illness and alcohol addiction. Nursing became integral to their identity. Shortly after laywoman Emily Parsons volunteered as a nurse, she wrote her mother, "I wonder whether I have been led to my future vocation for this life – that of a Sister of Charity."¹²⁷ By mid-century, fully half the sisters were trained as nurses and the phrase "Sister of Charity" had become an eponym for a woman, Catholic or Protestant, dedicated to selfless service.¹²⁸ By the turn of the twentieth century, the Sisters of Charity model would be normative for all Catholic hospitals and their growth would eclipse all other orders and denominations.

Religious tensions between Catholics and non-Catholics fostered the development of Catholic philanthropic enterprises in virtual isolation from other organized charities.¹²⁹ While many Catholic facilities were established to meet immediate needs and fostered sub-cultures to take care of their own, they were tools of Carroll's vision of assimilation after all. Archbishop Carroll, and later Bishop John Neumann of Philadelphia and Bishop Michael O'Connor of Pittsburgh argued that philanthropy, delivered particularly in the forms of educational and healthcare institutions, was the most powerful strategy to demonstrate assimilation into American society.¹³⁰ Philanthropy demonstrated Catholics' social conscience and patriotism. Catholics of every social class became attracted to visible philanthropic institutions, and the sisters formed the nucleus. Merle Curti

¹²⁶ Margaret Susan Thompson, "Women and American Catholicism, 1789-1989" In *Perspectives on the American Catholic Church, 1789-1989*, ed. Stephen J. Vicchio and Sister Virginia Geiger (Westminster, MD: Christian Classics, 1989), 133.

¹²⁷ Emily Elizabeth Parsons (1824-1880). Theophilus Parsons, *Memoir of Emily Elizabeth Parsons* (1880; Reprint, New York: Garland Publishing, 1984), 37.

¹²⁸ Misner, "*Highly Respectable and Accomplished Ladies*," 140-146.

¹²⁹ Oates, "Faith and Good Works," 284.

¹³⁰ St. John Neumann (1811-1860) was the fourth Bishop of Philadelphia. He was the first canonized American bishop (1977). O'Connor (1810-1872) was the first Bishop of Pittsburgh.

proposed a montage of individual freedom, individual effort, the importance of women, the power of religion, mutual assistance and benevolence that comprised the “American character.”¹³¹ The largely immigrant Catholic Church engaged many of these characteristics, and the opportunity for Americanization through public service took root.

The Sisters of Charity were integral to the strategy. The goal of gaining mainstream acceptance dovetailed with the church’s institutional approach to philanthropy. With the American Catholic hierarchy still in inchoate form, the women flocking to religious orders could relatively freely undertake the philanthropic works they deemed appropriate. Bernadette McCauley argues healthcare work in general, and hospital development in particular, was not a mandate but a deliberate choice. The male clerical hierarchy supported a Catholic presence in community institutions; the sisters developed and implemented the healthcare model.¹³² The sisters, whose lives were devoted to charitable works, quickly gained recognition as the ideal instruments of benevolence and the defining characteristic of Catholic philanthropy.¹³³ Elizabeth Seton had laid the groundwork for women who would ultimately be the primary healthcare deliverers and institution builders that connected the Catholic Church to America at large.

¹³¹ Curti, “American Philanthropy and the National Character,” 164.

¹³² Bernadette McCauley, *Who Shall Take Care of Our Sick? Roman Catholic Sisters and the Development of Catholic Hospitals in New York City* (Baltimore: Johns Hopkins University Press, 2005), 14-19.

¹³³ Oates, *The Catholic Philanthropic Tradition*, 14.

Chapter Three - The Woman's Sphere and Nursing:
"All Our Women are Florence Nightingales"

Secular nineteenth-century gender roles provide an important backdrop in comparison to Catholic religious life. Laywomen were marginalized in the secular world: they could not pursue many professions, they could not vote or hold office, and their economic security depended on marriage. Leading up to the war, society considered few occupations ladylike; therefore available training and education were designed accordingly. Women could become teachers, authors of fiction or poetry, or clerks or copyists in government offices or shops. For northern women, access to education and teaching opportunities increased in tandem with the growing public education movement. In the Northeast, there were increasing numbers of female employees in the textile, garment and printing industries.

When the war forced many widowed women to take over traditionally male responsibilities, including becoming the family breadwinner, they did so more out of necessity than desire for independence.¹ For many women, work outside the home was a necessary sacrifice. Women often had to work longer hours, and women's wages were substantially lower than men's, at times less than half. Employers rationalized the wage gap because women had only themselves to support whereas men supported families. The plight of some became so desperate by 1864 that the "Workingwoman's Petition" appealed to the Secretary of War for wage levels "sufficient to enable us to obtain a subsistence."² During the war, as more women were forced into working for paltry wages just to survive, a few protective associations formed but they could not improve

¹ The war literally widowed thousands of women. In addition, women whose husbands or fathers were living but away fighting the war were known as war-widows. Mary Elizabeth Massey, *Bonnet Brigades* (New York: Alfred A. Knopf, 1966), Chapter One: Leaped from their Spheres, 3-25.

² "Workingwoman's Petition," *New York Times*, September 4, 1864.

wages or working hours. Mary Elizabeth Massey argued that most women accepted their lot in life as second-class citizens, and did not have the time or interest in pursuing vague notions of women's rights.³

Women's social and legal status was linked to their familial role. Throughout life, authority resided with a male family member: first her father, then her husband. Feminine fulfillment was measured in terms of marriage and motherhood, but once a woman married she was civilly dead in the eyes of the law. In most states she could not be sued or bring suit, enter into a contract, own property or control her own wages.⁴ States laws that did grant such rights were limited, untested and ineffective. Women were excluded from formal political institutions, and could only exercise political influence by informing their male family members on moral issues. As with most areas of American law, women's legal identity, or lack thereof, was based on English common law, which further reinforced gender roles. It was through marriage that a woman could achieve her destined vocation. In his "investigation" of the scientific question of the sexes, physician turned writer L.P. Brockett described this role as "her normal position, her calling as wife and mother."⁵ Society idealized domesticity and submissiveness. Having a family and a career were incompatible; women who wanted both had few options. Tocqueville referred to the spaces occupied by men and women as separate and distinct spheres, which became the metaphor for women's part in American culture:

They have carefully divided up the functions of men and women so that the great work of society might be better performed. America is the one country where the most consistent care has been taken to trace clearly distant spheres of action for the two sexes and where both are required to walk at an equal pace but along paths that are never the same If the

³ Massey, *Bonnet Brigades*, 25.

⁴ Mintz, *Moralists & Modernizers*, 142.

⁵ Brockett, *Woman: Her Rights, Wrongs, Privileges, and Responsibilities*, 124.

American woman is not allowed to escape the tranquil sphere of her domestic duties, neither is she forced to leave it.⁶

Bourgeois domesticity was a controlling metaphor in antebellum American society. The “Cult of True Womanhood” prevailed in women’s magazines, gift books and religious literature. While Tocqueville saw the spheres as the comfortable, natural order, others saw women as hostages in their own home. The paradigm was so powerful that if anyone, male or female, tampered with the complex of virtues he was damned as an enemy of God, country and civilization.⁷ Also known as the “Cult of Domesticity,” the metaphor depicted a distinctly private sphere as a bulwark against the feared disintegration of the traditional family unit.⁸ Reformer Catherine Beecher’s work contributed to the ideal of womanhood and the woman’s sphere. She described women’s highest virtues as piety, purity, domesticity and submissiveness. Her writing contributed to the prevailing standard by which true womanhood was measured.⁹ Beecher, however, recognized the lure of Catholic sisters’ charitable work and feared Protestant women would be drawn to it “for the power it gives them to throw their energies into a sphere of definite utility under the control of high religious responsibility.”¹⁰

Tocqueville does not seem to have encountered or acknowledged adult single women, widows or servants; he only writes of married, upper-class ladies. Similarly most advice was directed at women as wives, as marriage was the proper state for the

⁶ Tocqueville, *Democracy in America*, 697.

⁷ Barbara Welter examined hundreds of primary sources to develop the composite picture of the Cult of True Womanhood. Barbara Welter, “The Cult of True Womanhood: 1820-1860,” *American Quarterly* 18, no. 2, Part 1 (Summer, 1966): 151-174.

⁸ McCarthy, “Women and Political Culture,” 189.

⁹ Catharine Beecher (1800-1878), daughter of Reverend Lyman Beecher. Carolyn DeSwarte Gifford, “Nineteenth- and Twentieth-Century Protestant Social Reform Movements in the United States,” In *Encyclopedia of Women and Religion in North America*, ed. Rosemary Skinner Keller and Rosemary Radford Ruether, (Bloomington: Indiana University Press, 2006), 1: 1022-1023.

¹⁰ As quoted in Nelson, *Say Little, Do Much*, 51.

exercise of domestic duties.¹¹ If marriage was the sphere for which women were intended, motherhood was the natural corollary. For women seeking a different role, the tension was palpable. In her memoir, Union nurse Jane Swisshelm included a chapter on “Fitting Myself into my Sphere,” in which she described her struggle in choosing between being an artist or “that odious thing – a superior wife.”¹²

Men dominated the workplace while women occupied the home as moral stewards or guardians. Men’s duties were to earn a living in the harsh and competitive workforce; women were the caregivers, nurturers and custodians of their families’ salvation. Male and female natures were thought to be complementary, thus suiting and confining each to their respective spheres. Brockett’s text described men as strong, rugged, analytical, inventive, perseverant and stern. Women were what men were not: intuitive, perceptive, lacking judgment, emotional and hysterical.¹³ Neurologist William Hammond, who also served as Surgeon General during the war, explained the gender difference clinically. He had proven that women’s brains averaged six ounces less than men’s, and therefore “sympathy and emotion are the strong points of woman’s mental organization, and in the peculiar sphere which she fills so well they stand her in better stead than [*sic*] would a higher degree of intellectual development.”¹⁴ The opinions of this respected physician carried authority and reinforced traditional gender roles.

¹¹ Welter, “The Cult of True Womanhood,” 169.

¹² Activist Jane Swisshelm (1815-1884). Jane Grey Swisshelm, *Half a Century* (Chicago: Jansen, McClurg & Company, 1880), 50.

¹³ Brockett, *Woman: Her Rights, Wrongs, Privileges, and Responsibilities*, Chapter Five: The True Relations of Woman to Man.

¹⁴ New York Physician William A. Hammond (1828-1900). As quoted in Bonnie Ellen Blustein, *Preserve Your Love for Science: Life of William A. Hammond, American Neurologist* (New York: Cambridge University Press, 1991), 191.

Tocqueville romanticized the gender spheres as positive for all concerned: men, women and society, as he noted, “Nowhere does she enjoy a higher status.”¹⁵ Circumscribed gender spheres were not necessarily ascribed to women to be discriminatory. Antebellum society idolized family as the most important source for order. The loss of women’s traditional role could mean the family was deprived of its moral compass, which would in turn be dangerous to the greater community. Moreover, while women were confined to the home, they wielded genuine power and responsibility within the domestic sphere. They possessed both the capacity and responsibility for all matters of the household, childrearing and religion. A writer for a health and wellness publication of the period, the *Water Cure Journal*, placed an even more onerous burden on women: “Women are answerable, in a very large degree, for the imbecilities of disease, mental and bodily, and for the premature deaths prevailing throughout society.” Most women would spend some part of their lives caring for their relatives’ illnesses.¹⁶ Bearing the duty of caring for their families’ entire health and wellbeing, women had to be strong. This quote from the journal epitomized the ironic double standard: “While it never looks well to see a *masculine* woman ... it *does* look well to see a *manly* woman.”¹⁷

Prior to the war, gender spheres kept women from pursuing many sorts of public activity.¹⁸ Men could occupy both public and private spheres, and only men had the

¹⁵ Tocqueville, *Democracy in America*, 700.

¹⁶ Reverby, *Ordered to Care*, 11.

¹⁷ Pauline Wright Davis, *Water Cure Journal* 1 (1846) and James C. Jackson, *Water Cure Journal* 22 (1856) as quoted in Regina Markell Morantz, “Nineteenth Century Health Reform and Women: A Program of Self-Help,” In *Medicine Without Doctors: Home Health Care in American History*, ed. Guenter B. Risse, Ronald L. Numbers, Judith Walzer Leavitt (New York: Science History Publications, 1977), 86-87.

¹⁸ Oates, *The Catholic Philanthropic Tradition*, 23.

ability to separate work from home.¹⁹ Men became jealous if women extended the domestic sphere too far into public.²⁰ Antebellum evangelicalism, however, offered structured social opportunities for women that comfortably extended their sphere. Women's participation in benevolent organizations was not as threatening to the status quo. Charitable activity was consistent with their presumed moral nature, and provided an arena in which women could exert their influence in the preferred manner: indirectly and privately. Tocqueville was echoing a commonplace when he wrote, "Morals are made by women."²¹ Female benevolence meant their labor was voluntary, consistent with their private sphere, and men often ascribed inferiority to unpaid status.

Women organized around causes such as charitable relief, temperance and abolition, using the primary tactic of moral suasion: engaging religious or ethical arguments for social change.²² An 1847 publication that advised reform was "woman's mission ... her own little family circle [produces] moral and social reforms."²³ They could influence men deferentially, as if ventriloquists, without exerting power directly. Women participated in moral reform societies and benevolent organizations, creating a unique political culture and the security of their own dense social networks without

¹⁹ Judith Ann Giesberg, *Civil War Sisterhood: The U.S. Sanitary Commission and Women's Politics in Transition* (Boston: Northeastern University Press, 2000), 102.

²⁰ Unitarian minister and USCC President Rev. Henry Whitney Bellows (1814-1882). Henry W. Bellows, "Introduction," in L.P. Brockett and Mary C. Vaughan, *Woman's Work in the Civil War: A Record of Heroism, Patriotism and Patience* (Chicago: Ziegler, McCurdy & Co., 1867), 58.

²¹ Tocqueville, *Democracy in America*, 684.

²² Moral suasion was losing its luster as voteless women came to realize that the work of benevolence also needed electoral momentum. By the late 1840's, traditionally female deferential politics was beginning to decline in effectiveness and popularity. At the 1848 Seneca Falls Convention 300 women stepped out of their sphere to sound the call for women's legal rights. The call did not appeal to many benevolent women, who were dismayed at the convention's effrontery and eschewed the demand for suffrage. Lori D. Ginzberg, "Moral Suasion is Moral Balderdash": Women, Politics, and Social Activism in the 1850s" *Journal of American History* 73, no. 3 (December 1986): 601-622.

²³ As quoted in Welter, "The Cult of True Womanhood," 163.

testing gender boundaries.²⁴ This tactic did not challenge the power dynamic and allowed women to operate in a quasi-public arena, thus blurring domestic and public boundaries.²⁵ Women aided in the developing welfare system while government was reluctant to assume a primary role. Dorothea Dix was a case in point. She championed prison reform and humane treatment for the mentally ill. Dix argued the cure for insanity was moral treatment, a process of inward discipline and spiritual discovery mediated by institutional supervisors. Throughout her career, she sought to embody the Christian ideals of women who remained just outside the perimeter of public life.²⁶

Women's associations were profoundly segregated by religion, ethnicity, race and social class. Tocqueville reflected a stereotype, which contributed to this segregation, when he wrote, "In almost all Protestant nations, girls are much more in control of their behavior than in Catholic ones."²⁷ Catholic women had less in common with other women than they did with men with whom they shared ethnicity and religion, and could not scale the walls of exclusivity of women's associations.²⁸ At mid-century, wage earning Irish women had enjoyed higher status than women who did not work outside the home, and gender roles were far more fluid; they brought a more flexible gender ideology with them when the emigrated.²⁹ Irish-American women married later than their Protestant counterparts, if they married at all. If they did not marry, they generally did

²⁴ Giesberg, *Civil War Sisterhood*, 24.

²⁵ Jeanie Attie, *Patriotic Toil: Northern Women and the American Civil War* (Ithaca: Cornell University Press, 1998), 13.

²⁶ Prison reformer Dorothea Dix (1802-1887). Thomas J. Brown, *Dorothea Dix: New England Reformer*, (Cambridge: Harvard University Press, 1998), 256.

²⁷ Tocqueville, *Democracy in America*, 684.

²⁸ Anne M. Boylan's study of 1,142 female officers of 34 New York and Boston organizations reveals only 5 Catholic officers (because the women later converted to Catholicism) and 15 Catholic (and 0 Protestant) officers in the only Catholic organization in the study, the Ladies Association of the Roman Catholic Benevolent Society. Boylan, *The Origins of Women's Activism*, Table A1: 226-231 and 213.

²⁹ Nolan, *Ourselves Alone*, 30-32.

not have children.³⁰ For urban poor women, marriage and motherhood were more perilous than romantic as at mid-century death rates for women in childbirth, infants and toddlers were at an all-time high.

As domestic workers, Irish women were encouraged to remain single, obedient and pious, normative attributes of the Catholic sisters.³¹ The church furthermore stressed qualities of the Virgin Mary: her suffering, sorrow, resignation to God's will and virginity.³² Single, poor Irish Catholic women were likely to be clients of, not donors or directors of, benevolent societies' homes for wayward girls or single mothers. Religious affiliation gave women different ways to understand themselves within the gender ideology. Catholic women were thus caught between the ideal of the Virgin Mary as a model of motherhood and the perception (and sometime reality) of them as corrupt temptresses. Their charitable activity thus developed a unique identity not usually dependent on the tactic of moral suasion.³³

Hasia Diner finds that, for all practical purposes, all-female Irish benevolent societies did not exist until the turn of the twentieth century.³⁴ Leslie Tentler argues that antebellum Catholic laywomen's charitable work was "extremely modest," and few records of their activities exist. Neither the church nor the general populace was particularly aware of those that did, and they tended to be ephemeral. For example, fifty women organized the Catholic Female Benevolent Society of Detroit to care for the city's deserving poor and orphans, and to "remove the stigma attached to the Roman Catholic character." They sponsored an orphanage and a cholera hospital, and assumed partial

³⁰ McCarthy, "Women and Political Culture," 186-187.

³¹ Fitzgerald, *Habits of Compassion*, 65.

³² Caitriona Clear, *Nuns in Nineteenth-Century Ireland* (Dublin: Gill and Macmillan Ltd., 1987), 32.

³³ Folk, "American Catholic Women," 1: 148-150.

³⁴ Diner, *Erin's Daughters in America*, 125.

responsibility for the county's poor house. The Society only existed for three years (1834-1836), and it turned its charitable operations over to the newly-formed Order of Poor Clares.³⁵

The Catholic clerical hierarchy excluded laywomen from church governance or even Sunday school instruction, in which their Protestant counterparts were active. More common were local, insulated parish groups engaged in fundraising to support the sisters' operations. The first was Philadelphia's Society of Lady Managers, established around 1814 to underwrite the local Sisters of Charity orphanage.³⁶ A few parish groups had an intellectual or cultural purpose, such as library societies. Laywomen organized festivals, picnics and benefits; sewed and made decorations; and participated in food and clothing drives.³⁷ Several Indiana ladies' societies had broader stated missions, such as "to further spiritual growth of its members and help those in need." In practice, they underwrote the parish schoolteacher's salary and saw to the church altar requirements.³⁸

The multi-state St. Vincent de Paul Society, while governed by men, had mostly laywomen members who raised money locally for Sisters of Charity institutions. Only one female branch, the Ladies of Charity of St. Vincent de Paul, existed before the Civil War, and associations beyond parochial altar or rosary societies did not develop until after 1900. The hierarchy discouraged nationally organized benevolent projects, and bishops worked to keep female societies focused on their own dioceses. Bishops

³⁵ Leslie Woodcock Tentler, *Seasons of Grace: A History of the Catholic Archdiocese of Detroit* (Detroit: Wayne State University Press, 1990), 76-80.

³⁶ The society raised funds for sisters' salaries, shoes and transportation. Oates, *The Catholic Philanthropic Tradition*, 7.

³⁷ Margaret Susan Thompson, "Women and American Catholicism, 1789-1989" In *Perspectives on the American Catholic Church, 1789-1989*, 130; and Rosemary Radford Ruether, "Women in North American Catholicism" In *Encyclopedia of Women and Religion in North America*, ed. Rosemary Skinner Keller and Rosemary Radford Ruether (Bloomington: Indiana University Press, 2006), 1: 128.

³⁸ History of St. Paul Parish, New Alsace, Indiana, unpublished (AI).

suppressed lay organizations they could not direct, and did not feel poor and working-class women had the skills to undertake philanthropic causes on a national scale.³⁹

Accordingly Catholic laywomen were not likely to participate in national networks, or social or political reform.⁴⁰ It was not until the turn of the twentieth century that more expansive Catholic women's benevolent associations emerged.

Anne M. Boylan observes the circle of female benevolent organizations' leaders was fairly small, and an increase in the number of associations did not translate into corresponding leadership opportunities for women. As new associations formed, the best-connected women would serve as trustees for more than one entity. She argues further that Protestant matrons and Catholic sisters were the peer elite charitable leaders in their respective religious circles.⁴¹ Both groups of charitable women, Protestant and Catholic, founded and maintained similar enterprises, but for sisters caring for others went beyond societal or familial duty, it was a choice. And although Catholic laywomen developed organizing and fundraising skills, they did not perform most of the church's charitable works. The sisters did. As sisters gained credibility and recognition as the church's philanthropic laborers, laywomen's associations were relegated to secondary and auxiliary status. For Sisters of Charity and other nursing orders, choosing religious life entailed the acceptance of the caregiving or nursing role beyond immediate family. Taking the veil thus meant the beginning, not the end, of a useful life.⁴² Catholic convert Sarah Worthington King Peter, daughter of the governor of Ohio, contended that sisters' ability to perform charitable work would attract "any one favoring the idea of 'women's

³⁹ Oates, *The Catholic Philanthropic Tradition*, 26-28.

⁴⁰ McCarthy, "Women and Political Culture," 187.

⁴¹ This is an interesting observation, but the sisters' vows (explained later) made them unique and not truly comparable to Protestant elite matrons. Boylan, *The Origins of Women's Activism*, 39 and 60.

⁴² Hoy, "The Journey Out," 64.

rights.’⁴³ Protestants Elizabeth and Emily Blackwell, America’s first female medical school graduates, understood the lure and empowerment of religious life. Elizabeth described the sentiment:

Religious feeling there is among them, and it is an important aid in filling their ranks and keeping up their interests; but the real secret of their success is the excellent opening afforded by them for all classes of women to a useful and respected social life.⁴⁴

While Catholic sisters were relatively egalitarian in terms of class, their lack of class rigidity did not extend to racial tolerance. Virtually all religious orders were racially segregated, and some southern orders had slaves. Two different free African American women of French lineage attempted to establish interracial orders, but were unsuccessful. They founded segregated orders in the 1820’s, the Oblate Sisters of Providence in Baltimore and the Sisters of the Holy Family in New Orleans. Both orders encountered the same religious prejudices as their white counterparts, but also faced racial opposition from other Catholics.⁴⁵

Tocqueville described two phases of a woman’s life as, “The former a place of liberty and pleasure in her father’s house, the latter, in her husband’s home ... in almost cloistered surroundings.”⁴⁶ In contrast to the “almost cloistered” laywomen’s sphere, a life of Catholic sisterhood could attract women for several reasons. Sisters were following a personal calling and were acting upon God’s will. Communal life also

⁴³ From a letter a few years before her 1852 conversion to Catholicism. Kenneally, *The History of American Catholic Women*, 63.

⁴⁴ First American women to graduate from medical school, Elizabeth Blackwell (1821-1910) and Emily Blackwell (1826-1910). Elizabeth Blackwell and Emily Blackwell, *Medicine as a Profession for Women, 1860* as quoted in Nelson, *Say Little, Do Much*, 51.

⁴⁵ Folk, “American Catholic Women, 1820-1900,” 1: 150; and Sister Frances Jerome Woods, “Congregations of Religious Women in the Old South,” In *Catholics in the Old South: Essays on Church and Culture*, ed. Randall M. Miller and Jon L. Wakelyn (Macon, GA: Mercer University Press, 1999), 115-116.

⁴⁶ Tocqueville, *Democracy in America*, 686.

presented opportunities for intellectual challenge, social connections, empowerment, leadership and the development of both spiritual and secular gifts. Sisterhood was an alternative role model for women not drawn to the life and prescribed roles of wife and mother, which included the dangerous specter of childbearing. Men and women were spiritual equals in religion. Catholic religious life provided hope, a basis for self-respect, an alternative type of family unit and the joyful celebration of Christian teaching.⁴⁷ Religious identity provided the basis for women to shape their life's work by supplanting their individual identities with the collective identity of their order and focusing on their common purpose. Women who were marginalized in some way, including widows, found religious life especially compelling.⁴⁸ Sisters also enjoyed elevated status relative to laymen or laywomen. Lay Catholics requested sisters' prayers as they believed the sisters were highly skilled at prayer and closer to God, and therefore more effective.⁴⁹

All women took vows, or formal and binding promises, of poverty, chastity and obedience when they chose Catholic sisterhood. The vow of poverty meant each woman's resources were pooled to support the order, and the denial of earthly comforts promoted continuous focus on the mission of serving the needy. The vow of chastity was the renunciation of the earthly familial role for a life of celibacy devoted to Christ. Chastity was an essential element of the true search for sanctity, and a source of spiritual power. The vow of obedience meant selflessness, although not passivity. Obedience was crucial in establishing the unity and direction of the order as a whole, rather than focusing on its individual members. This triad of solemn promises was integral not only to

⁴⁷ William Jarvis, "Mother Seton's Sisters of Charity" (Ph.D. Diss., Columbia University, 1984), 24.

⁴⁸ Wittberg, *The Rise and Fall of Catholic Religious Orders*, 62.

⁴⁹ Wall, *Unlikely Entrepreneurs*, 135.

religious devotion but an overall philanthropic strategy that encompassed education and healthcare.⁵⁰

Poverty connoted ascetic life without physical comforts, so sisters were to relinquish worldly material temptations. Resources were highly variable from order to order, so it is difficult to generalize about living conditions. Sisters often lived in austere conditions and tended to put what money they had toward their service projects. The vow of poverty created independence, as it enabled sisters to collectivize wealth and incorporate institutions under their own control.

Chastity represented the most significant departure from and the biggest threat to the female gender role. Most people could not understand why women would choose to be what a surgeon of the time called “voluntary outcasts of the domestic hearth.”⁵¹

Celibacy almost created a third sphere: men, women and Catholic sisters. This third sphere created the public arena in which they could execute their charitable works. The sisters demonstrated asexuality in their dress, but more importantly in their independence and work.⁵² Jean Richardson observes that religious life allowed women to renounce their ascribed roles and claim equality with men, in effect occupying a sphere neither male nor female.⁵³

⁵⁰ Wittberg, *The Rise and Fall of Catholic Religious Orders*, 127. Catholic priests who were in religious orders took vows of chastity and promised obedience to bishops. (Secular diocesan priests did not take vows.) Priests did not appear to invoke the same strong public reaction compared to sisters. They did not live communally, and nineteenth-century religious men had more autonomy than did religious women.

⁵¹ James M. Greiner, Janet L. Coryell & James R. Smither, ed., *A Surgeon's Civil War: The Letters and Diary of Daniel M. Holt, M.D.* (Kent, OH: Kent State University Press, 1994), 123.

⁵² Wall, *Unlikely Entrepreneurs*, 43.

⁵³ Jean Ellen Richardson, “Catholic Religious Women as Institutional Innovators: The Sisters of Charity and the Rise of the Modern Urban Hospital in Buffalo, N.Y., 1848-1900” (Ph.D. Diss., State University of New York at Buffalo, 1996), 130. Similarly, historian Caitriona Clear describes a common view of sisters as “half-clergy, half-women, and not enough of either to merit examination.” Clear, *Nuns in Nineteenth-Century Ireland*, xvii.

Sisters used their own religious symbols to counteract gender limitations. Some sisters' religious names came from male saints or martyrs, such as Sister St. John or Sister St. George, thus expressing gender oxymorons.⁵⁴ Another characterization evoked sisters as female role models. Catholic sisters were sometimes known as "Brides of Christ," a spiritual symbol that legitimized their shift in fidelity from mortal men to divine Christ.⁵⁵ The Bride of Christ symbol also represented a direct connection to the heavenly spouse, signifying the higher expectations of women's roles as wives or mothers. Sioban Nelson concurs, asserts further that they embraced gender constraints and used them to their advantage.⁵⁶ By eschewing female dependence and embracing charitable work, sisters represented an unusual social alternative to the standard gender arrangement.

But their vows and lifestyle meant Catholic sisterhood represented a danger to the prevailing dogma of the cult of true womanhood. When a Union officer saw sisters for the first time at Gettysburg, he bemoaned, "Most all [are] young and good looking, while some of them are beautiful. And it seemed to me a shame to keep them immured in a gloomy building like that with no appropriate society."⁵⁷ By mid-century, sisters' academies, or finishing schools, had emerged as fashionable education alternatives for young women from affluent families. Academies taught classics, domestic arts, French and religious studies. Occasionally women chose to convert to Catholicism and profess

⁵⁴ Carol K. Coburn and Martha Smith, *Spirited Lives: How Nuns Shaped Catholic Culture and American Life, 1836-1920* (Chapel Hill: University of North Carolina Press, 1999), 82.

⁵⁵ Fitzgerald, *Habits of Compassion*, 29.

⁵⁶ Nelson, *Say Little, Do Much*, 13.

⁵⁷ As quoted in Virginia Walcott Beauchamp, "The Sisters and the Soldiers," *Maryland Historical Magazine* 81, no. 2 (Summer, 1986): 121.

vows after having attended one of the sisters' schools.⁵⁸ Such women risked persecution and extreme reactions from their families, as had Elizabeth Seton. For example, when a young lady became a Sister of Charity in 1841, her guardian wrote to her, "This course is condemned, you know, by all your relations ... you must know if your Father was a living [*sic*] he would have you out of that at the risk of his life."⁵⁹ Family members were not merely concerned that such women were not exercising good judgment; they feared their loved ones were committing heresy and joining a cult of infidels, never to return. "A soldier's going to the hospital is like a female going to the nunnery. Either seldom come out" was one soldier's simile describing religious life.⁶⁰

Sisters entered into either contemplative or active life, depending on the order. Contemplative life, such as the Carmelite and Cistercian, was the cloistered life of perpetual silence, prayer and solitude. The alternative was that of active life described by St. Vincent de Paul, in which the women engaged in charitable works outside the walls of their orders while maintaining their lives of religious devotion. The Sisters of Charity chose active life. The sisters established their own philanthropic priorities and cared for the sick, orphaned, poor and indigent in all three of the orders in which they lived. While the bishops held ultimate authority for significant decisions, the sisters maintained responsibility for daily operations and finances.

⁵⁸ The Catholic Church did not aggressively recruit pupils from the sisters' academies as converts; fewer than 5% of the sisters themselves were converts. Misner, "*Highly Respectable and Accomplished Ladies*," 104. Moreover, fewer than 3% of the 1860 American Catholic population were converts. Kenneally, *The History of American Catholic Women*, 62.

⁵⁹ William Taylor letter to Sister Sebastian August, 1841, as quoted in Misner, "*Highly Respectable and Accomplished Ladies*," 106.

⁶⁰ Civil War Miscellaneous Collection, William Henry Walling letter November 2, 1862 (MHI).

Philanthropic calling was also a factor in the choice of religious life. A life of sisterhood allowed women to see their work as a choice, and part of a larger design.⁶¹

This exchange between a sister and patient illustrates her feeling of independence:

A man said “Who or what are you anyway?” Sister said “I am a Sister of Charity.” “Where is your husband?” he said. “I have none” said Sister, “and I’m glad I have none If I had a husband, I would have to be employed in his affairs, and consequently could not be here to wait on you.” As if by magic in a subdued tone he said “that will do.”⁶²

The sisters’ work was not confined to caring for needy Catholics, as epidemics of cholera, smallpox, typhoid and yellow fever pushed them out of their institutions when many people were fleeing cities. Nursing during epidemics was especially perilous. Patients were not only contagious but delirious or violent, and supplies of food, medicine, water and firewood were often cut off.⁶³ With limited manpower, sisters had to maintain their existing institutions while serving during outbreaks. Sisters succumbed to the horrific diseases as did their patients. Margaret Susan Thompson has documented “abundant” evidence of episcopal and lay requests for the service of sister nurses. A partial list of Catholic orders’ service during antebellum epidemics follows⁶⁴:

Partial List of Epidemics in Which Catholic Sister Nurses Served		
Period	Epidemic	Cities
1832-1845	Cholera	Albany, Baltimore, Boston, Charleston, Cincinnati, Louisville, New York, New Orleans, Philadelphia, St. Louis
1847-1849	Typhoid	Milwaukee, Pittsburgh
1849-1854	Cholera	Buffalo, Cleveland, Nashville, New Orleans, Pittsburgh, Philadelphia, St. Louis, St. Paul, San Francisco
1852	Typhoid	New York
1853-1855	Yellow Fever	Mobile, New Orleans, Norfolk
1858	Smallpox	Philadelphia

⁶¹ Clear, *Nuns in Nineteenth-Century Ireland*, 140.

⁶² Journal of Sister Angela Heath, In “Daughters of Charity in the Civil War,” (DC). “Daughters of Charity in the Civil War” is an unpublished transcription, over 150 pages, of the Emmitsburg Sisters of Charity’s wartime journals and diaries, including an introduction and demographic data written by the DC archivist.

⁶³ Journal of Sister Theodosia as quoted in Robert Gorman, “History of the Diocese,” (AI).

⁶⁴ Kauffman, *Ministry & Meaning*; 50-64; Nelson, *Say Little, Do Much*, 38-41; Stepsis and Liptak, *Pioneer Healers*, 69-86.

Records describe pandemonium during the 1832 Philadelphia cholera epidemic, as “fear overcame every other consideration and it was found impracticable to keep nurses to their duty, or to obtain . . . proper persons to attend to the Sick.”⁶⁵ At the request of city authorities, the sisters took charge of the hospital wards and stayed for almost a full year. A visitor later wrote to the Sisters of Charity, “. . . Several of the ladies of your Institution *volunteered their kind personal assistance to the sick and dying strangers* in that city, while the stricken were deserted by their friends and neighbors. This, in my opinion is the *greatest marvel of charity ever manifested in America!*”⁶⁶ After the 1849 cholera epidemic, the *Buffalo Medical Journal* praised the sisters for dependability, patience and endurance as “a matter of astonishment.”⁶⁷ Their service in the 1855 yellow fever epidemic in Virginia caused a Know-Nothing Senator to publicly renounce his position: “I went a little too far, when I said it was proposed to proscribe Catholics from all offices in this country. The Sisters of Charity may . . . relieve suffering where it is most helpless.”⁶⁸ Service during epidemics was consistent with the Catholic philosophy that philanthropy was not solely denominational, but a collective contribution to the common good.⁶⁹

If laywomen, Catholic and non-Catholic alike, lived under the authority of their fathers and husbands, sisters lived under the jurisdiction of male clergy. Sisters implicitly recognized the officially-sanctioned ministers as the superior executors of the

⁶⁵ Cholera broke out several times in the nineteenth century, the first time in 1832. “Guardian of the Poor Records” as quoted in Misner, “*Highly Respectable and Accomplished Ladies*,” 228.

⁶⁶ Levi Bartlett letter to Mother Superior, November, 1832, as quoted in Misner, “*Highly Respectable and Accomplished Ladies*,” 232.

⁶⁷ “Report on the Epidemic Cholera at Buffalo,” November 1849, as quoted in Richardson, “Catholic Religious Women as Institutional Innovators,” 117.

⁶⁸ Senator Robert Hunter quoted in *Washington Sentinel*, 1855, as quoted in Nelson, *Say Little, Do Much*, 41.

⁶⁹ Oates, *The Catholic Philanthropic Tradition*, 42.

church's work. In theory, sisters' ecclesiastical position offered few opportunities for independence from or influence on the church's mission. The church's construct, reinforced with the vow of obedience, thus created a uniquely circumscribed sphere for many religious women. They still were ultimately accountable to episcopal authority and the vows of religious life necessitated sacrifice and self-denial in order to attain spiritual perfection.

The image of obedience gave rise to the stereotype of sisters as docile, passive and pliable. Margaret Susan Thompson's research has debunked that myth, and she concludes conflict was pervasive in nineteenth-century religious orders. Conflict "ran rampant," particularly between the women and male authority. The church hierarchy and women's religious orders were concomitantly expanding rapidly, as were struggles over power and the integrity of orders' charitable works. Sisters exhibited fierce determination to fight for what they perceived as the essence of their religious life and the right to live out their distinctive missions.⁷⁰

Mary Ewens describes sisters as "in some ways the most liberated women in nineteenth-century America," because the power dynamic between episcopal authority and religious orders was complex and varied from order to order.⁷¹ At times, episcopal jurisdiction existed more in theory than in practice. The demand for sisters' social services far exceeded the supply. They were important in the Catholic community and managed most of the church's charitable institutions, which translated into increased prominence in the larger society and the clergy's own power. This influential position

⁷⁰ Margaret Susan Thompson, "Women, Feminism, and New Religious History" In *Belief and Behavior: Essays in the New Religious History*, ed. Philip R. Vandermeer and Robert P. Swierenga (New Brunswick, NJ: Rutgers University Press, 1991), 142-153. See also Kenneally, *The History of American Catholic Women*, Ch. 4, "Ladylike" Nuns.

⁷¹ As quoted in Jarvis, "Mother Seton's Sisters of Charity," 14.

allowed them to retain control over their lives and missions, often successfully negotiating conflicts with the church's hierarchy.⁷² Orders resisted episcopal interference by ignoring it, invoking protections in their own constitutions or civil regulations, threatening to withdraw their services. Even the most elite philanthropic laywomen could not wield such power or transform their causes into wholly public ones; they had to depend on men for such achievements.⁷³

Sisters of Charity were educated, self-supporting, drafted legal documents, bought and sold property, and held administrative positions, attributes usually associated with men. Moreover, the sisters' role as nurses allowed them to assume command of the deathbed and acquire spiritual authority by entering the male domain of sacramental power.⁷⁴ Margaret Susan Thompson argues that while "it would be unfair to portray the typical nineteenth-century nun as a sort of proto-feminist," there is ample evidence that the Sisters of Charity made unique and significant contributions to the development of the church and American society as a whole. They did not pursue a feminist agenda, but they did maintain a level of autonomy that was unusual for any of their female contemporaries.⁷⁵ Their authority, mobility and autonomy in organizing their own orders was in keeping with centuries-old Catholic traditions, while highly unusual for laywomen, either Catholic or non-Catholic, in antebellum America.

The sisters' ability to assert authority and preserve independence was evident in their own orders and the institutions they managed. Their own constitutions reflected

⁷² Rosemary Radford Ruether, "Women in North American Catholicism," In *Encyclopedia of Women and Religion in North America*, ed. Rosemary Skinner Keller and Rosemary Radford Ruether (Bloomington: Indiana University Press, 2006), 1: 128.

⁷³ Wittberg, *The Rise and Fall of Catholic Religious Orders*, 87-97.

⁷⁴ Wall and Nelson, "Our Heels Are Praying Very Hard All Day," 320.

⁷⁵ Thompson, "Women and American Catholicism, 1789-1989," 126-130.

resistance to limitations imposed by the church's hierarchy in that they articulated their priorities, rights, responsibilities and structures, not as standards of behavior but as assertions of expertise and therefore autonomy. John Carroll, for example, delegated authority for the "administration of your own affairs & the internal & domestic government" to Elizabeth Seton for her original order.⁷⁶ If they were hospital managers, sisters' agreements with authorities also reflected their bargaining power, independence and control.⁷⁷ In Cincinnati's St. John's Hospital, the sisters administered all the medicines and food. The contract with the Baltimore Infirmary revealed the sisters were clearly in control. They "chose their own physician," handled all the finances, supervised the medical students, administered all the medicine and dressed wounds.⁷⁸ Their model was a success; a footnote to the agreement noted "the house more than supports itself and has lately enlarged its walks." Another example is the Buffalo Hospital of the Sisters of Charity, founded in 1848. By 1860 they completely governed the hospital; sisters occupied all seats on the board of trustees and the office of Superintendent.

Sisters' ownership and independent administration quickly became the model as institutions developed. If management situations didn't suit them, they moved on. They withdrew from hospital management arrangements to form hospitals of their own in which they could set policy.⁷⁹ Correspondence between the Sisters of Charity and an Evansville, Indiana benefactor regarding the establishment of St. Mary's Hospital indicate the sisters' superior bargaining position and command of legal matters.⁸⁰

⁷⁶ Bishop John Carroll letter to Elizabeth Seton, as quoted in Thomas O'Brien Hanley, ed., *The John Carroll Papers: 1807-1815*, (Notre Dame, IN: University of Notre Dame Press, 1976), 3: 156.

⁷⁷ Wall, *Unlikely Entrepreneurs*, 17.

⁷⁸ Government of the Baltimore Infirmary & The Sisters of Charity, October 1829 is Appendix 4 in Misner, "Highly Respectable and Accomplished Ladies," 278-279.

⁷⁹ Hannefin, *Daughters of the Church*, 69.

⁸⁰ St. Mary's Hospital correspondence file (AI).

Religious women's vows and communal life created a unique third sphere or gender-neutral space. On the surface, their lives of self-denial were ascetic and somber, but the autonomy they enjoyed was unusual for women, Catholic and non-Catholic, at the time. The value of the charitable services they were able to deliver further enhanced their ability to be self-sufficient. The sisters' ability to work in their own institutions and beyond was therefore an exception to both the traditional role of women and the prejudicial isolation of Catholics leading up to the war.

As the country entered the war, questions immediately arose as to the proper role for women and female benevolence. Women's tradition of indirectly exercising moral suasion was inadequate to address the casualties of war, but military matters belonged to men. Moreover, women occupying the role of relief worker reinforced the nineteenth-century stereotype that all women were natural nurses or caregivers. Nursing was not a recognized occupation before the war; rather it was a caregiving activity confined to the domestic sphere. This belief was so deeply instilled that the first history of nursing, written forty years later, opened with the passage, "The art of nursing . . . must have been coexistent with the first mother who performed for her little ones all those services which made it possible for them to live and thrive."⁸¹

Women's suitability for nursing was commonly accepted, as a *New York Times* editorial declared, "Woman was born to minister to suffering humanity; *she sees, feels,* and she alone *knows* the pains, aches and ills."⁸² Mary Elizabeth Massey asserted, "No one denied that most women had an aptitude for nursing," and that necessity made

⁸¹ Nutting and Dock, *A History of Nursing*, 1: 3.

⁸² "Medical Women," *New York Times*, December 25, 1864.

women experienced caregivers and pharmacists.⁸³ Nursing was part of running a household, and included bathing, feeding, applying or changing bandages, administration of medicine (what little there was), cooking and cleaning. Comforting ill family members was bound up with women's domestic personae as patient and gentle caregivers. One Civil War surgeon succinctly commented, "A mother necessarily is a nurse."⁸⁴

The Civil War, however, posed a paradox. The battlefield was the sphere for men; the home was the sphere for women. Normally the spheres would rarely, if ever, intersect. In the Civil War, the battlefield and the homefront were one and the same. This dilemma was particularly acute in the southern states. Most of the fighting occurred in the South, where the war literally arrived on women's doorsteps. Both sides struggled to reconcile the traditional domestic role for women with the need for their help that the brutality of the conflict invoked.⁸⁵

The desperate need for nurses brought the question of proper roles and ideal behavior for reputable women squarely into the forefront of public debate. Nursing forced physical intimacy with men that challenged the bounds of propriety of the time. Respectable, unmarried women had no business invading the man's world by caring for strange men, but the image of nurse as a matronly surrogate mother was more acceptable. Union nurse Cornelia Hancock remembered, "In those days it was considered indecorous

⁸³ Massey, *Bonnet Brigades*, 43.

⁸⁴ Mary Boykin Chesnut (1823-1886). C. Vann Woodward, ed., *Mary Chesnut's Civil War* (New Haven: Yale University Press, 1981), 414.

⁸⁵ Related to the debate over female nurses was the polemic involving female doctors. While nursing was an inherently female duty, practicing medicine was emphatically men's domain. Pioneer doctors Elizabeth Blackwell and Marie Zakrzewska established hospitals for women that included nursing training programs, both of which trained nurses for Union military hospitals. The debate over women's admission to medical colleges wore on for years, even as the war demanded every possible medical resource. Further examination of the role of female doctors is beyond the scope of this thesis.

for angels of mercy to appear otherwise than gray-haired and spectacled ... a hospital corps of comely young maiden nurses ... was then unknown.”⁸⁶ Surgeons, nurses and soldiers alike grafted the metaphor of the home onto the hospital or battlefield, in an attempt to extend women’s caregiving roles outside the home while obeying their sphere. Soldiers addressed female nurses as “mother” or “sister,” as familial relationships were more comfortable than those of strangers. Nurses, such as Louisa May Alcott, commonly perceived themselves as “the poor substitute for mother, wife, or sister.”⁸⁷ Hannah Ropes’ diary contained numerous references to soldiers calling her “mother” or “old mother.”⁸⁸ A U.S. Sanitary Commission (USSC) publication depicted a battlefield nurse comforting a soldier: “where I am is ‘Home’; I bring with me its comforts ... and all a mother’s love.”⁸⁹

Walt Whitman remarked about the appropriateness of female nurses, whom he only infrequently observed:

For nurses, middle-aged women and mothers of families are best young ladies, however refined, educated, and benevolent, do not succeed as army nurses, though their motives are noble; neither do the Catholic nuns Mothers full of motherly feeling, and however illiterate but bringing reminiscences of home and with the magnetic touch of hands, are the true women nurses.⁹⁰

⁸⁶ Union nurse Cornelia Hancock (1839-1926). Henrietta Stratton Jaquette, ed. *South After Gettysburg: Letters of Cornelia Hancock from the Army of the Potomac 1863-1865* (Freeport, ME: Books for Libraries Press, 1937), 5.

⁸⁷ Author Louisa May Alcott (1832-1888). Louisa May Alcott, *Hospital Sketches*, ed. Bessie Z. Jones (Cambridge: Belknap Press of Harvard University Press, 1960), 52.

⁸⁸ Union nurse Hannah Ropes (1809-1863) was the hospital matron for whom Louisa May Alcott served. John R. Brumgardt, ed. *Civil War Nurse: The Diary and Letters of Hannah Ropes* (Knoxville: University of Tennessee Press, 1980), 53, 61, 67.

⁸⁹ As quoted in Attie, *Patriotic Toil*, 117.

⁹⁰ Poet Walt Whitman (1819-1892). Letter dispatched to *New York Times*, October 11, 1863 as quoted in Walter Lowenfels, ed. *Walt Whitman’s Civil War* (New York: Alfred A. Knopf, 1961), 106. Whitman was embroiled in a bitter dispute with New York’s Bishop Hughes over public funding of Catholic schools, culminating with Whitman’s *Aurora* editorial “Insult to the American Citizenship!” which ran on St. Patrick’s Day, 1842. During that time, Whitman claimed the *Aurora* would fight religious “fanaticism,” and that Catholic hierarchical clergy interfered with individual religious freedom and democracy. Joann P.

His letter typifies the prevailing belief that women's maternal nature was comforting, tender and sympathetic to wounded soldiers. Their presence balanced humanitarian sentiment with military protocol. Until the war nursing had been a vaguely defined but inextricable element of women's domestic service; the crisis would give nursing new meaning.

Many thought women were too fragile, squeamish or irrational to deal with the horrors of wounds and disease, and they were likely too physically weak to move or lift patients. Others feared women would distract the soldiers or interfere with the surgeons. When Jane Swisshelm reported for duty at a military hospital, a surgeon told her, "First thing [female nurses] do is to begin to make trouble."⁹¹ Another surgeon told Union nurse Mary Ann Bickerdyke his military hospital "was no place for a woman."⁹²

A related concern was women's inefficiency, as men could "do much more work, and occasion far less trouble."⁹³ To the military, efficiency was tantamount to minimal women's involvement. Early in the war, the USSC's General Secretary Frederick Law Olmsted felt women's inferiority overshadowed the need for nurses: "Even the care of the sick & wounded in war is not a feminine business. It must have a masculine discipline, or ... it must have a bad tendency."⁹⁴ The USSC's President Henry Bellows did not think women could overcome the hardships and obstacles of the "unfeminine"

Krieg, *Whitman & the Irish* (Iowa City: University of Iowa Press, 2000), 37-44; and Joseph Jay Rubin, *The Historic Whitman* (University Park: Pennsylvania State University Press, 1973), 72-80.

⁹¹ Swisshelm, *Half a Century*, 244.

⁹² Mary Ann Bickerdyke handwritten journal as quoted by Jane E. Schultz, "The Inhospitable Hospital: Gender and Professionalism in Civil War Medicine," *Signs: Journal of Women in Culture and Society*, 17, no. 2 (Winter, 1992): 375.

⁹³ Ira M. Rutkow, *Bleeding Blue and Gray: Civil War Surgery and the Evolution of American Medicine* (New York: Random House, 2005), 177.

⁹⁴ Landscape architect and Central Park Superintendent Frederick Law Olmsted (1822-1903). Olmsted to Henry Bellows Letter August 16, 1861 as quoted in Jane Turner Censer, ed., *The Papers of Frederick Law Olmsted: Defending the Union* (Baltimore: Johns Hopkins University Press, 1986), 4: 148.

circumstances of volunteering as relief workers; they would need “tact, discretion, endurance and strength of nerve and fibre,” which were distinctly male attributes. He worried women could not conquer “their feminine sensibility at the sight of blood and wounds [or] their native antipathy to disorder.”⁹⁵ One surgeon was frustrated at women quarreling among themselves: “We are just now in the midst of a war among women nurses.”⁹⁶ Surgeon John Brinton described his dread at the distraction created by women who exhibited stereotypical female behavior:

In a few hours, sanitarians and worse, sanitary and ‘Christian women’ began to arrive. Good women-nurses were a godsend; those who would really nurse and work, do what they were told ... give no trouble. On the other hand, the fussy female, intent on notoriety and glorying in her good works ... was not god-sent One of such creatures I was blest with ... she ... created discontent and disorder wherever she went.⁹⁷

Men did not want women’s moral didacticism following them to the battlefield. Lectures against drinking, smoking, swearing or Sabbath breaking were not welcome at the front, especially when aimed at surgeons. George Adams sympathized with this male concern and found women’s self-righteousness to be the greatest failing of their wartime service. He found their fussy, meddlesome behavior to be insubordinate, outweighing acts of kindness.⁹⁸ Another concern was women’s civilian status, lack of discipline and unwillingness to adapt to military protocol. Women talked too much, asked too many questions and challenged military superiors. Despite the general resistance toward

⁹⁵ Henry W. Bellows, “Introduction,” in Brockett and Vaughan, *Woman’s Work in the Civil War*, 61 and 62.

⁹⁶ As quoted in Bessie Z. Jones, “Introduction,” in *Hospital Sketches by Louisa May Alcott* (Cambridge: Belknap Press of Harvard University Press, 1960), xxx.

⁹⁷ Philadelphia surgeon John H. Brinton (1832-1907), cousin of Union General George B. McClellan, founded the U.S. Army Medical Museum. John H. Brinton, *Personal Memoirs of John H. Brinton, Civil War Surgeon, 1861-1865* (1914; Reprint, Carbondale: Southern Illinois University Press, 1996), 294.

⁹⁸ Adams, *Doctors in Blue*, 181-182.

women at the front, however, some surgeons conceded that women were better morale builders than men.⁹⁹

Union nurse Cornelia Hancock recognized having one maternal figure in a hospital might be comforting, but not a cadre of women: “The soldiers always feel relieved when there is one woman in a hospital, but not when there are *two*.”¹⁰⁰ Union nurse Elvira Powers tried to circumvent an order only to encounter reprisal for “letting a *woman* interfere.”¹⁰¹ Many ignored bureaucratic systems or obstructive procedures they considered superfluous.¹⁰² Hancock served for two years but never adjusted to military protocol, as she could “not get used to the tyrannical sway of men in authority.”¹⁰³ She prided herself on evading red tape, writing her sister, “I am considered the shiftiest woman on the ground.”¹⁰⁴ Her ingenuity probably served her patients very well, but a fleet of independent-minded women could mean chaos to military medical protocol. Surgeons did not want to contend with “prima donnas of self-righteousness” who took matters into their own hands.¹⁰⁵

The debate over the place of women’s voluntarism was even more hotly contested in the South, where class hierarchy and gender barricades were less permeable than in the North. Confederate nurse Kate Cumming, for example, was frustrated that “surgeons entertain great prejudice against admitting ladies into the hospital” to bring flowers to

⁹⁹ Schultz, “The Inhospitable Hospital,” 372.

¹⁰⁰ Jaquette, ed. *South After Gettysburg*, 53.

¹⁰¹ Elvira J. Powers, *Hospital Pencillings; Being a Diary while in Jefferson General Hospital, Jeffersonville, Indiana, and others at Nashville, Tennessee as Matron and Visitor* (Boston: Edward L. Mitchell, 1866), 127.

¹⁰² John R. Brumgardt, “Introduction,” in *Civil War Nurse: The Diary and Letters of Hannah Ropes* (Knoxville: University of Tennessee Press, 1980), 36.

¹⁰³ Jaquette, ed. *South After Gettysburg*, 66.

¹⁰⁴ Jaquette, ed. *South After Gettysburg*, 23.

¹⁰⁵ William Quentin Maxwell, *Lincoln’s Fifth Wheel: The Political History of the United States Sanitary Commission* (New York: Longmans, Green & Co., 1956), 67.

patients, much less to nurse them.¹⁰⁶ Francis Simkins and James Patton argued there was “no tolerance whatsoever” of young, single women as Confederate nurses.¹⁰⁷

Women wrote of having to control their emotions to be successful or taken seriously. Male stoicism was valued, such as this surgeon’s bland observation while stationed at an army hospital, “Here I saw a great deal of surgery and had many pleasant experiences.”¹⁰⁸ Surgeons occasionally recorded details of operations without referring to their patients as human beings, but as body parts.¹⁰⁹ Walt Whitman wrote of “how fascinating it is, with all its hospital surroundings of sadness and scenes of repulsion and death.”¹¹⁰ Katharine Wormeley guarded against sentimentality, convinced that, “No one must come here who cannot put away all feeling ... Do all you can, and be a machine.”¹¹¹ In George Fredrickson’s study of the USSC he characterized women as emotional: “Not so likely to feel the need for a ‘manly’ suppression of feelings. One nurse asserted her chief qualification for service as ‘I am not overcome by the sight of wounds.’”¹¹² The demands of their work often made it necessary to control emotions which they would otherwise have felt free to express.¹¹³

When the medical bureaus and commissions were overrun with casualties in the spring of 1861, and publicly called for nurses, a flood of patriotic women rushed to help.

Ladies’ benevolent societies organized to support hospitals, which usually involved

¹⁰⁶ Confederate nurse Kate Cumming (1828-1909). Richard Harwell, ed., *Kate: The Journal of a Confederate Nurse* (Baton Rouge: Louisiana State University Press, 1959), 12.

¹⁰⁷ Francis Butler Simkins and James Welch Patton, *The Women of the Confederacy* (1936; Reprint, Richmond: Garrett and Massie, 1977), 89.

¹⁰⁸ Brinton, *Personal Memoirs of John H. Brinton*, 221.

¹⁰⁹ Schultz, “The Inhospitable Hospital,” 379.

¹¹⁰ Walt Whitman letter to his mother as quoted in Rutkow, *Bleeding Blue and Gray*, 231.

¹¹¹ Union nurse, WCRA officer and author of a USSC history, Katharine Prescott Wormeley (1830-1908). Katharine Prescott Wormeley, *The Other Side of War: On the Hospital Transports With the Army of the Potomac* (1889; Reprint, Gansevoort, NY: Corner House Historical Publishers, 1998), 102.

¹¹² Eliza Bellows letter to Russell Bellows May 6, 1862 as quoted in Attie, *Patriotic Toil*, 119.

¹¹³ George M. Fredrickson, *The Inner Civil War: Northern Intellectuals and the Crisis of the Union* (1965; Reprint, Illini Books ed. Urbana: University of Illinois Press, 1993), 87.

visiting patients. Generally, however, they were unprepared and unqualified to do much more.¹¹⁴ Some wanted to follow their husbands, fathers or sons. Some seized an opportunity to break out of the domestic sphere, as Louisa May Alcott's protagonist in *Hospital Sketches* proclaimed, "I want something to do."¹¹⁵

As nursing had not been considered a profession, there was a dearth of formal training available to women prior to 1861. No organization offered a professional nursing education. The 1850 United States census, for example, did not even list nursing as a profession, occupation or trade.¹¹⁶ Moreover, being a medical professional and a woman were almost mutually exclusive. After she had some nursing experience, Jane Swisshelm told a surgeon she was able to treat wounded after the battle of Fredericksburg, "I am not a lady! I am a hospital nurse."¹¹⁷

Male convalescent soldiers cared for other patients. Both sections organized invalid or infirmary corps to keep disabled soldiers in the service and to maintain hospital personnel. For example, Indiana soldier William Reeder was wounded in June 1862, was healed by August, but worked in a hospital until May 1863.¹¹⁸ The shortage of trained nurses and overwhelming numbers of casualties necessitated convalescents to serve as nurses, but this makeshift solution was often fraught with problems. The Union's published medical history reported "a good deal of trouble" staffing hospital wards with convalescents, who were "frequently rated as nurses until they were able to bear the fatigues of active service." Many men were so "broken down" that they ordinarily would

¹¹⁴ Charles Stillé, *History of the United States Sanitary Commission, Being the General Report of Its Work During the War of the Rebellion* (Philadelphia: J. B. Lippincott & Co., 1866), 93.

¹¹⁵ Alcott, *Hospital Sketches*, 7.

¹¹⁶ Misner, "Highly Respectable and Accomplished Ladies," 213.

¹¹⁷ Swisshelm, *Half a Century*, 305.

¹¹⁸ William C.H. Reeder Papers, Letters to parents June 28, 1862 through May 24, 1863 (MHI).

have been hospital patients, not employees.¹¹⁹ USSC branch leader Mary Livermore observed in one military hospital, “The nurses were convalescent soldiers, wan, thin, weak, and requiring nursing themselves ... they were wholly worthless as nurses.”¹²⁰

When ordered to replace trained nurses with ambulatory patients, one surgeon wrote in a letter home he had “not much faith that convalescents will take care of the sick as they should be taken care of.”¹²¹

Training in neither public nor hospitals was not an avenue open to many nurses, nor would it have been beneficial. The would-be healing institutions were disorderly and menacing. Hospital nursing and domestic work were virtually one and the same. While some ward nurses were skilled, most hired nurses lived in the hospital and performed long, hard menial labor. Early nursing historians referred to the late-eighteenth and early-nineteenth centuries as “The Dark Period of Nursing” outside of religious orders.¹²² Ira M. Rutkow calls a nineteenth-century American hospital “an ignominious place to receive medical care, a facility of last resort.”¹²³ Hospital conditions were deplorable by modern standards. They were dirty and poorly ventilated so infection and disease ran rampant. Many believed hospitals themselves were the causes of diseases.

An underlying assumption of antebellum medical practice was that the mind and body were inextricably linked. The mind/body unit was a system of input and output that had to remain in balance for a person to remain healthy. These assumptions influenced

¹¹⁹ United States, Department of the Army, Office of the Surgeon General, *The Medical & Surgical History of the Civil War* (Wilmington, DE: Broadfoot Publishing Co., 1990-1991), 6: 957.

¹²⁰ Mary Ashton Rice Livermore led the Northwestern Sanitary Commission, Chicago’s USSC branch (1820-1905). Mary A. Livermore, *My Story of the War: A Woman’s Narrative of Four Years Personal Experience* (Hartford, CT: A. D. Worthington and Company, 1889), 203.

¹²¹ Letter dated August 15, 1862 as quoted in Peter Josyph, ed., *The Wounded River: The Civil War Letters of John Vance Lauderdale, M.D.* (East Lansing: Michigan State University Press, 1993), 126.

¹²² Nutting and Dock, *A History of Nursing*, 1: 500.

¹²³ Rutkow, *Bleeding Blue and Gray*, 152.

the doctor-patient relationship and all medical treatments.¹²⁴ In this context, and prior to many modern scientific discoveries, spirituality was integral to a holistic approach to health. Furthermore, Rutkow characterizes the field of medicine as suffering from a “pervasive lack of clinical unanimity,” with no cohesive, communal agreement as to accepted medical fact or practice. There were two competing medical philosophies, allopathy and homeopathy, that were continually at odds over appropriate clinical pathways. Both philosophies recognized the increasingly prominent practice of surgery, which the discovery of anesthesia had recently enhanced.¹²⁵

British nurse and healthcare reformer Florence Nightingale is often the point of reference for the modern, trained nurse. Nightingale was a bellwether in the field of nursing training, outside of Catholic orders. Nightingale’s lessons ultimately influenced American practices as the Civil War unfolded, and some idolized her as the quintessential battlefield nurse. An 1864 editorial in the *New York Herald* declared: “All Our Women Are Florence Nightingales.”¹²⁶ She had begun her training with Protestant deaconesses in Kaiserwerth, Germany. Seeking additional expertise, she approached the Irish Sisters of Charity, who had begun to reform hospital care in Dublin. When she approached them in 1852, she wrote, “For what training is there compared with that of a Catholic nun?” She asked to stay in the convent, receive their nursing training and even wear the sisters’ habit. Nightingale wanted to live as a Sister of Charity without converting to Catholicism

¹²⁴ Rosenberg, *The Care of Strangers*, 71-78.

¹²⁵ Allopathy is the treatment of disease by remedies that produce effects opposite to those produced by disease; this would be the basis of scientific medicine by the 1880’s. Homeopathy is the treatment of disease by infinitesimal doses of remedies that produce effects like those of the disease. Alternative therapies, such as Graham’s were also popular. Rutkow, *Bleeding Blue and Gray*, 55-61.

¹²⁶ As quoted in Reverby, *Ordered to Care*, 44.

or professing vows, and asked the priest and mother superior to keep her secret. The sisters declined, but she still respected their training program.¹²⁷

Nightingale brought twenty-four sisters with her to nurse during the Crimean War (1853-1856). She became known as “the lady with the lamp,” and opened a training school at St. Thomas’ Hospital in London to test her nursing theories. She published her text *Notes on Nursing: What It Is, and What It Is Not* in 1859, seeking to arm women with motherly authority and additional skills. She defined nursing as more than the administration of medicine; chapters included topics such as ventilation, temperature, bedding, light and cleanliness. Nightingale ultimately viewed nursing as a secularized calling, and concurred with the stereotype that caregiving came naturally to women. She hoped to elevate nursing with a pastiche of morality, order and science. She placed primacy on morality, consistent with women’s role as moral compass, with technical skill dependent thereon.¹²⁸ Nightingale did not intend *Notes* as a manual, but practical “hints” for every woman because clearly “every woman is a nurse.”¹²⁹ Her techniques were not yet established in America, and the rare nurse who had Crimean experience was priceless.

Trained nurses were needed, hospitals were not a training ground, and Nightingale’s teachings had not yet arrived in America, but the Catholic sisters did have healthcare training. Because of their experience in caring for the poor, indigent and insane, the sisters were skilled and technically competent. In his medical history of the

¹²⁷ James Joseph Walsh, “The Irish Sisters of Charity and Mercy: Reformers of Hospitals,” In *These Splendid Sisters*, ed. James Joseph Walsh (Freeport, NY: Books for Libraries Press, 1926), 131-134. Caitriona Clear corroborates that Nightingale envied sisters’ opportunity “to join socially active religious congregations.” Clear, *Nuns in Nineteenth-Century Ireland*, 138.

¹²⁸ Nightingale was resolutely hostile to the germ theory of infectious diseases and antisepsis. Rosenberg, *The Care of Strangers*, 128-135.

¹²⁹ Florence Nightingale, *Notes on Nursing: What It Is, and What It Is Not* (London, Harrison and Sons, 1859), 1.

Confederacy, H.H. Cunningham described them as “the only really trained nurses” available.¹³⁰ The sisters had already formed prototype nursing organizations, usually attributed exclusively to Florence Nightingale, within their orders. Union volunteer Abby Woolsey, who would co-found a nurse training school after the war, explained: “Methodical attendance on the sick ... was nowhere attempted in America except by sisters of charity. Little was done outside of the Catholic orders.”¹³¹ Rutkow distinguishes between Nightingale’s sanitary-based nursing science and the sisterhood’s avocational, less-structured “learning while praying.” He notes that the sisters’ primary tasks were only assisting in a patient’s emotional care, regulating diet and distributing clean linens.¹³²

Sisters’ training, however, was more rigorous than Rutkow implies. Rosenberg recognizes that nurses existed before Nightingale, and they were often professional in terms of long-term commitment to their calling.¹³³ Two formal training documents existed prior to Nightingale’s *Notes*. Sister Mary Xavier Clark wrote “Instructions for the Care of the Sick” (1841), a detailed section of a larger manuscript on charity care. Clark included instructions on medicines, nutrition, spirituality and attending the dying. Her “Instructions” were taught to young nurses.¹³⁴ Emmitsburg Sister of Charity Mathilde Coskery was a seasoned nurse and nursing instructor to young sisters in training. She wrote a 50-page comprehensive manuscript in the 1840’s, *Advices Concerning the Sick*. A richly experiential manual, *Advices’* topics included a variety of medicinal and holistic

¹³⁰ H.H. Cunningham, *Doctors in Gray: The Confederate Medical Service*, 2nd ed. (1960; Reprint, Baton Rouge: Louisiana State University Press, 1986), 73.

¹³¹ WCRA leader Abby Howland Woolsey (1828-1893). Abby Howland Woolsey, *A Century of Nursing, with Hints Toward the Organization of a Training School* (New York: G.P. Putnam’s Sons, 1950), 102.

¹³² Rutkow, *Bleeding Blue and Gray*, 168.

¹³³ Charles Rosenberg, “Recent Developments in the History of Nursing,” *Sociology of Health and Illness* 4, no. 1 (March, 1982): 91.

¹³⁴ Kauffman, *Ministry and Meaning*, 36-49.

treatments and patient evaluation. Coskery placed heavy emphasis on hygiene and sanitation. She viewed the calling of nursing as something different than maternal instinct: “The office of ‘nurse’ is one of awful responsibility if its duties be properly considered; for on the faithful discharge of them, will the life of a fellow being ... almost exclusively depend.”¹³⁵ *Advices*, coupled with hands-on experience, was the practical manual that served as the training textbook for Sisters of Charity nurses for decades.

Sisters received on-the-job instruction from doctors and experienced sister nurses, and carried “Instructions” or *Advices* in their pockets.¹³⁶ The system of training provided the sisters with a network of peers and mentors on whom nursing sisters could rely. Mentors helped sisters develop nursing skills and maintain religiosity. When they served during the war, their orders encouraged them to consult with one another on medical matters, a support system not available to lay nurses. Writing at the turn of the twentieth century, a Johns Hopkins University doctor observed of the Civil War sister nurses, “The nursing was excellent ... the doctors held classes for the instruction of the Sisters, and the head Sisters instructed their subordinates in the details of nursing [technique].”¹³⁷

Being either a woman or a Catholic in nineteenth-century America meant disqualification from full citizenship. Charles Rosenberg posits that the nineteenth-century hospital’s social hierarchy was a mirror of the world outside the hospital’s walls. Hospitals accommodated proper female charitable gestures such as fundraising, and women played an advisory role only in matters of women and children.¹³⁸ Yet sisters were trained nurses, hospital managers and philanthropic professionals. Catholic sister

¹³⁵ As quoted in Suzy Farren, *A Call to Care: The Women Who Built Catholic Healthcare in America* (St. Louis: Catholic Health Association of the United States, 1996), 138.

¹³⁶ Wall and Nelson, “Our Heels Are Praying Very Hard All Day,” 322-323.

¹³⁷ Doyle, “Nursing by Religious Orders in the United States: Part I,” 782.

¹³⁸ Rosenberg, *The Care of Strangers*, 267-271.

nurses did not fit clearly into antebellum American prescriptive gender or religious ideals, but they had created a unique and rewarding role for themselves. Once the first shot was fired on Fort Sumter in 1861, all types of women would contribute profoundly to war relief. The Sisters of Charity had created a nursing culture that many would come to esteem.

Chapter Four - Wartime Benevolence:
“Soldiers’ Gratitude and Heaven’s Approval”

The medical milieu of the American Civil War provided the principal source of motivation for relief workers and volunteers. Citizens witnessed massive suffering and social breakdown in the extreme, and wanted to do what they could to relieve it. It is a gross understatement to say that the United States was ill-prepared to treat the casualties of a protracted total war. The country expected a romantic war that would not last much beyond the summer of 1861, with few casualties. Instead, the war ground on for four years. Over 620,000 Americans were killed, wounded or taken prisoner; Civil War casualties approximated the number of casualties of the Revolutionary War, the War of 1812, the Mexican War, the Spanish-American War, World War I, World War II and the Korean War combined.¹

Nothing could have prepared the country for the maelstrom of agony and death. The scale of the war, obsolete Napoleonic troop movement tactics, advancing weapons technology (including the minié ball) and lack of understanding of germ theory produced horrific battlefield casualties and related illnesses. Amputation was a common procedure because of wounds inflicted by Civil War ammunition. Attending to the soldiers took its emotional toll on everyone. Louisa May Alcott described battlefields and hospitals as chaotic, overflowing with soldiers’ bodies that were “torn and shattered,” reduced to “wrecks of humanity.”² Nurses witnessed men reduced to “poor creatures, boys [who were undergoing] extreme suffering and misery.”³ They grieved to see soldiers sick,

¹ The rate of Civil War deaths to American population was unprecedented; it was six times that of World War II. Moreover, at least fifty thousand civilians died as a direct result of the Civil War, eclipsed in history only in World War II Germany. Faust, *This Republic of Suffering*, xi-xii.

² Alcott, *Hospital Sketches*, 29.

³ Journal of Sister Agnes Phillips (SCC).

battered and dying. A Sister of Charity treated wounds and diseases that were appalling, disgusting and “simply beyond description.”⁴ Sophronia Bucklin recalled “one vast plain of intense mortal agony ... causing more terror than death itself.”⁵ Deaths from disease outnumbered those from battlefield injuries five to two.⁶ Union nurse Hannah Ropes observed, “We run the gauntlet of disease from the disgusting *itch* to smallpox!”⁷ Worms and maggots often infiltrated soldiers’ wounds. Sister Mathilde Coskery recalled the aftermath of a battle as “a scene of carnage not to be described; armies weltering in each other’s gore.”⁸ Wounded soldiers were in the open for days after major engagements. Surgeon John Brinton remarked that wounded “lay upon the ground, sheltered quite satisfactorily by portions of tents, stretched blankets, boughs of trees...” as though commonplace.⁹ Journals and diaries report of confusion, congestion and general mayhem after battles. Surgeons, nurses and wounded were frequently uprooted when the armies retreated, adding to the bedlam.

It was difficult for both sections to keep medical operations supplied. Nutritious and sufficient food, medicine, bandages, medical instruments and medical supplies were

⁴ Journal of Sister Anthony O’Donnell (SCC).

⁵ Dix-appointed Union nurse Sophronia Bucklin (1828-1902). Sophronia E. Bucklin, *In Hospital and Camp: A Woman’s Record of Thrilling Incidents Among the Wounded in the Late War* (Philadelphia: John E. Potter and Company, 1869), 255.

⁶ The germ theory of infectious diseases and antiseptic techniques would not be accepted for several more years; British Dr. Joseph Lister published his first paper on antiseptic in 1867. The Union Army recorded 5,367,187 disease cases, 135,463 of which resulted in death. Leading diagnoses were dysentery/diarrhea, typhoid and malarial fevers, bronchitis, pneumonia, tuberculosis, and smallpox. Dietary deficiencies caused scurvy, and “childhood” diseases such as measles and scarlet fever were also common. Paul E. Steiner, *Disease in the Civil War: Natural Biological Warfare in 1861-1865* (Springfield, IL: Charles C. Thomas, 1968), 10-19 and Maxwell, *Lincoln’s Fifth Wheel*, 71. The Confederate Army estimate is approximately 3,000,000 disease cases of which 70,000 resulted in death. Cunningham, *Doctors in Gray*, 5 and Chapter Nine: Causes of Disease.

⁷ Brumgardt, ed. *Civil War Nurse*, 115.

⁸ “Daughters of Charity in the Civil War,” (DC).

⁹ Brinton, *Personal Memoirs of John H. Brinton*, 206.

chronically in short supply in both sections.¹⁰ Katharine Wormeley treated men who “had mostly been without food for three days.”¹¹ Sister Mathilde wrote, “Often we passed whole days without food sufficient to support us.”¹² Bedding, furniture and fixtures were spartan in the extreme. Clean water was a precious commodity, used communally for drinking, bathing, laundry, dishwashing and cleaning medical instruments.

Exposure to the elements, fatigue, constant marching and inadequate food weakened healthy soldiers. Hannah Ropes noted that “the torture of exposure on the field” was such that men died of fatigue and malnutrition.¹³ Katharine Wormeley also witnessed “men who dropped exhausted” and “decimating diseases brought on by exposure.”¹⁴ Exposure to severe heat, cold, rain and snow weakened nurses’ health as well. Serving on the field immediately after battles was perilous for nurses, as they were in danger of unexploded bombshells.¹⁵

In April 1861, there were only 130 Union military surgeons, assistant surgeons and medical officers in the country to serve an army of nearly one million men. One historian described the available medical equipment as “totally inadequate.”¹⁶ The Union Army Medical Department existed but was reluctant to expand its authority. In May

¹⁰ The supply problem was more severe in the Confederacy, because the Union declared medical supplies contraband. Confederate blockade runners supplied the Army, making goods inconsistently available and subject to speculative prices. Cunningham, *Doctors in Gray*, Chapter Eight, Procurement of Hospital, and Medical Supplies 134-162. Phoebe Pember wrote theft was common, and that railroads were so constantly cut that supplies spoiled by the time they arrived at hospitals. Bell Irvin Wiley, ed., *A Southern Woman’s Story: Life in Confederate Richmond by Phoebe Yates Pember* (1954; Reprint, Marietta, GA: Mockingbird Books, 1992), 59.

¹¹ Wormeley, *The Other Side of War*, 104.

¹² “Daughters of Charity in the Civil War,” (DC).

¹³ Brumgardt, ed. *Civil War Nurse*, 68-71.

¹⁴ Wormeley, *The Other Side of War*, 34.

¹⁵ “Daughters of Charity in the Civil War,” (DC).

¹⁶ Howard D. Kramer, “Effect of the Civil War on the Public Health Movement” *Mississippi Valley Historical Review* 35, no. 3 (December, 1948): 452.

1861, Congress authorized one surgeon and one assistant surgeon for each regiment. In July 1861, brigade surgeons were added but relative authority was not clearly defined. Qualifications of surgeons varied widely and resided with state authorities.¹⁷ While the Union had a small and unorganized national medical system, the newly-established Confederacy had no military medical infrastructure and did not establish its medical department until 1862, more than a year into the war. Organization of military units varied in composition and strength between Union and Confederacy, and between infantry, cavalry and artillery branches. Conditions varied as the war progressed, and units were often consolidated and reformed.¹⁸

At the outset, neither army owned or operated general hospitals. Both armies had to quickly establish military hospitals in capitol cities of Washington, D.C. and Richmond, makeshift quarters in converted buildings throughout the country, and in the field.¹⁹ Both sections built large pavilion-style hospitals, with wards radiating from a

¹⁷ Total military strength over the course of the war was 2.1 million in the north and 880,000 in the south. Between 1861 and 1865, the Union appointed 11,000 surgeons, the Confederacy 3,300. Maxwell, *Lincoln's Fifth Wheel*, 60-63.

¹⁸ Structure of troop strength in both armies was approximately as follows:

Organization of Military Units of Civil War Armies		
Unit	Composition	Manpower
Company		100 ± men
Battalion	2 ± companies	200 ± men
Regiment	10 ± companies	1,000 ± men
Brigade	5 ± regiments	5,000 ± men
Division	3 ± brigades	15,000 ± men
Corps	3 ± divisions	45,000 ± men
Army	2 + corps	100,000 ± men

William K. Vardmann, Jr., *A Chronology of the American Civil War* (1974; Reprint, Huntsville, AL: Southern Heritage Prints, 1994).

¹⁹ Major Union hospitals outside Washington, D.C. were in major urban areas of Alexandria, Annapolis, Baltimore, Boston, Georgetown, New York and Philadelphia. Steiner, *Disease in the Civil War*, 126-127. Major Confederate hospitals outside Richmond were close to generals' headquarters in Atlanta, Chattanooga, Columbia, Nashville and Raleigh. Cunningham, *Doctors in Gray*, 286-290.

central facility in a hub and spoke configuration.²⁰ Detached buildings, ventilated by windows and doors, were placed enough distance apart to avoid contamination. These huge facilities accommodated as many as five to ten thousand patients.

The surgeon-in-charge stood at the top of each section's medical hierarchy, which evolved over the course of the war and varied considerably from location to location. Depending on the facilities' or unit's size, the surgeon had staffs of assistant surgeons, medical students, wardmasters, wound-dressers, stewards, clerks and chaplains. The Union entrusted "full and complete military command" of the hospital to the surgeon-in-charge, and at large hospitals he had an executive officer or adjutant commander.²¹

Surgeons held patient care and administrative positions simultaneously, and skill in one area did not translate into the other. Administration was so cumbersome that it hampered surgeons' ability to care for the wounded. Surgeon John Brinton's diary illustrated the combined sets of responsibilities as he reflected on the difficulties new surgeons faced in organizing food, medicine and horses over and above patient care. Especially vexing was the problem of erecting a hospital tent and keeping it standing. He was stupefied by one of his most valued surgeons of "high scientific attainment" who had arranged his hospital tents asymmetrically, a seemingly trivial matter for a surgeon to have to address.²² Administration included supervision of nurses, which often meant battling over turf. Hospital workers included chief and assistant matrons, nurses,

²⁰ Pavilion hospitals evolved to become the self-sufficient general hospitals of today. In 1864 Jefferson Hospital contained an executive department, surgeons' rooms, multiple kitchens, dining rooms, dispensary, laundry, mortuary, post office, printing office and chapel. Elvira J. Powers, *Hospital Pencillings*, 119-120.

²¹ United States, Department of the Army, *The Medical & Surgical History of the Civil War*, 6: 956-957. The Confederate Congress authorized a similar structure for hospital staff, including female nurses and hospital workers, in September 1862. Cunningham, *Doctors in Gray*, 73.

²² Brinton, *Personal Memoirs of John H. Brinton*, 258 and 298.

orderlies, cooks and laundresses.²³ Nursing duties ran the gamut from domestic labor to assisting with amputations. Surgeons admonished nurses for working too little or too much, and disagreements over proper care were not uncommon.²⁴

When casualties began pouring in, the armies fortified their medical departments and engaged volunteers. Organization of volunteers and paid relief workers took several forms. Northern civilians created the U.S. Sanitary Commission (USSC), a national private institution that provided aid to soldiers, and the U.S. Christian Commission (CC), which provided relief and spiritual aid to soldiers. A Union nurse could be an appointee or agent of the Surgeon General, Army Medical Department, Army regiment, USSC, CC, a state soldiers' aid society or a surgeon. Nurses were convalescent soldiers, Catholic sisters, homefront citizens (especially in the South), family members of soldiers, or other sorts of freelance volunteers unaffiliated with any organization. Catholic sisters were among the earliest to volunteer, and, unlike any other organization, their orders quickly mobilized large cadres of trained nurses. Ultimately more than 20,000 female relief workers served.²⁵ If this seems unorganized, it was. Jane Woolsey remembered,

There was never any system. Hospital nurses were of all sorts, and came from various sources of supply; volunteers paid or unpaid; soldiers' wives and sisters who had come to see their friends, and remained without any clear commission or duties; women sent by State agencies and aid

²³ Union ward nurses and Southern matrons were similar in function; both generally supervised domestic operations such as dispensation of food and medicine. Union ward nurses often cared for patients and dressed wounds. Southern matrons as hospital administrators and did not always perform hands-on nursing. In the South, slaves performed most of the heavy and menial work. Libra R. Hilde, "Worth a Dozen Men: Women, Nursing, and Medical Care During the American Civil War," (Ph.D. Diss., Harvard University, 2003), 11-12; and Drew Gilpin Faust, *Mothers of Invention: Women of the Slaveholding South in the American Civil War* (Chapel Hill: University of North Carolina Press, 1996), 96-97.

²⁴ Nurses gained credibility with experience. Newer nurses were more often dismissed over disagreements, for reasons such as "disobedience" or "uncontrollable tongue." Schultz, *Women at the Front*, 286 (n. 37).

²⁵ Jane E. Schultz scrutinized the Carded Service Records of Union hospital workers, compiled as the basis for nurses' pensions. The records list 21,208 women, and do not include Confederate women. Confederate records were lost when Richmond burned in 1865, so it is difficult to estimate the entire number of female relief workers. The records list 260 sisters, but other sources confirm there were many more sister nurses. Schultz, *Women at the Front*, 20-21.

societies; women assigned by the General Superintendent of Nurses ... these women were set adrift in a hospital ... without training or discipline ... “reporting to the surgeons.”²⁶

Civil War battles produced casualties from both armies who required care. Most women who served as nurses or relief workers clearly aligned themselves with either the Union or Confederacy. Nurses often joined a particular regiment or hospital location, and supported their chosen nation’s patriotic cause. Many nurses cared for patients of both sections. Union nurse Hannah Ropes commented, “We have one Rebel ... we take just as good care of him as of anyone.”²⁷ Feelings in both sections, however, were often bitter and divisive, which could make it difficult for nurses to care equally for enemy. When the Richmond Ladies’ Aid Society’s president proposed to share donated hospital supplies with wounded Union soldiers, she incurred loud and long ire. Mary Boykin Chesnut, a member of Richmond’s elite, recalled, “Some shrieked in wrath at the idea of putting our noble soldiers on a par with Yankees – living, dying or dead.”²⁸ Catholic sisters, and many Catholic laity, did not align themselves with either the Union or Confederate cause. Sisters remained impartial, and cared for soldiers on both sides.

One of the Union Army’s early tactics was the appointment of Dorothea Dix as Superintendent of Female Nurses to deploy nurses and hospital workers. Dix worked zealously but was caustic and intractable, causing Jane Swisshelm to dismiss her as “a self-sealing can of horror tied up in red tape.”²⁹ Her qualifications for nurses were that they be matronly, serious, unadorned and over the age of 30. Her requirements for dress were prescriptive: “Their dresses must be brown or black, with no bows, no curls, no

²⁶ Union nurse Jane Stuart Woolsey (1830-1891). Jane Stuart Woolsey, *Hospital Days: Reminiscence of a Civil War Nurse* (1868; Reprint, Roseville, MN: Edinborough Press, 1996), 36.

²⁷ Brumgardt, ed. *Civil War Nurse*, 120.

²⁸ Woodward, ed., *Mary Chesnut’s Civil War*, 156.

²⁹ Maxwell, *Lincoln’s Fifth Wheel*, 65.

jewelry, and no hoop skirts.”³⁰ Jane Swisshelm noted very few women eschewed hoops, “those instruments of dread and torture,” as dresses without hoops would be mistaken for nuns’ habits. She attributed habits to the surgeon’s requests for sisters in hospitals, commenting “it was the dress nuisance which caused nuns to have preference.”³¹ Surgeons probably preferred sisters in hospitals for more substantive reasons; sisters were experienced, businesslike and were willing to work under arduous conditions. Fewer lay nurses possessed these attributes, especially in the early stages of the war.

Superintendent Dix sought to place nurses into the field as managers of their moral environment, much as mothers were to be in their homes. She developed requirements based more on character and reliability than nursing skill. Dix was well aware that placing female nurses in the male world of military hospitals was unprecedented, and she sought to insulate women from prurient comments and accusations. She was intent on protecting her nurses against sexually-charged situations that might compromise her own reputation, that of the army and its female volunteers.

Shortly after Dix’s appointment, President Abraham Lincoln authorized the creation of the USSC, although with skepticism. The newly-elected President was concerned about the efficiency of a civilian relief organization, fearing such a novelty would become “a fifth wheel to the coach.”³² He questioned the proper role of private philanthropy vis-à-vis federal and state governments when delivering relief to soldiers. Previously President Franklin Pierce had solidified states’ responsibilities for public

³⁰ Dorothea Dix to Women’s Central Relief Association, April 29, 1861 as quoted in Kristie R. Ross, “‘Women are Needed Here’: Northern Protestant Women as Nurses During the Civil War, 1861-1865,” (Ph.D. Diss., Columbia University, 1993), 151.

³¹ Swisshelm, *Half a Century*, 265. This was also the time of “dress reform” in which women lobbied for more practical attire, and hoop skirts in particular were impractical in hospitals as they got caught on beds.

³² Lincoln authorized the USSC June 13, 1861. Maxwell, *Lincoln’s Fifth Wheel*, 8.

welfare in 1854, when he vetoed a bill to allocate federal land for the care of the mentally ill. Pierce rejected the proposal on the basis that the federal government did not have Constitutional authority to become “the great almoner of public charity,” forcing the obligation on the states and “the fountains of charity” at home.³³ Lincoln felt government should be responsible for the care of soldiers, but the undue circumstances of the Civil War were such that this could not be “fully provided for by the ordinary means.”³⁴ The USSC’s leaders argued the government bore the obligation to care for wounded soldiers, but that a private philanthropic agency was a “temporary necessity.” They had to convince President Lincoln and New York’s governor that the USSC, as a private organization, would not “keep the government on crutches” and therefore would not exist in perpetuity.³⁵

Louisa Lee Schuyler and Elizabeth Blackwell created the forerunner of the USSC in New York’s Woman’s Central Relief Association (WCRA), hoping to replicate the British Sanitary Commission formed to reduce soldiers’ mortality after the Crimean War.³⁶ Schuyler and Blackwell engaged influential men to legitimize their work and secure government sanction. The USSC’s male leaders included Schuyler’s pastor, Henry Bellows, as well as Frederick Law Olmsted, George Templeton Strong, and other prominent New York physicians, philanthropists and executives. Once Lincoln authorized the USSC, the commission subsumed the WCRA and thousands of other

³³ Franklin Pierce, “Veto Message” May 3, 1854. In United States, President, *A Compilation Of The Messages And Papers Of The Presidents, Prepared Under The Direction Of The Joint Committee On Printing, Of The House And Senate* (New York: Bureau of National Literature, 1897), 7:2780-2789.

³⁴ Abraham Lincoln, “To the Loyal Women of America,” October 1861. Frederick Law Olmsted, “Books and Printed Papers Relating to Concerns of the USSC,” vol. K, 1890, unpublished (MHI).

³⁵ Henry Bellows letter to New York Governor E. D. Morgan October 22, 1861. The USSC ultimately secured a private legal opinion attesting to the legality of its charitable purpose in caring for sick and wounded soldiers. Theodore W. Dwight, “Opinion” November 4, 1864. Both documents in Frederick Law Olmsted, “Books and Printed Papers Relating to Concerns of the USSC,” vol. K, 1890, unpublished (MHI).

³⁶ Louisa Lee Schuyler (1837-1926).

ladies' aid associations that had formed. Schuyler led the New York operation throughout the war, and liaised between the USSC's headquarters and its branches.

Male leaders felt their direction was necessary to harness the disorganized character of female benevolence and deliver rational relief to soldiers.³⁷ Homefront female volunteers produced a flood of public support, but its delivery on an ad-hoc, individual basis could lead to chaos and confusion. Bellows stated the problem as, "How shall this rising tide of popular sympathy, expressed in the form of sanitary supplies, and offers of personal service and advice, be rendered least hurtful to the army system?"³⁸ The USSC thus stated its mission as an effort "to systematize the impulsive, disorderly, and unformed sympathies of the women of the country."³⁹

Subsidiary branches of local voluntary relief organizations, the largest of which was the WCRA, undergirded the national organization. Branches, generally run by women, raised funds with which to purchase supplies and in-kind donations.⁴⁰ The USSC provided a benevolent outlet that allowed men and women of the homefront to bring relief and comfort to the wounded, saving thousands of lives. Members inspected camps and hospitals, distributed supplies to the army, trained nurses, transported wounded, maintained vital records and helped soldiers communicate with their families. Katharine Wormeley, USSC volunteer and historian, wrote that, once it was up and running, "The Medical Department, unprepared and terribly harassed, flung itself upon

³⁷ Maxwell, *Lincoln's Fifth Wheel*, 53.

³⁸ Henry Bellows, "The Sanitary Commission," *North American Review* (January 1864) as quoted in Fredrickson, *The Inner Civil War*, 106.

³⁹ USSC Statement of the Object and Method as quoted in Attie, *Patriotic Toil*, 90.

⁴⁰ President Lincoln called for the formation of societies "in every neighborhood." Abraham Lincoln "To the Loyal Women of America," October 1861. Frederick Law Olmsted, Books and Printed Papers Relating to Concerns of the USSC, vol. K, 1890, unpublished (MHI). The USSC recorded over 7,000 local aid societies. Stillé, *History of the United States Sanitary Commission*, 172.

the Sanitary Commission.”⁴¹ The USSC grew to be, as George Fredrickson argued, “the largest, most powerful, and most highly organized philanthropic activity that had ever been seen in America.”⁴²

The USSC’s first priority was a system of inspections of army camps and hospitals. Dozens of experienced medical inspectors reported to the Surgeon General on a myriad of sanitary and medical topics, which in turn became best practices and public health policies. For example, it published “Rules for Preserving the Health of the Soldier” within its first month of operations, with topics ranging from nutrition, hydration, vaccination, to sleeping arrangements and camp fires.⁴³

Its supply collection and distribution relief work, however, drew the most public visibility and praise. The USSC dispersed donated food, clothing, medical supplies, medical equipment, and even horses and wagons, throughout the Union. Wagon-trains and railcars laden with provisions extended for miles to deliver supplies after battles. Cornelia Hancock described its ability to provide “bountiful” supplies as “worth its weight in gold.”⁴⁴ To many people, on the battlefield and homefront alike, this was its signature operation.⁴⁵

Dix and the USSC clashed in their styles and philosophies of reform, particularly over control of nurses’ recruitment and appointment.⁴⁶ After the schism, George Templeton Strong recorded that the USSC extricated itself “from an entanglement with

⁴¹ Wormeley, *The Other Side of War*, 55.

⁴² Fredrickson, *The Inner Civil War*, 98.

⁴³ USSC, “Rules for Preserving the Health of the Soldier,” Issued July 12, 1861 (IHS).

⁴⁴ Jaquette, ed. *South After Gettysburg*, 35.

⁴⁵ Rutkow, *Bleeding Blue and Gray*, 273-274.

⁴⁶ The WCRA discontinued its nurse registration system one year into the war, and the USSC assumed nurse recruitment and training responsibility. Giesberg, *Civil War Sisterhood*, 89; Elizabeth D. Leonard, *Yankee Women: Gender Battles in the Civil War* (New York: W.W. Norton & Company, 1994), 8-11; and Nina Silber, *Daughters of the Union: Northern Women Fight the Civil War* (Cambridge: Harvard University Press, 2005), 198.

that philanthropic lunatic, Miss Dix” and they pursued their warwork with little interaction thereafter.⁴⁷ By mid-war, the Surgeon General allowed medical directors and battlefield surgeons to routinely substitute Catholic sisters or other experienced nurses for Dix appointees, rendering her authority relatively limited in practice.⁴⁸ This tension became well known among the nurses, as Georgeanna Woolsey observed, “Miss Dix has a standing misunderstanding with the Surgeon in Charge; in short, she hates him.”⁴⁹ Cornelia Hancock also noted many surgeons objected to Miss Dix’s criteria for nurses.⁵⁰ Dix ultimately appointed only six percent of Union nurses, and her title belied the scope of her responsibilities.

The next USSC challenge was transportation. Moving thousands of wounded soldiers to hospitals was a logistical nightmare. The USSC and the U.S. Navy began outfitting and operating transport ships, known as floating hospitals, in 1862.⁵¹ The transport initiative during the 1862 Peninsular Campaign, a four-month Union assault launched from Virginia’s York-James River Peninsula, was the most ambitious in scale. The USSC recruited a group of socially prominent women from New York, including Henry Bellow’s wife, Eliza; George Templeton Strong’s wife, Ellen; and WCRA officers Katharine Wormeley and Georgeanna Woolsey to volunteer as matrons to supervise

⁴⁷ Nevins and Thomas, ed., *The Diary of George Templeton Strong*, 165. It was crushing for Dix to accept her lack of authority. As late as 1864 one Union nurse wrote that Dix still “kept up the fiction of appointing all the army nurses.” Georgeanna Woolsey Bacon and Eliza Woolsey Howland, *Letters of a Family During the War for the Union 1861-1865* (New Haven, CT: Tuttle, Morehouse & Taylor, 1899), 2: 620.

⁴⁸ Schultz, *Women at the Front*, 15. The expansion of the theater of war, and increased scope of hospital and relief work further eroded Dix’s influence. Leonard, *Yankee Women*, 8.

⁴⁹ Union nurse Georgeanna Woolsey Bacon (1833-1906). Jane Woolsey, *Hospital Days: Reminiscence of a Civil War Nurse* (1868; Reprint, Roseville, MN: Edinborough Press, 1996), 6.

⁵⁰ Jaquette, ed. *South After Gettysburg*, 33.

⁵¹ The U.S. Navy’s first hospital ship that transported casualties to northern hospitals was the *U.S.S. Red Rover*, a retrofitted commercial steamer. Two Sisters of the Holy Cross were the first female nurses on the *Red Rover*, and they remained on board the ship throughout the war. The sisters were mustered in under the generic rank “Sister of Charity.” Steven Louis Roca, “Presence and Precedents: The *USS Red Rover* During the American Civil War, 1861-1865,” *Civil War History*, 44, no. 2 (June, 1998): 91-111.

nurses. The women did not expect to treat wounded, but they had to perform hands-on nursing. Conditions were ghastly, as Katharine Wormeley described: “They arrive a festering mass of dead and living together . . . men in every condition of horror, shattered and shrieking.”⁵² For some women, such as Ellen Strong, the transport initiative was their only foray into relief work. Others nursed for the remainder of the war. By mid-war a more systematic ambulance corps was operational.

Criticisms arose as the USSC expanded. Some citizens distrusted the USSC purely on the basis of its size, such as a surgeon who counseled his family to donate to their state relief society because of “the immense corruption that creeps into so large an association.”⁵³ Gossip spread that agents sold the donated supplies to the wounded men, or misappropriated supplies by giving them to nurses. The USSC became skilled at communication and promotion in self-defense. Louisa Schuyler and her colleagues, for example, managed a massive letter-writing campaign to branch women to keep them informed of the USSC’s efforts, and negotiated franking privileges for the initiative.

The Young Men’s Christian Association (YMCA) established the other national organization, the U.S. Christian Commission (CC), seven months into the war to “promote the spiritual and temporal welfare of the soldiers.” Alarmed at the lack of religious support for men amid the “demoralizing influences of war,” the CC viewed the entire army as a missionary field. They laid claim to responsibility for soldiers’ spiritual well-being; as the executive committee noted, “The field is open to us.” The CC engaged 5,100 volunteer clergymen as “Delegates” over the course of the war, to meet what it

⁵² Wormeley, *The Other Side of War*, 103.

⁵³ Alpheus S. Packard, Jr. letter March, 1865 (MHI, Civil War Miscellaneous Collection).

perceived as a deficiency of military chaplain service.⁵⁴ Delegates held religious meetings and distributed millions of Bibles, books, tracts and newspapers to soldiers. By mid-war, delegates and chapel tents, or “tabernacles in the wilderness,” were omnipresent and leaders were convinced that a religious revival was underway among the men.⁵⁵

Clergy and laymen performed most of the CC’s services, although its St. Louis branch “somewhat peculiarly” employed eighteen women delegates.⁵⁶ Ladies Christian Commissions formed as fundraising apparatus to support the CC’s work. Iowa philanthropist Annie Wittenmyer lobbied the CC to underwrite a comprehensive system of special diet kitchens for ill and wounded soldiers. The CC accepted and named her general superintendent. Wittenmyer installed over one hundred kitchens and employed over two hundred female, paid, professional dietary nurses and cooks. She hired women who, consistent with the CC’s mission, took their moral character seriously and functioned as crusaders against sin in the hospitals.⁵⁷

Once its infrastructure was established, CC delegates began distributing refreshments, clothing and medical supplies from mobile wagons in camps and on battlefields, which placed it in direct competition with the USSC. Cornelia Hancock described both commissions as “ever present” after battles.⁵⁸ In the field, the distinction between the two organizations became blurred at times. Newspaper accounts after battles

⁵⁴ United States Christian Commission, *United States Christian Commission for the Army and Navy, Work and Incidents: First-fourth Annual Report* (Philadelphia: 1863-1866), 2: 17.

⁵⁵ Lemuel Moss, *Annals of the United States Christian Commission* (Philadelphia: Lippincott & Co., 1868), 105-112 and 178-181.

⁵⁶ Moss, *Annals of the United States Christian Commission*, 315.

⁵⁷ Annie Wittenmyer (1827-1900). Leonard, *Yankee Women*, 88-102; Moss, *Annals of the United States Christian Commission*, 663-684; and Brockett and Vaughan, *Woman’s Work in the Civil War*, 374-385.

⁵⁸ Jaquette, ed., *South After Gettysburg*, 49.

observed both commissions appeared to be doing the same work, or conflated the two into “the Christian Sanitary Commission.”⁵⁹

Tension between the commissions arose from more than one source. Both commissions’ branches solicited the same local aid societies for donations of money and materials. The USSC’s Bellows complained the CC “has *entered our field*,” and that CC fundraising seriously interfered “with our resources.”⁶⁰ State-run philanthropic organizations also solicited donations from private citizens. The USSC’s Olmsted felt the state agencies were “doing much harm” to their operations, and warned Bellows “we have got to head them off.”⁶¹ Fundraising was further complicated as nearly every society had their favorite regiments or relief societies, and donors wanted to know where their money or supplies went and how gratefully their gifts were received.⁶² Later Bellows was even more pessimistic, feeling that the CC had cut “extensively into our constituency.”⁶³ Religious animosity fueled the jealousy between the commissions, as Bellows was a Unitarian, whose theology was not accepted among all Protestant denominations.⁶⁴ The Catholic orders presented a third dimension of religious acrimony. Religious tension was prevalent among relief workers, and antebellum nativism that had become commonplace continued into the war years.

⁵⁹ *Brooklyn Eagle*, July 22, 1863 (ACHS).

⁶⁰ Henry Bellows letter to John Newberry August 10, 1863 as quoted in Attie, *Patriotic Toil*, 161.

⁶¹ Olmsted letter to Bellows October 7, 1862 as quoted in Attie, *Patriotic Toil*, 108.

⁶² Bremner, *The Public Good*, 65. The problem in philanthropy created by fundraising competition for scarce resources persists today, and is known as “the tragedy of the commons.” Mary Livermore described communities hoping their donations would “follow” their neighborhoods’ soldiers, but logistics coordination was too difficult to execute. Livermore, *My Story of the War*, 121-122.

⁶³ Attie, *Patriotic Toil*, 225.

⁶⁴ Unitarianism theology is the belief in the single personality of God, versus the belief in the Trinity (the Father, the Son and the Holy Spirit). Olmsted was attracted to Unitarianism at one point in his life, but by the Civil War he had lost interest in formal religion altogether. Witold Rybczynski, *A Clearing in the Distance: Frederick Law Olmsted and America in the Nineteenth Century* (New York: Scribner, 1999), 67, 105.

It was important to both the USSC and CC to be first on the field after a battle.

Agents of both commissions sought press coverage whenever possible, as surgeon John

Brinton recorded in this vignette:

A favorite trick of the ... agents was to ride forward with a wagon or two under the protection of a military train until the lines of safety were reached; then as their own wagons were usually better horsed than those of the Medical Department, they would whip out from the line, pass the front, open their supplies ... and the next day's ... paper would announce that "as usual the Sanitary Commission was first on the ground to assist our wounded boys."⁶⁵

The USSC's Assistant Secretary Alfred J. Bloor toured with the Union Army, and wrote to local aid societies about how their donations were aiding the soldiers. Throughout his letters, he proudly noted that donated clothing was stamped "with the omnipresent words, 'U.S. Sanitary Commission';" the USSC literally left its mark in hospitals and camps.⁶⁶

A CC delegate appealed to its president to adopt the same strategy as the USSC had its "stamp on every article of clothing, and are careful to state from whence cometh the good things they give."⁶⁷

The issue of paid versus voluntary relief work was central to the jealousy between the USSC and CC. The commissions' rivalry over public opinion and recognition escalated to become even greater than their competition for funds.⁶⁸ George Fredrickson argued the commissions were enmeshed in "bitter controversy," and the USSC was "contemptuous" of CC volunteers as they were sentimental, inefficient, impractical and

⁶⁵ Brinton, *Personal Memoirs of John H. Brinton*, 270-271.

⁶⁶ Alfred J. Bloor, *Letters from the Army of the Potomac, Written During the Month of May, 1864 to Several of the Supply Correspondents of the U.S. Sanitary Commission* (Washington, D.C.: McGill & Witherow, 1864), 32. Jeanie Attie depicts Bloor as a tragic figure. He intended for his tour to solidify relations with ladies' homefront aid societies; after his tour, Bloor was terminated as a USSC commissioner for insubordination. Attie, *Patriotic Toil*, 232.

⁶⁷ "Army Work at Gettysburg," *Sunday School Times*, July 25, 1863 (ACHS).

⁶⁸ Ginzberg, *Women and the Work of Benevolence*, 164.

amateurish.⁶⁹ The USSC 's Treasurer George Templeton Strong felt the CC was “no more a commission than it is a corporation ... or a quadratic equation, and thus setting out under false colors.” Strong dismissed the CC as a “humbug of our popular religionism.”⁷⁰ The USSC's mission was secular, businesslike and professional, although many of its leaders and workers were religious leaders. Bellows complimented volunteers when “their labor had all the regularity of paid service.”⁷¹ The USSC argued its trained, experienced staff was suited to military protocol, and could be held accountable for its conduct.⁷² The practice of paying agents evolved as the USSC grew rigid and disciplined in its governance, and its mission migrated from humanitarianism to economizing the lives of soldiers to return them to the battlefield.⁷³

Conversely CC leaders, culled from YMCA, Bible, tract, temperance, and Sunday school societies, viewed patriotism, piety and philanthropy as necessarily intertwined. The CC felt its volunteer delegate system, rooted in the style of traditional religious reform, was both its distinction and its strength. Its delegates, the CC reported, worked “in the apostolic work, for the apostolic pay.”⁷⁴ It proudly promoted the defining characteristics of its benevolence, which might on the surface appear contradictory: economy, because its labor force was unpaid, and efficiency, because of its disciplined organization. While the CC did not pay salaries to its delegates, it did pay supervisory general agents. Moreover, most clergymen's congregations supported them while they volunteered, which allowed CC rhetoric to claim the moral high ground and obfuscate the

⁶⁹ Fredrickson, *The Inner Civil War*, 107-108.

⁷⁰ Nevins and Thomas, ed., *The Diary of George Templeton Strong*, 311.

⁷¹ Bellows, “Introduction,” in Brockett and Vaughan, *Woman's Work in the Civil War*, 58.

⁷² Censer, “Introduction” in *The Papers of Frederick Law Olmsted*, 4: 52-53.

⁷³ Fredrickson, *The Inner Civil War*, 102. Mission “drift” or “creep” remains a challenge in philanthropy and the nonprofit sector today.

⁷⁴ United States Christian Commission, *United States Christian Commission for the Army and Navy, Work and Incidents: First-fourth Annual Report* (Philadelphia: USCC, 1863-1866), 2: 17.

issue of paid versus unpaid labor.⁷⁵ Similarly, Catholic sisters received financial support from their orders or from the army, although observers generally described them as volunteers.⁷⁶

The South did not form comparable national volunteer organizations, in keeping with its states' rights philosophy. Most aid associations were strictly local or county-wide in focus, even as the progression of the war necessitated coordination.⁷⁷ Some relief organizations were established on a state-wide basis to integrate the work of the local aid societies. Wealthier citizens often paid for food and supplies, and set up hospitals near camps or railroad depots.⁷⁸ Most of the battles occurred in the South, which disrupted transportation and communication systems and handicapped the growth of large relief societies.⁷⁹ Union forces destroyed hospitals and caches of supplies when they invaded southern territory. The war forced Confederate nurses, Catholic sisters and other volunteers to serve, literally, in their own backyards and with diminishing resources. The Confederacy's lack of manufacturing capacity, currency devaluation and decline into poverty as the war progressed further exacerbated their challenges.

⁷⁵ Neither CC annual reports nor the authorized published history clearly articulate its criteria for hiring of delegates. One noteworthy anecdote is from Rev. Leonard Gardner, who raised \$600 for the CC from his congregation. When Gardner presented the donation to the CC president, they were so impressed with the amount that they made him a delegate. Leonard Marsden Gardner, *Sunset Memories: A Retrospect of a Life Lived During the Last Seventy-Five Years of the Nineteenth Century, 1831-1901*, 2nd Ed. (Gettysburg, PA: Times and News Publishing Co., 1941), 76-77; and Bremner, *The Public Good*, 57-60. While further discussion is beyond the scope of this thesis, the relationship of fundraising and donations to governance and direction of philanthropic organizations remains relevant today.

⁷⁶ Lincoln refers to sisters as "unpaid nurses" in "Recollections" as quoted in Ambrose Kennedy, "The Nuns of the Battlefield," In *These Splendid Sisters*, ed. James Joseph Walsh (Freeport, NY: Books for Libraries Press, 1926), 179-180.

⁷⁷ Edwin B. Coddington, "Soldiers' Relief in the Seaboard States of the Southern Confederacy" *Mississippi Valley Historical Review* 37, no. 1 (June, 1950): 23. The largest relief societies were the Georgia Relief and Hospital Association and the Central Association for the Relief of South Carolina Soldiers. The only Confederacy-wide organization was the Association for the Relief of Maimed Soldiers. Bremner, *The Public Good*, 47-49.

⁷⁸ George Rable, *Civil Wars: Women and the Crisis of Southern Nationalism* (Urbana: University of Illinois Press, 1991), 121.

⁷⁹ Coddington, "Soldiers' Relief in the Seaboard States of the Southern Confederacy," 32.

Independent volunteers and one-off relief efforts proliferated in both sections. Clara Barton is perhaps the most famous Civil War nurse, as she founded the American Red Cross after the war. She was a notable outlier to the voluntary associations; she insisted on working alone, outside the aegis of both commissions. She did not collaborate, and described feeling “compromised ... cramped and unhappy” working with others.⁸⁰ Barton justified her need to operate independently: “If by practice I have acquired any skill ... I might not work so efficiently ... under the direction of those of less experience than myself.”⁸¹ Barton scarcely acknowledged, and isolated herself from, all other nurses.

The dubious standing of women who were not affiliated with Dix or a commission discredited thousands of legitimate relief workers. Single women, other than the Catholic sisters, were accused of nursing in order to find romance. Cornelia Hancock wrote her sister, “I have no doubt that most people think I came into the army to get a husband ... there are many good-looking women here who gallivant around in the evening and have a good time. I do not trouble myself much with the common herd.”⁸² Some women lingered around battlefields and hospitals looking for loved ones, souvenir-hunting or thrill-seeking, and they were ruthlessly judged for doing so. Union nurse Mary Ann Bickerdyke’s biographer noted, “The image of a camp follower and prostitute dogged the steps of many respectable women who were employed as nurses.”⁸³ Kate Cumming summarized the friction among women like this: “There is scarcely a day

⁸⁰ Clarissa Harlowe Barton (1821-1912). Clara Barton journal entry December 7, 1863 as quoted in Elizabeth Brown Pryor, *Clara Barton: Professional Angel* (Philadelphia: University of Pennsylvania Press, 1987), 102.

⁸¹ Clara Barton Chapter No. 1, *Clara Barton & Dansville* (Dansville, NY: Privately Published, 1966), 150.

⁸² Jaquette, ed. *South After Gettysburg*, 17-18.

⁸³ Mary Ann “Mother” Ball Bickerdyke (1817-1901). Union General Sherman reportedly said of her, “she ranks me.” Martin Litvin, *The Young Mary 1817-1861* (Galesburg: Log City Books, 1977), 142.

passes that I do not hear some derogatory remarks about the ladies who are in the hospitals.”⁸⁴ Katharine Wormeley also described them:

They have no business here, and nowhere to go. [They believe] they are “wanted at the front...” No lady should attempt to come here unless accepted or appointed by the Government or the [Sanitary] Commission. Ardent women with a mission should not come in any other way, if they value their own respectability.⁸⁵

Military authorities sanctioned the sisters, but Maria Monk’s shadow created a hostile environment for them. Lay nurses did not identify with the depth of the sisters’ spiritual devotion, nor could they appreciate the sisters’ insistence on complying with religious observances. Nurses even ridiculed sisters if they attended to their holy rituals before working. As a result, peer nurses generally kept their distance from the sisters.

The issue of paid versus volunteer labor represented by the commissions extended to individuals as well. Early on, women who volunteered risked opprobrium. One surgeon described the dilemma: “At home they were often maligned and despised, for... in the first years of the war, if a woman gave herself to the nation as a nurse she was looked down upon as one who debased herself.”⁸⁶ The USSC’s Olmsted decided, for example, “that mercenaries are better than gratuitous volunteers” in hospitals, and he no longer wanted volunteers “in the way of business.”⁸⁷ The USSC ultimately employed approximately 500 paid relief agents, hospital workers, teamsters and others, supported by thousands of volunteers. The USSC adopted the controversial policy of using paid

⁸⁴ Harwell, ed., *Kate: The Journal of a Confederate Nurse*, 178.

⁸⁵ Wormeley, *The Other Side of War*, 127.

⁸⁶ As quoted in Litvin, *The Young Mary*, 121.

⁸⁷ Frederick Law Olmsted letter to Charles Loring Brace July 1, 1862. Censer, ed., *The Papers of Frederick Law Olmsted*, 4: 381.

agents to discourage what Bellows called the “rush of philanthropic [volunteer] men and women to the hospitals and to the field.”⁸⁸

Yet volunteer nurses felt they were superior to those who received payment for working, so middle-class women who volunteered were careful to distinguish themselves from paid workers. Volunteers felt their self-sacrifice of working without wages was a symbol of humanitarian dedication and patriotism.⁸⁹ The war, however, widowed many women who had no choice but to work for wages if they did not want to depend on other family members to support them.⁹⁰ Hannah Ropes looked down upon “mere hired nurses” and “hired hands.”⁹¹ Jane Swisshelm wrote of a group of volunteers who snubbed a “Dix, or paid nurse.”⁹² Clara Barton served as a battlefield nurse, but her employer, the U.S. Patent Office, continued to pay her salary, eroding her claim to voluntarism in the minds of some of her colleagues.⁹³ Friction existed in reverse, as salaried matrons who became experienced found well-meaning volunteers at best an inconvenience, at worst a menace. Phoebe Yates Pember reported that volunteers would “stay and stay – and multiply;” they disregarded hospital staff and brought food that made patients sick.⁹⁴ The tension between volunteer and paid charity workers persisted during the war and well into the future.

⁸⁸ Henry Bellows speech February 24, 1863 as quoted in Fredrickson, *The Inner Civil War*, 106.

⁸⁹ Silber, *Daughters of the Union*, 199.

⁹⁰ Jane Schultz calls this reality “the dirty little secret of Civil War relief work.” Jane E. Schultz, “Seldom Thanked, Never Praised, and Scarcely Recognized: Gender and Racism in Civil War Hospitals,” *Civil War History* 48, no. 3 (Summer, 2002): 227.

⁹¹ Brumgardt, ed. *Civil War Nurse*, 107 and 128.

⁹² Swisshelm, *Half a Century*, 350.

⁹³ Pryor, *Professional Angel*, 123.

⁹⁴ Confederate matron of Chimborazo Hospital Phoebe Yates Pember (1823-1913). Bell Irvin Wiley, ed., *A Southern Woman's Story: Life in Confederate Richmond by Phoebe Yates Pember* (1954; Reprint, Marietta, GA: Mockingbird Books, 1992), 65-68; and Simkins and Patton, *The Women of the Confederacy*, 88.

Demand for relief workers created opportunity for Catholic laywomen previously excluded from benevolent activity outside their parishes. Sister nurses were the most highly qualified battlefield nurses, but Irish women were able to find regimental work because urban white middle-class women eschewed it. Regimental work was rougher than hospital work and less socially acceptable because it entailed traveling and camping with soldiers.⁹⁵ Regimental relief workers, also called vivandieres, were perceived to be of lower status than nurses.⁹⁶ Some of these women accompanied their husbands to care for them, such as Bridget Divers, or “Michigan Bridget,” who nursed with her husband’s unit. She stayed with the regiment until the end of the war, and the soldiers came to admire her hardiness and courage.⁹⁷ Irish widow Rose Quinn Rooney enlisted as a laundress with the 15th Louisiana Zouave unit, with which she served until the war’s end.⁹⁸ Walt Whitman commented “one of the finest nurses I met was a red-faced, illiterate old Irish woman.”⁹⁹ Margaret Gaffney Haughery, an Irish Catholic widow, nursed Confederate soldiers imprisoned during the Union occupation of New Orleans.¹⁰⁰

Upper-class Catholic laywomen contributed to the war effort in different capacities. Mary A. Brady organized and ran the Soldiers Aid Association of Philadelphia, which provided supplies to and visited patients in the military Satterlee

⁹⁵ Schultz, *Women at the Front*, 57.

⁹⁶ The narrow definition of vivandiere is a woman who sells provisions to soldiers, a sutler. In the Civil War, camp followers, soldiers’ wives, laundresses, prostitutes and regimental workers were collectively known as vinandieres.

⁹⁷ Bridget served with the First Michigan Cavalry. Her last name appears variously as Divers, Devens or Deavers. E.F. Conklin, *Women at Gettysburg, 1863* (Gettysburg, PA: Thomas Publications, 1993), 138-144; and Brockett and Vaughan, *Woman’s Work in the Civil War*, 771-773.

⁹⁸ Rooney served as a matron of the New Orleans Soldiers’ Home until her death. Conklin, *Women at Gettysburg*, 111-115.

⁹⁹ Diary entry September 8, 1863 as quoted in Lowenfels, ed. *Walt Whitman’s Civil War*, 106.

¹⁰⁰ Kenneally, *The History of American Catholic Women*, 61.

Hospital.¹⁰¹ Ellen Ewing Sherman, wife of Union General William Tecumseh Sherman, helped raise funds for the Union cause. While not active in its organization, she was a keynote speaker at Chicago's highly successful 1865 Northwest Sanitary Fair.¹⁰²

This kaleidoscope of women's wartime contributions led to outright controversy over the proper place of women's voluntarism, their political rights and obligations.¹⁰³ Catholic sisters had already been working in the public sphere. Now wartime nursing, USSC and CC participation allowed laywomen to step out of their prescribed domestic sphere and operate in the public sphere. The USSC's Louisa Schuyler embodied a central duality: in the same socioeconomic class with male leadership, she shared their belief in upper-class responsibility for social welfare, yet she occupied the de facto subordinate position of unpaid female volunteer. She was the vital conduit between women volunteers on the homefront and male leadership of the USSC. Her working relationships with the male leaders served as a barometer of the shifting gender divisions and clashes between the cliché of moral power and concrete, direct influence.

Furthermore, the many nurses, CC kitchen managers and handful of USSC branch leaders who drew salaries challenged the paid versus volunteer ideology that was previously drawn along gender lines. Judith Giesberg argues that women were determined to support the USSC "on their own terms." Once women insisted upon and received payment for their services, their political culture took an important step. Moreover, the interdependence of the male-run headquarters and female-run branches

¹⁰¹ Brockett notes Mary was Irish, but since she was "the wife of an English lawyer" her status increased in his view. Brockett and Vaughan, *Woman's Work in the Civil War*, 647-649; Kenneally, *American Catholic Women*, 81; Frank Moore, *Women of the War; Their Heroism and Self-Sacrifice* (Hartford, CT: S.S. Scranton & Co., 1866), 36-53.

¹⁰² The Northwest Fair raised close to \$80,000, the largest of the sanitary fairs. Anna McAllister, *Ellen Ewing: Wife of General Sherman* (New York, Benziger Brothers, 1936), 294-298.

¹⁰³ Maxwell, *Lincoln's Fifth Wheel*, 17.

cultivated an exchange of talents and leadership styles that allowed women to develop their own wartime agenda. Branch women protected the autonomy of female benevolence because they kept local community-based reform from being absorbed into a men's organization. Instead they used local societies as "lenses" to focus on a unified, national response to the crisis of the war. They demanded male leaders interact with them, as Catholic sister hospital managers had done for several decades, neither as moral superiors nor as subordinates, but as colleagues.¹⁰⁴

Female nurses gradually earned respect and credibility for their hard work, and some grew confident enough to challenge authority, sometimes vigorously – especially when they felt proper patient care was at stake. A surprising number questioned the status quo by acting as patient advocates and reformers, bringing women's moral imperative into the public sphere.¹⁰⁵ Sister Anthony, a particularly skilled senior nurse, wielded genuine influence with surgeons. She spared at least one soldier from unnecessary amputation, and another from a death sentence for crossing enemy lines without a pass.¹⁰⁶

Surgeons, patients and the general public gradually came to recognize the value of women's relief work. In 1862 *Harper's Weekly* ran a two-page spread on "The Influence of Women;" illustrations depicted ministering laywomen nurses and nuns. The caption read "this war of ours has developed scores of Florence Nightingales, whose names no one knows, but whose reward, in the soldiers' gratitude and Heaven's approval, is the

¹⁰⁴ Most USSC branch women did not draw salaries, but Mary Livermore and Jane Hoge (Chicago) insisted on, and received, salaries as of December 1862. Giesberg, *Civil War Sisterhood*, 89-100.

¹⁰⁵ Schultz, *Women at the Front*, 130; and Simkins and Patton, *The Women of the Confederacy*, 92.

¹⁰⁶ Sister Superior Anthony O'Connell (1815-1897), born Limerick, Ireland. She managed St. Aloysius Asylum, St. Joseph Orphanage and St. John's (later renamed Good Samaritan) Hospital in the Cincinnati, Ohio area.

highest guerdon woman can ever win.”¹⁰⁷ Similarly, the *New York Times* ran an 1863 editorial calling for the removal of any impediments to female nurses’ service, as “the woman nurse in the hospital is as essential as the surgeon in the field.”¹⁰⁸

Wartime benevolence took many forms, and had lasting implications. Women helped establish and operate the USSC; they played important roles in the CC. Women ran local aid societies, and raised funds and supplied armies. For the first time in American history, large numbers of women worked and volunteered as nurses in hospitals, camps and battlefields. This was the setting in which many Americans encountered the Sisters of Charity.

¹⁰⁷ Schultz, *Women at the Front*, 54.

¹⁰⁸ "Nurses for the Army," *New York Times*, December 13, 1863.

Chapter Five - The Sisters of Charity as Wartime Nurses:
“Wings to Fly to the Help of the Sick”

Catholic sister nurses performed much of the same relief work as their lay Catholic and non-Catholic counterparts, but their motivations, challenges and experiences were distinctive. Historians do not know the exact number of sister nurses who served in the Civil War. Only 260 are listed in Union Carded Service Records, which understates their numbers because many sisters worked voluntarily.¹ Other estimates are that between 300 and 800 sisters of all Catholic orders served the Union and Confederacy combined.² Of this total, the combined records of the Sisters of Charity (Cincinnati, Emmitsburg and New York) document 279 sisters’ participation across nineteen states throughout the North and South. Most of the sisters wrote accounts of their experiences retrospectively.³ Director Father Burlando, like Bishop Purcell, in turn reported to his superiors in Paris “a full account of facts, circumstances and incidents in connection with the labors, hardships and privations” of the sisters.⁴

The Sisters of Charity assisted surgeons during gruesome operations, and treated all forms of wounds and disease, including typhoid, smallpox and measles outbreaks. Sisters served on battlefields, in ambulances, on transport ships, in camps, in prisons, and

¹ Schultz, *Women at the Front*, 21.

² Ellen Ryan Jolly listed the names of each sister nurse by order, totalling 546. Jolly, *Nuns of the Battlefield*. Sister Mary Denis Maher indicates at least 617 sister nurses. Sister Mary Denis Maher, *To Bind Up the Wounds: Catholic Sister Nurses in the U.S. Civil War* (New York: Greenwood Press, 1989), 69. Patricia Wittberg also indicates 617 sister nurses. Patricia Wittberg, *From Piety to Professionalism – and Back? Transformations of Organized Religious Virtuosity* (Lanham, MD: Lexington Books, 2006), 32. Mary Ewens indicates 640 sister nurses. Mary Ewens, “Women in the Convent,” In *American Catholic Women: A Historical Exploration*, ed. Karen Kennelly (New York: Macmillan Publishing Company, 1989), 26.

³ Sisters were required to record their experiences, but not all records have survived. Sisters were educated and literate, so the proportion of women who kept journals was higher than the general populace. See page 64, note 61, for description of DC archival material; SC archives include 10 sisters’ journals.

⁴ Director of the Emmitsburg Sisters of Charity Father James Francis Burlando (1814-1873). Director of the Cincinnati Sisters of Charity Archbishop John Baptist Purcell (1800-1883). “Daughters of Charity in the Civil War” (DC).

in 32 military and civilian hospitals. Their records list the sisters' accommodations as hospitals, prisons, barracks, fields, tents and "improvised." Some orders converted their convents and schools to temporary hospitals.⁵ Congressman Ambrose Kennedy noted, in his dedication of the "Nuns of the Battlefield" monument, sisters served in "every form of vehicle available."⁶

Some of the sisters served for only a few months; many participated for the duration of the war. Like other nurses and hospital workers, they endured physical strains and hardships. The sisters' journals described long journeys, often exposing them to rain or sleet, and fatiguing responsibilities. Accommodations for them were often poor; they had to sleep on the floor or in tents and had little food or water. Encampments could span several miles and house thousands of soldiers. Work on the transport ships was especially daunting. Sister Mathilde, the training manual author, found the experience miserable as the ships were often so overloaded it was "more like sinking than sailing."⁷ Yet their journals recorded the conditions dispassionately, as sisters were uniquely qualified for nursing under these arduous conditions. Self-denial was already a feature of their daily life, and the mentoring process gained through nursing training provided a unique support system.

At times war service created hardships for sisters who had to continue to manage existing schools, hospitals or orphanages. Bishops had to grant permission for sisters to leave their institutions and work as nurses. Diocesan leaders occasionally exerted

⁵ Ross, "Women are Needed Here," 166.

⁶ Republican Congressman from Rhode Island, Ambrose Kennedy (1875-1967) entered the resolution for "Nuns of the Battlefield" monument into Congress in 1918. Kennedy, "The Nuns of the Battlefield," 180. Sisters worked on the *Catawba*, *Commodore*, *Empress*, *Red Rover*, *Sioux City*, *Superior* and *Whillden*. Names of ships in "Daughters of Charity in the Civil War" (DC).

⁷ "Daughters of Charity in the Civil War" (DC).

authority and tried to prevent sisters from leaving their existing charitable commitments, but in almost every case the country's need and sisters' desire to serve prevailed.⁸

As with laywomen, the issue of payment for the sisters' service was complex. When the war broke out President Lincoln requested one hundred sister nurses, and acknowledged the sisters as volunteer nurses in his correspondence.⁹ The conditions under which Sisters of Charity agreed to serve were as follows:

In the first place - that no *Lady* volunteers be associated with the Sisters in their duties as such an association would be rather an encumbrance than a help.

2ndly - That the Sisters should have entire charge of the Hospitals & ambulances.

3rdly - That the Government pay the traveling expenses of the Sisters and furnish their board & other actual necessities during the war. Clothing also in case it should be protracted.

4thly - That a Catholic Chaplain be in attendance. Of course no compensation is required by the Sisters for their services.¹⁰

Individual sisters did not receive payment in the form of wages, but clearly at least some expenses were reimbursed. An 1862 letter from Father Burlando to Sister Mary Gonzaga Grace, who managed Satterlee Hospital, noted, "Although the Sisters do not receive any [compensation] for their services, nevertheless it is just they should have something for their clothing ... in St. Louis the Sisters receive twelve Dollars [*sic*] a month & experience teaches us that the amount is not too much."¹¹ When corresponding with the

⁸ Judith Metz, "In Times of War," In *Pioneer Healers*, ed. Ursula Stepsis and Dolores Liptak (New York: Crossroad Publishing Co., 1989), 44. Sister Mary Denis Maher found little documentation between episcopal authority and sisters either permitting or denying requests for nursing service. Maher, *To Bind Up the Wounds*, 81.

⁹ "Recollections of Abraham Lincoln" referred to sisters as "unpaid nurses," as quoted in Kennedy, "The Nuns of the Battlefield," 180.

¹⁰ Provincial Annals, 503 (DC).

¹¹ Sister Mary Gonzaga Grace (1812-1897) was an experienced nurse and hospital manager, both in Philadelphia institutions and the Hotel Dieu in France. Quotes from Father Burlando letter to Sister Gonzaga Grace, March 11, 1862 (DC). Relief workers' remuneration was highly variable. The Union Army paid white nurses \$12 monthly, cooks and laundresses between \$6 and \$10 monthly. The commissions paid slightly better. The Confederacy defined pay scales in 1862, with chief matrons paid \$40 monthly; By 1862, however, runaway inflation had substantially devalued Confederate currency;

Surgeon General about arrangements, Burlando said “money is not [the Sisters’] object ... they are happy to do good, and satisfied to cover expenses.”¹² Holly Folk argues sisters “usually” were unwilling to suffer financial losses for their services, and demanded board, rations and clothing.¹³ Sister Mary Denis Maher found remuneration of other orders was inconsistent. Some were paid, some were not, some payments were in-kind and the frequency of payment was erratic.¹⁴

The remunerative conditions of their engagement demonstrate the sisters had bargaining power with the government. Nursing orders could mobilize a cadre of trained nurses; in exchange they could command payment and authority in hospital operations, as they had in their peacetime negotiations. The arrangement of payment of expenses was reminiscent of that of the Christian Commission (CC) delegates. Delegates’ congregations supported them, so they did not draw CC salaries. The government paid the sisters’ expenses, and Catholic laity often raised funds to subsidize the sisters’ institutions, so the sisters did not need to draw military salaries. Both the CC and the Catholic Church invoked the language of true charity in the name of religious calling.

As the war progressed, the hierarchy increasingly recognized that delivery of wartime service could in turn improve the profile of the church. Catholic philanthropy could demonstrate patriotism, improve public image and contribute to religious

southern women complained of baking soda costing 75 cents a pound and butter costing \$4 a pound. Schultz, *Women at the Front*, 39-40 and Simkins and Patton, *The Women of the Confederacy*, 87, 130. By comparison, the average 1860 wage for unskilled labor was \$1 per day, for skilled labor was \$1-\$3 per day. An northern urban working family’s budget was \$500-\$600 annually. Edgar W. Martin, *The Standard of Living in 1860* (Chicago: University of Chicago Press, 1942), 394-415.

¹² Father Burlando letter to Surgeon General William Hammond, August 29, 1862 (DC).

¹³ Folk, “American Catholic Women,” 1: 153.

¹⁴ Maher, *To Bind Up the Wounds*, 91-92.

tolerance.¹⁵ One priest wrote that although the war was disastrous, it served “for the increase of the Catholic influence.”¹⁶ The sisters’ goals appear not to have been the dismantling of bigotry or conversion to Catholicism. Sister Sophia’s report to Archbishop Purcell noted the sisters’ motivation was genuinely “to do some good,” not to proselytize.¹⁷ Sisters were pleased to oblige those who wished to be educated or baptized, especially if patients claimed no religious affiliation. The sisters’ constitutions specifically guided them *not* to actively seek converts, and to respect others’ religious convictions. They instead relied on charitable work to dismantle fears and allay nativist concerns over evangelism.¹⁸

More importantly to them, the sisters’ charitable works provided a powerful means for them to achieve their own spiritual perfection. Sisters’ wartime journals and correspondence described nursing as their holy calling, holy vocation, the good work and God’s own work. Their religious vocation helped them secure what one priest called “the real ends of their creation ... a throne, a sceptre, and a crown, an endless bliss, an imperishable glory.”¹⁹ Catholic faith emphasized self-sacrifice and suffering as predecessors for salvation. Sisters’ training taught them to accept suffering as God’s will and offer consolations as in the words of St. Vincent de Paul: “Oh child how happy you will be if you suffer patiently.”²⁰ The art of consolation and helping the spirit bear pain was at the core of sisters’ nursing. Moreover, sisters’ lives of self-denial on earth prepared them for heaven; their heroic charitable work and spiritual pursuits were

¹⁵ Liptak, *Immigrants and Their Church*, 60; Wall, *Unlikely Entrepreneurs*, 20; and Ross, “Women are Needed Here,” 170.

¹⁶ Father Azais, “Biographical Sketch of Monseigneur Maurice d’Aussac de St. Palais” (unpublished English translation, 1880), 130 (AI).

¹⁷ Letter from Sister Sophia Gillmeyer to Archbishop Purcell (SCC).

¹⁸ Wall, *Unlikely Entrepreneurs*, 136.

¹⁹ Father Sorin letter to Sisters of the Holy Cross as quoted in Wall, *Unlikely Entrepreneurs*, 46.

²⁰ As quoted in Wall and Nelson, “Our Heels Are Praying Very Hard All Day,” 322.

therefore one and the same. Their trio of vows of poverty, chastity and obedience peculiarly fitted them for wartime service that demanded personal sacrifices virtually every hour of the day and night.²¹ During the war, sacrifice and country became conflated, allowing wartime sister nurses to wear hardship as a badge of both spiritual and patriotic honor.

The sisters' spiritual needs were, therefore, more crucial to them than to lay nurses, and eschewing physical comfort brought them closer to salvation. They insisted on meeting religious obligations, although they rarely complained about other hardships. The clergy reinforced the strict attendance to daily rituals, but at times the urgency of caring for patients disrupted the regularity of religious ritual. Father Burlando reminded the sisters of their spiritual exercises in spite of the many demands on them, although he understood that "in cases of emergency St. Vincent himself would allow a deviation from the general order of things."²² One sister was distraught over missing "all ordinary customs" and begged to have mass at least at Easter.²³ Both armies recognized the sisters' sacred commitments and were cooperative in facilitating access to religious services, such as by streamlining the bureaucratic process of commissioning Catholic chaplains.²⁴ The sisters were willing to make other sacrifices so they could perform their religious duties. Sister Ambrosia described leaving camp early in the morning, before twilight, to cross the Potomac River so she could attend mass. This was perilous as army

²¹ George Barton, *Angels of the Battlefield: A History of the Labors of the Catholic Sisterhoods in the Late Civil War* (Philadelphia: Catholic Art Publishing Company, 1897), 3.

²² Father Burlando letter to sisters of the Military Hospitals, undated (DC).

²³ "Daughters of Charity in the Civil War" (DC).

²⁴ Only 43 of 2,398 commissioned Union chaplains were Catholic, and most of them served Irish regiments. Benedict R. Maryniak and John Wesley Brinsfield, *The Spirit Divided: Memoirs of Civil War Chaplains, The Union* (Macon, GA: Mercer University Press, 2007), xvi, 86. Thirty-nine of 1308 (three percent) commissioned Confederate chaplains were Catholic. John Wesley Brinsfield, *The Spirit Divided: Memoirs of Civil War Chaplains, The Confederacy* (Macon, GA: Mercer University Press, 2005), 10.

sentinels could not identify her and the other sisters in the dark and often fixed bayonets on them.²⁵

In addition to stressing adherence to spiritual rituals, clergy reinforced the primacy of the sisters' vows of poverty, chastity and obedience amid the chaotic hospitals and battlefields. Clergy reminded sisters to care for the soldiers with circumspection, behave modestly, treat all patients with equal kindness, adopt a countenance of humility, and act obediently. Some sisters had more medical experience than surgeons, but Father Burlando advised them to wait to be asked before instructing surgeons, giving medical advice or disagreeing with surgeons' treatment of cases.²⁶

The sisters' religious status and symbolism were critical as dying men were everywhere. The war occurred during a time of religious fervor; however Drew Gilpin Faust argues that the carnage of the Civil War propelled many Americans into a crisis of faith.²⁷ The sisters' religious identity therefore took on especially profound significance. The sisters, lay nurses, chaplains and surgeons all played a role in providing dying soldiers with as many of the elements of the Good Death as possible. Sisters were unique human representatives of their faith, but laywomen also comforted soldiers by reading scripture to them. Emily Elizabeth Parsons was "struck with the immediate peace that repeating the Word brings to the men when in trouble; it is almost unailing, especially when they are dying." Parsons grew increasingly spiritual during her war service. She counseled one of her patients, for example, that illness made them "think about the Lord

²⁵ Journal of Sister Ambrosia Schwartz (SCC).

²⁶ Father Burlando letter to sisters of the Military Hospitals, undated (DC).

²⁷ Faust, *This Republic of Suffering*, Chapter Six: Believing and Doubting.

and religion ... how little real matter it was if the body suffered, if we had spiritual health and the peace of God.”²⁸

Of all relief workers, nurses in particular recorded detailed descriptions of illnesses, wounds, last moments of life and last words to relay in condolences to family members back home. Georgeanna Woolsey wrote, “One of the duties of all the nurses at the front was writing letters home ... and sometimes the sad work of telling the story of their last few hours of life,” and this provided great comfort to survivors.²⁹ A hospitalized soldier remembered a sister solemnly “consigning the spirit of the dying soldier ... when all human aid had failed” as the most important service she could render.³⁰ Sometimes dying soldiers asked for guidance on the proper last words. Chaplains and sisters often performed last minute baptisms if patients requested them. Sisters were gratified if they could help a lapsed Catholic who had neglected the necessary rituals resume their religious observances.³¹

Women of all religions believed in participating in last rites, and sometimes administered them.³² In the South, this was more commonplace as clergymen were less available. Kate Cumming and Kate Rowland both wrote that “we have no chaplain” so they became surrogates.³³ Deathbed rituals provided solace to patients and caregivers alike. While sisters were unique as religious symbols, lay nurses filled a role that was implausible for the sisters. Lay women often served as surrogate family members,

²⁸ Parsons, *Memoir of Emily Elizabeth Parsons*, 59 and 116.

²⁹ Bacon and Howland, *Letters of a Family During the War for the Union*, 2: 438-439.

³⁰ Letter from J. E. McLane to the *Philadelphia Evening Star* as quoted in Ambrose Kennedy, “The Nuns of the Battlefield,” In *These Splendid Sisters*, ed. James Joseph Walsh (Freeport, NY: Books for Libraries Press, 1926), 208.

³¹ Sister Florence O’Hara described this situation as a “conversion.” “Daughters of Charity in the Civil War,” (DC).

³² Schultz, *Women at the Front*, 76-77.

³³ Harwell, ed., *Kate: The Journal of a Confederate Nurse*, 27; and Kate Mason Rowland diary as quoted by Hilde, “Worth a Dozen Men,” 336.

allowing delirious soldiers to think their mothers, sisters or wives were with them as they died. A popular Civil War song portrayed a dying soldier asking his nurse to “Be My Mother Till I Die.” As the war progressed, ideals of patriotism and bravery temporarily eclipsed some of the Good Death dogma, as the horrors of sudden battlefield deaths made Good Death almost impossible to achieve. For many soldiers, dying in full discharge of duty had to suffice in lieu of dying well.³⁴

The religious status of Sisters of Charity required them to be politically neutral; accordingly they cared for soldiers from both sections. Catholic sisters faced their own struggles, amid anti-Catholic hostility, in the antebellum decades: establishing their orders, running charitable institutions and nursing in epidemics. As such they were not embroiled in the states’ rights or abolition controversies that led the country into civil war. The sisters were simultaneously politically disinterested and spiritually summoned to serve, thus well-suited to deliver humanitarian aid. Sister Mathilde remarked at a surgeon’s surprise in finding them “so free from political spirit.”³⁵ Sister Agnes wrote, “We cared for Unionists and Confederates alike, we knew no difference.”³⁶

The sisters generally moved freely across enemy lines, as their religious attire was a highly visible symbol of neutrality. The story of Sister Anthony is a testimonial to the sisters’ impartiality. Sister Anthony came to know generals of both armies personally. She attended Union General William T. Sherman’s baptism (“he was only colonel then”), and called Mrs. Sherman “one of my dear friends.”³⁷ She knew Confederate President Jefferson Davis so well that when they met “not twice in succession was his hair the same

³⁴ Faust, “The Civil War Soldier and the Art of Dying,” 14 and 27-28.

³⁵ “Daughters of Charity in the Civil War” (DC).

³⁶ Journal of Sister Agnes Phillips (SCC).

³⁷ Interview in *Catholic Telegraph*, May 30, 1900 (SCC).

color.... She was very reticent about telling how she knew him, whether by her own cleverness or because he acknowledged his disguises to her and trusted her.”³⁸

As nurses, the Sisters of Charity interacted with different groups of people: they met townspeople, cared for soldiers, worked at the direction of surgeons, and nursed alongside laywomen relief workers. The sisters were experienced nurses, but the complex *mélange* of patriotism, anti-Catholic paranoia and rigid gender divisions produced mixed reactions to the presence of the sisters at the front. Accounts of interactions with the sisters develop a picture of their working environment.

Many townspeople had not seen Catholic sisters ever before. People did not know what to make of them, and could not comprehend who or what they were. They might call out “What’s that!” when seeing a sister for the first time.³⁹ The *Daily Cleveland Herald* reported on July 24, 1861, “Some little curiosity was created at the depot this morning by the appearance of three ... Sisters of Charity, in their quaint costume.”⁴⁰

The sisters did not seem to be human flesh and blood. Sometimes people pushed against them to see if they were living beings. Others could not understand the sisters’ willingness to attend to patients with contagious diseases or work on dangerous battlefields. One soldier recalled that sister nurses at Satterlee Hospital were “not afraid

³⁸ Notes of Sister Mary Agnes McCann (SCC). Ellen Sherman, the General’s wife, was Irish Catholic; General Sherman was Episcopalian. Sherman did not let sympathy toward the sisters affect his military duties. His soldiers torched a Sister of Charity order during the March to the Sea, although Sherman later said was accidental. Maryniak and Brinsfield, *The Spirit Divided, The Union*, 225.

³⁹ As quoted in Maguire, *The Irish in America*, 473.

⁴⁰ “Sisters of Charity,” *Daily Cleveland Herald*, July 24, 1861.

of fevers, smallpox, or anything else.” When a sister became ill he said, “Why! I didn’t know the Sisters ever got anything like that.”⁴¹ A sister recalled,

We were to many a great curiosity, so much so that wherever we stopped, a great crowd gathered around us – men, women & children ... saying “what, or who are they? Are they men or women? ... Surely the enemy will run from them!” A Sister spoke to a woman ... and many in the crowd clapped their hands and shouted: “She spoke! She spoke!”⁴²

Some patients were so contemptuous of these unfamiliar creatures that they were uncooperative or combative, making it harder for the sisters to care for them. Sister Mathilde reported that Sister Emerita was a victim of the ultimate in combativeness, when a patient “shot a pistol at her – the ball passed through the front of her cornette, within an inch or two of her forehead.” The man was arrested but at Sister Emerita’s request was released. Both sisters attributed her survival to God’s protection.⁴³

The sisters’ mystifying habits and cornettes, sometimes referred to as uniforms, hoods, costumes, peculiar or queer dresses, evoked mixed reactions.⁴⁴ One man described the cornette as “a white bonnet in the shape of a scoop shovel ... the ugliest piece of furniture I ever saw.”⁴⁵ Sister Gabriella described walking through one town: “The streets were crowded with men, women, and children to see the Sisters. [Later] the windows [of the sisters’ quarters] were besieged from without by children ... peeping in

⁴¹ 43 Sisters of Charity were stationed at Satterlee U.S.A. General Hospital in Philadelphia. Eleanor C. Donnelly, *Life of Sister Mary Gonzaga Grace of the Daughters of Charity of St. Vincent de Paul, 1812-1897* (Philadelphia: Festival of Sts. Peter and Paul, 1900), 117.

⁴² “Daughters of Charity in the Civil War” (DC).

⁴³ “Daughters of Charity in the Civil War” (DC).

⁴⁴ Seton’s original Sisters of Charity habit was a plain black dress without hoops, black shoulder cape, and large black linen cap tied under the chin, closely resembling widows’ attire. A leather belt held a large rosary, usually with black beads and a cross. By 1850, Emmitsburg sisters wore white caps, or cornettes, with two side pieces starched to keep them in position, in the style of French Sisters of Charity. The starching of the side pieces make them project like wings. The Sisters of Charity thus had “wings to fly to the help of the sick and the poor.” Cincinnati Sisters of Charity retained Seton’s original dress and black caps. Dirvin, *Mrs. Seton*, 238; and Marvin R. O’Connell, “The Roman Catholic Tradition Since 1545,” in *Caring and Curing: Health and Medicine in the Western Religious Traditions*, ed. Ronald L. Numbers and Darrel W. Amundsen, (Baltimore: Johns Hopkins University Press, 1986), 135.

⁴⁵ As quoted in Beauchamp, “The Sisters and the Soldiers,” 118.

to see the curiosity.”⁴⁶ Sister Ann Cecilia was surprised “that our peculiar dress was a source of amusement to those who had never before seen a Sister,” and that people didn’t recognize rosary beads.⁴⁷ Sister Mary Gonzaga Grace recalled soldiers being amazed at their garb, who thought “we belonged to some Flying Artillery.”⁴⁸

Other accounts depicted the sisters in their religious attire as angelic, serene, reassuring, comforting, cheerful and even beautiful. Men referred to the cornettes as angels’ wings, as the original French Sisters of Charity had intended. Ambrose Kennedy’s dedication described the starched cornettes as “familiar ... their black and white robes harmonized picturesquely with the military surroundings.”⁴⁹ A grateful patient went to every millinery shop in Washington D.C. to buy a new cornette for a sister, to replace her blood-stained one, only to find stores did not stock them.⁵⁰ On another occasion, when sisters arrived in Gettysburg, Sister Mary Louise thought the sight of their cornettes assured the soldiers.⁵¹

Sisters encountered townspeople in both sections, and their interactions were mixed. Catholic laity did not necessarily support the sisters’ wartime work. Frederick, Maryland was the site of the 1862 Battle of Antietam, the bloodiest single-day battle in American history with almost 23,000 casualties. Emmitsburg is only a few miles from Frederick and many sisters traveled to care for the wounded. Maryland was a Catholic hub, but was a border North/South state during the Civil War. Catholic laywomen of Frederick initially welcomed the sisters, but their kindness was short-lived. They did not

⁴⁶ Journal of Sister Gabriella Crowe (SCC).

⁴⁷ Journal of Sister Ann Cecilia McDonald (SCC).

⁴⁸ “Daughters of Charity in the Civil War” (DC).

⁴⁹ Kennedy, “The Nuns of the Battlefield,” 218.

⁵⁰ Donnelly, *Life of Sister Mary Gonzaga Grace*, 203.

⁵¹ “Daughters of Charity in the Civil War” (DC).

support the sisters because most of the laywomen were Confederate sympathizers and did not approve of the sisters caring for Union patients.⁵² The sisters reported being “in the midst of a prejudiced community who did not want our services. They had embittered the patients’ minds against us so much, that often they would not look at us, much less speak to us.”⁵³ A northern surgeon rebuked a “sympathizing lady” of Frederick for her partiality towards fallen Southerners, telling her the true, untiring charity of the sisters should be her exemplar. This did not help the tension between the sisters and laywomen. The ladies “envenomed the minds of the patients against [the sisters]” and “tried to entrap [the sisters] at every step” to trick the sisters into violating the hospital rules.⁵⁴

Sister Florence O’Hara encountered bitterness from Protestant laity at St. Louis-area prison hospitals. She wrote of her experience,

The Ladies of the Union Aid Society who visited twice a week became jealous of the good that the Sisters were doing. They feared, they said, that everyone would become a Catholic. They even tried to make the patients to call them Sisters of Charity, telling them that they were charitable ladies who went about doing good, but they could not succeed. The poor patients know how to distinguish between real merit and big talk.⁵⁵

This sister seemed anguished at the laywomen’s prejudice, but also revealed her own sense of competitiveness and perhaps bias. She appeared to project her pride in sister nurses’ value onto her patients, hoping that all laity would recognize their good works. At Philadelphia’s Satterlee Hospital, Sister Mary Gonzaga Grace remembered a similar “committee of ladies from an association offered themselves as an organized body to attend the hospital” and displace the sisters. The surgeon-in-charge refused as the sisters

⁵² Terry Reimer, *One Vast Hospital: The Civil War Sites in Frederick, Maryland after Antietam* (Frederick, MD: National Museum of Civil War Medicine, 2001), 20.

⁵³ “Daughters of Charity in the Civil War” (DC).

⁵⁴ “Daughters of Charity in the Civil War” (DC).

⁵⁵ “Daughters of Charity in the Civil War” (DC).

had already gained his confidence.⁵⁶ In northern hospitals, townspeople left anti-Catholic pamphlets and leaflets at patients' bedside tables.⁵⁷ This was a subtler tactic but it must have been equally distressing to the sisters.

Sister Mathilde was stationed in several locations including a military prison hospital with "frightful dungeons of horror and despair." Prison duty was particularly unpleasant, made even more difficult if the staff was anti-Catholic:

The Colonel, who had been so kind to us, was removed and the officer who succeeded him in the command of the prisons was prejudiced and did all he could to displace us. We could no longer get what was necessary from the prison resources. New guards ... refused to let us pass to the hospital.⁵⁸

Prison nurses were so scarce that religious prejudice seemed especially unfounded in this situation, which was evidence of its deep roots.

Sisters had to deal with townspeople, but healing of soldiers was their primary focus. Soldiers from both sections were confronted with Maria Monk personified. A sister recorded that hospital officers in Atlanta were "very bitter" toward her, and the wounded were "earnest in declaring their detestation." Another noted a prison hospital patient calling them the "horror of Catholics."⁵⁹ Sister Jane wrote of caring for a soldier whom she "plainly perceived had no love for the Catholic Church."⁶⁰ Sister Ambrosia reflected, "We were amply repaid by ... the removal to a great extent of certain prejudices to our holy Faith."⁶¹ Sister Beatrice similarly wrote, "At first we received much opposition from soldiers and civilians, but by patience and kindness we succeeded

⁵⁶ "Daughters of Charity in the Civil War," (DC).

⁵⁷ Ewens, "The Role of the Nun in Nineteenth Century America," 232; and Hannefin, *Daughters of the Church*, 67.

⁵⁸ "Daughters of Charity in the Civil War," (DC).

⁵⁹ "Daughters of Charity in the Civil War," (DC).

⁶⁰ Journal of Sister Jane Garvin (SCC).

⁶¹ Journal of Sister Ambrosia Schwartz (SCC).

in gaining the goodwill of all.”⁶² One soldier confided to Sister Euphrasia that he “had always detested everything Catholic, believing that the Church opposed education and civilization, entrapped young ladies into convents, was ... an enemy.”⁶³ After learning more from the sister about the “much maligned religion,” his hatred abated.⁶⁴

The sisters’ work gradually dispelled religious tension among soldiers for whom they cared.⁶⁵ Soldiers expressed gratitude to the nurses who cared for them and helped save their lives. The war forced the men and sisters into the intimate roles of patients and caregivers that would seldom have otherwise occurred. A soldier remembered, “I am not a Catholic, but I stand ready at any and all times to defend these noble women, even with my life, for I owe my life to them.”⁶⁶ Another wrote his mother, “I am nursed by the Sisters like a child.”⁶⁷ Sister Regenia La Croix nursed a soldier through both typhoid and smallpox. After the war he spent four more years recuperating. He learned from her sister superior that Sister Regenia had died, and he traveled annually to her grave to pay his respects to her.⁶⁸

Medical directors, surgeons and generals were quick to recognize their skills and call for their services. Military authorities accepted sister nurses more rapidly than lay female nurses. These men may have harbored anti-Catholic prejudice, but working with the sisters overcame it. Sisters’ peacetime lifestyle, dedication to serve the needy, and training perfectly equipped them to work in the arduous wartime conditions. Moreover, unlike some lay nurses, sisters did not seem to need or want recognition or compliments

⁶² Journal of Sister Beatrice Hastings (SCC).

⁶³ Journal of Sister Euphrasia McGary (SCC).

⁶⁴ Journal of Sister Euphrasia McGary (SCC).

⁶⁵ Gerard A. Patterson, *Debris of Battle: The Wounded at Gettysburg* (Mechanicsburg, PA: Stackpole Books, 1997), 193.

⁶⁶ Union Captain Jack Crawford lecture as quoted in Kennedy, “The Nuns of the Battlefield,” 209.

⁶⁷ Union soldier William Sanford letter as quoted in Hilde, “Worth a Dozen Men,” 96.

⁶⁸ Kennedy, “The Nuns of the Battlefield,” 210-211.

from those around them, As one surgeon concluded, “There is ... no desire to ‘shine’ as is the case with the ‘trained nurse’ ... The Sister of Charity has no ambition but duty.”⁶⁹

Surgeon General William Hammond inaugurated the employment of civilian cooks and female nurses. Initially he approved Catholic sister nurses simply because the cost to the army would be low. But by 1862 Hammond was the “champion of Catholic nurses” and lobbied President Lincoln to have as many sisters in the field as possible.⁷⁰ If women were to be allowed in hospitals at all, Hammond preferred the sisters because their penchant for discipline made them more useful in military settings, and they did not require training. He described the Sisters of Charity as devoted, trained, efficient and ready to administer. “I am a Protestant myself,” he wrote, “and therefore cannot be accused of partiality ... I have a large experience with both kinds [of nurses] and therefore I speak what I know.”⁷¹ Hammond retained authority for appointing Sisters of Charity under his “special instructions.” His circular prescribing Union nurses’ employment terms exempted them from all other conditions or regulations.⁷²

Surgeons were consistent in their complimentary observations about the Sisters of Charity. Surgeon Daniel Holt wrote to his wife, “No man, however strong his prejudices, should detract from the circumspect holiness” of the nurses.⁷³ Early in the war, a surgeon appealed to have sisters staff a New York City military hospital:

The point is this: we want the nurses of this hospital to be the Sisters of Charity, the most faithful nurses in the world. Their tenderness, their knowledge, and religious convictions of duty render them by far the best

⁶⁹ Dr. S. P. Kramer as quoted in Ewens, “The Role of the Nun in Nineteenth Century America,” 273.

⁷⁰ Maxwell, *Lincoln’s Fifth Wheel*, 68.

⁷¹ William Hammond letter to Abraham Lincoln July 16, 1862 as quoted in Blustein, *Preserve Your Love for Science*, 67.

⁷² Surgeon General Circular No. 8, July 1862, as quoted in Nutting and Dock, *A History of Nursing*, 2: 365-368.

⁷³ James M. Greiner, Janet L. Coryell & James R. Smither, ed., *A Surgeon’s Civil War: The Letters and Diary of Daniel M. Holt, M.D.* (Kent, OH: Kent State University Press, 1994), 123.

nurses around the sick bed which have ever been found on the earth. All that is asked is that they be permitted to be nurses under the direction of the War Department and its physicians.⁷⁴

Secretary of War Edwin Stanton ordered the surgeon general to comply with the request.⁷⁵ Another surgeon recorded, “Of [the Sisters of Charity] services and conduct I can speak only in terms of the highest praise.”⁷⁶ After the 1862 two-day Battle of Shiloh, Tennessee, the bloodiest battle up to that time, a surgeon wrote of the arrival of Sisters of Charity: “Order emerged from chaos and in a few hours all looked cleaner and really felt better.”⁷⁷ A Union medical director reported that the Sisters of Charity were disciplined, reliable and “far preferable” to lay nurses.⁷⁸ One general specifically requested sisters at the front, declaring “the superiority of the Sisters of Charity as nurses” was conventional wisdom.⁷⁹ Evidence of Catholic bias surfaced, although not frequently, as Catholic surgeons showed favoritism toward the sisters.

The USSC’s Frederick Law Olmsted viewed the sisters as above ethical reproach, and considered retaining them for that reason. Early in the war he wrote to Bellows, “I am very much inclined to think that only religious sisterhoods should be admitted to [military] hospitals - whom the odour of sanctity might be hoped to preserve from scandal.”⁸⁰ Neither concern over honesty nor fear of romantic entanglements plagued Catholic sisters, as Kate Cumming reflected: “It seems strange that [the Sisters of

⁷⁴ Surgeon Edwards Pierpont September 9, 1862 letter to Secretary of War Edwin Stanton as quoted in Farren, *A Call to Care*, 14.

⁷⁵ President Buchanan’s Attorney General, Presidents Lincoln and Johnson’s Secretary of War, Edwin McMasters Stanton (1814-1869).

⁷⁶ United States, Department of the Army, *The Medical & Surgical History of the Civil War*, 6: 910.

⁷⁷ William G. Stevenson as quoted by Hilde, “Worth a Dozen Men,” 444.

⁷⁸ Richard Hall, *Women on the Civil War Battlefield* (Lawrence: University Press of Kansas, 2006), 21.

⁷⁹ As quoted in Kelly, *Numerous Choirs: A Chronicle of Elizabeth Bayley Seton*, 2: 213.

⁸⁰ Olmsted to Henry Bellows Letter September 25, 1861 as quoted in Censer, ed., *The Papers of Frederick Law Olmsted*, 4: 202.

Charity] can do with honor what is wrong for other Christian women to do.”⁸¹

Occasionally battlefield romances between men and women did develop, and some nurses even married as a result. Rebecca Pomroy wrote that, “Many of our Protestant nurses get married, and that troubles Miss Dix and the surgeons,” which she thought explained surgeons’ preference for Catholic sister nurses.⁸² Marriages lent credence to the arguments against having women at the front and raised suspicions over nurses’ motives for volunteering. As the sisters occupied their own sphere, neither male nor female, their asexual image and attire diminished resistance to their presence as potential romantic partners.⁸³

Unlike many male military authorities, including surgeons, Superintendent Dix remained resolutely anti-Catholic. She had visited Ireland in the 1850’s, and witnessed the widespread poverty firsthand. She did not agree, however, that America should shelter poor Irish immigrants, and wrote to a friend, “We reap the curse of a vicious population [who have] fast corrupted and over burthened [*sic*]” the U.S.⁸⁴ Mary Livermore noted that many surgeons “obtained permission of Surgeon-General Hammond to employ Sisters of Charity only in their hospitals, a proceeding not at all to Miss Dix’s liking.”⁸⁵ Dix refused to appoint Catholic women “if a Protestant could be substituted,” fearing Catholics would proselytize soldiers and others in their midst, even

⁸¹ Harwell, ed., *Kate: The Journal of a Confederate Nurse*, 178.

⁸² Union nurse Rebecca Rossignol Pomroy (1817-1884) also cared for the Lincolns’ children in the White House. Anna L. Boyden, *Echoes from Hospital and White House: A Record of Mrs. Rebecca R. Pomroy’s Experience in War-Times* (Boston: D. Lothrop and Co., 1884), 141.

⁸³ Sophronia Bucklin described one exception, a Sister of Charity who “did not prove entirely impervious to the wiles of those passions which belong to this earthly state” and married a Union officer. Bucklin, *In Hospital and Camp*, 79.

⁸⁴ Dorothea Dix letter to Ann Heath December 8, 1854 as quoted in Charles M. Snyder, *The Lady and the President: The Letters of Dorothea Dix & Millard Fillmore* (Lexington: University Press of Kentucky, 1975), 224.

⁸⁵ Livermore, *My Story of the War*, 247.

instructing subordinates “not to speak to those Catholic nurses.”⁸⁶ The sisters eschewed Dix’s authority, noting, “The Sisters of Charity will not apply to Miss Dorothy for leave to do good.”⁸⁷ The surgeons’ undermining maneuver further fueled Dix’s bigotry and strained her relationship with the medical staff.

Dix went so far as to lash out in desperation and accuse the sisters of espionage. She imperiously charged, “Ladies dressed in the costume of Sisters of Charity ... have passed the lines into Virginia, for the purpose of keeping up communication with the Confederate States.” The sisters were indignant and outraged at the charge. Their archbishop fired back quickly and confidently, retorting, “The duty of the Sisters of Charity is ... charity towards their fellow-creatures ... independent of nation or politics.” Dix dropped the matter.⁸⁸

Sisters and lay nurses had to work together, with the shared objective of caring for the wounded. The relationships among nurses were the most complex and highly varied. Many respected the sisters’ work; others tried to emulate the sisters’ praiseworthy system of care while simultaneously fearing its corruptive religious influence. Kristie Ross finds Union nurses responded to the sisters with a “mixture of admiration, suspicion, and defensiveness.”⁸⁹ The sisters’ technical skill did not always translate into widespread acceptance by their peer nurses, and jealousy at times fueled rivalry between lay nurses and the Catholic sisters out in the field.

⁸⁶ Adams, *Doctors in Blue*, 183; and Brown, *Dorothea Dix*, 294. Some nurses were behind her, including Abby Hopper Gibbons who applauded “the manner in which she resisted the Catholic invasion.” Abolitionist and Union nurse Abby Hopper Gibbons (1801-1893). Sarah Hopper Emerson, ed. *Life of Abby Hopper Gibbons Told Chiefly Through her Correspondence* (New York: G.P. Putnam’s Sons, 1896), 1: 355.

⁸⁷ Sister Mary Agnes McCann, *The History of Mother Seton’s Daughters: The Sisters of Charity of Cincinnati, Ohio 1809-1917* (New York: Longmans, Green and Co., 1917), 217.

⁸⁸ As quoted in Kelly, *Numerous Choirs: A Chronicle of Elizabeth Bayley Seton*, 2: 216-218.

⁸⁹ Ross, “Women are Needed Here,” 171.

Some cities formed exclusively Protestant local associations that undergirded the USSC's national framework. For example, women of Chicago formed the Protestant Female Nurse Association to recruit "female nurses *of the right kind.*"⁹⁰ Such friction led one surgeon to suggest it would be judicious to assign separate sections of hospitals to the Sisters of Charity and the other nurses.⁹¹ This strategy forced lay nurses and the Catholic sisters into separate silos, such as Sophronia Bucklin's ward in which lay nurses' duties were "entirely separate from" those of sister nurses.⁹² Mary Livermore was bitter that the medical directors and surgeons openly preferred the sisters' service over other nurses, and she tried to combat what she felt was preferential treatment of the sisters by "declining to take any part in filling the hospitals and [medical transport ships] with Catholic Sisters." At another point, Livermore sympathized with a group of Dix-appointed women who threatened to appeal to the Secretary of War if they were not employed as replacements of Catholic sisters.⁹³ At other times, caring for the wounded took priority over separatism. Georgeanna Woolsey wrote of Point Lookout Hospital,

The post is a queer one, hospital, military encampment, Contraband camp, rebel camp, Roman Catholic element and divided jurisdiction of Mrs. [Abby] Gibbons and Miss Dix. Quite a mixture. We shall be involved in no gossip or small quarrels, but do our work ... without partiality.⁹⁴

These different observations illustrate the conflict of lay nurses' positive and negative feelings toward the sisters, and therefore the unpredictable working situations they faced.

Many lay nurses recognized the sisters' competence and dedication. Emily Elizabeth Parsons admiringly wrote she "had no idea one had to give up and go through

⁹⁰ Litvin, *The Young Mary*, 194.

⁹¹ Hall, *Women on the Civil War Battlefield*, 21.

⁹² Bucklin, *In Hospital and Camp*, 79.

⁹³ Livermore, *My Story of the War*, 224-225.

⁹⁴ Bacon and Howland, *Letters of a Family During the War for the Union*, 2: 548.

so much to become a Sister of Charity; I have great respect for all who do it rightly.”⁹⁵ Even Mary Livermore observed of the wards in which sisters were in charge, “Here were order, comfort, cleanliness, and good nursing.” She further acknowledged that “Every patient gave hearty testimony to the kindness and skill of the ‘Sisters.’”⁹⁶ Southerner Mary Boykin Chesnut noted, “I know in that hospital with the Sisters of Charity [the soldiers] were better off than our men at the other hospitals. That I saw with my own eyes.”⁹⁷ After sisters took charge of the Indianapolis City Hospital, which was in “a miserable state of filth and disorder,” they soon made it a “clean, comfortable house for the sick soldiers ... and inspired great confidence in them.”⁹⁸ Comments of this nature afford contrast to the overriding religious tension, and reflect inconsistent feelings about the sister nurses.

Anti-Catholic sentiment and xenophobia were not as uniform in the South, so antagonism between non-Catholic laywomen and Catholic sisters was not as pervasive as in the North.⁹⁹ Southern surgeons, matrons, nurses and inspectors alike praised Sisters of Charity for their “neatness, cleanliness and order.”¹⁰⁰ Kate Cumming recalled, “I thought that it was not strange that surgeons should prefer to have Sisters of Charity to nurse their sick,” acknowledging that laywomen “had not been educated in nursing, as are the Sisters of Charity.”¹⁰¹ Late into the war, she described a hospital with sisters as matrons: “Here one of them is a druggist; another acts the part of steward; and, in fact, they could take

⁹⁵ Parsons, *Memoir of Emily Elizabeth Parsons*, 39.

⁹⁶ Livermore, *My Story of the War*, 204 and 218.

⁹⁷ Woodward, ed., *Mary Chesnut's Civil War*, 171.

⁹⁸ Robert Gorman, “History of the Diocese,” unpublished (AI).

⁹⁹ Stern, “Southern Harmony,” 165-190. Maher attributes the more positive relations in the South to the fact that female nurses were not mobilized under any Confederate government agency, and therefore there was no issue of control between southern nurses and Catholic sisters. Maher, *To Bind Up the Wounds*, 132.

¹⁰⁰ Hilde, “Worth a Dozen Men,” 267-268.

¹⁰¹ Harwell, ed., *Kate: The Journal of a Confederate Nurse*, 19 and 178.

charge of the whole hospital, with the exception of the medical department,” and she reflected on how lay nurses could “imitate” the sisters’ example.¹⁰²

Lay nurses’ diaries and journals reflected various negative feelings about the sisters. Jane Swisshelm thought the sisters were merely ornamental: “They never do anything in the ward but walk around and talk nice, and pray with men who are going to die.”¹⁰³ Lay nurses criticized sisters’ domestic and culinary skills, likely a superficial judgment that masked genuine jealousy.¹⁰⁴ Some distrusted the hierarchical church and did not think the sisters could alleviate suffering through the trickery of obscure ceremonies or practices.

The most common criticism was of the sisters’ apparent lack of feeling. Sister nurses could appear callous and unsympathetic.¹⁰⁵ Sisters’ insistence on discipline, order and routine could appear rigid and oppressive.¹⁰⁶ Rebecca Pomroy thought sisters were “rather ghastly objects” with no individuality, almost like interchangeable parts.¹⁰⁷ Jane Woolsey wrote that some of the sisters’ qualities were illusory, and that “heart and intelligence are better than machinery.”¹⁰⁸ Abby Hopper Gibbons compared them to lay nurses: “The presence of Protestant women ... is a treasure beyond price. And here I must be allowed to contrast such with the cold intercourse of Catholic nurses, who are the machinery of an Institution.” She also wrote that a soldier was afraid of the sisters

¹⁰² Harwell, ed., *Kate: The Journal of a Confederate Nurse*, 255.

¹⁰³ Swisshelm, *Half a Century*, 292.

¹⁰⁴ Schultz, *Women at the Front*, 285n28.

¹⁰⁵ Kristie Ross posits that accusations of sister nurses’ “mechanical” care reflected lay nurses’ discomfort with the highly ritualistic nature of Catholicism. Ross, “Women are Needed Here,” 175-180.

¹⁰⁶ Wall, *Unlikely Entrepreneurs*, 138-145.

¹⁰⁷ Boyden, *Echoes from Hospital and White House*, 141.

¹⁰⁸ Woolsey, *Hospital Days*, 37.

because their white cornettes made them look like ghosts.¹⁰⁹ While the sisters' demeanor may have appeared more stoic, their journals described a range of human emotions including empathy, compassion, worry, shock and fear. A soldier remembered seeing a group of sisters crying at the sight of wounded men. A Gettysburg citizen described their work as "loving," and even recalled that the men learned to love them.¹¹⁰

Some patients and nurses criticized the sisters' nursing practices and medical ability. Not all Catholic patients wanted to make the required formal confession or receive deathbed rituals.¹¹¹ A patient's unwillingness to accept death conflicted with sisters' belief in a good or graceful death after having been baptized. Similarly, the sisters' focus on preparation for death could appear in conflict with the medical community's goal of preserving or restoring life. Some nurses felt the sisters placed religious beliefs and rituals before proper medical care. Georgeanna Woolsey was exasperated, for example, at sixty sisters whose superior forbid them to begin working until "full provision" including a confessional and a chapel were established, as though the sisters used their religious practices as an excuse not to help the other nurses.¹¹² Religious rules prevented sisters from treating some types of illnesses such as venereal disease.

¹⁰⁹ Emerson, ed. *Life of Abby Hopper Gibbons Told Chiefly Through her Correspondence*, 1: 347-357. Gibbons' anti-Catholic feelings are understandable, as her New York City home was vandalized during the draft riots. Bruce, *The Harp and the Eagle*, 137.

¹¹⁰ Unpublished diary of Mrs. Jacob Clutz (ACHS).

¹¹¹ The concept of repentance to achieve salvation is not unique to Catholicism. Steven Woodworth concludes that the large majority of Civil War Americans accepted that repentance for sins in earthly life was necessary to ascend to heaven in the afterlife. Many soldiers struggled with repentance when confronting death, and sought the guidance of chaplains or nurses. Steven E. Woodworth, *While God is Marching On: The Religious World of Civil War Soldiers* (Lawrence: University Press of Kansas, 2001), Chapter Four: The Way of Salvation.

¹¹² Bacon and Howland, *Letters of a Family During the War for the Union 1861-1865*, 2: 426.

Medical leaders, surgeons, nurses and citizens all worried about sisters' proselytizing, and their concerns were at least somewhat legitimate. While the sisters had detailed instructions and prayers when treating Catholics, they offered silent prayers for deathbed conversions of Protestant patients.¹¹³ They did not set out to convert soldiers, yet sisters' journals included comments about baptisms, saving souls and patients who died after having recognized their holy faith. A priest's letter to sister nurses recognized them for salvation of souls, and acknowledged the religious tension in which they worked: the Protestant "enemy will endeavor to lessen that influence by tempting them to relax in the spirit of their vocation."¹¹⁴

After the sisters had been in the field for some time, the general public seemed to accept that their nursing value outweighed the dangers they presented as Catholics. The *Daily Cleveland Herald* on December 30, 1862 ran a story about Union hospitals that discussed the sisters at length. The piece concluded,

[Sisters] have taught [the public] many things. Their life-long sacrifice in the hovels of the poor, and at the bed-sides of the sick, has endowed them with a skill which no other class of persons possessed, and which has given them the deserved reputation of the best nurses in the world.¹¹⁵

Public gratitude and recognition of this nature increased steadily as the war progressed.

Another story appeared in the Newark, Ohio *Advocate* on January 23, 1863, three weeks after the Battle of Stones River, a large two-day battle that resulted in over 23,000 casualties. After a lengthy and grisly account of the battle's aftermath, the writer described an "oasis":

There is a sect called Roman Catholics – a sect, that in my young days I was taught to look upon as monsters, capable of any crime in the calendar

¹¹³ Wall and Nelson, "Our Heels Are Praying Very Hard All Day," 324.

¹¹⁴ Father Burlando letter to sisters of the Military Hospitals, undated (DC).

¹¹⁵ "Christmas in the District Hospitals," *Cleveland Daily Herald*, December 30, 1862.

of human frailties, who have hospitals under their own charge, attended by “Sisters of Charity” ... If a soldier is dangerously sick, you will see ... one of these heaven-born angels, ministering to his every want. With the tender care of a mother or sister they glide ... No one who has the heart of a man can help loving them with a holy, sisterly love.¹¹⁶

The writer attempted to reconcile both his anti-Catholic indoctrination and the cult of true womanhood in the same paragraph. Adjectives used to describe the sisters culled from wartime editions of newspapers reflected the public’s struggle with the sisters’ gender identity. The sisters displayed qualities normally associated with men: disciplined, industrious, indefatigable, intelligent and noble. Yet they were decidedly female: kind, tender, gentle, devoted, attentive and faithful.

Another example came from the Battle of Gettysburg, the largest battle fought in northern territory, which resulted in almost 60,000 casualties. Gettysburg, Pennsylvania is only nine miles from the Emmitsburg order, and forty sisters came to nurse after the three-day battle.¹¹⁷ They stayed for weeks to care for soldiers. Many Gettysburg residents’ eyewitness accounts of the battle commented on the sisters and their skill. One surgeon recalled, “The Sisters were very popular, and due to the lack of surgeons, were in constant demand as both nurses and makeshift doctors.”¹¹⁸

Post-war chronicles, such as George Barton’s, credited the sisters with quelling “thoughtless prejudices that had previously existed. ... Men who had been taught to look on Catholics as dangerous people learned to ... respect the faith which taught even women to sacrifice their lives for the comfort or relief of the soldiers.”¹¹⁹ Mary

¹¹⁶ “Hospital Scenes – Heartrending Sight,” *Advocate*, January 23, 1863.

¹¹⁷ Most of the Emmitsburg sisters had already been dispatched to hospitals around the country. Conklin, *Women at Gettysburg*, 218 and 401n9.

¹¹⁸ As quoted in Gregory A. Coco, *A Vast Sea of Misery: A History and Guide to the Union and Confederate Field Hospitals at Gettysburg, July 1 – November 20, 1863* (Gettysburg, PA: Thomas Publications, 1988), 17.

¹¹⁹ Barton, *Angels of the Battlefield*, 162.

Livermore, who had initially refused to staff hospitals with sisters, later conceded, “If I had ever felt prejudice against these ‘Sisters’ as nurses, my experience with them during the war would have dissipated it entirely. The world has known no nobler and no more heroic women” than the Catholic sisters.¹²⁰

Catholic sisters had male counterparts in the forms of chaplains and soldiers, whose services provide a basis of comparison. Each regiment with Catholic soldiers had a Catholic chaplain. Most regiments were multi-denominational, so Catholic chaplains reached many men.¹²¹ The war invoked unprecedented multi-denominational interaction, and clergy of all religious affiliations often cooperated with one another as they aided soldiers. Death was omnipresent, and served as a great equalizer in minimizing theological and denominational differences.¹²² Chaplains gave sermons outdoors that reached large groups of men of all faiths, both in hospital wards and camps. A Baptist chaplain, who insisted his sermons be open to soldiers of all faiths, described them: “Usually our religious exercises were held in forts and entrenchments, always in the open air of course ... The singing [of hymns] was by the regiment.” Similarly, a Catholic chaplain wrote, “Protestants attend the sermons by thousands in the open field ... prejudice to the Church is gone almost entirely.”¹²³ Bishop St. Palais recalled that

¹²⁰ Livermore, *My Story of the War*, 219.

¹²¹ Father Azais, “Biographical Sketch of Monseigneur Maurice d’Aussac de St. Palais” (unpublished English translation, 1880), 127 (AI). Some Catholic priests volunteered if they could not obtain Army commissions. Michael Williams, *American Catholics in the War* (New York: Macmillan Company, 1921), 56.

¹²² Faust, “The Civil War Soldier and the Art of Dying,” 10.

¹²³ Father Peter Paul Cooney letter to brother October 2, 1862 as quoted in Maryniak and Brinsfield, *The Spirit Divided, The Union*, 111, 91.

officers and soldiers treated his chaplains favorably, and one non-Catholic general requested Catholic priests because only they could administer sacraments.¹²⁴

One of the best known Catholic chaplains was Father William Corby. Corby felt the fraternity of men facing a common danger proved more unifying than religious prejudice was divisive. He wanted all soldiers, even the Confederate enemy in the distance, to share in the benefits of absolution before going into battle. After his sermon going into the Gettysburg wheat field, Corby remembered,

My eye covered thousands of officers and men. I noticed that all, Catholic and non-Catholic, officers and private soldiers, showed a profound respect, wishing at this fatal crisis to receive every benefit of divine grace that could be imparted through the instrumentality of the Church ministry.¹²⁵

His commanding officer recalled the sermon: “As he closed his address, every man, Catholic and non-Catholic, fell on his knees, with his head bowed down . . . The scene was more than impressive – it was awe-inspiring.”¹²⁶ Poets later commemorated the scene in verse, and memorials of the sermon stand on the battlefield at Gettysburg and at Notre Dame. Corby’s postwar university instruction and sermons attempted to erode Irish stereotypes and stressed the unity of all religious people.¹²⁷

Sisters filled a religious role as soldiers were dying, but if chaplains were unavailable they bore the ultimate burden of helping men to die well. The Catholic ritual of individual, private confession was difficult to achieve on battlefields and in hospitals.

An unusual case of improvisation was offered by Father Cooney, who heard confessions

¹²⁴ Bishop James Maurice de Long d'Aus-sac de St. Palais (1811-1877). Father Azais, “Biographical Sketch of Monseigneur Maurice d’Aussac de St. Palais” (Unpublished English translation, 1880), 128 (AI).

¹²⁵ Father William Corby, 88th New York Irish Brigade regiment, later president of Notre Dame University (1833-1897). His is the only statue of a chaplain at Gettysburg. Father William Corby memoir as quoted in Maryniak and Brinsfield, *The Spirit Divided, The Union*, 134.

¹²⁶ General St. Clair Mulholland memoir, as quoted in Maryniak and Brinsfield, *The Spirit Divided, The Union*, 135.

¹²⁷ Bruce, *The Harp and the Eagle*, 232.

in a crude structure of bayonets and blankets. Another chaplain wrote of the tremendous responsibility and solemnity of preaching to men on their deathbeds: “To implore all in the whole ward to come to the Saviour at once.” Soldiers often expressed their gratitude to their spiritual leader who could “point out the way of eternal life to him who had sacrificed his life for his country.”¹²⁸

Like the sisters, Catholic chaplains’ military service helped to dismantle religious prejudice. Walt Whitman changed his attitude about Catholic priests after working with them during the war, and reflected, “It was surprising how many Catholic priests I came to know ... [and] on what good terms we kept with each other.”¹²⁹ Chaplains did not appear as mysterious or other-worldly as sisters, despite their common status as vowed Catholics, and soldiers may have more readily accepted their presence and spiritual guidance.

The sisters’ other male counterparts were Catholic soldiers, which could provide additional evidence for the success of postbellum Catholic philanthropy and cultural assimilation. Ethnic regiments were paradoxical. Ethnic concentrations ran counter to assimilation, but still demonstrated loyalty to the Union and helped destroy nativism.¹³⁰ Nearly 150,000 Irish soldiers volunteered for the Union, both in Irish and nonethnic regiments.¹³¹ Motivations for service varied. Many Irish-Americans hoped military service would help preserve the union, improve their own security and financial

¹²⁸ Maryniak and Brinsfield, *The Spirit Divided, The Union*, 89 and 215.

¹²⁹ Krieg, *Whitman & the Irish*, 123-124.

¹³⁰ Approximately 200,000 Germans served in the Union Army, many of whom were Catholic. German soldiers’ experiences more closely mirrored that of other Americans. Germans assimilated into American culture more rapidly than any immigrant group in history, and anti-Catholic resentment was not much of an issue for them. William L. Burton, *Melting Pot Soldiers: The Union’s Ethnic Regiments* (Ames: Iowa State University Press, 1988), 154, 219-228.

¹³¹ Total Union military personnel were 3,393,000. Davidson, et al. *Nation of Nations*, 1: A-36. Drew Gilpin Faust notes Catholics comprised 7% of Union armies, and a far smaller percentage of Confederate armies. Faust, “The Civil War Soldier and the Art of Dying,” 9.

condition, and demonstrate their loyalty to America. Some hoped American Civil War service would serve as a training ground for the future liberation of Ireland. These Irish Republicans dreamt of both American patriotism and Irish freedom.

Just as many people opposed the sisters' presence, military authorities and non-Irish soldiers resisted serving alongside Irish soldiers. One officer did not want the "sweepings of our jails" to represent the country, and feared the men would not respect military authority.¹³² The Irish Brigade's bravery at the 1861 First Battle of Bull Run, however, distinguished the unit and allayed some of these initial concerns. The war took its toll on purely Irish units, and casualty-related attrition forced the Irish to meld into ranks with other soldiers. Sharing combat experiences tempered prejudice for a time, but the Irish seemed especially subject to the ravages of combat life: drunkenness, desertion and lack of discipline. After the 1863 draft riots, anti-Irish and anti-Catholic nativism resurfaced despite their gallant service, and persisted beyond the end of the war.¹³³

Soldiers compare differently to the sisters than do chaplains. Many comments about the sisters as symbols of Catholicism exist, but few remarks about their Irish heritage survived. Sisters, chaplains and soldiers endured hardships and served their country; far more soldiers than religious men or women made the ultimate sacrifice and died during the war. Only the soldiers, however, seemed to suffer a backlash of public opinion which negated their heroism on the battlefield. Soldiers' patriotic service did not have the same persistent assimilative benefits when compared to sisters and chaplains.

¹³² Bruce, *The Harp and the Eagle*, 71.

¹³³ Veterans' organizations were segregated by religion and ethnicity. The Grand Army of the Republic (GAR), the largest and most popular veterans' club, celebrated in Protestant churches. The Catholic Church discouraged membership, distrusting the GAR's oaths and secret rituals. The Irish self-promoted their war glory through tribute and hagiography, and were only partly able to stem the tide of racism. Increased opportunities for Irish Catholics were more likely due to their time in America, and adjustment to culture and customs, than their military service. Bruce, *The Harp and the Eagle*, 234-250.

Thus the Sisters of Charity left a profound legacy relative to their male counterparts. When professing vows, sisters in effect traded their individual identity for a collective one. The collective identity was reinforced as they undertook nursing work. For example, sisters received this guidance: “The Sisters will endeavor to act and speak alike; and how could it be otherwise, since they have the same rules & the same maxims to follow and since it is the same spirit that animates them.”¹³⁴ They were often referred to generically. Train and ship passenger roles listed nuns as “Sister of Charity,” without even their confirmation names and regardless of order.¹³⁵ Yet coming to know the sister nurses as individual human beings was powerful. As an observer at the time noted, “one grand effect” of the war was that “all the best men and women of every section [came] into intimate contact, giving them full knowledge ... and strong sympathy with each other.”¹³⁶ This knowledge and sympathy encompassed the sisters.

The Civil War provided a unique set of circumstances in which the Sisters of Charity could become broadly recognized and effect change. Barriers to Catholics, women and nurses as philanthropic professionals became porous. Lay charitable organizations could not emulate sisters’ vowed, communal life, yet many aspects of the work of the Sisters of Charity would be reflected in future philanthropy.

¹³⁴ Father Burlando letter to sisters of the Military Hospitals, undated (DC).

¹³⁵ Based on 350 nineteenth-century U.S. newspaper articles and Indiana Governor Morton Telegraph Books, Civil War.

¹³⁶ Rev. James Freeman Clarke, “A Visit to Gettysburg,” *The Christian Register*, 1863 (ACHS).

Chapter Six - Postwar Philanthropy and the Trained Nurse:
“Nursing is Serious Business”

Most military history focuses on strategy, battle action and the men who are the central characters. The Civil War is no exception. But women were everywhere during the war, and it affected women as much as it did men. After serving their country in many different ways, women traveled numerous postwar paths: high-profile temperance and suffrage reform work; advocacy for freedmen, veterans, soldiers’ widows and children; nursing and medicine; sanitary reform; writing; teaching; and, for many women, return to domestic life. Some were propelled from warwork to public service, such as the Woman’s Christian Temperance Union’s first president Annie Turner Wittenmyer. Others were financially and personally ruined, such as Juliet Opie Hopkins, who was the wealthiest woman in Alabama in 1861 but died in poverty and obscurity in 1890.¹

The war gave thousands of women a springboard for what Anne Firor Scott called “a great leap forward” in the postbellum decades.² They gained self-esteem, opportunities for involvement and civic participation, and more sophisticated administrative skills. For some women, their wartime role outside the home was ephemeral and well-established gender distinctions and spheres quickly returned once the immediate crisis of the war was past.³ For others, participation in benevolent activities beyond the traditional domestic sphere gave them a louder voice in public affairs.⁴ Clara

¹ Schultz, *Women at the Front*, 153-168.

² Anne Firor Scott, *Natural Allies: Women’s Associations in American History* (Urbana: University of Illinois Press, 1993), 59.

³ Hall, *Women on the Civil War Battlefield*, 222.

⁴ Kramer, “Effect of the Civil War on the Public Health Movement,” 460.

Barton, for example, declared in 1888 that the war placed women “at least fifty years in advance of the normal position which continued peace . . . would have assigned.”⁵

The nation was relieved when the cataclysmic war finally ended. Louisa Schuyler and her peers continued their wartime path as philanthropic leaders. For some women, however, peacetime was paradoxical as it meant loss of empowerment they had gained through meaningful work. For these women their warwork created a sense of purpose that eroded during peacetime. Phoebe Yates Pember, for example, described leaving Chimborazo Hospital, where she was matron for four years, as “tearing body and soul apart.”⁶

In addition to changing women’s roles, the Civil War stands at the turning point in the history of philanthropy. The U.S. Sanitary Commission (USSC) contributed to the public health movement, veterans’ support, and military support. These initiatives were conducted by government (public health departments), the individuals affected (various veterans organizations), voluntary associations (American Red Cross), and often combinations thereof. The USSC was one of the first intermediary philanthropic organizations that executed donors’ intent, as it possessed the professional expertise to balance the whims of the donor. This model continues to thrive. George Fredrickson argued the USSC’s greatest legacy was a philanthropic model of an organization of experts, mediating between “irrational popular benevolence and the suffering to be relieved.”⁷ The USSC illustrated the tensions among those best situated to carry out the reform activities, a dynamic that remains with us today. Historians, however, overlook the sisters’ antebellum institutions as forerunners of this intermediary structure. Sisters

⁵ Clara Barton 1888 Memorial Day speech, as quoted in Trattner, *From Poor Law to Welfare State*, 81.

⁶ Wiley, ed., *A Southern Woman’s Story*, 78.

⁷ Fredrickson, *The Inner Civil War*, 108.

collected fees and donations from laity, developed expertise in delivery of charitable services, and managed institutions as they deemed appropriate.

The character of philanthropy underwent a sea change after the war. The USSC was a prototype infrastructure organization that marshaled the power of volunteers, although its reliance on both volunteers and a core of professionals sparked criticism. Steven Mintz describes the USSC's expression of benevolence as "radically new ... emphasizing efficiency and deploring sentimentality." Mintz concludes its emphasis on professional organization, rules, efficiency and scientific analysis, "clearly pointed to the future of American benevolence."⁸ The USSC model contributed directly to the scientific philanthropy, or scientific charity, movement, and its "genuinely hardhearted approach to the problems of the unfortunate."⁹ Clara Barton invoked similar language when founding the American Red Cross in 1881: "To *systemize* what we have, and bring some *order* out of our past chaos."¹⁰ The USSC, the Christian Commission (CC), and later the American Red Cross demonstrated the shift from individualistic to institutional practices, which would dominate turn-of-the-century philanthropy.

Historians have often erred in focusing on the dichotomy between paid and volunteer labor in philanthropy. The tension between the commissions highlighted questions over the relative merits of volunteer and professional work. The equation of volunteer, unpaid labor with true charity had heretofore been associated with female benevolence and the private sphere. The USSC philosophy largely reinforced this ideology. The CC, however, spun its delegates' unpaid status, and kitchen managers' paid status, in completely the opposite direction by heralding the virtues of its volunteers.

⁸ Mintz, *Moralists & Modernizers*, 76-78.

⁹ Fredrickson, *The Inner Civil War*, 111-112.

¹⁰ Clara Barton letter to Jane Trueblood, May 10, 1884, as quoted in Pryor, *Professional Angel*, 250.

Sisters of Charity preceded the commissions, and represented a hybrid of the two remunerative structures. The sisters were professional institution managers, their orders were paid for their charitable services in many cases, yet the women did not receive salaries so were often viewed as volunteers.

A businesslike lexicon emerged to describe the work of volunteer women. Lori Ginzberg argues that the women who undertook wartime relief replaced feminine moral benevolence with masculine scientific ideals.¹¹ Benevolent workers established the first centralized, public organization for relief, and efficiency was its mantra. They adopted the language of war to express a new conception of benevolence. As women's administrative and organizational skills developed, they supplanted the old-fashioned technique of moral suasion. The USSC's Henry Bellows' postwar tribute to American women centered on their ability to behave like men. The women he commended were self-controlled, rational, businesslike and systematic, but "to the last increased in zeal and devotion."¹²

Both the USSC and CC created organizations that served as a template for future reform, as they transformed local charitable aid societies into networked, national structure. The model influenced the birth of charity organization societies (COS) which began in 1877, to promote higher standards of efficiency in the dispensation of relief. COS's attempted to match needy families with charitable resources, acting as clearinghouses in their communities. COS leaders worked to professionalize social science, and began to insulate benefactors from the day-to-day management of philanthropy. COS's began social work training programs, which paralleled the

¹¹ Ginzberg, *Women and the Work of Benevolence*, 134.

¹² Bellows, "Introduction," in Brockett and Vaughan, *Woman's Work in the Civil War*, 55-94.

development of nurse training programs. The roles of charitable volunteers and professionals began to reverse, with volunteers assuming trustee leadership positions and paid professionals conducting casework. The meaning of “philanthropy” began to shift at the end of the century, away from benevolence and humanitarianism to large-scale, professional, systematic giving.¹³

The war added a gendered spin to philanthropy, and male and female philanthropic styles continued to diverge. While elite men began to create foundations and other institutions in the corporate image of their businesses, women continued to build benevolent organizations using their time and networking skills.¹⁴ By operating 7,000 aid societies, women experimented with an interim approach that bridged the gap between antebellum indirect, moral suasion and postbellum direct political activism. Judith Giesberg confidently asserts the USSC “set the groundwork for the sweeping reform efforts and the emergence of mass women’s politics” in the rest of the century.¹⁵ The war allowed many branch women to hone organizational skills and to mature as advocates of the state’s responsibility in meeting the needs of its citizenry. Women’s future reform would be conducted via optimistic, energized coalition politics.

In addition to shifts in women’s voluntary associations and the practice of philanthropy, dramatic changes occurred in the postbellum medical landscape, a vital philanthropic sub-sector. During the war, surgeons had organized and directed enormous hospitals, gained tremendous clinical experience, and developed knowledge of sanitation and ventilation. The acceptance of antiseptics in the 1870’s made surgery more feasible and hospital conditions much more tolerable. The “bacteriological revolution”

¹³ Curti, “American Philanthropy and the National Character,” 162.

¹⁴ McCarthy, “Women and Political Culture,” 192.

¹⁵ Giesberg, *Civil War Sisterhood*, 12.

dramatically altered views on not only diseases but their treatments.¹⁶ Medical practice became more specialized and credentialing of doctors grew stricter.¹⁷ Medical care became more available to the middle class, and medical practice began to shift from home to hospital.¹⁸ New hospitals opened rapidly throughout the country.

The link between hospitals and nursing was forged during the Civil War, and the war provided momentum for the establishment of a precedent-setting system of nursing care. The war initiated the process of establishing nursing both as a legitimate profession and as a legitimate profession for women to pursue.¹⁹ Dorothy Brown and Elizabeth McKeown assert the sisters expanded “the vocational spaces” of nineteenth-century women.²⁰ Women’s war service had proven their ability to work outside the home. Work outside the home became more integral to some women’s identity, as nurse Hannah Ropes reflected, “Now, my use is work.”²¹ Moreover, both military surgeons and charitable associations came to believe that women could positively influence hospital care. The American Medical Association formally recommended organized nursing training in an 1869 report, noting, “The Catholic orders were the only ones who seemed to realise [*sic*] its importance.”²²

The training movement took off. Louisa Schuyler founded New York’s State Charities Aid Association (SCAA) in the early 1870’s, with nurse training as a primary

¹⁶ Judith Sealander, “Curing Evils at Their Source: The Arrival of Scientific Giving,” In *Charity, Philanthropy, and Civility in American History*, ed. Lawrence Friedman and Mark McGarvie (New York: Cambridge University Press, 2003), 230.

¹⁷ Rutkow, *Bleeding Blue and Gray*, 317-320.

¹⁸ Barbara Melosh, “Every Woman is a Nurse: Work and Gender in the Emergence of Nursing,” In “*Send Us a Lady Physician’: Women Doctors in America, 1835-1920*,” ed. Ruth J. Abram (New York: W.W. Norton & Company, 1985), 121-129.

¹⁹ Hall, *Women on the Civil War Battlefield*, 23.

²⁰ Dorothy M. Brown and Elizabeth McKeown, *The Poor Belong to Us: Catholic Charities and American Welfare* (Cambridge: Harvard University Press, 1997), 88.

²¹ Brumgardt, ed. *Civil War Nurse*, 115.

²² Nutting and Dock, *A History of Nursing*, 2: 366.

goal. Abby and Jane Woolsey were among its board members. Prominent women promoted the cause of the “trained nurse,” aimed to improve hospital care, and sought to define and control credentialing. The ideology of “all women are nurses” had eroded during the war, and, as Abby wrote, “In spite of sentimental notions, women are no more born nurses than men are born chemists ... nursing is serious business.”²³ Catholic sisters had provided a conspicuous model for laywomen to follow. Schuyler and her colleagues sought to take the good of the Catholic nursing prototype, leave what they perceived as bad, and develop a cadre of nurses suitable to postbellum America.²⁴ In 1873, the SCAA created the first formal nursing training program in America, housed at New York’s Bellevue Hospital. The ambivalence toward the Catholic sister prototype was apparent in an SCAA founding document, in which the board stated,

We wish our candidates to be religious women, but we do not require that they should belong to any given sect. To Catholic and Protestant our doors are equally open; we impose no vows.²⁵

The SCAA advertised for a “trained” nurse to administer the program. A woman who Abby Woolsey thought “looked like a Sister of Charity ... [in] a most rigid conventual garb” applied for the position.²⁶ The SCAA women feared she was a Catholic sister, but were relieved to discover the woman was Sister Helen of All Saints’ Sisterhood, a Protestant, Anglican nun. They hired her.²⁷ Sister Helen stayed on for three years, and Abby described her as “a Lady Abbess controlling her novices.”²⁸

²³ Abby Howland Woolsey, *A Century of Nursing, with Hints Toward the Organization of a Training School* (New York: G.P. Putnam’s Sons, 1950), 112.

²⁴ Woolsey, *Hospital Days*, 37.

²⁵ Elizabeth Hobson, Chairman of Hospital Committee of the SCAA, December 23, 1872 as quoted in Nutting and Dock, *A History of Nursing*, 2: 387.

²⁶ Woolsey, *A Century of Nursing*, 156.

²⁷ Fitzgerald, *Habits of Compassion*, 196-197.

²⁸ Woolsey, *A Century of Nursing*, 157.

Before the Civil War, Catholic sisters had worked in the public sphere and operated charitable institutions for decades. Catholic sisters clearly represented the prototype professional nurse during the war. The SCAA's promotion of its postbellum nursing program, however, strove to distinguish its vision of professional nursing from that of Catholic orders. Despite all the accolades for Catholic sisters as the only trained nurses in the war, Abby Woolsey recalled in 1873, "the 'trained nurse' was [still] unknown" in America.²⁹ Modern training focused more on the respectability of student nurses' character, reliability and knowledge than spirituality. New nursing schools cast Catholic sisters as poorer nurses because they were not motherly or sympathetic. SCAA literature in 1873, for example, argued "The stern rules of their [Catholic] order forbid them to let their human affections flow out toward the helpless people in their charge."³⁰ The SCAA's leaders were nonetheless conflicted over looking to Sisters of Charity as model nurses. While their published documents criticized Catholic sisters' sternness, Abby Woolsey wrote that Sister Helen's "calm, commanding manner" garnered respect from doctors, hospital attendants and patients, just as Sisters of Charity had done during the war.³¹

Also in 1873, Georgeanna Woolsey organized a nurse training program at New Haven's Connecticut Hospital. Boston's Massachusetts General Hospital followed suit. Two dozen more programs opened by the turn of the century, commensurate with new hospital openings. Curricula included bedside techniques, anatomy, physiology and antisepsis. Nursing schools provided hospitals with workforces that fed institutional growth, and training provided women with a secular ministry that helped them create an

²⁹ Woolsey, *A Century of Nursing*, 147.

³⁰ SCAA, *A Century of Nursing*, Document 1, 1873 as quoted in Fitzgerald, *Habits of Compassion*, 197.

³¹ Woolsey, *A Century of Nursing*, 157.

identity in the public sphere. Training programs also supplied nurses to private families and institutions that cared for the poor. Nursing students, who worked while they trained, received only token payment. Just as Catholic sisters had provided the labor force that contributed to antebellum hospital development, postbellum nursing students were the economical labor force that spurred hospital development at the end of the century.

Nursing programs worked so hard to create a serious identity for their students that terms like “hospital machine” emerged to describe student nurses, the very criticism levied against the Catholic sisters during the war. Lay nursing programs judged Catholic nursing training for its alleged divided loyalties, the sisters’ own spiritual salvation versus the spiritual good of their patients.³² Yet Maureen Fitzgerald observes that elite, non-Catholic women’s dependence on Catholic institutions as models was substantial, if unconscious, for a long time.³³

The development of the nursing profession both defied and reinforced the cult of true womanhood. A respectable, rewarding and stable career path for women outside the home opened. But nineteenth-century womanly virtue was embedded into the culture of nursing. Nurses had to be industrious, modest, loyal, obedient and self-sacrificing, as did the ideal wife and mother. They had to be ready to work hard. As Abby Woolsey said, “the feeble constitution of many American women” was a drawback to finding suitable pupils.³⁴ Programs stressed deference to physicians, as to husbands in the home. Nursing students were cautioned against flirtatiousness and impropriety, and directors feared romantic liaisons between nurses and doctors much as Dorothea Dix had. Nursing was a solemn, secular calling and an extension of the Benevolent Empire, as the first

³² Reverby, *Ordered to Care*, 65.

³³ Fitzgerald, *Habits of Compassion*, 197.

³⁴ Woolsey, *A Century of Nursing*, 128.

superintendent of Johns Hopkins Hospital's nursing school declared, "The nurse's work is a ministry; it should represent a consecrated service."³⁵ The first trained lay nurses had to walk a fine line between confidence in their own abilities and subservience to medical superiors.

While some of them continued to work as nurses, most of the Civil War relief workers did not enter the new nursing training programs. Civil War relief workers viewed their service as a proving ground for a variety of vocations, not only the now more narrowly-defined position of student nurse.³⁶ The medical profession became more deeply separated by gender, with women becoming nurses and men becoming doctors.

The nursing profession's development did not follow the same trajectory in the South. Married nurses generally went home, and widowed or single nurses had to marry or make a living in a devastated region with few opportunities. Hospital work did not engender new abilities or confidence in southern women, and the movement toward nursing training did not coalesce. Drew Gilpin Faust argues that southern Civil War nurses just "faded away." The prescribed social confines of respectability continued in the South, limiting women's options for marriage and work outside the home.³⁷ An alternate form of women's political engagement emerged in the South. Local memorial, monument, home associations and auxiliaries proliferated to honor the "Lost Cause" of the Confederacy and maintain a sense of southern honor and solidarity. Women began to shape the story of the Lost Cause immediately after the war, and used political skills in memorialization efforts. For southern women, memorial associations, which conflated into the United Daughters of the Confederacy in 1890, were the missing link between

³⁵ As quoted in Reverby, *Ordered to Care*, 51.

³⁶ Schultz, "The Inhospitable Hospital," 390-391.

³⁷ Faust, *Mothers of Invention*, 111-113.

antebellum benevolence and turn-of-the-century national movements.³⁸ Southern women's public work intensified into a potent movement that not only honored their Civil War soldiers but influenced post-war education and race relations.³⁹

The post-war implications for laywomen, North and South, and Catholic sisters were different. The sisters did not develop new skills during the war, but enjoyed a new platform from which to demonstrate them. The sisters' work produced several consequences. They had earned credibility with government, surgeons, the military and laypeople, which diminished boundaries and helped them broaden their outreach.⁴⁰

The war provided a highly public arena in which the sisters carried out their work, and accelerated their exposure to the lay public. A byproduct of the sisters' philanthropy was individuals' acceptance of them as individuals and as symbols of the Catholic faith. The sisters became known as competent, devoted and unselfish relief workers. Their caring work, exposed by the close proximity and intimacy of the conditions, disarmed a good deal of harbored prejudice. Sister Helen Ryan concluded,

Independent of what was done for individuals, thousands returned to their homes, impressed with kind feelings toward the sisters, consequently, towards our Holy Faith The officers, doctors, and public authorities all concurring in their unlimited confidence in the sisters must, and did have, its silent effect on all.⁴¹

Popular literature supports Sister Ryan's testimony that anti-Catholicism waned.

Magazines that had vilified Catholic orders before the war no longer ran derogatory stories, and circulation of the true-confession escaped nun genre dropped precipitously

³⁸ Caroline E. Janney, *Burying the Dead but Not the Past: Ladies' Memorial Associations and the Lost Cause* (Chapel Hill: University of North Carolina Press, 2008), 1-8.

³⁹ Hilde, "Worth a Dozen Men," 10.

⁴⁰ Nelson, *Say Little, Do Much*, 48.

⁴¹ "Daughters of Charity in the Civil War," (DC).

after the war.⁴² In 1874, President Grant chose two Catholic sisters to unveil the National Lincoln Monument in Springfield, Illinois. Grant intended this honor as a solemn, public expression of gratitude toward sister nurses for their Civil War service.⁴³

Catholic orders and their philanthropic institutions flourished after the war, testimony to the attractive nature of religious, communal life for women. American religious orders grew rapidly after the war; women established 106 new orders and existing orders flourished. This foundation created visibility that allowed the sisters to expand their philanthropic institutions of healthcare, social service and education after the war. By 1900, the footprint of orders on the American landscape was substantial. The number of religious women reached 40,340, up from 1,400 in 1850; Catholic sisters were operating over 4,400 parochial schools and academies and 645 orphanages.

Catholic religious orders were also in the vanguard of postwar hospital development.⁴⁴ Between 1860 and 1900 Catholic religious orders opened 310 new hospitals in virtually every major city in America; the Sisters of Charity established twenty-five of them. For example, benefactors who had been impressed by the sisters' devotion donated The Hospital of the Good Samaritan to the Sisters of Charity of Cincinnati, in honor of Sister Anthony. By 1900 they were operating 500 hospitals, more than any other religious denomination. Growth by decade follows⁴⁵:

⁴² Ewens, "The Role of the Nun in Nineteenth Century America," 290-293.

⁴³ http://www.domlife.org/2009Stories/Lincoln_Springfield.html.

⁴⁴ Schultz, *Women at the Front*, 171.

⁴⁵ Stepsis and Liptak, *Pioneer Healers*, Appendix 2, 287.

Religious Orders and Hospitals Established, by Decade		
Decade	Number of Orders	Number of Hospitals
1820-1829	1	2
1830-1839	1	1
1840-1849	6	8
1850-1859	9	22
1860-1869	19	41
1870-1879	12	35
1880-1889	39	49
1890-1899	59	89

Robert Gorman argued the “increased dependence” of bishops on religious women, coupled with a religious revival among laity, contributed to the proliferation of sisters’ institutions over the latter decades of the century.⁴⁶ The sisters, not the dioceses, opened the hospitals and sisters assumed responsibility for hospitals’ finances and management.⁴⁷ They were present in almost every aspect of the hospitals, as nurses, administrators, pharmacists and clerks; they occupied all seats on their hospital boards of trustees.⁴⁸ Creation of new orders and new hospitals leveled off after 1900.

The war gave the sisters ample evidence with which to assert their importance and expand their philanthropic missions. Sisters were highly motivated to succeed as nurses, work well with doctors, and run effective hospitals, to demonstrate their value to a skeptical world. Sioban Nelson and Barbra Mann Wall argue that despite their public dissemblance, sisters were “extremely sensitive” to criticisms from non-Catholics about their healthcare and nursing practices. Nelson and Wall furthermore assert sisters were openly competitive with Protestant institutions, particularly when they considered their own operations to be superior.⁴⁹

⁴⁶ Gorman, “History of the Diocese,” unpublished (AI).

⁴⁷ O’Grady, *Catholic Charities in the United States*, 195-201.

⁴⁸ McCauley, *Who Shall Take Care of Our Sick?*, 38; and Rosenberg, *The Care of Strangers*, 272-279.

⁴⁹ Wall and Nelson, “Our Heels Are Praying Very Hard All Day,” 326.

Catholic sisters were slower to open their nursing schools to laity, although they eventually admitted lay students from outside their orders into their training programs. Some orders formalized nursing training but continued to train only their own hospital's sister nurses. Sisters did not attach the same sense of urgency to training as the founders of the first Protestant nursing schools, perhaps because they had been engaged in the work for so long. As one sister mused at the turn of the twentieth century, the model for the "first" school was "borrowed from the Church and there are few forms of charity in existence that were not set in motion by St. Vincent de Paul three hundred years ago."⁵⁰ The first Catholic sisters' formal training program was at St. Mary's Hospital in Kansas City, which opened in 1874.⁵¹ Emmitsburg and Cincinnati Sisters of Charity established their programs in the 1880's. By 1900, sixty-six of the sisters' hospitals had training programs open to both sisters and lay Catholic or non-Catholic students.⁵² The Sisters of the Third Order of St. Francis published the first nursing textbook, *The Nursing Sister*, in 1899, the first publication by a religious order to be used for nurse training open to laity.

The establishment of secular nursing training schools undermined sister nurses, some of whom fell behind newer scientifically-based professional nursing. Much of the sisters' postbellum nurse training mirrored predecessor antebellum training, a

⁵⁰ As quoted in Fitzgerald, *Habits of Compassion*, 197. The trajectory of nursing experience for American Sisters of Charity compared to European sisters was also different, because of the American Civil War. At the end of the nineteenth century, for example, Irish Sisters of Charity did not care for male patients or attend surgeries. Further comparison is beyond the scope of this thesis. Clear, *Nuns in Nineteenth-Century Ireland*, 125-134.

⁵¹ Opened by Sisters of St. Joseph of Carondelet. O'Grady, *Catholic Charities in the United States*, 203.

⁵² Ewens, "Women in the Convent," 25; 500 Catholic hospitals out of about 2,000 total in the U.S. Wittberg, *From Piety to Professionalism*, 9-10; and "Good Samaritan Hospital School of Nursing in Story and Picture," unpublished (SCC).

combination of practical nursing and domestic work guided by experienced mentors. In some religious orders, sisters were not allowed to study anatomy or physiology.⁵³

Catholic religious beliefs remained central to their nurse training programs, as did discipline, efficiency and obedience. The sisters' dedication to self-sacrifice was instilled into lay nursing students.⁵⁴

The admission of nursing students did not undermine sisters' authority in hospital management. But lay physicians and the Catholic clerical hierarchy grew more dominant in hospital authority, and more scientific modes of medical practice began to infringe on the spiritual nature of nineteenth-century healthcare. Shortly after 1900, nursing historians observed: "Even those surgeons who are most enthusiastic in their praise of the work of the orders, express their regret that the Sisters have not fallen into line with the system of training pursued in the best modern hospitals."⁵⁵ The sisters built the nursing model, but the laity modernized it and took it to scale.

In addition to changes in women's roles, philanthropy and medicine, immigration patterns changed after the war. Irish immigration had fueled the antebellum growth of religious orders. During and after the war, Irish immigration slowed and Eastern European immigration began to rise. The country's energy shifted away from nativism toward Reconstruction in the South and industrialization in the North. A melting-pot ideology emerged, as cast into the Statue of Liberty erected in New York harbor in 1886. Irish Americans continued to assimilate into American society and the American Catholic church. Dolores Liptak concludes they assumed "the economic and political values that characterized the American creed to a greater degree than any of the other Catholic

⁵³ Ewens, "The Role of the Nun in Nineteenth Century America," 270.

⁵⁴ Richardson, "Catholic Religious Women as Institutional Innovators," 193-211.

⁵⁵ Nutting and Dock, *A History of Nursing*, 3: 290.

immigrants.”⁵⁶ Irish Americans became more visible in religious orders and clergy, which enhanced their importance within the church.

Cultural and ethnic assimilation also led to increased vocational and professional opportunities for Catholic women. The nursing profession opened up for Irish laywomen, perhaps following in the path blazed by sisters, starting in the 1880’s. By the turn of the century almost the entire nursing staff of many Boston medical facilities bore Irish surnames.⁵⁷ Women were already teachers at parochial schools, and they began to assume more teaching positions at Catholic colleges and public universities, albeit in “traditionally” female curricula. As social service organizations expanded and also became professionalized, Catholic women assumed an important role.⁵⁸ By 1900 the average Irish-American family was no longer impoverished, but working-class, and Catholics were significantly represented in American middle and upper middle classes.⁵⁹

Americanization, however, was a controversial issue within the postbellum American Catholic church. Increasingly assimilated middle-class immigrants of the first wave grew philosophically at odds with Eastern European immigrants of the second wave. The groups differed over a myriad of issues, including the relationship of religion and science, parochial versus public education, the creation of a Catholic university, and participation in interdenominational activities. Tension between the two worldviews played out in Europe as the Americanization question became entangled in ecclesiastical politics. Antimodernist Pope Leo XIII, in the 1899 brief *Testum Benevolentiae*,

⁵⁶ Liptak, *Immigrants and Their Church*, 79.

⁵⁷ Diner, *Erin’s Daughters in America*, 95.

⁵⁸ Women could more easily secure faculty positions in education, music, languages, sociology and social work. Mary J. Oates, “Catholic Laywomen in the Labor Force, 1850-1950,” In *American Catholic Women: A Historical Exploration*, ed. Karen Kennelly (New York: Macmillan Publishing Company, 1989), 104-118.

⁵⁹ McCaffrey, *The Irish Diaspora in America*, 79.

condemned the American hierarchy for being too progressive. The brief punctuated the nineteenth-century expansion, and compelled the episcopacy to look inward again as the new century began.⁶⁰

Unlike the Catholic leadership at the turn of the twentieth century, the progressive vision of Bishop Carroll and his successors, had created an environment in which nineteenth-century American religious orders flourished. Tocqueville probably did not have American religious orders in mind when he described voluntary associations, but the Sisters of Charity represented an example of successful associational life that provided a model for many of the changes in the practice of philanthropy. The women were united in a common purpose, cooperated in working together, and shared values, ideals and identity. The Sisters of Charity orders had a special history and collective identity, based on Elizabeth Seton's ministry, nursing mission and religious calling. Nursing was traditionally women's work; the sisters not only nursed, they seized unusual opportunities and challenges in administering their institutions, which was traditionally men's work.

This thesis argues the Sisters of Charity were agents of social change: they broke down religious, social and gender barriers, and developed a prototype for a healthcare model that the secular world emulated. Women responded to the unprecedented suffering and cataclysmic conditions of the Civil War in a multitude of ways, and philanthropy was forever changed as a result. Female voluntarism shifted into the front and center of the public sphere. Charitable work moved along the continuum from individual to institutional, from volunteer to professional. Questions regarding the

⁶⁰ Over 6 million Catholics immigrated to the U.S. between 1880 and 1920; almost 4 million of them were from Italy, Poland and Austria-Hungary. Patrick W. Carey, *Catholics in America: A History* (Westport, CT: Praeger Publishers, 2004), Chapter Five: Americanism: 1884-1899.

respective roles of payment to charitable workers developed. Nursing gained recognition as a profession, and formal training began. The Sisters of Charity were leaders in all these areas, and their orders served as models for the future of philanthropy.

The Sisters of Charity came into focus at a unique point in American history. The medical situation of the Civil War created a desperate need for the sisters, which forced them out in public. The nineteenth-century belief in the connection of mind, body and spirit placed nursing sisters in a uniquely powerful role. Soldiers, administrators, surgeons and nurses observed their efficient yet tender nursing care, which allowed their philanthropic work to erode the prevailing suspicion and mistrust of the Catholic faith. They opened and managed institutions, and they were prototype professional nurses. The sisters were ahead of their time; they were indeed philanthropic pioneers.

This thesis locates the Sisters of Charity in a synthesis of four broad historiographies: Catholicism, philanthropy, female benevolence, and nursing and medicine. The sisters' place at the intersection of these fields offers a valuable contribution to history. We are beginning to recognize women's contributions in the Civil War, but Catholic sister nurses are often relegated to a footnote or minor story line. This thesis demonstrates the legacy of the Sisters of Charity is vital to the understanding of the history of philanthropy, women's history, medicine and nursing.

Epilogue

The improved relationships among Protestants and Catholics in America were not sustained in the early twentieth century. Even as the monument “Nuns of the Battlefield” was erected in Washington D.C., dedicated to “the memory and in honor of” Catholic sister nurses who had served in the Civil War, the country was experiencing a resurgence of nativism.¹ That same year, the Ku Klux Klan’s organizing principle was anti-Catholicism, and the U.S. passed immigration laws that targeted Catholic communities of eastern and southern Europe.² Protestant and Catholic relations would not relax for decades.

Today, Islam is the distrusted religion, accelerated by the tragedy of September 11, 2001. Many Americans misunderstand the continuum of ideologies within the Islamic religion. Hijab is literally the Islamic dress code for women, but the term is often used to refer to the headscarf or veil. Not all Islamic groups believe hijab to be a religious requirement. Radical fundamentalists interpret hijab as a requirement, radical secularists believe it is obsolete, and there are many interpretations in between the two extremes. Within Islamic peoples, the question of women’s dress and their freedom to participate in society is under intense debate. Hijab has become a political statement. Governments take positions on hijab; they range from allowing to forbidding to requiring it.³

¹ Bill introduced into Congressional Record, House of Representatives, March 18, 1918 by Congressman Ambrose Kennedy of Rhode Island. The Ladies’ Auxiliary, Ancient Order of Hibernians in America, spearheaded the effort to erect the monument, located two blocks from DuPont Circle at Rhode Island Avenue NW and M Street NW, opposite the Cathedral of St. Matthew the Apostle.

² Kauffman, *Ministry and Meaning*, 95.

³ Cheryl Bernard, *Civil Democratic Islam: Partners, Resources, and Strategies* (Santa Monica, CA: RAND Corporation, 2003), 8-13 and 57-59.

The Catholic sisters' habits and cornettes were not a political statement in the nineteenth century. They were purely religious symbols, and sent a signal to the world that the women who wore them chose a life different from the mainstream. People feared them, but came to honor them and their charitable work. The Sisters of Charity informed philanthropy with their love of humanity, charity, benevolence and humanitarianism.⁴ Their contributions to society were indeed spiritual and moral imperatives. We can all learn from looking at the women, not the veil.

⁴ Values identified by Curti, "American Philanthropy and the National Character," 161.

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Curriculum Vitae
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Education

Masters of Arts, Philanthropic Studies and Master of Arts, U.S. History, Indiana University at Indiana University Purdue University - Indianapolis, 2010.

Bachelor of Science, Finance, University of Illinois at Urbana-Champaign, 1981.

Awards and Fellowships

Women's Studies Program, Indiana University Purdue University - Indianapolis, The Anne Donchin Graduate Essay Contest winner, 2009.

Indiana Grantmakers Alliance: Internship, Fall, 2007; and Lumina Foundation for Education: Graduate Fellowship, 2008 - 2009.

University of Illinois Bronze Tablet Award (Highest honors), 1981.

Volunteer Experience

Storytelling Arts of Indiana Board Member 2005 - present, Board President 2007 - 2009, Governance Committee Chair.

Indianapolis Chamber Orchestra Board Member 2006 - present, Board President 2009 - 2011, Artistic Committee Chair, Human Resources Committee Member.

American Red Cross of Greater Indianapolis Advisory Board Member 2007 - present, Human Resources Committee Member, Higher Education Task Force Member.

Westminster Presbyterian Church Unlimited Kids after-school program tutor and mentor 2003 - 2005.

Council for International Education Exchange four-time host family for foreign exchange students 2001 - 2006.

Business Experience

Managing Director, Marsh USA (Marsh & McLennan Companies), 1986 - 2007. Client Executive for several large global clients. Designed, negotiated and managed insurance and risk management programs, including alternative risk programs such as captive insurance companies. Managed a department of 20 colleagues and \$6 million in client service revenue. Instructor for Associate in Risk Management and Marsh's in-house professional development program.

Senior Casualty Underwriter, Wausau Insurance Companies, 1983- 1986; Underwriter, Indiana Insurance Companies, 1981 - 1983.

Professional Designations: Chartered Property and Casualty Underwriter (CPCU) and Associate in Risk Management (ARM).