

out of a system intended to control and discipline them.

The final essay in this volume shows that not every lying-in hospital founded in the second half of the eighteenth century was a model institution. The case of Braunschweig makes clear that the success (e.g. low infant mortality rates) depended largely on the academic infrastructure and on the professional interest of those persons in charge of such innovative clinics.

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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, 2005, pp. xiii, 146, \$45.00 (hardback 978-0-8018-8216-6).

This is the story of the work of women's religious orders in setting up a system of health care in New York City in the mid-nineteenth century, and running it successfully for over a hundred years. It is not for the uninitiated in the history of the city, or even those coming for the first time to the worlds of health and women's history.

Starting in the 1840s, by the beginning of the twentieth century, women's Catholic religious orders ran fourteen of New York's non-public hospitals, seven general care institutions, and specialized services for infants and children, women, tuberculosis patients, the aged and the dying. Bed capacity accounted for one quarter of the total supply in the city by 1904.

The first Roman Catholic hospital in New York was founded in 1849 (sixteen years after the first such hospital in the United States), in part in response to increased immigration of Roman Catholics, and a perceived prejudice against them, and visiting priests, in the established hospitals of Bellevue and New York Hospital. Unlike the

majority of specialist hospitals in Britain, St Vincent's (and its thirteen successors in the city) did not spring from the vision of medical men. The Roman Catholic Hospitals of New York City were the products of the vocation of nursing sisterhoods to care for the sick of this rapidly-expanding metropolis. As such, their history forms part of the growing body of work on women's pivotal role in initiating and developing health care in the United States.

Within ten years of the first hospital's foundation, the patient population of New York was "overwhelmingly foreign-born". By 1866, 50 per cent of hospital admissions gave Ireland as their birthplace, and were presumed to be Roman Catholic. It is not clear from this work what percentage of the inhabitants of New York (old and new) were members of the Church, so no conclusion can be drawn about the health profile of the notoriously poor Irish of the growing city, or of that of the German and Italian immigrants who formed the patient population of several of the new hospitals.

The timing of the hospital initiatives was no accident. Roman Catholic nursing sisterhoods had begun to be accepted by the establishment during the Civil War, when the Sisters of Mercy had nursed the wounded of both sides, in spite of opposition from the Church hierarchy and the formidable Dorothea Dix, superintendent of women nurses in the Union Army. It would have been intriguing to discover the *antebellum* attitude of New Yorkers to the sisters, but context for this (and much more) is missing from this slender volume.

Bernadette McCauley refutes the assertion by the contemporary Catholic press that the sisters were resuming a European pre-Reformation tradition of women religious caring for the sick, but were rather in the seventeenth-century model of "active communities". She points out that most of the orders which established hospitals in the city were relatively young, and that the Sisters of Charity (the order that established St Vincent's) had been founded in the United States in the early nineteenth century.

Who were these women? With a few exceptions, the reader cannot say. We are told early on (and it is reiterated several times) that the first administrator of St Vincent's, Ellen Hughes, was the sister of the Roman Catholic Archbishop of New York, but she is one of the few identifiable women in the hospital movement. This may be the natural result of studying groups of women whose life choice was a binding commitment to remove exterior traces of individual personality through their titles, behaviour and dress, but it does not help in understanding the specific impetus to begin—and maintain for over a century—such a significant part of health care in one of the largest, and most culturally diverse, cities of the New World. There are some half-hearted attempts to assess their ethnic, class and educational backgrounds, but with little statistical evidence presented these do not enlighten.

The sisters were clearly women of great resourcefulness, as well as piety. All but one of the orders who embarked on the mission were immigrants themselves, and received little support from their mother houses. Once they had decided to open their own hospitals, they raised the seed money by the more traditional means of establishing fee-paying schools. New buildings were impossible at first, so they converted old buildings in the geographical area in which they felt they were most needed. With little or no municipal financial support, they generated funds from within the constituencies they served. The sisters of St Dominic, which ran St Catherine's Hospital in Brooklyn, was an enclosed order. In order to undertake their mission, they extended the boundaries of the cloister to include the hospital. The Sisters of Charity were forbidden from treating boys, and therefore separated from the mother house in Maryland in order to respond to the Archbishop's plea to take over the running of the Roman Catholic Orphan Asylum. These were ingenious solutions to potential barriers to their mission.

Contemporary accounts praised the sisters for their selfless devotion, and this quality, allied to their vows of poverty (“we will live

with the poor and like the poor”), was the principal selling point for the hospitals when they were founded, and for much of their existence under the sisters' direction. The daily discipline of convent life was considered by some nurse leaders to mitigate against their being truly devoted nurses, but it was recognized that they offered excellent, reliable, service at minimum cost, and with none of the disciplinary problems that lay nurses could bring. The sisters were barred from studying medicine until the 1930s, and posed no threat to the male medical establishment. They asked little of the archdiocese, and claimed no miracle cures, the treatments on offer being thoroughly orthodox. They responded to developments, setting up nurse training schools in the early twentieth century, and erecting purpose-built hospitals for the demands of scientific medicine.

The author is more comfortable with the financial and administrative history of her selected institutions, although, without supplementary information, it is hard to digest the long list of donors and significant individual figures in the various hospitals. Tables or graphs would have made the financial details easier to comprehend, and a table giving the names, founding dates and religious affiliation of each institution would have helped in distinguishing those under consideration.

The title of the book, the first part of which is a quote from the *Catholic World* in 1868, implies that its focus is the Roman Catholic sisters who nursed New York Roman Catholics. This may have been the intention of the author, but the target is missed. The women themselves are absent, and so are their patients. One might assume that they nursed only Roman Catholics, but this seems not to have been the case. There is a one-page overview of patient diseases, but too much is either left unsaid, or merely hinted at. How did the hospitals get their patients? Most of the patients paid something towards their care, but there is scant consideration of the economics of sickness, or the class structure of patient admissions. There is a throwaway comment on page 42 that hospital patients

were rather like paupers, in that accepting institutional care was a shameful admission of failure to provide in times of sickness, but that there was “prestige” attached to being nursed by the sisters. This begs many questions, none of which are answered. Hospital rules (long the bugbear of patients and their families in the nineteenth and early twentieth century) are said to have been more acceptable in their establishments, as they were neither more nor less than those by which the nuns lived, but the evidence is missing. One hospital was close to the docks and therefore was effectively an accident and emergency facility, but we do not know the outcomes of treatment, nor the relationship between the institutions and the employers and unions. At one point, we are told that St Vincent’s hospital had an enormous number of patients suffering from alcoholism, but the fact is left hanging, and one longs to know more. What is one to make of the following, “The patient regulations at Seton Hospital, a tuberculosis hospital run by the Sisters of Charity where the patients were almost entirely charity cases, illustrate how the sisters attempted to maintain what they considered propriety, and demonstrate that class distinctions among patients and staff were not absent from Catholic institutions” (pp. 46–7). There is no account of the rules, no consideration of what was and was not propriety, and nothing on the class structure of the hospital, let alone the society it served.

Several important points are highlighted in the work. The first is that the sisters did not view hospital treatment as an end in itself, but as just one part of a mosaic of care for the bodies and souls of the disadvantaged in this city of immigrants. Death was part of this picture, and was not viewed as failure, but as the path to a higher life. In a world where fund-raisers competed on the basis of the statistics of success, this attitude must have been either refreshing, or contrary. The author does succeed in upsetting preconceived notions of what being a religious sister was in New York in this period. She presents an account of innovation, adaptability, patience, skill in

care-giving and financial administration—allied to a life choice that rejected materialism and self-advancement. As she concludes rather inelegantly, by the late twentieth century, “New York’s hospital sisters had accomplished quite a bit”.

We are left with the impression that this little book (just ninety-six pages when the long introduction, acknowledgements, footnotes and excellent bibliography are removed) is part of a much longer study. While there are flashes of great insight, and it is clearly the result of much diligent research in an impressive array of sources, it is also evident that the author has done a hatchet job on her original manuscript. It is a little like sitting down to a meal, and being served with just a morsel from each course. It is to be hoped that her next volume will provide the banquet for which this book is merely a taster.

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Cheryl Krasnick Warsh and Veronica Strong-Boag (eds), *Children’s health issues in historical perspective*, Waterloo, ON, Wilfrid Laurier University Press, 2005, pp. xi, 554, £21.50 (paperback 0-88920-474-8).

This extensive addition to the history of children’s health presents case studies from Canada, Vietnam, New Zealand, the US, and Australia. It contains five sections: politics, nutrition, racial and ethnic dimensions, experts, and institutions. Compared with current European trends within the field, two features in particular stand out: the strong emphasis on childhood diversity and the explicitly formulated theses on the impact of national political cultures upon health policies. Several chapters draw on comparative knowledge to situate national policies in an international context.

The editors argue that children have multiple identities and may have exerted power as well as experiencing oppression