

The Sisters of Bon Secours
in the
United States
1881-1981

A Century of Caring

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Written on the occasion
of the Centenary Celebration of Foundation
Sisters of Bon Secours
in the
United States of America

Sister Mary Cecilia O'Sullivan, C.B.S.

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TO THE SICK AND THE NEEDY
TO WHOM WE ARE SENT
TO SERVE

*“For I was hungry and you gave me food;
I was thirsty and you gave me drink;
I was a stranger and you made me welcome;
naked and you clothed me, sick and you visited me. . .”*

Matthew 25: 35-36

Acknowledgments

“How shall I make a return to the Lord
for all the good He has done for me? . . .
O Lord, I am your servant;
To you will I offer sacrifice of thanksgiving. . . .
My vows to the Lord I will pay in the presence
of all His people.”

Psalm 116: 12–18

I would like to take this occasion of expressing sincere gratitude to all who have contributed to the compilation and completion of this work.

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Preface

This is the story of the Sisters of Bon Secours in the United States, an international religious congregation founded for care of the sick, whose motherhouse is in Paris, France.

A brief account of the aim, origin, and early history of the congregation is recorded in order to give a composite picture of the sisters—their life and their mission—and thus place in its proper perspective the story of the congregation in the United States—a story of “kindly care,” including the part played by friends and benefactors who have helped the sisters all through the years.

The narrative moves from France to the United States in 1881 and chronicles the history of Bon Secours’ first foundation in Baltimore, Maryland. A short account of nursing in the United States in those days, and of prevailing socio-economic and sanitary conditions, is given to put the health care ministry of the Sisters of Bon Secours in its proper light. In this book the reader follows the sisters as they branch out from Baltimore to Washington, D.C. and to Detroit, Michigan, and to various foundations in other states: Pennsylvania, Massachusetts, New Jersey, Florida and Virginia. Then one sees how for over seven decades the institutional work of the sisters has continuously expanded.

It is recorded how in the early days the sisters endured many privations and inconveniences and worked long hours especially during epidemics of communicable diseases, foremost among them typhoid fever, and how several of the sisters themselves fell victim to the disease. In the wake of World War I, we learn how they rendered invaluable service during the pandemic influenza of 1918-1919, and later during the economic depression of the 1930s when they willingly shared their community resources with the depression poor, at the price of great personal and institutional sacrifice. During the succeeding years we see that the apos-

tolitic work of the sisters kept abreast of modern medical practice and was extended to meet new needs as they arose. In more recent years a description is given of the sisters reaching out again into the community in response to the call of the poor, to unmet health care needs in society, and to the urgent demands of social justice. It is described how they have changed with the times but have remained faithful to their original charism, and the cherished virtues which characterize Bon Secours: simplicity, availability, compassion, generosity, joy and courage.

I have endeavored to trace the lives of the Sisters of Bon Secours in the United States and recount their ministry of health care, as well as to interpret the transition from home nursing to institutional nursing, and in more recent times to outreach programs as well. I have told how their work has placed them among people of all levels in society bringing to them concerned caring and healing, without distinction or discrimination and above all the consoling message of God's love.

An account has been given of the painful years of "aggiornamento"—renewal and adaptation which followed in the wake of Vatican Council II—and of the latest developments in the life of the province and in the spiritual and apostolic life of the sisters. A description has been given of the new emphasis placed on the importance of carrying out the mission of Bon Secours in today's world in response to changing conditions and needs.

I have probed the lives and the works of the sisters who have gone before us in the United States province—an edifying experience, and I have touched the lives of the sisters still in our midst in a very special way, and this, too, has been spiritually enriching and rewarding. The data comprising this history has been gathered from published and unpublished materials; the sisters have been generous in sharing their lived experiences and other information with me. But the legacy that has been passed on can never be fully appreciated because much valuable material pertaining to the personal labors and experiences of the sisters was never recorded—except in the Book of Life.

The pioneer sisters sowed the seed; their successors nourished it and brought it to fruition, and the sisters of today move forward in faith to meet their commitment and the challenge of the future in the spirit of Bon Secours and in accord with the healing ministry of Christ.

Foreword

The foundation of the Congregation of the Sisters of Bon Secours of Paris was in response to a need existing in 1821—a dehumanization cried out for healing. The mission of the Sisters of Bon Secours, embodied in the charism and ministry of our foundress and first sisters, was a special gift to the Church. It made Christ present in the lives of people and in society to alleviate suffering and to bring them Christ's message of hope: There is a God who loves us.

The world today is still a body wounded and in need of healing—in need of restoration to wholeness. The Church today, exercising its prophetic role of announcing justice and denouncing injustice, is striving to help bring about this wholeness. The Sisters of Bon Secours have a great—a crucial—place in this process, because the Church's prophetic role is rooted in Christianity's deeper role, which is to heal and to liberate the heart. This is Bon Secours' work—to heal and make whole. Without the efforts of the Sisters of Bon Secours, Christianity, the Church, and Christ in our world is diminished.

Each religious congregation, through its foundress, receives the gift of an unique spirituality and charism. Each member of a religious congregation is a responsible bearer of that spirit and charism and is responsible for passing it on. To know a charism and spirit apart from the lived tradition requires knowledge of the lives and writings of those who came before us. This book is written to preserve some part of the lives and ministry of the Sisters of Bon Secours in the United States: their efforts to be faithful to the original spirit which animated the lives of our foundresses and first sisters and their efforts to be faithful servants in response to the needs of the Church and the world. It is written also to share with those whom we serve and those with whom we labor the spirit and charism of healing which is the "good help" of Bon Secours.

Sister Justine Cyr
Provincial

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Chapter I

Early History Paris, France

In the beginning of the nineteenth century, France was in a state of political, social, and religious upheaval that was already several centuries old. Class distinctions had played an ominous role. Prior to the French Revolution (1789-1799), much of France's traditional structure had weakened. Belief in Christianity became unfashionable and the rhetoric that influenced much of the nation, based on philosophic teachings by men such as Voltaire and Rousseau, specifically excluded religious concepts. Religious houses were suppressed, and church property was transferred from ecclesiastical to civil use.

Bishop John McCort, in a sermon commemorating the centennial of the Bon Secours foundation in 1924, reflected:

The era of Voltaire and the Encyclopedists had wrought great havoc in the church of France. The teachings of the philosophers of the seventeenth century had weakened faith in many souls and alienated and estranged them from the church of God. The faith of their fathers, the belief in Christ and in His teachings had become the butt of ridicule and contempt. The excesses of human society and oppression of the poor had made men, and women, too, all too willing to cast aside a teaching that rebuked and condemned their lives. Many abandoned the Church, denied its teachings, ridiculed its ministers, and it was only in the home that the saving lessons of religion could be brought to many hearts. The priest would not be admitted, nor was he welcome to the dying¹

The Dark Period of Nursing, which dated from the latter part of the 17th century to the middle of the 19th century, was not only felt in France.

During that period, the general level of nursing fell far below that of earlier periods. According to Adelaide Nutting and Lavinia Dock in their *History of Nursing*: "The hospitals of cities were like prisons, with bare, undecorated walls and little dark rooms, small windows where no sun could enter, and dismal wards where fifty or one hundred patients were crowded together, deprived of all comforts and even of necessities."¹²

The Paris hospitals were no exception to this state of general degradation. Again, Nutting and Dock said, "The Paris Academy in 1777 made a report upon the appalling death rate, which had first aroused the medical faculty to a sense that something was wrong, and this report exposed frightful conditions in the hospitals and made many suggestions for reform."¹³ However, it is apparent from the history of nursing that these reforms were long delayed; the Dark Period of Nursing was not yet at an end when the Sisters of Bon Secours began their ministrations to the sick in France.

Napoleon Bonaparte, who became First Consul of France in 1799, was anxious to restore internal peace to his country. In 1801, he opened negotiations for a concordat with Pope Pius VII. One of the most important and celebrated agreements in history, it assured peace to French Catholicism by in essence making it the official faith of France. The religious orders that the revolution had dispersed were reconstructed, many new ones were founded, and the civil constitution of the clergy—that had cost Louis XVI his head—was dissolved.

In this work of religious restoration, women played an important role. Although the task of most of the new and restored institutions was the instruction and education of youth, none was exclusively devoted to the care of the sick of all classes. Under the ministrations of the Sisters of Charity of St. Vincent de Paul, the sick poor were cared for, but these sisters were not allowed to stay in the homes of the sick overnight. For those of other classes, there was no special provision made to minister spiritual help or nursing care. Centuries earlier, Saint Francis de Sales had recognized the need for religious women in caring for both the poor and the sick, but at the time sisters with perpetual vows were barred from living outside the cloister. When the Sisters of Bon Secours began their nursing ministry in the 19th century—a wider departure from precedent than the Church had ever observed—their activities were considered a radical innovation; the Church had ever demanded that nightfall should find the sisters safe in the enclosure of the convent.

Of course, a break in tradition always means that conventional practice has been found wanting. As Bishop McCort said, "To nurse the sick in their own homes, to remain in those homes night and day, was an unheard of practice in the Catholic Church, but it is Her consistent

practice to conform Her discipline to the needs of the times”⁴ The Sisters of Bon Secours paid dearly for this conformity to the needs of the times, for they were looked upon with suspicion by even the holiest men in the Church and had to brave public opinion as well. But they proved by work and example that convent walls are not essential to the practice and spirit of religious life.

In 1821, Madame de Montale tried to organize a religious association specifically devoted to the sick of all classes in their homes. She gathered together a select group of young women chosen for their piety and nursing abilities. A wealthy lady, she procured for her little band of followers a residence in the Rue de Bac in Paris.* The first beginning was unsuccessful; she had thought herself capable of directing the new foundation without the safeguard of proper religious jurisdiction and her association eventually found that circumstances obliged it to disperse.

Her followers, dedicated to meeting the need which they saw existed, were undefeated and they reassembled soon afterwards in a modest lodging in the Rue Cassette, and there, under the eye of none but God, the cradle of the future Bon Secours institute was constituted. These women spontaneously placed themselves under the direction of Joséphine Potel, selected as the most capable of directing the group according to the spirit of God. The group sought to be recognized as a religious community, making their appeal to Father Desjardins, vicar general of Paris. Because of their previous failure under Madame de Montale, he at first treated them coldly; but in 1822, he finally presented their persistent pleas to Monsignor de Quélen, archbishop of Paris, who agreed to put the association on trial for one year. He confided the members to the care of Father de Pierre, pastor of the Church of St. Sulpice, and it was under this man that the sisters received the sound and durable religious instruction that throughout the years would form the foundation of the community.

The probationary year passed. During the next three months, Archbishop de Quélen listened to testimony from clergy and laity regarding the sisters and finally made up his mind. He not only took the congregation of sisters under the wing of the Church, but he named himself the group's founder.‡ On January 19, 1824, he provided the statutes that were to rule the new congregation.

The profession ceremony for the first 12 women was held on January 24, 1824, in the Lady Chapel of St. Sulpice in Paris, and it was there that the seeds of Bon Secours were sown. The archbishop placed the newly

*As stated in *Bon Secours Sisters in Ireland*, 24th January, 1974, 150th Anniversary of Foundation of Bon Secours Congregation.

‡In later years the archbishop loved to say that he considered the foundation of the Sisters of Bon Secours one of the most signal glories of his episcopate.

professed sisters under the invocation of Our Lady of Help Christians, with the title of the Sisters of Bon Secours. The 25-year-old Joséphine Potel, who received the name of Sister Marie Joseph, was appointed the first superior general by the archbishop. At a sign from the archbishop, the newly professed sisters kissed their mother general's hand and were embraced by her, epitomizing the warm interrelationship that has been the hallmark of Bon Secours.

Three words characterized the beginnings of Bon Secours: humility, poverty, and charity. Sometimes the sisters lacked the barest necessities of life, and their food was of the plainest. According to the *Abridged History of the Sisters of Bon Secours*, "when a sister came home, she took off her dress and gave it to another sister who was going to take her turn."⁵ Even though it was very poor and humble, the sisters loved to return to the convent because they could experience the happiness of being with their other sisters for a time.

Shortly after their profession, the first sisters left their lodgings in the Rue Cassette and rented a house in the Rue Notre Dame des Champs. The house provided better facilities for community living, but was scantily furnished and too small for the ever-increasing number of postulants. Mother Potel welcomed the newcomers with her only recorded words, "But my poor children, I have no beds for you!"⁶ Mattresses had to be placed on the floor until the sisters found another—and this time a larger—house at Number 7 Rue Cassette. Here they had their first chapel with official authorization for daily mass.

Soon, Mother Potel's health began to fail. Despite the skill of a notable physician and the devoted care of the sisters, she died May 6, 1826. Father Desjardins, who had been given charge of the new congregation, consulted Mother Potel and took the initial steps to obtain legal status for the congregation and its recognition by the French government. He asked Father Debrosse, a learned Jesuit, to draw up the constitutions based on the original statutes outlined by Archbishop de Quélen. Also, Mother Potel, with the advice of Father Desjardins, chose her successor, 33-year-old novice Angélique Geay (Sister St. Antoine). She had already shown proof of great ability as well as deep piety, but when asked by Father Desjardins to make a retreat and to prepare herself not only for her profession but for the role of superior, she at first contemplated leaving the congregation at the thought of the responsibility. She felt that, as a novice, she was still free to leave. At that time the community had increased to 28 professed sisters and 10 novices, and she knew her task of controlling the laxity that had crept into the community during Mother Potel's illness would be difficult. Finally, she accepted what was God's

will and made her retreat; she made her profession on May 5, 1826, the day before Mother Potel's death. On May 9, she was appointed second superior general by Fathers Desjardins and de Pierre and was given the name Mother Marie Joseph—which name was taken by successive superior generals for many years.*

To this day, Mère Geay is honored as the great organizer of the young congregation. Working with Father Desjardins, she obtained for it the legal guarantee that would secure its future. On January 15, 1827, the congregation of the Sisters of Bon Secours of Paris, the first sisterhood established in France exclusively for nursing the sick, was recognized by the civil government of France, a government that had long been opposed to religious organizations that reminded it of the old regime and aristocracy.

The concordat of 1801, which restored peace to French Catholicism, could not entirely prevent future revolution. Social upheavals continued, and so did physical hardships. Disease—especially choleric outbreaks—swept through France, afflicting all classes of people. These circumstances were largely responsible for Bon Secours' devotion to helping the poor; during these periods of social crises Mère Geay often was heard to say, "What shall we do for the poor? It is for the poor I am concerned."⁷

During the early years of her administration, Mère Geay bought a larger house in Rue Notre Dame des Champs—just across the street from the sisters' previous dwelling and once the Hôtel de Pons. The same energy she offered to the poor and the sick was found in her efforts to provide for the welfare of the sisters. The property had a large garden and plenty of space for expansion, which was to prove important in later years. Still the motherhouse, it is now also the provincial house of the Bon Secours sisters in France.

Because Mère Geay had friends among both the rich and poor, several of the former helped her clear the debt on the new property. Mère Geay, always anxious to foster the spirit of poverty among the sisters, wished only the best for God's temple, the chapel. She said, in a sentence that is still very much remembered in the congregation, "All my ambition is that we should be poor in everything, but that God should be treated as God."⁸ When she had paid off the debt on the new convent, she wished to erect a chapel adjoining it as a fitting monument for the worship of God. In May of 1843, the cornerstone for the new chapel was blessed by

*This custom, of honoring the memory of the foundress and first superior general, was a tradition followed by all succeeding superior generals until recent years. Late in the 1950s, a decision was made that superior generals retain their own religious names to avoid confusion in legal and other matters.

Archbishop Affre, successor to Archbishop de Quélen who died in 1839.* Eighteen months later, on October 9, 1844, the chapel was solemnly consecrated. It still ranks among the most beautiful of Gothic style structures in Paris.

The sisters' lives of dedicated service soon bore fruit and as their work became known, they received requests for their services from many parts of Paris and outlying towns. Many demands were made on Mère Geay to send her sisters to new areas. Trying not to spread their services too thin, and with an eye to preserving the pristine spirit of the congregation, she assisted in the founding of other communities. She often sent out two or three sisters who stayed long enough in a town to train a group of women in the spirit and practice of religious life and the duties of a nursing sister. Frequently, these new communities took the name of Bon Secours—two of these, the Sisters of Bon Secours of Lyons and the Bon Secours of Chartres, still exist.

The sisters were welcomed into the homes of the sick, both rich and poor alike. These were the days when the rich would not go to hospitals where such appalling conditions existed and when the poor sought hospitals only as a last unavoidable resort. That the work of the congregation met a great need of the people is shown by the fact that during the cholera of 1832, *L'Ami de la Religion* on April 19, 1832, stated that: "The Nursing Sisters of the Rue Notre Dame des Champs are unable to answer to the calls made upon them. . . . they are all, even the novices, busy night and day. And they are unwearied in their care of the poor of the neighborhood; to them they never refuse anything."⁹

For the remainder of the 1830s and until another revolution erupted in France in 1848, the sisters continued their work and established new foundations. During the revolution of 1848, they cared for the wounded in the streets of Paris and in the former palace of the exiled king, Louis Philippe. The palace had been transformed into a temporary hospital to avoid destruction by revolutionaries. Here the sisters worked for six months, nursing the wounded and preparing the way for priests to reach the dying. An eyewitness wrote: "Under these deplorable circumstances it required great moral strength and a deep sense of religion to act as these good Sisters did."¹⁰ The sisters were later able to say that not one of the wounded confided to their care had died without the grace of God.

In 1859, a Bon Secours sister happened to accompany a patient on a visit to the village of Ars. While there, the sister asked the saintly curé, Father

*Archbishop de Quélen sent for the sisters to care for him in his last illness, saying, "My sisters, give me your 'Bon Secours.'" It was during this illness that the archbishop recommended the sisters wear as part of their habit the "little white cuffs," because he thought the addition of white linen more pleasant to the sick.

John Vianney [Curé d'Ars], for his blessing on the congregation and especially for the superior general. He said, "She is a saint, yes, she is a saint; you will not have her long with you now, because she is ripe for heaven."¹¹ Mère Geay, as well, was to prophesy her own death. In April of 1860, before leaving Paris to visit one of her foundations, her last exhortation to her sisters was: "Love one another. . . I shall embrace you now for on my return I shall be unable to do so."¹² While on her visitation at Abbeville, she became seriously ill. Before she died on April 27, 1860, she bestowed her blessing on the entire congregation, saying: "With all my heart I bless you all, those of the present and those of the future."¹³ She had governed Bon Secours for 34 years. The secret of her power was a firmness tempered by kindness and a heart open to all suffering. She was instrumental in instilling in the congregation that spirit of detachment, simplicity, zeal, and charity that became its unique hallmark.

During the Franco-Prussian War of 1870,* the sisters served on the battlefields and in temporary hospitals, even taking wounded men into their convents; the sisters also served during the communistic reign of terror of 1871. During that time, Archbishop Darboy of Paris, many priests, and other religious persons were executed, but the Bon Secours sisters were unmolested. They had cared for people of all classes and political views, from local townspeople to leaders of the Church and State, among them King Louis Phillippe himself in his last illness.

In his paper prepared for the International Congress of Charities, Correction and Philanthropy held in Chicago, 1893, Professor Leon LeFort, surgeon at the Hôtel Dieu, Paris, gave an insight into the state of nursing in France in the latter half of the nineteenth century. Among other things, he stated that the laicization of hospitals was a deplorable measure, for the spirit that inspired it meant only to banish religion from the hospitals. But even taking the care of the sick in hospitals out of the jurisdiction of religious did not encroach on the work of the Sisters of Bon Secours. Engaged in private nursing in the homes of patients, they were unhampered in their work and were able to fulfill the dual purpose of their apostolate, which was, "Nursing the sick in their own homes with the hope that the corporal works of mercy might be a preparation for the higher spiritual work of healing souls."¹⁴ Having won the respect of the government, they were not in danger of being suppressed.

In addition to the approval of the government it was important to the sisters to have the approbation of the Holy See. Mère Geay had expressed a great wish for this approbation but was advised to wait because of the

*During the cholera epidemic which was to follow the Franco-Prussian War, in addition to going out to care for victims of the cholera, the sisters used their convents—and even the motherhouse—to house the sick.

unusual nature of the vocation of the Sisters of Bon Secours. In January of 1864, Mother Sainte Cécile, the third superior general, had felt the time had come to apply for it; and with the advice and support of Archbishop Darboy of Paris, and many other high ranking prelates and clergy, she petitioned the Holy See for approval of the congregation. On July 1st of the same year, the congregation received its first Brief of Commendation from the Church under Pope Pius IX. On the 50th anniversary of the congregation on January 24, 1874, the superior general made an appeal to the Holy See to obtain final approbation. The sisters were again supported in their appeal by many archbishops, bishops and priests and most especially by the Marist Fathers, one of whom had prepared the documents which were to be sent to Rome and another of whom undertook to represent the congregation before the Holy See. The sisters' lives and work were themselves witnesses to their cause. After more than 50 years of trial the seal of approbation was given. In June 1875, the congregation received a Definitive Decree of Approbation from Pope Pius IX. This news was received with great joy for it meant that further stability and recognition had been achieved.

One more step had to be achieved for the approbation of the constitutions. A temporary canonical approbation of these was obtained on March 9, 1877, while Pope Pius IX was still the ruling Pontiff. Rome moves slowly and it was not until July 4, 1933, that the Holy See definitively approved and confirmed the constitutions. This was during the Pontificate of Pius XI. In the intervening years three other popes had ruled and Europe had witnessed many upheavals culminating in World War I.

Since the year 1824, the congregation of Bon Secours has spread throughout France and other countries. The first foundation made outside of France was in Dublin, Ireland on May 6, 1861, and since that time houses have been established in various parts of Ireland. The Irish province currently has a flourishing mission in Peru, South America. The sisters went to England in August 1870, and amid many hardships the first house of the congregation was opened in London. Other houses have since been opened in England, particularly in the south. In later years a foundation was made in Scotland which forms part of the English province.

Chapter II

The Beginnings Baltimore, Maryland

There is a variety of opinion as to what hospital and what school of nursing can lay claim to priority of existence in the United States. Two of the oldest well-known hospitals are the Philadelphia Almshouse, later known as Blockley Hospital, and Bellevue Hospital in New York. Blockley and Bellevue were founded in 1658 and 1730 respectively. The nursing conditions in these two hospitals were scandalously poor up to the latter part of the 19th century. The Pennsylvania Hospital received its charter in 1751, and in character and treatment was more exemplary than Blockley and Bellevue, as was also New York Hospital, which received its charter in 1771. It was in this latter hospital that some believe Doctor Valentine Seaman organized in 1798 the first regular training school for nurses in the United States.

However, according to Nutting and Dock's *History of Nursing* (Putnam, 1935), the organized system of nursing now prevailing in the United States dates from 1871. The New England Hospital for Women and Children was reorganized in 1872 and has been recognized as the first modern school of nursing in America. It was from that school that Linda Richards, known as the first trained nurse in the United States, received her certificate in 1873. The course of training at that time was but one year.

That same year, three other important training schools were established. These were at Bellevue Hospital in New York, New Haven Hospital in Connecticut, and Massachusetts General Hospital in Boston. Succeeding years saw the establishment of organized schools in all parts of the United States, and the years 1873 to 1895 became years of active

renovation in hospitals. The pioneer nurses found themselves contending with dirt and disorder, vermin and infection, coarseness and vulgarity, and immorality.

In 1880, the year previous to the arrival of the Sisters of Bon Secours, there were 15 training schools in America with a total of 323 pupils. This included hospitals for the mentally ill where training schools had been opened. It is probable that at the time there were no trained nurses, in the modern sense of the words, in the city of Baltimore, for none of the 15 training schools mentioned above were located in that city. However, there were several hospitals there—some under lay auspices and others under the auspices of various religious denominations. The oldest of these hospitals is Baltimore City Hospital, which was established in 1776 or 1777. The other early hospitals of Baltimore in the order of their establishment are University Hospital (1823), The Union Memorial Hospital (1854), The Church Home and Hospital (1858), Saint Agnes Hospital (1862), St. Joseph's Hospital (1864), Sinai Hospital (1868), and Mercy Hospital (1874).

In those early days, the Sisters of Bon Secours could not be called professionally trained nurses either in the modern sense of the words. Nursing instruction and a practical training were given to them at the motherhouse in Paris. The young sisters accompanied experienced sisters on their excursions to care for the sick and in this way acquired clinical practice under supervision. The sisters also obtained clinical experience by taking care of sick sisters in the infirmary. This experience was further supplemented by helpful advice and instruction given by the attending physicians. In the settings of both private homes and the convent, individual tutoring thus became very meaningful and personal.

Mother St. Urban, who spent the first five years of her nursing career in London (1881-1886), was trained in this manner. Years later, for her work in the United States, she was awarded the distinguished Service Cross of the Catholic Hospital Association of the United States and Canada. Beginning in 1906, the sisters were given formal instruction, training, and nursing experience in St. Joseph's Hospital, Paris, which was under the management of the Sisters of Charity of St. Vincent de Paul.

The first two accredited schools of nursing in Baltimore were opened in the year 1889—eight years after the Sisters of Bon Secours began their work in the United States. One of these was at the University Hospital and the other at the Johns Hopkins Hospital. In this year, the Johns Hopkins Hospital itself was opened. After the establishment of these pioneer schools of nursing in Baltimore, others followed in quick succession, among them the schools of the three Catholic hospitals of the city: St. Agnes (1898), Mercy (1899), and St. Joseph's (1901).

An article written in the *Trained Nurse* in December of 1889 gives a clear

insight into the duties of a nurse of that period in the United States. A trained nurse, it said,

Must possess some knowledge of Elementary Anatomy and Physiology. She must understand the best methods of keeping a ward or sickroom clean and healthy, by sweeping, dusting, polishing, ventilating, warming, etc. She must understand the various methods of making a bed for medical and surgical cases, and of changing sheets, etc. She must know the best and least exhausting way of keeping a patient in a cleanly condition, and how to prevent or dress a bed sore. She must be skillful in undressing sick and injured persons, and must be able to bandage, pad splints, etc., and prepare and apply all dressings. She must know how to prepare and apply all poultices, fomentations, hot bags and bottles, blisters, lotions, leeches, ice bags, evaporating lotions, and wet packs, and prepare for cupping. Also how to give baths, hot, cold, hot air, and vapor, as regulated by the thermometer. She must understand the use of the clinical thermometer, and how to keep a chart, and record the rate of the pulse and respirations correctly. She must know the various ways of administering food, medicine, and stimulants, and know by heart the tables of weights and measures. She must be able to use quickly and correctly the various syringes and female catheters and must know the quantities generally given in enemata and injections of all kinds. She must have practical knowledge of the various systems of disinfecting patient's clothes and rooms, and keeping utensils and instruments thoroughly clean. She should possess some knowledge of cooking for the sick, and how to prepare beef-tea and jelly, chicken and mutton broth, arrow-root, cocoa, whey, egg-flip and milk puddings and also has to peptonise food.¹

Instructive Visiting Nurse Associations and Public Health Nursing Agencies were not yet organized when the Sisters of Bon Secours began their work as private-duty nurses in the homes of both rich and poor in the City of Baltimore. Neither had the Lutheran Deaconesses begun their work there. The Sisters of Bon Secours were the first society of Visiting Nurses in the United States. They preceded by 15 years visiting nursing in Baltimore, and by 6 years visiting nurses in Philadelphia and Boston. They antedated all forms of public health nursing as well as organized private-duty nursing in the homes of patients. The term "public health nurse" as we know it today was first used in 1895 when two nurses, Lillian Wald and Mary Brewster, who founded the Henry Street Settlement in New York, emphasized the community value of this type of nursing. This was the beginning of social- and community-oriented nursing in America. The first Instructive Visiting Nurse Association in Baltimore was incorporated in 1896, after the Lutheran Deaconess Motherhouse and Training School in Baltimore opened the year before, incorporating in 1898. Nurses from the Deaconess Home visited the sick, and sisters in training visited and relieved the poor and the sick.

It was at the request of Archbishop Gibbons that the first Sisters of Bon Secours came to the United States in 1881. But the first contact that Americans had with the sisters was not in the United States. In 1870, two United States citizens, Mr. and Mrs. Whedbe, were on their honeymoon in Paris. While there, Mrs. Whedbe became seriously ill, and her frantic husband did not know where to turn for help. He asked the doctor if he could procure an English-speaking nurse for his wife. A Bon Secours sister was sent to nurse the patient who was in a Paris hotel. This was Irish-born Sister Matilda, who was both capable and comforting. Soon Mrs. Whedbe was restored to health. She and her husband were deeply grateful to Sister Matilda and greatly impressed by her work and kindness. This sister was the instrument chosen by God to make known the work of the Congregation to the people of the United States. Mr. Whedbe was a member of a prominent Baltimorean family. His bride was from North Carolina and well known to Bishop Gibbons when he was Vicar Apostolic in that state. (When consecrated in 1868, Bishop James Gibbons, at the age of 33, was the youngest bishop in the world.)

The Whedbes made known to several doctors in Baltimore the work of the Sisters of Bon Secours in France. Not long afterwards, Bishop Gibbons was made Archbishop of Baltimore. The Whedbes and a group of physicians urged the archbishop to secure Bon Secours sisters for his archdiocese; the archbishop promised that he would ask for a foundation.

In 1880, Archbishop Gibbons made his first *Ad Limina* visit to Rome to His Holiness Pope Leo XIII. That is the periodic visit Rome requires of each residential bishop. On his way to Rome, Archbishop Gibbons stopped at the motherhouse of the Sisters of Bon Secours in Paris. He went to make a personal request of the Superior General, Mother St. Fulgence, for a foundation of the congregation in his episcopal city of Baltimore. Nothing definite was arranged at that time; Mother St. Fulgence asked time for reflection. But the visit received publicity in the *Baltimore Sun*, on September 23, 1880, as follows:

During his visit to Paris Archbishop Gibbons called on the Bon Secours, a charitable order of nurses in that city, with a view to establishing a like order in Baltimore. The Sisters, . . . instead of taking the sick to their house and making a hospital of it, go to the homes of those in need of nursing, and remain there. The Archbishop intends to do all he can to establish the order in the city.

One of Archbishop Gibbon's flock, Mrs. John Small, was also in Paris at the time the archbishop visited the motherhouse and she went to pay her respects to him. Before coming to Baltimore, she had lived in Cork, Ireland, and was acquainted with the work of the Sisters of Bon Secours there. She was also anxious to bring the members of the congregation to

Baltimore and offered to care for the sisters in her own home until they could secure a suitable convent. Mrs. Small was a wealthy lady, a childless widow, who had devoted her life to good works; when she lost her husband, her home became too large for herself.

On October 21, 1880, Archbishop Gibbons wrote to Mother St. Fulgence with news of the offer: "I have the pleasure of informing you that everything is ready to receive your Sisters; Mrs. Small has prepared her house and collected the money which you will need. I would be grateful for knowing when we can hope to see your daughters in Baltimore. . . ."2 The money that had been collected was about a thousand dollars, a substantial sum in that year.

In response, Mother St. Fulgence asked for a few months' delay and made further inquiries as to their promised home—especially in relation to the cloister. The reply came:

Mrs. Small has put her house at the disposition of your daughters for two years, thus allowing them all the time necessary to procure a definite abode for themselves. . . . This lady has reserved for herself an apartment in her own home; but this will not inconvenience the religious in the least. As a matter of fact, the house has two entrances and two stairways completely independent of each other. . . .

I will tell you again that several communities have offered us their services, my preferences are for your Congregation. I greatly desire you to make a foundation in my episcopal city, and I hope that you will be able to satisfy this desire. In case you are not able to do so, I will accept the offers which have been made to me by other communites.³

When this letter was presented to the General Council, a decision was made in favor of the foundation as they wished to respond to this need. It was agreed that in the spring sisters would be sent to open the new foundation in Baltimore and Mother St. Fulgence wrote Archbishop Gibbons:

Having read your letter to my Council and having prayed and reflected with them on the matter, I have the honor of informing Your Excellency, that a few of our Sisters, happy to answer your appeal, will leave for Baltimore in the near future. There they will prepare the house, which has been offered to us, according to our Customs. This will eliminate the need for us to bring from Europe those things which we could easily procure in the United States. . . .

When our Sisters' departure date is decided upon, I shall inform Your Excellency; however, I do not believe that it can be sooner than the end of April.⁴

Finally, on May 1, 1881, Mother St. Fulgence wrote to Archbishop Gibbons:

At last I am able to respond to Your Excellency's desire, and announce to you that three of our Sisters will embark from Queenstown on May 8, sailing for New York on the *Parthia*. We hope that under the protection of the Immaculate Virgin Star of the Sea, they will be in Baltimore about the 18th. . . .

We are placing this new community under the patronage of Our Mother, and principal patroness, Our Lady Help of Christians; and since her feast occurs on May 24, we shall date our first foundation in America from that day. So in order that God will bless and accept it, we earnestly ask Your Excellency's permission that the Holy Sacrifice of the Mass be celebrated, on that same day, in the little oratory that will have been prepared for this purpose.⁵

A decision had been made; the next step was the selection of the sisters who were to be the founders. A strong and durable foundation would depend on them. Mother St. Fulgence, after many prayers and the prayers of her sisters, chose two French sisters working in Ireland and England who possessed, along with other qualifications, the ability to speak English—they were Sister St. Ferdinand from the London convent and Sister St. Flavie from the convent in Dublin. Mother St. Domitille, superior of the convent in Dublin, was delegated to accompany them to Baltimore, and to remain a short time to direct and assist them.

Sister St. Ferdinand, the greater part of her religious life spent in Ireland and in England, wrote promptly to Mother St. Fulgence when she received her appointment: "I want to send you this very day my *fiat* Yes, it is indeed a real sacrifice but I belong above all to God and to the Congregation, and you may be sure that I shall answer faithfully to the fresh token of confidence you give me Of course I am sorry to leave London, . . . but the Lord calls me elsewhere, *Fiat!*"⁶ In a later letter, closer to the time of departure, Sister St. Ferdinand gave a deeper insight into her feelings: "So many thoughts fill my heart, now that I am about to leave Europe and all those I love, for this distant land. . . . but I trust in God So I am setting out, feeling happy to do His will, and committing myself anew into the hands of His Divine Providence."⁷ Her health undermined by an earlier serious illness, Sister St. Ferdinand may have sensed she was leaving her sisters, her homeland and her loved ones forever.

From Dublin, Sister St. Flavie wrote to Mother St. Fulgence of her acceptance:

I cannot tell you how astonished I was, dear Mother, when I read your letter, which tells me of the sacrifice you ask. Above all I wonder that your choice should have fallen upon me for such a momentous work. It is true that it often pleases God to choose the most feeble, in order to confound proud and haughty minds; still I am far from being a foundation stone, especially in a country where we shall be the first Religious to exercise such a ministry. But, after all, my will is God's will⁸

The pioneer sisters met at Cork with Mother St. Domitille and spent a few days there preparing for their departure for America. All the members of the congregation had received an appeal from Mother St. Fulgence to pray for the safety of the travelers and for the success of their mission. Mother St. Fulgence also gave them details of the proposed voyage and the subsequent trip by railway to Baltimore. She enclosed an article from a Baltimore newspaper telling how the sisters' arrival was anticipated there and also how proficient the sisters were in caring for the sick. Mother St. Fulgence doubtless appreciated all this favorable publicity, but the spiritual nature of the Bon Secours' apostolate was of prime importance to her and to all the sisters. She wrote to them: "But pray especially that the Lord may bless this first foundation in the New World, and that it may become for our Congregation the means of winning many souls to God and thus extending His Kingdom."⁹

Before the sisters arrived in Baltimore, this is what a local newspaper (name and date not preserved) had already published.

A letter addressed to Archbishop Gibbons brings tidings that some Religious of Bon Secours, belonging to a community of nursing Sisters, well known and much esteemed in France, will soon leave Paris, and will arrive at Baltimore during the month of May. A lodging, situated at the S.E. corner of MacCollough Street and Hoffmann Street, has been made ready for them by the kindness of Mrs. Small to whom it belongs.

These religious are not coming to take charge of a hospital nor to establish one, but they will go wherever their services are required for the care of the sick, in which work they excel, being accustomed to it and having had very much experience. . . they spend, when it is considered necessary, day and night at the bedside of the sick. We therefore give them a hearty welcome.

The final preparations for departure were made in Cork. The superior of the Cork convent visited the local shops to secure some items for the new foundation. Among the purchases were a brass crucifix and candlesticks and, at the request of Mother St. Fulgence, a beautiful statue of Our Lady Help of Christians. This was to be placed in the chapel of Mrs. Small's house, so that our Lady of Bon Secours could take possession of the new convent from the beginning and be the mistress of the house. This statue has been reverently preserved through the years and still holds a place of honor in the Bon Secours Provincial House in Marriottsville, Maryland. Mother St. Fulgence had prepared with her own hands the sacred vessels, vestments, altar linens, and other necessities to be used for the Sacrifice of the Mass when the sisters arrived in Baltimore. These were all gifts from various convents of the congregation, as all the sisters were anxious to contribute to the new foundation.

Sunday, May 8, 1881, dawned clear and sunny. The founding sisters found comfort in the warm rays of the sun as they said a sad good-bye to

the sisters in Cork, three sisters accompanying them as far as Queenstown. In the afternoon they boarded the steamer *Parthia* for New York. According to a copy of the passenger list, or manifest, of the *S. S. Parthia* in the archives of the Provincial House at Marriottsville, Maryland, there was a total of 1,093 passengers making the voyage to America. A breakdown of the list shows there were 42 cabin passengers, including a clergyman, and 1,051 steerage passengers. The ship weighed 2,035 tons. One could gather that it was not a very pretentious ship.

The *S. S. Parthia* set sail from Liverpool, England. The voyage was uneventful except the sisters, who were cabin passengers, were very much tried by sea sickness. No information is available as to whether the clergyman on board was a priest or whether they had mass. The life-sized statue of Our Lady Help of Christians, which accompanied the sisters across the ocean, was a tangible link with Bon Secours everywhere, and this was comforting to them. The sisters no doubt were grateful for a cabin but felt keenly the lot of the majority of the passengers who were obliged to travel steerage. The *Parthia* sailed into the port of New York at five o'clock in the afternoon of May 18. Sister St. Flavie carried the box which contained the sacred vessels and vestments. She guarded it with anxious and jealous care and, as she passed through customs, one of the officers looked suspiciously at the ornate box. Sister St. Flavie afterwards remarked: "I carried the box without fear and the officer was such a gentleman he never asked what it contained."¹⁰

On the evening of their arrival in New York, the sisters had supper in the restaurant of the railroad station. Sister St. Flavie recalled: "We were served by real black men. . . they were so respectful, and when Mother gave them a tip they bowed very low."¹¹ The sisters, though tired, were anxious to complete their journey, and they boarded the train that night for Baltimore. No words have been recorded about this trip. As day was breaking on May 19, they reached Baltimore. They were met at the station by Mrs. Small's coachman, and as the carriage pulled up at the main entrance to her home, Mrs. Small was at the top of the steps, waiting to give them a warm and gracious welcome. With her was a group of ladies who had supplied furniture, bed linens, and money for the new foundation. All was in readiness. Archbishop Gibbons was away on a Confirmation tour, but the vicar general, Father McColghan, and the superior of St. Mary's Seminary, Father Alphonse Magnien, welcomed them to Baltimore in the name of the archbishop. Father Magnien, a native of France and a Sulpician, knew the Bon Secours sisters well. He afterwards watched over their welfare and their work with an ever-increasing interest and affection. Thus began a friendship which lasted until his death in 1902.

Though the sisters were fatigued from their long journey and the emotion of separation from loved ones and familiar places, one of their uppermost thoughts was to visit the Blessed Sacrament in the local parish church to offer prayers of thanksgiving and intercession to God. Mrs. Small's house was in the parish of the Immaculate Conception, and after a brief rest, the sisters paid a visit to the church and asked God's blessing on themselves, the work they were about to begin, and on the sisters who would carry on their work.

The morning after their arrival, the *Baltimore Sun* welcomed them:

Three Sisters of the order of "Bon Secours," anxiously expected in Baltimore for some time, arrived early yesterday morning, having reached New York the night before, on the steamer *Parthia*, of the Cunard Line, after a trip of eleven days from Queenstown. . . . With the exception of occasional fogs, they had not a bad crossing. . . . They will immediately begin to prepare and make all necessary arrangements for the installation and reception of three other Sisters who are to join them in a short time. Thus will be established the first foundation of the "Soeurs du Bon Secours" in America. The object of the order is particularly the care of the sick of all denominations suffering from diseases of any character, whether infectious, contagious or innocuous. . . .

The punctuality and thoroughness with which they carry out the orders of the physician at all times, day and night, make no little difference in the chances of recovery of the cases submitted to their nursing; they are now at the house of their praiseworthy hostess, awaiting the call of those who may need their experience and services, without money and without price.¹²

The days immediately following the sisters' arrival at Mrs. Small's house were busy ones. The sisters were tired from their journey and, not being used to the Baltimore climate, they found the heat very oppressive. But they proceeded with preparations for their Foundation Day on May 24. That patronal feast was only a few days away, and they needed to have everything in readiness for their official inauguration with Holy Mass.

In addition to settling down in their new home and arranging everything in the house according to their customs, they had above all to prepare a chapel. In a few days, they had embellished Mrs. Small's parlor with all the beautiful things brought with them from Europe, and the statue of Our Lady Help of Christians was enthroned in a place of honor. Like Mère Geay, they wanted to be poor in everything, but they wanted God to be treated as God—the clothes they wore were their only worldly possessions, but their chapel was richly adorned. Mother St. Domitille wrote to Mother St. Fulgence: "You would be delighted with our little

Convent, because you love all that breathes holy poverty! And we are so glad to be poor!"¹³ But a few weeks later, writing of the chapel she said: "Everyone wonders at the many and beautiful things we have for our oratory, and we are both happy and proud to reply: 'It all comes from our Mother House and the communities of Bon Secours, who wished to send a loving remembrance to the last-born of the family.'" ¹⁴

On the morning of Tuesday, May 24, the first mass was celebrated in their chapel by Father George Devine from the Basilica of the Assumption of the Blessed Virgin Mary, and the Blessed Sacrament was reserved. As they prayed in their new chapel, the loneliness of exile left the sisters' hearts. Mother St. Domitille wrote: "We have Him at last among us; up to this time we had felt in want of *everything*, because He who was everything to us was not with us by His Real Presence."¹⁵

When Archbishop Gibbons returned from the Confirmation tour that had prevented him from greeting the sisters, Mother St. Domitille called upon him to receive his blessing for herself and the sisters. A few days later, accompanied by Father Magnien, the archbishop came to see them and expressed his gratification at their presence in his archdiocese. He told the sisters that their constitutions were made of wise and holy rules, and he outlined a plan according to which they might remain faithful to the spirit of the congregation and at the same time have a proper regard for the manners and customs of the American people.

On the morning of June 20, the archbishop returned again with Father Magnien, and he gave the sisters the great joy of celebrating mass in their little chapel. Sister Flavie recalled well that happy morning, the privilege of cooking the breakfast, and how they all met in Mrs. Small's dining room. The archbishop addressed them on the beauty of their apostolate, and gave them words of encouragement and advice. He also said: "Never will you be nearer God than when you will have alleviated the pains of others, never will you be more truly the children of the Father who is in heaven than when you have given sunshine to hearts darkened by affliction."¹⁶

The formation of a new parish, Corpus Christi, placed the residence of Mrs. Small beyond the limits of the parish of the Immaculate Conception. Its founder and first pastor was Father Starr, who began his ministry in a rented hall on Bolton Street. There the sisters attended daily mass, except on special occasions when they held it in their own chapel.

The sisters were beginning their ministry at the height of the Industrial Revolution. Until a few years before, there were few new mechanical inventions; people were still using the appliances that had been in use at the time of the pharaohs. Suddenly, a series of inventions made in England beginning about 1760 completely revolutionized existing

methods of industry. Greater and more far-reaching mechanical changes occurred in the next few decades than in all prior world history. The factory system supplanted the domestic system and, by 1880, this became known as the Industrial Revolution.

By 1881, Baltimore had re-established trade with the South and had recovered from the worst effects of the Civil War. Old businesses expanded, and new industry was initiated. Big business attracted masses of workers into the cities, where they lived in poor areas, were underpaid, were poorly educated, and heard little of God. Hope of prosperity brought immigrants in great numbers to Baltimore and they settled in ethnic groups in the east part of the city. Sanitary conditions in America's cities were very poor, and Baltimore was no exception. Increasing population and primitive sanitation were among the causes of the rampant epidemics that plagued the city. In addition, it was not unusual for the cities of the 19th century, with steam pumps at their disposal, to use the water source nearest at hand, though it was the same river into which they dumped sewage. Such practices led to the great typhoid epidemics of the 19th and early 20th centuries. It was not until the beginning of the 20th century that American cities began to filter their water supplies. By the beginning of World War I, the fight for pure water in the cities was practically over, though typhoid fever was still common in rural regions with a low standard of living.

Diphtheria and scarlet fever were also prevalent and were considered acts of Providence by many poor people. They had little awareness that improved living conditions could remedy the situation. Again, it was not until the beginning of the 20th century that people became convinced that milk should be not only clean of dirt, but also free from disease-producing bacteria. With increased knowledge, the incidence of diphtheria and scarlet fever also decreased. This was the 1881 American milieu in which the Sisters of Bon Secours found themselves.

They had come to the United States to give nursing care to all classes of people, rich and poor alike, and to all races, nationalities, and creeds. Ironically, however, the first recorded care was given to a French woman. In writing to Mother St. Fulgence on May 24, 1881, Mother St. Domitille tells, among many other things, that Sister St. Flavie was already busy ministering to a patient and bringing her spiritual comfort. Sister St. Flavie had been called to nurse a young compatriot who was teaching in a boarding school. The young woman was at the point of abandoning her faith. Sister St. Flavie, ever mindful that the ministry of the Sisters of Bon Secours is "one of zeal and charity for the relief of the body and especially for the salvation of souls,"¹⁷ succeeded in bringing to this patient relief of body and peace of soul.

From the very beginning of their work in Baltimore, the sisters were greatly in demand. Their first calls came mostly from the poor and the sisters looked upon this fact as a distinct blessing from God. Mother St. Domitille, having only two sisters to send out to the sick, was deeply grieved by their inability to help all who sought assistance, for many times a day she was forced to deny help to even the most urgent cases. She pleaded with Mother St. Fulgence to send more sisters as soon as possible and on July 4, three more arrived in New York, two from France and one from Dublin. So great were the demands for the sisters that without a day's rest after their arrival in Baltimore they were sent out to the poor and the sick. Mother St. Domitille would not let a call for help go unanswered if there was a sister available.

When a call came for help, religion was not questioned. Among the first calls was one to the daughter of a Protestant minister. She had contracted a very severe case of typhoid fever. The girl recovered, and the minister and his family became good friends of the sisters. The abridged history of the congregation also relates that, on the very day of Mother St. Domitille's departure for Europe (August 31, 1881) a priest of a neighboring parish came to ask for a sister to take care of a poor Protestant family in his parish who was living on charity. The four children had scarlet fever and the mother herself was too ill to take care of them. Sister Angelina, who had arrived with the second group of sisters on July 4, was sent to take care of the family. She nursed them day and night for many weeks. According to Father Hayes' history of the Bon Secours, they were simple, country folk, and very religious. They knew nothing of the Catholic Church and had never seen a Catholic sister. When Sister came in her religious habit, with her gentle ways and loving care, they thought her an angel, as her name implied. Imagine her amusement when she asked for something to eat, and they asked in amazement, "Sister, do you eat?"¹⁸

Sister St. Ferdinand loved her work at the bedside of the sick, and like Mère Geay, she had hoped to spend her life alleviating the sufferings of others. This hope was not to be fulfilled, for she was very soon asked to assume the role of superior of the Baltimore community. Mother St. Domitille, whose mission had been to remain in Baltimore until the sisters' work was well established, was about to return to France before resuming her post of superior of the Dublin convent. In submission to God's will, and in a spirit of sacrifice and generosity, Sister St. Ferdinand accepted her new appointment, even though this charge went against her humble nature. All the sisters were present in the little chapel in Mrs. Small's house when she was installed as the first superior of the Baltimore community by Archbishop Gibbons on August 26, 1881. On August 31, Mother St. Domitille set sail from New York, leaving the sisters in tears but the new foundation in capable and loving hands.

Like Mother St. Domitille, Mother St. Ferdinand did not know how to respond to all the requests made for the sisters, and the few sisters there worked incessantly. Once, when she apologized to a doctor for being unable to send a sister to nurse one of his patients, he exclaimed: "There ought to be forty of you!"¹⁹ The need for more sisters in Baltimore was also well known at the motherhouse in Paris. In the latter part of 1881, a few more sisters arrived in Baltimore and, in the ensuing years, they continued to arrive in small groups. According to the *Directory of Charitable and Beneficent Organizations of Baltimore*,²⁰ there were 23 sisters engaged in home nursing in 1901, confirmed also by the 12th census of the United States,²¹ taken in 1900, which showed a tally of 23 sisters and 2 lay helpers living at the Bon Secours convent, 2000 West Baltimore Street. One of the helpers, Annie Wondur, lived and worked at the convent for about 50 years. However, the number of sisters quoted above was not the total number of sisters who had come to the United States since 1881. Several, exhausted from their labors among the poor and the sick and some having contracted contagious diseases, had already made the supreme sacrifice of their lives.

During their first year in Baltimore, the work of the sisters was almost exclusively confined to the poor. The sisters had no income and had to depend upon the offerings of the friends they were making. The Baltimore foundation also claimed a large share of the attention and interest of Superior General Mother St. Fulgence. She wrote often to the sisters, sending them some things for their convenience and comfort, and some for the use and adornment of their chapel.

As their first Christmas approached, Mother St. Ferdinand prayed that the sisters might be home to celebrate it together, even though she had little besides companionship to offer them. She prayed to St. Joseph to provide a priest to say Midnight Mass, and also something extra for their Christmas dinner. St. Joseph did not fail her. A few days before Christmas, Mrs. Small met a priest from a neighboring parish on the street. He inquired about the sisters and promised to say Midnight Mass for them. After hearing confessions all afternoon until eleven o'clock at night, Father arrived at the convent at midnight. The sisters had placed a cross outside Mrs. Small's house and a plaque that bore their name. Mother St. Ferdinand's brother had given the sisters an organ and they sang age-old Christmas carols.

St. Joseph not only arranged for Midnight Mass, but he also provided the Christmas dinner. One of the sisters was taking care of a patient in the country. Because the patient was convalescing, the family let sister go home to celebrate Christmas with her community. As she was leaving, the mother gave her a basket to take to the convent. It contained everything usually served at Christmas dinner. The mother explained that it

was in appreciation for the care given her sick daughter, and added a gift of money. The sisters' first Christmas was blessed with both spiritual and temporal gifts.

As the first year of their work in Baltimore came to a close, the sisters were contemplating the purchase of a new building to be used as a convent because, although they had enjoyed the home of Mrs. Small, their increase in number necessitated a larger one. They also wished for a home of their own. In spite of Mrs. Small's kindness, they did not have the freedom and independence that a home of their own would offer, nor the privacy and seclusion of a convent. Mother St. Fulgence came to Baltimore to help the sisters find suitable property. She was accompanied by two more sisters who came to join the Baltimore community. Their voyage to America had been a perilous one; they had endured the hardships and dangers of a very stormy passage. They landed safely in New York, April 6, 1882. The next day, Good Friday, they arrived in Baltimore.

Within a short time the desired house and property were secured. The fulfillment of this desire has been attributed to the intercession of a young girl dying of tuberculosis. The day before she died, this little patient said to the sister taking care of her: "Sister, I am going to die tonight. What shall I ask for you when I am in heaven?" The sister replied: "Well, little Mary, ask our Blessed Lady to find a house for us."²² A few days later Father John Foley, pastor of St. Martin's Church in West Baltimore, came to Mrs. Small's house and asked to see Mother St. Ferdinand. It was Holy Week. He came to tell her of an opportunity to buy at a very low price a piece of property in his parish, and he promised to help her find the money as well. The owner of the property was a Jew, Mr. Jacob Ellinger, whom he had recently received into the Church. Mrs. Ellinger and the children were Catholics. Mr. Ellinger was seriously ill and about to die. He had expressed the wish that his home become a convent. He declared that while his wife and children were attending Holy Week Services, the Blessed Virgin had appeared and had told him to dispose of his house in that manner. Father Foley urged Mother St. Ferdinand to lose no time in seeing the place, as he considered it most suitable. Besides, other religious communities were anxious to obtain the property, but Father Foley wanted the Sisters of Bon Secours in his parish.

Mother St. Fulgence received this good news on her arrival in Baltimore. Without delay she went with Mother St. Ferdinand to the Ellinger home. Mr. Ellinger, close to death, was scarcely able to speak. He told Mother St. Fulgence the sisters could have the house for \$16,000. He said he would gladly donate it except that he wished to leave the money to his wife and children. Without further ado, the deal was settled.

The sisters incorporated April 17, 1882, under the title "The Sisters of Bon Secours for the care of the sick, of Baltimore City." When all business transactions had been arranged satisfactorily, Mother St. Fulgence set sail from New York the following May 3.

Father Foley, who became agent for the sisters for the estate of Jacob Ellinger, was authorized by Archbishop Gibbons to make a loan for \$16,000 from a local bank to allow the sisters to buy the property. At this time, the esteem in which the sisters were held by the medical profession was evidenced by four appreciative doctors in Baltimore who became security for the purchase money. The house was bought and the deed delivered. A cash sale was made to the trustees on June 20, 1882.

No details are to be found of the transfer by the sisters to their new property on West Baltimore Street but it has been recorded that they comfortably and happily settled into their new home, where the high ground and open spaces gave a welcome relief from the crowded conditions of the downtown area. The sisters now also had a large garden of their own. The area they were in was referred to as Steuart Hill, covering nine acres. The property that was now theirs had once been bought by Mr. Ellinger from George Steuart and was only three blocks from St. Martin's Church. In succeeding years, the sisters bought more property from George Steuart.

On July 3, 1882, Archbishop Gibbons solemnly blessed the new convent, assisted by Father Foley and Father Magnien. Father Foley, pastor of the parish, sang the High Mass. To him, under God, the sisters owed the possession of their new home. It was a solemn occasion. Some 40 friends and benefactors were in the room the sisters had transformed into a chapel. The beloved statue of Our Lady Help of Christians was in the place of honor above the altar. In his address to the sisters, Archbishop Gibbons said: "I do not know a community able to do more good than the Sisters of Bon Secours, when they remain faithful to their calling, for there is not a single work so comforting and so fruitful of conversions as the visitation of the sick and the afflicted. . . . Always remember that the best and most beautiful work you can be engaged in is service to your suffering neighbor. . . ." ²³

The sisters were burdened by heavy debt. They had already endeared themselves to the local people by their zealous and devoted care of the sick, and the people of Baltimore were generous in their subscriptions for the new convent. But further financial assistance was needed. The archbishop gave the sisters permission to beg. Mother St. Ferdinand did most of the begging herself and made many friends as she called upon the people of Baltimore. One story is told about how, on one occasion, she got a cold reception in a downtown office in Baltimore; however, the story

had a pleasant ending. Mother St. Ferdinand, both humble and gracious, knocked on an office door that was opened by a young man. When she asked if she could come in, he roughly answered, "Try." She did enter, but the young man's father received her very coldly. What words passed between them are not known, but before she left the office he had become her staunch friend. He was Mr. Walters, a non-Catholic, and a truly charitable man. He also had founded Walters Art Gallery, still in existence. He made a generous offering. Ever afterwards Mother St. Ferdinand could turn to him in her difficulties and he never failed her. When she died he insisted on paying all the funeral expenses and over her grave had a monument erected to her memory as a token of the gratitude of the inhabitants of Baltimore. In later years his son continued his father's interest in the community.

To further liquidate the debt on the convent the sisters decided to hold a big bazaar in 1884. The archbishop not only approved the idea but requested the clergy and people of Baltimore to assist Father Foley in conducting it. All Baltimore—Catholic, Protestant and Jew—rallied round Father Foley. News of the bazaar reached the motherhouse in Paris and spread to all the other houses of the congregation.

Mother St. Fulgence decided to go to the United States again, setting sail from Le Havre September 27. She took with her Mother St. Honorat, mistress of novices at Paris, who in later years became the second superior of the Sisters of Bon Secours in the United States. They brought with them a great number of gifts donated for the bazaar by the houses in France, Ireland, and England. Mother St. Fulgence described the preparations for this great event:

People are busy here in Baltimore about this famous bazaar. If you go in a street car the first thing you will see is a placard advertising the fair for the benefit of the Bon Secours Sisters; even the conductors are selling tickets for it. You will find these placards posted on the doors of the churches; the newspapers advertise the fair, and have written articles praising the Sisters of Bon Secours and their work. It is indeed astonishing and touching to see the interest that everyone is taking in this affair. Quite a number of Protestant ladies are engaged in it; and, when I think that the bazaar is to last twelve days and is to be open all day up to midnight, I cannot help admiring such a display of interest and devotion.²⁴

The bazaar was a splendid tribute to the work of the sisters and a great token of the gratitude and appreciation of the people of Baltimore. The net result, the sum of \$10,000, was a phenomenal amount. With it, the debt on the property was cleared.*

*Mother St. Ferdinand bought additional land from George Stuart in 1887.

Even though the only house of the congregation in those early days was in Baltimore, the sisters were often called to distant places. One of these calls came from a small town about 60 miles above New York. The patients, a young man and his wife, had typhoid fever. The young man recovered, but his wife died. The family of the husband had a small farm in Maryland. They were poor people but rich in gratitude. They wished to repay in their own way for the services of the sister. One morning a woman came to the convent door and told Mother St. Ferdinand that she had brought a gift. It was a young cow named Molly, who placidly stood on the sidewalk. The woman was a sister to the man who had recovered from typhoid fever. The sisters graciously accepted the cow, thankful they had a garden in which to keep her. Molly supplied them with milk and butter for many years, and these they were able to share with the poor. As the story goes, Archbishop Gibbons, who paid regular visits to the convent, went one day with Mother St. Ferdinand to the garden to see the special gift. Molly knocked some peaches off of a tree for him.

Because of oral testimony and the memories of older sisters, a few stories have been preserved about the sisters. In the early days, they shared their experiences with one another but committed very little to writing; therefore, early printed material supplies most of the facts available. An editorial written in the *Charities Record* in Baltimore (February 1895) reads:

To the mass of the poor, their own wretched stuffy sickroom is their only hospital. Their poor home the place where they must recover, and where they must be taught to live healthily. . . . Not a week passes that we do not have appeals for a "trained nurse" to go to some poor home. Within a few days a whole family, father, mother and four children were stricken down with scarlet fever and diphtheria; not an available trained nurse would go to the case for under \$25.00 a week. We had decided to tax our Golden Book Fund, when a Bon Secours Sister was secured, a second one being paid for by a gift.²⁵

To show the ecumenical nature of the work of Bon Secours, long before the term "ecumenical" was commonly used, there is the following story. A call was received to care for a poor girl who lived alone with her father. The father made a meager living selling the Protestant edition of the Bible. The only food in the house was bread and raw tomatoes. There was no bed where the sister could rest when she could leave her patient. So for two nights and a day, with no place to sleep and very little to eat, the sister nursed the sick girl. At a point at which she could leave her patient, worn out from lack of sleep and proper nourishment, she went to a neighbor's house and asked for a place to rest. They were poor people, too, but they gave her a bed. When the sister was ready to leave and

return to her patient, the kindly neighbor had prepared for her some boiled meat, bread, and tea. This simple kindness was great enough to take its place in history. When she returned to her patient, the doctor was there. He gave the sister a prescription that had to be filled at once, but neither the patient nor the sister had the money. With faith and humility, the sister went to a drug store. The pharmacist recognized the patient's name, because he was her Sunday school teacher at the Methodist Church. Not only did he fill the prescription, but offered to renew it if necessary. Later, even his mother came to visit the patient and brought a basket of food. Christian charity knew no barriers here.

The charitable nature of the sisters' work was written into a history, *Baltimore: Its History and Its People* by Clayton Colman Hall:

Aside from the hospitals enumerated above the "new era" (the reorganization in 1881 of the charitable work of the City of Baltimore through the efforts of Doctor Gilman, president of Johns Hopkins University) was signalized by the establishment of a large number of special charities, among them the Sisters of the Convent of Bon Secours, who began their work in Baltimore in 1881. They are a branch of a Roman Catholic order founded in 1822, whose special work is free nursing in homes without regard to race or denomination.²⁶

Mother St. Ferdinand had never been strong or robust, and her health felt the strain of those early eventful years. She had never completely recovered from an attack of typhoid fever she had contracted about a year after they moved into their new convent. The sisters found it useless to try to make her rest; a favorite saying of hers was; "Why take so much care of ourselves? We shall soon be in Heaven, and there, we shall have rest."²⁷ Still, the sisters were concerned about her even though she had the power of a resolute and determined will. When Archbishop Gibbons was elevated to the Cardinalate and received the Red Hat in March of 1887, Mother St. Ferdinand was ill. In a letter written at that time to the cardinal, she expressed her regret at being unable to go in person and extend her congratulations and express her joy for the honors bestowed upon him. Plaintively, she regretted that never again would she be able to go and visit him. After expressing her "fiat," she asked his blessing on herself and her community. Mother St. Fulgence came to see her in the spring of 1888; at that time, her health seemed to improve, but it was only temporary. News of her failing health became known outside the community. Cardinal Gibbons came to visit her on several occasions. Often people would claim to have fruit or some other little gifts to give her, but in reality they had come to be able to hear her speak of the things of God. Towards the end of 1888, her health declined steadily, but she looked after her community until the end.

She had great devotion to the Holy Eucharist. Once, returning from the chapel, she was heard to say: "If only we could realize the privilege of living so near to our God!" Because Holy Thursday was the day the Holy Eucharist was instituted, she had often said that she would die on a Thursday. It actually came to pass. During the last 15 days of her life she had the great happiness of having mass said in her room. Part of the convent garden had been consecrated as a cemetery; she herself chose the spot in which she wished to be buried. A few days before her death, supported by two sisters, she went to a window overlooking the garden. She looked around in a farewell gesture on the scene before her, and saw the spot where she would soon be at rest. As the sisters were taking her back to bed she said smiling: "I did not know it was so sweet to die."²⁸ Surrounded by her sisters, and one of her brothers who had come from France to be with her at the end, she died peacefully on Thursday, February 14, 1889.

Sister St. Odon, who had come to Baltimore with the second group of sisters, had been Mother St. Ferdinand's assistant. It was through her devotion and help that Mother St. Ferdinand was able to care for her community until her death; she was given charge of the Baltimore community until a new superior could be appointed. After much prayer and reflection, on the part of the general council and the sisters, Mother St. Honorat, novice mistress in Paris, was chosen for this post. In August 1889, she came to the convent in Baltimore as its second superior.

Her coming was hailed with joy. Most of the sisters in Baltimore had made their novitiate with Mother St. Honorat in Paris and had never lost the confidence and love they had acquired for her then. The sisters found her companionship, caring ways, and advice a great joy when they returned to the convent, sometimes weary, from their duties in the homes of the sick and the poor.

In addition to being a kind superior, Mother St. Honorat was a capable administrator. In a notebook written in French in the provincial archives we read that at the time of the visitation of the superior general, Mother St. Fulgence, in March of 1889, the Baltimore community still owed the bank \$4,000 on the land purchased by Mother St. Ferdinand. (Considering that payments for services to the sick received in that year amounted to \$1,173 and that \$1,202.78 was paid out for expenses, it was indeed a marvel that this was the only outstanding debt). Loans from the motherhouse and the help of benefactors paid off the balance in a short time. Dauntless and full of faith, Mother St. Honorat even bought another piece of land in May of 1891, for \$11,050. This land also belonged to George Steuart and was bought in the name of Rev. Thomas Broydrick, pastor of St. Martin's Church and successor to Father Foley, who had

been named Bishop of Detroit a few months prior to Mother St. Ferdinand's death.

Thoughts of an addition to the convent and the erection of a chapel had been considered for some years, but restrictions placed on the property bought in 1887 still existed; doubtless there were restrictions on the new property as well. However, the sisters' lawyer, Michael A. Mullen, wrote on May 19, 1891, that the settlement for the property of George H. Steuart was at last finalized: "I have to congratulate you and myself that this troublesome matter is at last ended. You are now at liberty to take possession of the lot and use it at your pleasure."²⁹

At the beginning of 1892, Mr. W. T. Walters, the friend of Mother St. Ferdinand, asked and obtained the stipulation that the new land be free of taxes. Mother St. Honorat obtained permission from Mother St. Fulgence to build a stable, landscape the property and put a wall and fence around the land. The work began in May of 1892, and was completed the following August.

Like her predecessor, Mother St. Honorat had great devotion to the Holy Eucharist. It was Mother St. Ferdinand's dream to build a beautiful chapel, and Mother St. Honorat prayed for it too. Even though the sisters had transformed the most appropriate room in the convent into as beautiful a chapel as possible, it was still not a proper one. Like Mère Geay, they wanted the best for God, wishing only "that God should be treated as God." Their prayers were answered when Mrs. Walter Abel, a wealthy woman in Baltimore, offered to build it for them. Because the convent needed to be enlarged to house the growing community, Cardinal Gibbons and Mother St. Fulgence approved plans to do all the building at one time. In her notebook, Mother St. Honorat wrote:

In 1893, a good and charitable lady offered to build a Chapel for us. It was difficult to place it. It could not be attached to our House which was much too small. We had hoped to enlarge our House at some future date, as this was badly needed. We had always declined doing this because of lack of resources, and we did not wish to increase the debt at the bank. The architect, Mr. Baldwin, and several friends of the Community, having examined the situation, advised us to commence the needed addition to the Convent right away. They pointed out the economy and advantage of this for us, not obliging the workers to return, etc., etc. We relayed this advice to Rev. Mother General, asking her permission to follow it, and to make the addition to the Convent. On the advice of her Council Notre Rev. Mère willingly acceded to our request and authorized us to borrow the necessary money for the work. His Eminence, Cardinal Gibbons, also permitted and approved the enterprise.

Thursday, October 19, 1893, ground was broken for the foundation of the

new building. Rev. T.J. Broydrick, Pastor of St. Martin's Church, Baltimore, blessed the cornerstone on Monday, October 30. On November 3, first Friday of the month, ground was broken for the Chapel. The Sacred Heart of Jesus looked after us in a visible manner. We had exceptional weather. The workers did not lose more than three or four days during the entire Winter. In April 1894, we had the great joy and the great advantage of a visit from Rev. Mother General, and from Sister St. Natalie, the General Treasurer. Notre Rev. Mère was very interested in the building. She inspected everything while she was with us, and made many good observations. We profited from her good ideas and where it was possible put them into effect. On August 3, 1894, the first Friday of the month, the architect came to inspect the Chapel and the addition to the Convent. He found everything in good condition, and properly finished. All the conditions of the contract being fulfilled he gave us possession. Monday, August 27, Father Broydrick celebrated the first Mass in our Chapel and blessed the whole House. On October 18, his Eminence Cardinal Gibbons came. It was his great wish to bless the Chapel and dedicate it to Our Lady Help of Christians. The High Mass was sung by Father Broydrick. Father Whelan of the Cathedral was deacon, and Father Boland of St. Vincent's was sub-deacon. Father Gaynor and Father Hannon of St. Martin's were Masters of Ceremonies. The Cardinal preached on the Gospel of the day. He spoke of the influence of priests and religious upon the sick. The men and women of St. Martin's choir had the goodness to come and sing at the Mass. Miss Jennie Rinn played the harmonium. After the ceremony, His Eminence, the priests, Dr. Donovan, Mr. McKee, Mr. Foley, Mr. Casey and Mr. Roberts ate in our refectory. The lay people had a lunch served in the parlor. We deeply regretted the absence of the Very Rev. Father Magnien who was obliged to assist at the consecration of the Bishop of Trenton on that day. It had been necessary to change the order of the ceremonies. The Altar was consecrated on Friday, October 10, nine days before the blessing of the Chapel.¹⁰

Not many records of this type are to be found about the early days of Bon Secours, so an original source giving a glimpse into the past is a valuable discovery.

The acquisition and enlargement of the convent, the successive purchases of land, and the donation of the chapel, all within a short span of years, give testimony to the high esteem in which the sisters were held by the people of Baltimore.

Although the work of the Sisters of Bon Secours in the homes was primarily private-duty nursing, the sisters did not refrain from doing visiting nursing and social work among the poor, as they had done from their earliest days in the United States. During Mother St. Honorat's term of office, more sisters arrived in the United States from France and Ireland; yet, even with this increase in numbers, there were still not enough sisters available to answer all the calls received. An article written

by Sister Donat in *The Trained Nurse and Hospital Review* in June, 1928, reads:

Requests for the Sisters' ministrations became so great in those pioneer days that besides caring for the sick the Sisters found there was an urgent necessity for visiting nursing and social work among the poorer classes, that much good could be accomplished thereby, and a vast field lay open before them. . . . Therefore, a certain number of Sisters were appointed to undertake the task, responding to the calls from physicians, clergy, and those interested among the laity. Moreover, these Sisters set out alone to the districts assigned them, carrying a little "black bag" which was filled with all sorts of comfort for the sick—sometimes it was food, medicine or tonics; at other times—clothes, bed-linen etc. In fact you could almost find anything needed for the sick in that "black bag" as many visiting nurses have observed.

Down in the slums of South and East Baltimore their charitable work was admirable, as they passed from home to home ministering to the sick and poverty-stricken families, cheering and uplifting many types of people with whom they came into contact during their daily round of duties.³¹

There were no trolley cars in those early days so the sisters travelled on foot. The first commercial electric streetcar line in the United States began operation in Baltimore in 1885, but was discontinued in less than a year because of hazardous conditions relating to electrical power. It wasn't until some years later that service was resumed. Unable to come home for a noonday meal, the sisters often carried tea and bread for themselves so as not to burden the families of their patients, most of whom were extremely poor. When the sisters left the convent in the morning, they were gone for the day, often up to 16 hours.

The Bon Secours sister with her black bag and fluted cap was a familiar figure in the streets of Baltimore. Unaccompanied, and trusting in God, she went out at all hours, day and night, to the homes of the poor and the sick. Her black bag was made of heavy serge, the same material as her habit, and contained all that was necessary in the sick room. Sometimes it also carried a sister's personal belongings for a prolonged stay in the home of a patient. This bag was looked upon with wonder by the poor, for it contained so many things that they needed.

By the year 1898 there was a large and thriving community of sisters in Baltimore, still their only convent, though their ministrations spread into other states. The sisters had a large and comfortable house, with ample grounds around the building, and a large and beautiful chapel. A priest, impressed by the community's harmony, wrote to Mother General and said, "I have always been struck by the air of peace and contentment that characterizes this Community."³² This was the community that Mother St. Honorat left when she went to Paris in October of 1898 to attend the

meeting of the general chapter. She was accompanied by Sister St. Urban as delegate from the Baltimore community. When they said good-bye to their sisters, they believed that they would both return.

At the general chapter, Mother St. Honorat was reappointed superior of the Baltimore community. Before returning to Baltimore, she and Sister St. Urban visited Cork, Ireland, where Mother St. Honorat received a summons from Mother General to return immediately to Paris because the mistress of novices there had died unexpectedly.

Mother St. Honorat and Sister St. Urban parted in Cork. Mother St. Honorat, who had previously held the position of novice mistress, was reappointed to the Paris position. Years later, when her work in Paris was finished, she was allowed to return to Baltimore to spend the last few years of her life. She died February 12, 1918 and was buried in the convent garden.

Sister St. Urban, accompanied by another young sister, returned to Baltimore. Two days later, on November 14, she was appointed superior of the community. She was to become a cornerstone of Bon Secours in the United States. Father Magnien and Father Broydrick were both present at her installation. When she entered upon her duties as superior, Mother St. Urban found a model community. But she also found a heavy debt incurred in the construction of the wing to the original convent and in the purchase of additional land—a debt that Mother St. Honorat had only been able to partially diminish over the previous four years. Mother St. Urban had a long struggle to meet this debt, but she never worried her sisters with the burden. She ruled firmly yet kindly and was scrupulously just to all. One sister recalls: "She always saw good if it was there to be found."³³ Mother St. Urban was also blessed with a good sense of humor that lightened her burdens and she possessed an innate courage.

In some miraculous way, she was able to meet the sisters' financial obligations. There was always interest to be paid on the debt, yet she was always able to feed and clothe the poor and sometimes to provide them with fuel. If one of the sisters worried about money, Mother St. Urban would say: "We'll make Saint Joseph help us out. Let us beg his intercession."³⁴ She had confident patience in awaiting results which she was convinced would come. St. Joseph never failed her. Her charity remained boundless and, like the proverbial bread upon the water, it always returned to her. In proportion to what she gave, she received.

In fact, when Mother St. Fulgence came to Baltimore in May of 1900, she expressed her pleasure and approval of everything she saw. There was an excellent spirit among the sisters, and their zeal and charity in fulfilling their duties were exemplary. She found material conditions highly satisfactory, but with one drawback—the need for more ground to

meet future growth and development. One day she was looking at the ground adjoining their property, and she said: "Sister Urban, this ground has been waiting for us all these years; we must have it."³⁵ The ground she referred to was the northern half of the block. Some months later, after Mother St. Fulgence had returned to France, the ground was purchased.

Mother St. Urban was a good business woman with a keen mind and a resolute will as well as being open to suggestions and advice. And she recognized and appreciated Father Broydrick's keen insight and business ability. With his help, the community borrowed private money and applied it to existing debts.

(The sanction of the State of Maryland was obtained for all grants, sales, and deeds made to and for the use and benefit of the Sisters of Bon Secours. This legal guarantee gave further security to the sisters in the use of the property for their own benefit. The sisters were in possession of the entire block bounded by Fayette Street on the North, Baltimore Street on the South, Payson Street on the East, and Pulaski Street on the West, and eventually a wall and fence were built to surround the entire property. Apparently, Montrose Street that cut through the property was no longer used as a public thoroughfare; in the course of time it innocently became part of the convent garden. The fact apparently went unnoticed, and for nearly 60 years the street lay idle to the use for which it had been intended. Only in 1958, when an addition was to be made to Bon Secours Hospital that would traverse the long-forgotten Montrose Street, did the issue come to light.)

The first five years of Mother St. Urban's nursing career were spent in London, where she took care of a patient for the renowned English physician, Sir William Jenner. Under his direction, she learned how to take the temperature of a patient with a non-self-regulating thermometer, unusual for a nurse in those early days. She was one of the first nurses to use the thermometer without a doctor's assistance; however, it was not her skill that made her outstanding, but her compassion. She had been nursing in Baltimore for 12 years before being appointed superior, and most of her time was given to the sick and the poor. Now, as a superior, she was in a position to help them even more. Like her predecessors, Mère Geay and Mother St. Ferdinand, she would have been happy to stay at the bedside of the sick, and in the homes of the poor all her life.

Sister St. Flavie related the following to the author of *The Life of Mother St. Urban*:

In those days there were many poor in the vicinity of the Convent; so, when there were no Sisters at home to answer a sick call especially at night, Mother St. Urban would go herself. Annie who worked at the Convent accompanied her carrying a lantern, for at that time the street lights were poor and

the houses far apart. She spoke of these sick calls as her happy duties, for the sick who were poor had a special place in her heart. In her they found comfort in their sorrow, especially when a member of the family was about to pass away. Often she would spend not one night but several with the dying person, then at break of day would go back to her duties in the Convent. In those long hours of the night, sitting by the bedside of the patient, she watched and prayed, the while doing all that could be done to comfort and strengthen the soul about to take the long journey into eternity.³⁶

Sister St. Flavie tells another story. An urgent call came late one evening for a sister to attend a poor woman who had suffered a stroke. She lived alone and had a little candy and notion store. Her neighbors had found her lying on the floor. The sisters available for nursing were all out on calls, so Mother St. Urban answered this call. Again, accompanied by Annie carrying the lantern, she went to the patient's home. The patient was still lying on the floor with a pillow under her head and a group of neighbors standing around. Mother St. Urban had a little bed brought down from upstairs and placed the patient in it. Then she sent for a priest to administer the last rites. Oddly enough, callers kept coming to make purchases at the store. Because the business had to be taken care of, Mother St. Urban waited on the customers while keeping an eye on the patient. Callers continued to enter the store, but it was very likely they were more interested in the sister than in making a purchase. It was past midnight when Mother St. Urban finally locked the door. She returned several more nights to stay with the woman, comforting her until she died.

Mother St. Urban was most ingenious in finding ways and means to relieve the distress of the poor. She not only provided food, clothing and medicine for them, but she often paid their rent and fuel bills, sometimes procuring positions for those out of work. One sister recalls: "She considered it a duty to give to the limit, and when she had no more to give she would herself turn beggar for them."³⁷ The sisters shared in this generosity also. A familiar figure in the markets in Baltimore was a sister with a basket upon her arm, going from stall to stall receiving offerings of food for the poor—offerings that were given as if the sister was doing them a favor. A butcher in Hollins Market deemed it a privilege to supply the sisters with meat for themselves and for their needy patients. A baker woman on Druid Hill filled their bags with bread and also regularly sent bread and cakes to the convent for the sisters themselves. One druggist never refused donations of medicines.

By this time, the convent garden was well cultivated with fruit trees and a large vegetable patch. The produce from it likewise found its way to the convent table and to the tables of the needy. Nothing was wasted.

Economy, not penury, was the order of the day. The sisters needed nourishing food, and they got it. Their other needs were likewise met, but generally life was simple and their wants few. Referring to those years, Sister St. Flavie wrote: "For a few years there was nothing extraordinary, many of us going out after supper to sit up at night, with us was our little black bag containing many things, not forgetting a little bite, and some coffee in a bottle, which often we shared with our patients of which we were glad."³⁸

On May 24, 1906, the congregation celebrated the 25th anniversary of its foundation in America. The convent chapel was beautifully decorated and the large sanctuary filled with priests. The rest of the chapel was crowded with the sisters and their many friends who had come to share their joy. The Solemn High Mass was sung by Monsignor George Devine, the same priest who 25 years before had said the first mass for the sisters in the little oratory in Mrs. Small's house. He wore the same vestments, and used the same chalice as he had on that occasion. The sermon was preached by Father Broydrick. There were 40 sisters in the Baltimore convent at that time. However, 40 was not the total number of sisters who had served in the United States. As Father Broydrick said that day:

In the life of a Community such as this the period of twenty-five years is a short one; but in the life of the individual in the Community it comprises the best part, the vital force and energy of life, for the graves in the little cemetery beyond tell us of the early sacrifice of magnanimous souls to the exhausting work of tending the sick and dying. . . . And today there are many grateful souls in heaven rejoicing with us in this celebration, for they owe in some measure their salvation to your beautiful religious example, consoling advice, and untiring ministrations.³⁹

Mother St. Urban had prepared 25 baskets of food, in honor of the 25 years they were celebrating, and had them sent to the homes of 25 poor families.

(This was not the only occasion on which baskets were given to the poor. Christmas was a season for rejoicing and the sisters who could conveniently leave their patients came home to the convent to celebrate. Days and weeks in advance, Mother St. Urban was busy collecting food and other necessities to fill baskets for the poor. She had so many generous friends that she had no difficulty. On Christmas Eve and on Christmas morning the sisters at the convent were sent out with the baskets. Frequently, Mother St. Urban would carry baskets herself.)

But in no way did Mother St. Urban limit the work of her sisters to the poor. On the occasion of her death in 1933, it was said:

Thousands sounded her praises—rich men and poor men, great men and

low men, prelates and priests. . . . for she was the friend and nurse of all.

Men and women lying on cots in hovels knew her ministrations; so did the great American "Churchman and Citizen," Cardinal Gibbons, whom once she befriended in the city of London; so, too, Bishops of the American Hierarchy, priests beyond number, members of religious sisterhoods and brotherhoods, millionaires and paupers. They thanked God for her and prayed for her. . . .

This wonderful woman was truly one of the heroines of this nation. Everywhere she went she was blessed; everywhere she went she had a compelling power which enabled her to enroll hundreds in her works of mercy.⁴⁰

After completing her third term as superior in Baltimore in 1907, Mother St. Urban was called back to London as superior of the convent there. When the Eucharistic Congress was held in London in 1908, Cardinal Gibbons was there for the occasion. He went to see Mother St. Urban. London was cold and foggy at the time and the cardinal, who had made no provision for the weather, was insufficiently clothed. "Mother," he said, "this cold is piercing. I expected nothing like this; I am in misery."⁴¹ Within a short time, Mother St. Urban had supplied him with warm clothing. The cardinal never forgot this kindness. He missed her in Baltimore and wanted her back in the United States. When the cardinal asked her if she wished to return to America, her reply was characteristic of her spirit of obedience. Even though she longed to be back in America among the people and places she had grown to love, she answered: "Your Eminence, I have only one wish and that is to do as I am told."⁴²

At the close of the Eucharistic Congress in London the cardinal called upon the mother general at Paris, and he asked her to send Mother St. Urban back to America, for work was waiting for her there. Little doubt but that the words of the cardinal remained in the mind of the mother general when the occasion arose. Some 15 months later, in December of 1909, Mother St. Urban returned to America to make the foundation in Detroit; in 1911, she returned to Baltimore as superior of the convent there. The cardinal then said to her, "Now you are in the right place." Now that the congregation had two foundations outside of Baltimore, the Baltimore convent became the center for the Sisters of Bon Secours in the United States. Mother St. Urban, though not officially superior over the other houses, was looked upon as the unofficial head of the foundations in the United States. It wasn't until after the general chapter of 1934, a year after Mother St. Urban's death, that Mother St. Juliana was appointed the first regional superior of the Sisters of Bon Secours in the United States.

The scope of the work of the sisters in this country and their care for all classes of people was attested to at the centennial celebrations of Bon

Secours' foundation, May 24, 1924. The Baltimore *Catholic Review* of that date reads:

This country and other lands owe much to France for giving to the world the Sisters of Bon Secours. This Archdiocese and other cities in the Union owe much to His Eminence, the late Cardinal Gibbons, for the impulse that led him, while staying in France, to ask the Sisters to come to Baltimore.

From Baltimore the order has spread to other cities.

These sisters have soothed [sic] the pillows of hundreds of sick in this land, including leaders of the hierarchy and distinguished laymen in this country. Members of the order were at the Cardinal's bedside when death came to him. The work of the Bon Secours Sisters forms an edifying chapter in the history of the Catholic religious orders in this country. They have served rich and poor.

What was said of Sister St. Flavie, one of the pioneers, at the time of her death in July of 1941, could be said of any Sister of Bon Secours: "Sister kept before her mind's eye the vision of the Divine Healer. . . . She saw her Lord in the stricken, dying person at whose bedside she sat or knelt, just as truly as she saw Him in the Tabernacle."⁴³

The latest revision of the constitutions states: "All activity is apostolic when it is designed to lead others to Jesus Christ and to witness God's redeeming love."⁴⁴ In taking care of patients the sisters have never forgotten the higher needs of the soul. Although busy relieving physical suffering and assuaging mental distress, they also strove to bring peace and comfort to troubled souls.

Sometime during the first decade of this century a call came from New York for a sister to care for a patient dying from tuberculosis. The husband of the dying woman was a noted atheist who had spent his life and fortune in an effort to destroy in the minds of people the idea of God. When the sister arrived, the husband told her that while in his house she must not mention the name of God. The sister replied: "Praise be the name of God, no power on earth can prevent me from pronouncing His adorable name."⁴⁵ Angry at her response, but amazed at her courage, he did not throw her out of the house. The patient in her heart knew and loved God, but had been dominated by her husband and could not express it openly. At night when the husband had gone to his room she begged the sister to pray with her and help her save her soul. They prayed together and the patient made fervent acts of faith in God and His Church. It was impossible to admit a priest to the house, but the sister baptized her patient conditionally. Later the woman died a holy and peaceful death.

Time passed and the same sister was called to New York, this time to take care of the atheist himself. He had been such a difficult patient that

no nurse would stay with him for very long. The sister endured many insults and rebuffs in the hope of saving his soul as she cared for him for three months. He forbade the mention of the name of God, and refused to see a priest who called to visit him. The sister redoubled her prayers for his salvation and wrote to the Baltimore convent petitioning the sisters' prayers for him. When he went into a coma, sister baptized him conditionally; he regained consciousness shortly afterwards and asked to see a priest. He lived for ten more days. The priest came every day during that period, gave him religious instruction, and prepared him for the last sacraments. He also baptized the man and gave him his first Holy Communion; in tears, the man asked God's forgiveness for a life spent blaspheming and denying Him. This was in August of 1911.

In her own notes referring to the work done in those early days, Sister St. Flavie wrote: "The Sisters have been generous, and have given their youth, their strength and many their lives in the cause."⁴⁶ Sister St. Flavie herself worked hard, and she lived to the venerable age of 93. The following tribute was paid to her in the *Catholic Review* on her death in July of 1941: "The life of Sister Saint Flavie is a story of patience, self-denial, zeal and charity that endured through seven decades. . . .In those early days of her life in Baltimore she was to be seen going to the homes of those who were sick to nurse them. She went into the homes of the prominent and the wealthy and she went into the homes of the poorest of the poor. . . .The number of her patients was beyond computation. . . . She had a great love for the young Sisters particularly."⁴⁷

Before concluding this exposition of the scope of the sisters' services, one other item of historic interest is worthy of record. Two Sisters of Bon Secours took care of General Philip H. Sheridan, of Civil War fame, in his last illness. As his nurses, they accompanied the veteran general from Washington, D.C., on board the war boat, "Swatara," to Nonquitt, Massachusetts, on the New England coast, where he died August 5, 1888. He was a devout Catholic and the sisters' presence and prayers were comforting to him in his last days as he was leaving a wife and four young children. He was only 57 years old. Sister St. Urban was one of these sister nurses; the name of the other sister has not been recorded. General Sheridan was brought back to Arlington National Cemetery for burial. Cardinal Gibbons preached at his funeral mass which took place at St. Matthews Church (now Cathedral) in Washington, D.C. General Sheridan was the son of Irish immigrants.

Priests have always had a special share in the services of the sisters. Bishops, monsignors, and innumerable priests have been cared for since the first foundation in the United States was made. The Bon Secours sisters have always had a deep respect for the priesthood and consider it a very special mission to care for them in time of illness. The priests who

from the very beginning befriended and helped the sisters remained their friends all through their lives, many of them later dying under the care of the sisters.

Father Magnien, who welcomed them to the United States the day they arrived in 1881, died in 1902. He spent the last weeks of his life at the Baltimore convent where he was given nursing care in the special guest rooms provided for this purpose. According to Father Fenlon, provincial of the Sulpicians at the time of the Golden Jubilee of the Sisters of Bon Secours in 1931: "If Father Magnien showed a fatherly interest in your foundation, from the very day your Sisters reached Baltimore . . . you certainly repaid him a hundred fold by your kind ministrations during his last illness, in this very house."⁴⁸

Father Broydrick (later Monsignor) was another example of mutual devotion between the priests and the sisters. For twenty-seven years he came every morning at six o'clock to say mass at the convent for the sisters. During all those years he was never once late. He understood the worth and the work of the sisters and he gave unreservedly of his advice, encouragement, and spiritual guidance. The Bon Secours convent became a second home to him, and the sisters were his most devoted friends. The guest rooms at the convent were always at his disposal. He was left to do what he liked, and to come and go as he pleased. During the last years of his life, when his health was failing, he regularly came to the convent on Wednesdays for a day of complete rest. Otherwise he drove himself relentlessly. It had been his wish that he be allowed to end his days at the convent. A few months before his death, in June 1915, he came to the convent for his final stay. In *Memoriam* to Rt. Rev. Msgr. Thomas J. Broydrick we read: "And when at length he came to them in his last sickness he found a home in the hearts as well as in the house of the good Sisters; he found in their skillful hands a help which surpassed all earthly expectation. No money could ever buy such service, no ties of kindred could ever have assured any better care."⁴⁹ Before his death, he said to Mother St. Urban: "Mother, during the time the Sisters nursed me I realized that they ceased to be women, and became angels."⁵⁰ He died at the convent on Baltimore Street on Tuesday, October 5, 1915. He was 67 years old.

Vested as for mass, with purple biretta on his head, and his chalice in his hands, Monsignor Broydrick was laid out in the convent parlor. For two days, thousands came to pray by his side. It was past midnight of both days before the last visitor left. Then the sisters continued the vigil for the night; another token of gratitude for the benefits of his worldly wisdom and the riches of his spiritual knowledge which he had bestowed on them for nearly 30 years. On Friday morning he was taken to St.

Martin's Church where he was laid out in state until finally taken to his last resting place.

It was fitting that at the end of his long and fruitful life Cardinal Gibbons should also be under the care of the Sisters of Bon Secours in his last illness. It was now 40 years since he had brought them to the United States. In December of 1920, he felt the need of a rest, and he went to the home of his lifelong friends, the Shriver family in Union Mills, Maryland. This family was also well known to the Sisters of Bon Secours who had on various occasions taken care of members of the family. One of the Shriviers had married into another well known Maryland family, the McSherrys, also nursed for years by the sisters. So the sisters were no strangers to the Shriviers when they received the summons to come to Union Mills. On December 9, while saying mass in the little chapel of the Shriver home, Cardinal Gibbons almost collapsed at the altar. He managed to finish his mass, but it was the last one he celebrated.

The Sisters of Bon Secours were called to come and be present at his bedside. Sister Ludovic was sent immediately, and shortly afterwards Sister Columba was sent to help her. His weakness increased. On December 17, he was anointed. On Christmas Eve, Midnight Mass was celebrated in his bedroom. He said, "I want to go home to die."⁵¹ He meant Baltimore. On January 3, he left Union Mills in an improvised ambulance, accompanied by the sisters to his residence on North Charles Street. His strength returned a little and he even took a few automobile rides through the streets of his beloved Baltimore. Later, as his condition worsened, a third sister went to help care for him. The sisters would not leave him for a moment because he had periodic lapses of breathing. Sister Ludovic related: "He was a wonderful patient. Very humble and very easy to take care of. He often repeated, 'Sister, as often as you did it unto one of the least of my brethren, you did it unto me.' Mother Urban always tried to give him something special to eat. Sister Ephraim was a very good cook, and Mother would send something special up to him cooked by her. One day he sent for Mother Urban saying he wanted to talk to her. He said to her: 'I want to thank you, Mother. I thought I knew the Bon Secours Sisters, but I did not; it is only since I have been sick that I have learned to know them, and their kindness to the sick.'"⁵² On Palm Sunday, March 20, there was a sudden change in his condition, and after periods of unconsciousness in the succeeding days, he died peacefully on Holy Thursday, March 24, 1921. He was 86 years old.

During the celebrations for the 50th Anniversary of the Sisters of Bon Secours in the United States in May of 1931, Father Vieban, superior of the Sulpician novitiate said:

If today the Fathers and the students of the Seminary make an extraordinary

exception to their rule to take part in your joyful thanksgiving, it is not merely because fifty years ago the Superior of St. Mary's [Father Magnien] had a share in bringing your Sisters to Baltimore; it is chiefly because they want to express their gratitude for all you have done for them, for other priests and for the seminarians. . . . There are priests in this diocese and elsewhere, who to their dying day will remember you in their daily Mass because some of your Sisters did for them all that a sister or a mother could do, and even more.⁵³

Among the latter is Monsignor James J. Walsh, now-pastor of St. Agnes Church, Key Biscayne, Florida. To his dying day he will be grateful to another great woman, Mother St. Juliana. Sister St. Juliana first came to Baltimore in 1901, to nurse the sick in their homes. It was in the mid-1930's after the death of Mother St. Urban, when she was regional superior at the convent in West Baltimore Street, that she helped the young and very sick seminarian, Jimmy Walsh. He was studying with the Sulpicians. Mother Juliana was a combination of queenly dignity and gracious kindness that won both the esteem and love of all who knew her. Priests found in her a true friend and mother. Only God Himself knows of her many kindnesses and charity to those in need. Whenever it was possible for her she went to the Bon Secours Hospital, opened January 1919, to visit patients, and made it a special point to visit sick priests and seminarians. Jimmy Walsh suffered from a very severe form of arthritis that completely immobilized him. He was hospitalized at Bon Secours Hospital, Baltimore, for 14 months. Monsignor Walsh told of the sisters' care:

I grew up within the shadow, barely a half block away, of the first Bon Secours Hospital. My whole family, for two generations, benefited from their loving care, both at home and in the hospital.

When I became ill as a seminarian, they cared for me as a patient for fourteen months. This was in the late years of the depression, when they were treating 40% of all patients without any charge. I know for a fact, because my parents kept after Mother Donat (superior and administrator at the hospital) for a bill. She always promised them with convincing gestures that there would indeed be a bill. She kept her word. But my parents didn't get it. I did. I got it the day Father John Selner, S. S., was taking me at doctor's orders, to St. Petersburg, Florida. I got orders from Mother Donat not to open it until I got on the train. On the train I opened the discouraging looking envelope and found a bill—a green one—a \$50.00 bill that needed to be cashed, and that for fourteen months in the hospital.

I well remember the day Mother Juliana came into my room, I can see her yet standing at the foot of my bed. She had heard the news the Doctor had told me. He had said, in his opinion, I wouldn't get through the Winter unless I got to a warm climate—Florida. So she came over. Along with everything else I had had pneumonia and had lost a lot of weight. I knew

nothing about Florida except Tampa cigars. I had no idea of any place. She said: (Mother used to wink her eye) "You know now, there's a young priest in St. Petersburg, Father Jim Enright, he owes me more than one favor. I'll give him a call." Long distance calls were rare in those days. She called him, and he said: "Yes, there is a brand new hospital in the parish. It just opened a few weeks ago. Run by the Allegheny Franciscans—St. Anthony's Hospital." She came over next morning and she said: "We've made all the arrangements for you to go to St. Petersburg to the hospital there. Father Enright will meet you at the station."

I honestly believe I never would have come to Florida if it hadn't been for Mother Juliana. Indeed in all truth I may never have become a priest without her help. I remember her every time I say Mass.³⁴

Mother Juliana started the whole chain of events leading to the ordination of Jimmy Walsh. After three years in St. Anthony's Hospital, and many more months in a hospital in Miami Beach he was ordained by Archbishop Hurley in 1944. Mother Juliana lived to hear the good news of his ordination.

The priests of St. Martin's Parish, the Sulpicians, and the Marist Fathers were very kind to the sisters in Baltimore and in return received kindness and care. The guest room at the Baltimore convent and later the guest room at the convent in Washington were open to priests needing rest and a quiet respite from their duties. In the later years of his life, Father Nicolas Weber, former provincial of the Marist Fathers, spent several days a week at the Washington convent prior to his last illness and death at Bon Secours Hospital in Baltimore. Other priests and prelates, without distinction, have received kindly care from the sisters, and some have spent months and sometimes years at the hospital in Baltimore.

May 1931 was the Golden Jubilee of the foundation of the Sisters of Bon Secours in the United States. For three days the event was observed with a solemnity and joy that befitted the occasion. Each day began with a Pontifical High Mass and ended with Solemn Benediction of the Blessed Sacrament. Bishops, monsignors, and scores of priests assisted at the celebrations and members of various religious communities came and joined in congratulating the sisters. Sisters of Bon Secours who could be spared from their nursing duties came from Washington, Detroit, and Philadelphia. Mother St. Bartholomew had come from Paris, and Pope Pius XI sent his blessing for the occasion.

The celebrations began on Monday, May 18, the date the first three sisters of Bon Secours landed in New York. The first day was Sulpician Day, set aside for the Sulpicians because the first sisters in Paris were trained for the religious life by the Sulpician Fathers. Father John F. Fenlon, provincial of the Sulpicians and president of St. Mary's Seminary, preached the sermon at the mass. He said:

Our Fathers in Paris have seen your untiring charity, your self-sacrifice and courage. . . . They have admired your skill in nursing, your carefulness in your work, your love of the sick. . . .

The priests of St. Sulpice in Baltimore have equal reason for gratitude to the good Sisters of Bon Secours. Ever since the establishment of your hospital, our students have enjoyed the benefit of your knowledge and skill and of your kind and unremitting care. . . . Your kindness to our Fathers, too, has been without stint. You are a small community with no ambition of greatness. You love, in fact, your very littleness and obscurity, as safeguards of your spirit, which is precious beyond all, and though willing to undertake any work within your power, we may say you have almost an ambition to be small. This is, I believe, in accordance with the prophecy of the Saintly Curé of Ars, who foretold that yours would be a small but fervent community which would make little noise in the world but do great good. . . .

If the Bon Secours Sister sees Our Lord in every human soul, she sees Him, above all, in the priest who is appointed by God to represent His Son before men. All who are familiar with your hospital know how very much alive in the Sisters is this spirit of faith, in their care of sick and dying priests. We ourselves have very often seen it manifested toward our own priests and toward our students who aspire to be priests, and surely it is a spirit which will be richly rewarded by God.⁵⁵

The second day of the Golden Jubilee celebration was called Marist Day, because Archbishop de Quélen had given the spiritual direction of the Sisters of Bon Secours into the hands of the Marist Fathers. In Paris from the early days, and in Baltimore for nearly 50 years, the Marist Fathers had been the spiritual directors of the sisters. On this second day of celebration, Bishop Michael J. Keyes, a Marist, and Bishop of Savannah, celebrated the Pontifical High Mass and Father Nicholas Weber, S.M., delivered the sermon. The students from Marist College in Washington, D.C. sang the mass.

The third day was Secular Clergy Day, the crowning day of the Golden Jubilee celebration. Three bishops, many monsignors, many of the archdiocesan clergy, and clergy from other religious orders of priests were present. The sisters invited their friends among the people of Baltimore and of other cities. More than one thousand invitations were accepted. Because the convent chapel could not accommodate all who wished to attend the ceremonies, Pontifical High Mass was celebrated on an altar erected in the convent garden. Archbishop Michael J. Curley of Baltimore officiated. Even the patients from the hospital across the garden took part in the celebration, following the services from their beds on the porches or from their places beneath the trees in the garden with doctors and nurses standing near by. This final day of celebration closed in the afternoon with a ceremony of reception and profession, ending three days that would continue to be an inspiration for many years to come.

Through the years of the administration of Mother St. Urban and her successors, the work of the sisters at the Baltimore convent continued unceasingly. A few glimpses of what went on in those years can be obtained from the account of Sister Ludovic who came to Baltimore in 1909, and who spent many years nursing in the homes. Sister Ludovic recalls going to many places to care for the sick of all classes. In her ministry she cared for patients in Baltimore, Wilmington, Philadelphia, Chester, New York, Gettysburg, and many other places. Sometimes she went alone and was responsible for the patient twenty-four hours a day. Where possible it was the practice to send a young sister on a case with an older sister; on one such occasion Sister Ludovic was the younger sister. She recounts:

I remember one time when I was taking care of a patient, Sister Yves was with me. I was a very young Sister then. The patient's daughter said to Sister Yves: "Don't you think this Sister is too young to take care of my mother?" Sister Yves answered gently: "Not at all. She's young but that's not a fault of her own. Sister knows a good deal about taking care of the sick." I was glad when I proved I was capable. Sister Yves was always so kind.⁵⁶

Sister Ludovic also spoke of the strong community spirit that existed among them even though they spent much of their time outside the convent; of the warm welcome they received when they returned home from a case, or when they came home on Friday afternoons, circumstances and distance permitting, to go to confession and get a fresh supply of linen and other necessities. They found great joy in being together again. On such occasions the recreation period was extended and their afternoon tea became more special.

In her old age, Sister Yves, living over again her memories of the past, wrote:

O blessed nights of care and watching! What a precious souvenir they are to my soul! How often, during those long, silent nights when everyone was sleeping and even the patient slumbered, I would go in spirit to the nearest Church and say, "My God, we are the only two watching. Bless me, Jesus, that I may be able to keep awake," and Jesus did. Yes, our life was a truly happy one, praying to God and helping His poor suffering children.⁵⁷

Speaking of their work in the homes of patients Sister Ludovic relates that they went to early mass whenever possible, but never at the risk of neglecting the patient or inconveniencing the family. Sometimes in country places, or where circumstances didn't permit, they got to mass only a couple of times a week. In all cases they adapted themselves to the situation and shared the lot of each household in which they found themselves. They often left the convent for weeks at a time. In cases of prolonged illness they rotated every three months. This was according to

their rule. Sometimes the patient was their only responsibility, but at other times in addition to caring for the patient they undertook household duties as the need arose.

Before the constitutions were modified in 1958, and revised in more recent years, there was an article specifically regulating the amount of rest a sister should have when out in the homes nursing the sick. This was with a view to guarding the health of the sisters. "The Sisters who shall be out with the sick must retire seven hours out of the twenty-four. They may not demand more. However, if the patients desire them to take a longer rest, they will do well to profit by it."⁵⁸ Prior to the revision of the constitutions in 1933, six hours was the prescribed amount of rest. Also, after the revision of the constitutions, the limit of time a sister could stay with the same patient was changed from three months to two months. If there was only one sister on a case, and that happened frequently, sometimes a responsible member of the family was taught essential and simple procedures so that the sister could get some rest. However, when alone she was responsible for the patient twenty-four hours a day, and subject to call. As much as possible, the sisters abided by the constitutions.

The following story is one of many told of those earlier years.⁵⁹ Sister Ludovic and an older sister were sent to care for three children in York, Pennsylvania, two boys and a girl, who had typhoid fever. An older child, Mary, had died a short time before from the same disease, and the mother had died a few months previously from a heart condition. Older members of the family had married and left home except for the father who was keeping house for the younger children. When the sisters got there, they realized he was ill too. He was worn out from work, grief, and anxiety. He was admitted to a nearby hospital where he died shortly afterwards.

As was customary in that region, the parish bell tolled when somebody died. One of the boys, Pius, asked: "Sister, who is that bell tolling for?" It was a delicate moment. Her heart ached for the children, but they were still at a critical period of their illness and the news of their father's death would be dangerous. Weeks later, the children were told the sad news. Then came another sad duty when it was time for the sisters to leave. They had to close up the house and take the children to the home of a relative.

Many years later the sisters received a letter from one of the children they had saved from typhoid fever. Letter writing in those days was strictly regulated. It would be impossible for the sisters, in any event, to keep up correspondence or communications with all the families they met in their ministry to the sick. But, their goodness and kindness bore fruit in



UPPER: Mother St. Fulgence, fifth superior general; LOWER: His Eminence James Cardinal Gibbons, Archbishop of Baltimore



UPPER: Mother St. Ferdinand first superior, Baltimore; LOWER: Sister St. Flavie, pioneer, United States foundation



UPPER: Original convent, 2000 West Baltimore Street, Baltimore; LOWER: Original Bon Secours Hospital, Baltimore



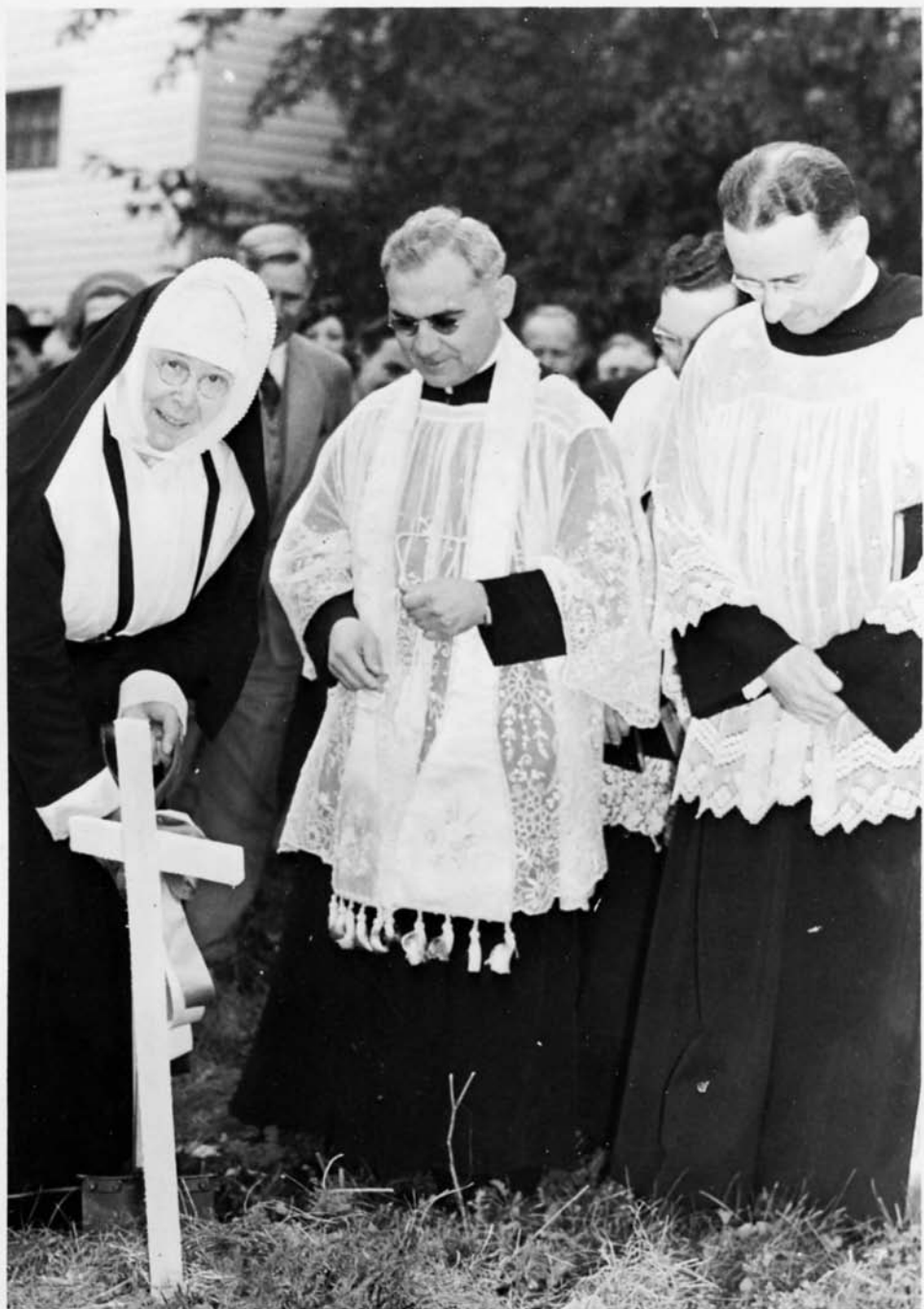
Mother St. Clara with first novitiate, seated left to right: Sister St. Alberic, Sister Mary of the Presentation, Mother St. Clara, Sister St. Thomas, Sister Jane McGonigal (Sister Mary Gertrude), standing left to right; Sister St. Luke, Sister Mary Agnes, and Sister Victorine



Bon Secours Guild, founded 1940, Baltimore



UPPER: Mother St. Urban, early years; LOWER: Mother St. Juliana, first regional superior



Mother St. Benedict, groundbreaking, Bon Secours Hospital, Grosse Pointe



UPPER: Home nursing, Baltimore; LOWER: Sister Malachy, visiting nursing, Baltimore

various ways, and was not forgotten. The letter was from Pius. Pius told them that he had heard them saying the rosary together when he was recovering from typhoid fever. It was then that the thought first came to him of doing something good, of doing something for God. He did. He became a priest. He wanted to thank the sisters for the inspiration they had given him.

At a later date Sister Ludovic, now a senior sister herself, went to Waynesborough, Pennsylvania, to take care of a patient; it was Father Pius who welcomed her to the parish. Sister Ludovic later said: "The Sisters were devoted to the sick. They gave great consolation to the families. They were satisfied with their lot, far or near, rich or poor, that was the work of the Sisters. At times it was very difficult, but they did the best they could. Often times, through the influence of the Sisters, people who had fallen away from their duties came back to the Church."⁶⁰

Thus the work of kindly care continued to be extended, from the convent at 2000 West Baltimore Street, for many years into the future, under different leadership and by a continuing band of dedicated Sisters of Bon Secours. It is an old saying and true that what is well begun is half-done. The poverty, the humility, the generosity, the self-denial and the spirit of prayer and love of the sisters during those early years form a chapter that no human pen may write.

Chapter III

The Foundation Washington, DC

Although for 24 years the only house of the congregation had been in Baltimore, the ministrations of the sisters were not confined to that city. Because Washington was only 40 miles from Baltimore, the sisters cared for patients there, especially during epidemics of typhoid fever that were frequent before the Potomac swamps were drained and transformed into a spacious park embellished by its now-famous Japanese cherry blossoms.

Many people expressed a desire for the sisters to open a convent in Washington. Mother St. Urban was in complete sympathy with the idea, which was often expressed to her and to the sisters. There was still an outstanding debt on the Baltimore property and on the extension to the convent, so it was hard to see how the sisters could assume a further debt by purchasing property in Washington. Mother St. Urban sought advice and, trusting in Divine Providence, decided in favor of making the foundation. She placed the matter before Mother Mary of the Angels* and Cardinal Gibbons, and received both approval and support. Father Joseph Mallon, pastor of St. Ann's Church in the beautiful Tenleytown suburb of Washington, invited the sisters to his parish with the approval of Cardinal Gibbons.

God, who had always taken care of the sisters, showed in the present instance how He justified their trust in Him. By a natural sequence of

*Mother Mary of the Angels had been elected Superior General in 1902 following the death of Mother St. Fulgence.

events, He made it possible for Mother St. Urban to purchase at a very good price a suitable house for a convent—sufficient in size for at least a few years and in an excellent location. The stone house had originally been the rectory for St. Ann's Parish. When a new rectory was built the Sisters of Providence of St. Mary's of the Woods, Indiana, moved into the old rectory. These sisters had gone on to build a new convent on an adjacent tract of land, leaving the former rectory vacant and for sale. Father Mallon called on Mother St. Urban and advised her to buy the property. It was purchased for \$14,700 in 1905 and the second foundation of the Sisters of Bon Secours in the United States was under way.

When Mother St. Urban secured the convent in Washington, it was unfurnished. She went to a furniture store and ordered the furniture for the house. She had no money but, relying on Divine Providence and her ever-faithful St. Joseph, she gave the order. The store belonged to the Grogan brothers; in the past, the sisters had nursed in the Grogan family and Mother St. Urban felt they would give her ample time to pay the bill. When she asked for the bill, however, she was told: "Sister, there is no bill for you. When we were in need, you knew how to give us help. This is in payment for the good care you gave my father. It is we who are still indebted to you."¹ Later, as they were about to move into the house, a grocer supplied them with foodstuffs. In like manner, shopkeepers and craftsmen were most generous in providing all that was required. They all refused to accept payment. The people of Washington wanted to show their gratitude, and the sisters humbly and gratefully accepted the kindness of these good people. God showed His love by demanding a sacrifice that would bring a blessing on the new foundation.

In the summer of 1905, as Mother St. Urban was preparing for the foundation in Washington, another epidemic of typhoid fever broke out. It had become an annual scourge. The sisters were kept busy day and night helping to the limit of their endurance. Several sisters developed the fever. Among them was Sister St. Liborius who, weakened by constant work and insufficient rest, could not resist the effects of the disease, and died August 19, 1905, at the age of 23. Sister Liborius' last patient, and, trusting in Divine Providence, decided in favor of making the happiness of seeing this patient received into the Catholic Church to die a holy and peaceful death. Sister St. Liborius' acceptance of death with such perfect feelings of resignation and joy lessened the sorrow of the sisters; they saw in this trial a token of blessings for the proposed foundation. Her death had been most edifying. In great pain she would often repeat: "Blessed Mother of mine, pray for me!"² One night when Mother St. Urban was keeping watch at her bedside she said: "I have never been so happy as I am now."³ Mother St. Urban felt keenly the loss

of so many young sisters even though their holy deaths were a triumph for God and a blessing for the congregation. She was heard to say: "I am so happy, for the glory of Our Lord, to see these my dear children so patient and so glad to do His will; but oh, if He would only leave them to me a little longer. . . . The only thing I have to reproach them with is that they are leaving me too soon for Heaven."⁴ In spite of her sadness, Mother St. Urban made all the preparations and selected the sisters for the Washington foundation. The first to arrive in Washington as part of the new community were Sister St. Juliana, Sister St. Claire, Sister St. Seraphine, Sister St. Emerentiana, Sister St. Julian, and Sister St. Victorine, who was to become superior.

On the first Sunday of October, 1905, Rosary Sunday, the first mass was said in the little chapel that had been beautifully decorated for the occasion. Father Mallon, pastor of St. Ann's Church, celebrated the mass and blessed the whole house. That Sunday morning Mother St. Urban could not keep back her tears, but they were tears of joy. She saw in this foundation more good to be done, and a wider field opened to the Sisters of Bon Secours. After the mass Sister St. Victorine, who had come to the United States in 1883, was installed as first superior of the foundation in Washington by Mother St. Urban. One of the Sisters of Providence, who lived across the street from the Bon Secours convent, wrote of Mother St. Victorine that she was "a saintly, gentle soul with a tender devotion to Our Lord in the Blessed Sacrament."⁵ And of the rest of the sisters she said they had "a spirit of child-like simplicity and a loyal devotion to duty."⁶

When Mother St. Urban wrote to the superior general, Mother Mary of the Angels, shortly after the installation of the sisters in their new home in Washington, she said: "I live in constant gratitude for the favors and graces granted to us. We have had our crosses and anguish of heart, it is true, partings, illness and death. But all these trials are forgotten when one sees such acts of faith and abnegation, and one can only say, 'What glory this gives to God, how many merits for eternal life.'"⁷ The Baltimore convent, the first in the United States, had been beloved by all the sisters; the new community in Washington was the first to go forth on a separate mission, and they felt the parting keenly.

On the occasion of the opening of the new foundation, the *Washington Sunday Star* on October 1 reported:

Simple ceremonies will mark the formal opening of the new home in the District for the Sisters of the Bon Secours, which will occur in the chapel of the institution, this morning at 7 o'clock. The home is located at Tenleytown. . . . Rev. Joseph D. Mallon, rector of St. Ann's Roman Catholic Church, will officiate at the low Mass and blessing of the building.

In a quiet and unostentatious way the Sisters of Bon Secours are said to have done a wonderful work in ministering to the needs of the sick of all classes and conditions of mankind. They are as well known in the homes of the Hebrew as the Roman Catholic, and Protestants of nearly every denomination. Their work is boundless in character and infinite in variety, for no matter when the call comes for their services to attend the sick they go directly, and remain until the patient is well into the convalescent period. . . .

In Washington the services of the Sisters have been very much in demand, and at times there have been as many as twenty Sisters nursing in this city, especially during the several periods of typhoid epidemics that the city has passed through. As stated above, the Sisters have been called to the homes of people of all manner of religious beliefs. Of Protestant patients they are said to have had many in this city.

Circumstances often place them with extremely poor and ill fed humanity, and, of course, they share the lot of each household in which they are located. . . . It is known that in one case a Sister who was nursing a case of typhoid had nothing more substantial to eat than potatoes. . . . The recent typhoid epidemic in this section of the country has made many demands on the Sisters. One, who is now in Maryland, had hoped to be present at the opening of the new home this morning, but on account of the condition of her charges she will have to forego this pleasure. She is said to have had two typhoid patients on the road to recovery when two others of the same household became afflicted, and now the Sister is more than ever occupied.

Among physicians the Sisters of Bon Secours are said to be highly regarded. They are tireless in their endeavors and constant in nocturnal vigils.

Legal status for the care of the sick was secured by the Washington Community when, on May 22, 1907, they became incorporated in the District of Columbia.

Though Tenleytown was then a little village, in open country three miles northwest of Washington, it was connected with the city by a streetcar line. The streetcar stop was only a few hundred yards from Bon Secours convent. When the sisters were able to spend some time in their convent, they were high above the city, away from the crowded residential areas, and with a little plot of land surrounding their home. Next door was St. Ann's Church and rectory, and across the street another convent and private school. The pastor and priests of St. Ann's were their friends, as well as the nearby Sisters of Providence of St. Mary's of the Woods. The Sisters of Bon Secours had privacy and peace without, and happiness and peace within. The conditions that prevailed in Baltimore prevailed in Washington—the same strong community spirit, the joy of being home together when this was possible, and the spirit of prayer that permeated their lives.

Less than a year after the foundation was made in Washington, Mother

Mary of the Angels came to the United States to visit her communities in Baltimore and Washington. It was in August of 1906. On board ship with her from France were 62 religious persons of various communities who were being exiled. War on Catholicism had begun in France with the great revolution (1789-1799), and from that time anticlericalism continued to be widespread throughout the country, lasting through the entire 19th century and into the early 20th century. French freemasons, who were atheistic and anticlerical, controlled the French Government from 1877 to the start of World War II.⁸ These politicians passed laws designed to restrict the Church's influence, especially in education. To gain further control of the Church this government enforced the "Associations Law" of 1901. According to the provisions of this law, every congregation must be authorized. Those that failed to receive authorization from the government were dissolved and their property confiscated. Many religious orders, rather than submit to this law, voluntarily disbanded. Others who did appeal for authorization were refused. This situation, naturally, was distressing to Mother Mary of the Angels. Even though the congregation had received the authorization of the French government as early as 1827; this was a different regime. Cardinal Gibbons assured Mother Mary of the Angels that if France should ever close its doors to the congregation he himself would open wide those of his diocese to it.

From the time of their arrival in Washington, the sisters were busy caring for the poor and the sick, and their work continued in this manner during succeeding years. On July 26, 1911, Mother St. Victorine, whose term of office was nearly completed, was transferred to the Detroit community (founded in 1909) and her place was taken by Mother St. Emerentiana, who governed until October 1918, when she was succeeded by Mother St. Seraphine. There continued to be outbreaks of typhoid fever; and cases of diphtheria, scarlet fever, and tuberculosis were still common. The sisters answered calls without discrimination and for all types of illnesses. Sister Mary Margaret said of Sister St. Luke, her aunt: "She spent most of her life doing home nursing, and she mentioned that for a whole year she didn't sleep in her own bed, because when she came home she was sent out again upon another case."⁹

The work went on in its customary way and no additional striking events were recorded until the advent of the Spanish influenza that followed in the wake of World War I. It has been said that the Spanish influenza killed more victims in a few months than all the armies of the World War did in four years. In the United States alone, half a million people died. This pandemic of 1918 to 1919 ranks with the plague of Justinian and the Black Death as one of the three most destructive outbreaks of disease that the human race has known. In the United States, approximately 1 person in every 4 fell sick, with a mortality rate of

2 or 3 out of every 100. It was in October 1918, especially during the last week of the month, that Washington, D.C. was in the thick of the epidemic; the sisters, among the many trying to relieve the stricken, were constantly busy doing all they possibly could. Even the superior, Mother St. Seraphine, who had been appointed just that month, answered calls when no other sister was available. So many were ill that the person who opened the door to admit a sister to a stricken household was often himself on the verge of collapse.

Sister St. Augustine and Sister St. Julian answered the call to care for the influenza victims among the students at Georgetown University. While there, Sister St. Augustine contracted influenza. She came home to the convent, where every effort was made to stem the progress of the disease; all attempts to save her life failed. She died on October 16, 1918 at 31 years of age. When Mother St. Seraphine gently told her that she was going to die, with a look of radiant joy Sister St. Augustine expectantly said: "It is too good to be true."¹⁰ Her resignation to the will of God in the face of her death was so beautiful that the sisters were comforted. The Georgetown students Sister St. Augustine had nursed back to health came to her funeral, and six of them were privileged to be her pallbearers.

While the sisters in Washington were busy taking care of the victims of the Spanish influenza, so were the sisters in Baltimore. A wave of the flu epidemic had struck Baltimore shortly before it reached Washington. It was during the latter part of the month of September 1918 that Baltimore became affected, and, with the rapid progress of the disease, conditions became very serious. Doctors, nurses, members of various religious communities, and lay people all worked hard caring for the sick and dying. The Sisters of Bon Secours worked day and night—as long as their strength permitted or until they themselves were stricken with the disease.

Besides engagements in private homes, sometimes caring for whole families, the sisters passed from home to home in an effort to make their ministrations as far reaching as possible. A wave of the epidemic passed through the Jesuit College at Woodstock, Maryland, and it became necessary to break the cloister there when some Sisters of Bon Secours answered the call to minister to the stricken priests and students of the college. They cared for a total of 86 patients at Woodstock College. For two weeks when the epidemic was at its height in Baltimore, sisters also nursed the stricken soldiers at Camp Meade, Maryland. Cardinal Gibbons asked Mother St. Urban to send as many sisters as possible to the camp, where hundreds were suffering and dying; the sisters remained at the camp until the epidemic had passed. The following account of the havoc wrought by the influenza at Camp Meade, is given in the *Baltimore Catholic Review*, January 4, 1919:

The epidemic of influenza which swept over our country during the fall of 1918 cut its way through the ranks of the men of Camp Meade, Md. . . .

It was during the week of September 15 that the disease in its lighter and incipient stages began to spread among the men in Camp Meade. At this time there were in camp between forty-two and forty-three thousand men. . . .

On September 26, several cases of pneumonia developed, and it became evident to the Catholic chaplains in camp that a systematic method of handling the problem should be adopted. Twenty-six men had now received the last rites of the Church, and several wards of the base hospital were filled with influenza patients. . . .

During the week of September 29, cases of pneumonia had developed so rapidly, and many had been called from life so unexpectedly, that it was impossible to abide by a given schedule. . . . With several hundred new cases developing each day, the doctors and nurses began to show the effects of their arduous duties. Many of the nurses were by this time incapacitated by sickness, and three of these devoted women passed away during the scourge. At this juncture namely, on October 1, His Eminence Cardinal Gibbons informed General Carter that he would supply whatever help could be spared from the Catholic sisterhoods of Baltimore. Two days later Camp Meade witnessed the familiar scenes of Civil War days and Spanish-American War days of consecrated women administering to dying American soldiers. The sisters lived and worked in camp from October 3 to October 17.

Many of the cases of influenza were treated in the various field-hospitals and infirmaries in camp, also in the temporary hospitals which were established. . . . An unofficial statement emanating from competent authority places the figures of the epidemic as follows: Number of influenza cases, about 12,000; pneumonia cases, 2,800; deaths, 748. . . .

It has been said by an official of the medical staff of the camp that one of the memorable facts of the epidemic is that not one Catholic soldier died without the ministrations of a priest. The records reveal that 817 received the last rites of the Church.*

Sister St. Fabius was assigned to the officers' ward for night duty. She had charge of 50 patients and had three orderlies to help her. According to Father Hayes' *The Bon Secours Sisters in the United States*,

A captain seemed to be suffering more than the others, and the sister spent the little spare time she had at the side of his bed with little attentions for the ease of his body and with prayers and aspirations for the comfort of his soul. He seemed to forget his bodily pains in his hunger for spiritual help. He would repeat with fervor the little prayers the sister taught him One

*According to Sister Bruno, now living at Marriottsville, the sisters of Bon Secours who nursed at Camp Meade were: Sister St. Clara, Sister St. Luke, Sister St. Fabius, Sister St. Lawrence, Sister St. Alberic, Sister Mary Gertrude, Sister Mary Theresa, and Sister St. Victorine.

evening the doctor told the sister that the captain had only a few hours to live. His wife had arrived a few hours before. With that gentleness and tact that a nursing sister possesses, the captain was told of his approaching end. He called his wife and told her that, since death was near, he wished to meet Almighty God in the faith that was the sister's. "I want to be what Sister is. . . ." The example of the sister had convinced him of the truth of the Church; her prayers had won for him the divine gift of faith. He belonged to no church, had not received the sacrament of Baptism. . . . A priest was called, and after he had administered the sacraments he remarked that he had seldom seem such faith.¹¹

A few hours later, the captain died peacefully repeating acts of faith, hope, and love for God.

At Camp Meade over 700 soldiers died. On Sunday, November 10, 1918, a memorial mass was celebrated there. It was declared to be one of the most solemn and impressive ceremonies in the history of the camp. Cardinal Gibbons was present at the mass and delivered a short address to the great throng of army men and civilians who were present.

Over the years, more sisters came to join the community in Washington and the convent eventually became overcrowded. The rooms were small; some had to be doubled to accommodate the growing community. The building itself was now very old. In addition, the heating system was wearing out.

Mother St. Seraphine obtained the adjoining tract of land in June of 1923, as a site for a new convent. Before becoming superior in 1918, she had worked in the homes of the sick in the Washington area for 13 years, and had made many good friends among all classes of people. Now, her good friends came to her aid in procuring and purchasing this beautiful adjacent piece of land.

By the time the sisters were in a position to build the new convent, Mother Mary of the Compassion was superior of the Washington community. Construction on the new convent began in July of 1927. The sisters moved into their new home the following April 14, and on that same day, a Saturday afternoon, Father Hugh Curley from St. Ann's Church placed the Blessed Sacrament in the tabernacle. Attached to the new convent was a beautiful chapel. It was not until June 2 of that year that Right Reverend Eugene J. Connelly, pastor of St. Peter's Church, in Washington solemnly dedicated the chapel and blessed the house. Monsignor Connelly had been ecclesiastical superior for the Sisters of Bon Secours for many years. (When his own father was critically ill in his home in Brooklyn, New York, a Sister of Bon Secours was called to care for him. Sister St. Bruno was with Mr. Connelly when he died and, at the family's request, she remained with them until after the funeral.)

The sisters at last had a spacious convent and a beautiful chapel. The convent was a substantial brick building with 16 rooms, a large basement, and a third floor with dormer windows that was later converted into additional sleeping quarters. They had many more conveniences than formerly and the privacy of their own bedrooms. The grounds were also quite spacious, shaded by beautiful trees, and offering a haven of peace and beauty whenever they got a respite from their nursing duties. And there was still room for expansion.

With this lovely new home also came a substantial debt. The total cost of the finished building including architect's commission was \$84,000. Even with the help of benefactors and their own savings over the years, the sisters in Washington could only partially meet this debt. As always, they maintained themselves on donations for their services and gifts from friends; the poor were never forgotten or refused nursing care. Again, God provided for their wants. In this instance, the motherhouse in Paris and Bon Secours Hospital in Baltimore came to their aid by making substantial loans and cancelling the debt.

God rewarded the generosity of the sisters at Bon Secours Hospital, Baltimore, for they received a large sum of money from the estate of a wealthy lady who had befriended them. In fact, in October of 1930, Mother St. Donat wrote that the estate of a Mrs. Hites contributed \$69,000. It was once more a case of the proverbial bread upon the waters returning to the sisters.

With so much of the debt paid off on the new convent, it looked as if the community in Washington could look forward to continuing its ministry to the poor and the sick under favorable conditions. But the year was 1930 and another crisis was befalling the United States in the form of the Great Depression. The sisters, already under financial stress, stretched their resources to help the unfortunate. Care continued to be given to the sick for little or no remuneration and the needy were clothed and fed. The combined efforts of public and private social agencies could not meet the vast burden that the depression created. In 1932, the original property bought in 1905 was sold back to its original owner, the Church of St. Ann's in Tenleytown, to provide funds to meet existing needs.

Mother Mary of the Angels, who had governed the congregation for 10 years, died July 9, 1912, following a rule characterized by kindness, love, and simplicity. Her place was taken by Mother St. Bartholomew, who was elected superior general on August 22, 1912; this holy woman was to govern the congregation with wisdom and courage for 35 years, a trying period spanning two world wars in Europe. It was to Mother St. Bartholomew that Mother St. Urban made a special request. Having been superior at Bon Secours Hospital in Baltimore from December of 1919 to

February of 1929, Mother St. Urban asked to be relieved of that post.

Mother St. Urban left Baltimore on February 2, 1929 for Washington to become a member of the community there. Her health had been failing for some time and she was in need of a complete rest from all cares and responsibilities. The sisters happily prepared a room for her in the infirmary looking directly into the chapel. Mother St. Urban had written before her arrival: "I am coming to spend my last days with you, for there I hope to die."¹² Mother St. Urban was still only 71 years old, and the sisters insisted that her only duty was the restoration of her strength to at least a semblance of former years. After six weeks of perfect rest, she gained a notable increase in strength and to her surprise she was appointed superior of the community where she had hoped to remain only as a sister. She bowed to God's will. After three peaceful years her strength showed signs of deterioration; with the suddenness of lightning, she endured a paralyzing stroke that left her bereft of speech and motion. This was in March of 1932. News of her condition was sent out to the other houses, which by this time included two more in Philadelphia and one in Detroit. Fervent prayers were offered that she be spared if it were God's holy will. She lived a little over a year and her speech was partially restored. Most of her last recorded words were ones of submission to God's will, gratitude to her sisters, and expressions of love for the Holy Eucharist. Day and night from her bed she looked to the tabernacle and her whole heart went out in prayer to God who dwelt there. She never tired of thanking the sisters for what she called "too much care and attention and comfort to a poor unworthy religious."¹³ In humility and simplicity she would say, "May God reward you, how good you all have been to me. Pray for me when I shall have passed away."¹⁴

With the sisters kneeling around her bed praying and commending her great soul back into the hands of God, she died peacefully on July 11, 1933. She was still in her bed facing the tabernacle when an hour later, at 6 a.m., mass was offered for the repose of her soul. On the following day, masses were again offered at 6 a.m. and 9 a.m., and at the latter mass the chapel, the sacristy, the hall, and the adjoining parlor were crowded with her many friends in Washington who had come to pay their last respects. That afternoon, Mother St. Urban took her last journey to Baltimore accompanied by her sisters. Her body was placed before the altar in the convent chapel and the next morning, several more masses were said for the repose of her soul. Then her body was taken to St. Martin's Church for the funeral mass, because the convent chapel could not contain the great numbers who wished to show by their presence the love and esteem they had for one who had done so much for the people of Baltimore.

The church was crowded and in addition to the laity, there were sisters

from all the religious communities in Baltimore. The sanctuary was crowded with prelates and priests. Bishop John M. McNamara, auxiliary bishop of Baltimore, was celebrant of the Pontifical High Mass. Archbishop Curley, who had great admiration for Mother St. Urban and had visited her in Washington a number of times during her illness, had intended to pontificate at her Requiem Mass, but was out of the country. The students from the Marist Seminary, Washington, provided the music for the mass. In addition to the regular pallbearers, 25 members of the medical staff of Bon Secours Hospital were among the honorary pallbearers. Mother St. Urban had been the first superior and administrator at the hospital and its entire staff looked to her as a leader and loved her as a mother. The words of Monsignor Eugene J. Connelly spoken at her funeral mass summed up the feelings of all: "We have come here this morning not just because death has closed the earthly activities of a leader amongst women, and convention requires that we show her memory respect; we have come mainly because we loved her for what she was and what she did."¹⁵

In the years following Mother St. Urban's death in Washington the sisters continued their work through the lean years following the depression. Some insights can be gained into those years from statements in the minutes of the meetings of the Board of Trustees. In April 1939, we read: "Up to the present even after doing considerable charity to the sick and needy poor we have been able to meet expenses. During the Summer months we hope to do some much needed painting and minor repairs."¹⁶ Some years previously the sisters in Washington had received by bequest a little house not far from their convent. In 1940, they deemed it necessary to sell it for several reasons, the most obvious being as a source of revenue.

By this time World War II had already been waging in Europe for over two years, and within a few more months America would be at war. This had a further effect on the work of the Washington community. A letter of the Real Estate Tax Exemption Board dated November 26, 1941 gives insight into the charitable work of the sisters. It says:

We are advised that while the Congregation is Roman Catholic, the Sisters' services are available to all, irrespective of color, creed or class, and that approximately 1,440 days of nursing service were given by the Sisters during the calendar year 1940, for which no charge was made.* The staff lives by free will offerings and by gifts. There are no wages or any form of remuneration

*It is most likely that these calculations were made on a 24 hour day rather than on an 8 or 12 hour day. Only when the sisters went into institutional nursing were their work days calculated first as a 12-hour day and in more recent years as an eight-hour day.

to the Sisters in the Congregation, or to any officers or directors of the Corporation.

We believe that these Sisters are engaged in a very laudible activity, and that the services to the sick, regardless of creed, class, or race bring them within the category of a purely public charity.¹⁷

At the time this letter was written, the sisters were being taxed for a portion of land deemed by the Board of Commissioners of the District of Columbia as “being excess land larger than is absolutely required for this charity.”¹⁸ This taxation placed an added financial burden on the sisters.

Some idea of the amount of charitable work being done can be gleaned from the financial statement of 1940. According to this statement the receipts for the year were \$7,070, and the expenditures were \$6,890.42. The \$7,070.50 in receipts included, in addition to offerings and gifts \$3,782.85 derived from the sale of real estate left the sisters through a will. Obviously, it had become increasingly difficult for the sisters over the preceding decade to maintain themselves by caring for the sick in their homes.

Through the years since the sisters first came to Baltimore, hospital conditions had improved and diseases prevalent in former years were now under control. Bigger and better hospitals had been built and doctors were now sending more patients to hospitals for care. As a result, many of the patients that the sisters cared for in their homes were the chronically ill—the dying and the needy poor.

When the United States went to war in December of 1941, it made another impact on the lives and services of the sisters of the Washington community. The Board of Trustee Minutes for September 25, 1942, states: “Due to an acute shortage of nurses in our Baltimore Hospital we are sending Sisters to help them as the occasion occurs.”¹⁹ Several of the nurses employed at Bon Secours Hospital in Baltimore had joined the armed forces—a fact that made help from other convents a necessity. This shortage of nurses continued throughout the war; yet the Washington community was hopeful that with the end of the war more sisters would be available for home nursing. The board minutes for September 14, 1945, says: “With the end of the War and victory we look forward to the day when our members will increase as we need more Sisters. . . .to answer the calls of charity throughout the City and its environs.”²⁰ However, this hope was not realized—first because the termination of the War did not bring the much-needed increase in lay nurses, and second because the institutional work of the Sisters of Bon Secours had gradually expanded and was about to be extended into another diocese. Archbishop Richard J. Cushing of Boston had invited the Sisters of Bon Secours to come to Lawrence, Massachusetts, to do visiting nursing and to get acquainted,

pending the building of the first Catholic Hospital in that area, another Bon Secours Hospital. The foundation in Lawrence was made in 1946.

The transition from home nursing to institutional nursing had been made, at the request of the hierarchy of the Church, and members of the medical profession, to meet modern developments in medicine and existing needs in society. The change was also made with a view to extending the sphere of the ministrations of the sisters to a larger number of people. The sisters were willing to help where most needed. On the occasion of the Golden Jubilee of the Sisters of Bon Secours in the United States, Father John F. Fenlon, provincial of the Sulpicians, said: "They have proved themselves also true to their name, Sisters of Good Help—Bon Secours—by being willing, when possible, to lend a helping hand to any good work asked of them. . . . The adaptability of the Bon Secours Order is indeed one of its characteristics which recommends it most to ecclesiastical superiors."²¹

The sisters in the Washington community did the best they could with limited resources. The board minutes for March 1, 1947, state: "Owing to lack of Sisters the care of the sick is limited to visiting nursing only. No repairs or painting can be done for the present."²² Alone, the sisters could not keep their convent in good repair, and it was too beautiful a building to let deteriorate. Mother Mary of the Compassion, who had been superior in Washington when the convent was built, appreciated its beauty and value and came to their aid. She was now superior at Bon Secours Hospital in Baltimore and by 1948, she had the exterior of the convent—windows and all framework—painted, and the chapel painted and decorated on the interior.

But there were other financial difficulties. That year, Mother St. Fulgence, now superior general, made her visitation in the United States. When she visited the Washington convent, she recommended that several of the front rooms on the second floor be used for "guests" in order to help defray expenses and the upkeep of the convent. Archbishop Patrick A. O'Boyle of Washington was told of this recommendation and he graciously granted permission. In a letter written to Mother St. Luke, superior of the Washington Convent, on November 9, 1948, he said:

As you know, Mr. Wilberding, Consulting Engineer for the Archdiocese, visited your Convent with regard to the question of taking some invalid ladies in for convalescent care.

Mr. Wilberding advises me of the splendid residence you have and that it is ideally equipped for this convalescent type of care. I, therefore, am very happy to give my permission for you to have four or five ladies as you suggested live at your Convent.

May I once again say that I hope the work of visiting the poor will not only be continued but expanded in the City of Washington.²³

These circumstances continued for another few years until Mother Luke had the idea of extending service to additional convalescent patients at the convent. Mr. Maurice F. Moore, the architect who had designed the building in 1927, was consulted. A letter he wrote to Mother St. Luke in 1951 describes plans for a convalescent home dating back to 1927, and it is likely that they would have materialized if the great depression had not occurred.

The Bon Secours Convent in Baltimore had already made a move toward institutionalized nursing in 1919, with the opening of the hospital. The Washington community likewise, seeing changing trends in nursing and medical care, was looking for a means of stabilizing its future as land was available for expansion. But in his letter Mr. Moore wrote:

We talked about the hopes which inspired your beloved Order when your present building was erected more than twenty-four years ago. Preparations were made at that time for the addition of a Convalescent Home or Hospital similar to the Jenkins Memorial Hospital in Baltimore, which Institution I visited several times.

Your present Convent Building is non-fire proof above the first floor and cannot be used for anything but its present purpose because of our present Building Regulation or Code. You can, however, attach to it the building you desire and make the basements of both buildings available for Medical Clinics, Dispensaries, Diet Kitchens, etc. Many things can be done if some "Good Angel" comes to your assistance.²⁴

The Washington foundation may well have had a different future if circumstances had permitted.

The sisters continued their visiting nursing and care of the poor to the limit of personnel and resources. Mother St. Luke wrote at this time, "Through a charitable gift from one of our former patients we were able to do some necessary repairs and had the rooms and stairways painted, and a new washing machine, and ironer and dryer were purchased. Also a recreation room was made in the basement."²⁵ This basement room was also used for gatherings of Guild and Red Cross Members. In 1957, an "elevator" was installed as a gift from one of their "guests." Other bequests enabled them to lessen their burden on the Baltimore hospital. The Bon Secours Hospital in Baltimore supported the Washington foundation for many years until the United States Province was established in 1958. Then the provincial house looked after the needs of the Washington community.

For many years prior to the 1950s sisters attending classes at Catholic University resided at the Washington convent. In the 1950s and later, with ever increasing numbers of sisters pursuing higher studies at Catholic University, Georgetown University, and other places, the Wash-

ington convent truly became a house of studies and it continued in this manner until 1966. After the opening of the new provincial house in Marriottsville, Maryland, it was considered unnecessary to maintain the Washington convent as a house of studies, because of the close proximity of Marriottsville to Washington. By this time the Sisters of Bon Secours were well established in institutional nursing of various forms, and spread throughout seven states.

Home nursing as practiced by the sisters was not needed as much as it had been in former years. In early years, doctors often preferred to treat patients in their own homes, but the types of disease prevalent in those years for the most part no longer existed. Thus came to an end a fruitful apostolate of the Sisters of Bon Secours in the nation's capital.

The face of Tenleytown did not change over the long period of 60 years. It remained a beautiful, suburban area. The property the sisters were to sell, after receiving all necessary authorizations, was valuable and in good condition. The convent in Washington was formally closed on December 28, 1966 and it was purchased by the French Embassy to be used as an international school.

Chapter IV

St. Martin's Day Nursery Bon Secours Novitiate Baltimore, Maryland

The first institution ever administered by the Sisters of Bon Secours was one that provided care for orphaned children. Known as l'Orphelinat de la Providence, it was founded in Paris in 1808, by a charitable woman, Mademoiselle Buchère; in 1832, in view of Mademoiselle Buchère's advancing years, Archbishop de Quélen had entrusted the orphanage to Mère Geay.

In the United States, as in France, the institutional work of the congregation began with the care of children. The first institution undertaken by the sisters was St. Martin's Day Nursery in Baltimore. In 1906, Father Broydrick, pastor of St. Martin's Church, came to see Mother St. Urban about the possibility of erecting a day nursery in his parish. For years, his close contact with the poor had revealed the pressing need to help mothers who were obliged to work in the placement of their children during the day. His main object was to save the nuclear home. In his Memoriam, his words were repeated: "Save the home. Let the mother keep her children."¹ For him it was a sad thing to see a young woman left alone with dependent children but it was far sadder to see a home broken up and its children placed in an institution. He wished the children to know the associations that only a home can give, humble and poor though that home may be.

Because Father Broydrick considered the Bon Secours sisters co-workers in his own ministry among the poor and the sick, he approached Mother St. Urban on the subject of a day nursery. She readily promised to do all in her power to further his plans. She recommended it to the superior general, Mother Mary of the Angels, and permission was given for the sisters to cooperate with Father Broydrick in the establishment and management of the day nursery. With Mother General's permission, Mother St. Urban offered a portion of the convent grounds, on the corner of Fayette and Payson Streets, on which to build the nursery. The sisters would manage the nursery, and the parish would be responsible for the construction and maintenance of the institution.

In those early days a day nursery was a distinct novelty; no Catholic parish in Baltimore had as yet inaugurated this special form of charity. Father Broydrick put before his parishioners his views on the subject: "Quite the bravest thing in the wide world is mother-love battling for its young. . . . But it reaches its highest form and expression in the little woman in black, who, suddenly bereaved and helpless, finds herself called upon to face a cold and cheerless world, and to battle with her feeble hands for the means to feed and clothe her children."²

Father Broydrick and Mother St. Urban had a good business sense and clearness of mind in planning, as well as having kind and charitable dispositions. They had an agreement drawn up on April 23, 1907, to clarify the relationship between the two organizations involved. This agreement, drawn up between the Sisters of Bon Secours of Baltimore City and St. Martin's Day Nursery of Baltimore City, both incorporated in the State of Maryland, stated the respective rights of each corporation. A second agreement was made on October 2, 1907, between Mother St. Urban and Father Broydrick, as president of the day nursery, and defined the manner in which the institution should be operated and managed. Under these agreements the nursery had the right to construct the building on the sisters' property and the right to continue to have the building used for the designated purposes. The agreements also stated that, whenever such use of the building should be discontinued, the license would be terminated and the building as well as the land would become the sole property of the Sisters of Bon Secours. The nursery corporation had no interest in the property which it could sell and was not legally entitled to any compensation for the value of the building.

Even before the agreements were finalized and put in writing, the stage was set for construction. Work began as early as the weather permitted in 1907, and the building was dedicated on September 8 of that same year. It was a solid two-story structure, half brick and half stone. The stone was from the old tower of St. Martin's Church, which had been razed a short

time before. There were 12 rooms in the building. The expense incurred in the construction and equipment of the facility was \$15,000; within three years the debt was paid off, a remarkable fact considering all the other improvements Father Broydrick was making in St. Martin's Parish at that time. To help liquidate the debt, annual fairs were held on the convent grounds, along with various other forms of fund raising.

According to the details of the agreement drawn up on October 2, 1907:

The Sisters of Bon Secours shall have for all future time the exclusive control of the Building. That they shall supply in the judgment of the Superiors such number of Sisters as the work may demand. That they shall not at any time demand a salary from the parish, for the Sisters engaged in the work, and they shall give their services gratuitously in the cause of this charity. . . . All admissions will be at the discretion of the Sister in charge of the Nursery. That the Sisters will never be required to have a school, properly so-called, but they may of their own option, establish classes for the religious and secular instruction of the older children. . . . and to govern the Nursery in all its details without interference. She [the Sister in charge] will however, consult with the Pastor of St. Martin's parish as to the best methods for success in the work.³

Sister St. Gabriel was put in charge of the children at the opening of the day nursery; before coming to the United States in the early 1900s she had had experience in the care and teaching of children. In the earlier years of the nursery, even babies of only six months were admitted and cared for; in later years only children two years of age and older were admitted. The mother or an older member of the family brought the children to the nursery in the morning, often as early as seven o'clock. After breakfast, if they were in need of such, the smaller children had the advantage of a kindergarten, and those of school age were sent to their classes at St. Martin's parochial school only two blocks away. At noontime dinner was served to all. Afterwards the spacious grounds around the convent were available for play and provision was made for the younger children to take a nap. Snacks were given mid-morning and mid-afternoon to satiate healthy appetites and formalities were few. Everything was done to create as normal an environment as possible for them. When school was over, the older children returned to the nursery again. There they could either study or play until someone came to take them home.

The day nursery was a second home for the children. In addition, they had religious instruction and prayers suited to their years, and this exposure had a wholesome influence on their young minds. Above all they had the assurance of the love of the sisters.

Under Sister St. Gabriel and her successors, the kindergarten was well conducted. Seventeen children were enrolled the first and second

months, and then the numbers increased until the building was filled to capacity, causing an extension to be added in later years. In 1916, following the addition to the original building, the average daily census was 64. In subsequent years the daily tally varied between 50 and 60 children. In addition to the sister in charge, at least one other sister always helped in performing the many duties entailed in the care of the children.

Parish groups like the Lady Visitors and the Sewing Society were of great help to the sisters. The Lady Visitors were the inspiration and the persuading force behind many of the charitable gifts made to the nursery in the form of food, supplies, and money. The parish was responsible for the maintenance of the nursery but the sisters also contributed to this cause. They went to the market where kind-hearted people gave them food for the children. One sister recalls that Sister St. Kyran, who came to the United States in 1891 and did home nursing for many years, later worked in the day nursery, which she continued until a few years before her death in the mid-1930s. Sister St. Kyran often brought home a well-filled basket from her good friends in the market. Another benefactor of the community supplied the nursery with bread for many years. Donations were also accepted from the families of children attending St. Martin's Day Nursery who could afford it and who wished to do so.

Mother Urban's interest in the nursery did not end with its foundation, but continued throughout the years and went beyond the children. It extended to their mothers and the entire family. She made it a matter of duty to ascertain as far as possible the kind of work in which the mothers were engaged—in fact, everything concerning the children and their families. If sickness visited them the sisters were instructed to care for them and, when necessary, to supply food or whatever was needed.

The direction of the day nursery was vested in a board of managers chosen from among the members of St. Martin's Parish. Father Broydrick was president, as would also be his successors as pastors of the parish. Father Broydrick visited the nursery nearly every day, and the children crowded around him to listen to his stories, as well as to get some of the good things he often brought with him. They struggled to get near him to hold his hand and to sit in the cherished place upon his knee. He knew each child by name, and he knew their mothers and the efforts they were making to keep their children with them. One day as he passed through the meeting-room the Sewing Society ladies were making articles for the children. "Put flowers on the bonnets and ribbons on the dresses of the little girls," he said, "and make the little blouses of different colors for the boys. Don't let them look like institution children."⁴

Everyone in St. Martin's Parish knew that Father Broydrick had a very soft spot in his heart for the day nursery. For reasons of his own he was

opposed to parish picnics, and could never be prevailed upon to sanction them. During the summer of 1915, the St. Vincent de Paul Society came to the conclusion that a parish picnic was the only means of replenishing the treasury, which had been unusually taxed by a severe winter. The society went to Father Broydrick for permission to have a picnic but he refused it. When the society returned to Father Broydrick and told him that half of the proceeds of the picnic would be for the day nursery, that was a different story. He granted permission for the picnic, wished them success, and blessed them for their kindness. The picnic was an outstanding success.

In the course of time the day nursery outgrew its original quarters. Mother St. Urban had returned to Baltimore in 1911, and Father Broydrick consulted her on the subject of building an extension. On January 17, 1915, he had been invested as a Monsignor by Cardinal Gibbons, and on the occasion of his investiture he received a gift of \$2,000 from his parishioners. When he approached Mother St. Urban about the extension, he had already collected more than \$10,000 and he had added to it his gift of \$2,000. Mother St. Urban agreed to the extension, as her love for the poor equalled his. The bids proved higher than was expected, in the \$20,000 range, but Mother St. Urban and Monsignor Broydrick were undaunted. Monsignor Broydrick planned every detail with the architect. In early April of 1915, work began on the extension and he went to the construction site every day to watch the progress. But he was far from well. In fact, his health was failing rapidly. He hoped to see the extension completed, and the sight of the rising walls gave him courage. The annual fair for the benefit of the day nursery was always held in early June. Extensive preparations were made for the occasion, and there were great expectations that year. The fair was to last three days. When, on opening night there was a fearful storm that lasted three days and three nights, many grand expectations were ruined.

Naturally, Monsignor Broydrick's high hopes were dashed. The strain and the worry aggravated his already weakened condition. He tried to keep up a bold front but the end was drawing near. He retired to the convent of the Sisters of Bon Secours later in June 1915, as he wished to end his days there, but he did not live to see the completion of the extension. With completion only a month away, he died October 5. The funeral cortege from Bon Secours Convent to St. Martin's Church passed by the day nursery and the children were lined up in front of the new building in order to pay honor to one who loved them to the end. Bishop Corrigan, auxiliary bishop of Baltimore, later blessed the new extension.

Mother St. Urban continued the good work already begun. She was indefatigable in her efforts to enlist the interest of her friends in helping to pay the debt that hung over the day nursery and to maintain its operation.

Not content with giving the services of the sisters, she also contributed largely to the maintenance expenses, furnishing much of the food and other material necessities. Whenever necessary and possible since the opening of the adjoining Bon Secours Hospital in 1919, children from the day nursery received without charge whatever medical and nursing care they needed.

For 51 years the day nursery stood as a monument to the self-sacrifice, perseverance, energy, and determination of Father Broydrick and Mother St. Urban. Their successors faithfully carried the work forward. In addition to Sister St. Gabriel and Sister St. Kyran, Sister St. Walbert, Sister St. Louis, Sister Mary Francis, Sister St. Alex, Sister Mary Agnes, and Sister Maurice, carried the work forward to its completion.

The day nursery building still stands today on the corner of Payson and Fayette Streets. In May of 1958, it ceased to function for the purpose for which it was established. The social scene in West Baltimore had changed radically since 1907, and many other forms of charity had been initiated. The face of St. Martin's Parish itself had greatly changed, and so had the property of the Sisters of Bon Secours on West Baltimore Street. The city block which in 1907 had contained only two structures, the Bon Secours convent and the day nursery, now housed an ever-expanding hospital trying to meet existing needs. The large grounds where the children once played, prayed, and held their devotional processions had all but disappeared.

On May 12, 1958, at a meeting of the Board of Directors of St. Martin's Day Nursery, it was decided that "the Corporation release all of its right, title and interest in the building erected on the property of the Bon Secours Hospital, to Bon Secours Hospital, Inc., 2025 W. Fayette Street, Baltimore, Maryland."⁵ It was also resolved that the assets of the corporation be turned over to St. Martin's Church. The pastor at that time decided that the assets be used for charitable projects in St. Martin's Parish.

Bon Secours Novitiate

During her time as superior at the convent in Baltimore, Mother St. Urban's experience had led her to believe that prospective American candidates were deterred from entering the congregation because they were required to go to France to make their novitiate. She could readily understand the reluctance of these young women to spend the first years of their religious life in a distant country where the lifestyle and culture were so different from their own. The need for a novitiate in the United States grew more and more apparent to her.

She consulted members of the clergy and Cardinal Gibbons himself. They all agreed with her, recognized the soundness of her views and foresight, and encouraged her to pursue the matter further. In fact, the

greatest help and encouragement she received came from Cardinal Gibbons. He was also convinced that the congregation could not successfully attract candidates from the United States without a local novitiate. Both he and Mother St. Urban recommended to Mother Mary of the Angels that a novitiate be established in Baltimore. The superior general and her council agreed, and the good news instilled renewed vigor as the congregation entered this new phase of its life and activity in the United States.

On the occasion of the Golden Jubilee celebrated in Baltimore in 1931, Father Vieban, superior of the Sulpician novitiate, speaking of the necessity of a United States novitiate, said:

The Sisters who came from Ireland and from France to lay the foundations and to carry on the work for many years are worthy of all praise. They have done noble work; they have set a great example. But, just as the Church remains weak in a diocese as long as it depends on a foreign clergy, so a religious community remains in its infancy and has no assurance of a future until it strikes deep roots in the soil by recruiting native vocations. Bon Secours is now striking deep roots in American soil; young American sisters and novices in ever-growing numbers are as eager as the pioneers were to keep up the spirit and to do the work of Bon Secours in America. This means that Bon Secours will live in the United States, that Bon Secours will grow, that Bon Secours will do in the future even more than it has done in the past for God and for souls.⁶

The choosing of a mistress of novices was an important matter. The chief concern of the authorities in Paris was the selection of a religious who would prepare the novices according to the pattern of the Paris novitiate and retain the pristine spirit of the congregation. According to the constitutions of that time, "the mistress of novices must be distinguished by her prudence, her charity, her piety and her faithful observance of the Constitutions. . . . A grave obligation is incumbent on the Mistress of Novices to devote her utmost care to the assiduous formation of the novices in religious discipline, conformably to the Constitutions. . . . The Mistress of Novices shall endeavor to realize the importance of her office, because it is evident that the future prosperity of the Congregation depends in large measure upon the happy and successful results that she obtains."⁷ After much prayer and consideration, Sister St. Clara became the first novice mistress of the congregation of the Sisters of Bon Secours in the United States. She had come to Baltimore in 1901, and for eleven years had been engaged in caring for the sick and the poor in their homes.

The beginnings of the novitiate were very humble, and indeed comparable to the beginnings of Christ, for it was in actuality born in a stable.

On the convent grounds there was a substantial two-story structure that had been used as a stable and barn in former years. Mother St. Honorat, who had been novice mistress in Paris before becoming the second superior of the Baltimore Community, built the stable in 1892. Mother St. Urban remodeled this building into a very modest eight-room house, comfortably but plainly furnished. Six novices and one postulant formed the first group that occupied this building under the supervision of Mother St. Clara. These novices were Sister Mary Martin,* Sister St. Thomas, Sister St. Alberic, Sister St. Luke, Sister Mary Agnes, and Sister St. Victorine. The young postulant, Sister Jane McGonegal, was later to become Sister Mary Gertrude.

The newly founded United States novitiate was canonically established on June 14, 1912, the feast of the Sacred Heart. The remodeled barn was blessed by Father Broydrick, and the first mass was celebrated there on that day. Soon the little house became too small to accommodate the growing numbers of those who sought admission to the novitiate. Mother St. Urban decided to build an additional wing to the convent. On June 4, 1914, ground was broken for the new novitiate wing by Father Broydrick. The shovel used on this occasion was later used for other groundbreaking ceremonies: the extension to the day nursery on April 11, 1915, the Bon Secours Hospital, Baltimore, on February 2, 1917, and in recent years Bon Secours Howard County Health Park and Washington Village Community Medical Center. This shovel is preserved in the provincial archives at Marriottsville, Maryland.

About a year after the groundbreaking ceremonies, the new novitiate wing was completed. Here the sisters had ample room for all their needs and many more conveniences. The building, according to the regulations of that time, was "separated from the house occupied by the professed Sisters."⁸ In the succeeding years Mother St. Clara directed the novices, guiding them in the ways of the spiritual life and training and forming them according to the constitutions and customs of the congregation of Bon Secours.

Religious life as practiced at that time was organized and structured and followed a strict pattern of daily exercises and duties, from rising at five o'clock in the morning to night prayers at about nine o'clock. All of these were regulated by the ringing of a bell. Of course there were periods of recreation and light hearted fun. Cheerfulness and joy have always been characteristics of the Sisters of Bon Secours.

*Sister Mary Martin was the first postulant to enter the United States novitiate; because she was from St. Martin's Parish she was given that name also in religion.

In those days, the constitutions permitted that a mistress of novices, "may be re-elected to the same office as many times as this will appear suitable."⁹ Mother St. Clara continued her work until she was succeeded by Mother St. Stephanie in 1938. In succession came Mother Mary Rita and Mother Mary Angelina until 1965. These were followed by Mother Angela Thérèse, Sister Regina Clifton, Sister Nancy Glynn and currently Sister Mary Regina Flatley is in charge of formation.

From 1912, until the changes resulting from Vatican II came into being, formation followed an established pattern. The rules for entrance into the novitiate were according to the code of canon law practiced at that time. The candidate who was admitted lived in the novitiate as a postulant for six months. Then if she persevered and proved that she possessed the qualities necessary to lead a religious life, she was received into the community. The reception ceremony was impressive and carried out in public; the postulants dressed in bridal attire as brides of Christ requesting to receive the religious habit. During this ceremony the choir joyfully sang "Laudate Dominum [Praise the Lord]." Following the reception of the habit, the novice was given a new name in religion, as her old name belonged to the identity she had surrendered. The novitiate proper began with the reception of the habit and lasted for two years. Then came first profession. This ceremony also had a moment of touching symbolism. The moment when the newly professed sisters, having pronounced their vows, stretched prostrate on the floor in front of the altar and were covered by a black pall. There they lay while the community sang the litany of the Saints. This symbolized their death to worldly things.

After four or five years of temporary vows the sisters were sent to Paris for a year in preparation for perpetual vows and consecration of themselves to God for life. There they were given special exercises to gain a deeper knowledge and to acquire a deeper sense of the life and spirit of a Sister of Bon Secours. Here they could touch the roots of the congregation at its source. This practice of sending the sisters to Paris for final vows continued until the mid-1960s, interrupted only during World Wars I and II. The last group of sisters who followed this custom made their perpetual profession in Paris on September 10, 1964.

From the beginning, admissions to the United States novitiate came in a steady but small stream. It was a small number in comparison to those received into communities engaged in education or in both education and health care. Because the Sisters of Bon Secours were engaged solely in health care, they lacked the same degree of contact that others had with young women interested in religious life. It was with a view to making themselves and their work known that the sisters conceived the idea of a

Bon Secours Guild in 1940. The purpose of the guild was to foster religious vocations and promote interest in nursing as a career among high school girls.

The idea was presented to Mother St. Juliana, regional superior, and she gave it her whole-hearted support. Mother St. Benedicta, superior at Bon Secours Hospital, Baltimore, also pledged her support. Father Gerard Spraker, of St. Martin's Parish, showed his interest and became the Guild's first spiritual director. The five founding sisters and Sister Mary Francis (Walsh), who became moderator of the first Bon Secours Guild, saw their idea become a reality that was to bear much fruit. The first meeting of the guild was held in St. Martin's Day Nursery on February 22, 1941, and gave great promise for the future.

Following the example of Bon Secours Hospital, Baltimore, guilds were started in other Bon Secours facilities, and for many years were a fruitful source of vocations. The sisters attended the guild meetings and worked closely with the girls on the patient units. In addition to having a sister as moderator, each guild elected its own president from among the members. They held weekly meetings, sponsored various religious and social programs, and rendered volunteer assistance in the care of patients in their respective facilities. At the weekly meetings, guest speakers, priests, religious, doctors, nurses and others were often engaged to share knowledge of timely topics. The motto of the guild was: "Happy they who live and work for others." The guilds also interacted with each other and contributed to one another's success by sharing ideas and activities. Vocations were forthcoming and for many of these girls the guild was providential in the unfolding of their religious vocations. How these vocations were fostered can be seen in articles in the vocation promotion magazine of that time, *Call of the Sick*.*

One guild girl, who later entered the community, wrote:

Those years held a wealth of happy memories and experiences that we will always keep close to our hearts. . . . Throughout high school these meetings gradually gave us confidence in ourselves as individuals as well as rare glimpses into the activities of Bon Secours. . . . As months passed we became increasingly aware of the indispensable role that the Sister plays at Bon Secours, for it is she who imparts to the personnel as well as to the surroundings the inexplicable "something" that makes a Catholic hospital different from just any institution. . . . A great number may never work in a hospital again, yet each of our lives has been enriched by the past four years.

**Call of the Sick* was first published in the Fall of 1951, under the direction of Sister Francis Helen from the vocation office at Bon Secours Hospital, Methuen, Massachusetts. It was a fruitful source of vocations and fostered good public relations for many years.

We will be forever grateful to the Sisters of Bon Secours for being always ready to help us in any way possible, and for having imparted to us the true meaning of Catholic womanhood.¹⁰

The guilds were a valuable means of fostering vocations for several decades. They continued to operate far into the 1960s. Then came the period of change and unrest and the period of renewal and adaptation that followed in the wake of Vatican II. There was a new emphasis on vocation awareness and vocation promotion, and a period of renewal for the formation program itself was initiated in accordance with the document *Renovationis Causum (Instruction on the Renewal of Religious Formation)*. The form of novitiate that had been strickly adhered to since the foundation in 1824 gave way to the call for renewal and revitalization issued by the Second Vatican Council.

Chapter V

The Foundation Detroit, Michigan

In the early part of the twentieth century, there lived in the city of Detroit two sisters, Misses Josephine and Ellen Stapleton. These women, devoted to the poor, wished to donate their spacious home in Holy Trinity Parish to a religious community that would serve the needy. In fact, they would have entered a religious community themselves but were unable to do so because their parents, and a brother who was in ill health, required their services at home. When their parents and brother died, they were free to do as they wished with their lives and their home.

They sought the advice of Bishop John Foley of Detroit, unaware that this was an opportunity for which he had been waiting a long time. When Archbishop Gibbons had called at the Bon Secours motherhouse in Paris in 1880 and requested sisters for a foundation in his Episcopal See of Baltimore, he had been accompanied by Father John Foley, then pastor of Saint Martin's Parish in Baltimore. It was Father Foley who had helped the sisters secure their first home on West Baltimore Street within his own parish. He had helped them raise the money to purchase the property and later he conducted the bazaar to help the sisters pay off the debt. Twenty-one years had passed since Father Foley left St. Martin's Parish to become Bishop of Detroit, but he had always hoped to have the sisters in his diocese. A letter written to Mother St. Juliana, when she was superior of the Detroit community in 1932, by Father John Doyle, chancellor of the diocese, reads: "At Baltimore the Bon Secours were the especial care of Father Foley during all his years as Pastor of St. Martin's Parish in that city. . . . When he was elevated to episcopal honors he invited the Bon Secours to his See, and his paternal devotion was given to them until death removed him."¹

The proposition of the Stapleton sisters in 1909 began a series of events that led to the foundation of the Sisters of Bon Secours in Detroit. In the early summer of that year, Bishop Foley and Father Francis J. Van Antwerp, vicar general of the diocese, went to Baltimore to see Mother Justinian, superior of the Baltimore community, expressly to ask her for some sisters to do home nursing in Detroit. Mother Justinian was in favor of the foundation, not only because of the Stapletons' offer of a home, but also because the invitation came from a great friend and benefactor. The next step was to present the matter to the superior general, Mother Mary of the Angels. Both Mother Justinian and Bishop Foley wrote to Paris.

In August of that year, Mother Mary of the Angels was in the United States making her visitation of the houses in Baltimore and Washington and decided to look into the matter of a foundation in Detroit at first hand. She went to see Bishop Foley and Father Van Antwerp, and also Misses Josephine and Ellen Stapleton. A decision was made in favor of the foundation. And so five sisters were promised for Detroit. Mother St. Urban, who was superior of the convent in London at the time, was recalled to the United States to be the first superior of the Detroit foundation and on November 21, 1909, she arrived in Baltimore. Two weeks later she set out for Detroit with four sisters: Sister St. Romain, Sister Mary of the Presentation,* Sister St. Ansbert, and Sister St. Florent.

After sitting up all night in the day coach of a train, they arrived in Detroit December 6. They were welcomed by Father Van Antwerp and the Stapleton sisters. They found everything in readiness for their coming. In fact, the Stapleton home had been transformed into a convent; the house was comfortably furnished, a little chapel had been beautifully prepared, and the pantry was well stocked with provisions. On December 8, Bishop Foley said the first mass in their convent.

The Stapleton home was on Trumbull Avenue, in the Most Holy Trinity Parish. The pastor, Monsignor Joseph Savage, and his assistants, Father Thomas R. Carey and Father William Henigan, were untiring in their efforts to befriend the sisters and make them feel at home in their new surroundings. But within a few days every parish welcomed the sisters. They had arrived on a Thursday; the Sunday after that, Bishop Foley instructed the pastors of Detroit to let everyone know of the coming of the sisters. From every parish pulpit the announcement was made and people came to the convent in large numbers to welcome them.

Immediate requests poured in from every direction and the sisters' only sorrow was that they were too few in number to answer all the calls. On

*Sister Mary of the Presentation was the first candidate from the United States to join the Sisters of Bon Secours. She went to Paris, France in 1903 to make her novitiate.

their way to Detroit, Mother St. Urban had asked them to pray that their first patient would be a poor person. Indeed, their first patient was a very poor woman seriously ill and in need of both nursing care and nourishment. A sister nursed her for two months, and the patient recovered. The sisters felt their work had begun with a special sign of God's favor. Josephine Stapleton, a long-time high school principal, soon entered the cloister of the Visitation in Springfield, Missouri, and her sister Ellen, who was older and felt herself no longer suitable for religious life, moved to a smaller house where she continued her work of charity.

The Sisters of Bon Secours became incorporated in Michigan on March 31, 1911. The name of the corporation was "The Sisters of Bon Secours," and its purpose was "the care or relief of indigent or other sick or infirm persons in their homes."

For the first few years, the sisters' work was almost entirely among the sick poor in foreign settlements. The Detroit of those days was not yet a city bustling with cars; the automobile industry begun by Henry Ford in 1903 was only beginning to make its impact on the city. But the city teemed with immigrants. The people of Detroit showed their appreciation by generous offerings and by supplying the sisters with nearly everything they needed.

The sisters were constantly kept busy. Mother St. Urban not only attended to her duties as superior, but took care of the house as well, though there was seldom a sister there. Father David Williams, in *The Life of Mother Saint Urban*, wrote of an incident related to him by one of the sisters:

While in Detroit Mother St. Urban happened to be alone in the house as was often the case. In those days we had no chaplain, and when we were home we attended Mass, both on weekdays and Sundays, at the parish church of Holy Trinity quite a distance away. One Winter's night, or early morning as she thought, Mother St. Urban heard the clock strike five. Without looking at her watch, which she kept near her bed, she got up at once and dressed. She went to the kitchen to put the water on for coffee and to turn on the gas under the water heater, for it was Monday morning, as she thought, and Monday was wash day. Then she went to the little chapel to say her morning prayers, and prepared to go out to the church for Mass. The snow had been falling steadily during the night and lay deep upon the ground. It was still snowing, and she experienced some difficulty in plowing her way through the heavy snow. The streets were deserted. When she got to the Church she found the doors locked and no one around. She waited patiently until she was chilled to the bone. Then it occurred to her that perhaps owing to the heavy blizzard there would be no six o'clock Mass. So she made her way back to the Convent with as much difficulty as before and even more. Breathless and exhausted she sat at the table sipping her coffee when the clock struck two.

In astonishment she looked at her watch that she had left at home and at the clock, both told the same tale, it was only two o'clock. The five strokes she had heard were the last five of twelve o'clock.²

After a year and a half in Detroit, Mother St. Urban was recalled to Baltimore, and Mother St. Victorine became the second superior of the Detroit community on July 26, 1911. It was during Mother St. Victorine's term of office that the Stapleton home was sold and another plot of land purchased in a more convenient section, as the convent on Trumbull Avenue was a long distance from Holy Trinity Church and had no room for expansion. Father Carey, one of the assistants in that parish, had felt sorry for the sisters, who in the middle of winter marched miles through the snow to go to early mass. He looked everywhere for a spot near a church, finally settling on the McClellan Avenue property across the street from the Annunciation Church (a new parish which was being built up at that time). Its pastor, Father James Stapleton (later Monsignor), was delighted at the prospect of having the Sisters of Bon Secours in his parish and gave them a warm welcome.

The site was secured and the building erected through the efforts of Mr. William Maybury, a well known benefactor to sisters of all congregations. It was also built with the help of William D. Thompson, then mayor. Years later he himself was cared for by the sisters. The McClellan convent symbolized the strong community support that developed for the sisters' work. The women from Trinity Parish completely furnished the convent through funds they collected by sponsoring parties and benefits. Other friends throughout Detroit also came to their aid.

Mother St. Victorine, who had begun work to build the new convent, did not live to see it completed. She saw the plans and contracts and on July 15, 1913, she had the joy of seeing the groundbreaking; in fact, she had the pleasure of turning the first sod herself. That very evening, Mother St. Victorine suddenly became ill, her health deteriorating through the summer.

Mother St. Bartholomew, who had been elected superior general in 1912 on the death of Mother Mary of the Angels, came on visitation to the United States early in August 1913 knowing of Mother St. Victorine's serious condition. Mother St. Victorine died September 6, after only two years in Detroit. That day was also the day that had been chosen for the laying of the cornerstone of the new convent. As the ceremony was solely of a religious nature, it took place in spite of the mourning. Bishop Foley said all the prayers for the ceremony and afterwards assured the sisters that the house would be a center of sanctification, built at a time of such pain and sacrifice.

The following day, funeral services were held in the parish church of

Most Holy Trinity. Mother St. Victorine was honored by Bishop Foley, who presided at the funeral mass, and by the presence of many priests, religious, and laity. The church was filled to capacity by the presence of a large congregation of Catholics, Protestants, and Jews. Father Henigan, assistant to Monsignor Savage, who had welcomed them to his parish, preached the sermon. Monsignor Savage and a friend of the sisters provided the lot in Mount Olivet Cemetery. Other benefactors wished to take care of all the funeral expenses. When Mother St. Bartholomew expressed her gratitude to Monsignor Savage, he said: "Your Sisters have given themselves entirely to the people here and it is only just that we occupy ourselves with these sad things."⁷³

On September 16, 1913, Mother St. Juliana assumed charge of the Detroit convent and continued the good work begun by Mother St. Urban and Mother St. Victorine. On June 8, 1914, the sisters moved into their new convent on McClellan Avenue and Agnes Street in Annunciation Parish. Father Stapleton, the pastor, was to remain their loyal and devoted friend until the end of his life. Close bonds also grew between the sisters and their neighbors who often, when they spotted the sisters on the streets, would stop and offer to take them home or to another destination.

Communicable diseases like typhoid fever, scarlet fever, and diphtheria were less common than in former years, and the sisters went on their daily rounds with no large scale epidemic—until the dreaded Spanish influenza of 1918 and 1919, which struck the world a devastating blow. Detroit was no different from any other stricken area. The sisters worked not only in Detroit but also in the surrounding areas. Twenty-four-hour duty was not uncommon, and on occasion even thirty-six-hour duty was necessary. Four or five patients in a home was the general rule. In an effort to extend their ministrations to as many as possible, the sisters even went daily from home to home to give essential nursing care. One sister who nursed in Lansing, Michigan recalled working three days without any sleep whatever. Her patient, a nurse who had labored for the welfare of other influenza victims, was dangerously ill with bilateral pneumonia. The sisters' unremitting efforts finally restored her to health.

A letter written by Evelyn Cahalan Schroeder to the Sisters of Bon Secours in Grosse Pointe in 1974 on the 150th anniversary of foundation reads:

Monsignor Canfield's review of the history of the Congregation brought back many memories. The Sisters first came to us in 1919, and two were at our house in Wyandotte for five months. This, by special permission because of the terminal illness of my mother. Through the years, until the opening of the Convalescent Home they were with us during various

illnesses. There was always something special about the Sisters of Bon Secours.⁴

In November 1922, Mother St. Bartholomew, Superior General of the Sisters of Bon Secours, wrote to Bishop Michael J. Gallagher (successor of Bishop Foley) for a letter of recommendation that she could send to Rome with a request for definitive approbation of the congregation's constitutions. A letter of recommendation was required by canon law from all bishops who had a house of the congregation under their jurisdiction. In his letter of December 13, 1922 to Mother St. Bartholomew, Bishop Gallagher wrote:

For the past thirteen years the Bon Secours Sisters have given eminent satisfaction in the Diocese of Detroit. They have manifested at all times a true religious spirit and have been the source of considerable edification to the Clergy and faithful. Their pious work of nursing the sick and dying has brought them throughout the Diocese, and from every quarter, praises of their zeal and self-sacrifice, have been heard repeatedly. Particularly during the terrible epidemic of Influenza, four years ago, the good sisters rendered invaluable service.

Recently we invited them to start a hospital in the City of Detroit, and this fact gives evidence of the high esteem in which they are held. Therefore, we sincerely believe that the Congregation of the Sisters of the Bon Secours is worthy of the approval of the Holy See.⁵

The sisters ministered not only to their patients' physical needs but also to their spiritual needs. Many stories can be related of how the sisters' compassionate caring brought peace and comfort to patients by bringing them closer to God, regardless of their religious beliefs. A sister of the Detroit community described herself at the bedside of a non-Catholic patient in those years in a letter; this sister was devoted to Our Lady of the Miraculous Medal and prayed that her patient find comfort of body and peace of soul.

Before leaving for the night I asked my patient if I might pin a miraculous medal on his pillow. The next morning he informed me that he had quite a fight with himself, as he felt like a hypocrite wearing something in which he did not believe. I assured him he did not have to believe as I believed. After a few days he became very ill, and asked me to recite the Our Father with him. I asked him to repeat the Act of Contrition. From then on his attitude changed completely, he spoke of religion constantly, and when purposely, before leaving at night, I would not mention the night prayers he always reminded me, "What about our prayers, Sister?" He made the sign of the cross with me, repeated the acts of faith, hope, love, and contrition. God did not give him the grace of conversion to the Catholic faith, but he was

certainly converted to God, and He who knows the secrets of the heart received him into the fold.⁶

Kathleen M. Marshall, who knew well the lives and labors of the sisters in Detroit said, as quoted in Father Hayes' *The Bon Secours Sisters in the United States*, "Since their advent in Detroit it is impossible to estimate the personal sacrifices they have made and the good they have accomplished. . . . No home was too humble, no illness too loathsome, and no surroundings too forbidding to deter them from a answering call."⁷

Sister Mary of the Presentation recalled trudging through snowy Detroit streets, riding buses and streetcars, and caring for patients with pneumonia, typhoid fever, and other types of contagious diseases. "God took good care of us," she related, "We never even caught a cold. If the people could afford to pay for our services we accepted payment. If they couldn't, it was all in the day's work."⁸ Many times Sister Mary came home at night or in the morning with a couple of pounds of butter, a dozen eggs, or a loaf of bread as her only payment. When she left the convent to take care of a patient, she often carried food, clothing, and medications in her black bag. If the patients could not afford to pay for medicine, the sisters had their prescription filled at their own expense. Sister Mary recalled caring for an entire family who was ill. In addition to caring for the father, who was critically ill with pneumonia, she cared for his wife and six children. Situations like this called for more than nursing care. The home had to be taken care of and meals cooked as well.

The community was well established on McClellan Avenue, with the security of many friends and some property, when on November 14, 1919, Mother St. Juliana was named superior at St. Edmond's Home for Crippled Children in Philadelphia, founded in 1916. Mother Mary of the Compassion came to Detroit as superior to replace her. Prior to her arrival, the sisters had purchased more property on McClellan Avenue, on the advice of Father Stapleton, on which to build a hospital at some future date. Bishop Gallagher's wish that the sisters open a hospital in his diocese was shared by many doctors and priests. Aware of changing conditions in nursing and medicine Father Stapleton was convinced that the sisters could better carry on their work in an institution, where they could extend the sphere of their ministrations to many more people. Likewise, the sisters were convinced that in a facility they could not only reach more people, but above all more souls.

As early as 1920, Father Stapleton realized that the McClellan Avenue neighborhood was changing and that it would not be a suitable site for a future hospital. The area had become run-down and noisy. He searched for another property and found what he was looking for in Grosse Pointe.

In a cablegram sent to Father Stapleton on August 8, 1920, from Mother St. Urban in Paris, we learn that negotiations were already underway for the purchase of the Grosse Pointe property.⁹ Mother St. Urban, who was in Paris on business and retreat, gave the authorization to buy it if the bishop gave permission.

When permission came two years later, Father Stapleton himself gave the first \$1,000 towards the purchase of the new property, on which sat the old Cadieux farm house, a large frame building. The total cost of the land and the building was \$100,000.

Father Denis Needham, assistant to Father Stapleton at Annunciation Parish, formed a Ladies' Auxiliary to help raise funds to pay for the property. These women held bazaars and parties and raffled off articles they had made and even a car. The sale of some of the property on McClellan Avenue also helped liquidate the debt.

In the years that followed, funds continued to be raised to clear the debt and to construct a hospital. When the depression began in the United States, their building fund was dipped into for feeding the poor. Although the Grosse Pointe property was free of debt within six years, the hospital that the Bon Secours sisters hoped for was not to be built for many long years. Home nursing continued from their convent on McClellan Avenue until 1942. The sisters continued to go out on their errands of mercy throughout the city and the state of Michigan.

Sister Mary Gertrude contracted typhoid fever herself in 1921 after her arrival in Detroit the previous year. Speaking of Mother Mary of the Compassion, who was superior at that time, Sister Mary Gertrude told of the simplicity of their lives:

Mother Mary was very strict, especially regarding poverty, as we had a big debt on our hands having purchased four houses and an extra lot adjoining our property. Mother planted a garden and we never got anything but what came from the garden, that is vegetables, cabbage, spinach and turnips. She was very saving with water and gas. When I was recovering from typhoid the first thing that tasted good was a baked potato, which I had on Sunday. On Monday I asked Mother if I could have a baked potato, Mother said, "No, I only light the oven once a week when we have a roast of meat." The rest of the week everything was cooked on top of the stove. I am very grateful for the lessons she taught me as I now have a good idea of what the spirit of poverty is. . . . Mother Mary certainly made many sacrifices. We never had pie or cake in the convent unless someone gave it to us. The same with ice cream. Our meals were always very frugal. Mother St. Seraphine [who succeeded Mother Mary of the Compassion as superior of the Detroit Community in December 1924] was also very careful and saved whenever she could.¹⁰

Mother St. Seraphine was noted for her boundless charity and unselfish devotion to duty. She won many friends for the Detroit community as she did elsewhere during her long and fruitful lifetime. The Ladies' Auxiliary, which had given whole-hearted support to Mother Mary of the Compassion, gave her the same loyal assistance. Mother St. Seraphine was transferred from Detroit in May of 1928; after the three years and four months of her administration, she had paid the balance of the debt on the property on Cadieux Road. Mother St. Juliana, who had previously been in Detroit as head of the Bon Secours community for six years, returned to that post on May 15, 1928.

Mother St. Seraphine, in addition to clearing the debt on the Grosse Pointe property, had raised enough funds for the proposed hospital so that plans for construction were drawn up in August of 1928. The farm house on the Grosse Pointe property was a large time-worn frame building; in order to keep it tax free, the sisters had to put it to some good use. So, for many years before it was formally opened as a nursing home in 1938, the sisters used it as a summer home, as the area was largely open country and near Lake St. Clair. Occasionally, patients were admitted to the summer home. In 1928, Mother St. Seraphine tried to increase the usefulness of the building as a convalescent home, but Mother St. Bartholomew wished the sisters to continue devoting their efforts to nursing the sick in their homes.

After plans had been drawn up for the hospital, they were made known to the village council of Grosse Pointe. The council was so enthused by the possibility of a hospital for their area that it wrote the sisters a letter of welcome and the sisters continued a fund drive to finance construction. When the stock market crashed in 1929, the sisters' dreams were dashed. Writing of those years, Sister Mary Gertrude said;

During the depression everyone suffered in Detroit. The banks were all closed. No money could be had any place so they started to print script, paper money. All the money we had saved to build a hospital was spent at that time. We had to help the patients we went to take care of. Then we started a soup kitchen and fed the poor who came to our door. Mother Juliana had charge slips with the different stores and she gave them to people who needed shoes, clothing, etc.¹¹

Throughout the 1930s the hungry and unemployed found solace in the Bon Secours convent on McClellan Avenue. They were given whatever provisions or money was available. All thoughts of a hospital were put aside while meeting this greater existing need. Mother Juliana and the sisters met the challenge.

Before closing this chapter on home nursing in Detroit another quo-

tation from Sister Mary Gertrude reveals the life of sacrifice this ministry entailed for the sisters: "Going out with the sick was a big sacrifice, for certainly you were in the world but not of it; you missed the sisters and community life more than I can ever tell you. . . . I never was home long, so became used to getting my things ready to go out as soon as I came in. . . . We went whenever we were called and were prepared to stay. Even when we didn't know whether there would be a place for us or not. Many times I slept on an army cot in the hall."¹²

Mother St. Juliana was appointed regional superior for the Sisters of Bon Secours in the United States in 1934, and Mother St. Benedict succeeded her as superior of the convent in Detroit. Sister Mary Margaret, a native of Detroit who entered in 1932, recounted memories of those years:

I was inspired by the spirit that I found in that little convent on McClellan Avenue when I was a little girl. Mother Seraphine's smile I never forgot. And then when I entered Mother Juliana was local superior. She was known for her great charity and her great kindness, the dignity of her life, and her truly beautiful spirit. When I returned to Detroit in 1939, to do home nursing, Mother Benedict was the local superior, and she was loved also by everyone. She became ill and Monsignor Stapleton used to come over to visit her. She'd say, "Isn't he a grand old man?" and he would say of her, "My! She's a fine woman." They were good friends. That was again an experience of living simply and poorly but again joyfully, knowing that there was always support at the convent when you returned home. Those were the days when obedience really took care of what we were doing. Once again there was truly a lovely spirit in that little convent on McClellan Avenue.¹³

It was from this convent that the first applicant from the city of Detroit entered the novitiate in September of 1914. Julia Burns, later Sister St. Luke, had been inspired by the simplicity and modesty of the sisters.

It was during Mother St. Benedict's term of office that the first wing of the present hospital was opened as a nursing home in 1942. The convent and property on McClellan Avenue were sold in May of that year, and on the 23rd of that month the convent was finally closed. The sisters took up residence in the old frame farmhouse in Grosse Pointe (as described in Chapter IX).

The first convent of the Sisters of Bon Secours in Detroit, at 380 Trumbull Avenue, no longer stands. In its place is an empty field, between the post office and the river, about one mile south of the present location of Tiger Stadium. Currently, it is slated to be part of a new development along West Jefferson. The former convent, at 1317 McClellan Avenue, is now an apartment house.

Chapter VI

St. Edmond's Home For Crippled Children Rosemont, Pennsylvania

By the turn of the 20th century, hospital care had become firmly entrenched as a successful method for treating the sick. At about the same time, other forms of health care and social work were initiated to meet existing needs. As the sisters had found in their ministry, children were a special source of concern; their needs were subject to the circumstances in which they were raised. With the turn of the century came rapid industrialization and an increasing tempo in lifestyle that caused these circumstances to be varied and often undesirable. In Philadelphia, the Catholic Home Bureau for Dependent Children, later called the Catholic Children's Bureau, was begun in the early 1900s to serve as a temporary shelter for children of derelict, destitute, or ill parents; the children placed in the bureau went there at the appointment of the juvenile court.

The man who had established this service was Archbishop Edmond F. Prendergast, auxiliary bishop to Archbishop Patrick J. Ryan for 14 years; when he rose to be head of the archdiocese of Philadelphia on May 27, 1911, his work was just beginning. By May of the following year he had opened a diocesan institution for the deaf, the Archbishop Ryan Memorial Institute, a long-standing interest he had shared with the previous archbishop. In 1916, he began planning the first Catholic home for crippled children in the United States, after a careful survey showed that more than 60 Catholic children in Philadelphia were in non-Catholic institutions for the handicapped. In a Lenten Pastoral letter that was read from every pulpit in the archdiocese on March 2, 1916, he said:

We bespeak your generosity, too, for another institution, not yet indeed in existence, but which we hope soon to see established and doing for a hitherto neglected class a work no less important than that which the Archbishop Ryan Memorial Institute is endeavoring to perform for deaf mutes. We refer to a home for crippled children. We are confident that you will receive this announcement with joy and that when the time comes you will support us wholeheartedly in providing a shelter for those afflicted little ones where their faith will be safeguarded and they will be given that care and attention which their infirmities demand.¹

Once he had launched his plan, he began looking for a religious community of women to staff the proposed home.

On many occasions the Bon Secours sisters had come to Philadelphia from the convent in Baltimore to nurse the sick in their homes. Eleanor C. Donnelly of Philadelphia, a noted author and writer, knew the Bon Secours sisters well and recommended them to Archbishop Prendergast. Miss Donnelly herself had received nursing care from the sisters. Accordingly, the archbishop wrote to Mother St. Urban on April 17, 1916:

We intend, in the near future, to open in this city a Home for Crippled Children and my purpose in writing you is to learn if the Sisters of Bon Secours would take charge of the work.

In case that you are able and willing to make a foundation in Philadelphia and manage the Home for Crippled Children please state clearly and fully the conditions on which you will give us your valuable services.²

The answer to this letter is not available, but that it received a favorable response is evident in the second, handwritten, letter Archbishop Prendergast sent to Mother St. Urban on May 1, 1916.

Since hearing from you I have lost no time. Many formalities were necessary and then the selection of a place to open the Home. We have found what I believe to be a suitable building in a very convenient locality and we hope to purchase it in a few days. It would be well for you to come here this week and see Rt. Rev. Bishop McCort and talk over matters.

I am going to Washington to-morrow and will be absent several days so I asked the Bishop to see you, show the place selected and make arrangements for the formal opening of the home.

Praying Our Lord to bless this charitable work.³

The property the archbishop spoke of was at 44th Street and Haverford Avenue in Philadelphia, about half a city block with a large brick building erected on it, in Our Lady of Sorrows Parish, where Bishop John J. McCort, the auxiliary bishop of Philadelphia, was pastor. Because the building, formerly an orphanage, had been unoccupied for some time, it needed many repairs that would take several months' work. Archbishop Prendergast entrusted the new undertaking to Bishop McCort.

Not long after the purchase of the building, Mother St. Urban went to Philadelphia to meet with Bishop McCort. Accompanied by the bishop, she inspected the property and found everything satisfactory. She reported her findings to Mother St. Bartholomew, superior general, and permission was granted to undertake the new foundation. From the day of that first meeting with Bishop McCort another life long friendship was formed for the Sisters of Bon Secours, enduring even after he left Philadelphia to become bishop of Altoona, Pennsylvania.

In the early summer of 1916, Mother St. Urban returned to Philadelphia with Sister Benedicta and Sister Seraphine. Because the building at 44th Street and Haverford Avenue was still under repair, the sisters were the guests of the Sisters of St. Joseph in the convent attached to Our Mother of Sorrows Church. After a short stay, Mother St. Urban returned to Baltimore but Sister Benedicta and Sister Seraphine stayed on to prepare the home for its opening in September.

The home, and the work, of the Sisters of Bon Secours, were described in a local newspaper that summer:

The building secured for the home is a brick structure four and one-half stories high, attractively finished and with large porches on the second floor. There are two driveways, gardens, flower beds and paved courts. Erected for institutional purposes the construction is substantial throughout and will require little alteration. A thorough renovation of the wall surfaces, floors etc., will be necessary, however, and this work, together with the supplying of the furnishings, bed coverings, linens, etc., will involve a large expenditure The home will have accommodations for sixty-five afflicted little ones without crowding, and, barring unforeseen delay, will be formally opened on September 8.

Of interest to the general public is the announcement that in addition to conducting the Home for Crippled Children the Sisters of Bon Secours . . . will engage also in the specific work for which they were founded, namely, the nursing of the sick, rich and poor alike, in their own homes, without distinction of creed or class. For this work they leave their Convent and take up their abode with the patient, of whom they assume full charge, under the direction of the attending physician.⁴

The care of the sick in their homes was not to be excluded from the work of this new foundation, one of the conditions set down by Mother St. Bartholomew. Shortly after the home was formally opened, three sisters were sent there for that specific purpose.

The home was not ready for formal opening on September 8, as had been anticipated, but was sufficiently ready for the sisters to reside there. The convent section was nearing completion, but the chapel was still under repair. At this time, there were six sisters assigned to the home.

On September 14, Archbishop Prendergast said mass in the com-

munity room, and the home was dedicated under the invocation of St. Edmond, the patron saint of the archbishop. On that same day, Sister St. Benedict was named its first superior. When the chapel was completed, mass was offered there for the first time on Thursday, November 9, by Bishop McCort.

Five days before, the first crippled child had been admitted. She was 12-year-old Elizabeth Dreyband, and she walked with the aid of crutches. Elizabeth stayed with the sisters in the convent section until more children were admitted. The home formally opened its doors on Friday, December 8, 1916, under the name "St. Edmond's Home for Crippled Children." The event was marked by Solemn Benediction of the Blessed Sacrament, celebrated by Archbishop Prendergast. Prior to the event, the following account was given in the *Catholic Standard and Times*, Philadelphia (December 2, 1916):

Haven for those helpless and afflicted little ones whose priceless treasure of faith was hitherto in great danger of being lost or undermined in efforts to alleviate their sufferings, the St. Edmond Home for Crippled Children, in charge of the Sisters of Bon Secours, will be formally opened on December 8, the feast of the Immaculate Conception, when the Most Reverend Archbishop will celebrate Benediction of the Most Blessed Sacrament at 4 o'clock. The institution, it is understood, will be the first Catholic home in the United States to fling wide its doors to those helpless little ones

Under the direction of Bishop McCort, the institution has been fitted out for its special mission. The main building is four stories high, constructed of brick with a two-story annex adjoining. Included in both structures are a chapel, classrooms, recreation halls, dormitories, refectory and infirmary and other necessary adjuncts for an institution of its kind. . . .

The medical staff will include Dr. William H. Long, physician in charge; Dr. Joseph M. Spellissy, chief surgeon; Dr. Thomas A. O'Hara, associate surgeon; Dr. A. S. Doyle, skiagrapher; Dr. Charles N. Davis, dermatologist; Dr. John A. Colgan, ophthalmologist; Dr. Thomas J. Byrne, laryngologist; Dr. Michael A. Burns, neurologist; Dr. Joseph Francis O'Neill and Dr. David S. O'Donnell, pediatricists; Dr. Michael F. Quinn, dentist and Dr. Peter F. Moylan, consulting physician.⁵

Not only were all the physical facilities prepared for the admission of crippled children, but a medical staff of specialists had been organized to meet a broad spectrum of the children's needs.

In the above article, the purpose of St. Edmond's Home was recorded:

The object of this new institution is to provide for children who are crippled and who cannot attend the ordinary parochial school, a home in which

under the direction of women consecrated to God they may obtain instruction in the ordinary school subjects, besides all the care possible for the alleviation of their sufferings and the health of their bodies, together with a training in our holy faith. . . .

The secular subjects taught will run parallel to the ordinary parochial school grading, according as the health and ability of the children may allow.

Application for incorporation was made in September of 1916, and by a decree issued on May 12, 1917 the charter was approved.

For many years, only children with a normal mentality, who could be trained to help themselves and to overcome their handicap, would be admitted—children who by medical and surgical treatment, physiotherapy, and education could become self-supporting. However, there were exceptions to this rule. Most of them were made for children who lived in unfavorable home conditions and children who had neither a home nor parents.

On December 9, 1916, the day following the formal opening of St. Edmond's Home for Crippled Children, Donation and Reception Day was observed, and the home was opened to the general public. The *Catholic Standard and Times* of December 16, gave the following account of that occasion.

Saint Edmond's Home for Crippled Children, at Forty-Fourth Street and Haverford Avenue, attracted many hundreds of the faithful on Saturday, when visiting and donation day was observed.

So intense, however, was the desire of many others to inspect the haven prepared for those unfortunate little ones to be housed in the latest of Diocesan charitable institutions that the devoted Sisters of Bon Secours in charge of the Hospice were the kindly hosts on Sunday also to interested groups of newly found benefactors.

Daily since then, too, the devoted nuns have toured the Home with visitors and pointed out the scope of the work undertaken by His Grace, and said to be the first of its kind in the United States

On visiting and donation day, the Home presented a truly inviting appearance, which was accentuated by the dismal weather, and emphasized even more when the building was entered. As one approached the portals of the institution, opening on four streets (Forty-fourth, Forty-fifth, Haverford Avenue and Wallace Street) and surrounded by spacious grounds a cordial and unmistakable greeting was had from one of the Community. From then until every part of the institution had been seen, visitors had explained to them the various rooms and their diverse uses. No portion of the building, however, called forth such words of pleasure, it is safe to say, as did the beautiful little Chapel. . . .

That the wonderful work projected by His Grace and to be carried on by the Sisters of Bon Secours, under the able direction of Bishop McCort, will not suffer from want of benefactors seems certain when a realization is had of the importance and necessity of the Home for Crippled Children.

No appeal creates a more sympathetic response than does that for a crippled or afflicted child. Small wonder, then, that so many people came to see the home and rallied to the support of the sisters. Throughout the years, the response has been the same.

The Women's Auxiliary of St. Edmond's Home was formed shortly after the opening of the home by Bishop McCort; throughout the years, it has been its chief support. By the end of the first year, under the leadership of Mrs. James A. Mundy, the organization had a membership of nearly 500 and had collected well over \$10,000. A Junior Auxiliary was also active for many years in raising funds; among its donations were braces, artificial limbs, special shoes, and many other orthopedic devices and appliances. Its work has now been incorporated into that of the Women's Auxiliary, which in addition to maintaining the home also supplies the necessary nursing and therapeutic aids for the children.

During the first year, 38 children were admitted to the facility. Over half of these children had been victims of poliomyelitis with residual paralysis of varying degrees, necessitating the immediate organization of treatment by massage and electricity. According to the first annual report, December 1917,

The Executive [the sisters] not only at once arranged for massage and for the instruction therein of one of the Sisters by Miss Mary Corbin, but entered another as a pupil in the School of Massage of the Orthopaedic Hospital and Infirmary for Nervous Diseases, that when graduated, she may assume charge of massage in the Home and instruct others to assist her.⁶

Also during the first year, a Department of Electro-therapeutics was instituted and equipped. The equipment was obtained through the indefatigable efforts of generous friends and benefactors. Further equipment allowed minor operations, closed reductions of contractions, application of casts, and physical therapy to be performed in the home. Major orthopedic operations and other incidental operations were performed in one of the many hospitals of Philadelphia.

In a home for crippled children orthopedics must necessarily play a very large part in the children's management. Beginning with Dr. Joseph M. Spellissy, St. Edmond's has been fortunate in the caliber of orthopedic surgeons who have successively served there. A report on the work of St. Edmond's Home, given by Dr. Spellissy to the *National Conference of Catholic Charities* on September 11, 1923, reads:

The census today is fifty. A Medical Board of able men comprises practically all the specialties In regard to orthopedic operations, the incapacity of the boiler, for pressures required for sterilization, obliges major operations to be performed at St. Joseph's Hospital, with which I am connected. The children operated upon, are returned to St. Edmond's within a week, to complete convalescence there Upon the ninety-eight children so far admitted, one hundred and nineteen operations have been performed in St. Joseph's Hospital. In St. Edmond's operating room, 17 forcible corrections of contractures have been done, 72 casts applied, and three minor operations.

When the first child from St. Edmond's Home aged about eight, was operated upon in St. Joseph's Hospital, it came out of ether on the table, opened its eyes, looked into those of the operator and moved him and those assisting by saying, "Thank you, Doctor."

It was thought an unusual child, but when each child operated upon did the same, it was recognized to be the spirit imparted by these Sisters. . . .

The animating spirit of this Order is neither a blunt refusal to carry out medical suggestion or a thinly veiled, but none the less effective, obstruction, but in its stead there is always a hearty spirit of co-operation. It is this characteristic—generous co-operation—which has given such success—as has been obtained—at St. Edmond's Home for Crippled Children and makes it ever a privilege and pleasure to go there.⁷

In February of 1918, Archbishop Prendergast died and was succeeded by Archbishop Denis J. Dougherty. The new archbishop had scarcely been initiated when the archdiocese was besieged by the Spanish influenza, the worst physical catastrophe it had even known. It is difficult to exaggerate the devastation and terror wrought by this disease. In one day, 575 deaths were reported within the city limits of Philadelphia alone.

Archbishop Dougherty quickly placed every available diocesan resource at the disposal of the municipal authorities. Every priest, every seminarian, and 2,000 sisters were at the service of the city. Church edifices, particularly halls and schools, were used as temporary hospitals. In a desperate move to curb the spread of the influenza, the board of health issued an order forbidding assemblies of people, including church gatherings, although most parishes circumvented the ruling by holding Sunday masses outdoors, usually in the school yard. The epidemic reached its height during September and October. At St. Edmond's, there were at one time 20 influenza patients including children, members of the lay household, and a few sisters. Calls to attend patients in their own homes were constantly being received.

Sisters of various teaching orders helped with the care of the sick in their homes and called upon the Sisters of Bon Secours to assist with various treatments and the administration of hypodermic injections. Working in conjunction with other religious, the Sisters of Bon Secours

were able to reach more patients. A number of the Sisters of the Holy Child and the Sisters of St. Joseph came to St. Edmond's Home to look after the children so that more of the Bon Secours sisters would be available to go to the homes and minister to influenza victims. Often an entire family was stricken, and the sisters toiled with little sleep at the bedsides of the sufferers.

One sister was called to care for two women sick with the flu. When she arrived at the home, where they lived with their aged father, she discovered that she had more to do than look after the patients—the maid had fled in terror from the house. In addition to caring for the patients, the sister took care of their aged father, did the marketing, prepared the meals, and looked after the house. Within a week, the sister herself fell ill, and another sister was sent to replace her. After several days, this sister also fell ill. Because no one was available to replace her, the sister who was first sent on the case resumed her charge, although she was far from well. However, the episode had a happy ending, for eventually they all recovered.

On October 25, 1918, the board of health announced that the epidemic had largely abated and that previous restrictions on the public were no longer necessary. A few days later, Archbishop Dougherty sent a letter of thanks to all religious communities of women in his diocese, and to all other institutions who had provided help during the epidemic.

The road to recovery or improvement for physically handicapped children is usually long and arduous. Following surgical procedures of a corrective nature, they require much nursing care, long courses of physiotherapy, and training in the use of mechanical devices to make them independent. However, they need all the outlets of a healthy child, as well as the education. They have the potential to be sufficiently rehabilitated to find their place in society as useful and happy persons.

For about the first 45 years, most of the children in St. Edmond's Home were victims of poliomyelitis. There were also some who had been crippled from accidents or born with malformations of their limbs. Generally, they were not mentally handicapped. The main thrust of treatment was to overcome orthopedic difficulties.

From the very start, the sisters made every effort to individualize the children and make the atmosphere similar to that of a real home. That the home provided a better atmosphere for the children from that to which they had previously been exposed is noted in the following statement from the first annual report: "It has been gratifying to note, even in so short a period, the moral regeneration and mental awakening which the change of environment has effected."⁸

In the beginning, the intention was to educate the children in the home, but within the first year children who were able were already attending

the nearby parochial school, because of lack of classroom space and also because the sisters deemed it more beneficial for the children. The children were taken to and from school every day in a special private bus belonging to the home after mass and breakfast. For those children who were unable to go out to school, a classroom was available in the home. There the children followed the regular grade-school courses according to the parochial school system. Children confined to bed for special treatments or following surgery were also able to keep up with their regular grade-school work, so that when they were physically able they could attend the parochial school or high school. Initially, the younger children went to St. Ignatius' Parochial School and later to Mother of Sorrows' Parochial School. Those of high school age went to St. Thomas More and West Catholic high schools. The school experience was most beneficial for the children. Their association with other school children brought a new interest into their lives. It also helped them to make contacts and meet conditions that would prepare them to face life later on. This feature of outside schooling was considered particularly commendable by the Department of Welfare of the State of Pennsylvania. In her report of St. Edmond's Home to Cardinal Dougherty on February 10, 1926, Dr. Ellen C. Potter, Secretary of Welfare, wrote:

It is always interesting to read reports of our representatives' visits to institutions that have as many delightful features as St. Edmond's Home for Crippled Children.

As we become more familiar with the work done there, we are especially impressed with the happy, homelike atmosphere and the success attained in individualizing the children.

It is a pleasure to see institutional children sent out to school and in the case of the crippled child, who is apt to become over-sensitive if too closely confined, this plan is particularly advantageous. It is also encouraging to find that emphasis is placed upon higher education and business training for children with marked ability. We wonder whether the use of the Trade School has been considered for girls with interest along these lines.

The orthopedic care and general health supervision are of a high order, and the physical health records are unusually complete and well kept. . . .

Facilities for the care of crippled children in Pennsylvania are so inadequate that we are always glad to know of places where adequate care is given them.⁹

A later Secretary of Welfare, Mrs. E.S.H. McCauley, on April 15, 1930 wrote:

Our representative was deeply interested in the little boy who lost both arms through an accident and who is making such splendid progress under the Sisters' tuition in his first grade work.

The academic, occupational and vocational training [of St. Edmond's] are commendable as well as the recreational facilities.¹⁰

The next year, the same Secretary of Welfare wrote: "Our representative also noted that the boy who lost both his arms through an accident was attending the parochial school with the other boys, and was pleased with his success. She also reports he is using his artificial arms, although they are hard to keep in repair."¹¹ This last comment reveals that apparently this little boy did not sit in a corner and feel sorry for himself; more likely, he loved to play and treated his artificial arms none too gently. The sisters played an important part in instilling this positive attitude into the lives of the children. It was not unusual to hear a child being told by a sister: "Sure, God may have given you a pair of legs that need braces, but look at the wonderful disposition he has given you."¹² Typical of the courage and determination of those children was a little eight-year-old girl crippled from birth. She had had two major surgical procedures and spent one entire summer in a full body cast. Finally she wore just one brace instead of two, and then she said to one of the sisters, "In a year I'm not going to wear that other brace, and then I'm going to throw away my crutches."¹³

Excerpts from reports made in 1932 and 1935, to Cardinal Dougherty from Alice F. Liveright, Secretary of Welfare, give a further insight into the individualization of these children:

We read with interest the educational report of these children for the past year, which included instruction of twenty-five children attending classes in St. Ignatius' Parochial School, eighteen children receiving instruction at the Home, one girl graduating from the West Catholic High School, one boy attending the same school, two girls taking a commercial course and one attending Strayers' Business College.¹⁴

The wholesome, normal treatment given to these handicapped children is impressive. Such things as attending parochial school, going home for holidays and vacations, having school friends as well as relatives in to visit them are all extremely important. They help the crippled child overcome a great deal of the inferiority which comes from his handicap.¹⁵

As a general rule in the early years, the policy was to admit children to St. Edmond's Home between the ages of 4 and 10, and to discharge boys at 14 years of age and girls at 16 years. There were many exceptions to this rule, and thus the range from admission to discharge varied from 2 to 18 years. Some were even admitted as infants. In all cases, an effort has been made since the beginning to direct each child to a vocation in accord with ability and intelligence. Some children have been taught a trade through the Rehabilitative Bureau, others have graduated from high school, and some have gone on to college. Apart from the factor of age, children have been discharged only when they had benefited as much as possible from medical treatment, nursing care, rehabilitation, and education.

Through many generous friends and benefactors, the children at St. Edmond's had been supplied with an abundance of recreational facilities both indoors and out. Games and play were supervised by the sisters. In addition to using the swings, seesaws and slides, the children even played baseball, basketball and went rollerskating. Their handicaps were forgotten, and their laughter and song rang out clear across the playground. Indoors, some played the piano or games, listened to music or the radio, or read from a large selection of children's books.

The children at St. Edmond's Home have always attended professional entertainment both at the home and away and have participated in many social events and excursions. The annual report of the Sisters of Bon Secours to Cardinal Dougherty in 1939 imparts how the children were entertained.

Our children have been entertained many times during the year. The Knights of Columbus outing to Woodside Park needs no comment. Nothing was left undone to ensure the comfort of all, making each moment of the day brimful of happiness. We are most grateful for the special care and attention given our little ones.

On Thanksgiving Day, our kind and generous Knights of Columbus again proved their love. They served a bountiful dinner, which they generously helped to provide. In the afternoon, they gave a most enjoyable entertainment.

Through the kindness of Mr. Ellis A. Gimbel, the children were invited to the Circus. "Circus Day" is a red letter day in the lives of the children—it brings a joy all its own.¹⁶

The Elks and other benevolent civic organizations, as well as special friends, entertained the children. Methods of entertaining them have followed more or less the same pattern over the years. Excepting the more recent emphasis on music therapy, there is a trend toward actively involving the children in entertainments. The annual report for 1980, reads:

During the year, the children presented a Halloween musical, a Muppet show, Graduation exercises and a Volunteer dinner program. In May, the children gave a performance at the Leader Nursing Home in Darby. Mr. Paul Cirilis, a special education teacher and musician, worked with the children in groups as well as on a one-to-one basis with the profoundly involved children.¹⁷

From the very first days of the home, occupational therapy has been an integral part of the care given the children, but occupational therapy in early days was far different from that practiced today. Emphasis was formerly placed on keeping the children occupied and developing useful skills such as basket-making, rug-making, and embroidery, according to

the inclination and physical ability of each child. The handicapped child at St. Edmond's home receives occupational therapy today not only in improving muscular dexterity but in acquiring muscular coordination as well. The treatment program at St. Edmond's now offers care in the areas of speech, physical, occupational, recreational, and music therapies as well as special education to meet the needs of the multiply handicapped child.

Although the majority of the children admitted during the first years were Catholic, children of all religions have always been accepted—religion did not make the need for treatment and care any less great. Religious instruction and training is given by the chaplain and sisters as well as by seminarians from nearby colleges. During the past 65 years several devoted chaplains have aided the sisters in the spiritual care of the children. Outstanding among these was Father James J. Kinney who spent 36 years at St. Edmond's Home and was devoted to both the sisters and the children. Catholic children have been prepared for First Holy Communion and Confirmation, but the spiritual needs of all the children were not only supported, but encouraged. The annual report for St. Edmond's for 1980 reads: "Arrangements were made with Main Line Reformed Temple to have a thirteen year old Jewish boy make his Bar Mitzvah in May. Eight Jewish teenagers had classes with Jason every week from September to April in preparation for his big occasion. The Sisters, many of the staff and ten children were present at the Bar Mitzvah on May 17. It was a beautiful event."¹⁸

It also happens that children request instruction in the Catholic faith. One child currently at the home is one such example. He is now in his second year in junior high school, having lived at St. Edmond's Home since the age of three. Some years ago he was received into the Church at his own request and has received the Sacraments of the Eucharist and Confirmation. With two artificial legs, he is a senior patrol leader of a troupe of Boy Scouts who are physically handicapped, most of them from St. Edmond's Home. Recently he was awarded the *Ad Altare Dei* medal.*

In addition to the chaplain, seminarians from St. Charles Seminary have worked with the children for many years in the areas of religion classes, Bible reading, and devotions during the summer months. Augustinian seminarians have taught religion classes and prepared children for the Sacraments during the other months of the year, also acting as counselors for the children. At the present time although less than 50

*To earn the Ad Altare Dei Medal, which means "To the Altar of God," the scout must spend at least a year preparing for it, and must present himself to the religious counselor to prove he is worthy of it.

percent of the children are Catholic, most of them freely choose to participate in the Eucharistic liturgies, Confraternity of Christian Doctrine classes, annual May processions, and other spiritual programs arranged by the resident chaplain.

Doctor Joseph Spellissy, chief orthopedic surgeon for the children at St. Edmond's Home, from its establishment, was not only their friend in his lifetime but also after his death. When he died in 1927, he bequeathed his summer home, "The Cedars," in Brick Town, New Jersey, to St. Edmond's as a summer home for the children. "The Cedars" once was a large log cabin on several acres of land in the pine woods of New Jersey, overlooking the Metedeconk River. Still fondly called "The Cedars" it became St. Edmond's Home in Brick Town, New Jersey in 1928. Large and airy dormitories were built for boys and girls, and a dining room and kitchen were added. Ever since that time the sisters, children, and staff have spent their summers there. The children have benefited from the curative advantages of sunshine and water, and have enjoyed all the outdoor seaside activities of normal children. It seems hard to believe their handicaps when you see these children diving, swimming, and jumping about in the water. One sister related events of the summer of 1980: "People are very good. A local resident obtained tickets for the boys and girls to attend the circus appearing in town. On the third Thursday of each month the Dutch Helwig, a veterans organization from Philadelphia, held a cookout for the children."¹⁹

During the first years at "The Cedars," mass was celebrated in the children's dining room when a priest was there. During the week the sisters sometimes attended mass at the parish church of the Presentation of Our Lady. On June 25, 1937, a new chapel was dedicated at "The Cedars" by Cardinal Dougherty. This was a separate building and a gift from Mr. James A. Mundy in memory of his wife, who was the first president of the Women's Auxiliary of St. Edmond's Home for Crippled Children. The new chapel was also in memory of Mrs. John F. Horstmann who had served two different terms as president of the auxiliary. At the same time Mr. Mundy put an addition to the log cabin and improved the other facilities.

For the summers from 1928 to 1962 the Sisters of Bon Secours lived in that big log cabin. In 1961, the log cabin had become quite old and was torn down. A new convent was built. Further improvements were made on the grounds and in the other buildings in subsequent years, but in 1970, it became apparent that more new construction was necessary. The children's dormitories needed extensive repairs. Rather than invest in renovations, the archdiocese consented to finance the erection of new dormitories and other needed facilities. The other new buildings included

a new recreation and physical therapy building, housing for staff, a new dining room, a kitchen, and laundry facilities. On July 27, 1971, Father Francis A. Menna and Father Edward P. Cullen, as representatives of John Cardinal Krol of Philadelphia, blessed the new buildings.

In 1969, a group of people in Brick Township, New Jersey formed a committee called "The Friends of St. Edmond's." The first thing on their priority list was a heated swimming pool, because the Metedeconk River was polluted and no longer safe for swimming. It was also needed for therapeutic reasons. The building of this swimming pool was especially noteworthy because none of the children in the home were from New Jersey. Over the years the people of Brick Town had grown to love the children, and they wanted to share in the sisters' praiseworthy work.

After the opening of the summer home at "The Cedars," the care of the children at the Home on 44th Street and Haverford Avenue was carried on without much variation. Each child continued to receive individual care and the work of rehabilitation, education, and training was constantly pursued. However, when extra funds were available the sisters made all possible improvements to enrich the quality of life for the handicapped children under their care. A new sun parlor with helio glass was built in 1929. A new playroom was equipped in 1948 and a new dental clinic the year before was installed through funds provided by the Louis N. Cassett Foundation organized to help the underprivileged. Beginning in September of 1948, the sisters were greatly aided in their treatment of children who had been victims of poliomyelitis through funds from the Philadelphia Chapter of the National Foundation for Infantile Paralysis.

Over the years the home at Forty-fourth Street and Haverford Avenue became inadequate for the needs of the children, and it was apparent that a new home would have to be constructed. A 16-acre tract of land was found in Rosemont, Pennsylvania on Roberts' Road, and was purchased by the archdiocese of Philadelphia. The site was ideal for a home for handicapped children. It was located on a grassy slope surrounded by age-old maples and oaks far away from city noise and pollution.

Construction for the new St. Edmond's Home in Rosemont was begun in February of 1956, and in January of 1957, the sisters and the children moved into it. Specifically designed for the handicapped, all the children's facilities were on ground level—dormitories, classrooms, playrooms, therapy rooms, medical areas, and dining room. This was a far cry from the old four-story home on Haverford Avenue. The beautiful new chapel was also on ground level; the Women's Auxiliary donated the main altar, as well as the organ, and paid for the furnishings. Various members of the auxiliary likewise donated the chapel's memorial stained glass windows. Comfortable quarters were provided for the sisters on the

second floor. In April of 1957, Cardinal O'Hara (who had replaced Cardinal Dougherty after his death in May of 1951) blessed the new home and celebrated Solemn Benediction in the chapel.

However, the days when the childrens' needs could be met with a staff of nurses, physiotherapists, and regular school teachers were drawing to a close. In 1954, a vaccine created by Dr. Jonas Salk was proven effective against poliomyelitis during the polio season of that year. With the near elimination of poliomyelitis there was a significant change in the type of crippled child admitted to St. Edmond's, and the sisters adapted their services accordingly. By the mid-1960s, it was evident that an entirely new medical unit, with a new range of rehabilitative services, would have to be built to meet the needs of the multiply-handicapped child. In addition to treating physical disabilities, the sisters were ministering to children with mental handicaps as well. Construction was started on a new wing in 1967, during the administration of Sister Mary Florence, and completed the following year. It included a speech therapy department, an audiological testing unit, medical section, and dental offices.

Speaking of the new facilities Sister Mary Florence, administrator, said: "This new equipment will enable us to give the children the most progressive treatment. Crippled children require a great deal of therapy and this new unit will allow us to make certain each child gets his allotted exercise and at the proper frequency."²⁰ On the staff there are currently full-time speech, occupational, recreational, physical, and musical therapists, as well as part-time psychologists all operating in conjunction with the Sisters of Bon Secours and according to their spirit and philosophy. The regular medical needs of the children are met by a team of medical specialists, and their educational needs are likewise met. Many children have the advantage of going out to schools, regular and special, and others have classes at the home where they are taught by teachers trained in special education. The nursing needs of the children are met by a round-the-clock nursing staff.

The latest facility provided for the children at St. Edmond's home was a heated indoor swimming pool in 1971 with special therapeutic devices, provided through the generosity of the Men's Committee for St. Edmond's.

The lives of the children have also been enriched by a large corps of dedicated volunteer helpers of all ages who have spent precious hours working with the children either individually or in groups. The children have also benefited from the attention of affiliating students from area colleges who come to St. Edmond's Home to supplement their academic program. For the past 11 years a group of friends have held an annual spring fair for its benefit.

From the very beginning St. Edmond's Home for Crippled Children has been blessed by a group of physicians and surgeons who have unsparingly given of their time and skill. Noteworthy among these physicians are the orthopedic surgeons that followed in the footsteps of Dr. Spellissy. Dr. Ralph C. Hand was one. For many years he performed "miracles" on the crippled children; they became monuments to his skill. For over the past 20 years, Dr. John J. Dowling, Chief of Orthopedics at Lankenau Hospital, Philadelphia, has donated his time and care to the children of St. Edmond's. Commenting on the care the children receive at the Home, Dr. Dowling has remarked: "It's beautiful. Our nurses here at the hospital say that our kids from St. Edmond's are always better behaved. One of the reasons is that they receive an abundance of loving care as well as physical care."²¹

But the children may be the ones who remember these services best. Mother Benedict, speaking to a newspaper reporter in the 1920s, said:

One boy we had for a long while till he was cured is now at home with his mother, going to high school. She gives him a little allowance each week and he always leaves a dollar when he comes.

"You did so much for me, I want to do something for the other kids," he says.²²

Sister Urban, present administrator, said; "You should see the way our children care about each other. We always have one of them in surgery. When we go to mass, they pray for each other. You can't help but love them."²³ Sister Liborius, who had been administrator at St. Edmond's in the 1960s, is presently working with the children. She knows how to chuckle over dirty hand-prints on the big glass door in the entry: "Oh well, it's the children's home, you know."²⁴ All who visit there are impressed by the happy, smiling faces of the children who, at first sight, seem to have so little to make them happy.

Children are still admitted to St. Edmond's Home through Catholic Social Services, originally called the Catholic Children's Bureau. Some referrals come to Catholic Social Services from the State Department of Public Welfare. Children are admitted regardless of race, color, or creed if there is any chance that they can be helped by the rehabilitative program at the home, and they can stay as long as the staff feels St. Edmond's can help them. The average stay is 10 years. The one requirement is that the child have an orthopedic problem.

The Sisters of Bon Secours at St. Edmond's look forward to a future of continuing their apostolate of compassionate care to these chosen ones of Christ.



Mother St. Donat and founding Sisters, Bon Secours Hospital, Methuen, Massachusetts, front row left to right: Mother St. Donat and Sister Mary Margaret, middle: Sister Mary Pauline, back row left to right: Sister Cornelius and Sister Mary Beatrice



**Mother St. Emerentiene, a founding Sister, Villa Maria Nursing Home,
North Miami, FL**



Original habit and first modification 1960, Sister Frances Helen and Sister Mary Emma



UPPER: Mother Mary Alice, Provincial; Mother Germanus, pioneer and first administrator, St. Mary's Hospital, Richmond, VA; LOWER: Mother Mary Angelina, 10th Superior General (U.S.A.) and General Council representing each Province: Sister Margaret Nugent (U.S.A.); Sister Lucius (England), Sister Rose Anne (Ireland), Soeur Claire d'Assise (France)



UPPER LEFT: Sister Imelda, pharmacist; UPPER RIGHT: Sister Mary Pauline ministering to the aged LOWER LEFT: Sister St. Liborius, care of crippled children; LOWER RIGHT: Sister Mary Emma, pediatric nursing



UPPER: Sister Rose of Lima, clinical laboratory technician; CENTER: Sister Mary Christine, medical record librarian; LOWER: Sister Mary Herminie, caring for sick and aged priests



UPPER LEFT: Sister Victoria Segura, M.D., pathologist; UPPER RIGHT: Sister Rose Marie Jasinski, home health care nurse; LOWER: Sister Frances McCabe, rehabilitation of the crippled child



UPPER LEFT: Sister Alice Talone, eucharistic minister; UPPER RIGHT: Sister Margaret Mathewson, primary care nurse practitioner; BOTTOM: Sister Mary Cabrini, emergency room nursing

Chapter VII

Bon Secours Hospital School of Nursing and Outreach Programs Baltimore, Maryland

Bon Secours Hospital and School of Nursing

As nursing care in the United States became more sophisticated, and as increasingly specialized hospitalization became available, so too the mission of the Bon Secours in the United States did not remain untouched. Even before the beginning of the 1900s, Baltimore citizens and physicians alike had been keenly interested in having the sisters extend their nursing care to institutionalized settings.

The sisters had long recognized the need to serve patients outside the home setting; in fact, they had been caring for them in the guest rooms of their convent on 2000 W. Baltimore Street from before the turn of the century. At that early convent, the sisters had cared for Fathers Magnien and Broydrick; Mary B. McKee, who with her brother had operated the bakery that long supplied the sisters with baked goods; and Maria Sewall Key, relative of Francis Scott Key, who spent her last months with the sisters. Interestingly, Maria Key's daughter, Mrs. George C. Jenkins, continued her visits to the Bon Secours convent after her mother's death in 1897, often accompanied by her husband. The Jenkins, a well-known Baltimore family, were distinguished for their generosity in promoting

education, religion, and charity. From 1897 on, several members of the Jenkins' family sought care by the sisters; and the Jenkins became instrumental in advancing the mission of the sisters.

The George C. Jenkins were devout Catholics. A newspaper article dated July 13, 1929, reads: "Be it noted that as long as Mr. and Mrs. Jenkins were able to make their pilgrimage together in this world, they said on their knees each night—and asked their guests to join with them—the Rosary of the Blessed Virgin." The same article says of Mr. Jenkins: "Born on October 15, 1836, he will celebrate his 93rd birthday next Autumn. . . . He remains in the younger set by continuing to be an altar-boy."¹

When Eliza Jenkins, sister of George, became ill, she was cared for in her own home, over extended periods of time, by two Bon Secours sisters. It was during the illness of Miss Eliza that the idea of a hospital was first brought to life. During their visits to see her, Mr. and Mrs. Jenkins discussed with the sisters the subject of a hospital of their own where they could have a training school for the novices and young sisters. At a later date, they broached the subject with Mother St. Urban, who had long hoped to build a hospital someday, both to extend the sisters' services to more people and to train the young sisters. After many discussions, the tiny seed planted 20 years earlier at the bedside of Mrs. Key in the convent guest room had borne fruit. The Jenkins agreed to build a three-story brick building with accommodations for about 20 patients. The plan was approved by the superior general, Mother St. Bartholomew, on the condition that the sisters also continue the initial work of the congregation—nursing the sick in their own homes.

Ground was broken for the hospital on February 2, 1917, by Father Francis P. Doory, pastor of St. Martin's Parish. Construction was slow, because manpower and materials were limited as a result of World War I. On December 22, 1918, the hospital was blessed and formally dedicated by His Eminence, Cardinal Gibbons. It was dedicated to Our Blessed Lady under her title of Bon Secours. An excerpt from the *Baltimore Sun*, December 23, 1918, reads:

The hospital was built, equipped and furnished by Mr. and Mrs. George C. Jenkins, as an expression of their gratitude to the Sisters of Bon Secours for the devoted care shown by them in nursing the members of the Jenkins family. The new hospital is equipped with the latest and perfect appliances which will enable the Sisters to attend to surgical operations in their own hospital.

The hospital is an addition to the hospitals of Baltimore City with Mother Urban, Superior of the Bon Secours Convent, in charge.

After the dedication ceremony, the hospital was open to the public for

inspection. According to notes kept by Sister St. Donat, "There was a large attendance of visitors throughout the afternoon till night-fall. Ice cream, cake, soft drinks etc., being served, and Mrs. Jenkins poured tea in the basement alcove which was tastefully decorated with palms, flowers and evergreens. Good wishes for success being exchanged all round to the Sisters and the Donors by their many friends."²

The hospital was opened to patients on January 26, 1919, and on this day the first patient, the Reverend Thomas Mulligan, of St. Mary's Seminary in Baltimore, was admitted. Father Mulligan's physician was the son of Doctor O'Donovan, one of the four trustees who made it possible for the Sisters of Bon Secours to secure their first convent in the United States. The first operation was a tonsillectomy performed by Dr. J. C. Pound on a young schoolboy who was admitted on February 9, 1919.

According to Dr. Thomas R. Brown, Chairman of the Executive Committee of the Medical Staff of Bon Secours Hospital from 1919 to 1929, Mr. and Mrs. Jenkins wanted the hospital to be perfect. He said:

Although small, it was to be very complete in its appointments. Although the number of its beds was to be relatively few, they wanted it to have the best possible equipment and an able and distinguished visiting staff, for they visualized a place where the unselfish, untiring, and skillful labors of the nursing order of Bon Secours could find a home worthy of the work and the ambitions of its members. . . .

The hospital was a success from the very start. Patients came in ever increasing numbers from near and far because here one could get not only the best medical and surgical attention, splendid care, and the ever present, unselfish, and watchful nursing from the Sisters but, in addition, the feeling that one was in a true hospital, not an institution. . . . No one could have been chosen with a wider breath of vision, a deeper love of humanity, a greater understanding of the true functions of a hospital than Mother Urban. . . .

It was a new hospital without entanglements or tradition. It was a different hospital. It had the intimacy that obtains only when the number of beds is small, but it had also the efficiency of a carefully constructed, thoroughly planned, and well staffed organization usually met with only in large institutions. More and more people came through its doors; more and more found there the rest, the peace, the friendliness, the personal care that is often hard to find. It filled a real need not only in the community but elsewhere. It was inevitable that it should expand and its generous donors doubled its size within a few years. But it still retained its unique qualities; it was individual; it was personal; it was friendly.³

Mrs. Florence Snoops, one of the first patients at the hospital for four weeks in 1919, returned as a patient in the fall of 1980 and recalled what made the hospital special.⁴ During her early hospitalization, her daugh-

ter, Jeanne Marie, had her first birthday; the sisters, feeling Mrs. Snoops' desire to celebrate with her child, baked a birthday cake and everyone celebrated in her hospital room. Mrs. Snoops also recalled that the patients were often served fresh vegetables from the convent garden. Since 1919, Mrs. Snoops has been a patient on four different occasions; several of Mrs. Snoops' children have also been patients at the hospital and several of her grandchildren have been born there.

One of the unique qualities of the new hospital was that the sisters not only took care of the patients but did many of the household tasks as well. Sister Bruno, who started work at the hospital the year it opened, recalls: "In the early days the Sisters did everything. We took care of the patients, cleaned the rooms and did the cooking."⁵ Sister Liborius, who first worked at the hospital in 1920, recalls: "We had only twenty-two patients then and each patient got just about total individual care."⁶ Mother St. Urban contributed no less:

She pitched in and did her share. She assisted in the diet kitchen, preparing the trays for patients needing special diets, and frequently was found washing the dishes herself. In those first years, when she was still strong and physically capable, there was no task to which she was not willing to lend a helping hand. In spite of the many duties and cares devolving upon her as head of the institution she made it a practice nearly every day to visit the patients. She showed a personal interest in their condition.⁷

On March 1, 1920, the new hospital was incorporated under the General Laws of the State of Maryland, and the stated purposes of the corporation were listed as the "conducting of a Hospital and Training School for Nurses."⁸ With the advent of their own hospital the Sisters of Bon Secours were eager to have a school of nursing of their own. Prior to the opening of the novitiate in June 1912, all the Sisters of Bon Secours in the United States had made their novitiate in France and had received varying degrees of education there. Beginning in 1906, the sisters were given some formal instruction, training, and nursing experience in St. Joseph's Hospital in Paris, which was under the management of the Sisters of Charity of Saint Vincent de Paul. Since 1914, the Sisters of Bon Secours in France attended organized schools of nursing.

Between the years 1915 and 1919, six Sisters of Bon Secours in the United States began their training as professional nurses, four at Mercy Hospital, Baltimore, and two at St. Agnes Hospital, Baltimore; having completed their training, they obtained state licensure. It was also in the year 1919 that six other sisters who had had experience in nursing over a number of years were registered by waiver in the District of Columbia after successfully taking the District Board examination.

The Bon Secours Hospital School of Nursing was opened in the fall of

1921 under the direction of Sister St. Donat. The school offered a three-year diploma program approved by the Maryland State Board of Examiners of Nurses and it was also registered on the accredited list of the District of Columbia. For many years the student body was composed exclusively of Sisters of Bon Secours and for this reason the school of nursing occupied a rather unique position. In the late 1930s, sisters from other religious communities were admitted to the school. The stable on the convent grounds, which had been converted into the novitiate, underwent another change when it was fitted out with classrooms and other facilities to become a school house. Because it was a two-story red brick building it became fondly known as the "Little Red School House."

The first graduation exercises were held in the chapel of Bon Secours Hospital, Baltimore, on June 22, 1925. The Baltimore *Catholic Review* of June 27, 1925 recounts:

Thirteen Bon Secours Sisters received diplomas of graduation at the first annual commencement of the Sister-Nurses of the Hospital last Monday afternoon. Archbishop Curley presided at the exercises, which were unique in this city. His Grace in his address said that he had attended many commencements, but the one at Bon Secours was unlike any he had ever witnessed. . . . The members of the graduating class were: Sisters Saint Paul of the Cross, Saint Ita, Saint Julien, Saint Luke, Saint Honorat, Saint Benignus, Saint de Chantal, Mary Teresa, M. Bernadette, Saint Liborius, Saint Louis, Mary Gertrude and Mary Frances.

Recalling that day, Sister Liborius said: "Everybody thought we were going to have a party and get the rest of the day off. But we were told to go right back to the hospital halls, and the faculty had the celebration."⁹

By this time, the capacity of the hospital had been increased to 75 beds. The medical staff at the hospital, very interested in the nursing education of the sisters, actively participated by giving lectures and other instruction. The new school of nursing was thus built on a sound foundation, with the "kindly care" characteristic of the Sisters of Bon Secours nurtured within their own walls. In this school through the coming years, sisters were prepared to be professional nurses not only according to state regulations but above all according to the spirit and tradition of Bon Secours. Some sisters continued the work of caring for the sick in their own homes, others worked in the hospital, and still others went into new fields as the apostolate of the Sisters of Bon Secours expanded into new areas of health care. As early as 1925, one sister was also trained as a clinical laboratory technician.

For one year after the opening of the hospital Mother St. Urban remained in charge of the convent and the hospital. Her assistant was Sister St. Donat, who proved to be an efficient administrator. However,

the rapid growth of the hospital and the complexity of its administration called for the formation of two communities. In December, 1919, Mother St. Urban was assigned as superior of the sisters working at the hospital, and Mother St. Benedict was appointed superior of the Baltimore convent, from which the sisters continued their work of nursing the sick in their own homes. Because the second story of St. Martin's Day Nursery was not used for the children, it was converted into sleeping quarters for the sisters of the hospital community, and the hospital parlor became the community room. Mother St. Urban herself took up residence in the hospital. She had been superior of the Baltimore convent since July of 1911, and during that time she had made several substantial improvements, among them being the construction of a new wing to house the United States novitiate; but when she turned the reins of government over to Mother St. Benedict in December of 1919, there remained not a dollar of debt on the convent property.

While the hospital was under construction, Sister Donat and Sister Columba went to St. Agnes Hospital, Baltimore, to study hospital management. While there, those two sisters became acquainted with several leading members of the medical profession and enlisted their interest in Bon Secours Hospital. Among these was Dr. J. K. B. E. Seegar, who later became president of the medical staff of the hospital, from 1921 to 1933. Speaking of his first contact with Bon Secours Hospital staff, Dr. Seegar said:

My first contact with the Bon Secours Hospital was through two Sisters of the Order of Bon Secours—Sister Donat and Sister Columba, who came to St. Agnes Hospital to study hospital management. I soon became interested in helping them attain their objective. . . . At the end of their training I was asked over to the hospital which had just been completed to meet Mother Urban, who invited me to take charge of the gynecological department. Though at this time it seemed to me that I was completely occupied with other obligations, I immediately succumbed to the charm of Mother St. Urban's personality and accepted this added duty.

This was the beginning of one of the most sincere and charming friendships of my life. Mother Urban's ability as an organizer, her intelligence, tolerance and true religious spirit were such as I have never seen surpassed, if ever equaled; it never failed to impress everyone with whom she came in contact. To the two Sisters I have mentioned, soon there was added a third, Sister Patrice, who I feel played a great part in rounding out fully the organization of the hospital. Among other things, she concentrated her attention upon the development of the Medical Record Department, which enabled us to satisfy the requirements of the national standardizing bodies. This triumvirate, with the guiding genius of Mother Urban, steered the hospital through the important years of its development and enlargement.

Upon opening the first unit of the hospital, with the advice of Dr. Thomas

R. Brown, the Sisters invited six doctors to form and organize a Medical Staff. This group, consisting of Dr. T. R. Brown, Dr. Alexius McGlannon, Dr. E. H. Gaither, Dr. J. C. Pound, Dr. E. V. Coolahan and myself met, organized and elected Dr. McGlannon as president and Dr. Gaither as secretary. Dr. Brown . . . consented to be chairman of the executive committee and continued in this capacity for the first decade. . . . Much of the success of our efforts was due to the deep interest and influence that Dr. Brown exerted. Fifteen physicians representing the major specialties of medicine and surgery were asked to staff the hospital as heads of departments. Another group of prominent physicians was asked to act as a consultation staff. In this way we gathered around the young institution a galaxy of physicians which not only lent prestige to the hospital but also guaranteed the best of medical service.

Dr. Brown, among many other ideas, insisted upon two things; first, that diets must be outstanding and well served, and this policy certainly has been carried through to the present; the second was that the residents must be among the most competent available. To accomplish this end our first few were practically hand-picked by Dr. Brown himself. The excellency of those residents gave the hospital a very advantageous start.¹⁰

Dr. Brown, one of the leading internists and gastro-enterologists in the United States, was well known to the Sisters of Bon Secours years before the idea of a hospital was conceived, because he had long been the personal physician of the Jenkins family. He had been consulted when plans for a future hospital were being formulated, he encouraged its establishment, and he gave many valuable suggestions. It was only natural that he should have been chosen to head the new facility.

The hospital, incorporated on March 1, 1920, held its first meeting as a corporate body on March 3. The membership of the corporation was to consist of the superior and six or more sisters of Bon Secours Hospital. Mr. George C. Jenkins was also a member of the governing body. At the meeting of March 3, Mother Urban was elected president and Mr. Jenkins was elected treasurer, a position he held until his death in 1930. In Article II of the Constitutions and By-Laws of the Corporation we read: "The Governing Body must always be regarded as the Supreme authority in the Hospital, the Body to which the Direction, the Medical Staff, the Personnel, and all Auxiliary Organizations are directly or indirectly responsible."¹¹ In the same article, the object of the governing body is determined to be "the promotion and realization of progressively higher ideals in the religious, moral, medical, nursing, educational, social and all other phases of hospital and nursing endeavors,"¹² and its duty is "to see that the Hospital renders adequate service to the sick and injured at as low a cost as is consistent with efficiency."¹³

The hospital operated under its original charter for many years. It was not until 1966 that lay members were admitted to the board of trustees,

and in more recent years a new charter was drawn up to more adequately describe the current goals and uses of Bon Secours Hospital, Baltimore, to reflect the transition from a small private hospital to a community-centered hospital.

Mr. George C. Jenkin's interest in the hospital continued throughout his lifetime, and was still effectual after his death through bequests made on behalf of the hospital. In June of 1921, new porches were added to the hospital at his expense and that same year he donated additional laboratory equipment and supplies. He gave a gift of further surgical equipment in 1922 and, at the annual meeting of the board of directors of the hospital on April 3, 1923, he put before the board his plan to add a wing in order to expand the facility. During the hospital's first year of operation, 181 patients had been admitted, but by 1923, this number had increased to 254, and the demand for more beds was ever increasing; these were the days before early ambulation and a patient's hospital stay was usually prolonged.

Work was undertaken early in 1924 to build a large addition to the first unit of the hospital on the Pulaski Street side of the property. Completed in 1925, it was known as the west wing. This addition, which increased the bed capacity to 75, served a two-fold purpose. It met the ever-increasing demand for more beds and made the hospital eligible for approval by the American College of Surgeons.

In 1924, the sisters erected a wing on the east side of the hospital to serve as a convent for the hospital sisters. A large chapel was then added to the convent, as the original chapel, on the first floor of the hospital to the right of the entrance hall, was no longer adequate to accommodate all who wished to use it. Following in the footsteps of Mère Geay, the second superior general, the sisters wished only the best for the house of God and had designed a chapel of noble proportions. This work on the convent and the chapel, totalling about \$100,000, was at the expense of the Sisters of Bon Secours and was undertaken in commemoration of the centenary anniversary of the founding of the order. The new wing to the hospital, the new convent, and the chapel were blessed by the Right Rev. Monsignor Eugene Connelly on January 24, 1925.

The following account of the new construction, both east and west, was given in the *Baltimore Sun*, January 16, 1925:

The new \$300,000.00 addition to the Bon Secours Hospital, Fayette and Pulaski Streets, was opened formally yesterday. Dr. Thomas R. Brown, Chief of Staff, presided at the exercises which marked the occasion.

The original hospital building which was erected in 1917, together with the addition opened yesterday, was the gift of Mr. and Mrs. George C. Jenkins to the Sisters of Bon Secours. Included in the gift were the hospital equipment and furniture. . . .

The east wing of the hospital, which includes the Chapel above the boiler room and the home for the nursing Sisters, was erected by the Sisters of Bon Secours in commemoration of the one-hundredth anniversary of the foundation of the order. . . . The Chapel extends through two stories. It has a vaulted ceiling with marble floor and sanctuary rail. . . . The balcony is at the level of the second floor.

Mrs. Jane Abel Homer, daughter of Mrs. Abel who built the original convent chapel in 1893, donated the main altar and two side altars—marble pieces that were of rare workmanship and of imposing style—for the new hospital chapel. She also donated the marble sanctuary rail with its wrought iron gates.

The Baltimore *Catholic Review*, of Saturday, January 17, 1925, noted: "Both in the finish and the furniture of the hospital the effort has been made to give the building a domestic rather than an institutional appearance."

In the annual report of the hospital for the year ending 1925, Dr. Thomas R. Brown said of the sisters:

The hospital was designed to enlarge their field, to widen the benefits of their ministrations, and to furnish to the Sisters themselves greater opportunities for further study, training and experience in the profession to which they had devoted their lives without thought of worldly gain. . . .

That the hospital has succeeded in its aspirations, that its ideal of combining the latest methods of scientific investigation and treatment with an atmosphere of kindness and helpfulness—is answered in the affirmative by the repeated expressions of gratitude on the part of the many who have been patients in the hospital, who have carried away with them not only the knowledge of skillful care on the part of the staff, but also the realization that here they had found hope and help and love.

It is the realization of what the hospital has done, what it has stood for, what it has meant to many who were sick in mind and soul as well as body, that has prompted the same generous benefactors to enlarge it this year to more than three times its original size, but with this enlargement. . . we feel sure that the same fundamental principles will obtain.¹⁴

For many years after the opening of Bon Secours Hospital the care of the patients was entirely in the hands of the sisters. In later years, when lay nurses were employed, the spirit or charism of Bon Secours still prevailed and was extended through their hands. The sisters communicated their philosophy of care to all who shared their work of caring for the sick.

In the annual report for 1925, the Sisters of Bon Secours acknowledged their indebtedness to Mr. George C. Jenkins for his deep interest in their work; "None but Recording Angels can tell what Mr. Jenkins has done for Bon Secours."¹⁵

One of the objectives of the hospital was to train sisters to qualify as registered nurses, which necessitated training in obstetrical nursing. This was a new departure for the Sisters of Bon Secours and one for which Mother St. Urban had to obtain special permission. She was a practical and far-sighted woman. Up to that time the sisters had not engaged in obstetrical nursing as such; according to an article in the constitutions of those days, the sisters were required to "abstain from services at child-birth. Capable lay persons shall be called upon for such work. But after delivery, they may render to the mother the care of which she shall stand in need."¹⁶ The proper training of the sisters took precedence over this point of the constitutions. A maternity department was made possible with the increase in bed capacity and in the fall of 1925, a small unit was opened. Judged by standards of today, the accommodations were anything but ideal, but in spite of physical handicaps, the work accomplished was excellent. The home-like atmosphere of the hospital was noteworthy in every department, and soon the reputation of the maternity department spread.

Before long, it was evident that a larger maternity department was needed. Sister Ita was initially in charge of the department and she was followed by Sister Liborius a few years later. Sister Liborius' reputation in the care of babies became a legend. She said: "Every policeman and fireman knew we would accept emergencies. Many times I'd get a six-month-old abandoned baby wrapped up in a newspaper."¹⁷ Those babies were not permitted in the newborn nursery but Sister Liborius would improvise a way to take care of them.

Having lived in the congested quarters above the day nursery since December 1919, it was with great delight that the sisters of the hospital community moved into their new convent on the east side of the hospital in 1925. Here they had ample space and privacy not only for their sleeping quarters but also for the observance of their community life and activities. The chapel adjoining their convent was readily accessible from both floors. In addition, there was now ample room to accommodate the young professed sisters who had completed their novitiate. Formerly, these sisters were unable to join the hospital community because of lack of adequate living quarters.

January 24, 1924, the centenary of foundation, was a day of rejoicing and thanksgiving in every convent of Bon Secours around the world. Everywhere songs and prayers of praise and thanksgiving ascended to Heaven. Because a big celebration was held in Paris on that date, the Sisters of Bon Secours in the United States held their public celebration at the convent in Baltimore on Thursday, May 22, 1924. The anniversary celebrations had begun the previous Monday morning with a triduum of

masses and the exposition of the Blessed Sacrament and Benediction. On that date Mother St. Bartholomew, superior general, was able to attend. Sisters came from the houses in Washington, Detroit, and Philadelphia. Archbishop Michael J. Curley celebrated Pontifical High Mass, and Bishop McCort—at that time Bishop of Altoona—preached an inspiring sermon that still inspires others to this day:

Go on, my Sisters, go on in the service of the world, it needs you to turn it from its grossness and its selfishness to the purity and the love of the Spirit that abides within you. Go on in the service of the church that needs you now as in the beginning, to reflect the truth, the beauty and the divinity of her teaching, to remove the hate and prejudice that ignorance and malice have sown in many unfortunate souls. Go on in your poverty, chastity and obedience; go on in your heroism and self-sacrifice; go on in your unworldliness and simplicity; go on when nature shrinks even to the crucifixion of the flesh; go on to the glory that has crowned the lives of your Sisters who have gone before you, and will crown yours if to the end you be faithful. Go on!¹⁸

That the ministry of the sisters was fruitful can be seen from the words of Dr. Maurice C. Pincoffs, who began work at Bon Secours Hospital in 1920. In 1929, he wrote:

With the opening of the new wings a new era began in the life of the Bon Secours Hospital. Through the greatly increased number of patients and their friends, the hospital has become intimately known to an ever greater number of Baltimoreans. The spirit of friendly personal interest and sympathy, which is one of the distinguishing features of this hospital, leaves in the hearts of those who have been treated within its walls a warm friendship for the institution and for the nursing sisters of Bon Secours. Thus, ever more and more, families in this community, when under the shadow of illness and danger, turn instinctively to this hospital for that succor which its name implies.¹⁹

From the opening of the hospital in 1919, to the day she entered it for the last time in 1927, Mrs. George C. Jenkins came every Sunday afternoon accompanied by her husband to visit Mother St. Urban and the sisters. She died at the hospital on November 8, 1927. Her last days on earth were made peaceful and comfortable by the loving care and attention of the sisters who owed her a debt of gratitude. Mrs. Jenkins was waked in the large community room of the hospital convent and her funeral mass was celebrated in the hospital chapel. The following year on November 28, 1928, Mr. Jenkins suffered the loss of his only daughter, Mrs. Ralph Parr (Laura Jenkins Parr), who also died at Bon Secours Hospital surrounded by the sisters, her grieving husband, and her father. Like her mother, she was also waked at the hospital and buried from the

hospital chapel. In memory of his wife, Mr. Ralph Parr replaced the temporary windows of the chapel with English ones of exquisite design and color which were the admiration of even the most discriminating.

Following the death of his daughter, Mr. Jenkins stayed in the guest rooms at the Bon Secours convent on West Baltimore Street for many months. In fact, Mr. Jenkins was still a guest at the convent on March 25, 1929, because a letter addressed to him there on that date by an architect, reveals the fact.²⁰ It also reveals that Mr. Jenkins was again planning to enlarge the hospital. His initial thought was to add one story each to the east wing and west wing of the hospital, but the architect advised against this idea, proposing a new wing along Payson Street. Raising both wings to the same height as the central building, he said, was not feasible, as the original foundations were not built to carry another story.

In that spring of 1929, Mr. Jenkins returned to his summer home in the Greenspring Valley. Here he had a devoted house-staff of housekeeper, cook, maid and valet, who looked after his needs. For almost another year he continued his visits to the Bon Secours convent and hospital and remained active as treasurer of the board of directors, making substantial donations of equipment to various departments. In the early spring of 1930, his health began to fail, and he sent for the sisters of Bon Secours to care for him. Mr. Jenkins did not live to see the new wing built. However, in his will he made provision for the additional building, realized in the construction of the new maternity building in 1932. Two sisters stayed with him day and night during the last months of his life and were praying at his bedside when he died June 5, 1930. Among the sisters who cared for Mr. Jenkins in his last illness were Sisters Bruno, Romain, Fabius and Alex. Mr. Jenkins remains were taken to Bon Secours Hospital where he lay in state for two days. His funeral mass was celebrated in the hospital chapel. In the hospital's annual report for 1930, his personal physician, Dr. Thomas R. Brown, said:

During the past year the Hospital has suffered an irreparable loss in the death of its founder, George C. Jenkins, who, although living far beyond the biblical three score years and ten, seemed far too young to die.

The Bon Secours Hospital was built by him and his wife because of his desire to help sick and ailing humanity. It was given to the Sisters of Bon Secours because of his deep admiration for their work and their ideals. To it he would come every Sunday, for many years accompanied by his wife, who loved it and its work as deeply as he did, finding there always rest and help. When the Hospital overflowed its first quarters, he trebled it in size and in usefulness. In time of sickness, he called upon its Sisters for aid. When the final illness came, first to his wife and then to his daughter, it was to the Hospital he brought them and when they left him to travel the last few miles alone, it was the Home of the Sisters that sheltered him and brought him

peace. And when he finally reached the end of his long and useful journey, it was a Sister from the Hospital who was with him at the last and who closed his eyes for their eternal sleep.

He had the happiness of giving and the happiness of seeing how useful his gift was to humanity and the wisdom of his benefaction.

He may visit the Hospital no longer but his spirit hovers over it still, bringing a silent benediction and being a constant inspiration to it. His memory will last forever in its walls and in its work.²¹

Other members of the Jenkins family continued to be cared for by the sisters both in the hospital and in their homes in succeeding years. Noteworthy among these was Mary Adelaide Jenkins, cousin of George C., who also became a benefactor of Bon Secours Hospital.

To serve the poor who most needed their care had always been one of the cherished duties of the sisters, and now the hospital was a place where they could continue this work. The policy today as in the beginning is to serve anyone in need of care regardless of their ability to pay. In the hospital's early days, Mother St. Urban was once asked by a visiting clergyman, "Where are your free beds for the poor?" She answered: "There are no wards or rooms where special beds are reserved for the poor. It would be a humiliation to the patients who are poor to have their poverty thus made known to others. Neither the doctors nor the nurses know that a certain patient is unable to pay. . . . So far no bill has come to my office that I have been unable to pay."²² Even Mr. Jenkins was aware of her devotion to St. Joseph, upon whose power she constantly relied. One day he said to Mother St. Urban, "That man, Saint Joseph! You have confidence in him. I don't blame you. He gives you everything you want."²³

Hundreds of poor patients were cared for in the hospital in the early years, and these numbers increased during the years of the economic depression. This love for the poor the sisters shared with others who worked with them in the hospital. Dr. J. Franklin Farnsworth from Ontario, Canada, who was resident in medicine from 1928 to 1929, wrote to the sisters on the 25th anniversary of the hospital in 1944:

You may think that I am indifferent toward you, but such is far from the case. A good many times I have felt like writing you to thank you for your many kindnesses, but somehow it never got done. You were not just good but very good to me. My stay at Bon Secours has always been a bright spot in my life.

As an organization of women, the Sisters of Bon Secours have always been my Utopia. I have never seen anywhere the harmonious working together for the good of all as shown by you. The doing of good just seems to come natural to you. Nothing is too good for anyone in need. In fact, I was once taken to task by a Sister for saying a patient couldn't afford a certain

treatment, and I never forgot it. There is lots more to say about your grand work, but I think I will end it by saying I am truly proud of you, and happy that I was once associated with you.²⁴

A few statistics from the annual reports of Bon Secours Hospital during the depression years and other times will give an insight into the amount of charitable work done by the sisters. We read in the report for 1930: "This small private hospital, while not possessing free wards, was, through careful management during the year, able to care for 348 patients absolutely free of charge."²⁵ This was when the hospital capacity was only 75 beds. In the report of the following year we read: "Despite the economic depression which has affected all classes, thereby causing more stressing demands upon hospital charity as evidenced by the number of free patients amounting to 420 who were cared for during the past year, we were able to feed at the hospital door a daily bread-line of from 200 to 260 unemployed men. The Divine Giver of all good things who is never out-done in generosity has enabled us to carry on."²⁶ Speaking of the depression in 1932, in which the number of nonpaying patients increased to 35 percent, the sisters recorded: "The scarcity of work with its unemployment brought a daily white and colored bread-line to our door, so that the Hospital resources were taxed to the utmost, in trying to assist these hungry men who, otherwise, would not come and stand in line during all sorts of weather to await their turn for sandwiches and hot coffee. The number of such lunches distributed in 1932 was 98,945."²⁷ Sister Helena, who worked at the hospital during those years, also recalls giving out soup and collecting and distributing food, sometimes from the convent stock. Dr. Emil Novak, president of the medical staff, was to later say, in 1939, "The hospital is primarily a private institution, receiving no financial aid of any kind from city or state. In spite of this, the spirit of charity has always been tenderly fostered by the Sisters, and a large number of patients are admitted each year without payment of any kind."²⁸ This situation was to a degree relieved with the advent of Blue Cross in the 1940s, which provided for hospital services on a voluntary prepayment principle.

However, the sisters continued to provide care to patients regardless of ability to pay. The x-ray department especially rendered a large amount of charitable service. Statistics for 1935 show that more than 46 percent of the patients using that unit were unable to pay. But God repaid the sisters for their generosity. According to the annual report for 1936, "Through the generosity and kindness of some friends, the Sisters of Bon Secours have received funds towards the purchase of new diagnostic equipment and deep therapy X-Ray apparatus, to be installed in the near future."²⁹ This modernization of the department, at a cost of \$19,000, made the x-ray

department, in the words of Dr. Eugene Flippin, chief radiologist at the hospital, "complete in every detail and no better X-Ray Department can be found anywhere."³⁰

The year 1929 also saw a change in administration at Bon Secours Hospital. For 10 years Mother St. Urban had governed the hospital with zealous care; on February 2, 1929, she turned over the reins of administration to her successor, Mother St. Donat. Mother St. Benedict had likewise been succeeded as superior of the Baltimore convent in January 1926, by Mother St. Juliana. Mother Donat had been an able assistant to Mother Urban and was well schooled to follow in her footsteps. Mother Urban died four years later at the convent in Washington, D.C. On the occasion of her death Mother Donat wrote: "In the passing of Mother Urban the Hospital loses a staunch supporter, wise counsellor and loyal friend. She it was who organized and guided its initial steps in the pioneer years, placing it on a sure footing, and, later, when the growth of years brought further expansion, was rewarded for her efforts by seeing it achieve success until now it ranks among the outstanding Institutions of its kind in the land."³¹ Mother Urban, who had been particularly interested in the building of the maternity wing, did not live to see its formal dedication. Just one month before that event she died, and Mother Juliana was named first regional superior, a position she held for 14 years, including the trying years of World War II. Residing at the convent on West Baltimore Street, she undertook the direction of all the other foundations of Bon Secours in the United States.

In the early summer of 1932, the bed capacity of the hospital was again increased. In that year, an enclosed bridge was extended from the central hospital building to the second floor of the adjacent St. Martin's Day Nursery and equipped as a department for 20 children. Although children had been admitted from the very beginning of the hospital, a separate pediatric department had never been established for them. A pediatric clinic was also opened at this time. The small maternity department that opened in the fall of 1925 was located on the second floor of the main building and accommodated approximately 10 patients, with a nursery and delivery room on the same floor.

The popularity of the hospital had grown over the years and in 1932, the total number of admissions had grown to 1,454. In the same year, the number of obstetrical admissions had multiplied from a meagre 20 in 1925 to 225. An obstetrical extension was imperative. Plans for enlarging the hospital had been discussed in 1929 and a site proposed. However, before this could be accomplished a serious matter had to be resolved. This was in relation to the little cemetery in the convent garden; the new proposed building would encroach on this sacred spot. In view of the needed

expansion, it was decided to remove the sisters' remains to New Cathedral Cemetery. This was done on July 7, 1932. Now the site was available as well as the money to expand, as George C. Jenkins had left a legacy in trust for future additions to the hospital. On October 17, 1932, ground was broken and work began on the new maternity building on the Payson Street side of the property. It was a cold winter with much rain and snow and the initial work on the building was slow. By March 1933, the roof was in place and then the work progressed rapidly on the inside. The building was completed and formally dedicated on August 15, 1933 by the Very Reverend Nicholas Weber, provincial superior of the Marist Fathers.

It was a three-story and basement brick structure which had been erected and equipped at a cost of \$200,000. It adjoined the day nursery and was connected with the main hospital by a basement tunnel and the enclosed bridge which connected with the pediatric department. Though now spreading over half a city block, there was easy access to all parts of the hospital. With the new addition, the hospital had attained the full number of beds for official recognition by the American Medical Association for the training of interns and residents, and the following year it received full approval from this accrediting body.

Open house for the maternity building was held on August 27, 1933, and about 1,000 persons toured the new facility. On Monday, August 28, it was ready for the reception of patients. Mothers and babies were transferred from the old maternity unit to the new. At the close of the year 1933, Dr. Dudley P. Bowe, one of the first obstetricians on the medical staff of the hospital, stated: "During this present year the Sisters have been able to build and equip a beautiful new wing which contains the central heating plant, spacious Internes' quarters, and the most modern maternity unit in the city . . . with the finest equipment obtainable."³² The poor continued to be served in this new facility through an obstetrical clinic which was opened in 1934. The board of trustee minutes for June 28, 1934, read: "Poor mothers are taken in freely in this department and given the best of care together with the newborn. Pre-natal clinic held monthly. The pediatric clinic for poor children held weekly has aided many undernourished and sickly children. Those in need of surgery are taken in freely."³³

The maternity department was a success from its humble beginning in 1925, and it continued to grow in popularity. This success was in no small measure due to the care given to patients by the Sisters of Bon Secours. Speaking of this department in 1939, Dr. J. Morris Reese said:

One cannot help but feel pride in the growth of this particular and important branch of the hospital. From a humble beginning in 1925 where physical accommodations were most limited and inadequate, we have grown to one

of the most "sought after" and efficient maternities in the city. The original staff of attending physicians has been increased to approximately 50 men and we feel that soon, due to the increased demands of patients for hospitalization in Bon Secours, we will be facing the same scarcity of beds that we did in 1932, before the new building was opened.

Several factors help to make the maternity so popular. The rooms, both private and double, are attractive, the equipment in every respect is new and the best obtainable, but the greatest single factor is the quiet efficiency, the friendly spirit, and the cooperation of the Sisters in attendance. No task is too great, no task too small to be done by them for the good of the patients.³⁴

By 1941, the maternity department had already felt the need for expansion. Beds were again scarce and the number seeking admission was steadily growing. During the summer of 1941, two porches were enclosed, which increased the bed capacity by 6. The new department, which had opened with a capacity for 25 patients had now been increased to 35, for in addition to enclosing the porches some private rooms had been doubled.

Admissions in 1942 reached a record high of 1,061 and this number increased in subsequent years, with America's "baby boom." The department continued to grow and the advent of early ambulation eased the bed shortage to some degree. It continued operating successfully in these same quarters until a new maternity department was opened in the addition made to the hospital in 1958. This latest maternity department had a bed capacity of 36, with room for expansion, and 50 bassinets. For about another decade and a half, the maternity department flourished but then there came a change. Many of the bassinets were empty. Not only had the character of the neighborhood changed but there was a change in the moral code which governed society, and the baby boom that followed World War II was over. Birth control became widespread and this along with the United States Supreme Court ruling of 1973 that liberalized abortion laws caused a rapid decline in the birth rate.

In 1974, an agreement was entered into between Bon Secours Hospital and St. Agnes Hospital to have a regionalized maternity service. Under the terms of this agreement, Bon Secours maternity clinic patients would continue to receive care during their preclinical period at Bon Secours Hospital but would go to St. Agnes Hospital for delivery. In the *Catholic Review* of August 16, 1974, spokesmen from both hospitals said: "Regionalization of maternity services is supported by common sense when one critically looks at the low occupancy rate that exists in the maternity services of the hospitals in this area. It is felt that this action will benefit the maternity patients we serve by concentrating the costly equipment and qualified personnel in one hospital, thereby not duplicating the effort if both hospitals attempt to provide the service." Thus in 1974, after

nearly 50 years of dedicated service, in-patient obstetrical services at Bon Secours Hospital came to an end.

Meanwhile, the Bon Secours sisters themselves were outgrowing their quarters. On July 10, 1937, a special meeting of the Board of Trustees of the hospital was called to discuss the purchase of an adjacent property and buildings for use as a convent. The property in question was the "Greisenheim," the General German Aged People's Home that was up for sale. It was located at the northeast corner of Baltimore and Payson streets, directly across the street from the convent property. The former residents had recently moved to a new home in Irvington, leaving vacated a large four-story brick building with ample room for a large community of sisters. The current hospital community, numbering about 40 sisters in the east wing, had become overcrowded. The new building was purchased on July 16, 1937 for \$35,000 and was ready for occupancy on November 1.

Mother Donat had told the sisters she not only expected them to be moved in by nightfall but also that she expected them to have supper in their new convent, followed by benediction. From morning until evening, in between performing their hospital duties, the sisters trekked back and forth across Payson Street carrying their personal belongings and anything that could be rolled or hand carried. It was a day that was enjoyed by the novices and postulants who watched the migration, although they were not supposed to look out of the windows.

The new convent had been named "Marie Auxiliatrice" (Mary Help of Christians) but more often the sisters called it "the old German home" or just "1940," as the street address was 1940 W. Baltimore Street. This was to remain their home until 1968, when it was demolished because of its age. The plain glass windows in the large room that had been converted into a spacious chapel were replaced by beautiful stained glass windows donated by Archbishop Curley of Baltimore. These windows represented the patron saints of the congregation, other saints associated with the care of the sick, as well as representations of Archbishop de Quélen, Mère Geay, and Mother St. Urban.

The convent wing vacated at the hospital could then be renovated for patient use as a medical and surgical unit. This addition opened June 1, 1938, increased the capacity of the hospital by 30 beds and, with a few other alterations, the bed capacity was increased to 175 beds. Consistent with the progressive enlargement of the hospital, other departments were enlarged, modernized, or built to meet patient needs. The sisters were also educated to staff adjunct departments such as the clinical, pathological, and x-ray laboratories and the medical records department.

The homelike atmosphere of the hospital was preserved despite its continuous growth. In the annual report of 1938, Dr. Emil Novak said:

It is not a mere figure of speech to say that hospitals, like individuals, are stamped with differing characters or "personalities." There are some which are very highly efficient and very scientifically conducted, and yet coldly impersonal from the standpoint of the patient—all brain and too little heart. Others, on the other hand, are blessed with a warmth, radiance, and hominess quite certain to make the patient's stay a happy one, and yet not at all incompatible with a high degree of efficiency. I know of no hospital which more perfectly fits the latter specifications than does Bon Secours. . . . The "personality" of a hospital, after all, is no accidental thing. . . . From the day when Mother Ferdinand brought her first group of Bon Secours Sisters to Baltimore this sisterhood has won the respect, admiration and gratitude of many thousands for the character and peculiarly human type of care which it has offered to the sick and suffering.³⁵

Creating an atmosphere of cheerfulness, kindness and efficiency was important to the sisters, but equally important was the spiritual element. The sisters ministered to the whole patient: body, mind, and spirit. Referring to this aspect of their work, Monsignor John J. Duggan, rector of the Baltimore Cathedral said, as quoted in the *Catholic Review*, September 6, 1946:

These Sisters of Bon Secours realize that it is not the walls that make a hospital, but the wealth of Christian virtues clustering within. As nurses of Bon Secours, they realize their mission to the sick is far more important and meritorious than simply guardianship over the physical welfare of the patient. . . . Bon Secours knows well that in its keeping is, not only the physical, but the far more important spiritual destiny of the patient.

The spiritual and caring atmosphere created by the sisters often has far-reaching results, touching not only the lives of their patients but those of their families as well. Most of these instances have gone unrecorded, but the following story written in the vocation promotion magazine, the *Bon Secours* in December 1965, is one example of the good that has been accomplished. The story was told by the father of a little girl who was a patient at Bon Secours Hospital in Baltimore:

There once was a man who came very close to losing faith in God. After serious financial reverses and the loss of his business, his brother, who was very close to him, died suddenly. Then Lisa, his beautiful two year old daughter, developed pneumonia. He and his wife took her to a nearby hospital where the child was examined. After a considerable wait that night, the parents were told that although Lisa was seriously ill, there was no bed available there at that time. Frantically, the father bundled up the sick child and rushed her to Bon Secours Hospital.

Lisa was having difficulty breathing. Oxygen was given. The doctors decided an emergency tracheotomy (opening into the throat) would be necessary.

For days the anxious parents kept their vigil outside of Lisa's room in Pediatrics. They could see the figure of Sr. William Joseph bending solicitously over the little head in the oxygen tent. At regular intervals, Sister would come out to them with, "Lisa is resting much more easily now . . . you must be very tired. Why not have a cup of coffee."

When the crisis was over, Lisa still needed a lot of tender loving care. The pattern remained the same—Sister's solicitude for the child and her acceptance of the parent's concern. After almost five weeks of this, Lisa was once again her own vivacious self, ready to go home with her grateful parents.

Her father too had gone through a crisis. The prospect of losing his youngest child so soon after the death of his brother and the loss of his business presented a real crisis to his belief in God. Then, Sister arrived on the scene. She became for him a witness of the Christ who went about laying His hands on the sick, and who showed solicitude for the daughter of Jairus. If Sister's religion could prompt such a loving reflection of Christ, then that was the religion for him.

He went to his wife's parish priest and asked for instructions. He was baptized a Catholic. Sisters, this is a true story. I know. . . . I am that man.*

However, technical efficiency was also highly prized by the Sisters of Bon Secours and this was in keeping with the exhortation of Pope Pius XII to religious communities on December 8, 1950. The Holy Father told religious persons not to allow themselves to be surpassed by secular institutions in technical efficiency but rather to take the lead.

The 1940s were difficult years, overshadowed by the dark cloud of World War II. They were also the most active years the hospital had seen since it opened its doors in 1919. Many of its resident and visiting medical staff answered the call to enter the armed forces, and corresponding inroads were made among the nursing staff. In 1942, there was an acute shortage of nurses and Bon Secours Hospital decided to call on its neighboring convents for aid. Even with help from other convents, the sisters worked long hours and adapted to war-time needs. The ration program and other material restrictions of the war years did not have a significant affect on their personal lives, as life for them was already simple, but life in the apostolate became much more demanding. The sisters were always ready to fill the gap left by the increasing shortage of lay nurses, and there was no lowering in the high standard of service given to the patients.

It was also at this time that the post of superior of the hospital community of sisters and the position of hospital administrator were made separate responsibilities because of the amount of work to be done. Sister Helena became the first administrator of Bon Secours Hospital in 1941 under this new arrangement and was recognized as one of the most progressive hospital executives in Baltimore.

The shortage of medical and nursing staff was rendered all the more acute by the fact that the hospital was filled to capacity. Baltimore had become thickly overpopulated by the enormous influx of workers into the defense industries. The 1940s also saw the almost universal adoption of health care insurance plans, especially Blue Cross insurance which made hospital care available to many more people; the amazingly rapid spread of this form of insurance was indicative of the real need which it filled. All these factors caused an ever-increasing tax on the bed capacity of the hospital. Twenty additional beds were made available by enclosing the large brick porches adjoining the ends of both the east and the west wings and converting them into patient rooms. Further construction was not possible at the time as a result of the scarcity and prohibitive cost of materials and labor. During the war years and after, the Bon Secours Guild, which was established in 1940, gave valuable assistance as nurses' aides, and the members of the Women's Auxiliary of the hospital, established in 1938, gave valuable assistance as Red Cross workers. To this day the auxiliary carries out its primary purpose of giving financial assistance to the hospital and advancing its interests in every possible way.

As the work of the congregation became more institutionalized in the United States private duty nursing in the homes eventually ceased. Visiting nursing continued for some time longer, and in the event an individual patient, discharged from one of the Bon Secours facilities, needed a home visit, the sisters tried to meet this need. In more recent years in the hospital in Baltimore a sister may have visited a patient unable to come to the out-patient department for an appointment. Home care is not something relegated to the past.

Outstanding among the sisters who did visiting nursing in Baltimore was Sister Malachy. Sister came to Baltimore in the early 1920s to do visiting nursing among the poor and the sick. She came at the request of Archbishop Curley for this exclusive purpose. On her arrival in Baltimore she began her work without delay, as a list of the sick and poor to be visited was awaiting her. From that day until the day of her death she could be seen passing along the streets to reach the sick and poor in the worst sections of Baltimore. In addition to giving nursing care to her patients, Sister Malachy provided medical supplies, administered medicines as ordered by the doctor, and with the aid of many generous friends and the Association of Saint Vincent de Paul, supplied food, clothing, fuel, and bedding to innumerable families. She became known as "the sister who begged for the poor." Anything she received, she gave to them. Her kindness was unlimited. Archbishop Curley himself aided her in her charitable work. Her work did not stop with material help; she gave spiritual help to many souls. Some received the gift of faith, many grown

careless in their faith were brought back to the practice of religion, and others were helped to die repentant. Her motto was: "God first, others next, self last."

For over 30 years Sister Malachy trudged the streets of Baltimore on her errands of mercy. On April 28, 1954, at the age of 80, while on one such errand, she was struck by a streetcar. Soon afterwards she died. Mary Kathleen Heier wrote in the St. Martin's Church Journal, in May 1954,

The sad yet glorious time to say "au revoir" to Sister St. Malachy has come upon us. Only God could halt Sister on her ways of "Good Help." Sister Malachy of Bon Secours was in truth and in deed a Sister of Good Help to the sick and the poor of God's parish, which has been for the past 30 years, specifically, St. Martin's Parish.

To think of Sister Malachy is to meditate upon the words from St. Matthew's Gospel: "For I was hungry, and you gave me to eat; I was thirsty and you gave me to drink; I was a stranger, and you took me in; naked, and you covered me; sick, and you visited me; I was in prison and you came to me." Sister lived those words day by day, every day.

My children and I had the great honor and happiness of knowing Sister for more than 20 years. We know from our own experience what hundreds, thousands of others surely know in the same sweet way—her gentle, caring hands, charming ways; cheerful smile; warming and lifting the heart. If you went amiss, Sister would verbally box your ears with one hand, whilst she comforted and blessed you with the other. The rock-like staunchness of her Faith was soul-inspiring, sustained the faint of heart and recalled the fall-away. Her beguiling Irish wit never deserted her, and she made an art of "Irish Blarney" in the most God-loving way. She loved her sick and poor as Our Lord did, with compassionate kinship and great depth of heart. We all know Sister Malachy's profound wisdom compounded of good sense—saturated with the sweet simplicity of sanctity; how valiantly she went her appointed ways, no matter the heat or cold.

All who came in contact with Sister Malachy were, like Cuchulain's companions in olden days: nobler, kinder, wiser—more courageous, more God-oriented.³⁷

But if the sisters and community were saying farewell to a tradition that had been the cornerstone of their community, they were witnessing other changes that were to be just as vital to Bon Secours.

The Bon Secours Hospital School of Nursing, which was opened in 1921 for the training of the Sisters of Bon Secours, was for many years unique in that only religious students were admitted. These religious were limited to the Sisters of Bon Secours until 1938. With the purchase of the "old German home" in 1937, greater accommodations were provided for the sisters and, in 1938, it became possible to admit sisters from other

religious communities. Since its foundation in 1921, the school had adapted itself to the needs of an ever-changing profession and the curriculum was expanded to meet these needs. Affiliations were arranged with Seton Institute for Psychiatric Nursing in 1949 and with the Instructive Visiting Nurse Association in 1951. Up to this time, sister students only continued to be accepted into the school but, because of their reputation for outstanding nursing care and to increase the student body, the Sisters of Bon Secours were requested, by the civic community and medical profession, to admit lay students; this step was also a recognition that the Bon Secours spirit of compassionate care of the sick should be shared with others and permeate beyond the scope of the sisters alone.

The first group of 21 lay students was admitted on September 2, 1952. Part of the convent building was remodelled, to include sleeping quarters, larger classrooms, and other necessary facilities were provided. This was under the administration of Sister St. Athanasius, who had been director of the school of nursing since 1946, and who was well known not only for her administrative ability but above all for her devotion to the sick.

The new venture was a success from the very beginning, in fact, so much so that the increasing number of lay applicants to the school of nursing made evident the need for additional living quarters. This need was met the following year by building a new wing on to the convent along Payson Street in 1954. It was a four-story brick and limestone building providing accommodations for 32 additional student nurses, as well as more classroom and office space and other accommodations requisite for a well-equipped nurses' home. In 1955, affiliations were made for further clinical experience for the students, both religious and lay. Those affiliations were with Springfield State Hospital for psychiatric nursing and with Mount Wilson State Hospital for tuberculosis nursing. Following the closing of St. Martin's Day Nursery in 1958, students participated in the Johns Hopkins Hospital Day Nursery, to gain experience with the well child as an integral part of their course on the nursing of children.

With the growth of the student body, there was a corresponding growth in the number of faculty members. Clinical facilities at the hospital kept pace with the times and existing needs, by steady expansion, improved or enlarged services, and the provision of all necessary clinical experiences for the students. An extension made to the hospital in 1958 increased its bed capacity to 254 and added to the measure of clinical experience for students. The school continued to grow. Because of the large number of qualified applicants who applied, and the limited resi-

dence facilities, day students were accepted into the program in 1959. The program was accredited by the Department of Diploma and Associate Degree Programs of the National League for Nursing and approved by the Maryland State Board of Examiners of Nurses and the Maryland State Department of Education.

Apart from the School of Nursing's need for expanded clinical experience for its students, there had been a pressing need for more hospital beds for patients ever since the post-war years when the turnover of patients was very great. During 1954, the total number of admissions to the 200 beds of Bon Secours Hospital was 6644 with over 2,000 deliveries, figures which were larger than most other hospitals in Baltimore at that time. The Sisters of Bon Secours planned and negotiated for the building of a new wing to the hospital in 1957, obtaining funds in the amount of \$96,400 from the Ford Foundation. Permission was granted by the superior general, Mother St. Fulgence, and the doctors unanimously endorsed the plans for the proposed wing and pledged their financial assistance. The friends of the hospital started a drive to raise \$1,800,000 to cover the cost of construction.

Everything seemed to be in order to proceed—except for one detail long forgotten and unknown to many. Montrose Street, traversing the convent garden between Payson and Pulaski streets, actually belonged to the City of Baltimore. This caused a delay of several months in beginning construction. Mayor Thomas D'Alesandro of Baltimore was a personal friend of the Sisters of Bon Secours after having been nursed back to health by them after an illness of five months. The mayor's office and the Department of Public Works were in full support of the sisters and, after giving due notice to the citizens of Baltimore, Mayor D'Alesandro deeded over to the Sisters of Bon Secours the site of the proposed new wing. Then he expedited the processing of the necessary permits. The construction was underway at last in June 1957, and the new building was dedicated by Archbishop Francis P. Keough (who succeeded Archbishop Curley at his death in 1947) on Sunday, June 29, 1958. The mayor and his wife were among other city officials who attended the dedication. The new five-story addition, connecting the east and the west wings, made the institution one of the largest Catholic hospitals in the city of Baltimore.

In this greatly enlarged and modernized facility, patients received the kindly care characteristic of Bon Secours and students continued to receive their nursing experience in an atmosphere permeated by the Bon Secours spirit and charisma. Throughout the years, the hospital had also maintained high professional standards by meeting the requirements of regulatory agencies such as the American College of Surgeons, the

American Medical Association, and, in more recent years, the Joint Commission on the Accreditation of Hospitals.

The school flourished in the early and middle sixties; in 1960 alone, it had a total of 102 students and the new class admitted that year was composed of 48 eager freshmen, many of them commuting each day. The future seemed secure, but in the next decade, a dramatic change was to take place in the area immediately surrounding the hospital—Baltimore was to become a hotbed of racial violence and rioting. By 1964, the neighborhood had changed drastically; still, serious thought was given to expanding the school building and increasing educational facilities. Also in the mid-60s, a program was established that enabled students to take some liberal arts courses at Baltimore Junior College, in view of the trend toward degree programs in nursing. Students could apply credits from these courses if at a later date they pursued a degree in nursing. Following the rioting in 1966, there came the radical change. By August of 1967, a decision was made to transfer resident students from the nurses' home on Payson Street to a residence for students on the grounds of Mount Providence Junior College. The educational facilities were to remain the same. The Sisters of Bon Secours took up residence in the former nurses' home at 9 North Payson Street in August 1968; the "old German home," which had been their convent for 31 years, was razed in October of that year. A protected parking lot was established on the site. This was a valuable asset to the hospital in providing much needed off-street parking space.

In August 1967, after much discussion, consultation, and research, the governing body of the hospital and the Provincial Council of the Sisters of Bon Secours came to the decision that admissions to the School of Nursing should terminate with the incoming class of September 1967. The last class was to graduate in 1970. Several factors other than the changing neighborhood influenced the decision: financial losses to the hospital, declines in student enrollment, and above all the new trend that nursing education be based in a collegiate setting. The American Nurses Association's position paper of 1965 recommended that nursing education take place in the educational institutions of the country. The decision to phase out the Bon Secours school was a difficult one to make, particularly since the school had a very high rating academically and because so many able nurses, both religious and lay, had been graduated from it since its opening in 1921. This was attested to by the Executive Director of the Maryland State Board of Examiners of Nurses, and the Assistant Superintendent of the Maryland State Department of Education in letters of regret.

Bon Secours Hospital School of Nursing was not alone in the decision it had made. Diploma schools all over the United States were closing in favor of associate degree programs. In 1956, there had been less than 25 state-approved associate degree programs in nursing but by May of 1967, there was a total of 238 such programs in operation. Many more community groups were already seriously discussing potential programs.

Sister Athanasius, Sister Urban Auer, and Sister Mary Margaret had successfully guided the destinies of the School of Nursing, and the sad duty of phasing it out fell to Sister Mary Elizabeth McGlade. Sister Mary Margaret remarked: "The doctors really felt very bad to have the school closed, because wherever they went in Baltimore a Bon Secours graduate stood out as a good nurse. We had a great reputation and we were told that we turned out outstanding nurses. I think that is true. They picked up that spirit of Bon Secours, that spirit of kindly care and they were very loyal to that spirit."³⁸

Graduation exercises for the last class of students from Bon Secours Hospital School of Nursing were held at the Bon Secours Provincial House in Marriottsville on June 21, 1970. With this graduation, an era in the history of Bon Secours came to an end, but not its proud tradition of excellence in nursing care.

With the closing of the School of Nursing, education did not cease at Bon Secours Hospital. Good relationships were developed with neighboring educational facilities, and various affiliations were setup for students in collegiate nursing and nurse practitioner programs. In 1974, a nurse intern program for new graduates was started at the hospital. All of this, in addition to in-service education and refresher courses for hospital staff, was professionally stimulating.

Outreach Programs

When Bon Secours Hospital first opened its doors in 1919, its location was described as being "ideally situated on a plateau at the crest of a gently sloping eminence, far from the noisy business quarter, in an exclusively residential section. The location is one of the most choice and desirable in Baltimore. . . and combines the seclusion and quiet so essential in the quest of health."³⁹ At that time, the hospital was one of the few in Baltimore enjoying a very large patch of surrounding green with lovely trees and shrubs. Now, 50 years later, Bon Secours Hospital was in the center of a rapidly changing inner city area that had declined in the financial and social structure of its residents. It had become a poor neighborhood with a large percentage of black residents and fewer

neighborhood doctors. The signs of change were everywhere. The neighborhoods immediately adjacent to the hospital were involved in both the urban renewal and model cities programs. Provident and Franklin Square hospitals, which also served the West Baltimore area, were planning to relocate their facilities far distant from their present areas of service. Bon Secours Hospital was about to be left alone with the burden of caring for the health care needs of the residents of the community. Its presence became increasingly important in West Baltimore.

When Sister Theophane assumed charge as administrator in 1962, the surrounding neighborhood was still predominantly white. By 1964, the population ratio was 30 percent black and within three years more this ratio of black to white had reversed. The civic and social changes of the 1960s had a great impact on Bon Secours Hospital. A feasibility study was completed in 1966 that had gathered factual information on the environmental conditions and utilization of facilities at Bon Secours Hospital in planning for future roles. Consultants presented a very comprehensive report which resulted in the recommendation that the hospital remain in its present location. The statistical study left no doubt of the urgent need for hospital services in the densely populated area, a need made greater with Franklin Square Hospital moving out to the suburbs. As a result of the study, the administration and board of trustees decided to develop a long-range program of expansion. Bon Secours Hospital had become more conscious of the needs of the civic community surrounding them. The Sisters of Bon Secours chose to stay in the inner city and meet those needs. Their commitment was prayerfully and sincerely made after much thought and study, and support came from all segments of the Bon Secours family. Sister Theophane said in a report at that time: "We feel we must stay in the present location, carrying on the magnificent work started fifty years ago by our valiant predecessors—we cannot forget their sacrifices and heartaches."⁴⁰

It was at this time, 1967, that the hospital took initial steps to involve the local civic community in hospital planning, and also to make known to them services available at the hospital. The Community Advisory Board, elected by representatives of all known communities, organizations, and churches in the area, was formed in 1968 and provided many useful suggestions to the hospital. This board is still functioning today in an advisory capacity and is kept fully informed of all hospital plans. At the board of trustee meeting on March 27, 1968, it was agreed that the lay board of advisors of Bon Secours Hospital that had been appointed in 1960 be dissolved, and the remaining members of that board were invited to join the board of trustees. The former board of governors had been reorganized as a board of trustees and enlarged to include prominent

laymen from the area. All these changes were made for one purpose only—to strengthen the position of the hospital so it could better serve the civic community in meeting its health care needs.

At the time of the feasibility study a decision was also made to make use of adjacent properties owned by the Sisters of Bon Secours. The “old German home” had already been razed on October 4, 1968, and converted to a protected parking lot for hospital use. By a deed of 1965 the convent property of 2000 W. Baltimore Street was also conveyed to the hospital. This convent, the first owned by the Sisters of Bon Secours in the United States, was purchased from Mr. Ellinger in 1882. Now in 1965, it was about to be vacated, after the new provincial house and novitiate had been built in Marriottsville, and after the convent on Baltimore Street was deemed no longer structurally safe. The original part, the Ellinger home, had been constructed in 1874. It was demolished in October of 1965, and the site was also later used for hospital parking.

Following the decision to remain in the hospital in West Baltimore the Sisters of Bon Secours made plans for expansion of facilities. The Baltimore *Catholic Review* of September 20, 1968 reads:

“The hospital has elected to stay.” These words are printed on posters in the lobby of Bon Secours Hospital in West Baltimore and they best tell the story of the hospital’s drive to raise \$1,050,000 to expand and improve its facilities.

While other hospitals have decided to leave the area, the Sisters of Bon Secours have chosen not only to continue but also to modernize its service to the inner city community.

To show the firmness of their commitment, the Sisters have themselves pledged \$300,000 in addition to the money raised in the drive. . . .

Residents of the area are particularly in need of emergency room and clinic services since many families cannot afford to pay the fees of private physicians.

In the past 10 years as the neighborhood changed, the number of outpatient, clinic, and emergency visits soared while the number of bed patients remained nearly constant. . . .

Mother Theophane said she hopes to use the facilities as the nucleus of a community health center which will stress preventive medicine. . . .

When the Sisters of Bon Secours decided to stay at their hospital in West Baltimore rather than move to the suburbs, they were praised by many for their efforts to keep vital services in the inner city area. Theodore R. McKeldin, former mayor of Baltimore and governor of Maryland, joined the fund drive’s executive committee for this reason. He expressed his feelings in the following words: “If we desert the masses, we’re going to destroy America.”⁴¹ Cardinal Shehan of Baltimore, who succeeded Archbishop Keough in 1961, also praised the Sisters of Bon Secours and

supported them in this worthy cause. Bon Secours Hospital, Baltimore, had entered a new era in its history.

The original expansion plans drawn up in 1968 were not realized as envisioned at that time because of a lack of funds. The plans that evolved at a later date met even greater needs because they stressed preventive medicine and the need to assist the local community in resolving acute and chronic sociological and environmental problems. The construction of a new boiler plant and the provision of additional off-street parking were of prime importance. Extensive remodeling, renovating, and new construction were undertaken within the hospital, and outreach community health programs were planned and implemented.

Over the years, hospital administration became more complex and the challenge more demanding. Hospitals assumed industrial proportions and regulating agencies exercised more controls. After 8 arduous years Sister Theophane was about to share the direction of Bon Secours Hospital with its first lay director in its 52 years of history. On December 1, 1970, Mr. Alvin Powers became hospital director and Sister Theophane became assistant director, roles they still hold at this printing.

In announcing the appointment of Mr. Powers, Sister Theophane said: "I will remain a member of the Board, and will serve as Assistant to Mr. Powers, the new Director. The other Sisters will remain in their positions, and we will continue to be with you and the patients entrusted to us as we have always been. Bon Secours will remain Bon Secours—its philosophy and its goals always the same—to care for the entire man, body, mind, and soul according to the teachings of The Divine Master."⁴²

In this period of the hospital's history, many changes were taking place. As a community hospital, Bon Secours was not only making internal improvements in its facilities but it was also endeavoring to establish satellite community health centers to provide adequate medical and nursing care to the residents of northwest Baltimore. With this end in view, the hospital took initial steps to involve the local civic community in hospital planning. In 1967, the hospital and the Community Health Council started working together to plan and organize a community health center. Through their joint effort they opened the West Baltimore Community Health Center in April 1971, housed within Bon Secours Hospital. After operating in this location for one and a half years, the Center moved to a house on West Baltimore Street which had been renovated for that purpose. Bon Secours Hospital contributed funds towards the establishment of the Center. The Community Health Center was dedicated at its new location on September 24, 1972 and today it is the largest prepaid comprehensive family health care program in Baltimore, serving over 13,000 residents of the civic community. Bon Secours Hos-

pital provides emergency, laboratory, in-patient, x-ray, specialty, and other back-up services for the center. The organization also has a Home Care Program that has helped many Bon Secours patients after they have left the hospital. If the Sisters of Bon Secours had not taken the initial steps in 1967, the West Baltimore Community Health Center (now incorporated) may never have been organized.

Another satellite program Bon Secours Hospital was responsible for initiating is the West End Drug Abuse Program. This began in June 1971, as a result of the sisters' and community's concern over the problem of drug abuse in West Baltimore. At that time the poverty, crime, and drug addiction rate in West Baltimore was the highest in the state of Maryland. The program, though state funded, is technically operated by Bon Secours Hospital under contract with the Maryland State Department of Health and Mental Hygiene. Its employees are Bon Secours' staff, and the hospital provides the program with support and back-up services. It has been named the best drug abuse program in the State of Maryland by Mr. Nicholas V. Conti, the chief social worker of the medical office of the Supreme Bench of Baltimore City. The Drug Abuse Program dedicates itself to the total rehabilitation of drug addicts. It is another witness to the concern of the Sisters of Bon Secours for a very needy segment of the community they serve.

Still another outreach program of the hospital is Fayette House, a halfway facility for alcoholics. Alcoholism is a menacing problem. For the affluent and the rich, this disease presents a complex series of difficulties that can ruin a life. For the poor, the consequences are far more grave. Ill-housed, ill-clad, and ill-fed, the effects of alcoholism leave the poor person with little chance of coping. It was to help poor people in the local area with alcoholic problems that an Alcoholism Services Program was established at Bon Secours Hospital in the early 1970s. This program still provides individual, group, and family counseling, and referral services to alcoholics and their families. The program was initially affiliated with the Omega House, Halfway and Quarterway House for Alcoholics. This house was independent of the hospital and was one of 11 such halfway houses in Baltimore. When Omega House closed in 1976 because of administrative difficulties, members of the local civic community turned to Bon Secours Hospital for help. The hospital not only gave strong moral support while the process of organizing another half-way house took place, but also gave some interim financial support. The commitment of the Sisters of Bon Secours to those in need was a real one. As a result of their efforts, Fayette House was established and formally opened on December 12, 1977, as a resident program for recovered alcoholics. Unlike the other half-way houses in Baltimore, Fayette House is the only one

backed by a hospital. It provides shelter, food, and counseling for its residents and Bon Secours provides nursing and medical back-up services for those who need them. Counseling and therapy sessions for patients and their families are carried on jointly by the hospital and the house. Although Fayette House is now run independently of the hospital and supported by a state grant, it owes its existence to the Sisters of Bon Secours.

At the same time that Bon Secours Hospital was meeting the needs of people through outreach programs, there were continuous improvements and expansions in the hospital itself to meet the needs of people using its facilities. The tremendous growth in emergency, clinic and out-patient visits placed a staggering load on the hospital facilities. The emergency-room services of the hospital were relocated and expanded in 1972, and 12 out-patient clinics, among other services, were relocated and expanded in 1975. Both the new emergency-room and the new out-patient department were dedicated and blessed by Cardinal Shehan. The Mayor of Baltimore, William Donald Schaefer, and a delegation of city, state, church, and community dignitaries was present on both occasions—they had played an important role in making the facilities become a reality through a grant from the city of Baltimore. Bon Secours Hospital had rendered a valuable service to the city, having served as family physician to thousands of out-patients in a community where few private physicians served. With the closing of the pediatric department in 1970, a child health clinic was opened. This was renovated and modernized in 1976. This clinic is a joint program run by Bon Secours Hospital and Baltimore City Health Department. The hospital has always had a close relationship with the allied health services of the City of Baltimore. Extensive renovations and expansion took place in the radiology department during 1977, and a new intensive care unit and cardiac care unit were opened in 1979. This was succeeded by an Ambulatory Surgical Care Unit which has already proven its worth to both patients and hospital. Room renovations have been ongoing for several years and this will continue to ensure modern surroundings for all hospital patients.

On June 1, 1979, the site of the former convent at 2000 W. Baltimore Street saw another change. Groundbreaking ceremonies were held for a new two-and-a-half level parking deck. Officials of Baltimore City and the hospital took part in the ceremony. A loan for construction was obtained from the Offstreet Parking Commission of Baltimore City. In the previous year the Sisters of Bon Secours had moved from their convent at 9 North Payson Street to a new home on Brinkwood Road. The vacated building was also put to good use by Bon Secours Hospital to serve the people of West Baltimore. The two upper floors were renovated to make a Pro-

fessional Office Building for doctors and the lower floors were reconstructed to house an out-patient Renal Dialysis Center. These services became available in June of 1980. The Professional Office Building brought more doctors back into the neighborhood and this, along with the Renal Dialysis Center, improved the level of medical care in the community. At last, the Sisters of Bon Secours had used all their available property in West Baltimore for the benefit of their neighbors. But the memory of the "old German home" will not be forgotten—the address of the latest renovated building has reverted to 1940 West Baltimore Street.

The spiritual well-being of patients and their families as well as of hospital staff was not of secondary importance during those years of growth and dramatic change at Bon Secours Hospital. To enlarge the spiritual scope of the sisters' work, and to increase the visible witness of Christ's healing ministry, a department of religious services was established in 1973. It was under the direction of the hospital chaplain, Father Silvan Brennan, and one of the Sisters of Bon Secours, Sister Mary Shimo, that a neighborhood clergy advisory board was formed and the chapel was made available to visiting clergy who offered interdenominational services for patients and staff. A program of spiritual care for the patients was established and closed circuit television set up so that patients could enjoy the spiritual consolation of the mass when they were unable to attend in the chapel. In 1976, the name of the Religious Services Department was changed to Department of Pastoral Care and more religious services were provided for patients of all religious denominations. These services were provided with the help of visiting clergy and staff members of the Pastoral Care Department. Inherent in the mission and philosophy of the Sisters of Bon Secours are the need to recognize the human dignity of each person and the call to alleviate human suffering. The sisters have always fulfilled this aspect of their mission and with the aid of the Pastoral Care Department have extended it further and given witness to the caring expression of Bon Secours.

In recent years federal regulatory agencies have put great pressures on health care facilities; one of the greatest challenges to Catholic hospitals has been federal legislation permitting abortions. In spite of possible legal problems, the sisters refused to perform abortions on demand at Bon Secours Hospital and other Bon Secours facilities, and reaffirmed their resolution to uphold the ethical and moral directives of the United States Catholic Conference and give witness to the respect and right to life of every individual from the moment of conception to death. No building, no program, no project was more valuable than a human life, and no power on earth could shake their resolve to protect it. Bon Secours Hospital took that stand and was willing to defend it. Subsequently, a

“conscience clause” allowing hospitals to refuse to perform abortions was adopted in the State of Maryland. Other states also adopted the “conscience clause” in reference to abortion.

A special unifying force for Catholic hospitals in the state of Maryland is the Maryland Catholic Health Care Consortium, formed by Archbishop William D. Borders of Baltimore in 1978 as a voluntary joint venture on the part of Catholic facilities. A fundamental tenet of the consortium, the first in the United States, is that each member institution is to maintain its individuality and autonomy. Bon Secours Hospital became a charter member. The purpose of the consortium is to allow its members to share resources, provide more effective services, and reduce spiraling consumer health care costs. Also, a forum was provided for discussions of issues relevant to Catholic health care facilities. In joint advocacy there would be strength to protect patients’ rights and in shared resources there would be opportunity for better patient care.

Progress has been made at the hospital since the Bon Secours sisters made their commitment to remain in the inner city and serve the people of West Baltimore. But it was not easy. The hospital went through periods of soul-searching and anxiety when occupancy rates were low and funds were lower still. Its very survival was at stake. Serving the poor had its rewards, but it also brought change and financial losses. With aid from many sources Bon Secours Hospital weathered the storm of financial crisis and the necessary changes were made. More out-patient and ambulatory services were provided, emergency-room services were expanded, and outreach programs were initiated. In-patient services were continued with the same high quality of care, though the number of patient beds was reduced to provide other more vital services.

Speaking of conditions at Bon Secours Hospital in the *Bon News* of January 1976, Mr. Alvin Powers, director, said:

Bon Secours is not the typical hospital one finds in the country today. Running a hospital profitably in the inner city has to rank among the fine arts. . . . Bon Secours today can never be like the old days, nor should it. Times change, people change and objectives change. Medicine can no longer be practiced within the four walls facing Baltimore Street. We must be cognizant of the community in which we live. The needs of our community must be met. We must learn to thrive on minimal amounts of money, and yet we must produce a maximum amount of care.⁴³

In the *Five-Year Report of Bon Secours Hospital 1974–1979*, Mr. Powers continues:

We have faced our problems and I am pleased to be able to report that I will match our hospital’s record against any hospital in the state. A great deal of credit must be given to the Sisters of Bon Secours and the Board of Trustees.

It is their philosophy and dedication, their money and hard work which have overcome many of the problems.

I must also emphasize the cooperative effort put forth by each employee. A hospital is not just brick and mortar—it is the people who work here, serving our patients that make Bon Secours such a special institution.

Foremost in the minds of the administration, management, staff and each and every employee is the fact that our patients are the center of all our concern. It is an attitude of patient awareness that I am proud to say pervades all phases of Bon Secours Hospital today.

We cannot, however, stand still. We must continue to move ahead.⁴⁴

History is in the making for two more facilities under the auspices of Bon Secours Hospital. Even though the number of sisters has decreased, their service in the health care field is growing.

Early in 1972, they purchased 146 acres of land in Howard County with the intention of constructing a 200-bed hospital and a health park. This hospital in Howard County was not intended to supplant the inner city hospital but to supplement it and thereby improve services to the poor. The day after Bon Secours Hospital announced its plans for Howard County in May 1972, Lutheran Hospital in Baltimore announced its intention of building a hospital in Howard County. A struggle ensued between the two hospitals for certification to build in the new location. Initially, Bon Secours Hospital was granted certification to build a hospital and health park. Later the certification was rescinded in a dispute over the abortion issue. Lutheran Hospital was subsequently granted certification to build, and Bon Secours Hospital appealed the state decision. The struggle continued for some years. Eventually, Bon Secours Hospital submitted a proposal to the Board of Review of the state health department offering to drop its bid to construct a hospital in Howard County if it was allowed to build a "health park," which would include an ambulatory surgical center, a continuing care facility, medical and dental offices, a diagnostic center, and housing for the well-aged. Permission was granted to build the health park.

In January 1975, Bon Secours Hospital received a Certificate of Conformance to construct the facility. Proper zoning for the health park was finally obtained in October 1977, and ground was broken on September 29, 1978, although construction was delayed because sewage to the facility was not available. An interim sewage treatment plant has now been constructed and it is hoped that construction on the Bon Secours Howard County Health Park will begin in the near future. It will be the first lifetime care complex to be sponsored by a Catholic organization in the United States. At the time of this writing a corporation has been formed and the first meeting of the Members and the Board of Trustees of Bon Secours Heartlands, Incorporated, was held April 26, 1982. This

corporation will provide facilities and services for the well-aged as well as a nursing home. Details for operating the additional services to be located in the health park are being formulated.

Washington Village Community Medical Center, which is a primary medical and dental facility that meets the health care needs of the whole family, was recently established. For several years, the Community Council of Southwest Baltimore had attempted to secure more and better health services for the people of that area; they approached Bon Secours Hospital for help. Together the hospital, the Sisters of Bon Secours, the Southwest Community Council, and the City of Baltimore cooperated to make it a reality. The Center was incorporated in the State of Maryland on March 19, 1978 with the Sisters of Bon Secours as the Members, and a board of trustees was formed to govern it.

The city of Baltimore made a site available on Washington Boulevard. Funds to buy the site and finance construction were supplied by all those who cooperated in the endeavor; later a grant was obtained from the Robert Wood Johnson Foundation. Ground was broken for the new building on February 3, 1980, and it was dedicated on Sunday, May 17, 1981.

On the occasion of the 150th anniversary of the foundation of the congregation, Mayor William Donald Schaefer of Baltimore proclaimed January 23, 1974, as Sisters of Bon Secours of Paris Day in Baltimore. On that day His Eminence Lawrence Cardinal Shehan concelebrated a Mass of Thanksgiving in the hospital chapel and the founders of Bon Secours Hospital were especially remembered by two plaques placed in their honor in the main lobby of the hospital. The memory of Mother Urban, foundress of the hospital, and the memory of the Jenkins family, who donated the hospital to the sisters, will be held sacred for all time within its walls. Now, as the occasion of the centenary of the coming of the first sisters to Baltimore in May 1881 draws to a close, other memories are evoked. The scene of the labors of pioneer sisters becomes hallowed ground. And Bon Secours Hospital, with its glorious history, is privileged to mark the spot where those pioneer feet once tread.*

*The State of Maryland erected a historic marker honoring and designating the site of the original Bon Secours Convent.

Chapter VIII

*St. Francis Country House
Villa St. Joseph
Darby, Pennsylvania*

and

*Our Lady Help of Christians
Convalescent Home
Philadelphia, Pennsylvania*

The Sisters of Bon Secours also came to realize that not all persons in need of care could be adequately treated in either private homes or in hospitals; in other words, facilities were needed to care for the convalescent and the chronically ill.

Great strides had been made in giving nursing care to crippled children at St. Edmond's Home in Philadelphia—so much so that when Archbishop Denis J. Dougherty became head of the Episcopal See of Philadelphia in May of 1918 (following the death of Archbishop Prendergast), he was eager to extend the sisters' services in his archdiocese.

In 1919, Mother St. Bartholomew, superior general of the Sisters of Bon Secours, made a visitation of the foundations of the congregation in the United States. She met with the archbishop, and it was then that he asked her for sisters to take charge of St. Francis Country House for Convalescents in Darby, Pennsylvania. He also wanted to see the sisters open and maintain a home for incurables on an adjacent property.

St. Francis Country House had been in existence for several years

under lay administration. Although much good work had been done under lay management, Archbishop Dougherty envisioned the facility, together with the proposed home for incurables, under the direction of a religious community. Thus far in the history of the archdiocese of Philadelphia, there was no Catholic institution specifically devoted to the care of the chronically and terminally ill. When Mother St. Bartholomew was told that St. Francis Country House for Convalescents was specifically for the poor, she granted Archbishop Dougherty his double request. On August 4, 1920, four sisters arrived in Darby, one of the most beautiful suburbs of Philadelphia, to begin their work among the convalescent patients and to prepare a home for incurables. Mrs. Charles Mullin, who had been in charge of St. Francis since its foundation, had retired; in later years she returned to St. Francis Hall for Incurables where she peacefully spent her last days. The pioneer sisters in Darby were Sister St. Benedicta, the superintendent, Sister St. Justinian, Sister St. Placide, and Sister St. Peter Chanel. Mother St. Juliana, who was superior at St. Edmond's Home for Crippled Children, was appointed superior of the community in Darby as well. St. Francis Country House was the first facility of its kind to be undertaken by the Sisters of Bon Secours in the United States.

A new chapter in the history of St. Francis Country House thus began in 1920, but its origin actually dates back to before its opening in 1913. Father Francis Xavier Wastl, who was named chaplain of All Saints Chapel in Blockley (now known as Philadelphia General Hospital) in March 1910, had been moved by the misery, despair, and pain of many of the patients he visited. His heart went out to God's sick and poor, earning him the title "Father of the Sick and Father of the Poor."¹ In addition to his priestly duties, he performed many other duties for these suffering, sometimes forgotten, members of society. He organized visiting committees to bring cheer and comfort to these patients, as well as to provide for their most urgent needs. He instituted a system to contact their relatives and friends in other parts of the country; in the beginning, the system was confined to endless letter writing on his part, but he had an unequalled gift of organization—and soon he had interested many men and women in the cause.

Among those who came to the aid of the sick poor was a group of Catholic women who had long wanted to establish a place where poor women discharged from the hospital could go for free care during convalescence. During the winter of 1912 to 1913, this group of women approached Archbishop Prendergast about establishing a convalescent home for women. The archbishop approved the idea. In May of 1913, a committee representing various charitable organizations active in Philadelphia met at Father Wastl's residence to plan for the undertaking and

agreed that there were sufficient resources to begin work on it at once. A conveniently located property was soon secured; it was an old colonial mansion of 17 large rooms on an estate of 12 acres. Part of the mansion had been built in 1785, and it was situated on the brow of a hill skirted by Darby Creek. The land was part of a grant of 350 acres made to John Blunston, one of the Quaker settlers of Darby, by William Penn; the property was once owned by John Bartram, a renowned botanist, accounting for the magnificent trees and shrubs surrounding the mansion.

On condition of an option to buy within a year, rental of the property was fixed at \$50 a month. The first year's rental of the property was donated by Mr. Murtha P. Quinn who later became one of the incorporators of St. Francis Country House for Convalescents. In April 1914, a meeting of the men interested in St. Francis was called to discuss how to raise the purchase price of \$30,000. The men worked indefatigably—within one month they succeeded in obtaining \$24,490. These men later formed the Men's Auxiliary of St. Francis Country House. Mr. Michael Murphy, the foremost patron and friend of the convalescent home, became one of its incorporators. He contributed \$5,000 to the campaign fund. Later he paid off the \$10,000 mortgage that came after the extensive repairs and bequeathed to it an additional \$10,000. The Men's Auxiliary remained active for many years to meet current expenses of the home and to familiarize the public of the work there.

The Women's Auxiliary was formally organized in July of 1913 under the direction of Father Wastl. Previously, the women had worked with the men. The members of the The Women's Auxiliary have been the mainstay of St. Francis Country House since its beginning. After the house was procured, it collected \$2,400 for repairs and equipment. A great deal of the furniture was donated by individual members who later continued to supply provisions and clothing. St. Vincent de Paul Society also supplied furniture. The Women's Auxiliary succeeded in renovating, furnishing, and equipping the house by the latter part of June. On June 25, 1913, Archbishop Prendergast visited, inspected, and blessed the house. It was named St. Francis Country House for Convalescents under the patronage of St. Francis of Assisi. On June 30, the first guest was admitted. Mrs. Charles P. Mullin (later Mrs. James McKenzie), who had done splendid work at Blockley working with the poor, volunteered her services as house manager; her zeal in the early days of the foundation did much to ensure the success of St. Francis.

Another activity for the upkeep of St. Francis' during its first 30 years was the annual Country Fair. The first fair was held on the spacious grounds surrounding the house in October 1913. It was so successful that in succeeding years it was held for 2 days around the Feast of St. Francis of

Assisi. St. Francis' Junior Aid was organized in the fall of 1913 after the first Country Fair to further the work of the Women's Auxiliary. The chief activity of the Juniors was an annual play and dance for the benefit of St. Francis. In later years the Junior Aids joined the Women's Auxiliary.

The original intention was to provide for 20 guests only until the project was safely beyond the experimental stage. However, the need was so great that the management was soon obliged to add more beds. By September 1913 it was caring for 40 guests and had received 141 admission applications. After five years, there were accommodations for 50 guests. It was seldom that all beds were not taken. St. Francis Country House for Convalescents was open to all women free of charge, regardless of race, creed, or nationality. The only restrictions were that their condition had to be noncontagious, that they be over the age of 12 years, and that they had been recommended by an attending physician or hospital authority. Babies were admitted with mothers who needed convalescent care. Only those patients whose means were insufficient to provide convalescent care for themselves were eligible for admission. Among those admitted were poor working girls who had been discharged from Philadelphia General Hospital and unwed mothers with their babies. Provision was made for the care of the babies. This was the situation at St. Francis Country House for Convalescents in 1919 when Archbishop Dougherty asked the Sisters of Bon Secours to take charge of the facility.

On August 21, 1914, St. Francis Country House was incorporated in the Commonwealth of Pennsylvania. From the beginning, the name and objectives of the corporation have remained unchanged. "The objects for which the corporation is formed is to establish and maintain a house for the proper care and treatment of convalescents and for other charitable purposes."² The original members of the corporation were Archbishop Prendergast, Father Wastl, and six Philadelphia laymen; the first board of managers was composed of the original incorporators. When the board of managers was reconstituted on November 19, 1968, the Sisters of Bon Secours were nominated to the board and given a voice in the governance of St. Francis Country House. Sisters Francis Helen and Mary Margaret are credited for bringing this about. New constitutions and by-laws were then adopted.

World War I, which was nearing its close, left its mark on the history of St. Francis Country House for Convalescents. In August 1918, the United States government decided to use St. Francis Country House for convalescent sailors and marines. Those in charge were "told to get 100 beds ready for their needs,"³ and the house was temporarily closed to convalescent women. At the same time an adjoining property, at the foot of

the hill, to the south of the convalescent home, consisting of 14 acres with a large farmhouse and barn, was purchased for \$37,500. This farmhouse was prepared for the sailors and marines by Thanksgiving Day of 1918. The "upper house" [original house] was then reopened for convalescent women.

No records have been kept as to when the sailors and marines vacated the "lower house," but evidently it was before October or November of 1919, as it was during that period of time that Mother St. Bartholomew visited Archbishop Dougherty and arrangements were made for the home for incurables. When the Sisters of Bon Secours went to inspect this property, it appeared to have been unoccupied for many months as Sister St. Benedicta described it as follows: "The grass was higher than my head and the house full of cobwebs!"⁴ As with the first building, this one was also in need of constant repair and renovation. One day it was a broken down step on the stairs; another day it was a leaking pipe. The endless but challenging task of renewal went on. The sisters launched into the campaign themselves with hammer and paint brush, repairing, painting, and decorating. After six months of repair and renovation, the "lower house" was ready to receive patients. On Rosary Sunday, October 3, 1920, it was blessed and mass was offered there for the first time by Monsignor Wastl. It was named St. Francis Hall for Incurables. Even though the Sisters of Bon Secours had been in residence at the "upper house" since the previous August, the foundation in Darby is dated from the opening of the home for incurables.

St. Francis Hall was opened with a bed capacity of 30 and admitted women only. Within a short time this facility was also filled to capacity with a waiting list. For those who could afford to pay, there was a nominal charge. Other beds were endowed for \$10,000 and there were several beds reserved for those unable to pay. The philosophy of the Sisters of Bon Secours and of the archdiocese prevailed, and no one was refused admission simply because she had no money. It was shortly before the death of Monsignor Wastl that the board of managers authorized the transfer of ownership of all the assets of St. Francis Country House to Cardinal Dougherty. It was at that time (May of 1939) that the facility came under the auspices of the archdiocese of Philadelphia.

Monsignor Wastl was appointed rector of old St. John's Church, Philadelphia, in May 1920, but he continued to be the director of St. Francis Country House, a position he held until his death on April 11, 1943. The wide experience he had gained in the charitable and social service fields while at Blockley qualified him to become Diocesan Director of Charities. In this capacity he had a controlling influence on the financial affairs of St. Francis. But his watchfulness was at times a constraint on the

work of the sisters; sometimes they had to plead with him for what they deemed necessary for the welfare of the patients, or the improvement of the facilities. Monsignor Wastl's experiences with the poor had greatly impressed on him the importance of frugality.

With the opening of St. Francis Hall for Incurables more sisters came to Darby. Some lived and worked in the "upper house" and others in the "lower house." They had no convent and slept in rooms adjacent to the patients' rooms. There was a small chapel in both houses, a source of strength and comfort to both the sisters and the patients. They had their own supply of vegetables, milk, and eggs, (a gift of two cows and all the requisite equipment to farm the land had been received before the sisters went to Darby). Friends gave added supplies of fruit, vegetables, and other foodstuffs. A supply of donated clothing was always available, and everything possible was done to create a happy, homelike atmosphere for both convalescent and incurable patients.

Sister St. Benedicta continued in her position as superintendent of St. Francis Country House for 14 years. Little is recorded of the work of those years, although some insight can be gained from an address given by Sister Benedicta at the Philadelphia Conference of Catholic Charities in 1923:

Have you ever mended a frame and hung it up before the glue was dry? What happened? Could you remend it, and if so how long would it endure under the same treatment? . . . How many mended human frames upon their discharge from the various hospitals in the city are able to shoulder the responsibilities of life? Very few, you would agree with me, had you the opportunity of watching at the gate as they come forth from their final examination and discharge. The weary little mother, pale and drawn, off to pick up the threads of her duties among her loving but thoughtless children. . . . The exhausted and underfed sales girl back to her hall bedroom, and to work on the morrow; no one could expect efficiency from her nerve-racked, overtaxed system. These are but few of the many cases in an endless procession.

When the patient leaves the hospital he needs care and attention sometimes for a long period before he is able to resume the duties of life. The rich can have this care in their homes, but the poor must return to squalid tenements in the crowded city and to conditions that make it difficult for them to regain their health and strength. What a blessing for them is a home in the warm sunshine, the green grass, and the protecting trees, a home in the country with abundant and nourishing food, medical care and the gentle, sympathetic and encouraging attention of the Sisters. . . .

Are we not filled with pity at the thought of the poor girl forcing herself to work when weak and weary after the ravages of a long illness? How often, alas, unable to work she gives way, in her misery and poverty, to despondency and despair. Monsignor Wastl, the Superintendent of Charities in the

Archdiocese of Philadelphia, once remarked in a public address that the Home for Incurables saves many a soul from suicide, and, we may add, the Home for Convalescents saves many a worn out and discouraged girl from the same sad fate.⁵

In the history of the Sisters of Bon Secours in the United States by Father James M. Hayes we learn more about the work of the sisters in both of the homes, and what blessings, both spiritual and temporal, were received there:

In the little chapel of St. Francis Home marriages have been blessed, children of convalescent mothers have been baptized, husbands and wives, long estranged, have been reunited and reconciled to God. . . . Besides the immediate care of the patients in the home, the Sisters are concerned with their future welfare. When the girl leaves the home she is supplied with clothes, a suitable place is found for her to board, and work is obtained for her in the event that she has no position awaiting her on her discharge. On Labor Day every second year there is a reunion of former patients. Not only once in two years but many times during the year girls come back to the Sisters for help, encouragement and advice. . . .

In the Home for Incurables are men and women living in the shadow of death, the victims of some fatal malady and frequently abandoned by their relatives, even their own children. . . . If there is any human affliction that can claim more than another the assistance of the daughter of Our Lady Help of Christians, it is surely here in St. Francis Hall. . . . It is a sermon on the value of suffering and the superiority of soul over body to visit St. Francis Hall and to see in the eyes of the suffering ones the joy and peace and resignation that can come only from God. . . . Many a patient is carried in, soured with life, because of the ingratitude and neglect of friends and relatives, rebellious against God because of the heavy cross He places upon them, even denying God because of their affliction. . . . Like the man Christ met at the pool of Bethesda, they have waited through the long years for some angel to touch the waters of love and sympathy that therein they might bathe, and at last when hope seemed gone the angel came in the garb of a Sister of Bon Secours. . . . In the morning, the noon, and the evening of life these incurable ones live in peace, and the Hall of St. Francis becomes for them "the vestibule of heaven."⁶

The length of time patients remained at St. Francis Country House for Convalescents varied from two weeks to several months. This depended on the needs of each individual person. St. Francis was a home, not an institution, and it was free as far as possible from all institutional rules. Patients of all religious denominations were admitted and as always their spiritual needs were of primary importance to the sisters. From the following accounts we can see how the convalescent home functioned and how patients and their families were influenced through subsequent years. The *St. Francis' Junior Aid Program*, February 13, 1931, reads:

The religion of the patient plays no part in her being admitted. She is free in that [religion] as she is in every other way while a guest at the St. Francis Country House.

Only the normal requirements of sane living are asked. She knows this and abides by these simple regulations—as one of them said with a smile, “Our only responsibility is to get well—and we do!”⁷

According to the *St. Francis’ Junior Aid Program*, February 7, 1936,

During the past year, regardless of creed, there were admitted to St. Francis’ Convalescent Home 401 patients in need of convalescent care. By far the greatest number of these were returned to their homes fully restored to health. Practically all of the patients were benefited by their stay.

These good results were made possible by the personal interest and kind advice of the good Sisters in charge. Each patient is made to feel that someone cares, which in this class of patient means more than medicine.⁸

Not only patients benefited from the care they received at St. Francis but families were saved as well. Monsignor William A. Kavanagh, successor to Monsignor Wastl, pointed this out in an address delivered on the Delaware County Catholic Hour on January 13, 1948. He said:

The foundation of St. Francis Country House had a very humble beginning. God has blessed the work abundantly. Thousands of women have regained health of mind, body and soul. But not to the patients alone has St. Francis been a saving grace. Not only to those—for with the return of health and strength to so many women, hundreds of families have succeeded in pulling together against the tides of misfortune and sometimes poverty, which previously seemed about to engulf them, through the illness or weakened condition of a devoted mother or sister. Only God knows what tremendous good the sisters have actually accomplished.⁹

In 1934, Mother Honorat succeeded Sister Benedicta in the management of St. Francis Country House. She was also appointed superior of the Darby community, which up to that time had been under the superior of St. Edmond’s Home for Crippled Children. The new arrangement was more satisfactory for the sisters in Darby, though no one can deny that Sister Benedicta performed her duty admirably, under at times very difficult circumstances. Mother Honorat was to serve in Darby for eight years. As quoted in *A Touch of Radiance*, by her niece, Margaret Wyvill Ecclesine, Mother Honorat wrote:

I was sent to Darby, Pennsylvania, where we had a home for convalescents and one for incurables. There I spent eight years. Because of World War II, we had no communication for several years with our Mother General. There I labored zealously for God and His poor. Happy years! In spite of many trying days and lack of funds to do the things one wished to do.¹⁰

Sister Mary Margaret recalled her memories of Darby during Mother Honorat's time:

I was sent to Darby in 1937, when I graduated from the Nursing School. When I went there Mother Honorat was the superior. In those days Monsignor Wastl was still in charge of St. Francis Country House. It was not under the Archdiocese—it was under him. He was head of Catholic Charities. Reporting was done to him and the financing and so on came through him. So once a month Mother Honorat would have to go in with the financial report. I went in with her several times. He was pastor of St. John's Church in Philadelphia. It was a bare rectory, I tell you. At first he would seem kind of severe but when Mother Honorat came in and smiled things changed. She would ask him for something. She would hesitate and he would say, "We can't afford it," but she'd persuade him, "But we do need it for the patients you know." He'd give in. That was an interesting thing to go in with her to visit him. She really wasn't afraid of him. She knew him, and that underneath that stern appearance was a kind heart.

I remember how poor we were. Mother Honorat started having Bingo parties to be able to raise some money to get new floor coverings, because what we had was old brown battleship linoleum, and to buy curtains for the windows, and brighten up the place for the patients, to buy them bed jackets if they were long-term cases. Anything she could do for the patients was never too much trouble. Mother Honorat had great love for the Blessed Sacrament. She would beautify the House of God. Really, if she had any extra money it went there.

We had no convent and we lived in the rooms on the corridors where the patients were. The local superior's bedroom was our community room. It was truly a Nazareth, so simple and poor and the spirit of caring for the patients was really there. There was a real sense of happiness and joy serving in Darby, and the grounds were so beautiful with flowering trees, which had to be removed for the new building.¹¹

There was no chapel at St. Francis Country House when it was under lay management. When the Sisters of Bon Secours took over the administration in 1920, they set one up in both houses. In the "upper house" a sectioned off portion of the enclosed porch was transformed into a chapel. Sister Mary Eugene, who went to Darby in 1939, recalled:

We had small panes of plain glass in the Chapel and we got the idea of replacing the plain glass with amber glass. Mother Honorat brow-beat Monsignor Wastl into getting it for us. We would put it in ourselves. At first he said it wasn't necessary. If he didn't see the need to spend money, he wouldn't spend it, but Mother Honorat persuaded him. Finally we got the glass. Sister Mary Helen, Sister Mary Vincentia, Sister Sebastian, and myself took out the plain glass, pane by pane, and with great care put in the amber glass. We worked mostly in the afternoon or any spare time we could get

away from our work with the patients. They enjoyed watching us fixing up the windows and were brought out in the afternoon to see us at work. We got it done in a couple weeks. Sister Mary Helen was a good carpenter. She repaired the furniture and woodwork that needed fixing. She took out rotten steps in the stairs and put in new ones. She put putty on the window frames. I still have two of her hammers. They are solid metal. Mother Honorat did the painting and fixed the curtains. We all worked together.¹²

In 1934, Mother Honorat converted the barn in back of the "lower house" into a home for incurable men. Cardinal Dougherty had wanted somebody who was near and dear to him, Jimmy Rice, admitted to St. Francis Country House, but there was no room for male patients. It was then that Mother Honorat got the idea of converting the barn into a home. The Cardinal's friend was the first patient admitted. Jimmy was completely paralyzed from multiple sclerosis, and he used to count the prayers of his rosary on the window panes. The sisters believed his prayers brought great blessings on St. Francis as have the prayers of innumerable patients throughout the years. An account of the new home was recorded in the *St. Francis Junior Aid Program* of 1935:

"During the past year, St. Francis' Cottage for Incurable Men was opened on the grounds of St. Francis' Country House for Convalescents and Home for Incurable Women at Darby. This is the first institution in the Diocese opened exclusively for incurable men. His Excellency, Most Reverend Gerald P. O'Hara, D.D., blessed the new foundation on August 14, 1934, and celebrated Mass."¹³

St. Francis' Cottage opened with a bed capacity of 9 which was later increased to 15 because of the great need that existed. The old car, with the isinglass top, was kept busy bringing the patients from the other two houses to the "lower house" for mass. Mass was said at the "upper house" once a week. Later, the care of the patients in the three houses was combined and carried on in the new St. Francis Country House. The titles "convalescents" and "incurables" were dropped and there was room for both men and women patients under one roof.

The annual Country Fair continued to be one of the highlights each year in October until the early 1940s. In addition to their nursing duties, the sisters were busy months in advance getting things ready for the fair. As October approached, they set up the booths and strung lights in the trees. The patients also enjoyed all this activity.

Sister Martha, who entered The Sisters of Bon Secours from Darby in 1931, recalled:

Sister Benedicta was really gentle and very refined. Sister Constance got a group of us together to form a choir. It was then I learned I could sing. Some of the convalescents stayed on to help. They were given room and board and

some spending money. Before I entered the convent, the convalescent patients were in the "upper house" but when I returned to Darby a few years later, as a young professed sister, a switch had been made. The incurable patients were in the "upper house" and the convalescent patients were in the "lower house."¹⁴

This was a significant change that occurred sometime between 1931 and 1934 to meet the great demand for beds for long-term patients. The "upper house" could accommodate many more patients than the lower one, but the facilities were still inadequate. A larger facility was not to be built until several years after World War II.

Mother Mary Angelina succeeded Mother Honorat as superior of St. Francis Country House in November 1942, a position she held until 1950 when she was appointed mistress of novices. Before she left Darby she was to see the beginning of a large expansion program and the opening of a home for aged and infirm priests from the archdiocese of Philadelphia. Under Mother Mary Angelina, the work of administering to patients and guests was carried on in the same caring and compassionate way. Community life likewise continued with the same simplicity. Monsignor Wastl after a long life of dedication to the poor died April 11, 1943. He was succeeded as director of St. Francis by Monsignor William A. Kavanagh, rector of St. John's Church, Philadelphia, who also saw the great need for expansion. Plans for a new building were contemplated, but long delayed by World War II. Finally, in the *Chester Times* (Chester, Pennsylvania) February 28, 1949, an article read:

Today bulldozers and excavating machinery are busy breaking ground for a house that will have 120 beds to care for the convalescent and the incurable. The cost of the new building will be \$600,000.

Ground for the project was broken on Wednesday, with informal exercises conducted by the Sisters of Bon Secours, a medical order that gives care to the sick

The new building will be built along the same lines as the Villa St. Joseph Home for aged and infirm priests, now in process of completion about 100 yards away from St. Francis' Home

It will be of four floors and built of Indiana limestone and contain the most modern of equipment and will care for both men and women Plans for the new building were contemplated six years ago, but due to war conditions work could not begin

The Sisters of Bon Secours will be in charge of the nursing of the sick Since the sisters opened the house in Darby, nearly 30,000 cases of convalescents and incurables have been given care. With the erection of the new edifice, it is expected that care will be increased and that many who now seek admission to the home can be accommodated.

Recalling the informal exercises conducted by the sisters for the groundbreaking of the new St. Francis Country House, Mother Mary Angelina said:

The new building for St. Francis was merely a continuation of an apostolate begun in 1913 by Monsignor Wastl for convalescent patients. This seemed to be the reason for no official groundbreaking. Father Gleason was our chaplain while teaching at St. James High School in Chester. His presence at our little ceremony would make it a public one so it was done privately after breakfast one morning. The sisters and I went out to the spot where construction was soon to begin. We prayed together, sprinkled holy water, then each of us took the spade and turned a sod.¹⁵

With this simple ceremony a new era in the history of St. Francis Country House began.

Monsignor Kavanagh saw not only the need to expand St. Francis, but also the need of a home for retired, aging, and sick priests. As a seminarian he witnessed a situation in his neighborhood that disturbed him. A sick priest was living with his sister and her family, as there was no other facility to care for his needs. The family had limited resources and found it difficult to care for an ailing priest. It was apparent that both family and priest were suffering under the circumstances. Monsignor Kavanagh never forgot what he witnessed. The uncomfortable situation inspired him with the idea of a home for aged and sick priests, and he waited for the right opportunity to make his idea a reality. When Monsignor Kavanagh became vice-chancellor he worked closely with Cardinal Dougherty. The cardinal had great admiration for the young priest and had a high regard for his opinions. In 1947, when the two were travelling together by plane to the Trappist Monastery in Gethsemani, Kentucky, Monsignor Kavanagh began his plea to the Cardinal for the home for sick and retired priests. It was his opportunity and he took advantage of it. His request was granted.¹⁶

Monsignor Kavanagh accumulated valuable suggestions from numerous priests of Philadelphia about the construction of such a home. Cardinal Dougherty asked the Sisters of Bon Secours to staff it; Mother St. Fulgence, who was then superior general, gladly granted Cardinal Dougherty's request. (Mother St. Fulgence had succeeded Mother St. Bartholomew as superior general in 1947, and remained at that post until 1959). Recalling the foundation of Villa St. Joseph, Mother Mary Angelina wrote:

My memories of the beginnings of Villa St. Joseph are of opposition from many: bishops, other members of the hierarchy, priests, etc. who felt such an institution would not be acceptable to the priests. Cardinal Dougherty made his plans, in spite of dissenting opinions, as he felt no priest should be

obliged to return to his family for care. When the plans had been finalized, Monsignor Kavanagh phoned to tell us the bulldozers would arrive sometime during the week. No ceremonies that I recall were held prior to this. Work began in early March 1948. Twenty-seven trees were removed for the foundation.¹⁷

Actually, the groundbreaking for Villa St. Joseph took place at the end of February. According to the *Catholic Standard and Times*, Philadelphia, February 20, 1948,

On the grounds of St. Francis Country House, Darby, Delaware County, and adjoining the Fitzgerald-Mercy Hospital, the projected residence for sick or otherwise incapacitated diocesan priests is about to be erected. The ground will be broken and construction will begin during this coming week.

This new undertaking will meet a longfelt need in our diocese, inasmuch as it will care for worthy diocesan priests who otherwise would be unable to receive proper treatment in illness and old age.

It will relieve the anxiety of those priests who may worry over their future and will encourage them to persevere in the work of their noble ministry. This new diocesan institution will be known as Villa Saint Joseph and will be cared for by the Sisters of Bon Secours, under the directorship of the Right Reverend Monsignor William A. Kavanagh, director of St. Francis Country House.

Monsignor Kavanagh's long-cherished dream of a home for aged and sick priests was about to be fulfilled, but he would not live to see it completed. Six months before it was dedicated he died of a heart attack at the early age of 40 years on May 23, 1949, in Georgia while visiting his brother, who was a Trappist priest. During his short term as director of St. Francis Country House he had endeared himself to everyone; not only was he a leader, but he was also cheerful, kind, and generous. He had seen the inconveniences and lack of privacy the sisters had uncomplainingly and humbly accepted for 30 years. In fact, in his plans for Villa St. Joseph he had included a convent for the sisters.

Father Joseph M. Gleason, who also befriended the sisters, succeeded Monsignor Kavanagh as director of St. Francis and Villa St. Joseph. Complete in every detail, the villa was dedicated on Sunday, November 20, 1949, by Bishop Hugh L. Lamb, auxiliary bishop of Philadelphia. The laying of the cornerstone took place the same day, and the ceremonies were concluded by Solemn Benediction. The St. John's Choir—the same choir from the late Monsignor Kavanagh's parish—rendered the sacred music. Cardinal Dougherty was not present at the dedication, but high in the front of Villa St. Joseph his coat of arms is cut in stone as a symbol of his care, devotion, and interest in his priests.

In the booklet printed for the dedication of Villa St. Joseph there is the

following message from the priests of the archdiocese of Philadelphia to the Sisters of Bon Secours:

Today is begun a new chapter in the history of the Congregation of the Sisters of Bon Secours, as with humble and grateful hearts the work for priests at Villa St. Joseph is assumed by the Sisters, at the request of His Eminence the Cardinal. Indeed the care of priests has always been a labor of love, dear to the heart of every Sister of Bon Secours It would seem here in Philadelphia that the Sisters mission of "Kindly Care" has been most fully realized. For the care of priests of Villa St. Joseph has been preceded by three decades of loving service and devotion to the little ones at St. Edmond's and the incurable and convalescent patients at St. Francis. To these chosen ones of God, broken in body and often times in spirit, the Sister is a guiding light, bringing into these empty lives the peace and joy of Christ.

We, the priests of Philadelphia, extend a welcome to the Sisters of Bon Secours, and assure them that we appreciate all they have accomplished thus far in the Archdiocese of Philadelphia and feel sure they will find grateful priests in their new labor.

Under the protection of Mary, Our Lady Help of Christians, and St. Joseph may your labor of love grow ever more fruitful.¹⁸

The first four priests arrived at Villa St. Joseph on November 22, 1949. The first two sisters to work at the villa and welcome the priests to their new home were Sister Rita Thomas and Sister Mary Margaret. The first diocesan home for the aged and infirm priest in the United States had opened its doors with a capacity of 28. Twenty-two of the priests would be accommodated in comfortable and practical suites and a fully equipped infirmary had accommodations for six more. A large and beautiful chapel on the ground floor was furnished with several side altars in addition to the main altar, and smaller chapels were located on third, fourth, and fifth floors. For those who were able to say mass, every provision was made for them to perform this priestly function. In later years, with the reformed liturgy, the priests who had become too ill and feeble to offer mass alone would have the benefit of gathering together to concelebrate mass. Those who had been skeptical about the success of Villa St. Joseph were soon to see that they had been mistaken. In some ways the priests were sad at having to leave their parishes and rectories, but in a short time the homelike atmosphere created by the sisters, and the beauty of the villa, made them pleased to be in their lovely new home. Gradually word spread that the villa was not institutional—and priests came in more readily. Father Gleason, the first rector, played a big part in the success of the villa by convincing many skeptical and sick priests to go there and see for themselves, but credit must be given to the Sisters of Bon Secours for making them happy and willing to stay.

Writing in the *Call of the Sick* (July–August, 1952), Father Gleason said;

The Sisters of Bon Secours have proved themselves eminently satisfactory in their work among the priests of Philadelphia. Their Christlike care of the sick priests, their spirit of willingness, their anxiety to please in every detail have been outstanding. Reverend Mother Mary Joseph, Superior General of the Sisters, on her visitation of Villa St. Joseph said: "Many blessings will come to our Sisters because of the work for the aged and infirm priests, in the twilight of their ministry. . . .What would the world be without priestsNo Blessed Sacrament. . . .No Mass. We are privileged."¹⁹

Down through the years, the work started in 1949 at Villa St. Joseph has been faithfully carried on by the Sisters of Bon Secours. Their aim has been that the priests know the consolations not simply of an efficient institution, but of a real home where there is warmth, gratitude, and devoted love. Their spirit of kindly care continues to pervade the villa.

The convent, which was annexed to the villa, provided comfortable quarters for 12 sisters until 1954. In that year the sisters moved to a larger, free-standing convent on the grounds of St. Francis Country House. The vacated convent at the villa was converted into additional suites for priests. A new wing was added to the facility in 1967 and dedicated on December 31 of that year by John Cardinal Krol, who had become Archbishop of Philadelphia in 1961 following the death of Cardinal O'Hara. This increased the capacity of Villa St. Joseph to accommodate 56 priests, double its original size. That the work was successful is shown not only in its history but in its rapid expansion.

In 1963, a wealthy lady of Philadelphia, Miss Hannah G. Hogan, presented a large summer home in Ventnor, New Jersey, to the archdiocese of Philadelphia for the aged and sick priests of Villa St. Joseph. The home was donated in memory of her brother, Father Edward J. Hogan, who died after 53 years in the priesthood. This new home, called Villa St. Joseph-by-the-Sea was dedicated by Archbishop Krol on June 2, 1963. The Sisters of Bon Secours helped prepare the summer home for the reception of priests in the summer of 1963 and for five consecutive summers thereafter cared for the priests at this residence. In 1968, due to a shortage of sisters, it became impossible for the Bon Secours to continue staffing the summer home in Ventnor. Because some sick priests remained in Darby during the summer, the sisters felt their primary commitment was to care for them. Their role in Ventnor had been mostly one of housekeeping and this work was entrusted to the care of another community of sisters.

On Sunday, December 18, 1949, one month after the dedication of Villa St. Joseph, the ceremony of laying the cornerstone for the new St. Francis

Country House (on which construction began February 1949) was conducted by Bishop J. Carroll McCormick, auxiliary bishop of Philadelphia. However, St. Francis was not dedicated at that time, as there was still more work to be done on its interior.

The *Catholic Standard and Times*, March 17, 1950, reads:

On Sunday March 19, at 4 p.m., His Excellency the Most Reverend J. Carroll McCormick, D.D., Auxiliary Bishop of Philadelphia will bless the new St. Francis Country House for Convalescents and Incurables, on Landsdowne Avenue, Darby

This fine new building, constructed of stone, cement, concrete and steel has been erected to serve its purpose to care for the sick with the same warmth and with the same success as the zeal and enthusiasm of those who gave their time and efforts to make it possible

The building is as fireproof as it is possible to make it so through the use of the latest and most modern fire resistive materials and methods of construction

The entire building embodies all the features essential to extending the best, most up to the minute scientific care to the patients. The arrangement of rooms and services has been given much time and study to develop a plan of great simplicity and efficiency which will result in economies of operation and at the same time increase the attention and service given to the patients

All of these wonderful features combine to make it the most modern and most useful building possible in order to make it worthy of the sacrifices of those who worked so hard and so untiring to bring the dream of St. Francis Country House into a reality.

In this new building, where the window frames and stairways were of steel and the treads of the stairs were terrazzo, the carpenter's hammer, which the sisters had used frequently in the old buildings, would be heard less often. And the new chapel, which could seat 85, had colorful leaded glass windows, instead of "amber glass." Some of the homey physical characteristics of the "old" St. Francis Country House were now past history but the cheerful, friendly caring atmosphere created by the Sisters of Bon Secours continued to exist.

The patients and guests were moved into the new building on the day of the dedication. The guests from the Convalescent Home could walk the short distance from the old to the new facility, and John Brennan, the male nurse, transferred the men from the cottage in the old car. Mother Mary Angelina gives us her recollection of the transfer of patients from the "upper house": "The transfer of the patients took place on March 19, feast of St. Joseph. The fire department from Darby sent their ambulances and personnel, also Fitzgerald Mercy Hospital loaned us their ambulance. Father Gleason put the patients in the ambulances at the upper

house aided by several sisters and we received them in the new building. Most of them left the old building in tears."²⁰

The live-in lay help continued to reside in the "upper house." Some of these faithful employees such as Betty Smith, Bernice Sheehan, Mary Malone, Anna Johnson, Marie Casey, and Alice Condon will long be remembered by the sisters. The upper house is still standing today and houses the Camillus School of Practical Nursing. Later, the "lower house" was demolished, as was also the cottage, as they were in too close proximity to the new building. Convalescent patients continued to be admitted to the new St. Francis Country House for some time, although babies were not admitted. Later, because of the increasing demand for more beds for long-term patients, convalescent care decreased and eventually ceased.

Later in the year 1950, after the new St. Francis was well established, Mother Emerentienne succeeded Mother Mary Angelina as superior of St. Francis Country House, a position she held for eight years. During that period, important developments occurred at St. Francis. As life spans increased and infirmities of old age became a new concern, St. Francis soon found itself with another long waiting list. Further expansion of facilities became imperative. One hundred more beds were added in 1954. At the same time a new convent was built to accommodate the increasing number of sisters. It was built on the lawn between Villa St. Joseph and St. Francis Country House and both additions were dedicated on September 26, 1954, by Archbishop John F. O'Hara, who became archbishop of Philadelphia in 1951 following the death of Cardinal Dougherty. According to the *Standard and Times* of September 24, "The new wing will make St. Francis Country House the largest home of this type in the Archdiocese. Two hundred and twenty beds . . . New physio-therapy and hydro-therapy rooms promise immediate care for those in need of special therapy." St. Francis was growing not only in size but also in services.

The demand for beds was so great that the facility was again filled to capacity within a short time. A new problem became providing adequate qualified nursing staff to care for the patients. This led to the foundation of the Camillus Catholic School of Practical Nursing in 1956 by Father Gleason. Early in that year the program was approved by the State Board of Nurse Examiners in Harrisburg, Pennsylvania. The "upper house," the former home for incurables, had been renovated and modernized to accommodate the School of Nursing, which opened on September 10, 1956, with Sister Mary Cecilia as its first director. It was the first Catholic school of practical nursing in Philadelphia. It was under the auspices of St. Francis Country House, with which it was affiliated for clinical experi-

ence in geriatric nursing. The school was also affiliated with St. Joseph's Hospital in Philadelphia for clinical experience in the other areas of nursing.

Monsignor Gleason wanted perfection. With his encouragement and inspiration, and hard work on the part of faculty and students, it was achieved. During its first year of operation the school was accredited by the National Association for Practical Nurse Education—the first school of practical nursing in the Philadelphia area to receive national accreditation and one of only four such schools in the state. The students' performance on state board examinations was likewise commendable, earning almost-consistent 100 percent scores each year. This record has been maintained throughout the years. In 1966, Camillus School of Practical Nursing became affiliated with Delaware County Hospital, which was more conveniently located to the school than St. Joseph's Hospital in Philadelphia.

From an educational point of view, and in the quality of its graduates, the school continued to prove successful, but in 1969, its relationship to St. Francis Country House from a practical point of view began to be questioned. St Francis', the sponsoring facility for the school, was experiencing financial losses, and fewer Camillus graduates were applying to St. Francis' for employment. Nurses graduating from Camillus School, like many graduate nurses elsewhere, were choosing to practice in hospitals rather than in nursing homes. One of the primary purposes of the school was no longer being achieved. An affiliation was set up with Fitzgerald-Mercy Hospital for clinical experience in September 1969, and the affiliation with Delaware County Hospital was terminated. This latest affiliation was set up with an eye to future sharing of costs for the operation of the school. In 1971, Mercy Catholic Medical Center did offer to help finance Camillus Catholic School of Practical Nursing, but this arrangement from a financial point of view was not successful. In 1973, an agreement was reached to merge Misericordia School of Practical Nursing with Camillus School of Practical Nursing. Costs would be shared. However, with this arrangement, the school continued to be a liability to St. Francis Country House. In 1976, rather than close a school that had such a fine reputation, its sponsorship was transferred from St. Francis Country House to Mercy Catholic Medical Center. Its title has been changed to Camillus Mercy School of Practical Nursing. Credit for the foundation of the Camillus School still belongs to St. Francis Country House and the Sisters of Bon Secours still share their spirit of kindly care with Camillus students who continue to affiliate with them for geriatric nursing.

Following the opening of the new wing in 1954, St. Francis continued to

be filled to capacity, and the patients continued to receive compassionate care from sisters and staff. Though it had grown in structure, St. Francis had lost none of its characteristic simplicity and warmth. The caring atmosphere of Bon Secours facilities was preserved and nurtured under successive superiors and sisters dedicated to the care of the sick. To accommodate the increased number of patients, a spacious chapel with balconies on all floors, was added in 1961. It was dedicated by Archbishop Krol (later cardinal) on December 16 of that year. Father Charles J. Monaghan (later Monsignor) faithfully served as chaplain at the new St. Francis from 1950 until 1964, when he succeeded Monsignor Gleason as director.

The advent of Medicare and Medicaid in the latter part of the 1960s made an impact on St. Francis as it did on all long-term care facilities. Many changes and improvements had to be made in order to qualify as an extended care facility and thus participate in the programs. Sister Francis Helen worked hard to achieve this. Financial reimbursement in this age of spiraling health care costs had become very important in the field of nursing home administration. Approval was received by Medicare for a specified area on July 23, 1970, and this was the beginning in a long series of continuing renovations and expansions of services to meet the ever-increasing demands of regulatory agencies. Physical therapy, occupational therapy, and recreational therapy were among the services enlarged and departmentalized. In addition to this indoor growth, St Francis was once more about to witness another structural expansion.

Once again there was a need for additional beds for the chronically and terminally ill. With the continuing increase in life expectancy there was a corresponding increase in the number of the sick elderly. An announcement was made at a meeting of the board of managers on January 6, 1975 that Mr. and Mrs. John McShain had given a gift of one million dollars for the new addition to St. Francis. This Philadelphia builder and his wife had already distinguished themselves by many charitable gifts. Some time later the department of Health, Education and Welfare approved the application of St. Francis Country House to add 90 long-term care beds and additional services at a cost of 3 million dollars. Through Catholic Charities and other sources, the archdiocese of Philadelphia provided additional monies for the new construction. On March 18, 1977, Cardinal Krol officiated at groundbreaking ceremonies for the construction of this four-story addition. Ground was broken in the rain under an umbrella, but this did not dampen the spirit of those who participated in this historical event. Sister Anne Lutz, present administrator of St. Francis, happily turned a shovelful of earth.

On April 12, 1977, bulldozers once more moved into the beautiful

park-like grounds of St. Francis. Work progressed rapidly and this latest addition, named the John and Mary McShain Pavilion, was dedicated on Saturday, June 10, 1978, by His Eminence John Cardinal Krol. Among the mementos placed in the cornerstone was a picture of the two benefactors who had so generously aided St. Francis for many years. The pavilion increased the bed capacity of St. Francis Country House to 318, making it the largest of the archdiocesan nursing homes. Through the untiring efforts of the Sisters of Bon Secours not only patient beds were constructed during this expansion but an additional floor was requested and finally granted to house patient therapies and administrative activities. As a result greatly expanded physical, occupational, speech, and activities departments have helped patients achieve their highest functional level. New departments of nursing, in-service education, and social services have further enhanced the efficiency of the facility. Today the entire building is certified for Medicare and is also accredited by the Catholic Hospital Association. The fourth floor of the pavilion, specially designed with individual suites, is reserved for priests requiring skilled nursing care and has a chapel convenient for them to use.

Many changes have taken place at St. Francis Country House over the last 61 years, but what has remained constant is the dedication to caring for patients' total needs, physical, mental and spiritual. The Sisters of Bon Secours are proud of their new facilities and services which make life as meaningful as possible to those who come to them for care, but what they cherish most is their mission of bringing Christ's healing ministry to the sick, the suffering, and the dying. No higher tribute can be paid to the sisters in Darby than the words of Cardinal Krol to Sister Yvonne, superior general, during her visitation of the houses in the fall of 1981. The Cardinal said (as quoted by Sister Anne Lutz, administrator, St. Francis Country House): "The presence of your sisters is important to this archdiocese. The people should thank God for their presence and the service they render. The quality of care given and the concern shown for each individual person sets an example. And what a service the sisters render to our old and infirm priests—because they care! I wish we had more of them."²¹

Our Lady Help of Christians Convalescent Home

The Sisters of Bon Secours had no intention of abandoning the work of nursing the sick in their homes when they undertook institutional nursing. It was with the understanding that the sisters could continue their ministry of home nursing that Mother St. Bartholomew, superior general, first gave permission for the sisters to undertake the work of caring for crippled children at St. Edmond's Home in 1916. The work of home nursing continued from St. Edmond's even after the foundation was

made in Darby, and for some 14 years thereafter. It was not until the year 1934 that a house was purchased by the Sisters of Bon Secours in Philadelphia to serve as a convent for the use of sisters who nursed in the homes. Located at 1509 West 17th Street, it was the first convent in the Philadelphia area which was owned by the sisters themselves. It was blessed by Father Joseph L. Hisken on October 3, 1934. The community at 17th Street was independently incorporated in the Commonwealth of Pennsylvania on June 17, 1935, and from this convent the sisters continued their home ministry, eventually moving to a more favorable location at Oak Lane in 1938. This new home located at 1200 69th Avenue, Oak Lane was purchased on March 19, 1938. For 11 more years the sisters continued their apostolate from this home. But ownership of this house was not to prove easy. It had cost \$23,500—a substantial amount in that year for a small community to pay. With the help of the Baltimore convent and hospital, the sale of the house on 17th Street, and the untiring labors of the sisters, the property debt was finally cleared in December of 1940. But hardships continued. The sisters were not exempted from city property taxes, which were high, until 1945; and added to this burden were water taxes. Another tax was yet to be levied; about the middle of December 1940, the city laid sewage lines on 69th Avenue, and heavily assessed the sisters because they had a large frontage on that avenue. The sisters continued their ministry to rich and poor alike and God blessed their efforts and sacrifices. Their needs were provided for by generous benefactors. World War II placed a burden on the community at Oak Lane as well. Sisters were requested to help in the hospital in Baltimore to replace lay nurses who had joined the armed forces. The number of sisters available for home nursing was reduced and the end of the War did not bring the longed for increase in sisters to carry on the work.

There came the possibility of closing the Oak Lane Convent. A letter from the Oak Lane superior, Mother St. Luke, to Mother St. Bartholomew, superior general, reveals the sadness of this thought.

Ma Mère, though we are engaged in two other places namely St. Edmond's and St. Francis, we function there only as administrators. This is our only independent Convent in Philadelphia, to carry on the work of our Community, namely, nursing the sick in their homes. . . . What a pity that we have not been able to have more Sisters to help us in our work. How many calls we refuse each day for lack of Sisters. . . . Through the efforts of Sister Seraphine we are now tax free. It would be most regrettable to lose this foundation.²²

In the fall of 1948, the convent began to admit convalescent patients to a reserved part of the house. When this work proved successful, a larger

house to accommodate more patients was soon deemed necessary. Permission to do this was granted by Cardinal Dougherty.

It was upon the advice and approval of Cardinal Dougherty that the sisters purchased a large mansion on a beautiful, six-acre estate at 56th Street and City Line Avenue, Philadelphia in December of 1948, for use as a nursing home. Another step had been taken in the transition from home nursing to institutional nursing.

The sisters continued their work at the convent in Oak Lane until February of 1949. Mother Germanus was named superior there on February 2, 1949, and it was under her administration that the community moved to its new home on City Line Avenue on February 15. Mother Germanus wrote:

We moved from Oak Lane to City Line Avenue, (Edward Storey property). The oil burner had been installed in the garage previous to our arrival; it was warm and comfortable on the second floor (7 rooms and two baths) where we lived. Immediately workmen went to work to repair the mansion for a convalescent home. . . . We went to the Visitation convent for Mass until Palm Sunday. Father Vachal Brown, S.J., was appointed chaplain. On Palm Sunday, April 10, he blessed the house before Mass and said the first Mass in the Chapel. . . . We did not keep the Blessed Sacrament until Easter Sunday. Mass was said by Father Brown, S.J. The ciborium was consecrated and our dear Lord remained at 56th and City Line Ave.²³

And there He reigned supreme for 30 years.

The new convalescent home was formally opened under the title of "Our Lady Help of Christians Convalescent Home," by the Right Reverend J. Carroll McCormick, auxiliary bishop of Philadelphia, on April 23, 1949. It had a bed capacity of 18 patients and remained constantly filled. The convent in Oak Lane was at last sold in November 1949, and the proceeds from the sale were used towards cancelling the debt on the new home at 56th Street and City Line Avenue. With the help of a dedicated staff, the patients at Our Lady Help of Christians Convalescent Home received personal care from the sisters for the next 29 years.

The building was old when it was first purchased in December 1948, but it met all state and building code requirements for many years. As the years progressed, labor and industry continued to increase their requirements and the sisters continually made improvements to meet their standards. In 1978, labor and industry requirements became impossible to meet and a decision was made to close Our Lady Help of Christians Convalescent Home.

An article in the *Catholic Standard and Times*, March 23, 1978 describes the closure:

Our Lady Help of Christians Convalescent Home will close this July because its building deficiencies are too costly to repair, it was announced March 17

Cardinal Krol responded that he "regrets an institution which has served so many, so well for a number of years must close" but he approved the reason for the closing.

Sister Rita said that prior to the July closing, alternate facilities would be found for the relocating of patients. Cardinal Krol offered the help of archdiocesan Catholic Social Service agencies in relocating patients.

Sister Rita, provincial, in writing to the sisters of the province on March 20, 1978 said:

Our Lady Help of Christians Nursing Home will be closing on or before July 1, 1978

In making this decision, the Board of Directors acted from a position of strength. They preferred to close the home at a time when it still enjoyed a reputation for excellence of care, rather than risk having the reputation decline because of building deficiencies. Through the loving and dedicated service of Sister Germanus and the Sisters at Our Lady Help of Christians, the kind of nursing care for which the Sisters of Bon Secours often were credited was kept alive. The sick elderly were cared for with such compassion and complete dedication; it was a beautiful thing to experience.

For all of us I offer the Sisters our deep and sincere appreciation and thanks for the service they have rendered.²⁴

As one chapter of the Sisters of Bon Secours in Philadelphia was closing another was opening, for it was just a few weeks previous to the closing of the home at 56th Street and City Line Avenue in Philadelphia that St. Francis Country House in Darby saw the dedication of its latest addition and opened its doors to extend the healing mission of Bon Secours.

Chapter IX

Bon Secours Hospital Grosse Pointe, Michigan

The depression had changed the course of history for the Bon Secours Hospital at Grosse Pointe. Elaborate plans that had been in the making for years lay idle, and the local civic community—which had been so enthused by the prospect of a Bon Secours Hospital that they proclaimed the sisters' land tax-exempt and did much to raise funds for construction—went without institutionalized services.

The plans had been complete in every detail. A written account of them by architect Fred J. Winter to the sisters on August 6, 1928, reveals that, in addition to a 196-bed hospital, plans included a convent to accommodate 22 sisters; a chapel with a seating capacity of 150; a suite for the resident chaplain; sleeping quarters for interns, hired help, and nurses, a power house, a laundry room, a garage, and ample parking space. There were also provisions for future expansion, a tennis court, and a sunken garden with a shrine, walkways, and flowers. There was to be an ambulance entrance from Maumee Avenue, a driveway from Caroline Avenue, and two entrances from Notre Dame "giving ample access to the various parts of the institution."¹

An interesting feature of those plans drawn up a little over 50 years ago was the segregation of male and female help, and of professional and nonprofessional help. The architect's plans read: "There will be a general cafeteria service with counter etc. There will be seven dining rooms, one for the sisters, one for the nurses, one for the doctors and interns, one for the Chaplain, one private dining room, one for the female help and one for the male help. The Sisters' dining room is located next to the private stairway and elevator from the Convent."²

The building shown on the preliminary drawings submitted was to cost \$1,289,218. With the advent of the depression, the funds that had been raised for the hospital were used for other purposes. The sick continued to be cared for in their homes with little or no remuneration for the sisters, and the needy were clothed and fed. Years later, referring to these times, Anthony Weitzel wrote in the *Detroit Free Press*, January 21, 1945:

You'll never convince the good Sisters of Bon Secours that bread thrown upon the waters doesn't come back a thousand fold. They've got proof, in steel and concrete and brick.

For many years the good sisters have been working and scrimping and saving to build a dream . . . a hospital where all may come for healing. Years ago they founded a convent in Detroit, as the first step. From that building on McClellan they carried on their chosen work of ministering to the sick and the poor.

And year by year, they denied themselves even the necessities that they might put aside a few dollars for their hospital.

Their fund was small, but growing, when depression came upon the nation. Detroit, proud city of destiny, became a place of misery and destitution for thousands of workers.

And the Sisters of Bon Secours stretched their resources to the limit to help the despairing men and women who came to their gates. Every day there was a long line of people waiting for food and for clothing. The sisters gave all they had. Many a night, when they had cared for the last of the poor in that drab line, they had only crusts left for themselves.

Mother Juliana, the superior, dipped heavily into the funds put aside for the hospital. Day by day the dream of the Sisters of Bon Secours vanished into the hungry mouths of the depression poor.

Sometimes one of her sisters would remonstrate, "After all these years we have nothing left for the hospital."

"Don't worry," insisted Mother Juliana, "it will come back. Remember the words of our Lord . . . 'Bread upon the waters?'"

The other day Joe Verhelle and I went out to Grosse Pointe to see what had come of strewing bread upon the waters . . . a handsome modern hospital building upon a wide and lovely wooded tract . . . the finest small hospital I've seen in the Midwest.

Before she left Grosse Pointe in the fall of 1942, Mother Benedict (successor to Mother Juliana) had the happiness of seeing the nucleus of the future hospital established on the Cadieux farm property after a waiting period of 20 years. Just four years previously, a convalescent home had been started by the sisters in the time-worn frame dwelling that stood on the property.

As the story goes, in 1938, Mother Benedict gave Sister Liborius \$15 and told her to go to the farmhouse in Grosse Pointe, clean it up, stock it with

groceries, and open a convalescent home. Whatever the amount of money Sister Liborius received, she did with exactly as she was told. Doubtless she started on a shoestring. On May 24, 1938, the farmhouse was formally opened as a 10-bed convalescent home for women. It had been kept in good repair, as the sisters used it as a summer home for many years. Sister Liborius and another sister lived at the convalescent home and, along with some lay help, took care of the patients.

The other sisters remained at McClellan Avenue and continued their home nursing for four more years. Mrs. Leo Gignac, who worked with Sister Liborius in the old farmhouse convalescent home, later worked for over 20 years in the new Bon Secours Hospital. Recalling the days in the farmhouse, she relates:

Even though I had several years training as a nurse, when I reported to Sister Liborius for work, I told her I would do anything she needed. I cooked for the two sisters, the patients, scrubbed floors, marketed, did the laundry, carried bed pans and nursed. In those early years the small white frame building on Cadieux Road had room for about a dozen patients. Most of them were old ladies, but the sisters never turned away the needy. For months they took care of orphaned twins whose mother had died and left a large family.³

The patients cared for in the farmhouse paid \$30 to \$35 a month for room, board, and nursing care. They were cared for by two sisters.

Sufficient funds were raised by the summer of 1941 to again contemplate new construction. The sisters did not have enough money for an entire hospital, but they could start with a convalescent home and later convert it into a hospital. In July 1941, Mother Benedict wrote to Archbishop Edward J. Mooney to ask his permission to build a new convalescent home and to borrow \$75,000 towards its construction. Mother Benedict said in her letter that the sisters had "\$20,000 in cash, no debts, and six building lots on McClellan Ave., as well as our small convent, all of which we are trying to sell."⁴

Permission was granted by Archbishop Mooney and Mother Juliana, regional superior. It was Mother Juliana who gave permission because France was at war with Germany and the Sisters of Bon Secours had no communication with their superior general in Paris. Mother Juliana not only gave permission, but she loaned the Detroit community \$75,000, having taken out a mortgage on the Baltimore property. The Detroit Community borrowed another \$35,000 from their own bank, the National Bank of Detroit.

The anxiety to start construction was not only because the sisters had already waited 20 years, but also because, with World War II raging in Europe, there was a fear that they may not be able to obtain building

materials at all if they waited any longer. Groundbreaking was planned for Monday, September 29, 1941—the feast day of St. Michael the Archangel. With the protection of St. Michael, the sisters felt they would in future years succeed in overcoming all adversity. The estimated cost was \$107,961—very close to the actual cost of \$108,279, which was paid in full on June 22, 1942.

On the occasion of the groundbreaking, one of the sisters wrote:

September 29, 1941, the feast of St. Michael the Archangel, dawned grey and dreary, and we were fearful that the day we had looked forward to for so many years would not be a pleasant one, as far as the weather was concerned. However, the sun came out about 8:30 a.m., and our spirits rose with it, with a *Deo Gratias* in our hearts. Cecil Van Antwerp called for us at 9:30 a.m., and just as we arrived at the Cadieux Road house, the Reverend Fathers Colgan and Costigan with five acolytes were getting out of cars. These priests are from our Grosse Pointe parish, St. Clare of Montefalco, and they have been very nice to Sister Liborius. The acolytes looked lovely all dressed up in red and white, they call them little cardinals. They carried a beautiful new cross, censor and aspergus, as well as two lighted candles. The ceremony was set for 10:00 a.m., and when Father John Vismara, our Dean, arrived all was in readiness. We went in procession from the house to the grounds where there was a white cross and a large American flag at the site on which the chapel will be erected. Father Vismara blessed the ground and then dug the first sod. The photographers were there to take his picture. Then Mother Benedict had her picture taken with the shovel in her hand. The shovel had a large bow of blue and white ribbon tied to the handle. After this, the big steam shovel commenced the excavation, and the hum of that motor was real music to our ears.

All the City officials of Grosse Pointe were represented. Police Department, Fire Marshal, City Comptroller, Water Commissioner, about sixteen doctors, two representing the county. Doctor Lynch acted as host to the doctors, and he was very gracious to all. Of course, we had to have some disappointment to cast a shadow over the doings, otherwise it would have been perfect. Thank God it was no worse than the absence of Sister Mary of the Presentation and two of our good friends. Sister was recovering from an operation, and was still in the hospital; Monsignor Stapleton was assistant priest at the Mass of Requiem for Monsignor Connolly, his classmate, and Father Van Antwerp had a funeral Mass for one of his parishioners. There were quite a number of our old friends present, as well as many new ones. The old auxiliary was represented by Mesdames Fleming, Dolor, Halpin, Kinnan, Gallagher, Ranger, Paye, Kramer, Florence Monaghan, and many others.

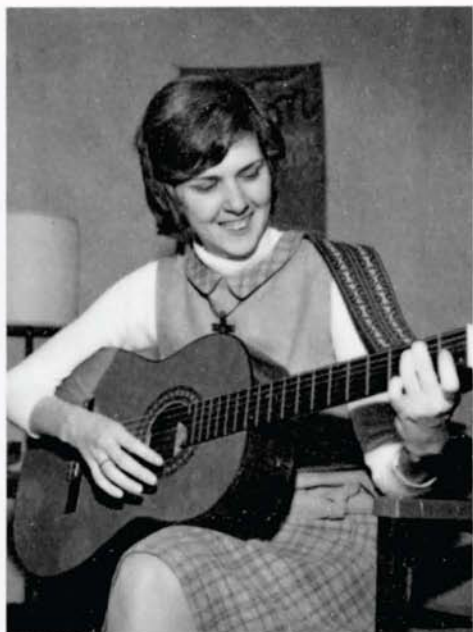
Sister Liborius surprised all of us by serving a lovely luncheon of chicken salad, tomatoes, lettuce, celery, olives, rolls, hot coffee, ice cream, cake, nuts, mints, ginger ale. The priests and doctors were served in the room that



Spiritual Ministry: UPPER LEFT: Sister Alice Talone; UPPER RIGHT: Sister Mary Gemma; CENTER: Sister Elaine, Sister Mary Monica, Sister Mary Shimo, Sister Angela; LOWER: Sister Mary Cecilia, Sister Mary Florence



Retirement: UPPER: Sister Mary Beatrice and Sister Patricia Dowling, youth and age; LOWER LEFT: Sister Mary Gertrude, half a century of caring in Detroit and Grosse Pointe; LOWER RIGHT: Sister Bruno, after years of home nursing



Formation today: UPPER LEFT: Sister Mary Regina, Director, Sister Patricia Dowling, Sister Victoria Segura; UPPER RIGHT: Sister Anna Mae Crane; LOWER: prayer in solitude



UPPER LEFT: Sister Theophane, hospital administration; UPPER RIGHT: Sister Mary Rita, assistant director of nursing; CENTER: Sister Anne Lutz, nursing home administrator; LOWER: Sister Mary Elizabeth McGlade, director of in-service education



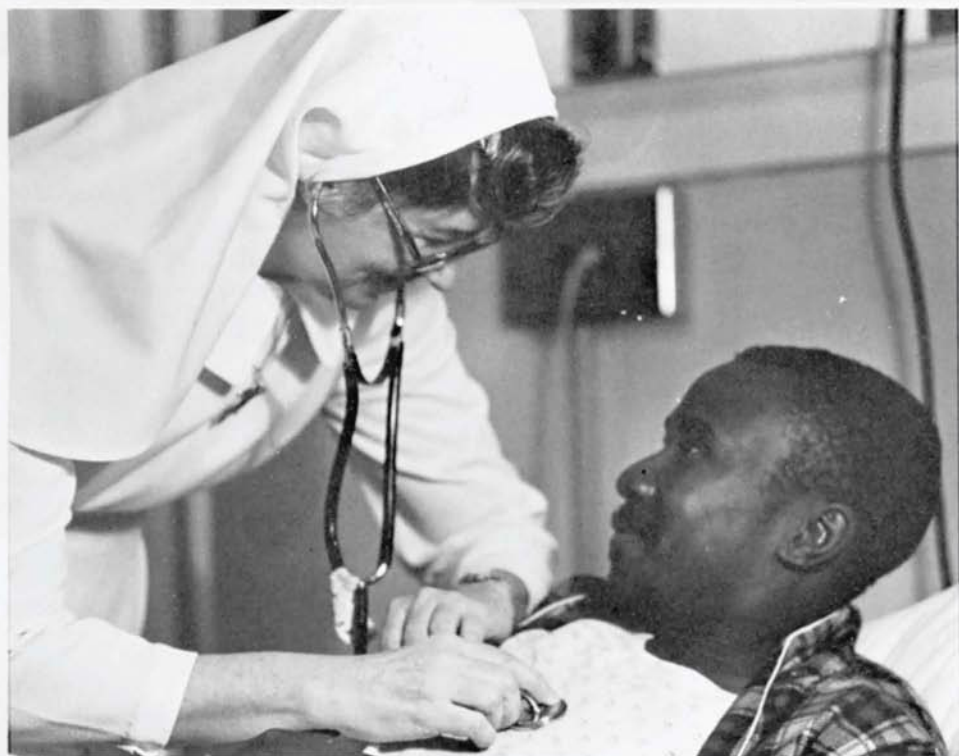
UPPER: Health Care Corporation of the Sisters of Bon Secours, Sister Regina Clifton, President; LOWER: Boards of Trustees: Sister Nancy Glynn, Sister Mary Regina



UPPER LEFT: Sister Ruth Ann Belfi, pediatric nurse clinician; UPPER RIGHT: Sister Theresa Marie, maternity nursing; LOWER: Sister Elaine Davia, family nurse practitioner



UPPER LEFT: Sister Mary Florence, pastoral services, ministering to the terminally ill; UPPER RIGHT: Sister Anne Marie Mack, nurse supervisor; LOWER: Sister Anne Maureen, bedside nursing



UPPER LEFT: Sister Mary Catherine, cardiac care nursing; UPPER RIGHT: Sister Marie Lucille, rehabilitation nursing; LOWER: Sister Julia Marie, medication nurse

we use as community room and bedroom combined. Two tables covered with lace cloths and arranged for buffet luncheon looked very lovely. The ladies were in the dining room, which Sister Liborius also had looking very pretty. Three women were in the kitchen attending to everything, and all was very well organized. Everyone seemed to enjoy themselves, and were loud in their acclaim of Sister Liborius and the work she is doing. The doctors are most anxious to start a drive at once to build a hospital. It is needed so badly in Grosse Pointe.⁵

It is quite possible that the topic of a future hospital discussed at the luncheon reached the ears of Archbishop Edward Mooney. In any event, about a week later the Archbishop requested a written statement from Mother Juliana, regional superior, to the effect that they had definitely given up the idea of building a hospital in Grosse Pointe. Mother Juliana wrote a letter to Archbishop Mooney on October 15, 1941, explicitly making such a statement. That letter was to cause many difficulties. It was on the receipt of that letter that permission was given to the Sisters of St. Joseph of Kalamazoo to build a hospital in the Grosse Pointe area.

Unaware of future difficulties, the sisters happily watched the progress of construction on their new convalescent home, which was ready for the laying of the cornerstone on December 7, 1941. Recalling the events of that day one of the sisters wrote:

After making a fervent novena to our Immaculate Mother for good weather and all the other blessings necessary for the successful laying of the cornerstone of our new building we retired on the evening of December 6th feeling confident that our prayers would be answered, and indeed they were, even beyond our expectations. It was a perfect winter's day, the air crisp and cold, the sun shining beautifully and everyone in a bright and happy mood.

Father Van Antwerp and Mr. and Mrs. Damm drove us out to the house about 2:30 p.m. and the ceremonies started at 3:00 p.m. The Archbishop appointed Father Vismara, our Dean, to officiate and he was aided by the two Augustinians from St. Clare. Monsignor Stapleton was there and Fathers Hewlett, McCabe, and Henigan from St. Martins. Also present were Fathers Van Antwerp, Kirby, Melvin, Mulcahey, Atkins, Macy and Mecheski. The corner-stone was blessed. That was the first one I ever witnessed and was quite surprised at the number of prayers said . . . which made it quite impressive. Then, Father Colgan, the pastor of St. Clare, delivered a short but eloquent sermon . . . He emphasized the fact that Christ was the foundation of all the work in the Church . . . He welcomed the Sisters to his parish, and expressed Monsignor Stapleton's regrets for losing us. He concluded by stating that the Auxiliary in former years had helped to liquidate the debt on the land, and now he hoped the re-organized auxiliary would help to liquidate this debt in a very short time . . .

There must have been several hundred people present. All our old friends were there . . . All Sister Liborius' friends were there. Sister said she

served over two hundred cups of coffee with I don't know how many pounds of home-made cookies.⁶

Ironically, on a day that watered so many long-planted hopes at Grosse Pointe, Michigan, Japanese fighters bombed Pearl Harbor. One sister wrote: "Everyone was quite concerned about the news that had come over the radio, as we all knew that meant we were at War." Despite the war and shortage of materials and labor, the work progressed until May 24, 1942, when the new 36-bed convalescent home was dedicated by the chancellor of the archdiocese of Detroit, Monsignor Edward J. Hickey. At the same time, the convent on McClellan Avenue closed and the sisters moved to the old farmhouse in Grosse Pointe, their home for the next 15 years, to join three sisters already there: Sister Liborius, Sister Mary Martin, and Sister Alberic.

Writing of the events to Mother Juliana on June 3, 1942, Sister Mary Gertrude said:

Well, all the excitement is over, and once again we have settled down to work and organizing. It is almost impossible to recount to you the happenings of the past two weeks, they are so numerous, and all of us, I think, were in a semi-conscious state during this time. It was my first experience in moving, and please God it will be my last. Mother thought she would start in time We packed everything in boxes and baskets and transferred them to the porch where they adorned that spot for about six weeks Finally we moved out on Wednesday the 27th of May Mother and Sister Gilbert went out on Tuesday evening and left Sister Mary and I to close up the old home. We all felt very badly, believe it or not, Mother the worst of all. We made quite a lark of the moving, as Sister Mary and I went out in the moving van on the 2nd load and got a good bumping

Getting back to our opening day, it was perfect. We had a lovely red Mass—Pentecost Sunday—celebrated by the Jesuit Father, who had come to the Home all during the winter Sister M. Gilbert renewed her vows for another year, and Sister Alberic celebrated her jubilee The floral decorations were beautiful, all the contractors, sub-contractors, and those who supplied the furnishings sent beautiful baskets, bowls and sprays of flowers The people started coming at 2 p.m. and there was a constant string until 7 p.m. As we mentioned in the telegram there were twenty priests, Monsignor Hickey officiating, Monsignor Stapleton, Fathers McCabe, Kirby, Dakoske, Kenny, Van Antwerp, Ellis, Macy, Swift, three Jesuits, three Augustinians, and several others I can't just recall

I won't try to describe the building, furnishings nor anything, for we are expecting you any day, and then you will see for yourself that we certainly have something good enough for the stylish neighborhood in which we live. We are sleeping in the old house We all sleep like tops as we are so tired, and then it is so much quieter here, McClellan Avenue was getting to be terrible. We expect to close the deal for its sale any day now.⁸

At the time they took up residence in the old farmhouse, it was already over 80 years old.

From the day the new building was dedicated, it was called a hospital even though it served as a convalescent home for a few years. The charter was amended on September 1, 1944, and the title of the corporation was changed to, "The Sisters of Bon Secours Hospital." The purpose of the corporation is:

To provide care or relief for indigent or the sick or infirm persons in their homes, and to establish, maintain, and operate hospitals for the care and treatment of the sick, blind, lame, and such other persons as may require hospital care and attention without pecuniary profit to the members of the corporation; to do and perform such other works of mercy and training and such other acts of a benevolent and charitable character as come within the purview of a hospital, without pecuniary profit to the members of the corporation⁹

During the time the building functioned as a convalescent home all types of patients, except those needing surgery, were admitted, although the majority were elderly patients. The doctors of the community were most anxious to have the home converted into a hospital at the earliest possible date as were many residents of Grosse Pointe. The doctors felt that the training and zeal of the sisters could be best utilized in a general hospital. As a result, a drive to fund a future hospital was begun, and within two years sufficient funds were raised to equip the building as a modern hospital. During the year 1944, a complete clinical and pathological laboratory was set up, as well as a modern operating room, x-ray department, and an emergency room with complete orthopedic services. In January of 1945, Bon Secours Hospital finally opened as a true hospital, with a bed capacity of 36.

Mother Honorat succeeded Mother Benedict as superior of the Grosse Pointe community of sisters in November 1942.

Sister Mary Gertrude gave her recollections of these superiors:

Mother Benedict was the first superior of the convalescent home and I believe you knew what a wonderful person she was, full of enthusiasm, jolly and kindness itself In fact, we never would have had the institution started if it had not been for the perseverance of Mother Benedict—so we owe much to her. She was a hard worker, good financier, and excellent provider. Mother Honorat was always an exemplary religious, kind and thoughtful to everyone. She loved the patients and she herself worked with them. She was a very hard worker and hard on herself; she didn't know what it was to relax.¹⁰

Mother Honorat remained as superior of the Grosse Pointe community until August of 1948.

Early in 1944, two Grosse Pointe physicians, Dr. Edward Lynch and Dr. Richard Connelly, combined efforts with the sisters to convert the convalescent home into a hospital. Dr. Lynch had been the sisters' personal physician since they settled on McClellan Avenue, and Dr. Connelly had been impressed with the sisters' work since his first contact with them in 1925. They organized the entire medical staff. Doctor Connelly was elected president. According to Sister Mary Gertrude:

Dr. Connelly said we needed a laboratory and x-ray to start with so he got Dr. Joseph Kasper, a pathologist, to come and look over the place and see if he could find a place to work in; and he asked Dr. Eldwin Witwer, a radiologist, to come out and look over the place and see if he could find a room suitable for the x-ray department. . . . They both came and they picked what they wanted and so we started right away to fix up the laboratory and the x-ray department.¹¹

Every available space was put into use. The first laboratory, down in the basement of the convalescent home, was not much bigger than a closet. The area chosen for the x-ray department had been the sisters' dining room, as they had been sleeping in every room of the frame convent and had had to eat in the hospital. A ward on the second floor became the operating room; a tub was removed from a nearby bathroom and replaced by a sterilizer. The lounge on the first floor was transformed into a five-bed ward.

The hospital was an immediate success. Community enthusiasm for the new hospital was tremendous. Funds to convert the home to a hospital came largely through the efforts of prominent business men, who had originally set a goal of \$19,000 but by the end of the drive had raised \$50,000. Members of the reorganized auxiliary, called the Bon Secours Guild, also raised funds for equipment for the hospital. They bought the first sterilizer and equipment for the operating room, and continue their good work to this day.

The facts make the transition from convalescent home to a hospital a simple matter. In actuality, the story is one of sacrifice, frustration, and poor communication.

The sisters did not know that Mother Juliana had written a letter some years previously to Archbishop Mooney denying any intention of building a hospital in Grosse Pointe. Meanwhile, Mother Juliana thought the sisters had obtained permission from the archbishop to convert to a hospital, so she had given her permission on February 25, 1944, to "enlarge their activities to include a general hospital."¹² To add to this complication, when the sisters went to the chancery in April of 1944 to get permission to solicit funds to equip and enlarge the convalescent home as

a general hospital, the request was not relayed to Archbishop Mooney. Sister Mary Gertrude, who lived from 1920 to 1968 with the sisters in Detroit, vividly recalled the details:

Archbishop Mooney had appointed one of the priests as his representative for hospital affairs. Before we did anything we went down to see him but he was out of the city. We saw another priest, told our story to him—that we wanted to convert from a convalescent home to a hospital. He took down all the notes said he would advise Father as soon as he came home, and of course we thought everything was taken care of, but evidently nothing was done. We should have looked into this matter further, but Mother Honorat thought everything had been taken care of. . . . What a mistake.

When the Chancellor, Monsignor Hickey, heard about it, as his family lived in the Pointe, we were called into the chancery office and told we could not do anything but remain as a convalescent home as our Regional Superior, Mother Juliana, had signed away our rights to build a hospital on the east side to the Sisters of St. Joseph. We were in a terrible state and told the Archbishop we had already collected funds for this purpose and had ordered our x-ray equipment, etc. We were given permission to stay as we were—that is, not to build any addition.

We closed in our porches, turned our lounge over to a ward with four beds, and finally opened our operating room in November 1944. Dr. Ira Downer had the first operation, a hernia operation on a young boy.¹³

Many letters were exchanged during the years after 1944 between Mother Honorat, Archbishop Mooney, and several other priests at the chancery. Mother Juliana was pained over her part in the misunderstandings, and apologies were made to Archbishop Mooney. There were letters of gratitude also to the archbishop for the small concessions he made. The sisters accepted the refusal to expand as God's will in spite of their disappointment. The plans drawn up for an extension were therefore put aside.

Even though the first surgical operation was performed in November of 1944, and other short-term patients were also admitted, Bon Secours Hospital did not officially open as a hospital until January of 1945. The convalescent patients who had been residents there had to be placed in other homes but two, Katie and Maggie, who remained at the hospital until they died. The sisters worked enthusiastically putting the place in order and organizing the different departments. The Bon Secours Guild, even though its main function had been to raise funds to help maintain the hospital, joined in the effort to begin operations. The members made curtains, sewed towels, mended sheets, and scrubbed the floors.

The hospital was approved by the American Medical Association on January 1, 1945. Approvals were also given by the greater Detroit Hos-

pital Council and by the Michigan State Hospital Association. The hospital became a member of the American Hospital Association on June 8, 1946, and provisional approval was granted by the American College of Surgeons in November of 1949 (this latter approval was provisional because of the hospital's limited size and lack of an obstetrical department).

The type of services offered were nonsegregated medical and surgical. Children were admitted, although no separate department was reserved for them. The hospital was made the official receiving hospital for local accident cases and, as such, rendered valuable service to the community. Charity was given to patients who could not pay or who needed special rates.

Soon the hospital became woefully inadequate to meet the increasing demands made upon it. All the departments needed more space. There was an insistent demand from physicians for a maternity department and the overtaxed emergency service needed to be enlarged. Sister Mary Gertrude, who was administrator of the hospital, was also a very outspoken woman. Sister wrote the following account of the situation:

We soon found out it was next to impossible to operate as we were and again started trying to get the Archbishop to see that it wouldn't make any difference to St. John's Hospital for us to enlarge, as the demand for hospital beds was terrific. There was room for both of us. We were four miles apart. One day I went down to see the Archbishop with Mother Honorat fortified with all the papers we had, permission from Bishop Gallagher, the Archbishop's predecessor, for us to buy the property to build a hospital, permission from the City Clerk for us to build a hospital, letters from all the different people, doctors, etc., who were anxious for us to build. The Archbishop was furious, said we had signed away our birthright, that he had no stock in the St. Joseph's Community, but it was a matter of principle for him to see that we lived up to our agreement with the Sisters of St. Joseph. I forgot he was an Archbishop and told him plenty. When we were ready to leave I begged his pardon for being so disrespectful, but he laughed and said, "It was a question of an irresistible force meeting an immovable object."¹⁴

The hospital was obliged to continue operating under great pressure for some years.

Mother St. Fulgence was elected superior general on June 10, 1947, to succeed Mother St. Bartholomew. Late in the spring of 1948, Mother St. Fulgence came to the United States to make her visitation of the houses of the congregation. Again Sister Mary Gertrude wrote:

When Mother General came she went down to see the Cardinal as she generally did, and when she mentioned the addition he said, "I thought I

had taken care of this the last time the Sisters were down to see me." Mother General was very humble about the whole affair and finally he said, "Well, maybe if you go to see the Mother General of the Sisters of St. Joseph you can come to some agreement." Mother General, Mother Honorat and Sister Liborius went to Kalamazoo to see Mother Colette. Mother received them very graciously and told them if we would wait until St. John's Hospital had been open a year, she thought it would be alright for us to build.¹⁵

An account of this visit, and the long-desired permission to enlarge the hospital, was recorded in a letter of June 19, 1948, from Mother M. Colette to Mother Honorat.

We were very happy to have the privilege of a visit with your Reverend Mother Mary Joseph and Sisters at Villa St. Anthony on Sunday.

This is to confirm our conversation of the matter we discussed and to tell you that the members of the Council agree with me that we will be most willing to have you proceed with your plans for the enlargement of your hospital. From the information we have received, we believe as you do that there is a large field of labor in that section of Detroit and that there will be need of your hospital as well as ours.

We wish you every success and God's blessing upon this great undertaking and will pray that all succeeds well as you have planned.¹⁶

Eleven days later the struggle was over. A letter was received from the chancellor, Monsignor Hickey, telling the Sisters of Bon Secours that His Eminence Cardinal Mooney wished to notify them that the Sisters of St. Joseph had no objection to the expansion of Bon Secours Hospital to 100 beds. Mother Honorat had endured many trials and had worked hard to achieve this goal, but her six-year term as superior was completed. She left Grosse Pointe on August 16, 1948, and was succeeded by Mother Mary Alice.*

When Mother Mary Alice (now known as Sister Helen Mary) took over the government of the community in Grosse Pointe, there were 12 sisters living in the frame convent. Every room was occupied; in fact, many sisters had to go through each others' rooms to get to their own. Mother Mary Alice was soon involved with blueprints, architects, and fund raising for the enlargement of the hospital. By July of 1949, the sisters had over \$200,000 in cash, had taken out a mortgage for \$525,000 on their Grosse Pointe property, and had a commitment for sufficient additional funds to finance new construction. It was in 1948, when the plans were

*Sister Honorat returned to Grosse Pointe in February of 1954 to take charge of St. Camillus Hall, where she worked until July of 1960, when she had radical surgery for cancer. A few weeks later, she returned to duty and continued her work until September of 1961. She managed for some time longer to visit and comfort patients. She died on November 22, 1961, at the age of 63.

materializing, that another fund-raising group called the Bon Secours Assistance League was formed. The Assistance League and the Bon Secours Guild joined forces for a big hospital fair on June 9, 1949, and, along with a group of businessmen, continued to raise money. In fact, the *Detroit Free Press* (December 1, 1950) carried the story of how a local Protestant man came to head up a drive to collect money to furnish the new wing:

Bon Secours means "Good Help." And it takes on a little special significance in this story of how a Protestant happens to head a charity drive for a Catholic Hospital.

It is all in the name of the hospital—and one good deed to repay another.

It began last May when Mrs. Marjorie Maxon Ware, 22, was critically injured in an automobile accident. She was taken to the nearest hospital, Bon Secours. For days, while she was in a serious condition her father paced the hospital corridor. He saw the tireless nursing nuns about their errands of mercy. "They took wonderful care of my daughter," he said. "And I came to know and understand the fine work they were doing."

That's why today that father, Lou R. Maxon, advertising agency head, is adding a little more significance to the words "Bon Secours." He is chairman of a drive for \$121,000 to purchase furnishings and equipment for the hospital in Grosse Pointe.

He found out that the Sisters of Bon Secours had incurred a debt of more than \$500,000 in building their hospital. And there were no funds for properly equipping it. And he knows that the hospital serves the injured, sick and afflicted of all races and creeds. The drive for equipment, Maxon said, will double the hospital's bed capacity: "We're out to equip the hospital with everything from needed beds to oxygen tents," Maxon said. "Every dime goes to filling some special need."

The drive netted approximately \$200,000.

Before this new construction could take place another obstacle had had to be overcome—the adverse action of neighboring property owners who claimed that their home-site properties would be impaired by the nearby presence of a large institution. These objections were finally overruled when permission for construction was given by the Grosse Pointe City Council on October 8, 1949. On October 10, ground was officially broken and blessed by Monsignor Vismara and the cornerstone was laid by him on November 15, 1950. The building was completed by May of the following year.

The dedication of the new building took place on May 26, 1951. His Eminence, Edward Cardinal Mooney officiated. He offered his congratulations and best wishes to the sisters on the realization of their hopes of many years and commended them for surmounting so many difficulties. According to the *Michigan Catholic* (May 24, 1951):

The dedication climaxes a remarkable story of prayer, sacrifice and hard work. A little group of nuns, who had been nursing the sick in and around Detroit, began the work of organizing a convalescent home in Grosse Pointe less than ten years ago.

This staggering task begun with limited resources but with unlimited faith, has culminated in providing a sanctuary of peace and comfort for the sick and suffering of the entire community.

In caring for the sick, the hospital and the Sisters do not recognize any discrimination or classification of their patients as to color, race, creed or financial resources. Substantially more than one-half of the patients treated are of various religions other than Catholic.

The hospital represents an investment of more than one and one-half million dollars with a debt of approximately half a million dollars. All of the people of the community, stirred by the noble work of this band of Sisters, have contributed generously of their time, efforts and money.

Just a few months ago, cooperative work by a group of this hospital's friends, headed by Michael J. Kearins and Lou R. Maxon, and by the Assistance League and by the Guild resulted in contributions of \$175,000.00, which is truly a remarkable achievement in this era of subsidies and public charities.

The new Bon Secours Hospital qualifies for recognition by the American College of Surgeons, thus providing a permanent staff of resident doctors and internes. The expanded facilities now provide 50 additional beds, a new out-patient department which is the only one in the immediate area, a new maternity department, a new emergency department and three new operating rooms.

Due to the self-sacrificing work of the nuns on the staff, the Hospital operates on a completely self-supporting basis.

The new wing was only a temporary respite from the pressure for more beds and services. A second wing was contemplated as early as 1952. On May 23 of that year, Mr. Edward D. Stair, former publisher of the *Detroit Free Press*, died at Bon Secours Hospital, Grosse Pointe. On his death he bequeathed \$100,000 to be used to enlarge and improve the facility. This amount in addition to reserves and a new fund drive would build a two-story addition. On August 27, 1952, Mother Mary Alice wrote to Cardinal Mooney asking permission to expand the hospital. The very next day came the reply from the chancellor, Father John A. Donovan, who relayed the permission. Some months later, as more donated funds became available from Mr. Prewitt Semmes, the sisters went ahead with building two additional floors. This time there were no archdiocesan obstacles but there was adverse community reaction. The building permit was finally issued under specific conditions. Construction on the E.D. Stair Annex began on October 21, 1952.

Sister Mary Gertrude shed some light on the problems that existed:

In 1952, we wanted to build the second addition as we had been bequeathed \$100,000 from a former patient, Mr. Edward Stair, a non-Catholic. His lawyers wanted to settle up the estate and said the money could not be used for anything but a new addition. Of course, we were still in debt so decided we couldn't build anything but two floors, the price of the amount of money we had. On Thanksgiving Day, Mr. and Mrs. Prewitt Semmes came to visit the hospital and asked for Mother Mary Alice. Mother took them around and told them we were only building two floors, and he [Prewitt Semmes] wanted to know why we stopped at two floors, Mother said, "Because we don't have any money." He said, "Go ahead and finish the building. Your friends will come to your aid when you get in a hole and holler help." He then promised his support and he did give us \$75,000 then and has been helping us ever since.

After much fighting we obtained permission for the two floors. Then we had to go back to the City Council and ask permission for the other two floors. Well, we really did have a fight on our hands, meetings, mud-slinging, etc., but again we obtained permission.¹⁷

In September of 1954, the new wing, completely equipped, was in full operation. This addition increased the bed capacity to 160, and housed up-to-date x-ray and laboratory departments, intern quarters, and other facilities.

While improvements were being made at the hospital, the sisters continued to live in the old frame farmhouse. By 1954, their numbers had increased to 16; but the house, with the passage of years, had depreciated. The roof was leaking. There was little relief from the heat in summer, and in the winter it was cold and drafty. The sisters' dining room and assembly room were in the hospital building and there was no privacy for observing certain community customs. There were some compensations, however; in the evenings, they enjoyed playing croquet on the lawn. Neighborhood children would watch them and cheered their favorites. When it got dark, the police would shine lights on the lawn so that the sisters could play longer. The sisters enjoyed occasional walks on the shore of Lake St. Clair, and they had a Lake Erie cottage near Windsor, Canada, where they could vacation in summer or go for a day's outing.

The time had now come to consider a new chapel and convent.

A letter to Cardinal Mooney from Mother Mary Alice on December 30, 1953, reveals that some thought had already been given to building a new convent. In that letter Mother Mary Alice asked the cardinal's permission to apply for funds to the Metropolitan Detroit Building Fund to help defray the expenses. The cardinal gave his permission but the funds were not obtained. Good friends of the sisters again came to their aid and in January 1955 started what they called the Completion Fund Campaign,

with a goal to raise a minimum of \$450,000. The advisory board for the hospital said in its campaign letter:

The final completion of Bon Secours Hospital and construction of an adequate Nursing Sisters' Home is a long cherished plan that we now hope to bring to fruition A more adequate Nursing Sisters' Home will be of twofold benefit. First, it will release the areas now used by them as partial quarters in the hospital for hospital usage. Second, it will provide the Sisters with living quarters which will afford them the every-day necessities which we know you wish them to have. This they have denied themselves in order that the hospital might be enlarged and equipped to be better able to serve the community. . . . Cheerfully and without complaint, they continue to live in an antiquated frame structure lacking facilities which we ourselves would not be without.

The final addition will give the Nursing Sisters the adequate living quarters which they so deserve. Furthermore, the building will also provide for the Doctors and others of the Professional Staff, a completely modern Medical Lecture Hall.¹⁸

A new chapel also entered into the plans. The new convent and chapel were in the blueprint stage when Mother Mary Alice left Grosse Pointe in April 1955; the construction was to take place under her successor, Mother Liborius. A contract with the architect for the convent and chapel was dated October 3, 1955, and the work of construction began shortly thereafter. There are no records of the reaction of the neighborhood property owners. Construction was completed in March 1957, and the buildings were ready for dedication in May. In the *Michigan Catholic*, March 28, 1957, the following account was given:

At 4 p.m. Monday, May 13, the Bon Secours Sisters who maintain the hospital of the same name at 468 Cadieux Rd., will celebrate another successful phase of their growth and progress in Detroit.

Auxiliary Bishop Alexander M. Zaleski, of Detroit, will dedicate the Sisters' newly-built Convent and Chapel adjoining the hospital. . . . The Chapel, affectionately called by the Sisters "The little church," has a high ceiling and a choir loft. It can accommodate 150 persons. . . .

The architect also provided for the staff doctors who now can meet in the science hall for recreation and conferences.

The funds for the science hall were contributed entirely by members of the medical staff as a tribute to the Sisters of Bon Secours for the service they rendered to the community. The new convent stands on the site of the old frame farmhouse which had to be demolished to make way for it. During the course of construction of their new home the sisters lived in a large dwelling on Harvard Road, a few blocks away from the hospital.

(Mr. George Naumann, a devoted friend of the sisters, had rented this house for them for about 18 months).

The sisters in Grosse Pointe had endured many hardships up to this time in their history, and there was to be one more—one that surpassed all others. In May of 1956, Mother Liborius received permission from Cardinal Mooney to purchase a strip of vacant property between Caroline and Jefferson Avenues with an eye to developing it as a parking lot. (Cardinal Mooney died two years later and was succeeded by John Cardinal Dearden). The property was purchased, but lay idle for several years. In 1960, when the sisters sought to convert the strip into parking spaces, the city council refused them, because the land had been zoned for two-family homes. Plans simmered for about a year.

In 1961, the sisters went back to the city council, seeking permission for an addition to the hospital that would double its 160-bed capacity, the culmination of an extensive survey of the hospital, neighborhood, and available facilities made by a well-known hospital consultant. The proposal was favored by the General Detroit Hospital Council and the Metropolitan Building Fund in Detroit, and had also been approved by the necessary ecclesiastical authorities.

The request triggered a local explosion that led to petitions, protest meetings, and public hearings. Militant neighbors objected on the grounds that expansion would increase traffic flow and lower property values. They also objected to the building setback, height, and land use. Current zoning regulations prevented the hospital from expanding as well.

The sisters sought relief in the courts after trying every other means available to gain zoning exemptions. The hospital officials attempted to prove that the zoning laws were unconstitutional and deprived them of their property rights. The legal battle continued for 10 years. In 1963, when the circuit court found in favor of the hospital, the City of Grosse Pointe filed an appeal—and so the lengthy appeals went on, for many more years. Finally, on June 18, 1971, Circuit Court Judge George E. Bowles entered a judgement that Bon Secours Hospital was authorized and permitted to enlarge and to use the land it owned as a parking lot. The hospital made every concession asked and at considerable expense; they agreed to build the parking structure at grade level and landscape it suitably. The vacant lot was heavily screened and surfaced, and an underground parking garage beneath it was built.

During the ten years of legal strife the sisters continued their work at the hospital as usual. Mother Liborius' six-year term as superior was completed in 1961, and the brunt of legal strife had fallen to the shoulders of Mother Theophane and her successors, Mother John Andrew (Sister

Katherine Ann) and Sister Justine. Sister Justine, who was appointed superior in 1970, was to have the joy of seeing the court decision in favor of the hospital and the new construction in progress. Other changes also took place during those years. Sister Mary Gertrude, who had been administrator of the hospital since 1942, retired in 1968. Mr. Frank Couzens, chairman of the advisory board, said of her, as quoted in the *Grosse Pointe News* (August 21, 1968), "Sister Mary Gertrude leaves behind a record of achievement that will be a lasting tribute to her and a lasting benefit to all who use the hospital that stands as the principal result of her life's work." Sister was succeeded by the hospital's first lay administrator, Robert J. Maurer. Mr. Maurer was succeeded by Barry M. Spero as administrator of the hospital in May of 1971, and it was under Mr. Spero's direction that the expansion of the hospital and the construction of the parking lot took place.

Construction could not begin on the new wings of the hospital until the parking structure was completed. The building permit for this was issued in August of 1971, and construction began in October on a 440-car, two-level parking facility. When work was completed on this project, ground was broken for the expansion of the hospital on June 27, 1972. The ceremonial shovel used was the same one that broke ground for the first part of Bon Secours Hospital in 1941, and it was with a sense of gratitude that all the sisters present dug a scoop of earth and thanked God for His goodness. According to the *Grosse Pointe News* (July 6, 1972):

Groundbreaking ceremonies at Bon Secours Hospital on June 27, officially opened an \$18 million expansion program expected to last four years. Mother Mary Angelina, C.B.S., Superior General, visiting in the United States from the Generalate in Rome, traveled to Grosse Pointe to be present for the ceremony.

Another honored guest was Mother Urban, C.B.S., Provincial, from Marriottsville, Maryland, who joined Sister Justine, C.B.S., president of the board of trustees of Bon Secours Hospital, on this special occasion. John L. King, mayor of Grosse Pointe City, also attended the ground breaking along with the hospital's board of trustees, advisory board, employees and other guests

Barry M. Spero, executive director of Bon Secours Hospital states, "The building program involves many new concepts and changes in the traditional methods of operating a hospital By lowering the cost of operation through automated systems, while increasing direct nursing patient care, Bon Secours continues to be a forward thinking, yet intimate community hospital."

Following three years of construction, two new wings of the hospital were dedicated on Sunday, May 4, 1975, by Bishop Arthur Krawczak,

auxiliary bishop of Detroit. According to the *Grosse Pointe News* May 1, 1975,

Januaris A. Mullen, Chairman of the hospital's board, described the dedication of the expanded facility as "perhaps the most important event in the hospital's history since its founding. The board, the staff and the Sisters of Bon Secours all have been looking forward to this event for a long time. It symbolizes progress for the entire community and vastly improved medical and surgical facilities for all the residents of this area."

Work will begin on the final phase of the Bon Secours Hospital building program in May and continue through 1976.

The oldest wing will be entirely replaced and other wings remodeled. An 18,000 square foot rooftop garden over the main entrance will be one of the last features added to the hospital.

Upon completion of this phase of construction, the hospital will have a 320 bed capacity.

The rooftop garden was one of the concessions made to the contending neighbors.

Over 1,200 area residents toured the new facilities as part of the dedication day open house. The Sisters of Bon Secours unveiled a commemorative plaque, in the new lobby, stating the hospital's philosophy. It is inscribed:

Dedicated on May 4, 1975, this building exists to serve the health care and spiritual needs of all patients who come here in a manner which bespeaks the personal dignity and individuality of each human being.

The Sisters of Bon Secours, present and past, have inspired the creation of this building through the board of trustees, administrators, medical staff, hospital personnel, volunteers and the community. This plaque is dedicated to all who have made this building possible and all who will keep the spirit of Bon Secours alive within her walls.

Following the dedication of the new wings, Bon Secours Hospital entered into another phase of its expansion program. This involved demolishing the 1941 building, to be taken down brick by brick and replaced by a new four-story structure as building codes had made the old brick structure obsolete. When the old building was razed, the Sisters discovered the old cornerstone, which contained many mementos, including a copy of Bishop Gallagher's letter of August 11, 1922, giving permission to build a hospital. By June of 1977, the replacement of the 1941 building was completed, and another cornerstone ceremony was held. Deliberately, the cornerstone box contained not only the articles of the present time but also the entire contents of the original cornerstone, symbolizing a commitment to both the values of the past and the demands of the future. After the new cornerstone was set in place, each Bon

Secours sister present came up one by one to cement the stone in place—a sealing of their commitment. This significant occasion marked the final stage of the building program. The designs used for the building, which had caused so much controversy, have already won two state architectural awards.

But Bon Secours community service can't be measured merely in cornerstones; throughout the zoning disputes and building renovations, the sisters had continued to add to their health care commitments, and the extension of their mission of compassionate care. In 1974, following 10 years of legal battle, the sisters celebrated their sesquicentennial anniversary of the foundation of their order. At that time, the good will of many people was encouraging—church and civic officials, numerous friends and the local civic community gave assurance of the esteem in which they held the sisters.

Since 1974, the mission of Bon Secours has extended into other areas around Detroit, through the ministry of Sister Ruth Ann Belfi, pediatric nurse clinician. Sister has worked with the Latino and Arabic people of southwest Detroit in coordination with the Detroit City Health Department in one of their clinics located near the sister's original home on Trumbull Avenue. In more recent years, she has worked with poor and middle-class blacks, at a children's clinic, near the former convent on McClellan Avenue. Currently, Sister Ruth Ann works with multiply handicapped children and their families from all over Michigan, and in general pediatrics at Henry Ford Hospital, Detroit.

In an effort to meet the need for family doctors in nearby areas, the hospital opened a family practice unit within the hospital in April of 1975. The success of this service demonstrated the tremendous need for its expansion. The Lakeview School District Administration Building in St. Clair Shores was purchased for a satellite family health center, which was opened in May 1978. The week the Center opened was proclaimed Family Health Week by the St. Clair Shores City Council.

In 1976, Bon Secours Hospital volunteered to sponsor another community service—a program to provide a daily hot, noon-day meal to shut-ins who lived near the hospital. Part of this program is underwritten by the federal government and part assumed by the hospital as a community service. A group of dedicated volunteers extended the hospital's ministry in a Meals for the Homebound program. Another service offered by the hospital, the Home Care Program, coordinates care between the hospital and the patient's home. This program also arranges for placement of patients in extended care facilities.

The Pastoral Care Department was organized in 1972 and uses a team approach with other departments in meeting the spiritual needs of

patients, families, and personnel. The greatly expanded medical library is affiliated with the National Library of Medicine for international exchange programs. A nuclear medicine department and an extensive ambulatory care department are also new. The hospital is now fully accredited by the Joint Commission for the Accreditation of Hospitals. It has an active medical education program, and staff development department which provides educational opportunities for all personnel. The hospital is also affiliated with Oakland University and Wayne State University for the education of nursing and physical therapy students.

However, one of the hospital's greatest innovations is actually a return to the Bon Secours' tradition of individualized nursing care. Under this decentralized system—the first of its kind in Michigan—conventional nursing stations have been eliminated. Each patient's room is equipped with a nursing alcove containing all items necessary for patient care; as a result, nurses have more time to devote to their patients.

It is this devotion to meeting patient needs that continues to imprint the Grosse Pointe community with the mark of Bon Secours care—that spirit of compassion, love, and simplicity characteristic of the sisters and all those who share their mission. As one of the doctors said, "The sisters, like mortar between bricks, hold every aspect of the structure together."¹⁹

Chapter X

*Bon Secours Hospital
Methuen, Massachusetts*
and
*Regina Cleri
Boston, Massachusetts*

The Sisters of Bon Secours had long cherished the wish to establish a foundation in Boston. Negotiations had even been initiated before 1907 to bring this about. Their work of home nursing had carried them to many different places and it had not gone unnoticed by Archbishop John Joseph Williams, who had headed the See of Boston from 1875 until his death in 1907, at which time he was succeeded by William Cardinal O'Connell. In her notebook, Sister Luke had recorded caring for patients in Wilmington, Delaware; Philadelphia, Pennsylvania; Providence, Rhode Island; and Wheeling, West Virginia, as well as several other places. Some sisters had been called as far south as Texas and as far west as California, while still others had been asked to go to New York, Boston, and other northern cities. But with the death of Archbishop Williams plans had been put aside to send the sisters northward for a foundation, as Cardinal O'Connell had decided not to accommodate any new religious communities in his archdiocese.

In 1940, the St. Vincent Ferrer Hospital Guild pioneered in a movement for a Catholic hospital in the Greater Lawrence area of Massachusetts. Prayers, pilgrimages, and meetings had been conducted in 1941 and 1942 in an effort to establish such a hospital. A name for the institution, the St.

Vincent Catholic Hospital, had been decided upon, and a location in South Lawrence, on property owned by the city, had been considered a suitable site. The guild had even chosen the Grey Nuns, of Montreal, Canada (also located at St. Joseph's Hospital in nearby Lowell), to operate the facility, but that order had declined. Its superior general had written to the guild explaining that the Grey Nuns were already overburdened with work.

The committee was undaunted, however. Plans for a fund drive were drawn up in December of 1941 and pledge cards were designed—but the campaign was to go no further. One guild member's notes revealed the problem. The guild's president had "emphasized his opinion that the fact that a group of Frenchmen had toiled thus far for the formation of a newly proposed Catholic hospital they should persist in pushing the movement further by themselves. If it were to become necessary to admit Irish or other nationality members in our committee it should be only when absolutely necessary."¹ This stand caused opposition. In his notes of January 29, 1942, Brother Leo Joseph, guild member, wrote: "Certain oppositions are putting us on the spot."² Thought had even been given to incorporating the guild but this was not achieved. Brother Leo Joseph resigned as a member of the guild and in his parting message he said: "I shall always be interested in the future development of this project and no one can stop me from praying constantly for its final success. The project is greater than any opposition. Our plans have been favored and praised by many intelligent and serious minds and it should not be left to perish on account of this or that obstacle."³ Due to World War II and the oppositions encountered, the guild was temporarily suspended. A few years later it was absorbed into another group, the Catholic Hospital Association of Greater Lawrence.

In April of 1944, the Lawrence Knights of Columbus, also interested in establishing a Catholic hospital, published an editorial in their magazine, the *Crusader*. Part of this editorial reads:

Within Lawrence's city limits there are over 50 Catholic parochial buildings—churches, schools, convents and rectories—but no hospital. Because Lawrence is a Catholic city, this is a tragic mistake. . . . What do you intend to do about it? . . .

Lawrence has a Catholic population that is in the majority and united they could work wonders. Unity is preached often from the pulpit. Why not put it to a practical test? . . .

A golden opportunity has been wasting for years.⁴

The previous attempt to establish a Catholic hospital had not succeeded because the various ethnic groups in Lawrence were not united.

The editorial was like a torch and ignited enthusiasm among many

people. By November of that year, a group of 350 residents of Greater Lawrence, including doctors and pastors of 17 parishes, organized themselves under the title "Catholic Hospital Association of Greater Lawrence." Membership in the association was open to all interested in promoting the cause. The group had assembled under the direction of Harold L. Norton, an active civic figure, who had sent out letters to the community undersigned by 44 Catholic physicians. The group met for the first time on November 3, 1944. Father George S. Walker, pastor of St. Lawrence parish, Dr. Joseph F. Gurry of Lawrence, and Dolord L. Couture, former guild president, were the principal speakers. An account in a local newspaper the next day read:

Father Walker opened the speaking program by declaring that the real, deep reason for a Catholic hospital rests on a Catholic principle. He stated that souls are greater always than bodies. Therefore, everything that can possibly be done for a soul at a time of sickness is twice as important than that done for a body.

Stating that he did not wish to be critical of hospitals in general, Father Walker remarked that the Catholic hospital has always had a special and extraordinary appeal for everybody, not because of the Catholic priest or the Catholic doctor . . . but because of the presence of the Catholic nuns. It is because of this, he said, that he would prefer the title Sisters' hospital rather than Catholic hospital. He said he mentioned this to show the importance of the nuns and remarked that the whole success of a hospital depends on them. Priests and doctors do some work, he stated, but it is not comparable to that of the nuns. . . .

Dr. Gurry declared that . . . the Catholic doctors of Greater Lawrence are backing the plan 100 per cent, and will give it every consideration.⁵

Dolord L. Couture, speaking at that first meeting of the association in 1944 said:

Thirty or more years ago the necessity for a Catholic institution to cater to the sick, the poor and the needy, made itself felt. As the years progressed unto this moment the necessity became an urgent requirement. In 1940, a committee of Catholic laymen resolved to lay the foundation for such a proposed institution. So that, today, you have a group of clergymen, physicians and laymen from all walks of life promulgating this gigantic movement. Their motives are unselfish, kind and with the uppermost thought of rendering humanitarian service to the greatest possible number. . . . Yes, the Catholic men and women of Lawrence have need for a Catholic hospital. In the past four years, I have had the opportunity to interrogate numerous people regarding the movement. . . . Often times we local people travel miles to enter a Catholic hospital. Why should such a condition exist? Why can't we erect and maintain our own institution? We can and we will with the help of God and the cooperation of every sturdy Catholic individual in Greater Lawrence.

Ladies and gentlemen, I can say tonight that in spite of this terrible Global War . . . that this all important movement is progressing most satisfactorily. It is high time that petty jealousies and minor misunderstandings are discarded for a higher ideal. That political and pecuniary ambitions as well as individual nationalistic spirits be forgotten. That we join in a concentrated effort all the resources at our command to erect for posterity an everlasting monument of Faith, Hope and Charity.⁶

Archbishop Richard J. Cushing succeeded Cardinal O'Connell as head of the archdiocese of Boston on September 25, 1944. He was not new to the archdiocese because he had been auxiliary bishop of Boston since 1939. The needs of the archdiocese were known to him and he was aware of the Catholic hospital movement in Greater Lawrence. A little more than a month after the members of the association first met and organized, they convened again, 2,000 strong, in the auditorium of St. Mary's Parish in Lawrence, on December 13. By this second, and most historic meeting, the group was no longer campaigning for membership—Mr. Norton, chairman, had asked Archbishop Cushing to speak. It would be with the archbishop's approval that the gears would officially begin to move for the foundation of a Catholic hospital.

It was the archbishop's first visit to Lawrence as head of the archdiocese and he received a great welcome. His every word was eagerly listened to and his address was transmitted not only over the local radio station, but also into the adjacent St. Mary's Church where an overflow crowd was allowed to listen. The archbishop announced that night, as he was made honorary chairman of the fund-drive, that he himself was giving \$50,000 to the cause. This gave the campaign for funds a great deal of impetus to reach its \$500,000 goal.

According to the Lawrence *Evening Tribune*, December 14, 1944, Archbishop Cushing said:

I have no doubt whatever that we will reach the goal of the appeal. I am so confident of the fact that I have already engaged the Sisters to come here in the Spring of the coming year, and I envy you. These Sisters are among the finest consecrated servants of God whom I know. They are known as the Bon Secours nuns. . . .

They long to come to Lawrence and are already studying the map of the city. They are eager to locate here, eager to serve the sick in their own homes. As soon as the committee finds a place for them to live, they will prepare to arrive.

There is no hurry about building a hospital, for once we have the Sisters here we will have a sort of portable hospital. The Sisters are so eager to come that they are not coming empty-handed, and are willing to make their contributions to the hospital.

Sister Mary Margaret recounted how Mother Donat was instrumental in Archbishop Cushing's choice of the Sisters of Bon Secours for the new proposed hospital in Lawrence:

I was in Washington living at the convent where Mother Donat was superior and I recall her telling me that she contributed to the Propagation of the Faith. At the time, Bishop Cushing was head of the National Propagation of the Faith. He sent her prayer cards in French. She wrote back and asked him to send her prayer cards in English. When he became archbishop of Boston, she wrote to him again and said, "If ever you have an opening or a need for nursing sisters in your archdiocese give some thought to having the Sisters of Bon Secours." Then she went on to explain to him that in Archbishop Williams' time the sisters had made arrangements to have a foundation in Boston. It took two months to get a reply from Paris granting permission to go, and in the meantime Archbishop Williams had died. His successor, Archbishop O'Connell, was not accepting any new religious communities into the archdiocese. So with that, the Bon Secours sisters lost the opportunity to go to Boston. She recalled the incident for Archbishop Cushing.⁷

Also during the 1940s, Colonel John F. Monahan, assistant chief of chaplains in the U.S. Army, introduced the work of the sisters to Archbishop Cushing. Father Monahan was a priest of the archdiocese of Boston, who frequently said mass in the sisters' chapel when on assignment in Washington, D.C. During the fall meeting of the bishops in Washington, D.C. in 1944, Archbishop Cushing, along with his secretary, Monsignor John J. Wright (later cardinal) visited the Bon Secours convent there. The archbishop was impressed by the spirit and work of the sisters, and by their gracious hospitality. While in Washington, he also called on the regional superior, Mother Juliana, at the convent in Baltimore. He placed before her the need of a Catholic hospital in the northern portion of his archdiocese, and expressed the wish to have the Sisters of Bon Secours staff the new facility. Mother Juliana consented to the foundation. Thus, Archbishop Cushing was able to announce to the people of Lawrence in December of 1944 that he had already invited the Sisters of Bon Secours to take charge of the proposed sisters' hospital.

While the fund drive proceeded for the hospital, communications with the sisters continued. Mr. Joseph A. Comber, secretary for the Hospital Building Fund Committee, sent a telegram to Mother Juliana requesting a name for the hospital. In a letter dated January 19, 1945, Mother Juliana responded to Mr. Comber:

In answer to your telegram requesting a name for the new Hospital in Lawrence, we suggest "Bon Secours," if that name will be acceptable to His Excellency, the Archbishop and to the Committee. Bon Secours, as you know, means "good help," or "kindly help." The French title has been

retained in the hospitals we have founded in this country and we should like to continue that tradition by bringing "kindly help" to the residents of Lawrence.

It is a coincidence that January 24—the date the name will be needed—is also the anniversary of the founding of our Community. For on January 24, 1824, the lovely title was first conferred upon the Sisters in the great Church of St. Sulpice in Paris.

We wish to take this opportunity to thank you, Mr. Comber, your zealous co-workers, members of the Committee and all others, for the generous efforts put forth in behalf of the new hospital. We hope we shall have the pleasure of meeting you personally in the near future. In the meantime, the undertaking has a special place in our daily prayers. May God bless the campaign with great success.⁸

During the second week of February, Mother Donat from Washington, and Sister Columba from Bon Secours Hospital in Baltimore, journeyed to Boston to see Archbishop Cushing, and to confer with the architects on plans for Bon Secours Hospital, as it was now officially known. On February 15, 1945, Bon Secours Hospital was incorporated under the provisions of the General Laws of Massachusetts. The purposes of the corporation were: "To erect, establish, support and maintain a hospital or hospitals, including dispensaries, outpatient departments, and a school or schools for nurses, together with such establishments, departments and divisions as may from time to time be necessary or supplemental thereto" The original incorporators were Archbishop Cushing, eight priests of local parishes, three laymen, Mother Donat and Sister Columba. At the first meeting of the corporation on February 21, 1945, Archbishop Cushing was elected president and Joseph A. Comber temporary clerk. According to a local newspaper of the time,

The incorporation of Bon Secours Hospital as a voluntary non-profit institution dedicated to the service of residents of Lawrence and adjoining communities is now under way, it has been announced by Honorable John E. Fenton, chairman of a committee recently appointed by Most Reverend Richard J. Cushing, Archbishop of Boston, to establish a Sisters' hospital in this city

Decision to name the new hospital Bon Secours, the committee said, resulted from information received from Mother Juliana, regional superior of the Sisters of Bon Secours¹⁰

The *Evening Tribune*, February 23, 1945, reads: "The tenure of office of all officers with the exception of the Archbishop will terminate upon the completion of the hospital at which time the Sisters of Bon Secours will take over administrative functions, it was announced." However the archbishop did not wait until the hospital was completed to make a change in the composition of the board of directors of the hospital. At its

annual meeting of February 2, 1948, the original board was dissolved and the sisters formed the new board, with the archbishop as president and Judge Fenton as a member. An advisory board was formed composed of the 17 pastors of all local parishes and laymen who had been leaders in the hospital building fund campaign. The purpose of the advisory board was to advise the Sisters of Bon Secours on practical matters pertaining to the management of a modern hospital.

That the progress of plans for the hospital was followed closely by the community is evidenced in local newspaper coverage of ongoing events. In the *Evening Tribune* of February 16, 1945, a reporter covered the visit of Mother Donat and Sister Columba.

Plans for the construction of Bon Secours Hospital in Lawrence received added impetus Thursday when two representatives of the Order of the Sisters of Bon Secours from the order's regional headquarters in Baltimore, Maryland, came to this city for a conference with the committee of local clergymen and laymen appointed by Most Reverend Richard J. Cushing, Archbishop of Boston, to establish the hospital.

The visitors arrived in Boston Tuesday night and on Wednesday conferred with Archbishop Cushing and with Curtin and Riley, Boston, architects who are specialists in hospital design and who are preparing plans for the new Bon Secours Hospital

Judge Fenton said that his committee felt a deep sense of gratitude to the Sisters of Bon Secours for making their skilled professional services available to the hospital

Mother Donat continued, "We are looking forward to the opportunity of working with and for the people of Lawrence and surrounding towns. I can assure you that we will do everything in our power to make Bon Secours Hospital a vital factor in the essential work of providing health protection to this community."

An encouraging gesture at this time was the endorsement of the new hospital by the board of directors of the Lawrence General Hospital. Mrs. Andrew B. Sutherland, president of the board, said in a letter to Mr. Comber: "On behalf of the Board of Directors of the Lawrence General Hospital, may I wish you and your associates the very best of success in your new undertaking for our city We shall welcome the Sisters of Bon Secours as fellow laborers in a great cause, as well as good neighbors and friends."¹¹

As the drive for funds continued, Archbishop Cushing paid regular visits to the Lawrence community. He gained the support of the local people, the medical profession, various organizations, civic leaders, and corporations. As can be seen, he gained more than support. People responded generously to the campaign. The initial goal of \$500,000 was

far surpassed—the final total was over \$1 million. It was a history making event for Lawrence and an unifying force among all the people.

The sisters also did their part toward the success of the drive, not only with their prayers but also with a contribution. At the beginning of the drive, Mother Juliana wrote to Archbishop Cushing, “As the financial program for the Bon Secours Hospital in Lawrence is about to begin, we wish to offer the enclosed check (\$35,000) as our contribution to it. The Sisters will try to make up for its smallness by fervent prayers and daily sacrifices offered for a successful and fruitful drive. In the future, whenever possible we hope to be able to add to the monetary contribution.”¹²

The drive was not only successful but far-reaching, and gave food for thought to an American soldier in the war-torn South Pacific. The following is related in the *Evening Tribune* of September 25, 1945:

From Okinawa, Pacific Island of tragic memory, came a letter to Lawrence Tuesday morning containing a \$25 contribution for the new Bon Secours Hospital.

It was from a Lawrence submarine officer who wrote the letter at sea and said it was being mailed at Okinawa as his ship continued on to Japan.

Although the Lawrence officer had already made a \$50 contribution he wrote, “I find \$25 more which I can readily spare at the moment, so I send it to you, trusting St. Anthony will guide the letter safely.

“I am on my way to Japan. We left Guam this afternoon. I, and the submarine in which I have served, have caused so much destruction in this war that it does my soul good to be able to help construct something.”

During his visits to Lawrence the archbishop kept the image of the sisters before the people. At a dinner meeting held in St. Mary’s auditorium on May 16, 1945, he spoke to an enthusiastic audience of more than 450 representative citizens of Lawrence and the surrounding areas. Among other things he said as quoted in the *Evening Tribune* of the following day:

I cannot personally testify to the efficient way in which these Sisters conduct their hospitals for I have never been their patient But I have asked the Archbishop of Baltimore, where the Sisters manage an outstanding general hospital, to give his impression of these consecrated workers. He replied: “I cannot recall that anyone ever left Bon Secours Hospital in Baltimore without having become a friend, an admirer of the good Sisters who showed them so much devotion and loving sympathy.”

In August 1945, Mother Donat, Sister Mary Rita, and Mother Athanasius went to Lawrence to attend another campaign dinner meeting. Each sister in turn addressed the large gathering and expressed gratitude for all that was being done to make Bon Secours Hospital a reality. In her address, Mother Donat made it a point to reciprocate the good wishes of

Mrs. Andrew B. Sutherland, president of the board of trustees of Lawrence General Hospital. Mother Donat said, "Several months ago Mrs. Sutherland, president of Lawrence General Hospital, extended a cordial welcome to Bon Secours Hospital and assured us that her institution and ours would be good neighbors. On behalf of our Sisters, I reciprocate Mrs. Sutherland's sentiments, and I know that we shall work together for the good of all people."¹³

Much progress had been made during 1945, and the next step was to choose a site on which to build the hospital. The site chosen for the hospital was a 73-acre tract of land, part of the Searles' estate in Methuen, a town bordering Lawrence. This site had long been mentioned as one of the finest for the new hospital. Situated on one of the highest hills in Essex County, it had both woodlands and fields, and it commanded a panoramic view of the surrounding countryside. The area was steeped in history. Across the street from the entrance was an old pre-Revolutionary War cemetery. Close by, there had once been a meeting house, so that area was known as Meeting House Hill. The peak of the hill near the woods, Gorrill's Wood, was formerly the home of a Nathaniel Gorrill, who had his spacious residence there overlooking the land eventually absorbed by Edward Searles. Gorrill's residence remained vacant for many years and in time it deteriorated to the point of being called "the haunted house." It was on this exact site that Bon Secours Hospital was to be built.

The site had been considered as a prime hospital site for over 40 years. The late Edward Searles himself had once considered the possibility of building a hospital there. Later, the U.S. government had sent representatives out to inspect the area, and at still another time county officials became interested in building a hospital there but failed to obtain the necessary appropriations. In 1929, a private group reached the blueprint stage with that site in mind, but finally dropped the idea because of lack of funds.

The 73 acres of the Searles' estate was purchased on November 23, 1945, for \$28,000, and on the following day a petition was filed with the town's Board of Appeals for zoning permission to build a hospital. Bon Secours Hospital, Inc., officially obtained title to the property on January 26, 1946.

When news reached the public that a site had been chosen, the Searles' estate became almost a place of pilgrimage. People drove and even walked great distances to look over the property. Their dream of a hospital was one more step closer to reality, but the repercussions of World War II were to delay its realization. The sisters had hoped to break ground by the spring of 1946, but the beginning of construction hinged on the steel and lumber markets, which were far from favorable at that time.

Archbishop Cushing was anxious to see the sisters in Lawrence, even though no construction dates could be set. A letter dated June 17, 1946, from Mother Donat to the archbishop reads:

Mother Juliana, our regional superior, with her councillors have authorized me to write in reply to your recent letter to advise you that, whatever you see best for our Community with regard to the hospital and our going to reside in Lawrence this summer meets with their approval. We are grateful that you have the house and three or four Sisters will go there whenever you say—suppose around the 1st of August or thereabouts?¹⁴

The sisters lost no time planning for their journey. Mother Donat wrote to the archbishop on July 8:

If you can spare a few moments, may I ask if you will kindly let us know something about the St. Clare House and the name of a good store where we could buy furnishings and other necessary household requirements besides a small altar for a little Oratory or Chapel. Where we could find the key of the house. Do you think it would be better for two Sisters to go up there beforehand as we planned to take up residence on August 15th—Our Lady's Feastday.

Of course we leave all in your hands and shall do as you see best. Thanking you again for all your kindness to us and with affectionate greetings . . . we humbly ask your blessing.¹⁵

The archbishop's prompt reply on July 10 contained the same enthusiasm—and a reminder of the hard work that lay ahead of the sisters:

Thanks for your letter. Monsignor Wright is away for a few days. He will return on Thursday. He knows all about the St. Clare House and he will contact you towards the end of the week. It would certainly be a magnificent gesture if you would come and take up a residence there. The drive for a million dollars was an outstanding success and as I have told you, you will have to double that to erect a complete institution. Your presence in the Lawrence area will be a great help.

With affectionate greetings and blessings¹⁶

On receipt of the archbishop's letter the Sisters of Bon Secours prepared to go to Lawrence in September. The extraordinary detail with which Sister Mary Margaret describes her memories of that September 24 trip from Washington, D.C. is but one means by which to measure the new foundation's importance. The other sisters who went were Mother Donat, Sister Mary Beatrice, Sister Cornelius, and Sister Mary Pauline.

On the Feast of Our Lady of Mercy, September 24, 1946, five of us went to Boston by train from Washington. Mother Donat had sent a van with furniture and things that she needed for the house ahead of us. The Marist

Fathers were our chaplains at that time and three of them came and blessed us as we left. We took our lunch with us. In passing through Baltimore from Washington, we could almost see in the distance the hospital where we first started our religious life and before us flashed memories and visions of all the Sisters we were leaving behind.

In Philadelphia we were joined by Mother Clara, who represented Mother Juliana who was unable to make the trip. In New York, Mrs. Readmond, a friend of Mother Donat's, got on the train and she accompanied us also to Boston. It was a very interesting ride. Mrs. Readmond, I remember so well, brought some chicken for our lunch. When we arrived at South Station, Boston, an hour late, we were met by Judge Fenton, Mr. Comber, and relatives of the late beloved Father Monahan. A band was playing in the station when we stepped off the train, and we took for granted they were playing for us. They really were there to welcome a football team home. It was quite a historical event.

After greetings of welcome we went by car to Lawrence. When we got to the St. Clare House, the home of St. Clare Branch, League of Catholic Women, the women had prepared a delicious dinner for us. It was nine o'clock at night. They gave us a great welcome. Around 9:30 p.m. photographers and newspaper reporters came to interview us, and get a statement from Mother Clara and Mother Donat for the morning and evening papers. Among the many messages of welcome to New England was a telegram from Archbishop Cushing wishing the Sisters "Caed Mille Failthe"—a hundred thousand welcomes— . . . adding "You're as welcome as the flowers in May." The van had arrived and Mother Donat was sure the archbishop would be coming next day and we would have mass. So we spent half the night setting up the chapel. We explored the house to find the largest room into which we would place the altar. We chose one on the second floor with an alcove and stained glass window. The altar was placed there. Well, anyhow he [Archbishop Cushing] didn't come out the next day.¹⁷

The coming of the sisters to Lawrence had received widespread publicity and the people were eager and happy to welcome them. One of the reporters sister mentioned wrote in the *Evening Tribune's* next-day edition:

Ready to begin their new mission and to extend the charitable works of their Order in Lawrence and the surrounding communities, six Bon Secours nuns arrived here last night and took up residence in the temporary convent at the St. Clare House on Jackson Street pending the construction of their permanent home on the contemplated hospital grounds in Methuen.

Five of their number will remain here and after a period of orientation, will begin their social service for the poor and their ministrations to the sick pending the completion of the hospital, possibly next year

On her arrival, Mother Donat stated on behalf of the new community that the long desired wish of their hearts had been realized with this assignment. She was touched by the reception and stated that they unite in extending

their heartfelt thanks to Archbishop Richard J. Cushing for the unique plans he had worked out in making this great event possible. She expressed the hope that the founding of their order in New England would continue to expand and shed its kindly help all down through the years.

Mother Clara responding to the greeting said:

"The privilege of accompanying Mother Donat and her Community to Lawrence has been a source of joy to me. Having witnessed the wonderful reception and warm-hearted welcome accorded us on our entrance into the great Archdiocese of Boston, I am sincerely grateful that God has called us here While thanking His Excellency, Most Reverend Archbishop Cushing, for his untiring interest in our behalf, I unite the gratitude of our Regional Superior, Mother Juliana, and we thank all who have participated in this grand reception and welcome to Lawrence."

From the moment of their arrival in Lawrence, the Sisters felt welcomed. This sense of community welcome is also reflected in Mother Donat's account.

On Sunday, September 29, we went out to the parish mass at 7 a.m. The weather was beautiful, bright, sunny, and warm. One of the neighbors, Mrs. Hughes, cooked a turkey with all the trimmings and sent it in at noon all ready to put on the table. So we had a banquet for our first Sunday in New England.

On Monday, September 30th, we all went in a limousine to Boston to pay our respects to Archbishop Cushing. A thunderstorm overtook us on the way and it rained in torrents, but it was almost over by the time we reached the archbishop's house. We had a most pleasant visit with the archbishop and, after talking over matters pertaining to the future hospital, he showed us his chapel. He promised to come and say our first Mass in the near future. Then he came outside to our car as we were leaving, and on hearing that we were going to pick up a statue of the Infant of Prague at the Carmelite convent he said, as it was starting to rain again, that he would pick it up and bring it to us when he came for the Mass. Then he asked us to wait a minute and he ran back into the house, after which he came out with a beautifully dressed Infant which he loaned to us. He explained that he would have to take it back when he brought us our new one. He said: "The Poor Clares gave that to me with orders to keep it. So, I'll get you another." So we carried the image of the infant God on our laps back home to Lawrence. One would say, "His Majesty enjoyed the ride with us"

The clergy of the parish here, which is called St. Lawrence O'Toole's, called to see us—also many neighbors. Even the policeman on the beat called to welcome us

Wednesday, October 9th, is memorable as the date on which His Excellency, the archbishop, came to offer the first Mass in our chapel, followed by Benediction. He brought us a beautiful statue of the Infant of Prague dressed by the Poor Clares; we placed it in the chapel for Mass.

After his thanksgiving and breakfast, His Excellency addressed a delega-

tion of ladies—two from each parish selected by their respective pastors of 16 parishes. These 32 women were assembled in the library and were constituted the first Board of Directors of the Bon Secours Hospital Women's Auxiliary, their object being to help maintain and support the new Bon Secours Hospital for Greater Lawrence. Publicity for the papers and pictures were taken of this great occasion.¹⁸

The fanfare with which the sisters were hailed at their arrival seemed to grow instead of fading away. By the end of the year, the auxiliary, of which Sister Mary Margaret was appointed moderator and Archbishop Cushing chaplain, had grown to more than 2,000 members. The auxiliary had been the sisters' idea, but the credit for structuring it and raising membership goes to Archbishop Cushing, whose idea it had been to write to each parish requesting two representatives for that first October 9 meeting. He sustained the enthusiasm he had begun by holding a Holy Hour for the auxiliary in a different parish each month.

Interestingly, October 9 became another landmark in the history of the sisters. It was on that day that Mother Donat asked the archbishop for permission to drive a car. According to Sister Mary Margaret his reply was quick: "'Oh, of course, Mother—sure. But do you have a car?' She said, 'No, but someone may give us one.'" The newspaper reporters that had come to the convent on that day lost no time filing their stories. That very evening in the *Evening Tribune*, one wrote:

His Excellency, Most Reverend Richard J. Cushing, D.D., Archbishop of Boston, celebrated Mass and gave benediction in the tiny but beautiful Chapel on the second floor of the St. Clare House, now the temporary home of the Bon Secours Sisters, Wednesday morning. At the same time he blessed the Chapel and the Blessed Sacrament will now repose in it.

Following the Mass, Archbishop Cushing addressed women representatives of the Catholic parishes in Greater Lawrence who will form the nucleus of the Bon Secours Auxiliary which he organized for the purpose of giving assistance to the Bon Secours Sisters now and the Bon Secours Hospital after it is built. . . .

"These are new times, this is a new era," the Archbishop said, and "we expect innovations in the life of the church as in other things. One of the innovations I want you to get accustomed to," he continued, "is having the Bon Secours Sisters drive their own automobile. I have given my full and enthusiastic approval of this innovation, as otherwise the Sisters would wear themselves out walking or traveling in public conveyances. By driving their own car they can get around easily into the outskirts of the community including the Andovers. . . .

"There is already a demand for the services of the Sisters although they have been here just a fortnight," he stated, "and there is already a long list of sick people to visit, good souls who will welcome the services of the nuns."

The sisters did not delay in setting about their work. They conferred with local physicians and within a short time they had 20 patients on their home nursing list in the Greater Lawrence area. Calls for service were continuously received. There was no Instructive Visiting Nurse Association in the area at that time. At first they traveled by foot and by bus, and were often given rides by local people to the homes of their patients; the Red Cross Motor Corps, under the direction of Miss Bernardin, also gave generously of time and private cars. But to mention a need to Archbishop Cushing meant an almost immediate response. In this case it was a gift of a new Ford car delivered at the convent on Jackson Street on the evening of October 23.

The following day, he sent a man from the Division of Motor Vehicles to give Sister Mary Margaret (who had not driven since she entered the convent 15 years previously) a Massachusetts driver's test. To see the sisters driving a car was a novelty at first, especially when they wore the fluted caps, but gradually people got accustomed to it; as one of the sisters said, "After a while they didn't look back so much whenever we passed by." The sisters christened the car "Dickie."

And soon, the sisters became accustomed to driving and handling the car. Sister Mary Margaret wrote:

During our first year in Lawrence, we did not see the ground from October until the middle of April because of the snow. In those days snow tires were unknown, so we had chains on the back tires which frequently broke. We carried sand and a shovel in the trunk of the car to dig ourselves out. One evening when we returned home, we found the door of the garage frozen to the ground, so we had to leave the car in the driveway. Next morning as we were getting ready to leave for Mass at St. Lawrence's Church at 6:30 a.m., we heard a big crash. Lo! the roof of the garage had collapsed because of the heavy snow. Did St. Christopher take care of the car? If the door had not been frozen, "Dickie" would have been no more.¹⁹

The *Evening Tribune* of November 9, 1946, recorded an account of those early days:

It is the first time in the history of the order that the Bon Secours Sisters have operated their own automobile and it is only by special permission of Archbishop Cushing that they are allowed to do so. It is an innovation in Catholic Church practices to have Sisters driving a car at least in this diocese

The small community of Bon Secours Sisters is an extremely busy one. Many local persons have already come to appreciate the blessings that the Bon Secours Sisters have brought to the community in the few weeks that they have been here.

Early in the morning the three nursing Sisters of the community, all of

whom are registered nurses, set out on their errands of mercy that take them to the homes of those who need nursing care or the little attentions that make the lot of the chronically ill more bearable

The Sisters have a long list of requests for nursing care and they are handling as many of them as possible. They have patients in the Arlington district, Methuen, North Andover, Tower Hill, South Lawrence and the center of the city so it can readily be seen that automobile transportation is an actual necessity and without it they would be handicapped in their work.

The Sisters delight in caring for the poor and they have found many persons to serve.

There are no limitations on their services except time and the physical capacity to handle requests for nursing attention.

There is no barrier of race, color or creed and they care for both men and women patients.

They spend as much time with each patient as it is necessary and will also stop briefly for baths, to change dressings or perform the simple duties of a bedside nurse. They will even do household chores if necessary.

Their mission in life is found in the name of their order, Bon Secours, "good help" in the nursing field.

They are doing now in a small way what they will do in a larger sense when the Bon Secours hospital becomes a reality and their name is already blessed in the homes that have been graced by their kindly presence.

The sisters felt a spirit of excitement and enthusiasm about their new foundation and this brought them all the closer to one another. Sister Mary Margaret spoke of the sister's home life away from work:

There was a beautiful spirit of unity among the five of us. We lived rather poorly and simply. Our dining room was a large closet off the kitchen, because the heating system was pretty poor in that old house. I think also what to me was important was the spirit of excitement and enthusiasm about a new foundation. People were constantly calling on us. There was a tremendous spirit of hospitality—everybody was welcome. It was truly a wonderful beginning.²⁰

The sisters' work was far from unappreciated. At the first open meeting of the Ladies' Auxiliary on December 4, 1946, Father George S. Walker, pastor of St. Lawrence's Church, said:

I wish to tell the Bon Secours Sisters how much we appreciate and how profoundly we value the great work they are carrying on quietly and unobtrusively among us every day, bringing sunshine and comfort into the lives of so many who without their gentle and efficient ministrations would sit in darkness and suffering.²¹

In time, more sisters joined the pioneer band; the work of visiting nursing continued up to the opening of the hospital in 1950 and was

continued on a smaller scale for some 25 years more. Sister Cornelius of that first group of sisters in Lawrence carried on the tradition of Bon Secours by visiting people in their homes until shortly before her death in 1977.

When the sisters' own resources were not sufficient to meet the needs of the sick and the poor they turned to others for help. The field of their labors covered many areas. No assignment was too big and none too small to command their attention. The following account given in 1948 by Mother Donat seems almost to have been lifted from an account of the sisters' first days in the United States:

The young mother of a family was stricken with an incurable disease, her strength was slowly ebbing away, and she had to depend upon whatever care a neighbor or two, might give her whenever they could be spared from their own household duties, the children at school and the husband working at night-time in order to be free to give her some care before a neighbor came to relieve him to snatch a few hours' rest.

When we were called to visit that poor mother, we found the family deprived of a mother's care, and many of the little comforts needed for the sick were lacking, not only was the home neglected, but there was a dire need for blankets, bed linen, and more provisions. Being late in Autumn, the rooms were chilly, and the children anemic for want of a balanced diet. The Sisters went to work to try and help these good people who were trying to do the best they could under the circumstances, and few knew of their plight. With the mother taken care of, the father could get some much needed rest, extra food supplies were sent in, with linens, blankets etc., by the Catholic Charitable organizations, at the Sisters' request.

Conditions were much improved, when one morning the Sister arrived to find two patients instead of one. The father was stricken with pneumonia, so the doctor had him removed to a hospital where under penicillin treatment he recovered, but while he was still a patient in the hospital, his wife died. He finally got well and with the aid of a housekeeper, he is holding the home and family together, loving and devoted to his children. Everyone interested went to his aid, and now he is back at work, ever grateful to the Sisters who came to his aid in his hour of need.²²

Each day brought the sisters closer to the realization of the first Catholic hospital in the area, and each kindness and consideration shown them both rewarded and encouraged them. Shortly after Archbishop Cushing said the first mass in their chapel in 1946, he sent a church decorator to design a more suitable chapel for them on the first floor of their home. It was designed in white and gold with an entirely new altar, statues, and pews. The new chapel was blessed by Father Walker, who celebrated mass there for the first time two days before the Christmas of 1946.

The League of Catholic Women also had the sisters' best interests at

heart. They improved living conditions for them by installing an oil burner to replace the old coal-burning furnace just before the winter of 1946 set in. The Ladies' Auxiliary likewise put all of its profits toward the building fund for the hospital; in April of 1947, the auxiliary opened its first public gift shop, under the management of Mrs. Arthur Duhamel, in the living room of the convent on Jackson Street. From the beginning, the shop, which is now located in the hospital, has been staffed by earnest volunteers—by the time the hospital admitted its first patient on September 15, 1950, the auxiliary had, from that shop and other activities, raised funds amounting to \$26,000, which they contributed as their opening day gift. Much of the success of the auxiliary and of the gift shop throughout the years was due to Mrs. Duhamel's outstanding leadership. To the present day, the Ladies' Auxiliary continues to be a vital source of funding for the hospital.

The long wait for the construction of the hospital did not dampen the community's enthusiasm. In early January of 1947, plans were unfolded for the organization of the Bon Secours Junior Guild to serve the hospital. At the first meeting of the guild on January 19, 150 young girls, high school juniors and seniors, were in attendance. Because the Sisters of Bon Secours were the first community of nursing sisters in the area, they aroused great interest among the girls. The purpose of the guild was to make the life and work of the sisters known, and to prepare its members, in the spirit of Bon Secours, to care for the sick, and to prepare its members, in the spirit of Bon Secours, to care for the sick. The girls accompanied the sisters to the homes of the sick and the poor, learning to minister to both physical and spiritual needs. In later years they served in the hospital. Sister Mary Pauline was the guild's first moderator. The guild was also a means of fostering vocations.

Originally ground was to be broken for the new hospital in the spring of 1947, but the event was postponed by a shortage of funds, scarcity and prohibitive cost of materials and labor, and government regulations. The federal government delayed granting permission to build because of the urgent need for vital materials to build homes for veterans of World War II. Plans were later made to break ground on March 19, 1948, when the veteran housing situation had eased, but again delayed because building costs had more than doubled the original estimate. Alternate plans were designed. The original plans had called for a 200-bed hospital, a convent, and a nurse's home with a school of nursing; the new plans eliminated the nurses' home and school as well as the convent and reduced the capacity of the hospital to 120 beds and 35 bassinets.

But the construction date of the hospital had still not been decided upon; the event that was to be pivotal was Mother St. Fulgence's visitation of the Bon Secours houses in the United States, early in the summer

of 1948. Plans for the hospital had inspired a great deal of enthusiasm; Mother Donat had already named the proposed site "Mount St. Joseph." (Evidence of just how seriously she and the other sisters regarded St. Joseph as the Great Provider was to be found many years later on a yellowed piece of paper that bore her signature, found tucked away in a statue of St. Joseph in the Methuen convent. Probably written during those years of waiting, or during later lean years, it said, "St. Joseph, we have chosen you as provider, please pay our debts!"²³) Mother St. Fulgence was pleased with the sisters' temporary convent and hospital site; a few days after her visit to Archbishop Cushing, he announced that work would begin on the hospital construction in August.

The groundbreaking was set for August 1, and was hailed in advance not only by local newspapers, but also by the Boston press. The ceremonies, which were to take place rain or shine, were also to be broadcast over two radio stations. On that bright morning, the sisters carried a panoply of vestments to the top of the hill, where a tent had been arranged for the archbishop and other priests to vest. As they were driving up Jackson Street, their car blew a tire; a passerby soon came to their rescue and saw that the sisters arrived on time. In notes that Mother Donat made of that historic event, she said:

The Most Reverend Richard J. Cushing, D.D., Archbishop of Boston, officiated, addressing a large gathering of about 3,000 people including many clergy and members of the State Government, among them the Honorable John F. Kennedy, Senator from Mass., and religious Orders of both men and women. A religious procession was formed at the entrance preceded by acolytes, cross-bearer, the Knights of Columbus, then the Sisters of Bon Secours, followed by the other Orders, the Clergy and Archbishop. As the procession neared the platform, the Knights of Columbus formed an arch of crossed swords under which we walked up on the platform where chairs were reserved for us across from the clergy The altar in the center was from St. Mary's loaned for the occasion and red gladiolas in gold vases and candelabra formed the decoration. A band of 25 pieces played during the procession and when the Archbishop arrived on the platform, all stood at attention while they played "The Star-Spangled Banner." His Excellency then addressed the people over the amplifiers and radio. His address was broadcast all over New England. He appealed to the working men "to give a fair day's work for a fair day's pay." He urged the people to remember that this was their hospital and to fulfill their pledges now as the building has begun

The Archbishop then gave Solemn Benediction of the Most Blessed Sacrament while all present joined in the singing The blessing and turning of the ground preceded the Benediction. Hundreds of cameras shot the Archbishop's picture as he dug up the soil three times, then he handed the shovel to me; I turned over the soil once. The Archbishop admired the green

and white ribbon on the shovel and held it up for the people to see. He then met and talked to everyone as he walked over to his car. He came down to visit us afterwards in our Convent where he chatted with each one and blessed us before leaving for Brighton accompanied by Judge Fenton and Mr. C. Muhilly. The weather was grand with a nice breeze blowing and not too glary. A rainbow appeared overhead during the ceremonies. Good omen!²⁴

After the ceremony, a swarm of youngsters and adults scooped up the loose earth to store in handkerchiefs and envelopes as souvenirs. There were tears of happiness in many eyes—particularly in those of the old people. At the Benediction, the sisters and all present fell to their knees in adoration and in thanksgiving.

On the following day construction began. A crew of workmen swung into action with tractors and steamshovel. Ever concerned about the welfare of others, and especially the dangers to construction workers, the sisters placed a statue of St. Joseph in a tree near the excavation site. St. Joseph the Worker indeed blessed the job, which progressed safely and rapidly. The men worked overtime, even on Sundays, to get the preliminary work finished before inclement weather ensued; even during the course of that winter, aided immensely by the absence of snow, the construction fared well. The entire civic community watched as slowly the structure took shape from steel, bricks and mortar. Large numbers visited the grounds on Sundays to observe the progress. The sisters, too, watched their dream become a reality.

(Interestingly, more was planted on that site than the hospital. For one of the concrete laborers, Peter A. Hewitt, work on that site was seminal to a book he later authored, *A Seed Falls on Okinawa*. Moved by the statue of St. Joseph in the tree, the resemblance between the t-sills he was setting up and the Cross, and the memory of the haunted house from which the Bon Secours Hospital was arising, the seed was planted for his story. He donated 10 percent of the book's royalties to the hospital building fund).

Even though a federal grant of \$200,000 was received in 1949 for construction and equipment, the sisters were still far from liquidating the enormous debt that the construction was incurring. In December of 1949, yet another organization formed to assist the hospital. The Bon Secours Hospital Guild, known as the Men's Guild, was founded to assist the hospital financially while fostering good fellowship among its members. Consisting of businessmen and professional men of all faiths, the guild has worked tirelessly to keep the facility at the forefront of health care. The enthusiasm and dedication of its members have been outstanding, and its ecumenical spirit has become legendary. Through the efforts of the Men's Guild and the Ladies' Auxiliary, the public campaign funds,

the contributions of the Sisters of Bon Secours and Archbishop Cushing, construction on the hospital proceeded.

The hospital was completed and ready for dedication on September 10, 1950. Sister Francis Helen had organized the operating rooms and the dietary department; Sister Mary Imelda the pharmacy; Sister Mary Damien (now Sister Roselle Lintner) the laboratories; Sister Mary Alberta the business office; Sister Walbert the admitting office and storeroom; and other sisters prepared the patients' units. The earlier modification in construction plans called for the sisters to occupy the fourth floor of the hospital until a convent could be built for them.

Once again, Archbishop Cushing came to the sisters' aid. In the fall of 1949, he announced to them that he would give them the gift of a convent. Work on the convent, to be constructed on the north side of the hospital, began in January of 1950. This work progressed rapidly; the convent was nearly finished by the time the hospital was dedicated the following September. Prior to the dedication, scores of volunteers assisted the sisters in putting everything in order. Testing equipment, arranging it, setting up the various departments, and cleaning occupied their time. For the sisters engaged in home nursing, this was in addition to their regular duties—every spare moment was given to preparing the hospital for its opening. Part of the excitement of getting ready for the dedication was a special radio broadcast on September 7, featuring Mother Donat and several of the sisters. It was then that Mother Donat delineated the hospital's policy:

The Bon Secours Hospital is dedicated to the task of alleviating suffering among all people of this area regardless of race, creed or color. Our doors will always be open at all times and with the continued help of the Lord, we shall practice the healing art for many years to come here in Greater Lawrence. Our Lord was the Great Healer and I pray He will shower many blessings on our work. After all of us here are gone, the Bon Secours Hospital will stand for many years to come as a monument to the memory of the kind, generous benefactors of Greater Lawrence.²⁵

The day following this broadcast the Blessed Sacrament was taken to the hospital chapel by Father Charles W. McCarthy of St. Monica's parish. Many of the sisters and volunteer workers were present. The dedication day finally dawned—September 10, 1950. On that day, people were arriving hours in advance of the formal ceremony, even though the weather was overcast. Buses, set up on special schedules, made express trips from the Essex Street terminal to the hospital entrance every 10 minutes. The Governor of Massachusetts came, and so did the Mayor of Lawrence. Musicians, the auxiliary, the guilds, and the Knights of Columbus were there, and streams of flowers and telegrams. In fact,

everything was perfect—but the weather. On September 11, a local newspaper gave the following account:

At a program curtailed by rain that began to fall about 2 o'clock, the Bon Secours Hospital on Mount St. Joseph in Methuen was officially dedicated to the service of Greater Lawrence at ceremonies conducted Sunday afternoon with an estimated 10,000 persons in attendance.

Weather forced a postponement of a portion of the program until Friday morning when the first Mass will be offered in the hospital chapel by His Excellency, Most Reverend Richard J. Cushing, D.D., L.L.D., and the hospital will accept its first patient.

As rain fell over the large gathering, the reigning prelate of the Boston Archdiocese announced he would return Friday to bless the hospital and seal the cornerstone.

Yesterday, the Archbishop dedicated the two and one-half million dollar edifice in a brief address prior to which he presented the key to the hospital to Mother Donat, superior of the local Bon Secours community and administrator of the hospital.

The ceremonies, scheduled for 3 o'clock, got underway approximately 15 minutes early as gray, murky skies opened up and a steady drizzle fell A canopy was quickly set up over a portion of the gathering and thousands more scrambled under umbrellas and trees while others covered their heads with newspapers, booklets and anything else they could find to protect themselves from the elements

The hospital was officially opened for visitors by the Archbishop at 3:12 p.m. o'clock and for the next three hours, a steady stream of men, women and children filed through the various floors of the hospital

At 6 o'clock, one hour after the hospital visitation period was scheduled to have ended, hundreds of persons were still waiting in line to enter the building.²⁶

And thus ended one of the most memorable days in the history of Bon Secours Hospital in Methuen and for the people of Greater Lawrence. Due to the perseverance and strong faith of the Sisters of Bon Secours under the courageous leadership of Mother Donat, the doors of the first Catholic Hospital in the area were opened.

Archbishop Cushing said the first official mass in the hospital chapel on September 15, and he later sealed the cornerstone containing official records and mementos. In a private ceremony, he blessed the hospital.

That Friday afternoon, when the hospital had been opened for patients, it rose to the challenge of bringing new life into the world. Ten patients were admitted, and 2 babies were born—Mary Dolores Robichaud, whose name has gone down in history as the first baby born in the hospital, and Joseph Vincent, of whom there is no further record. Sixty patients were admitted during the first week; sisters were sent up

from Baltimore to staff the departments and fill key positions, and all sisters worked relentless 12-hour days.

Of those early days spent at the St. Clare House in Lawrence and establishing the hospital itself, a vivid recollection has been given by Martin J. Quinlan, who worked at Bon Secours Hospital for many years:

Bon Secours Hospital started with a baseball team of nine sisters with Sister Walbert as business manager. They came to Lawrence from Baltimore. They stayed at the St. Clare House on Jackson Street . . . We organized a Dramatic Club of which I was the director; we used to rehearse in the attic of the St. Clare House. Sister Walbert called me to her office and she said she wanted me to be purchasing agent. I told her I didn't know the first thing about hospitals. She said "You can learn," so she loaded me up with all kinds of catalogs and I studied them until the wee hours of the morning.

To me it was the best education I ever got. I could tell you every item in the store room and just where it was located. Mr. Willis from the Professional Supply Company and I set up the store room. When the office furniture started to come in, I had Frank Giles and Roger Ingalls help me set it up and it was a lot of fun. Around Christmastime, Sister Cornelius and I used to visit all the poor people and bring them baskets of food. I remember when they broke ground. I was the one that handed the Bishop the shovel—that didn't show in the picture.

I used to act as MC for all the shows we used to have. After all, I think it was the best of my life and I am 83 years old now and I have no regrets.*²⁷

On November 4, 1950, the sisters moved into their new convent. By this time, their number had increased to 13; on New Year's Day, the 14th member arrived. The convent was privately blessed by Father Joseph Beatty, a native of Lawrence and a great friend of the sisters. (It was officially blessed by Archbishop Cushing on December 4). Gifts continued to be donated to the new hospital. Early the previous October, the Bon Secours Junior Guild placed an outdoor statue of Our Lady Mediatrix of All Graces at the main entrance to the hospital; around the same time, the Ladies' Auxiliary donated an outdoor statue of St. Joseph on a landscaped spot, at the foot of the hill, leading to the mount named in his honor years earlier, when the hospital had been only a vision.

Recalling the sisters' first Christmas in Methuen, Mother Donat wrote:

We had a very happy christmas; had three Masses at midnight—one a High Mass. Very Reverend Vincent A. McQuade, president of Merrimack College, was celebrant . . . The hospital was illuminated by a large electric

*It would be impossible to mention all who were associated with the sisters since their arrival in Lawrence in 1946 but, Mr. Joseph O'Riordan deserves mention. He was a faithful friend of the sisters from the very beginning, a devoted volunteer, and a loyal employee at the hospital until a few years before his death in 1978.

cross atop the hospital, varicolored bulbs were used as a decoration out on the bushes around the statue of Our Lady. A beautiful crib was donated by the Millington family and placed in the lobby. Many artistic decorations were painted on the glass doors, and a large tree occupied the end of each hall. It looked like a fairyland at night-time. We shall long remember our first Christmas in Methuen. Bishop Lane of Maryknoll, sent us our Christmas dinner.²⁸

The large illuminated cross atop the hospital on Mount St. Joseph still shines brightly at night—a beacon of faith, hope, and love to all who dwell in the Merrimack Valley.

Nursing responsibilities remained great during those early years, as lay staff was limited to minimize costs. In 1951, following a visitation made by Mother St. Fulgence, five additional sisters were assigned to the hospital staff.

In addition to long hours of bedside care, the sisters were often required to do housekeeping duties and other tasks. The lay personnel, remarkable for their devotion and dedication, worked by their side—sometimes on double shifts. Financial difficulties continued to be experienced throughout the 1950s and were intensified when most of Lawrence's textile industry folded up—the mills closed down, and industry headed to southern states. Lawrence, once the queen of milling towns, was left a depressed area.

But miracles of grace took place each day at the hospital. A resident chaplain had been appointed in July of 1951 and he worked closely with the sisters. Fallen-away Catholics returned to the sacraments after many years away from the Church; pain was sanctified and comfort given to the dying. There was on one occasion the unusual grace of the reception of five sacraments within a 24-hour period. A 14-year-old non-Catholic boy named Bruce was ill with a fatal disease. He was deeply impressed by the sisters, the chaplain (who brought Holy Communion to the Catholic boys in his ward) and by the recitation of the rosary. He asked the sister who cared for him to teach him how to pray and write down some prayers that he could learn. He finally asked his parents' consent to become a Catholic, which they gladly gave. The chaplain was impressed by Bruce's sincerity and desire, and gave him instructions. Bruce was baptized, went to confession, made his first Holy Communion, was confirmed, and finally was anointed—all in one day. The next morning, his 15th birthday, he again received Holy Communion; a half-hour later he died.²⁹ These occurrences brought joy and gladness to the hearts of the sisters and gave real meaning to their lives, but they did not detract from their mission of giving skilled nursing care, performing administrative duties, and other varied services within the complex organization of a modern hospital.

In February of 1952, Archbishop Cushing announced that he was donating \$10,000 towards equipping an out-patient department, which was to be reserved primarily for the sick poor. This plan was in accordance with the sisters' wishes. Mother Donat, who had a great love for the poor and wished to serve them more fully, was not to see the opening of this new service. She was transferred to the Washington, D.C. convent in March of 1952. But she had the happiness of knowing that the service would soon be available. Archbishop Cushing told her, before she left Methuen, that the hospital would always be a living memorial to her.

It was also in 1952 that a lovely grotto surrounded by trees was built to Our Lady of Lourdes near the convent. The work was done by the Maryknoll priests and seminarians who, having been patients at the hands of the sisters, wished to extend their gratitude.

In September of that year, the sisters shared their talents with Merrimack College in establishing a division of nursing education at the college for graduate nurses pursuing higher studies. For six years, the school operated successfully under the direction of Sister Mary Margaret, but then for lack of funds it gave way to a school of engineering.

On March 13, 1952, Mother Germanus was appointed local superior of the community of sisters in Methuen and administrator of Bon Secours Hospital. The number of sisters had grown to 20. The out-patient department opened on September 15, 1952, on the second anniversary of the opening of the hospital. It occupied one entire section of the ground floor and was equipped to handle all major services, including pediatrics. At a later date a dental clinic was established and a bus schedule arranged for the convenience of patients without private transportation. In 1953, the out-patients received nearly \$40,000 worth of free care. In early years, the task of maintaining the department was delegated to the Men's Guild. The out-patient services continue to this day in greatly improved facilities. As from the beginning, the main objective is to bring quality out-patient health care to the financially needy of the community; however, hospital policy has made provisions for other local residents as well.

Early in her administration, Mother Germanus envisioned a cemetery for the sisters on the grounds to the north of the convent. The community did not have a plot in a local cemetery. Having seen the cemetery at the Franciscan Monastery in Andover and having liked their plan, which was a circular plot surrounded by trees and out-door Stations of the Cross, she obtained permission from Archbishop Cushing to erect a cemetery.

The area that Mother Germanus had selected was landscaped and trees were planted there. Stations of the Cross of white Carrara marble and a life-sized Calvary group also of marble, donated by the Ladies' Auxiliary and other groups, were placed. On the eighth anniversary of the sisters'

arrival in Lawrence September 24, 1954, the lot was dedicated by Archbishop Cushing in a special Marian-year service. More than 1,000 men, women, and children joined the sisters in the services. At the time of this writing, the mortal remains of four sisters—Sisters St. Louis, Mary Helen, Ignatius Mary, and Cornelius—rest in this little cemetery.

During Mother Germanus' administration the hospital debt was liquidated and many improvements were made. The liquidation of the debt was due in part to the fact that the sisters had worked long hours without receiving salaries, and lay help had been kept to a minimum to avoid additional expense. The Ladies' Auxiliary and the Men's Guild had also made substantial financial contributions. Soon, plans were begun for a new wing to meet the increasing demands for health care services. Mother Germanus did not see her plans for expansion realized. She was transferred to another administrative position in April of 1955; she was replaced by Mother Mary Alice (Sister Helen Mary), who directed the community of sisters in Methuen and guided the destinies of Bon Secours Hospital from 1955 to 1961.

Blueprints were not a new experience for Mother Mary Alice. Permission was obtained from the superior general, Mother St. Fulgence, in August of 1955 to proceed with plans for the building. Due to another shortage of funds, construction was delayed for almost two years. The need for beds and services became more pressing. According to the *Evening Tribune*, July 9, 1957:

Actual construction work will be started as soon as possible and is expected to be completed within two years.

In citing the pressing need for additional facilities at the hospital, Sister Mary Alice, administrator, said this week that because of the demand for service there, beds have been placed in sun-rooms and corridors, and private rooms have been converted into double rooms.

Despite these emergency measures, she said, a long waiting list for medical and surgical patients has been established

In a brochure relating to the expansion plans hospital authorities announced that "the high occupancy of Bon Secours Hospital, measured in terms of yearly averages rather than occasional peaks, presents an urgent community responsibility.

"The need for expansion is imperative—it must be met if Bon Secours Hospital is to carry out the purpose for which it was founded—to be a protector of the health of the community."

In addition to beds, the new wing was to include rehabilitative services, a large auditorium to accommodate 250 people, educational facilities, and many other service areas. Construction on the new wing began on July 22, 1957.

Mother Mary Alice arranged to finance the building with a \$1 million bank loan, a grant from the Ford Foundation, generous donations from the Men's Guild and the Ladies' Auxiliary, an intra-family subscription, and a loan of \$100,000 from the Baltimore provincial house.

On May 1, 1959, the new wing, later called the Cardinal Cushing Building, was blessed by the Cardinal, who had been made a Prince of the Church on receiving the Red Hat on December 15, 1958. This addition brought the total number of hospital beds to 232.

The increase in the number of beds called for additional nursing staff. While the Cardinal Cushing Building was under construction, Sister Mary Margaret, then director of nursing, foresaw the need, and worked to establish a school of practical nursing. She contacted Mr. Daniel Sullivan, director of vocational education in Lawrence, about setting up a practical nurse program within the vocational school system. Sister had been the first person in the civic community to recognize the need for such a program. After many months of negotiations between Bon Secours Hospital, Lawrence General Hospital, Clover Hill Hospital, the Mayor of Lawrence, and the state department of vocational education, a decision was made in favor of establishing the school. It was to be directed by the then Lawrence Independent Industrial School.

The first class of 21 students enrolled in September of 1958. Bon Secours Hospital provided clinical experience in medical, surgical, maternity, and child care nursing as required by the Board of Registration in Nursing, and classroom space was provided in the hospital as well. The school continues to be affiliated with Bon Secours Hospital. In 1959, its name was changed to Lawrence Vocational School, Practical Nurse Program.

Because of the ever-increasing demand to provide additional health care services for the Greater Lawrence area, the Sisters of Bon Secours responded by improving and enlarging the facility in subsequent years. When Mother Mary Alice was appointed provincial of the Sisters of Bon Secours in the United States in 1961, she was succeeded by Mother Angela Thérèse, who was responsible for many major improvements. Over the years, the sisters had made repeated requests to the chancery office for permission to have mass in the auditorium to accommodate larger groups, as the original hospital chapel had room for only 50. In the early 1960s, Cardinal Cushing promised to give the sisters the gift of a chapel—which promise he carried out. In 1964, ground was broken for a chapel to seat 250 persons, a free-standing building conveniently located between the hospital and the convent but joined to both by glass-enclosed walkways.

Before Mother Angela Thérèse was succeeded by Mother St. Urban Auer in July of that year, she not only saw construction progressing on

the chapel, but also saw coming to fruition her plans to triple x-ray facilities and add other departments and services in a new west wing.

In 1965, the Provincial Council of the Sisters of Bon Secours approved the inclusion of a 22-bed psychiatric unit in the new proposed west wing. This service—the first of its kind in the area—had been requested by the medical staff. Ground was broken for new construction in October of 1965, before work had been completed on the chapel. The sisters assumed the task of underwriting this new building through their own efforts.

Although the new chapel was ready for dedication in November of 1965, dedication was delayed until the completion of the west wing. On April 30, 1967, Cardinal Cushing officiated at the dedication ceremonies for the completed buildings. By this time the new psychiatric unit, opened a few weeks previously, was already filled to capacity.

Mother St. Urban and the sisters wasted no time resting on past laurels—ideas for further construction were again in the air almost as soon as the chapel and west wing had been dedicated. The emergency room facilities, built nearly 20 years before, needed remodelling and enlarging; the emergency room was still located in its original quarters. It had served some 2,700 persons in its first year of operation, but in 1966 about 20,000 persons received treatment there. The proposal was made by Mother St. Urban to add a one-story addition adjacent to the original emergency room, but plans were still in the conceptual stages when Mother St. Urban was appointed provincial superior in June of 1967 and succeeded by Mother Charles Marie. A new acute care facility was not realized for several more years.

Over time, the complexities of operating the modern hospital the sisters had built made it advisable that they look to the lay community for guidance in directing it. Early in 1969, for the first time in the history of the hospital, three laymen who had been active for many years in the hospital's affairs, were named to serve on the board of trustees. They were Judge John E. Fenton, Sr., Irving E. Rogers, and George E. Goodman.

On April 29, 1969, at a meeting of directors of Bon Secours Hospital and Lawrence General Hospital, first steps were taken for the incorporation of a new organization—the Bon Secours–Lawrence General Joint Hospital Building Fund Corporation. The object of this corporation was to help fund the cost of construction in the expansion and modernization of the two hospitals. In November of the same year, a 22-member board of directors, again a first in Bon Secours Hospital's history, was appointed to serve the hospital in its involvement in the joint modernization and expansion fund campaign. The campaign was targeted to community appeal, but much of the construction funding was to come from long-

term borrowing and federal grant monies. Five more lay members were added to the board of trustees that same November. The Joint Building Fund was a first for a community of comparable size, and it gained state and national recognition.

Cardinal Cushing, who had been president of Bon Secours Hospital Board of Trustees since its formation in 1945, died on November 2, 1970. The sisters had lost a loyal, generous, and trusted friend. Archbishop Humberto S. Medeiros was promoted to the Episcopal See of Boston to succeed him. Judge John E. Fenton, Sr. a long-time leader in the hospital's cause from the day he welcomed the sisters on their arrival at South Station in Boston, was elected president of the hospital's board of trustees. In 1970, the Sisters of Bon Secours elected to separate the functions of hospital administrator and religious superior—due to the complexity of hospital operations. At that time, Sister Mary Gemma was appointed superior, and Sister Charles Marie continued in her role as administrator of the hospital. In 1972, Bon Secours Hospital appointed its first lay director, Mr. William L. Lane, and Sister Charles Marie stayed on as associate director until she was appointed general councillor in 1979.

Ever since the organization of the Joint Hospital Building Fund in 1969, plans had been under way for more expansion. In April of 1971, ground was broken for a cobalt therapy unit for the treatment of cancer, the first in the area; the following November 14, the new unit was dedicated. At that time, a \$4 million acute care facility, including greatly expanded emergency service, cardiac care, intensive care, and surgical department, was in the course of construction. This would increase the hospital's size to 282 beds. Simultaneously, an expansion program was going on at Lawrence General Hospital. A joint dedication ceremony for completed construction at both hospitals was held at the Christian Formation Center in West Andover, on September 24, 1972—by coincidence, it was the 26th anniversary of the coming of the Sisters of Bon Secours to the archdiocese of Boston. Archbishop Medeiros (named Cardinal in 1973) and United States Senator, Edward M. Brooke, officiated at the dedication ceremonies. On the following October 29, Archbishop Medeiros blessed the new acute care facility at Bon Secours Hospital.

In 1971, Bon Secours Hospital responded to an urgent community need by inaugurating a medical walk-in clinic for drug abusers. It was also, at this period in its history, that the hospital planned to build a medical office building on the hospital's grounds, a great convenience especially for the patient. It would further the quality of medical care in the community by drawing badly needed family physicians to the area. A zoning variance was obtained and plans were drawn up, but construction was halted by opposing neighbors who claimed devaluation of property and increased traffic flow.

The hospital continued its progressive work by opening a surgical day care unit in 1973. Also in that year the sisters allowed the use of the ground floor of the convent for a pediatric health center to provide comprehensive medical care for the children of the disadvantaged and for use as a Red Cross regional blood center. In the mid-1970s the Tel-Med Education Program (tape-recorded messages of preventive health information) was made possible through the generosity of the Irving E. Rogers families. The latest addition made to the hospital was a new front lobby, gift shop, and coffee shop donated by the Ladies' Auxiliary in 1975. In 1979, Bon Secours Hospital acquired the latest and most modern piece of diagnostic equipment available, a head and body CAT Scanner.

Organized spiritual care programs in health care institutions are a relatively new development. In September 1964, the first hospital chapter of the Confraternity of Christian Doctrine (C.C.D.) was started at Bon Secours Hospital under the direction of Sister Francis Catherine (Sister Nancy Glynn). It had an initial membership of 9 sisters and 38 staff members from various departments. C.C.D. provided an organizational structure within which all members of the hospital staff could share in meeting the spiritual needs of the patients as well as helping each other to become more committed Christians. The C.C.D. program was a forerunner of the department of Pastoral Services in later years. This department was organized under Father Cyr Parent and Sister Mary Gemma in 1970.

In 1973, writing of the development of the department of Pastoral Services, Sister Mary Gemma said:

Father C.J. Parent, S.M., has been the resident Chaplain since 1969. Late in 1969, I was assigned to work on special projects by the administration. One of the projects assigned to me was to revamp the patient filing system maintained for the visiting clergy in the chaplain's office. This brought me into contact with Father Parent who shared with me his dream of organizing a department of pastoral care. Father was in touch with this trend through his contacts with the Catholic Hospital Association and the National Association for Catholic Chaplains. I then began to do research on pastoral care departments in other places, worked with Father in visiting patients, and did counseling work with staff and families. During this time, I became more aware of the deeper needs of patients, especially cancer patients and the terminally ill.³⁰

Means were provided to make the distinctive service of each patient's church available, with clergymen of all faiths invited to assist. In addition to the Catholic chaplain, a Protestant chaplain was assigned to minister to the spiritual needs of non-Catholic patients. Sisters were also included as members of the pastoral care team and a more active religious program was developed within the hospital. The Department of Clinical Pastoral

Education was established in 1974, under the direction of Reverend Gerald G. Wyrwas, a nationally certified supervisor in clinical pastoral education. This program has operated successfully and has brought a wealth of resources to the pastoral services of the hospital.

The hospital now has an approved program for the training of x-ray and medical technologists and is affiliated with four schools of nursing, a one-year practical nurse program, a two-year associate degree program, a three-year nursing program, and a four-year baccalaureate degree program. It has in-service and continuing education programs for staff, health education programs for patients, and community teaching programs. The hospital has a strong commitment to educational programs, and is fully accredited by the Joint Commission for Accreditation of Hospitals and is a member of all state and national health care associations.

The sisters have continued to remember those who aided in their establishment in Methuen. In gratitude to Cardinal Cushing, the wing opened in 1959 was named in his honor. At a special testimonial program in February of 1972, the original hospital building for which he had worked so assiduously was named in honor of Judge John E. Fenton, Sr. On May 16, 1976, the acute care facility—the hospital's latest addition—was named in honor of Irving E. Rogers, Sr., who had given generously of his time, talents, and personal resources. In January of 1977, a memorial to the late Cardinal Cushing was dedicated, consisting of a photomural of the cardinal and sisters, as well as a permanent display of his personal belongings and artifacts. The following year, a family suite for grieving families and families of terminally ill patients was dedicated by Cardinal Medeiros in memory of Sister Cornelius, who spent over 30 years ministering to the sick in the Greater Lawrence area. At the same time, Mr. Joseph Comber, one of the founders of the Men's Guild, was honored in the dedication of a new central admitting and social service facility. Judge Fenton, Sr. died August 16, 1974. His son, Judge John E. Fenton, Jr., was elected president of the hospital's board of trustees and holds this position to this day.

A building may be just brick and mortar, but Bon Secours Hospital, Methuen, is alive with the charism of the Sisters of Bon Secours. A charism expressed in compassionate care of all those in need of healing—especially the poor, the sick, and the dying. A dedicated hospital staff, an active medical staff, a devoted Ladies' Auxiliary and Men's Guild along with generous volunteers have been extensions of the sisters' hands, which are too few in themselves to reach all they serve.

History is still in progress for Bon Secours Hospital, Methuen, which has recently been granted a Certificate of Need, that is, approval by the

state to proceed with major construction to meet community needs for additional beds and services.

Regina Cleri

In 1949, Cardinal Dougherty, Archbishop of Philadelphia, had obtained the services of the Bon Secours sisters for Villa St. Joseph, a home for aged and infirm priests on the grounds of St. Francis' Country House in Darby, Pennsylvania. Throughout their history, the sisters have been noted for their care of members of the priesthood, and the selection of them for the work in Darby had special significance. The opening of Villa St. Joseph had been an historic endeavor for the Church in the United States; the first of its kind, its success overrode the skepticism of many clergy who felt that such a service was neither needed nor acceptable.

Bishops up and down the east coast watched Villa St. Joseph closely, foremost among them Archbishop Cushing of Boston, who felt that a pressing need for the church was to provide such a retirement alternative, considering that priests were now living longer and that the extended family as an institution was weakening. It had proved to be a difficult situation when elderly priests continued to function as pastors, or resided in rectories where they had been replaced by younger pastors. In addition it had been a problem to find suitable homes for aged and infirm priests.

When the Archbishop became Cardinal, he began immediately to formulate plans for opening a similar home in his archdiocese. He consulted with Monsignor Joseph Gleason, rector of Villa St. Joseph, about the physical layout required. In 1962, he asked Mother Mary Alice, provincial superior of Bon Secours, for some sisters to staff the proposed home. At a later date, he said: "When I saw the need for such a home in my own diocese. . . I naturally called in the Bon Secours Sisters to staff it. Their skill and compassion in this field are unsurpassed."³¹ The new home would be named "Regina Cleri" (Queen of the Clergy). Construction began in the fall on 1963 on a site in the West End of Boston, adjacent to Government Center and within walking distance of the downtown business district. It was also in the shadow of Massachusetts General Hospital, where the sisters could find medical services if needed. A seven-story building, the completed project had accommodations for 43 priests, who had available to them a suite with living room, bedroom, and bath. A modern well-equipped nursing unit, with 7 private rooms, was provided for priests in need of nursing care. On each floor was an oratory with three altars, and a main chapel was located on the first floor. Every facility was incorporated to allow them to continue their priestly lives.

A convent for the sisters was included on a mezzanine floor, separate and completely private from the rest of the building. The sisters themselves were consulted in the selection of furniture, especially for the quarters they themselves would occupy.

By the end of 1964, Regina Cleri was complete; on December 16, four sisters, accompanied by Mother Mary Alice, arrived in Boston. Mother Helena was named first superior of this foundation, which was composed of Sisters Ignatius Mary, Maureen Theresa, and Edward Andre'. The sisters were welcomed by Monsignor Edward F. Hartigan, director, and Monsignor Francis J. Sexton, chancellor. The first mass was offered the next day, and the building was formally dedicated by Cardinal Cushing on December 27.

The priests at Regina Cleri were free to live as they wished and to come and go as they pleased. It was important that they retain their independence and not retire to a life of inactivity. An important emphasis at Regina Cleri was that it was a residence, not an institution. Gradually the building reached capacity; life at Regina Cleri was so well accepted by the priests that at one point, it became necessary to rent space at a nearby apartment to accommodate some of them.

The task of the sisters was not only to help the priests face their physical infirmities, but also to help them adjust to a life of retirement. This task required skill which the sisters performed with understanding and love. The day following his consecration as Archbishop of Boston on October 7, 1970, Cardinal Medeiros made his first public appearance at Regina Cleri. On that occasion he termed Regina Cleri a "powerhouse of prayer,"³² and expressed his gratitude to the sisters for the services they were performing for the priests of the archdiocese.

The sisters continued this work under the direction of Monsignor Hartigan until his death in 1974; they then continued under the direction of Father Edward Flaherty until September of 1978, when a shortage of sisters caused Bon Secours to withdraw from Regina Cleri. The residence was staffed by another community of sisters but by that time the work was well established and the seeds of "kindly care" had borne abundant fruit.

Chapter XI

Angelus Convalescent Home Wildwood, New Jersey

The opening of the Angelus Convalescent Home in Wildwood, New Jersey, differed from most other foundations made by the Sisters of Bon Secours, that had come into being through the invitation or request of the ordinary of the diocese once a need for them had been determined. The Angelus Convalescent Home emerged from a set of fortuitous circumstances terminating in the donation of a small seaside hotel specifically to Bon Secours before a need had even been detected.

It was first through the generosity of Dr. Michael A. Burns, a neurologist, that the sisters at St. Edmond's Home for Crippled Children received the gift of a summer home in 1931 in Anglesea, North Wildwood, New Jersey. Named St. Joseph's, the home was soon opened as a vacation place for the sisters of all communities of Bon Secours. Another benefactor, John Rooney of Baltimore, donated a second summer home to the sisters in 1933 on adjacent property. This the sisters called St. Mary's.

Coincidentally, among the friends of the sisters in Philadelphia was the McCann family, who also had a summer residence in Wildwood. Because the sisters were often driven to their summer home by friends, they needed to find accommodations for those friends; it was Grace McCann who introduced the sisters to Mrs. Helen Carlson, a childless widow who owned a seaside hotel called The Angelus. It was through one of those generous friends, Alphonse Knecht, who stayed at The Angelus, that Mrs. Carlson learned about the work of the sisters in Baltimore and Philadelphia.

Early in the 1940s, during World War II, gasoline was rationed and

expensive, and trains were crowded with U.S. troops; this made any kind of travel to Wildwood difficult. A decision was made to close the two vacation houses in Anglesea. Over the years a close friendship had developed between Mrs. Carlson and the sisters, and Mrs. Carlson began to visit the convent at 2000 W. Baltimore Street; the sisters, likewise, were always welcome to vacation with her at The Angelus. Late in the 1940s, while Sister Bruno and Sister Ludovic were vacationing at The Angelus, Mrs. Carlson's favorite nephew, Johnny, became seriously ill and died at a hospital in Atlantic City. During this trying period the two sisters were a great comfort and support to Mrs. Carlson, who also soon became ill. It was then that she decided to turn over The Angelus to the sisters as a summer home for themselves; her initial intention had been to will the property to Johnny. The sisters, after surveying the property, decided that the hotel was much too big for their own use, and Mrs. Carlson agreed to the other alternative—to convert it into a convalescent home. The decision to open a convalescent home was made following inquiries that revealed the need for such a facility in the area, and after proper authorizations had been obtained.

The sisters were not unknown to Bishop John J. McMahon and later Bishop Moses Kiley of the diocese of Trenton, as their former summer residences had been in that diocese. In 1937, the diocese of Trenton was divided and Cape May County, wherein Anglesea and Wildwood are located, became part of the new diocese of Camden. Bartholomew J. Eustace became its first bishop.

In 1950, when the sisters decided to convert The Angelus into a convalescent home they got in touch with Bishop Eustace. On October 18, 1950, a contract was drawn up between the Sisters of Bon Secours and the diocese of Camden permitting the sisters to establish a canonical religious house and operate a convalescent home incorporated under the laws of the State of New Jersey.

Following alterations, The Angelus was licensed by the state as a convalescent home in August of 1951. It was the first time Cape May County had ever had such an institution. Early in 1952, Mrs. Carlson officially conveyed the property, consisting of two lots and the buildings, to the sisters. She herself took up residence in an apartment over the garage.

In February of 1952, Mother Liborius and Sister Martha arrived in Wildwood to prepare for the opening of the Angelus Convalescent Home. After four months of hard work, everything was in readiness. The home was officially opened in June, with a bed capacity of 15 on the first floor. The second floor was devoted to a large dining room, living room, kitchen, and convent. On the third floor was a beautiful chapel and many

spacious unoccupied rooms. As the demand for beds increased, negotiations were entered into with the state for the use of that floor for ambulatory patients. License was granted for this after a sprinkler system and large fire escape had been installed, increasing the bed capacity to 31.

The number of sisters had by that time increased to four, and there was an organized nursing, dietary, and housekeeping staff. There was also a resident chaplain and, as Wildwood was a seaside resort, many vacationing priests came to The Angelus during the summer months to say mass.

Local clubs and organizations were most kind in helping the sisters. The Knights of Columbus made many donations, and the Lion's Club gave oxygen tents, electric beds, and furniture. A well-known bakery supplied, without cost, all the bread and rolls the sisters needed daily for their patients. A Ladies' Auxiliary was organized in November 1953 and, in addition to sponsoring public benefits, they also gave many hours of volunteer service in caring for the patients. There was likewise an active Junior Guild which helped in many ways while learning about the life and mission of the Sisters of Bon Secours. The patients received compassionate care and spiritual help, and much good will was created.

An article in the *Atlantic City Press*, February 6, 1954, testifies to this community involvement. It reads:

The relationship between the [local family] Myers, and the Sisters of the Home began about two months ago when an auxiliary group was formed to help finance and provide volunteer staff workers for the institution. Mrs. Myers, a Baptist, immediately joined the group and was instrumental in inducing many of her friends to join or give assistance . . .

The Auxiliary grew from a handful to about 120 members in a short time—many members were Protestants. "I felt," said Mrs. Myers, "that a Home was badly needed in Wildwood and here was one which showed no partiality to anyone regardless of race, color or creed and which is a real credit to the community."

Mr. Myers was a patient at The Angelus for several months before his death, at which time his minister sent a donation to the sisters, saying in a letter dated March 30, 1954, "You and your staff ministered to Mr. Myers in the true spirit of Christlike love and professional nursing skills. May God continue to bless you in your work."¹ Another local newspaper of that time quoted Mr. Myers as saying, "I don't think I could have had better treatment anywhere else than I have received here. The Sisters and the whole staff have been wonderful to me. I thank God, Wildwood has such a fine institution."² This was a tribute coming from a man of another faith, a 32nd degree Mason, and a member of the Crescent Temple of Shriners. Mr. Myers was particularly proud of the fact that his Shriner's Lodge contributed financially to the home.

Mother Germanus replaced Mother Liborius as superior in April 1955. Under her direction during the next six years many improvements were made and new equipment installed. Later, under Mother Clarisse and Mother Mary Cabrini, the work of The Angelus progressed, while every effort was made to meet increasing demands by state regulatory agencies and the building codes of the State of New Jersey. On October 15, 1966, the home was named for a Public Service Award. The text on the plaque reads: "Christopher Columbus Outstanding Citizenship Award presented to the Sisters of Bon Secours of the Angelus Convalescent Home and its Auxiliary for their dedication, devotion and spiritual help in caring for the ill and infirmed regardless of race, color and creed."³ Mrs. Carlson had died under the care of the sisters during the latter part of the 1950s, but not before she had seen The Angelus giving invaluable service. What she had given the sisters as a gift had been used to full advantage in extending their mission of caring to the sick and the poor. Many who had been unable to pay had been cared for since the home first opened.

The work of The Angelus continued until October 1968. Over the years the building requirements to ensure patient safety had changed drastically—the three-story frame building, though still substantial, no longer met the safety requirements of the State of New Jersey, and the Department of Institutions and Agencies would no longer issue a permit for its use as a convalescent home. The Mayor of Wildwood said in a letter to Mother St. Urban Auer, Provincial of the Sisters of Bon Secours: "The Home has been a great asset to our community and to Cape May County I know personally, that the residents of this area who have their loved ones as patients in the Home have nothing but the highest praise for the good Sisters and for the loving care they are giving to the patients."⁴ According to the *Cape May County Gazette*, Cape May Court House, October 10, 1968:

A prominent businessman echoed the sentiments of others in the city when word of its (The Angelus) closing spread.

"It is regrettable," he said, "that this facility is closing. We all know of the good work that has been done by the Sisters, the staff and Mother Cabrini assisting the aged and caring for those less fortunate who were unable to meet their obligations. We shall miss the home and all those connected with it."

The people of Wildwood and the diocese of Camden did not wish the sisters to leave them, so they offered to help build a new facility. Since the opening of The Angelus in 1952, two other foundations had been made by the Sisters of Bon Secours, one in North Miami, Florida and another in Richmond, Virginia. In the wake of Vatican II, there was a shortage of sisters, and the community could not undertake any further obligations at

that time. An article in the *Catholic Star Herald*, Camden, October 11, 1968, describes the action of the Provincial Council and the sisters' feelings about leaving Wildwood:

Although offers have been made by people in Wildwood and by the Camden diocese to cooperate financially in the building of a new facility, the Council said, the lack of personnel to adequately staff such an enterprise prohibits the acceptance of the plan.

Mother St. Urban, Provincial Superior, said:

"It is with sincere regrets that this decision has been made, since the Sisters have experienced great satisfaction in their work with the patients and have made lasting friendships among the residents of Wildwood . . ."

Auxiliary Bishop James I. Schad of Camden said:

"The people of the Diocese of Camden will ever be grateful to the Bon Secours Sisters for their Christlike charity exercised for over 20 years in the southernmost part of this state."

Permission was obtained from Bishop George Guilfoyle, Ordinary of the Camden diocese, to close the Angelus Nursing Home in October 1968. All of the patients were transferred to other facilities in the area, and the property was sold. The Angelus once more became a seaside hotel. The sisters were sad to leave those they had served and loved but there was comfort in knowing that God had been served in His suffering members.

Chapter XII

Villa Maria Nursing and Rehabilitation Center North Miami, Florida

Seven years after the opening of The Angelus Convalescent Home, a new foundation was made by the Sisters of Bon Secours in North Miami, Florida, another well-known seaside resort. The circumstances leading up to this foundation differed greatly from the circumstances leading to the foundation in Wildwood, but in yet another way this apostolate in Miami differed from all those preceding it.

In 1959, the Bon Secours sisters were asked to take over Villa Maria Home for the Aged in North Miami, which had previously been staffed by another religious community, the Carmelite Sisters for the Aged from Germantown, New York.

The history of Villa Maria Home for the Aged dates back to the mid-1940s. It opened its doors in September of 1951, after almost six years and \$225,000 of designing and construction. The home was erected on a 10-acre tract of land owned by the diocese and the money was raised through Catholic Charities. At that time Miami was in the diocese of St. Augustine. In 1951, five Carmelite sisters came to staff Villa Maria at the invitation of Archbishop Joseph P. Hurley, ordinary of the diocese of St. Augustine. In 1957, the sisters received a new car, donated by the ladies' auxiliary to take residents on errands, but they had used the car for only a short time when the superior and another sister were killed in a most unfortunate car accident. The memory and shock of the fatal accident

were not easily forgotten. The Carmelite sisters withdrew from Villa Maria in the summer of 1958, and the archdiocese assumed responsibility for the facility until the fall of 1959, when the Sisters of Bon Secours arrived to take over the work.

With the exception of a second story over the central portion of the building, which served as sleeping quarters for the sisters, Villa Maria was a one-story structure of colonial design. It had a bed capacity of 42, employing semi-private rooms with adjoining baths. The patients' rooms, arranged in a semi-circle from the central portion, all opened onto spacious screened-in porches or breezeways. There was a large chapel, recreation area, dining room, fully equipped modern kitchen, and other facilities.

However, when construction was completed, sufficient funds had not been available for landscaping the property. One account of the time described the grounds surrounding Villa Maria as a "a sandy wilderness."¹ Mr. Leonard A. Usina, president of the North Dade National Bank of North Miami, came to the aid of the Carmelite sisters. He campaigned for funds for landscaping, and soon the desert-like grounds were transformed into attractive lawns with flowers and shrubs. In November 1951, Monsignor James F. Enright, pastor of St. Rose of Lima Church, Miami Shores, gave a life-sized outdoor statue of Our Lady of Lourdes to be placed on the front lawn in memory of his mother.

A Ladies' Auxiliary was organized in October of 1951, under the presidency of Mrs. Anna Kohlmeier, to raise funds for the support of the home and to provide many things that could not otherwise have been procured by the Catholic Charities of the diocese of St. Augustine. The auxiliary installed a sprinkler system for the lawns, a public address system, an organ for the chapel, and many other needed items. In February of 1952, the auxiliary also furnished a small infirmary with several hospital beds. In the interim between the departure of the Carmelite sisters and the arrival of the Sisters of Bon Secours, the Villa was under lay management. The situation at the Villa was well-known to Msgr. Enright and he saw that under this management much was left to be desired.

Years earlier Monsignor Enright had known the Bon Secours sisters in Baltimore. He had been ordained to the priesthood in the Basilica of the Assumption in that city in 1927 and prior to that he had been a seminarian at St. Mary's Seminary. As a young seminarian fresh from Ireland, he became acquainted with Mother Juliana who was then local superior at Bon Secours convent. Young Jim Enright did not have robust health and Mother Juliana helped and befriended him in many ways.

Some years later another young seminarian at St. Mary's, Jimmy Walsh, was also in poor health, and Mother Juliana had been instrumental in having him sent to St. Petersburg, where Father Enright was then pastor of St. Paul's Parish. In 1958, Monsignor Enright was pastor of a flourishing parish in Miami Shores and, shortly after his installation as head of the new diocese formed that year, Bishop Carroll appointed him vicar for religious.* Also in 1958, Father Jimmy Walsh, who had been ordained a few years previously, was now stationed in Miami, and among other things was director of the Diocesan Bureau of Information, a position that brought him into frequent contact with Bishop Carroll.

So it was Monsignor Enright who first informed Bishop Carroll about the work of the Sisters of Bon Secours and of the need for a religious community to staff Villa Maria. Father Jimmy Walsh was aware of the negotiations, and encouraged the Bishop to try and obtain the services of the sisters. Bishop Carroll wrote to Mother Helena, provincial, and invited the sisters to staff Villa Maria. The Sisters of Bon Secours were the first religious order of women invited by Bishop Carroll to establish a community in the new diocese of Miami.

Mother Helena, accompanied by Mother Emerentiene, a protégé of Monsignor Enright, went to Miami in the spring of 1959. Mother Helena saw that the lay management was unable to handle the situation adequately and that the aged residents were deprived of a home-like atmosphere and health care on a continuing basis. After consulting with her council, Mother Helena accepted Bishop Carroll's invitation to staff the Villa. This was the first foundation made since the United States Province was established the previous year.

On September 12, 1959, the eighth anniversary of the opening of Villa Maria, five sisters arrived in Miami to assume their duties for the care of the aged at that facility. The pioneer group headed by Mother Emerentiene consisted of Sister Angelina Marie, Sister Charles Frances, Sister Mary Gilbert, and Sister Catherine Bernard. They were welcomed by Msgr. Enright and Father Bryan Walsh, diocesan director of Catholic Charities, and their arrival received widespread publicity, especially in the diocesan newspaper.

The sisters quickly realized that the Villa would need to be licensed as a nursing home so that they could care for the aged residents who became

* The mission of St. Augustine, founded in 1565, had been the birthplace of the Catholic Church in the United States. The diocese of St. Augustine was formally established in 1870 and in 1958 that diocese, which had embraced all of Florida east of the Appalachian River, was divided and the new diocese of Miami was formed. Bishop Coleman F. Carroll, then auxiliary bishop of Pittsburgh, Pennsylvania, was named first bishop of Miami.

ill and needed their professional nursing skills. Both Mother Helena and Bishop Carroll readily gave their consent to convert the home to a nursing care facility, and in 1960 Villa Maria was operating under a new charter. Although the Villa was at that time an institution supported by Catholic Charities, the Bon Secours community paid the \$10,000 required for conversion. Bishop Carroll allowed the sisters to operate the facility as if they owned it.

Licensure of the nursing home was granted by the state on the condition that the sisters would build a new facility. Bishop Carroll agreed to transfer ownership to the sisters if they would undertake responsibility for new construction. This construction was delayed for many years for lack of funds and until the transfer of the property deed; this latter had been delayed due to the establishment of the new diocese of Miami in 1958. Property rights needed to be cleared with the diocese of St. Augustine.

The first years in Miami were trying ones for the sisters. The allocations received from Catholic Charities were not sufficient to meet their needs, and the revenue from the residents was minimal as more than half was on county or state aid. Recalling those early days, one of the sisters said: "Without Msgr. Enright's help those first couple of years we could not have survived. He did so many things for us, and brought us food. At least once a week he brought in a whole dinner for us—cooked."² The home was also in a run-down condition, and the sisters suffered from the heat as they were not accustomed to the Miami climate. Mother Helena later came to their aid by providing air conditioning.

The tropical storms that frequently struck Miami were also a new experience for the sisters. The worst one in those early years was Hurricane Donna, born in the middle of the Atlantic on September 4, 1960. She traversed more than 5,000 miles before she died in the Gulf of St. Lawrence. Donna had swept over northern Cuba and drove her 150-mile-per-hour winds and rains through the Florida Keys. Power lines were torn away, boats smashed, and homes flattened. Miami was also in the path of the hurricane. The sisters prayed and kept watch over their patients day and night, taking all necessary precautions for safety. God protected them from serious harm.

The Cuban crisis of the 1960s caused much uneasiness for the sisters but had no significant bearing on the operation of Villa Maria. It was with relief that the sisters heard the good news on October 28, 1962 that Soviet missile bases in Cuba were being dismantled. Thousands of Cuban refugees had come to Miami to escape the tyranny of Communist-controlled Cuba. More United States residents also moved into Miami and by 1963 that diocese had witnessed phenomenal growth, which

continued in succeeding years. New parishes, rectories, schools, and convents were established as well as health care facilities.

The need for Villa Maria to expand likewise became imperative. Requests for admission steadily increased until the waiting list numbered in the hundreds. In 1965, Mother Emerentiene engaged an architect and plans for expansion to a 200-bed nursing home and rehabilitation center were finally initiated. Mother Frances Helen was transferred to Miami on October 20, 1965 to replace Mother Emerentiene, and under the former's direction plans for expansion continued. The plans that evolved were for a fully equipped nursing home organized and operated within the full concept of rehabilitation.

On February 18, 1966, a new corporation was formed with the title Villa Maria Nursing and Rehabilitation Center. The new title gave an entirely new concept of the health care goal—to serve the needs of those requiring not only skilled nursing care but rehabilitation as well. But providing a warm home-like atmosphere for the patients was to prevail in accord with the spirit of Bon Secours. According to the new charter:

The object and purposes in general for which the corporation is organized is to voluntarily establish and provide homes for the care, support and maintenance of the aged persons of both sexes; to nurse them when they are sick and bring them the consolation of religion during the remainder of their lives. . . . and to provide rehabilitation services and rehabilitation medicine for physically or mentally handicapped persons³

The Villa now had a new image and services to match, but the road to its expansion was to be a bumpy one. Construction costs for the enlargement were between two and three million dollars, and the much-needed federal Hill-Burton grant for which the sisters had applied did not meet federal spending priorities. A decision was made to curtail existing plans and to proceed with the construction in stages. Therefore, when groundbreaking ceremonies were scheduled for June 10, 1967, no one was certain when the facility would be completed.

The groundbreaking attracted widespread publicity. The cities of North Miami, Miami, Bay Harbor Island, North Miami Beach, and Coral Gables declared the day "Villa Maria Day." According to a local newspaper, "dirt flew as ground was broken by Bishop Coleman F. Carroll and Sisters of Bon Secours."⁴ About 400 people attended.

According to the diocesan newspaper the *Voice*, June 16, 1967,

Mother Frances Helen, superior, emphasized the importance of the new concept of rehabilitation which has as its goal serving the total medical, social and spiritual needs of the residents.

It will take the combined efforts of many people to bring into reality the

new Rehabilitation Center, Bishop Carroll told the several hundred auxiliary members and guests present. "There is a lot of government money available for this and that but there was none available for this institution; the Sisters are doing it on their own."

Bishop Carroll pointed out that "Florida is not known throughout the country for its welfare program or for directing its attention to those in need" and emphasized that the State "should assume greater responsibility in the future than they have in the past" in this field. He continued, "the community should be grateful to those who are willing to do this kind of charitable work in this area."

Congressman Claude Pepper, who was the guest speaker, emphasized that "the challenge of the future is to provide large grants to reduce the capital investments" of such institutions as Villa Maria or make funds available to medically indigent people in order to prevent the burden of care for the aged and infirm from falling on religious institutions.

"This institution will attempt to make the individual independent and ambulatory. All of you who have had a part in the designing of this facility contemplate the kind of care that individuals must have to enjoy the blessings of a happier, healthier, and longer life." He pointed out that those who have been pioneers in the field are now "struggling" with the inadequacies of funds available and expressed the hope that Florida's participation in the federal Medicaid program will become a reality.

The Medicaid program began in Florida early in 1970, but the federal appropriations and state allocation of funds fell far below the national average. Dade County got one of the lowest allotments in the state. This was the picture when the Sisters of Bon Secours undertook the task of constructing their new nursing and rehabilitation center. Mother Mary Alice, on the completion of her six-year term as provincial superior, was appointed superior and administrator of Villa Maria. She was present for the groundbreaking ceremony and replaced Mother Francis Helen four days later. Writing of this occasion, Mother Francis Helen said: "Business as usual was difficult to face after all the excitement of our celebration. The assignment of Mother Mary Alice to Villa Maria was received with great joy. I left for Darby, Pa., leaving here with my best wishes, a little bit of my heart."⁵

It did not prove as practical or simple as originally thought to alter the new home's original construction plans. There continued to be roadblocks to federal funds. After much scrutiny and prayer, the plans were reformulated to include 180 beds, all necessary rehabilitative services, a large auditorium, and a chapel to seat 200 persons. The estimated cost was over two million dollars. Archbishop Carroll contributed \$50,000 toward the building fund and was instrumental in helping the sisters secure a construction loan from a Miami bank. Construction began in October of 1968, and the next year, the federal government granted

\$125,000 in the form of a Hill-Burton grant for furnishings and equipment.

On Sunday, May 17, 1970, Villa Maria Nursing and Rehabilitation Center, a three-story structure, was dedicated and blessed by Bishop John J. Fitzpatrick, auxiliary bishop of Miami, in the presence of hundreds of guests. Many state and church dignitaries were present, and Mr. Joseph Robbie, owner of the Miami Dolphins, was the guest speaker. The feelings of the sisters were expressed by Mother St. Urban Auer, provincial superior, when she said, as quoted in the *North Dade Journal*, May 20, 1970, "Villa Maria's new Nursing and Rehabilitation Center is the culmination of a 10-year dream." In the same *Journal* of that date, Bishop Fitzpatrick "praised the Sisters of Bon Secours for their dedication to the care of the sick and aged, calling it the 'most difficult of all Apostolates.' "

With the opening of the new facility, the first lay administrator was employed but Mother Mary Alice continued in her administrative role. She continued as superior of the community until she was succeeded in that capacity by Sister Mary Elizabeth, then Sister Frances, and currently Sister Rita Thomas. The third floor of the new building was designated as the long-term care unit and the patients from the old Villa Maria were transferred to this area. The new Nursing and Rehabilitation Center opened officially for the admission of new patients on May 27, 1970. The second floor was reserved for Medicare patients and those patients requiring physical rehabilitation. It was not until April 1971 that sufficient nursing personnel could be secured to permit full utilization of the facility, even though the number of sisters had been increased by that time.

Since April of 1971, Villa Maria Nursing and Rehabilitation Center has been filled to capacity. An additional 12 beds were added in January of 1975, bringing the total capacity to 192. This expansion was achieved by converting some day rooms or solaria into bedrooms, which temporarily eased the pressure caused from another long waiting list.

The former Villa Maria Nursing Home was renovated for use as a convent for the sisters and a Retiree Center to accommodate 18 persons in private rooms. This converted home was for ambulatory retired residents who were physically independent and did not require nursing supervision and was separately incorporated under the title Villa Maria, Inc. It was formally opened on March 15, 1971, and was licensed as an adult congregate living facility by the State of Florida. Congregate meals, linen, housekeeping, and supportive services were provided to the residents under the supervision of the sisters, and residents were encouraged to use the chapel of the Nursing and Rehabilitation Center and to participate in recreational and other activities there.

The convent occupied the other half of the former nursing home and

provided more convenient and comfortable living quarters for the sisters than they had previously known. Friends and benefactors donated most of its furnishings. The retirees and the sisters lived together under one roof for over eight years.

The Retiree Center and the Nursing and Rehabilitation Center remained separate corporations for some time, combining under one administration in 1977 but retaining their separate boards of trustees with the same board membership. It was not until the former Villa Maria Nursing Home was about to be demolished that articles of merger were filed on November 2, 1979, merging Villa Maria, Inc. with Villa Maria Nursing and Rehabilitation Center, the surviving corporation. It had been hoped that the Retiree Center could be maintained until a larger facility could be constructed on the property facing south on 123rd Street, but these plans were changed because of new construction on the Nursing and Rehabilitation Center and because of the opposition of residents on 123rd Street to the new construction. To appease the opposing neighbors, the North Miami City Council gave an order for Villa Maria to leave a buffer zone along its south property line. This buffer zone monopolized the property for the long-desired new retiree center. However, a retiree center and a day care center are still in long-range planning, but new property will be required for realization of plans.*

In the fall of 1979, the original Villa Maria Nursing Home was demolished to make way for new construction on the west wing of the Nursing and Rehabilitation Center. The retirees were accommodated elsewhere, and the sisters moved to a new convent on 129th Street a few blocks away.

Villa Maria has earned the reputation of being the leading Rehabilitation Center in Southern Florida. In June 1970, the physiotherapy department opened with one registered physical therapist. It started with an in-patient load of 12, and by the end of the first fiscal year the department had treated a total of 483 patients. By this time the staff had increased to three persons by the addition of a registered assistant therapist and a trained physical therapy aide. As the succeeding years saw a continuous growth in the number of patients treated and a corresponding growth in the number of personnel in the department, an out-patient clinic of the physiotherapy department opened in 1973. Another building, completed at the time of this writing, houses a greatly

* Funds were received from the Ministry to the Poor Committee of the Sisters of Bon Secours in 1981 to open a small adult day care center in North Miami. The Bon Secours Senior Center opened in July of that year with Sister Clare Agnes as director. The Center provides health, social and nutritional support to the frail and oftentimes isolated poor elderly in the local community.

expanded rehabilitation division including larger facilities for all branches of physical medicine.

Through the years Villa Maria has developed into a regional center for post-hospital rehabilitation, drawing patients from all over South Florida and even from outside of the state. The physiotherapy staff of eight full-time persons has been supplemented by a continuous flow of students in physical medicine. Student affiliates come from Florida International University, University of Puerto Rico, University of Miami, and Dade Junior College.

The occupational therapy department was initially established along with the physiotherapy department in 1970, but it became a separate department in 1976. This department has likewise shown phenomenal growth both in in-patient and out-patient services. The speech therapy department, instituted in 1979 with two registered speech pathologists, provides optimal quality care in areas equipped with audio and visual aids and appliances. Prior to 1979, patients received speech therapy from private speech pathologists who were practicing at Villa Maria on a contractual basis.

Other services offered at Villa Maria are a variety of ancillary paramedical services such as respiratory, pharmacy, laboratory, and x-ray. The social services department provides major assistance to patients and families, the activities department serves as a therapeutic tool to coordinate activities to meet each patient's needs. The recreation department provides activities that play a vital role in boosting patient morale and providing light-hearted fun.

Spiritual care of the patients has always been an important component of the Villa's total program, carried out in accord with the philosophy and charisma of the Sisters of Bon Secours. In addition to daily mass, Jewish and Protestant services have been conducted on a regular basis. The sisters have always been available to support and comfort those in need. Miracles of grace have abounded though most have not been recorded. One example was in 1969, when at the age of 84, Charlotte Reeth received instructions in the Catholic faith at her request. On Christmas Day of that year she received her first Holy Communion from resident chaplain Bishop Shanley in the presence of a host of relatives, all non-Catholic of various faiths.

In October 1973, Sister Mary Aloysius was assigned to Villa Maria for the specific purpose of giving comfort and spiritual aid to the patients. Her apostolate specifically was to assist and pray with the dying and to comfort and support their families. Even though handicapped herself, she continued her work using crutches and wheelchair to make her

rounds until her death on May 7, 1980. At the time of Sister Mary Aloysius' funeral from the provincial house at Marriottsville, Maryland, a woman from Baltimore, who had seen the notice of Sister's death in the paper, came to the funeral mass because she had been so grateful to Sister for her kindness to her when she visited and prayed with her father who had been a patient and died at Villa Maria the previous year. Before Sister Aloysius' death a Pastoral Care Department was organized at the Villa under the direction of the resident chaplain, Father George Goodbout. The work of pastoral ministry is carried out by sisters assigned to the department, and by visiting clergymen of various denominations. In Father Goodbout's own words, "It is the function of the Pastoral Care Department to help each person to look within his own traditions for peace, support and the answers to the eternal questions of life and death. . . and find peace in his heart with his God."⁶

Education has also played a major role in the functioning of Villa Maria Nursing and Rehabilitation Center. In 1971, Sister Mary Elizabeth organized an in-service education program for the benefit of all staff of the facility. Over the years, the Center sponsored educational programs on a broader scale, and offered its facilities as an educational resource to various groups and colleges. Nursing students from Barry College School of Nursing, the University of Miami, and Miami Dade Community College have come there for experience in geriatric nursing. Geriatric nurse practitioners, social workers, medical record technicians, occupational therapists, students of dietetics and nutrition have also affiliated for experience in their respective fields. In recent years, two sisters of Bon Secours, Sister Frances, and Sister Katherine Ann, did their field experience for licensure in nursing home administration at Villa Maria and in 1980, a sister from another religious community, a graduate student in health care administration, became the first administrative resident under the preceptorship of lay administrator Mr. Warren Slavin. Since education is an expanding field, the building just completed at this writing contains an enlarged educational department.

Some important events have taken place at Villa Maria Nursing and Rehabilitation Center since its opening in 1970. In gratitude to Archbishop Carroll, the beautiful chapel was dedicated to him in September of 1972. On April 21, 1974, there was a triple celebration at the Villa honoring the 150th anniversary of foundation of the Sisters of Bon Secours, the silver jubilee of profession of Sister Katherine Ann, and the 15th year of service of the sisters in the archdiocese of Miami. On September 19, 1976, Archbishop Edward A. McCarthy celebrated his first public mass in Miami at Villa Maria as he wished the prayers of the residents to support him in his new ministry. That same month another important event took



Centennial, U.S.A., 1981: Mother Helena, first provincial superior and successors: Mother Mary Alice, Mother St. Urban Auer, Sister Rita Thomas, and Sister Justine Cyr



UPPER: Bon Secours Hospital, Baltimore (today) LOWER: Bon Secours Provincial House and Spiritual Center, Marriottsville, MD



BON SECOURS HOSPITAL

CONGREGATION OF THE SISTERS OF BON SECOURS.
A NURSING ORDER FOUNDED IN FRANCE IN 1824.
SENT THREE MEMBERS TO BALTIMORE IN MAY, 1881.
AT THE REQUEST OF CARDINAL GIBBONS. THEIR FIRST
U. S. CONVENT OPENED AT WEST BALTIMORE AND
PAYSON STREETS THE FOLLOWING YEAR. THE SISTERS
WERE SOON WIDELY KNOWN FOR THEIR LONG HOURS AND
COMPASSIONATE CARE OF THE SICK. BON SECOURS
HOSPITAL BEGAN HERE WITH 22 BEDS IN 1919.

MARKER ERECTED IN 1981 TO CELEBRATE
100 YEARS OF HEALTH CARE ON THIS SITE.

MARYLAND HISTORICAL SOCIETY

Centennial historic marker, site of original convent 2000 West Baltimore Street



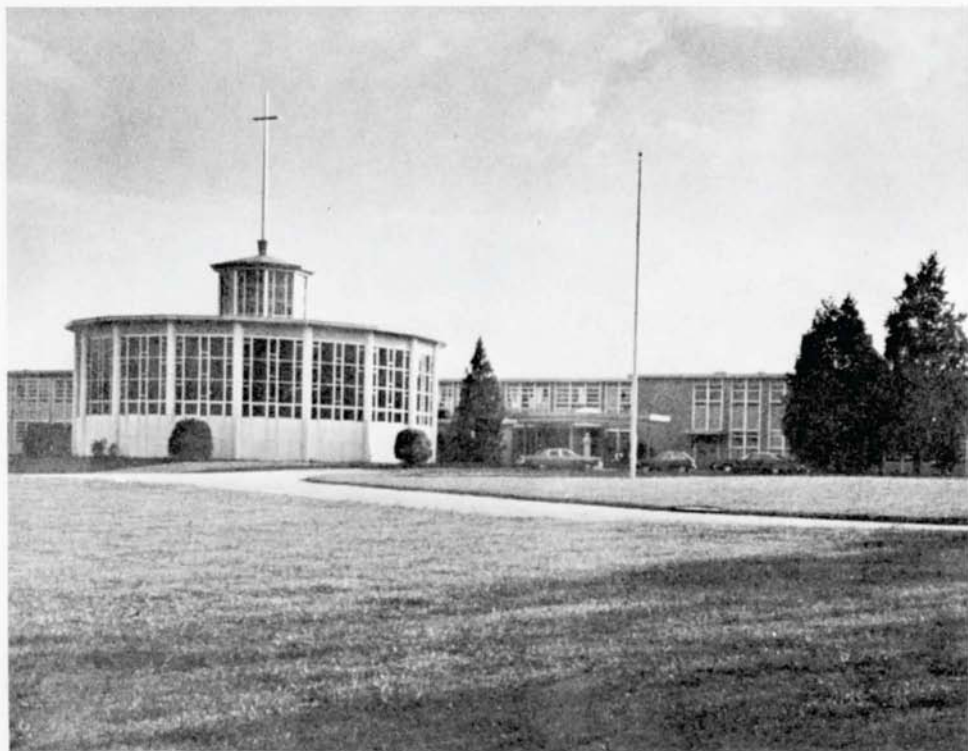
UPPER: St. Francis Country House, Darby, PA LOWER: St. Edmond's Home for Crippled Children, Rosemont, PA



UPPER: Bon Secours Hospital, Grosse Pointe, MI; LOWER: Bon Secours Hospital, Methuen, MA



UPPER: Villa Maria Nursing and Rehabilitation Center, North Miami, FL; LOWER: St. Mary's Hospital, Richmond, VA



UPPER: St. John Vianney Center, Richmond, VA; LOWER: Washington Village Community Medical Center, Baltimore, MD



Centennial, U.S.A., 1981, Representatives of our International Congregation, Honorary citizens of Baltimore: Sister Cathaldus, Provincial (England); Sister Charles Marie, General Council (U.S.A.) Sister Marie Thérèse, Provincial (France); Sister Claire d'Assise, Assistant Superior General (France); Sister Justine, Provincial (U.S.A.); Mr. Richard Lidinsky representing Mayor Donald Schaeffer; Sister Yvonne Moreau, Superior General (France); Sister Mary de Lellis, Provincial (Ireland); Sister Mary Bosco, General Council (Ireland); Sister Anna Patricia, General Council (England)

place. On September 27, Villa Maria was chosen for a formal visit from President Gerald R. Ford when he was campaigning in South Florida. He extended words of greeting to many within the building and expressed his admiration of the fine facility.

From humble beginnings in 1959, the work of the Sisters of Bon Secours in Miami has progressed from a 42-bed home for the aged to a large, modern, well-equipped nursing and rehabilitation center. The sisters realize that this could not have been achieved without the help of many people. The Ladies' Auxiliary played an important role in the progress and viability of the facility. Volunteers of all ages have shared their time and talents in caring for the patients. Co-workers, through their dedication and faithfulness to the philosophy of Bon Secours, have enabled the sisters to touch the lives of thousands with their own spirit of concerned love and compassion. Today, Villa Maria is one of three nursing homes in South Florida accredited by the Joint Commission on the Accreditation of Hospitals—a distinction shared by few nursing homes.

Villa Maria is still growing. After two years of planning and obtaining the necessary governmental approvals and the required zoning changes, ground was broken and blessed for a new addition on March 29, 1980. This latest addition has cost over four million dollars and includes, in addition to 80 new beds, greatly enlarged and improved services, particularly rehabilitative facilities. The building was completed by the end of the summer of 1981, and dedicated by Archbishop Edward A. McCarthy on the following November 1. Congressman Claude Pepper was among the guest speakers on that occasion, as he had been in 1970 when the Nursing and Rehabilitation Center was first opened. In appreciation of Congressman Pepper's humanitarian legislation on behalf of the elderly and his tireless efforts as a champion of human dignity, the new rehabilitation division was dedicated as the Mildred and Claude Pepper Rehabilitation Pavilion.

The Sisters of Bon Secours face new challenges as they continue to care for the elderly in the area and explore unmet needs to which they can respond. Their task is not an easy one but they are committed to their mission—compassionate caring after the example of Christ.

Chapter XIII

St. Mary's Hospital and St. John Vianney Center Richmond, Virginia

St. Mary's Hospital in Richmond, Virginia, might well be called the first Catholic hospital in that city; it had but one predecessor—the Infirmary of St. Francis de Sales, staffed by the Daughters of Charity of St. Vincent de Paul—which opened in 1860, soon to become a military hospital the next year, when Virginia seceded from the Union. The nearby Virginia cities of Norfolk, Portsmouth, and Newport News and Martinsburg, West Virginia—all of the same diocese—saw the establishment of Catholic institutions in later years, but it was to be over 100 years before Richmond had the great joy of welcoming St. Mary's.

It took the persistent drive of three bishops to bring it to reality—Bishop Andrew J. Brennan, Bishop Peter L. Ireton, and Bishop John J. Russell. In 1927, Bishop Brennan bought property as a site for a Catholic hospital on Cary Street; later, this property was found to be unsuitable for hospital construction and is now the location of Mary Munford School. In the October 1930 issue of the *Virginia Knight*, forerunner of the *Catholic Virginian* (diocesan newspaper), Bishop Brennan outlined a five-year program for the expansion of diocesan facilities. He said, "No one doubts the need of a Catholic hospital in Richmond. There is perhaps no city of this size in the whole country without a Catholic hospital. We need no arguments to convince our people of the need of such an institution. A site has already been secured, and we are only waiting the opportune

time to put this project before our people.”¹ The opportunity never arose during his episcopate.

In 1937, Bishop Ireton sought through option the Rugger property opposite Byrd Park as a hospital site, but one month before the Bishop planned to negotiate, it was sold to someone else. Two further attempts in 1938 and 1940 were made by Bishop Ireton to find suitable property that was acceptable to architects. Soil soundings in both instances showed the land to be unfit for hospital construction. Finally, in 1943, after years of searching, Bishop Ireton placed the project into the hands of Father Harold F. Nott. At that time Father Nott was director of the Diocesan Bureau of Catholic Charities. Having been born and raised in Richmond, Father Nott knew the geography of the city well.

In his quest for property, Father Nott met with many frustrations. Soil tests proved two sites unsuitable, and options on two other eligible pieces of land were already taken. In 1945, he was named Director of Catholic Hospitals for the diocese. In 1949, a 16-acre lot on Southern Plaza Parkway, bounded by Bremono Avenue, Libbie Avenue, and Dunham Street, became available. It was an ideal location having the highest elevation in Henrico County and being close to the heart of the city.

The property was an undeveloped, wooded territory with only two small houses on it. But purchasing the property was not to be simple—it was composed of 32 parcels of land. Bishop Ireton instructed then-Monsignor Nott to engage the services of Joseph Lange, a Richmond realtor, but it still took 13 years to acquire all of the property. Some of the land had to be bought through a third party, as some old prejudices still existed against the Catholic Church.

Bishop Ireton had had a promise of financial help to build a hospital from Mrs. Florence H. Lawler, a wealthy widow who had been received into the Catholic church by Monsignor Nott. In 1944, she had agreed to set up a trust fund for a Catholic hospital, and in 1959 the fund was officially founded.

Bishop Ireton died in 1958, before seeing any progress on the hospital—his hope and dream for many years. He was succeeded by a fellow Baltimorean and friend, Bishop John J. Russell. Early in 1959, a survey was conducted to determine the need for additional hospital facilities in the Richmond area. When the results were released in March showing such a need existed, Bishop Russell, a long-time friend of the Sisters of Bon Secours, contacted Mother Helena, then provincial superior, and asked her for sisters to staff the new operation in Richmond.

The work of the sisters was well known to the bishop. The sisters had nursed his grandmother in his childhood home; they had later cared for his sister when she contracted typhoid fever; and they had cared for his

family's close friend, Mary B. McKee, who spent the last years of her life in the West Baltimore Street convent. In later years, as a young priest stationed at St. Martin's Parish in Baltimore, he had close contact with the sisters at Bon Secours Hospital and convent. Now he wished to have the Bon Secours in his diocese to carry on their healing ministry. In October 1959, Bishop Russell announced a Diocesan Development Fund campaign for diocesan and parochial needs—70 percent of the funds were to go toward the building of the new Catholic hospital.

Mrs. Lawler was particularly pleased at the selection of the sisters. Her relationship with Bon Secours dated back to the 1920s, when the sisters had cared for her husband, John Neale Lawler, in his last illness. Mr. Lawler had died while under the care of Sister Apollonaire in 1929. It was a pleasant surprise to Bishop Russell when this relationship was made known to him. Following the foundation at Villa Maria Nursing Home in North Miami, Florida, in 1959, the sisters visited Mrs. Lawler at her home in North Miami Bay, and gave her care as required. It had been Mrs. Lawler's wish to spend her last years at St. Mary's Hospital, but when she died the new facility was still a blueprint on the architect's drawing board. She died at her home in Miami in 1962, just one month after the Henrico County Board of Zoning Appeals approved construction plans. But the completed hospital would soon stand as a memorial to her and to her husband.

Final plans called for construction of a 156-bed hospital with sufficient central facilities and shell space to permit expansion to 300 beds at a later date. In January of 1961, the diocese of Richmond purchased a home with a garden, at 5900 Bremo Road, across the street from the construction site, as a convent for the sisters. In May of 1961, Bishop Russell announced that the new hospital would be named St. Mary's, after the Blessed Mother; it also, he said, would include physicians of many denominations and would both serve and employ people of all faiths.

On June 24, 1961, three sisters, accompanied by the provincial superior, Mother Mary Alice, left the provincial house in Baltimore to make the foundation in Richmond. The founding sisters were Mother Germanus, Sister Mary Margaret, and Sister Mary of the Incarnation. Prior to the foundation day, Mother Germanus, who was to be the superior of the new community, had prepared and furnished their convent, a small bungalow. In later years, Mother Germanus spoke of the sisters' arrival on the 24th, the feast day of St. John the Baptist. She said, "In a sense, like St. John, we came to prepare a way."² As the first community of nursing sisters to minister in that city since pre-Civil War days, the sisters indeed had a way to prepare. They needed to make themselves and their work known to the people, and they hoped to do this by ministering to the sick

in their homes as construction on St. Mary's began. At that time, the Catholic population in Richmond was less than 10 percent of the total.

An account of those first days that included the celebration of the Feast of St. Camillus, the patron of nurses and a special patron of Bon Secours, was recorded in a newsletter dated August 1961:

Our first month in the capital of the State of Virginia has been completed with many firsts—and some important highlights—our first Mass, first patient, first I.V.N.A. [Instructive Visiting Nurse Association] visits The highlight and most important event of the month was the blessing of our Convent and the celebration of the first Mass by Bishop Russell. There was much ado the day before with the usual Bon Secours grande ménage! In the midst of it Sister Mary of the Incarnation dropped the new iron and made the comment that she was glad Mother was upstairs. Lo and behold, Mother came down some time later, and quietly remarked, "Sister, did you drop the iron?" Sister Mary remarked, "It's just like living in the Presence of God—Mother knows everything!"

Bishop Russell and Monsignor Unterkoefer [Chancellor of the Diocese] arrived bright and early on the Feast of St. Camillus, July 18. We particularly noticed how appropriate are the prayers of this Mass for us nursing Sisters. The Bishop blessed our tiny Chapel first, then erected the stations (we had to move several times so that he could get around) and finally followed the Mass, bringing Christ into our little castle and making our house truly a convent and home. On the day previous, Monsignor Byrne, pastor of St. Bridget's came and blessed the vestments; he will arrange for us to have Mass at least once in two weeks. Mr. Prendergast (as thoughtful as his sister, Sister Walbert) sent beautiful roses for our first Mass.

On the following day, the feast of St. Vincent de Paul, another of our patrons and also patron of the diocese of Richmond, a call came from the Chancellor asking us to stay with a dying priest at Johnston-Willis Hospital. . . . We were well accepted at the hospital (about 200 beds) but there were very few Catholic nurses. Sister Mary went on duty for the day, and Sister Mary Margaret for the night. It seemed fitting that this humble, holy priest should be anointed by the Bishop, and that the Chancellor and two Bon Secours Sisters were with him at death. We pray that Father Jack will watch over the future St. Mary's Hospital from heaven

We had been anxious to do some home nursing . . . and St. Joseph saw to it that we did! On the afternoon of our first Mass, the Director of the I.V.N.A. called on us and asked if we were interested in working for them for the summer since they were short of nurses and she had learned that we were interested in doing some home nursing. After clearing many details with the Chancellor, Internal Revenue, car insurance, etc. Sister Mary and Sister Mary Margaret joined I.V.N.A. on Monday, July 24, to carry the black bag of the public health nurse—and we hope a little of Christ's love into the homes of the people of Richmond. What an opportunity to become acquainted with

the community, white and black, rich and poor alike, babies, mothers, old and young! The nurses in the agency were more apprehensive than we about our working with them; for none of them are Catholic, and most of them had heard only "old wives" tales about nuns. One wondered if she would now have to wear long sleeves with the Sisters in the office, another thought they would have to keep silence because the Sisters never talk in church, etc. It must have been a let-down, to find us quite normal, like the rest of the human race. We were asked many questions (after the nurses became acquainted with us) about the Catholic Church, about Sisters, etc. We hope some little good will be done to break down prejudice and create a better understanding of the Church. We continue to be called "M'am" by Catholics and non-Catholics, but our patients accept us quite well

During the past month we also visited the Medical College of Virginia, at the invitation of Dr. Sanger He is responsible for everything that has made the College what it is today. It seems that at one time he wanted Sisters to staff the hospital because he knew they would give good care to patients. It is good to have Dr. Sanger a friend of our future hospital.³

The apostolate begun with the I.V.N.A. continued over the succeeding years until the hospital opened. In the beginning, however, some people had a fear of the sisters and would not let them into their homes when they made house calls. Gradually the sisters won their way into the hearts of the people and old prejudices were dispelled. Sister Mary Margaret recalls that only after she had allayed the fears and suspicions of one patient, did the woman gingerly open the door and let her in to administer the required care. In succeeding visits this patient welcomed Sister. Later when she became very ill and was admitted to a hospital, she sent for Sister to come and pray with her. Getting to know the people, and helping them know the sisters, was vitally important in those early days.

The sisters also did some private-duty nursing in the hospitals of the local area. An account of this phase of the sisters' work was described in the *Catholic Virginian*, March 1, 1963:

Now one of them is kept busy serving as a nurse on private cases. Her immaculate white habit has become a familiar sight in as many as five hospitals, and other nurses as well as doctors and patients, some of whom had never talked to a nun, chat and laugh with this skilled, gentle and gracious Sister of Bon Secours. Her public relations value for the new hospital as well as for the Catholic Church is immeasurable. In fact, Sister's warm and sympathetic spirit along with her accomplishments as a nurse give an idea of what it will mean to have a Catholic hospital in the diocese's See City.

As time progressed, the sisters became more familiar figures in the civic community and the work of kindly care characteristic of the Sisters of Bon

Secours became known to the people of Richmond. At the same time, the sisters continued to work closely with Bishop Russell and the architects on the plans for the hospital.

On August 30, 1961, the hospital became incorporated as St. Mary's Hospital of Richmond. The purposes of the Corporation were:

To establish, erect, maintain and operate a Catholic Hospital or Catholic Hospitals and related facilities within the Commonwealth of Virginia, under the sponsorship of the Sisters of Bon Secours in the United States, . . . in order to render certain medical and health services as are deemed necessary and appropriate by its Board of Directors, . . . for the benefit of all persons regardless of race, color or creed.

To carry on any educational activities related to rendering care to the sick and injured, or to the promotion of health, that in the opinion of the Board of Directors, may be justified : . . .

To promote and carry on scientific research related to the care of the sick and injured . . .⁴

Under this charter the hospital was destined to see tremendous growth.

The first meeting of the incorporators of St. Mary's Hospital was held September 29, 1961, and the first officers of the corporation were Bishop Russell, president, Mother Germanus, vice-president, Sister Mary Margaret, secretary, and Monsignor Unterkoefer, treasurer. Three important decisions made by the Board of Directors in those early days were the formation of a lay advisory board, the establishment of an advisory committee of doctors to assist in planning for the hospital, and the organization of a women's auxiliary.

On January 9, 1962, the Sisters of Bon Secours and the architects met with the Academy of Medicine of Richmond and presented to them the hospital plans. The architects not only shared their plans with the doctors but asked for suggestions. At the same time the sisters explained who they were and the nature of their work. This was the beginning of a successful and cooperative relationship with the doctors of the area, who later formed an advisory committee. By April 9, 1963, a core group of physicians had begun the organization of a medical staff for St. Mary's Hospital and had written medical staff by-laws.

A few weeks following the initial meeting with the Academy of Medicine, the St. Mary's Hospital Auxiliary was formally established. With the aid of Bishop Russell, a planning committee had been set up in October 1961. From the beginning emphasis was placed on the fact that the auxiliary was to be interdenominational and was not to be racially bound. News of the auxiliary was given wide publicity through the press.

The first auxiliary meeting took place on January 24, 1962, the anniversary of foundation of the congregation of the Sisters of Bon Secours.

The sisters and the planning committee were overwhelmed by the response to the organizational meeting at which Bishop Russell addressed the group. Over 950 women responded to the call for service, an unprecedented response from the women of Richmond—women of all faiths—Catholic, Protestant, and Jewish. On that day, over 500 women pledged support and contributions of time and money to the auxiliary; officers were elected and directives drawn up. Within the first year membership had exceeded 1000. The first history-making event for the newly founded auxiliary, a “Parisian Flea Market,” was held in the Mosque Building, Richmond, on November 27, 1962. This initial effort cleared over \$10,000 in one day and was the first in a series of successful and memorable flea markets that became an annual event for six consecutive years.

After the opening of the hospital in 1966, in-service projects such as the gift shop, television rentals, baby pictures, and volunteer services in many areas supplanted the flea markets. But the auxiliary continued to be a main source of financial support. Among many other things, in recent years they have donated to the hospital a fully-equipped ambulance for nonemergency transportation service and a beautiful out-door life-sized marble statue of Our Lady of Grace. The St. Mary’s Hospital Auxiliary has always had as its primary objective to create and maintain good public relations and spread enthusiasm for the hospital among people of all faiths; and to give financial assistance and help. The auxiliary has been a font of good will. It has given over a million dollars in funds and millions of volunteer hours of service. In the 1970s Sister Rita encouraged recruitment of men for the auxiliary. Today many men serve as auxiliaries and do volunteer work at the hospital.

As well as the kindness received from the auxiliary, the kindness of the people of the neighborhood was appreciated by the sisters. Sister Rita Thomas recalled:

Looking back, I thought of our neighbors when we were living in the little house. As most of the area, the family next door, husband and wife, were non-Catholics—very religious people. They accepted us whole-heartedly; provided us with fresh vegetables from their garden. Mother Germanus used to make things and share with them. It was really a nice feeling.⁵

Over another year elapsed between the foundation of the auxiliary and the groundbreaking for the hospital. Four of an estimated seven-million-dollar construction cost was secured through a bequest from Mrs. Lawler’s estate; additional funds came from a federal Hill-Burton grant and from a diocesan fund drive. None of the neighbors opposed the original use permit or any of the zoning variances; in fact, many of the nearby property owners spoke out in favor of the hospital. Groundbreaking was set for March 19, 1963, the feast of St. Joseph.

On March 19, the rains came and the winds blew, yet Bishop Russell broke ground. The following account was given in the *Richmond News Leader* on March 19, 1963:

Ground was broken for St. Mary's Hospital—the first hospital in Henrico County and in the Richmond area's extreme West End—today as participants huddled under a tent to escape from drenching rains.

Construction will begin "within the next few weeks" said a representative of the Bon Secours Sisters who will staff the institution.

The seven-story, more than 5.5 million-dollar building should be completed within the next two years, she added. It will be open to patients of all faiths.

The morning ceremony was attended by approximately 50 persons: diocesan officials, nuns, their white coifs dripping with rain; representatives of various medical and health associations, neighbors and civic officials.

Dressed in scarlet robes, the Most Rev. John J. Russell, Bishop of the Catholic Diocese of Richmond, thanked the many individuals and organizations that had made the hospital possible.

As he stood under a canopy furnished by a local funeral home, the bishop said with a wry smile:

"I had prepared a nice long talk, but I don't think standing here with a shovel digging a hole under a tent is the right occasion for it."

Actually, work began on April 11 by clearing away the beautiful wooded area of tall green trees—ironically, a sign of promise and progress. Mother Germanus recalls: "Over the years of waiting I had often looked at that wooded lot and wondered how much work would be entailed before it could be transformed into a hospital."⁶ In one of the remaining trees, the sisters erected a shrine to St. Joseph to protect the workers. Monsignor Francis J. Byrne, pastor of St. Bridget's Parish, blessed the shrine, on May 1, feast of St. Joseph the Worker; on that same day St. Mary's first employee reported for work. Mr. Luther S. Cannada, appointed by Bishop Russell as Clerk of the Works to supervise all phases of construction, yet holds a position at the hospital at the time of this writing.

Before actual construction began, in order to meet the requirements of the United States Public Health Service for a Hill-Burton grant, the hospital corporation entered into a lease agreement with the diocese of Richmond. At a later date Bishop Russell transferred the hospital entirely into the hands of the Sisters of Bon Secours.

Construction progressed favorably for the next two years. From their convent across the street, the sisters could watch the seven-story structure grow. By December of 1965, the building was far enough along that the sisters moved from their small convent to the new one located on the seventh floor of the hospital. They were joined by five more sisters who

had arrived to assume positions of leadership within the hospital. Two of these sisters, Sister Mary Monica and Sister Rose of Lima, are still at St. Mary's.

An account of the move to the new convent was given in the *Richmond Times-Dispatch* (date not preserved),

The first permanent residents of the still unopened St. Mary's Hospital moved in this week.

Eight nuns of the Congregation of Bon Secours, who will hold administrative positions in the hospital, moved from 5900 Bremond Road to the light and cheerful seventh floor quarters, which will be their official residence in the new hospital at Monument and Libbie Avenues.

For the three nuns, Mother Germanus, hospital administrator, Sister Clare and Sister Xavier, who have been living in the tiny convent across from the hospital, it was another big step toward their goal—a well-organized hospital ready for patients.

For the five nuns who have joined the group this week, it was the beginning of an adventure in a new community. . . .

"Each nun will act as a supervisor in medical and surgical, operating, pediatrics, medical records and medical technology areas" said Mother Germanus. However, she does not know just yet where everyone will be in the final setup.

Mother Germanus is sure of one thing. Between now and the time the hospital opens its doors to the first patient, there are about a hundred million things to be done and five more nuns to help do them.

The move was not without adventure as an elevator full of nuns and luggage got stuck between floors and had to be rescued.

The first mass in the convent chapel on the seventh floor of St. Mary's Hospital was celebrated on December 15, 1965 by Bishop Russell and was served by the first two lay members of the board of directors, Nicholas Spinella and Joseph Muldowney.

During the next few weeks the sisters were busy preparing for the dedication. The *Richmond Times-Dispatch* (date not preserved), reported: "St. Mary's Hospital will not open its doors for several weeks, but within its walls stirs the spirit of happy, cheerful service which seems to belong to the Sisters of Bon Secours." The sisters celebrated their first Christmas in the hospital by joining in the local custom, the "Richmond—City of Candlelight" program, by placing electric candles in each of the hospital's many windows.

On January 9, 1966, some 2,000 people braved the near-freezing temperature to witness the dedication of Richmond's first Catholic hospital. In addition to Lawrence Cardinal Shehan of Baltimore and Bishop Russell of Richmond, there were seven other bishops and an abbot present, along with civic leaders and other guests. Fourth Degree Knights of

Columbus formed a guard of honor for the Church dignitaries. The army band from Fort Lee accompanied the crowd as it sang the national anthem and as the color guard from Benedictine High School raised the flag. The St. John Vianney Seminary choir provided the music for the dedication services.

According to the *Richmond News Leader*, January 10, 1966, Bishop Russell said in his address, having made mention of the other Catholic hospitals in his diocese, " 'Now last and crowning all, we have St. Mary's named after the Mother of Our Redeemer The name of St. Mary is especially appropriate for a hospital staffed by the Sisters of Bon Secours of Our Lady of Good Help.' " The bishop expressed his happiness in having the sisters " 'because of a single-hearted devoted care which will warm and cheer this building.' "

Following the dedication ceremonies, guided tours were conducted through the hospital, and the memorable day came to a close with a dedication banquet at the Hotel John Marshall. Speakers included Cardinal Shehan, Bishop Unterkoefler, and Lt. Governor elect Fred G. Pollard of the Commonwealth of Virginia. One could say that it was an ostentatious dedication day, but not when one considers a waiting period for that day of over 100 years.

A general invitation was issued to the public to tour St. Mary's Hospital after the dedication, and during the week of January 17. One of the local residents wrote the following in the *Richmond Times-Dispatch*, January 28, 1966:

During the week of "open house," I was in a group escorted through St. Mary's. Many new buildings have opened in Richmond, but to my knowledge, no other has been so generous with its time and energy to take thousands of people on guided tours through its facilities. Richmond is indeed fortunate to have this fine hospital and its excellent staff in our city.

During the week of that "open house," Mother Germanus expressed the thanks of the Sisters of Bon Secours in an open letter to the citizens of Richmond, which was printed in the *Richmond Times-Dispatch*, January 19, 1966. It reads:

Nearly five years ago, two Bon Secours nuns and I came to Richmond to build a hospital. We had little other than our personal belongings and the promise of a warm welcome to the community.

On Sunday, January 9, St. Mary's Hospital came to full reality and, beyond a doubt, the initial warmth of our welcome had mushroomed into a whole-hearted, gracious and overwhelming reception. We cannot adequately express our appreciation of the cordiality extended by our new neighbors who attended our dedication ceremonies and toured St. Mary's

On behalf of the Staff of St. Mary's Hospital and myself, I want to convey a

heartfelt thank you to the community. We will dedicate ourselves to repaying this generous welcome with the only coin of the realm we possess—service to the sick and suffering members of this community that has so graciously opened its arms to us.

Throughout the building program Bishop Russell had been in charge of the project, but on January 1, 1966, the bishop placed the operation and staffing of the hospital entirely in the hands of the sisters. With a bed capacity of 169 and 42 bassinets, St. Mary's formally opened its doors for the admission of patients on February 15. One of St. Mary's first employees wrote, "How well I can recall the night of February 14th—dustcloths, mops and buckets and furniture polish—all of us so excited about the opening day on the 15th—that we donned our workclothes and pitched in to make sure everything was 'shiny and bright!'"⁷

Sister Rita, then director of nursing, relates:

Before the hospital opened the little house served as a meeting place for various committees and for the medical staff. Some key personnel were hired before the building opened and they worked out of the little house. We had a good and close relationship with our personnel, one that has lasted through the years. Many of the first group of employees are still with us. The hospital opened in February near St. Valentine's Day and for several years we had an anniversary party for the employees on the anniversary date.

Prior to the opening of the hospital, two young, timid, non-Catholic nurses came to apply for jobs. I was delighted. They were hesitant, not knowing what to expect of the sisters. One stayed on full-time for years as a head nurse. After she married, she continued on a part-time basis and still works at St. Mary's. The other worked for years also as a head nurse. She wanted to advance her career and on my suggestion went back to school in hospital administration and today is holding a position of assistant administrator.

St. Mary's was the first hospital in the area to be integrated. In fact, as built it was designed for separate waiting areas and toilet facilities for blacks. We opened with 100 percent integration. My secretary was a black woman and she is still at St. Mary's today.⁸

Each unit, it had been decided, would be opened as soon as it could be staffed. The original intention was to admit only 10 patients the first week. On opening day, the first medical patient arrived before noon, another patient soon followed, and, before the day was complete, emergency surgery was required for another. On the following day, February 16, 1966, Bishop Russell consecrated the hospital chapel and the first mass was celebrated there. By the end of the first four days one unit of 36 beds was occupied and another unit of 42 beds had to be made available. Over 300 physicians had applied for staff privileges.

In May of 1967, the necessary legal steps were taken to transfer the hospital property from the diocese of Richmond to the Sisters of Bon Secours. On July 7, 1967, Mother Mary Xavier (Sister Rita Thomas), who had been director of nursing, succeeded Mother Germanus as hospital administrator and superior of the community, which at that time numbered 14 sisters. Under the progressive leadership of Sister Rita, the hospital began its tremendous program of growth. It soon became apparent that more beds were needed, which was accentuated by the increased number of people over 65 who were using Medicare. The Medicare program had been enacted in July of the previous year.

The shell for the west wing, included in the original construction, was to be utilized for expansion. It had been built to carry three more floors. At the time of this demand for more general hospital beds, a need for psychiatric beds had also become apparent in the Richmond area. Sister Rita suggested that plans for a mental health unit be included in the new construction. Plans were approved for expansion to 350 beds including a 26-bed mental health unit. On November 1, 1968 work on this project began, at a cost of approximately 2.8 million dollars. About a third of that money was raised by public subscription. The balance was financed through borrowing and a Hill-Burton grant. While the west wing was being built, the emergency and x-ray facilities were likewise being expanded to double their original size. In addition, a cobalt therapy unit was added.

Years of planning and construction on this addition culminated on October 3, 1970, when the west wing was dedicated by Bishop Russell. Speaking on that occasion, Sister Rita said:

The first thoughts that come to my mind today are "all you bricks and stones praise the Lord." I hope that this building of bricks is a reminder that God's work is being done. It is rather remarkable to stand here on the occasion of this major expansion and realize that the next celebration scheduled at St. Mary's is our fifth anniversary.

To have arrived at a major event such as today's before St. Mary's has marked its fifth year of operation has to be a milestone of major proportions. . . .

To all of us who are a part of St. Mary's this new capability to serve more people represents what St. Mary's is all about. Our sole purpose is to provide health care for the people of our community and to provide this care in the name of the Lord. This added capacity to meet this purpose makes today's events most important for us. We are thankful that God has given us this opportunity to serve our fellow man better.⁹

Before another year had elapsed, an architectural structure unique to St. Mary's Hospital, a mechanized fountain, was built as a memorial to

Mrs. Florence Lawler. Mrs. Lawler had specifically requested in her will that a fountain of "handsome proportions"¹⁰ be included in the architectural plans for the hospital. The auxiliary donated funds towards its erection. It was dedicated in January of 1972 on the occasion of the tenth anniversary of the founding of St. Mary's Hospital Auxiliary. The land on Monument Avenue, where the fountain was erected, had belonged to Henrico County. It was leased to St. Mary's Hospital—ground rent \$1 for 99 years—on condition that the hospital keep it attractively landscaped.

It was also in 1970 that the dual roles of administrator and religious superior became separate responsibilities in most Bon Secours facilities. In June of that year, Sister Elizabeth Durney was appointed superior of the Richmond community of sisters and Sister Rita continued in her role as hospital administrator. In 1971, Sister Elizabeth saw the need to extend spiritual services within the hospital to patients of all religious denominations, as the majority of the patients were non-Catholics. She contacted clergymen of other faiths and developed a volunteer roster that brought them into the hospital chapel to minister to patients and personnel of other denominations. After two years, she was instrumental in the establishment of a department of Pastoral Care as well. The Pastoral Care Department, now an integral part of the hospital's provision for total patient care, provides an organized and coordinated delivery of pastoral services to meet the spiritual and emotional needs of each member of the hospital family.

The following letter excerpts, pertaining to the work of the pastoral services staff, affirm the value of their ministry. The parents of an infant wrote: "Thank you so much for all you did to help us accept Emily's sickness and death—for all our talks, Communion and especially for being there when we really needed you." A lady, whose mother had died, wrote: "I want you to know how much comfort you gave me on Christmas Eve when my mother died. You knew just what to say—and used all the right words—you held my hand and put your arms around me and held me so tight. Always do that for everyone—it helped me so much. Thank you for coming to her room. I needed someone badly. I was never so alone."¹¹ The father of an accident victim said in a letter addressed to the hospital administrator:

Today is my son's nineteenth birthday. Fifty-one weeks ago tonight, the Rescue Squad took his crushed, broken, bloody body out from under a car and brought him to your Emergency Room, and the longest night of my life was underway.

Throughout that awful night, while I looked for each person I met to say to me, "We did all we could, but he's gone," one member of your Pastoral Care Department was trotting back and forth with realistic cheer and firm

data She kept it up all night long, until the doctor said my son would probably live, and might eventually be able to walk again.

I won't embarrass that gallant lady by public identification; she knows who she is, and God also knows, and I know, and that's enough. But to me she will always represent your whole Staff, all who fought for my son's life and restoration to health, people whose names I will probably never know. Following her advice and example I have given, and will never cease to give, my thanks to the One to whom they are properly due, mentioning you people as those who do His work superbly.¹²

In 1972, St. Mary's took the route of other Bon Secours facilities faced with the increasing complexities of operating a modern facility by appointing Mr. Richard D. O'Hallaron to serve as executive director. This appointment was made upon the recommendation of Sister Rita, who continued on in her administrative role and as president of the board of directors until she was elected provincial superior in the fall of 1973.

St. Mary's continued to plan for expansion. In 1971, the hospital had purchased over five and a half acres of land from the diocese of Richmond—and, at about the same time, the idea of building a medical office building was first conceived. The idea took years of research before a decision was made in favor of it. It was seen as meeting not only a community need but also providing for the hospital's own out-patient needs. In 1974, construction plans were in the offing. At a cost of \$4.5 million, a six-story building proceeded to completion in less than two years. It was dedicated on June 13, 1976. Both Bishop Russell and Bishop Walter F. Sullivan officiated at the ceremonies.* Mother Germanus and Sister Rita were present for the occasion.

Even while the medical office building was under construction, remodeling and expansion of the existing hospital—a multimillion dollar project—was underway. St. Mary's was equipped with the most modern medical equipment. An out-patient diagnostic and treatment center, a large intensive care and coronary care unit, and a psychiatric intensive care unit were completed. Other areas were expanded and remodeled. A C.A.T. (computerized axial tomography) Scanner was installed. There was also a first in local hospital construction—a speed ramp—for the benefit of all who visit or use the hospital. The new and approved areas were dedicated on May 1, 1977, by Bishops Russell and Sullivan.

St. Mary's sixteen-year history has been marked not only by its architectural achievements but by gaining the leading reputation in the community for its quality of care. The hospital is fully accredited by the Joint

* Bishop Russell retired as head of the See of Richmond in April 1973. He was succeeded by Bishop Sullivan.

Commission on Accreditation of Hospitals. It is a member of the American Hospital Association, Virginia Hospital Association, the Virginia Hospital Service Association, and the Catholic Hospital Association.

The most modern facilities, the most skillful physicians and nurses, and the most beautiful architecture can be less than sufficient without genuine compassion and caring. This compassionate care is the hallmark of St. Mary's. The spirit of the sisters, their dedication, friendliness, and warmth, has impregnated the atmosphere and has been conveyed to all who share in their healing mission.

Early in its history St. Mary's Hospital was engaged in staff educational programs and was affiliated with outside schools of nursing. In September of 1966, the Henrico County-St. Mary's Hospital School of Practical Nursing was established. This was followed in October of 1967 by a cooperative program with John Tyler Community College Associate Degree Program in Nursing. In 1970, a medication technician program was started and in 1971, St. Mary's Hospital School of Radiology Technology began. The hospital affiliates with the Medical College of Virginia School of Nursing, School of Medical Technology, and School of Medicine, and has residency programs for interns, residents, and hospital administration students. It also offers clinical experience in other paramedic fields from other institutions. Today, St. Mary's has an active centralized educational and staff development department.

Love of the poor has always been a part of the ministry of Bon Secours, and St. Mary's Hospital has been no exception to this tradition. In 1970, as the Sisters of Bon Secours were looking for ways to serve the poor through some community health program, an opportunity presented itself to them. The plight of residents in a nearby rural community was brought to light. In September 1970, following the year the schools were integrated, a teacher at Longan Elementary School in Western Henrico County noted that frequent absences of children could be traced to a lack of shoes and proper winter clothing. The teacher shared her concern about this with Mrs. Eileen Saufley who worked in the school library. Mrs. Saufley, a parent herself and a resident of a nearby community, followed some of those children home to see where they lived. She followed at a distance, so as not to embarrass them. She was appalled at what she saw. The children had led her to the Francistown Road area, comprised of a series of houses and shanties located off dirt roads and paths that could easily be overlooked by passing motorists. Mrs. Saufley won the confidence of some of the children and thus she began home-visiting in Francistown.

Francistown, a black rural community covering a 10-mile area and including a population of approximately 600 residents (125 families), was

but a stone's throw from an affluent neighborhood of Henrico County suburban homes. Much of the decrepit housing in Francistown was without running water and few had electricity. The majority supported large families on less than \$5,000 per year. Mrs. Saufley made almost daily visits to the area for three months and established trust with several families. Requests for help became greater than she could handle alone. She then shared her feelings and experiences with her pastor at Our Lady of Lourdes Church, Father John Hughes, and the church began to plan help. The parish soon saw the need for more formalized assistance. With the help of the Diocesan Office of Social Development, the Social Development Committee of Our Lady of Lourdes Parish was formed in January of 1971. This parish social committee assisted the residents of Francistown in securing legal aid, food stamps, running water, and electrical wiring.

There was no public transportation available in Francistown. Very few families owned cars and residents often had to solicit rides to clinics, doctors, court, welfare offices, and other important places. The newly formed Social Development Committee of Our Lady of Lourdes Church assisted. Churches of varying denominations also became involved not only in transportation but in other activities and projects sponsored by the Parish Social Development Committee. They made donations of money, space, and time.

In September 1972, the local Chapter of the Association of Black Social Workers became active in the neighborhood and was responsible for the organization and establishment of the Francistown Road Civic Association. As a result of the hard work of these groups, many problems were solved; however, health care was largely inaccessible to these people. Many could not afford a private doctor. The Henrico County Public Health Department was 23 miles away at the other end of the county. The closest hospital, St. Mary's, was 12 miles away. At that time Henrico County was the only county in Virginia not affiliated with the state health department and therefore was not eligible for matching funds from state or federal governments. It had the lowest appropriation for medical aid in the entire state, and did not even have a county medical director nor public health nurses in its county school system. The first line of community health needs, inoculations for the children, was non-existent in Francistown. The health department, after much persuasion, finally utilized an abandoned recreation building, the Coal Pit School, as a temporary clinic. Fifty-two babies were inoculated.

St. Mary's became involved in the health care problems of Francistown in January 1972. Some time previous to that date, a mother of two young children had died of sickle cell anemia. Further study indicated that

several children from the community had died from sickle cell anemia, and many more health related needs were discovered. A member of Our Lady of Lourdes Social Development Committee talked with the Sisters of Bon Secours about the lack of health care for the people of Francistown. A plan was made to determine the extent of sickle cell anemia existent in the area. St. Mary's responded to the appeal, and tests were administered free of charge by volunteer nurses and laboratory technicians. A total of 237 persons were tested. Sometime later when there was an outbreak of staphylococcus infection St. Mary's responded by providing penicillin and a nurse to give injections to 22 people involved. These activities brought St. Mary's into an awareness of the acute health needs of the people of Francistown.

The Civic Association, the Parish Social Development Committee, and St. Mary's Hospital concluded after several studies and much discussion that a mobile health unit would be the most appropriate and effective method of delivering health care to the area. They consulted with the Richmond Diocesan Office of Social Development on how to secure funds to purchase such a unit. The four organizations submitted a proposal to the National Office of the Campaign for Human Development requesting funds for the purchase and equipping of a mobile health unit and operating expenses for one year; on September 15, 1972, the Campaign for Human Development approved a grant for \$37,000. The mobile health unit project had had to meet criteria of a self-help project in order to get those funds. The people of Francistown chose the name "The Health Wagon" for the mobile unit.

St. Mary's Hospital agreed to administer the funds and supply free of charge, all the back-up medical services for the Health Wagon. Officials from St. Mary's Hospital, the Henrico County Public Health Department, and the Instructive Visiting Nurse Association of Richmond met to see how they could coordinate their services and work together cooperatively in this new venture.

The vehicle was a Dodge Sportsman Wagon and it was converted to a health unit by the installation of the necessary medical equipment; an examination table, adult and baby scales, blood pressure apparatus, an electrocardiogram machine, and other general medical equipment. The wagon was also equipped with a desk, a file cabinet, a refrigerator, and toilet facilities, as well as a phone linking the Health Wagon with any medical resource personnel could need. Books and literature were made available. A Health Wagon Policy Board was set up to act as a liaison between the community and St. Mary's Hospital. The board is composed of Francistown community representatives, two hospital representatives, members of Our Lady of Lourdes parish social ministry, and a member of

the county health department. As planned in the proposal to the Campaign for Human Development, two residents of the Francistown area were trained to work on the Health Wagon as family health aides to assist the professional staff. Their job was also to promote good public relations for the new venture, as establishing trust with the residents of Francistown was of prime importance. St. Mary's Hospital assumed the responsibility of training the health aides during a six-week program specifically prepared for this type of public health work.

On April 1, 1973, the Health Wagon was taken to the Coal Pit Community Center on Francistown Road where Bishop John J. Russell of Richmond addressed the residents and blessed the unit. The feelings of the community were expressed by Mrs. Jeanette Woodson, president of the Francistown Road Civic Association, when she said: (as quoted in a local newspaper) "I think it's the best thing that could have happened to the area because there was just no way for the people to get to the hospital and to the clinic they need. It really seemed like no one cared until now. . . ." ¹³ On the same occasion Father William Sullivan, diocesan director of the Campaign for Human Development, said: "The endeavor has for the first time brought together four systems quite unrelated—the Catholic hospital system, the social apostolate arm of the Catholic Church, residents of the target community, and the professional volunteer system." ¹⁴

The Health Wagon was originally staffed by Mrs. Mary Ann Birchler, a registered Public Health Nurse from Richmond, and two specifically trained family health workers. On January 3, 1974, Sister Elaine Davia, a Sister of Bon Secours, also a family nurse practitioner and a registered nurse, experienced in public health techniques, became director of the Health Wagon. The physicians on the staff of St. Mary's Hospital gave voluntary support and aid to the unit. While on duty in Francistown the Health Wagon is parked in front of Mount Vernon Baptist Church. The pastor, Rev. Jesse R. Gatling, offered the site as a convenient and accessible location.

The services offered by the Health Wagon have covered a broad spectrum from primary health care for all ages to diagnostic services, emergency care, health education, and home health care instructions. Chronic and acute illnesses have also been detected. Causes of poor health and other poverty conditions have been identified as well and local authorities informed of the findings. Prenatal and postnatal care has been given to women who otherwise would not have received it. Immunizations and school physical examinations for children have been done in conjunction with the Henrico County Health Department. Home visiting has been done in a separate vehicle, a four-wheel drive, which

has also been used to transport patients living in homes located off dirt roads and paths to the Health Wagon for treatment.

In February of 1974, the Health Wagon expanded its services to include the area of Short Pump after a community assessment brought to light needs similar to those in Francistown. The Campaign for Human Development funded the project again for a second year with a grant of \$38,000, although the policy of the campaign is to provide seed money, not operating funds. The application for a third year's funding was not approved. Funds to continue the project were provided by St. Mary's Hospital. Because the residents of both Francistown and Short Pump own the land on which their dwellings are erected, they do not qualify for medical assistance. Some assistance has been obtained through special fund-raising community projects held for the benefit of the Health Wagon and from some patient donations, but for the most part the total cost of operating and maintaining the wagon was undertaken by St. Mary's Hospital. The hospital also covers the cost of in-patient care and other services.

The Health Wagon was responsible for the establishment of a community center in Francistown, greatly improving the physical facilities of the old "Coal Pit School." This community center in turn fostered the organization of a youth club, a women's club, a senior citizens' club, and a day care center for children. All of these activities have helped in the development of leadership, self-confidence and self-respect among the residents.

A 16-seat passenger van was purchased with funds supplied by the Sisters of Bon Secours, St. Giles Presbyterian Church, Emanuel Episcopal Church, Our Lady of Lourdes Church and the diocese of Richmond. The van allowed the start of a community-owned public transportation service for the people of Francistown and Short Pump, giving them an independence that had formerly been denied them. The Health Wagon has brought about a real awakening of a once-lethargic community. Hope has replaced despair, and trust in the efforts of "outsiders" has replaced suspicion and fear. A tremendous amount of growth has taken place, and a new concept of health awareness and health care has been established as well as an increased ability on the part of the residents to solve their own problems and provide for their own needs.

The Henrico County Health Department formally became a member of the state health department and now has a county medical director. Nurses are now assigned to the county school system and community health care has become a priority. In October of 1977, the Henrico County Health Department opened a clinic at Hungary and Parham Roads adjacent to Francistown. In recent years several other agencies have

moved their services to the west end of Henrico County. Late in the 1970s, the Health Wagon staff came to the conclusion that it could extend services into an area of greater need. After researching several areas, the Montpelier area of Hanover County was selected.* Support for the project was given by the Hanover County Health Department, the Public School System, local churches, physicians, and citizens of the area. Montpelier is 21 miles from St. Mary's Hospital, is financially poor, has few transportation resources, and is over 20 miles from the Hanover County Health Department. Many of the residents are aged persons.

Curtis W. Thorpe, M.D., Director of Public Health, Hanover County Health Department, wrote to Sister Elaine Davia:

I enjoyed our meeting on Tuesday, September 12, 1978, and would like to express my enthusiasm for your proposed project of bringing the St. Mary's Hospital Health Wagon to the Montpelier area of Hanover County. I feel that this medically underserved area of Hanover County could only benefit from your kind efforts. You have the co-operation of the Hanover County Health Department in any way which would help you improve your services.¹⁵

The Health Wagon began its mission of kindly care to the people of Montpelier on February 18, 1979. It still has ties with Francistown and Short Pump residents—who now take pride in quoting what the Health Wagon Staff has taught them.

Another interesting feature of St. Mary's Hospital is its association with the diocesan-owned Maryknoll Hospital in Busan, South Korea. An exchange program with Maryknoll Hospital was begun in 1976, following a visit to St. Mary's in the early 1970s by Reverend John Kong-Sek Sye, vicar-general of the diocese of Busan and administrator of Maryknoll Hospital, a 403-bed general hospital. In June of 1976, the first two physicians came from Busan to participate in a work-study program at St. Mary's. To date, a total of 14 doctors and one hospital administrator have participated in this exchange program. Four personnel from St. Mary's, including Sister Mary Shimo, a Bon Secours sister, and Mr. O'Hallaron, executive director at the hospital, have visited Maryknoll Hospital and learned about the Korean health system. This medical and cultural exchange program has been an enriching experience for all who have participated in it.

In 1975, the hospital joined in a community service project, the Richmond Meals on Wheels Program administered by the American Red

*When the residents of Montpelier heard that the Health Wagon was exploring a new location, they appealed to its staff to consider their area for services. They had heard of its work from friends and relatives in Francistown and Short Pump.

Cross. Because the Red Cross needed a food supplier who could not only produce a high volume of meals but could also prepare special diets, the hospital agreed to provide service at cost. Preparation of the meals was to be a volunteer service. At the time of this writing, hundreds of meals are served daily. By participating in the Meals on Wheels Program, St. Mary's Hospital is rendering a valuable community service.

A new program was begun at the hospital in May of 1979. This program, Home Health Services, provides patients with convenient, economical treatment in their own homes under the supervision of their physician. Originally designed to provide needed follow-up care for patients discharged from the hospital, it not only ensures continuity of care but allows the formation of closer ties with patients and their families. Future plans call for the inclusion of other patients. The Home Health Care Program is of special significance to the Sisters of Bon Secours as it is a return to their traditional work of home nursing. Sister Rose Marie Jasinski is now actively engaged in this ministry. All that has been achieved at St. Mary's Hospital since its inception would not have been possible without the dedicated help of many people—staff members, volunteers of all ages, board members, auxiliary, medical staff, and a receptive civic community. What was said of Abbie Acey in 1977, when she received the Marian Award, could be said of all those devoted to extending the mission of Bon Secours: "She is dedicated to the ideals of the Sisters and takes seriously the charge to extend the hands of the Sisters."¹⁶

The latest project undertaken by St. Mary's Hospital is a satellite primary care center in Amelia County, 40 miles southwest of Richmond. This center is designed to offer basic quality medical care to a greatly underserved rural area. In the Spring of 1979, some public officials and a citizens committee from Amelia County asked St. Mary's Hospital for help. A member of the Hospital's board of trustees, Mr. J. William Crews of nearby Jetersville, in Amelia County, served as the principal liaison between the citizen's committee and St. Mary's. Feasibility studies made by the hospital determined that the area had a serious shortage of medical services and that the closest health care facilities were some 20 miles away. Accepting responsibility for improving this situation was in accordance with the philosophy of the Sisters of Bon Secours to meet the health care requirements of those in need. A Certificate of Need to build a

*The Marian Award was established at St. Mary's Hospital in 1973 as a means of identifying and acknowledging on an annual basis, a person who has demonstrated outstanding, effective contribution to the hospital above and beyond the call of duty on a continuing basis.

health care center was applied for and granted in March of 1980. Land was acquired and construction on "St. Mary's Amelia Health Care Center" was begun the following November. It was dedicated on April 18, 1982 with about 600 people in attendance, among them many local residents who will benefit from the new facility. The Health Care Center houses offices for two full-time doctors, x-ray equipment, a laboratory, and other support services. The Amelia Emergency Squad Building, adjoining the Center, was built concurrently. The emergency squad renders a vital service to the area.

Speaking on the occasion of the dedication of the Health Care Center, Sister Justine, provincial, said:

I am pleased to be here to take part in the dedication of this Health Care Center that will provide the medical care so needed in this community. The Sisters of Bon Secours have always found their mission where there is a need

Deep reflection on the mission of the healing Christ—which is the mission of the Sisters of Bon Secours—and on the condition of the world around us impresses upon us, with shocking clarity, that the mission entrusted to Bon Secours is not less relevant today than it has been in the past. It is cause for enthusiasm to think of the opportunities we, and you our co-workers, have to be Christ—to be healing—to others.

We are challenged to keep pace with the world. Our task is to assure that love does not die in a technological society or environment. We must live and act in hope and faith in our ability to humanize the world around us. For this is the greatest gift we have to give—our humanity—our caring. It is this which prompted St. Mary's to respond to Amelia County's need for medical services

Pray that the mission of Bon Secours will continue to grow and flourish, to bear fruit, in this portion of the Lord's vineyard which is Amelia County.¹⁷

St. John Vianney Center

Though a separate facility sponsored by the Sisters of Bon Secours, St. John Vianney Center had its roots in St. Mary's Hospital. This alcoholic and chemical dependency treatment center had a long formation period.

Alcoholism, no longer viewed as a moral weakness but as a major illness, is the second largest "killer disease" in the United States. The total cost of this illness to the nation is estimated at 25 billion dollars a year, of which more than half is borne by industry. In the Richmond area, industrial alcoholism costs business and industry over \$75 million each year through absenteeism, decreased productivity, inconsistent work

quality, and increase in accidents. Aside from cost-saving motivation, Richmond industries began seeking treatment for their employees for philanthropic reasons. They had seen the tragic impact of alcoholism on employees and families. Many of those industrial firms had alcoholism treatment programs in other states where they sent their alcoholic employees for help, but many employees were unwilling to leave their homes to go out of state for treatment. Though certain facilities in the Richmond area accepted alcoholic patients, none provided full-treatment services: detoxification, intensive therapy, family education, and after-care. In 1976, representatives from local industries, led by Jack Campbell of Reynolds Metals, Incorporated, approached Richard O'Hallaron of St. Mary's Hospital about problems with alcoholic employees. Seeing the need for an alcoholic rehabilitation center in the area, St. Mary's Hospital responded by taking the necessary steps to establish a center offering a comprehensive rehabilitation program.

This was a new ministry for the Sisters of Bon Secours. The sisters realized the need for consultation and extensive research, as well as offering the services. Of invaluable assistance was the guidance received from the Hazelden Foundation in Center City, Minnesota, a leader in the rehabilitation of alcoholic and chemically dependent persons. The next vital step was to obtain a site on which to establish the center. In 1978, St. John Vianney Seminary, a diocesan minor seminary for 150 boys, was closed, and St. Mary's Hospital considered the former seminary as a possible site. The building, located on 40 wooded acres on the banks of the James River, 12 miles outside Richmond, was an ideal spot. It was necessary to obtain a Certificate of Need for an alcoholism and rehabilitation center from the State of Virginia. This was granted on December 21, 1978. At the same time a Certificate of Need for a seven-bed detoxification unit at St. Mary's Hospital was approved. Shortly thereafter, negotiations were finalized between Bishop Walter F. Sullivan of Richmond and the Board of Director of the Center for a 10-year lease on the former seminary property, effective June 1, 1979. The building up to that time had been utilized by the diocese as a retreat center. Also on June 1, Linda J. Pasternak, with degrees in psychology and counseling and specifically prepared for rehabilitative administration, was appointed executive officer for the facility.

St. John Vianney Center was incorporated on October 22, 1978. A board of directors, made up of local residents, was appointed by the Sisters of Bon Secours. Mr. Richard O'Hallaron was named first president of the board and at a later date was succeeded by Sister Patricia Eck. According to the articles of incorporation, the purposes for which the corporation is organized are:

To establish, erect, maintain and operate a full-treatment Alcoholic Rehabilitation Center and related facilities within the Commonwealth of Virginia for treatment of alcohol and related chemical dependencies, . . . including, but not limited to, in-patient care, extended care and outpatient care, for the benefit of all persons, regardless of race, color or creed.¹⁸

Following extensive renovations, St. John Vianney Center opened its doors on January 14, 1980, with a bed capacity of 70. In addition to being in a rural setting with ample grounds for activities, and quiet contemplation, it had multiple rooms for conferences, classes, a gymnasium and an auditorium.

From its opening, St. John Vianney Center has fulfilled its purpose. The majority of the patients admitted have been men. Women comprise approximately 25 percent of the population. Industry has been a leading source of referrals; other sources of referral include hospitals, physicians, mental health agencies, former patients, families, and Alcoholics Anonymous. Programs are tailored to meet each individual patient's needs, physical, emotional, and spiritual. The center is staffed with physicians, alcoholism counselors, nurses, social workers and clergy, all of whom have training in alcoholism rehabilitation. Treatment is based on the premise that people have the potential to change. One grateful client wrote, "Thanks for everything you and the staff did for making my treatment a growing experience. The Center is making a great contribution to all who come to get well."¹⁹ The motto as well as the goal of the center, "Enkindling the Spirit of Recovery," reflects the compassionate caring of the Sisters of Bon Secours. Another client wrote of one of her counselors, "She gave me my first spiritual inspiration She really knew when to keep quiet and when to say something I realized something was missing in my life."²⁰

The center is the first free-standing alcoholic rehabilitation center in the Greater Richmond Metropolitan area. It is recognized as a Blue Cross participating facility, and was operated in conjunction with the detoxification unit at St. Mary's Hospital. It developed a liaison with the detoxification unit at Richmond Metropolitan Hospital subsequent to the closing of St. Mary's Hospital detoxification program. On December 11, 1980, the center was accredited by the Joint Commission of Accreditation of Hospitals.

A talk given by Sister Justine, on the first anniversary of the opening of St. John Vianney Center, reveals the spirit animating the facility:

Our mission is to strive to bring quality health care where the need is most pressing

St. John Vianney is a response to such a need and the staff of St. John Vianney truly serve in the spirit of Bon Secours giving compassionate care to

the many alcoholics and their families under their care. In doing this they are caring for those who are often misunderstood and neglected. St. John Vianney Center is meeting the challenge to love.²¹

What was once built as a seminary and named after a model priest, John Vianney, Curé d'Ars, did not change its name when it changed its function; rightfully so, for John Vianney himself, as pastor of the French village of Ars, worked almost single-handedly for the recovery of alcoholics. He, too, met the challenge to love.

Chapter XIV

Bon Secours Provincial House and Spiritual Center Marriottsville, Maryland

The headquarters of the Bon Secours sisters in the United States had always been the Baltimore city motherhouse, which for a long time was located at 2000 W. Baltimore Street. After a long line of local superiors, Mother Juliana was appointed the first regional superior in 1934 as foundations continued to be made in the United States and an official central government was needed. Mother Juliana was succeeded by Mother Clara as regional superior in 1948. It was not until 1958 that the first provincial superior, Mother Helena, was appointed; the Baltimore convent then became known as the provincial house. The local community at 2000 W. Baltimore Street continued to be governed by its own local superior, and the novitiate remained in the provincial house.

In the 1950s and early 1960s vocations to the community increased, and the provincial house was no longer adequate to accommodate an expanding novitiate and juniorate, as well as the provincialate, local community, and infirmary for the sick and retired sisters. In addition, the original section of the convent was over 100 years old and was no longer safe nor acceptable for congregated living. Space for expansion was likewise very limited due to continuous additions to the Bon Secours Hospital.

Mother Helena saw the need for relocating the provincial house and the search began for a suitable site. At first, thought was given to building a

novitiate on the property that had been secured as a site for the proposed Good Samaritan Hospital—the O’Neill memorial hospital. In his will, Mr. Thomas O’Neill had expressed a preference for the Sisters of Bon Secours to administer this hospital. The novitiate, thought the sisters, could be built concurrently. Permission to do this was granted by Archbishop Francis P. Keough of Baltimore in April 1960. In June 1961, Mother Mary Alice (Sister Helen Mary) was appointed provincial superior as successor to Mother Helena. At the same time, delay on construction of Good Samaritan Hospital made it necessary to look for a property elsewhere.

After many unsuccessful attempts to find a suitable property, Monsignor Maurice W. Roche, pastor of St. Agnes Parish, Baltimore, was instrumental in leading the Sisters of Bon Secours to their present location in Marriottsville. Reaching the top of the hill on which the property is located, the beauty and serenity of the site led Mother Mary Alice to exclaim: “This is the place!!”¹ On returning to the convent in Baltimore, she told the sisters what she had seen, saying, “As soon as I saw it I knew it was right for us. It’s exactly what we were looking for.”² All the sisters from the convent and hospital came out to Marriottsville to view the great treasure that had been found. In one voice they agreed that it was indeed a treasure to be acquired. Permission was obtained from Archbishop Lawrence Shehan (later Cardinal) to proceed with the necessary negotiations for the purchase of the property. Archbishop Shehan had succeeded Archbishop Keough in the See of Baltimore in 1961. The property in Marriottsville comprised 313 acres of woodland and farmland in a hilly setting in the Maryland countryside some 20 miles from Baltimore City. It also contained a stone mansion, three farm houses, barns, and a silo. It was bigger and grander than what was being sought but it was most suitable in every way including price. Archbishop Shehan encouraged the sisters to buy it.

On November 21, 1962, final negotiations for the purchase of the Marriottsville property were completed and ownership passed from the hands of Mrs. Florence O’Donnell Maher into the hands of the Sisters of Bon Secours. Again—the seeds for this transaction had been planted many years previously. The O’Donnell family had lived in Washington, D.C., and Sister Seraphine and other sisters from the Washington community had nursed various members of that family in their homes.

Much thought and design went into the planning of the new building and finally, on January 29, 1964, after the terrain had been cleared and leveled and other preliminaries completed, ground was broken for actual construction. An account of the proposed building was given in the *Catholic Review*, January 10, 1964:

Construction will begin immediately on a new Provincial House and Novitiate for the Congregation of Sisters of Bon Secours.

Located at the high point of a 325-acre tract near Marriottsville in Howard County, the new building, designed by the Office of Gaudreau, Architects, will provide combined facilities for the religious community now occupying an overcrowded and inadequate convent and novitiate building in the downtown area.

According to Reverend Mother Mary Alice, Provincial Superior, the new 3-story stone and concrete structure will house over 100 religious and satisfy the needs of the Congregation of Sisters of Bon Secours as a Provincial House and Novitiate.

The cross-shaped building provides cloistered facility for the novices in training, professed nuns in residence and on retreat, an infirmary wing for the aged and sick and accommodations for lay guests

The four-part plan is dominated by the Chapel Wing that allows independent access from the Novitiate, Professed and Infirmary Wings

The wooded landscape, in which the new building will rise includes a water storage pond, needed for fire protection, but integrated with the site planning to provide a setting and facility for meditation and retreat.

The chapel was designed by Rambusch Designers and Lighting Engineers; this choice turned out to be quite significant. Work on the new building progressed rapidly and without incident over the next 15 months. As in previous construction projects, the safety of the workers and the provision of funds were placed in the hands of St. Joseph and once more the faith of the sisters was rewarded.* Many prayers were said that they would be in their new home by May of 1965, for the ceremonies of profession and reception. By May 7, the new building was completed and furnished and ready for occupancy. Under the date of May 7, one of the sisters wrote:

The professed Sisters, Novices and Postulants moved into the building today. It was with a feeling of sadness that we left the old house on Baltimore Street which had been the home of the Sisters for over 84 years, though we did realize that the building was a fire hazard and unsafe in many ways. We are grateful to God for giving us this beautiful building and all this beautiful well landscaped land.³

Ten days after the sisters moved in, the first retreats were held in the new provincial house. One record reads:

It now seems like a miracle that we could possibly get everything straightened out and ready for a retreat within ten days, yet we did it. Rev. Hilary

*It was at this time that the Bon Secours Family Guild was formed to help raise funds and it continues to function to this day for the benefit of the old and infirm sisters.

Sweeney, C.P. was retreat master for the professed Sisters and Rev. Silvan Rouse, C.P. was retreat master for the Novices and Postulants.⁴

The retreats ended on May 24, with first profession for 16 novices, and reception of the habit for 8 postulants. His Eminence, Lawrence Cardinal Shehan, presided at the ceremonies assisted by other Church dignitaries in the presence of a large congregation. The new chapel had a seating capacity of 250.

This beautiful new building and chapel of contemporary design were soon to gain national recognition. On June 22, during the 1965 Liturgical Week held at the Civic Center in Baltimore, the new provincial house and novitiate was selected to receive the Award of Merit in the nationwide Cardinal Lercaro Architectural Competition, sponsored each year by the National Liturgical Conference. Drawings and photographs of the building were later that year exhibited at Liturgical Week in Chicago. The new building was particularly honored for its liturgical design for the chapel. Pictures of the building were shown in an exhibit that toured the country. The chapel was referred to as a "gem of contemporary art."⁵ Mère Geay's words were echoed by Mr. Robert Rambusch, who designed the chapel, when he said: "You owe this to Christ; He deserves the best."⁶

The sisters in the juniorate, who had changed residence to the hospital Convent at 1940 West Baltimore Street in July of 1963, moved out to Marriottsville in June of 1965. Every wing in the building was then occupied and there was still ample space to welcome newcomers to the religious life. On June 28, Bishop T. Austin Murphy, auxiliary bishop of Baltimore, consecrated the altars in the new chapel, and the sisters who were present can recall the great difficulty he had in locating and reaching the altar stone. October 10 was again to witness a first for Marriottsville. On that day at the close of the October retreat, the first final vow ceremony was held. Six sisters made their unreserved commitment to God. At the general chapter in July of 1965, it had been decided that future perpetual professions would be made in the respective provinces. This was a break with the tradition of making final vows at the motherhouse in Paris. (On September 10, 1964, the last group of eight sisters from the United States province had made final profession of vows at the motherhouse in Paris).

The new building in Marriottsville was dedicated on October 16, 1965, and was an event not only for the United States province but one that was shared with the entire congregation. Mother Mary Angelina, first American superior general, was present along with the assistant superior general, Mother Mary of the Visitation and the provincial superiors from the other provinces. From France came Mother Marguerite, from England Mother Englebert, and from Ireland Mother Winifred and Mother Lelia,

assistant to the Irish provincial. Local superiors from all the American houses likewise attended and so did many of the sisters. Almost every religious order was represented on this special occasion. The day began with the laying of the cornerstone, which had been blessed by Bishop T. Austin Murphy.* There followed a concelebrated mass of great solemnity in which nine members of the hierarchy and clergy participated. The opening words of the sermon that day were: "Behold the dwelling place of God and men," aptly describing the atmosphere that still characterizes the Bon Secours Provincialate in Marriottsville to this day.

The dedication day gave great promise for the future. The novitiate and juniorate flourished for some years. It was a time of renewal, growth, and hope. Pope John XXIII had said at the opening of Vatican Council II in 1962, referring to the Church, that he hoped to shake off the dust of centuries and let in some fresh air. The winds of change were being felt in the Church and gave promise of new life and vigor, but this was not to be accomplished without a period of turmoil and loss. The *Decree on the Adaptation and Renewal of Religious Life* was promulgated in 1965, and brought about many changes in religious communities. There was much prayer and soul-searching about the future because there was uncertainty about the direction religious life was taking. In the latter part of the 1960s there was a decrease in vocations to all forms of religious life and throughout the world men and women were leaving their religious communities. The Sisters of Bon Secours were not unaffected by this series of events. Many sisters left the community, especially those in the novitiate and juniorate. As a result, a decision was made at the provincial chapter of 1968 to explore ways to use the extra space in the novitiate and provincial house. The result was the beginning of the apostolic use of the Marriottsville property as a spiritual center.

As early as 1966, the provincial house had been used for retreats by groups of young women. In February of that year, a program of weekend retreats for college women, guild members, co-workers, student nurses, and others under the supervision of the vocation director, Sister John Joseph, was made available. The accent of the retreats, however, was not on promoting religious vocations, but on attaining Christian maturity. Mother Mary Alice describes the spirit of the retreats in a provincial letter dated April 7, 1966:

*The cornerstone contains data on the Marriottsville property; details of the construction of the new provincial house and the move into it; an account of the first retreat, reception, profession, and final vow ceremonies; names of provincial council, local superiors, mistress of novices, juniorate mistress, and all the sisters in the province, including novices and postulants; and an account of the Cardinal Lercaro Architectural Award and of Pope Paul VI's visit to the United States. Also included were the menu for the dedication day dinner, copies of local newspapers, the *Baltimore Catholic Review*, and coins of the era.

The retreats recently begun in Marriottsville seem to have been enthusiastically received by the girls: When invited to comment on the retreat, many expressed appreciation of the opportunity of participation in the community Mass and Bible Vigil; others noticed the spirit of joy prevalent amongst the sisters, their helpfulness in the discussion periods, their spirit of prayer. May this work bear fruit in awakening or nurturing vocations to the religious life but above all in giving the girls a deeper insight and awareness of their role as Christian women in the world today.⁷

Use of the facilities at Marriottsville as a retreat center had been rewarding, and the building had all the physical properties needed for such use.

In the summer of 1968, Mother St. Urban Auer, who had succeeded Mother Mary Alice as provincial superior in June of 1967, appointed Sister Mary Margaret to direct religious and educational programs at Marriottsville for the Sisters of Bon Secours and sisters of other communities. These programs were to include retreats, conferences, spiritual renewal workshops for sisters, and other similar projects. It was thus the Spiritual Center formally came into being. Sister Mary Margaret hoped to serve the needs of those who were seeking spiritual help. Many persons had expressed this need. In 1969, the center widened its scope to serve as a retreat and conference center and meeting facility for various groups. The next year 54 different programs were given, and many people made private retreats. It soon became apparent that a name was needed for the center. Sister Mary Margaret describes how it got its name,

As we listened, we heard people say, "I'm going to Marriottsville for a meeting." Thus, it seemed appropriate to name our newest endeavor Marriottsville Spiritual Center. "Marriottsville" for the town we are located in and "Spiritual" because we hoped its main thrust would be to serve the spiritual needs of people, even though other types of programs were also welcomed. The philosophy of the ministry of Marriottsville Spiritual Center is based upon the goal and spirit of the Sisters of Bon Secours.⁸

During the past 14 years the spirit of kindly care has been extended to nearly 100,000 people.

In the early days of the center, programs were primarily Catholic. In addition to retreats and spirituality programs sponsored by the center, the archdiocese of Baltimore, parishes, other religious communities and national Catholic organizations such as the Advisory Council of the United States Catholic Conference have used the center. Since then, Marriottsville has served as a retreat and meeting place for church groups of all religious denominations. Without any special planning, the ecumenical use of the center quickly developed. In 1977, one Presbyterian minister remarked, "Five years ago I wouldn't think of entering a Catholic institution, much less a convent! Now I feel very much at home in this

beautiful and holy place."⁹ In addition to the many religious groups who make use of the center other groups have used its facilities for educational and health-related programs. Its spacious grounds have been made available to sponsor recreational projects, picnics, and swimming parties for inner city children, Bon Secours Hospital employees, and other groups.

Some outstanding programs and meetings of national and international import have been held at the Spiritual Center. Among those have been the annual meetings of the National Conference of Catholic Bishops, the original meeting of the Committee of Evangelization, the National Catechetical Directory Committee, a 1974 Arab-Israeli reconciliation workshop, and a 1976 meeting of eastern European church leaders from behind the Iron Curtain, sponsored by the National Council of Churches.

Responsibility for the growth of Marriottsville Spiritual Center rests with many people, but above all, credit is due to the center's two directors, Sister Mary Margaret and Sister Nancy Glynn. Sister Nancy succeeded Sister Mary Margaret as director in August 1977. A dedicated staff have helped extend the ministry of the Sisters of Bon Secours to thousands of people. In addition, the Friends of Marriottsville—a spiritual liaison group and volunteer auxiliary—enable the center to more fully realize their objective of serving the needs of the laity within the vicinity. They sponsor an ecumenical day of prayer and reflection each month, and they administer and staff the religious book store at the center.

What the Spiritual Center has meant to those it has served, and the number of persons who through the center have been helped to find God and meaning in their lives, is beyond calculation. The healing of relationships and the inner growth of the Spirit are intangibles that cannot be measured. Having made a retreat at Marriottsville, a Protestant minister's wife wrote in *Sisters Today*,

I think it might be of interest for you to know how helpful the work of the Sisters of Bon Secours was for me. . . . While I did expect that the retreat would meet my need to get away for awhile, my needs were more fully met in unexpected ways. . . . I am grateful for the work of those people who planned the retreat.

Yet, I also owe special thanks to the sisters who planned an environment which imparts peace, graciousness, a sense of God's presence, and in their own words, "kindly care." Who of us, be we Roman Catholic, Baptist, or United Church of Christ, had not needed to be alone or comforted at some time in life? There is a place of beauty and simplicity, which I will never forget, God, with the help of the sisters, "restoreth my soul."¹⁰

The Spiritual Center's ministry is considered an integral part of the Bon Secours healing ministry. In 1981, in celebration of the centenary year of

the Sisters of Bon Secours in the United States, the decision was made to change the name to Bon Secours Spiritual Center. The center aims to bring the "good help" and the good news of God's love to all it serves. As Sister Mary Margaret said: "We planned it for one purpose. God had another in mind."¹¹

The facilities planned to be the provincial headquarters, the infirmary and the novitiate, continue to serve that purpose as well as house the Spiritual Center. It remains the vital center for the Sisters of Bon Secours in the United States. It remains home for the aged and infirm sisters who form a local community actively forming a spiritual "power house" for the province; and home for new members who come to the Bon Secours novitiate to observe a way of life which is Bon Secours—good help—to God's suffering humanity.

Chapter XV

Good Samaritan Hospital Baltimore, Maryland

The idea for Good Samaritan Hospital was conceived before the turn of the century, but it took over 60 years to reach fruition.

Thomas O' Neill, an Irish immigrant who founded O' Neill's department store on the southwest corner of Charles and Lexington Streets in Baltimore, was a familiar figure to thousands of Baltimoreans. One of eight children, at the age of 16 he left his home and country in 1866 to seek his fortune in the United States. He arrived in Baltimore with pennies in his pockets; at the time of his death in 1919 at the age of 69, he was a multi-millionaire. The story of the beginnings of Good Samaritan Hospital is the story of this man and his admiration for the Sisters of Bon Secours.

Thomas O' Neill's first job in Baltimore was an apprentice in a linen shop—an apt assignment, as his father was a dry goods merchant and young Thomas had often helped his father in the family store. Thomas O' Neill wished for a business of his own. In 1882, the year following the arrival of the Sisters of Bon Secours in the United States, he opened his own linen store at Charles and Lexington Streets. The store grew and prospered until it absorbed and consolidated four buildings on its original site, with branch houses in Dublin, London, and Paris.

From their earliest years in Baltimore the Sisters of Bon Secours were customers at Mr. O' Neill's store; he carried thousands of items, from safety pins to clothing for sisters of many religious orders. He was very friendly with Mother Urban, who became superior of the Baltimore community in 1898. His wife suffered greatly from arthritis and over a

long period of years she was cared for in her own home by two Bon Secours Sisters—Sister Lawrence and Sister Gerard; Sister Lawrence cared for Mrs. O' Neill until her death in 1936. Other members of the O'Neill family were also cared for by the sisters, and among these was Mrs. O'Neill's sister. An account of the sisters' relationship with Mr. O'Neill was recorded in the Baltimore *Evening Sun*, March 26, 1956:

Sister Gerard, a member of the Sisters of Bon Secours, speaks fondly of Mr. O' Neill.

"He was always very kind and good to the poor," Sister Gerard said, "When the Sisters would go shopping at the store, he would tell us to take whatever we wanted without charge so we could help the poor."

"The house was beautiful, but modest," Sister Gerard recalls, "and full of antiques. You were almost afraid to sit in some of the chairs." The only servants were a cook and a housekeeper. The O'Neill's had no children.

Mr. O' Neill was known to pay some sick employees their full salaries for two and three years, and he arranged for the sisters to take care of others. Mr. Nicholas Reus was among the latter. During the typhoid fever epidemic of 1910, Sister Alex and Sister Lawrence cared for Mr. Reus for many weeks; while he was unconscious, they kept a constant vigil at his bedside and then during succeeding months nursed him back to health. Mr. Reus never forgot the sisters. At the time of the dedication of Good Samaritan Hospital in 1968, Mr. Reus visited Sister Alex, then 85 years old, at the infirmary at the provincial house in Marriottsville and told her, "There were never many days when I didn't think of you."¹ Like her husband, Mrs. O' Neill was mindful of the sick; she once gave Sister Lawrence a gift of one of the most modern hospital beds made at the time for the care of a sick sister or anyone who could benefit from its use.

Mr. O' Neill died April 6, 1919 and he remembered the poor and the sick not only in life but in death.* He left a vast estate to his wife with the provision that at her death it would be placed in the charge of a board of trustees and divided into two parts—for two public benefactions, a Catholic cathedral and a hospital. A third of his estate he bequeathed to the building of a hospital, with a preference that it be staffed by the Sisters of Bon Secours. He had admired the work of the sisters and he especially appreciated what they had done for the poor. Sister Helena recalled hearing that Mr. O' Neill pleaded with the sisters to accept the hospital. This would be a departure from their traditional work of nursing the sick

*He was also very generous to his family and his employees in his will. To the latter he left his business through a stock arrangement—his store continued in operation until 1954.

in their own homes. His second choice was the Sisters of Charity. He stipulated that the facility was not to bear his name; and he had another special condition, that at least 20 rooms be set aside for

the free use of persons in moderate circumstances, but the fact that they are free rooms is to be a matter carefully guarded by the Board of Trustees as a secret matter, so that the persons who may occupy them may be treated and generally regarded in the same manner as if they were pay patients, and the fact that they are free patients is not to be divulged.²

The remaining two thirds of his estate was to be used to build a cathedral. This was accomplished in 1959 with the completion of the Cathedral of Mary Our Queen, N. Charles Street, Baltimore, Maryland.

In his will, Mr. O' Neill specified the composition of the first board of trustees for the new hospital—12 men, the Archbishop of Baltimore, another Catholic clergyman, pastors of an Episcopal, a Methodist, and a Presbyterian church, along with laymen of different faiths. Patients of all religious denominations were to be cared for in the new hospital. The corporation was formed in 1920, the year following Mr. O' Neill's death, and membership of the original corporation has been perpetuated up to the present time. Funds from the estate were wisely invested and became available in 1936, following the death of Mrs. O' Neill.

Plans for building the hospital were long delayed, first by the economic depression and later by World War II. Finally, in the early 1960s concrete plans took shape for its construction, and money was no obstacle. The original estate of \$7,000,000 had grown to nearly \$15,000,000. Lawrence Cardinal Shehan, who became archbishop of Baltimore in December 1961, initiated plans for construction of the hospital soon after his installation as head of the diocese. The Good Samaritan Hospital, after over 60 years of expectation, was about to come into existence.*

One of the major decisions that had to be made was the type of facility required to best serve the needs of the people. After much study and consultation it was decided that the greatest need was for a chronic disease hospital, which would serve the community effectively in a spirit of charity. The site chosen for construction was a 44-acre tract of land in North Baltimore at Loch Raven Boulevard and Belvedere Avenue.

In 1949, according to the minutes of the board of trustees of the proposed Good Samaritan Hospital, coordination with a large general hospital, preferably the University of Maryland or Johns Hopkins Hos-

*A name befitting the donor, Good Samaritan, was chosen for the hospital by the board of trustees in the 1930s during the episcopate of Archbishop Michael J. Curley of Baltimore.

pital, was suggested. The board and others connected with the project saw the benefit of an affiliation arrangement with a teaching hospital and medical university. Early in the 1960s it was announced that Johns Hopkins Hospital was interested, and an affiliation was arranged with them. Having been assured that they could function in the facility according to their philosophy of health care, the Sisters of Bon Secours accepted the management of the hospital as requested by Mr. O' Neill. In 1963, the sisters became involved with the plans for construction, and they spent some time in New York conferring with the architects and with the executive director of St. Barnabas Hospital, after which Good Samaritan was designed. Plans were also made for an adjoining convent.

A significant step in the archdiocesan program of care for the elderly was taken on March 20, 1966, when ground was broken for the new hospital. Cardinal Shehan presided at the ceremonies, assisted by Bishop T. Austin Murphy, auxiliary bishop of Baltimore and Msgr. David I. Dorsch. Mother Mary Alice, provincial, turned over the first spadeful of earth in the presence of many of the sisters, members of the board of trustees, and the general public. An agreement for the operation of the hospital was finalized in October of 1966 and was recounted in the *Catholic Review*, October 28, 1966:

Cardinal Shehan announced today that the Archdiocese has completed an agreement with the Sisters of Bon Secours and The Johns Hopkins Hospital and University for the joint operation of the Good Samaritan Hospital.

The Sisters of Bon Secours and the Johns Hopkins institutions by mutual affiliation will "complement" each other in carrying out the functions of the \$12 million hospital now being built at Loch Raven Boulevard and Belvedere Avenue.

According to the recent agreement, the Sisters of Bon Secours will supply nursing services, and Johns Hopkins will be responsible for physician and administrative services.

By the joint arrangements the directors of nursing and nursing education will be Sisters of Bon Secours.

The order will be utilized in the social services, physical therapy and other patient-oriented programs of the hospital

Dr. John C. Harvey, professor of medicine at The Johns Hopkins University, has been named as the new medical director for the hospital. . . .

In announcing the affiliation Dr. Russell A. Nelson, (president of The Johns Hopkins Hospital) said,

"Our medical staff is pleased to have been asked to take so important a role in this new hospital's operation.

"We look forward to working with the Sisters of Bon Secours who have done so many good things for Baltimore. They pioneered home nursing care in this community and are respected by physicians and the public alike.

"Here," he said, "four institutions for public service—a secular university,

a teaching hospital, a dedicated order of Sisters, and the Archdiocese of Baltimore—have recognized a mutuality of interest in a community deficiency and have joined hands to help people suffering from chronic ills.”

Mother Mary Alice, provincial superior of the Sisters of Bon Secours has assured Baltimoreans that the Sisters’ goal will still be to give the same good care which is now given at Bon Secours Hospital.

Eager to begin work in their new field of endeavor, the sisters moved into their convent at Good Samaritan Hospital on September 13, 1968 with Mother Helena as local superior and Sister Mary Ruth Fox as head of the nursing department. Monsignor John Dunn, a friend of Bon Secours, blessed the convent that same evening and the first mass was celebrated in the convent chapel on September 21. A week later, on September 29, the new \$15 million, 284-bed chronic disease and rehabilitation hospital was dedicated by Cardinal Shehan. Having concelebrated mass in the hospital’s large nondenominational chapel, which was filled to capacity with laymen, priests, and sisters, the Cardinal officiated at the laying of the cornerstone. Pope Paul VI conveyed his apostolic blessing in a cablegram.

As early as 1963, however, the sisters had expressed concern over possible differences in philosophy, but had hoped a mutually agreeable contractual arrangement would allow for satisfactory working relationships. The fears they had from the outset soon materialized. Within a short time it became evident that their objective of providing nursing care according to the mission and philosophy of the Sisters of Bon Secours was not possible. The sisters found that they could not function in accordance with the terms of their contract. Efforts to right the situation failed. On May 28, 1969, at an executive meeting of the board of trustees, Mother St. Urban Auer, provincial, read a statement to the board announcing the decision of the sisters to withdraw from Good Samaritan Hospital. An account of this decision was given in the *Catholic Review*, June 20, 1969:

A lingering “difference in philosophy” has been given as the reason why the Bon Secours Sisters stopped working at Good Samaritan Hospital last week.

The three-way hospital “experiment” in which the Archdiocese, Johns Hopkins, and the Sisters jointly operated the hospital, ended officially today with a joint statement. It said in full:

“Representatives of Good Samaritan Hospital and the Sisters of Bon Secours have announced that by mutual agreement the Sisters of Bon Secours have withdrawn and have been released from the terms of an affiliation agreement between these institutions and the Johns Hopkins medical institutions. Because of a difference in philosophy, the terms of the affiliation agreement were found to be unworkable. The Bon Secours Sisters who have served at the Good Samaritan Hospital have withdrawn effective June 20, 1969.”

The sisters had accepted to work at the hospital because Mr. O'Neill had expressed his preference for them. Since it was no longer possible for the sisters to carry out Mr. O'Neill's wishes by giving the quality of care he associated with Bon Secours, the responsibility of the province to provide sisters for the hospital no longer existed.

Chapter XVI

Experimental Apostolates Harlem, New York City Appalachia, Kentucky

In response to the needs of the hour and alive to the “rhythm of the times,”¹ Pope John XXIII convoked the Second Vatican Council. He wished that the Church would take stock of her position in the world. This was what he was expressing on October 11, 1962, in his opening address at the Council, when he said:

Illuminated by the light of this Council, the Church—we confidently trust—will become greater in spiritual riches and, gaining the strength of new energies therefrom, she will look to the future without fear. In fact, by bringing herself up to date where required, and by the wise organization of mutual cooperation, the Church will make men, families, and peoples really turn their minds to heavenly things

In reality, there always have been in the Church, and there are still today, those who, while seeking the practice of evangelical perfection with all their might, do not fail to make themselves useful to society. Indeed, it is from their constant example of life and their charitable undertakings that all that is highest and noblest in human society takes its strength and growth.

In order, however, that this doctrine may influence the numerous fields of human activity, with reference to individuals, to families, and to social life, it is necessary first of all that the Church should never depart from the sacred patrimony of truth received from the Fathers. But at the same time she must ever look to the present, to the new conditions and new forms of life introduced into the modern world which have opened new avenues to the Catholic apostolate.²

Having recognized the necessity of adapting herself to the needs of the modern world, the Church took steps to meet those needs, and invited others, namely religious communities, to follow the lead she had taken. One of the identified needs of the Church and society was to come to the aid of the poor. Through the conciliar and post-conciliar documents the meaning and message of the Council was promulgated. The Council documents, the official blueprints for renewal in the Church, called for action. One of these documents, the *Decree on the Adaptation and Renewal of Religious Life (Perfectae Caritatis)*, was proclaimed by Pope Paul VI on October 28, 1965. It said:

Institutes should promote among their members an adequate knowledge of the social conditions of the times they live in and of the needs of the Church. In such a way, judging current events wisely in the light of faith and burning with apostolic zeal, they may be able to assist men more effectively Religious communities should continue to maintain and fulfill the ministries proper to them. In addition, after considering the needs of the Universal Church and individual dioceses, they should adapt them to the requirements of time and place, employing appropriate and even new programs and abandoning those works which today are less relevant to the spirit and authentic nature of the community.³

Although many religious communities sought to change their objectives in order to be more in contact with the poor, the needy and the oppressed, the Sisters of Bon Secours needed only to renew and revitalize this aspect of their ministry. They were already engaged in an apostolate as vitally needed then as in the past. Since its foundation the congregation had brought to the poor and the sick without distinction or discrimination the message of salvation. Mother Potel, inspired by the Holy Spirit, had conceived her undertaking of nursing the sick in their homes to meet the needs of the Church in her day.

In 1968, in response to Vatican II's proclamation, the sisters, under the inspiration of the same Spirit, prepared to meet the needs of the Church in their day. During the provincial chapter in June of that year the Apostolic Study Committee was appointed "to study our institutional commitments and our apostolic effectiveness in view of priority needs within the framework of Community resources and in response to Vatican II to serve the poor."⁴ The sisters wished to widen the scope of their apostolate to serve the sick and poor black in an inner city area. Sister Alice Talone and Sister Anna Mae Becker, members of the Apostolate Commission, investigated possible fields of endeavor for the community. As a result of their search the Sisters of Bon Secours were invited by Father Howard Clark, O.F.M., to assist the Franciscan Fathers in their experimental apostolate in Harlem, New York City. This would be in

accord with both the wishes of the Church and the spirit of Mère Geay, cofounder of Bon Secours, to whom the poor were most dear. Her oft-repeated words were: "What shall we do for the poor? It is for the poor I am concerned."⁵ It was also in 1968 that the Apostolate Commission of the United States province prepared a proposal in reference to the care of the poor. The proposal said that "each of our communities should make itself responsible for a positive service to the economically poor of their area, and that religious should understand that for them sharing with the poor implies personal and communal deprivation."⁶ Permission to live and work directly with the poor in this new form of apostolic service was granted for the period of a year by Terence Cardinal Cooke, archbishop of New York.

On October 11, 1968, three sisters left Marriottsville with an entourage of truck and U-haul trailer to begin this experimental apostolate among the poverty-stricken people of Harlem. They worked as members of a parish team under the direction of Father Kevin Kelly of St. Thomas the Apostle Church and also with the Franciscan community of priests and brothers. Their goal was to portray the availability and compassion of Christ and offer health service in a manner that was both compassionate and ennobling. Their ultimate goal was to enable the poor to help themselves and restore to them their sense of self-worth and human dignity.

Until the sisters located an apartment of their own, they were given hospitality by a community of black sisters. Their apartment, in keeping with the neighborhood, was furnished from the odd pieces of furniture and equipment given them by the various Bon Secours communities. The sisters supported themselves and their apostolate by working part-time as nurses in a local hospital and devoting the remainder of their time in ministry to the poor in cooperation with existing health agencies. The work entailed visiting patients in their homes, rendering nursing care, preparing meals, and taking patients to doctors and clinics. In addition, the sisters helped with the adult education program in the parish and assisted with the recreation program for the children.

The General Chapter of Affairs, which all religious communities were obliged to conduct within two to three years after the Second Vatican Council, was held by the Sisters of Bon Secours from December of 1968 to February of 1969. At that chapter, permission was requested to form an experimental community, for which the sisters in Harlem would be considered pioneers. A rescript was granted by the Sacred Congregation of Religious in June of 1969, and with that sanction the sisters in Harlem requested the permission of Cardinal Cooke to continue their apostolate in his archdiocese.

Although the sisters in Harlem experienced great satisfaction in their work, they desired closer contact with members of their own religious community and they felt the need for more sisters to join in their ministry. In the spring of 1970, the Harlem community requested permission of the provincial council to return to Baltimore and reside in a black ghetto neighborhood while carrying on the same type of apostolate as in Harlem. Permission was likewise granted by Bishop T. Austin Murphy, vicar for religious of the archdiocese of Baltimore. Having contacted the diocesan Catholic Charities and the Health Department of Baltimore City for advice in formulating their apostolate, the Harlem pioneers planned their return. An account of their decision was given by one of the sisters. She wrote:

As most of you probably know, we are leaving Harlem and returning to Baltimore. We hope to move by the beginning of May, but may be delayed if we are unable to rent a house or apartment by then. We are moving because we think that in Baltimore there will be more hope of continuing our work. Being nearby, perhaps more sisters will understand our work and want to participate in it. Also, we feel the need to be closer to more of our sisters.

It is difficult leaving here. There are so many people we have grown to love and who love us. But, we fold up our tent and move on.

We hope to settle in St. Veronica's Parish in the Cherry Hill section of Baltimore, doing home nursing there and in Fairfield—an isolated section across a bridge from Cherry Hill. St. Veronica's is an experimental parish of the Josephite Fathers. It is an active parish, and the priests seem most interested in the people.

We chose this area after spending a morning consulting with Dr. Robert Farber, Commissioner of Public Health, Baltimore. He felt that our services were most needed in Fairfield because of its isolation and complete lack of facilities. It is a housing project with a population of about 1100. There are *no* stores (except two liquor stores), no laundromats or filling stations, no library. There is a small boarded-up church building which seems to be in shambles. Once a week there is well-baby clinic and that is the only health service in the area. Such is Fairfield!

Please pray for us during this next month.⁷

Having located an apartment, the sisters arrived at Cherry Hill, Baltimore, on May 9, 1970, to begin their health care ministry among the economically poor and the socially deprived of that area. As in Harlem, they supported themselves and their charitable projects by working part-time at a local hospital. Based in St. Veronica's Parish, they worked as part of the parish team as a community nursing service. St. Veronica's Church was concerned with the whole of the Cherry Hill Community—a ghetto of some 30,000 people—not just its own parishioners. The sisters visited and cared for the sick in their homes, made follow-up visits to

hospitals and nursing homes, worked with the health department in clinics and other areas, participated in social work, and administered help to the dying. As Eucharistic ministers the sisters brought the consolation of the Eucharist to home-bound parishioners. Frequent knockings on the door and a continuous ringing of the phone bore witness to the fact that the people knew they were ready to help at any hour of the day or night. In addition to the sisters who came from Harlem to Cherry Hill, other sisters served in that apostolate. Among those were Sister Alice Talone, Sister Mary Caritas, Sister Elaine Davia, and Sister Elizabeth Lutz.

This work of caring and healing was carried on until April of 1974. In that year the decision was made to withdraw from the apostolate in Cherry Hill; the confusion and turmoil that followed in the wake of Vatican II had caused many sisters to leave religious life, and the community found it was overextended in its commitments. The Cherry Hill apostolate had been a fruitful one and the sisters had had an opportunity to share in the original work of the congregation—care of the sick in their own homes.

It was in response to the call of the Church to come to the aid of the poor that a sister was released from the corporate apostolate of Bon Secours to work with the poverty program in the Appalachian mountains in Kentucky. Of all of Appalachia, which comprises mountainous sections of eleven states, eastern Kentucky was one of the poorest sections. It was in response to this human misery that the Christian Appalachian Project (CAP) came into being in the early 1950s under the direction of Father Ralph Beiting who was ministering there. The aim of the project, based on Catholic social teaching, was to better the lot of the people by giving them an opportunity to help and better themselves.

The people of Appalachia led a rugged mountain life with a culture all their own. They lacked not only material goods and utilities but educational opportunities, medical care, and organized religious influence. Industry was practically nonexistent. Despite all this, the Appalachians remained a strong and proud people plagued by failure and despair. The federal government had made efforts to help, but more was needed. The Christian Appalachian Project, motivated by love of God and His people, established a program built on sound Christian principles. It furnished a more stable economic foundation for human life in Appalachia. Some of the projects that CAP began were specialized farming, livestock and dairy farming, greenhouses, forestry, a printing shop, various small industries, social work, and commercial recreation to provide both enjoyment and employment. In addition, educational, religious, and health programs were inaugurated. Most of the personnel operating the various programs were dedicated volunteers, who in turn taught the people how to run the

programs and do the work themselves. This was the situation when the Sisters of Bon Secours were first introduced to the Christian Appalachian Project in 1968, the time that the experimental apostolate in Harlem, New York, was initiated and other sisters contemplated serving the poor in deprived areas.

Sister Sara Katherine expressed interest in helping the mountain people of Appalachia because she was familiar with their way of life. Through a friend of the Baltimore community she was informed of the work of Father Beiting and put into contact with him. Sister offered her help and Father showed immediate interest. Permission was obtained from Bishop Richard H. Ackerman of Covington, Kentucky, for Sister Sara Katherine to work in his diocese. Thus began a series of communications and visits that led to the establishment of a health care apostolate at Our Lady of Mount Vernon Center in eastern Kentucky supported by the Sisters of Bon Secours.

The following account was given by Mother St. Urban Auer, provincial, in one of the community reports:

On October 25, 1968, a Sister departed for a new apostolate in the Appalachia, Kentucky country to serve the poor. It is called the *Christian Appalachian Project*, under the auspices of Father Ralph Beiting of Our Lady of Mt. Vernon, Kentucky, who has labored some 17 years for the poor in this area, and now attracts over 2000 volunteer workers during summer months and a limited number during the year. His "parish" covers almost 1,000 square miles located in 5 counties. Sister will be living with a lay nurse and teacher and hopes to be able to work in the small 25-bed hospital in the area as well as serve the sick poor in their homes. Her letter of November 3rd, describes the poverty as well as the courageous volunteers who are happily struggling to bring help and "hope" to the hundreds of people in this part of Appalachia.

Complete details are not available at this report, but it was important to include it as one of the new directions being taken by "today's" Bon Secours Sister.⁸

Following her arrival at Mount Vernon Center in Rockcastle County, Sister Sara Katherine began her work without delay. She visited the homes of the people to become acquainted with them and discover their needs. She learned that they were a sincere and grateful people but very sensitive and slow to trust strangers. In her letter of November 3 to the sisters, she told them that some of the illnesses she had already seen were enough to break anyone's heart. Sister supported herself and her charitable projects by working in the small local hospital.

Initially, some of the people were suspicious and even hostile. Undaunted by this suspicion and rejection, Sister Sara Katherine continued her work of kindly care and soon won the hearts of the people by her

kindness, availability, competence as a nurse, and knowledge of health care. One local newspaper said, "When Sister Sara first came to Mt. Vernon, many people were 'stand-offish' because she was one of the few nuns they had ever seen or been in contact with. But her unique personality and professional ability caused the people to readily accept her."⁹

Similar sentiments were expressed by Father Beiting in a letter to Mother St. Urban, on March 12, 1969. Father wrote:

Her charity and skill has won the admiration of all the people that she has come in contact with. It has meant, among other things, that the Church is much more highly thought of and the opportunities for the Church to do things that are of a worthwhile nature are greatly enhanced because of Sister's activities in our program.

I am sure you are aware that there is always a temptation in any kind of program to deal merely on a humanitarian basis. I have fought against this from the very beginning. And yet, unless you have the assistance of others with you, such a program can easily be developed into simply the humanitarian approach to the very real problems that are present. Sister's constant evaluation of things, her conduct, her speech, her enthusiasm, all portray the deeply religious nature of her vocation, and as such, has been of great assistance to all of the volunteers in elevating their motivation and carrying through on a religious plane

She is an asset all the way up and down the line to the work of the Church, the work of the volunteers, for the assistance of the sick, as well as a help to the poor. I only hope and pray that her presence might be continued for many years. We have never had a volunteer that has contributed more to the good of the program and the work that we are doing.¹⁰

Sister Sara Katherine continued her apostolate in Appalachia for almost eight years, with the continuous material and spiritual support of her religious community. The sisters in the various houses had pitched in to buy her a jeep with four-wheel drive so she could get in and out of back roads and reach people living on mountain trails. Throughout the years the community sent donations of money, clothing, and other supplies to help support the mission. In fact, donations of clothing and various items continue to be sent to this day. The scope of Sister's work ranged from care of the mother and her unborn child to care of the aged. She taught bible school, helped with church functions, distributed food, and even taught people how to paint their homes, having solicited paint in one of the neighboring towns. People sought her help, advice and prayers. The jeep that was used to visit the poor and the sick was also used to transport patients to the hospital, to the small Rockcastle County Health Department (which she helped to staff for several years), and to mass on Sundays (at which non-Catholic attendance was often three times as great as the Catholic). In 1976, Sister Sara Katherine was recalled to her

religious community. For eight years, in the name of the Sisters of Bon Secours, she had generously answered the call to serve the poor in the mountains of Kentucky.

Chapter XVII

Aggiornamento

The necessity for religious to adapt to the needs of modern times had already been advocated before Pope John XXIII was elected to the papacy on October 28, 1958. Religious communities around the world, and especially in Europe, had been deeply affected by the impact of World War II. The time had come for religious to re-examine and re-evaluate their traditionally established way of life. As early as 1948, Pope Pius XII had advocated that religious conform to modern demands. Yet Vatican Council II, convoked by Pope John XXIII in 1962, was to mark the most significant moment in church history since the close of the Council of Trent, which lasted 21 years, in 1563.

Vatican Council I, convoked by Pope Pius IX in December of 1869 and adjourned in less than a year, had not greatly affected the lives of people. Its main issues had been the doctrine of faith, the constitution of the Church, and papal primacy and infallibility. Vatican Council II, on the other hand, had a profound effect on many lives and brought about vast and deep changes in the Church. It brought ecclesiastical discipline into closer accord with the needs and conditions of modern times. Even though Pope John had announced his intention of convoking the Second Vatican Council as early as January 25, 1959, the Council was not officially opened until October 11, 1962.

The various Vatican Council II documents, updating the Church, brought religious into an unprecedented position. Religious communities were literally caught between two differing schools of thought—the traditional and the progressive. In the United States these differences were keenly felt. Differing opinions caused much pain and

loss; deliberations on ways and means to effect change did not go smoothly. Pope John foresaw the inevitable rifts in opinion, but stated that they were not to be feared, for even differences in the process of renewal could lead to the greater good of the Church.

Prior to the Second Vatican Council, the gears of change had already begun to turn for religious. In 1956, the Holy See instituted the Conference of Major Superiors of Women Religious to promote the professional competence and spiritual welfare of the members of religious communities and to coordinate intercommunity activities. Initial steps in the process of adaptation and renewal had been taken by the Sisters Formation Conference founded in 1951, which later became part of the Conference of Major Superiors. Under this structure, each country established its own group of major superiors who met regularly to discuss issues and needs and foster intercommunity cooperation (in the United States, this group is currently called the Leadership Conference of Women Religious).

The Sisters of Bon Secours in the United States, who were in the mainstream of this forward movement in the Church, placed increased emphasis on higher education and spiritual advancement for its members. In 1958, the United States province was formed and greater progress and expansion in the apostolate resulted. The provincial chapters held in subsequent years played an important role in shaping the history and destiny of the province. The first provincial chapter in the United States was held on March 18, 1959.

On January 24, 1960—in response to the papal recommendation that religious women modify their dress—the entire congregation of the Sisters of Bon Secours made the first major modification of their religious dress since the community was founded in 1824. The decision to change the habit had been made at the general chapter of 1959. The original habit, the traditional dress of the period in which they were founded, was replaced by a simple and more practical one. For some sisters, the old habit was not relinquished without difficulty and a certain amount of nostalgia. Others welcomed the change as being much more practical, even if not as distinctive. This was the first of many changes to come in succeeding years. Pope John had given the admonition to open the windows and “let some fresh air in” to the Church.¹ Many windows would be opened never to be closed again. Some changes would be a direct result of the need for change urged by the Council; others would come from an increased awareness among religious of the world around them and from a growing sense of personal responsibility.

With the opening of Vatican II, Pope John XXIII called for a spirit of *aggiornamento*—a spirit of renewal and revitalization—within the

Church and a regeneration that would lead to the unity of all Christian people. Pope John died on June 3, 1963, three months before the opening of the second session of the Council. Under canon law, the death of a pontiff while a council is in progress automatically suspends that council; but that did not happen. His successor, Pope Paul VI, reconvened the Council on September 29, 1963, and under his guidance it proceeded to its conclusion.

In all, 16 documents were promulgated by Pope Paul before the Council closed on December 8, 1965. Throughout, these documents sought to achieve a synthesis of ancient truths taught by the Church with developments required for modern times. People were called upon to study the documents, put them into effect, and make practical applications in their own lives; in this way, they would participate in the renewal of the Church and also effect internal personal renewal.

All of the documents of Vatican II had an effect on religious life, but the ones that had the greatest impact were the *Decree on the Adaptation and Renewal of Religious Life (Perfectae Caritatis)*, *Dogmatic Constitution on the Church (Lumen Gentium)*, and the *Pastoral Constitution of the Church in the Modern World (Gaudium et Spes)*.

It was on October 28, 1965, during the fourth session of the Council, that the *Decree on the Adaptation and Renewal of Religious Life* was proclaimed. Among the prescriptions for change, laid down by the Council Fathers, were the following:

Institutes should promote among their members an adequate knowledge of the social conditions of the times they live in and of the needs of the Church. In such a way, judging current events wisely in the light of faith and burning with apostolic zeal, they may be able to assist men more effectively.

The purpose of the religious life is to help the members follow Christ and be united to God through the profession of the evangelical counsels. It should be constantly kept in mind, therefore, that even the best adjustments made in accordance with the needs of our age will be ineffectual unless they are animated by a renewal of spirit. This must take precedence over even the active ministry.

The manner of living, praying and working should be suitably adapted everywhere, but especially in mission territories, to the modern physical and psychological circumstances of the members and also, as required by the nature of each institute, to the necessities of the apostolate, the demands of culture, and social and economic circumstances.

According to the same criteria let the manner of governing the institutes also be examined.

Therefore let constitutions, directories, custom books, books of prayers and ceremonies and such like be suitably re-edited and, obsolete laws being suppressed, be adapted to the decrees of this sacred synod.

An effective renewal and adaptation demands the cooperation of all the members of the institute.

However, to establish the norms of adaptation and renewal, to embody it in legislation as well as to make allowance for adequate and prudent experimentation belongs only to the competent authorities, especially to general chapters. The approbation of the Holy See or of the local Ordinary must be obtained where necessary according to law. But superiors should take counsel in an appropriate way and hear the members of the order in those things which concern the future well being of the whole institute.²

Later on in the *Decree*, referring to religious communities engaged in the active apostolate, the Council Fathers declared:

These communities, then, should adjust their rules and customs to fit the demands of the apostolate to which they are dedicated. The fact however, that apostolic religious life takes on many forms requires that its adaptation and renewal take account of this diversity and provide that the lives of religious dedicated to the service of Christ in these various communities be sustained by special provisions appropriate to each.

In order that the adaptation of religious life to the needs of our time may not be merely external and that those employed by rule in the active apostolate may be equal to their task, religious must be given suitable instruction, depending on their intellectual capacity and personal talent, in the currents and attitudes of sentiment and thought prevalent in social life today.³

In accordance with instructions to return to their sources, religious orders searched to discover the pioneering spirit of their founders. Behind convent walls there was much prayer and soul-searching about the future. Religious congregations considered how to remodel their way of life to be more useful in the modern world. There were renewal workshops and community discussions; lectures were given by experienced clergy, lay persons, canon lawyers, and moral theologians.

In keeping with the obligations of Vatican II to renew and revitalize religious life, the Sisters of Bon Secours entered upon the road of "aggiornamento." When the general chapter convened in July of 1965, many important decisions were made.* The sisters elected their first non-French superior general, Mother Mary Angelina, member of the United States province. At that same chapter, a decision was made, by unanimous vote, to transfer the generalate to Rome, Italy; the superior general and her council moved from the motherhouse at 20 Rue Notre Dame des Champs in Paris, France, to Rome in January of 1967. Some of the other

*Many proposals for change on the local level had been made at the provincial chapter of the United States province in March of 1965.

decisions made at that general chapter were that perpetual vows were to be made in the respective provinces instead of in Paris; that the form of ceremonies for profession and reception were to be determined by the respective provinces in accord with their own manuals of procedure; that superiors were to make their retreats in their own provinces and were no longer to go to the Paris motherhouse for retreat every three years; that the chapter of faults was to be suppressed; and that legislation of external penances was to be removed from the Book of Customs. But the most significant decision of all was that the constitutions were to be revised. Each province was to have a say in the revision process—and each sister was to have the opportunity to participate. A committee on revision was to be appointed in each province.

The task placed before religious communities with the promulgation of the decree, *Perfectae Caritatis*, was an awesome one. It was a revolutionary move since the Holy See had asked every religious community to have chapters of renewal, within a specified period of time, and through the participation of each of their members in the preparation for these chapters; and to recommend necessary adaptation and revisions of constitutions so that they would address religious life in the 20th century. Though the work of the Council Fathers was finished, the work of renewal had just begun. Writing to the sisters in the United States province, Mother Mary Alice, provincial, said in a letter dated January 10, 1966:

As you know one of the decisions of the General Chapter was to revise our Constitutions. It was also decided that each Province would be represented and have a say in the revision. Not only each Province will have a say, but each Sister will have an opportunity to participate. The time to begin has come.

We are asking the Superiors in each House to hold regular meetings with their Communities, at which time they will respectfully discuss our Constitutions, chapter by chapter. Each Sister with vows will participate in these discussions. Everyone must feel free to express her opinion. All ideas brought out in these meetings, with the number of Sisters in favor, must carefully be written down. These will be sent to the Committee named for the revision. . . .

Let us be conscientious in this duty and ask only for changes, omissions and additions that we honestly feel will be for the betterment of the Congregation, the Apostolate and the Church. Let us not leave the work for the Committee.⁴

To perform their responsible task, the Sisters of Bon Secours in the United States studied their constitutions in the light of the council documents. In an effort to improve the revision process, the sisters accepted an

invitation by the specially-appointed Revision Committee to chair sub-committees, each concentrating on a specific section of the constitutions. These were known as the commissions on formation, community living, government, and apostolate. The work of the commissions continued until the provincial chapter of June 1973—through long and laborious provincial and general chapters. Drafts of their work underwent many amendments before their goal was finally achieved.

The sisters' work of renewal was also given direction by the promulgation of the Apostolic Letter (*Ecclesiae Sanctae*) on August 6, 1966. This letter ordained the norms for the implementation of the *Decree on the Adaptation and Renewal of Religious Life* and established a procedure and laid down certain rules. According to these norms,

The most important role in the adaptation and renewal of the Religious life belongs to the institutes themselves, which will accomplish it especially through general chapters The task of the chapters is not completed by merely making laws, but especially by promoting spiritual and apostolic vitality A special general chapter, ordinary or extraordinary, should be convened within two or at most three years to promote the adaptation and renewal in each institute This general chapter has the right to alter certain norms of the constitutions, as an experiment, as long as the purpose, nature and character of the institute are preserved

Those matters which are now obsolete, or subject to change according to a particular era, or which correspond with merely local usages, should be excluded from the fundamental code of the institutes.

Those norms however, which correspond with the needs of the present time, the physical and psychological conditions of the members and particular circumstances should be set down in supplementary codes called "directories," books of customs, or in books bearing other titles.⁵

These norms, which gave direction to the work of renewal, also gave rise to the expression of a diversity of opinion among the sisters regarding ways and means to effect change, and to what extent change was needed. The work entailed keeping intact the spirit, vision, and intention of their foundress while at the same time conforming to the mind of the post-Conciliar Church. Influences other than Vatican II likewise played a role in the decision-making process: new emphasis, study, and research in Sacred Scripture; the changing roles of women; increased educational exposure and intellectual freedom; and a concurrent rapid development in technology and information dissemination.

The moment had come to break out of old molds and form new ways to respond to the needs of the times and the message of the Gospel. There was sincere, honest, and often painful searching to determine a consensus on matters at hand, as well as confrontation of sisters with each

other in an effort to get to the core of differences. Although conflict was on many occasions creative, the differences in education, age, family background, and personality among the sisters caused such tension that at one time the province conducted a discernment process to determine whether the problem could not best be solved by dividing the province into two groups. After discernment and reflection, the sisters decided to remain united.

This was a time when the broken humanness of every member of the province was most obvious. Each sister was called on to deal with her feelings, her humanness, her concept of Church and vocation as never before. Growing from a structured, dependent form of religious life to a freer, independent, and open one, was not easy—for all who were involved it was a difficult period.

In the latter half of the 1960s, to aid religious communities in a self-study for the purpose of renewal, the Conference of Major Religious Superiors of Women's Institutes of the United States (C.M.S.W.) conducted a Sisters' Survey. Writing to religious communities at that time, C.M.S.W. said,

We have reached an important point in the history of religious orders when, to be in harmony with the mind of the Church, we must interrupt the stream of life that has characterized us in the past to make a serious assessment of who we are and where we are going, in what spirit and for what purpose. It is a good moment in which to live and it is a privilege to know that the Church with one mind is participating in a renewal that will, with the help of the Holy Spirit and the cooperation of the membership, allow us to develop a greater relevancy to the People of God for the glory of God.⁶

The Sisters of Bon Secours participated in this survey in April of 1967, in order to make a personal contribution to the renewal of religious life in the Church and as a means of assessing their own resources, needs, and potential to allow for a more responsible and creative revision of the constitutions. In such a momentous task, the aid of authoritative outside resources was valuable.

The degree of change that the sisters faced rarely happens without a great deal of suffering. For some change came too slowly, for others too fast—causing them much pain and discouragement. Several of the sisters in the United States province, especially in the formation program, left the congregation either because they were uncertain about their vocation or because of the insecurities they experienced in what had historically been a stable, secure lifestyle. Greater numbers of sisters began to attend institutions of higher learning to prepare them for positions of responsibility within their apostolates; the province suffered a tragedy when

several of these sisters decided to leave the order at the completion of their studies. The reasons for the exodus varied, but primary among them were frustration because of the perceived lack of movement on the part of the province to adapt rapidly to society's changing ideas, and the unrest that was evidenced in colleges and universities throughout the United States during this time. Before the close of the 1960s, the mistress of novices and the mistress of the junior professed sisters also left the order.

The sisters continued with the task of revising the constitutions and preparing position papers to be presented by the various commissions at the provincial chapter held in June of 1968. At that time, Mother St. Urban Auer, provincial superior, had been appointed to succeed Mother Mary Alice the previous year.

Much was accomplished towards renewal and adaptation at the provincial chapter meeting, but certain changes and requests for experimentation had to await the decision of a special general chapter decreed by the Holy See, which was held in Rome and opened December 8, 1968. During that chapter meeting, individual and provincial aspects of all issues were discussed, and solutions sought. This work did not proceed without conflict. Changes in the United States were occurring at a faster pace than in Great Britain, Ireland and France. No avenue was available for addressing cultural differences that would allow different application of the constitutions in each province. Realizing that effective change must be animated by a renewal of spirit, the chapter delegates proposed that each province arrange for continued spiritual renewal programs for its members.

After two months of fervent prayer and intensive work, the special general chapter came to a close on February 13, 1969. Relationships were developed that fostered a spirit of international unity, but there were still some questions in many hearts as to whether unity was possible with so much diversity.

The constitutions that emerged from that special general chapter were called the *Aggiornamento*, and replaced the 1933 constitutions for a period of experimentation which lasted until the next regular general chapter meeting in 1971, at that time they were revised.

Following the special general chapter of 1968, a special meeting was set up for the United States province to coordinate implementation of the new constitutions (*Aggiornamento*). At the same time, a consultative provincial group, called the Sisters' Representative Body, was organized to study questions relating to religious life, community life, the apostolate, and matters of economy. The body was elected by all members of the province. Other approved experimentation was conducted in several areas, including religious habit, personal allowance for the sisters, form-

ation program, shared responsibility, and special apostolates. Sisters were allowed to return to their baptismal names if they so desired. Again, there was confusion and turmoil over these changes; some sisters questioned the relevance of their life as religious for the first time. And even though some sisters hoped that in time they could return to the former rules, there would never be a return to the structure or thinking of pre-Vatican II days. It was difficult to achieve a balance between those who were eager for immediate and total change and those who found any change difficult and threatening.

The sisters prepared for the first session of the provincial chapter of 1971 by prayerful discernment of the action of the Holy Spirit in their lives.* This session was held to evaluate the effectiveness of the *Aggiornamento* and the extent of its implementation by the sisters. It was recommended that the sisters recognize that these were their official constitutions. Recommendations for revision were then taken to the general chapter held in Rome beginning September 4, 1971; the following day, Mother Mary Angelina was re-elected as superior general. The delegates from the United States were experiencing conflict among themselves on policy issues and interpretation of directives. This group of delegates, in addition to the struggle for pluralism in the congregation, had to deal with their own differences. For the first time, a sister from the United States province, Sister Margaret Nugent, was elected a general councillor.

Commission papers from each province underwent many amendments and when the general chapter closed on October 10, 1971, the chapter documents became the new constitutions, replacing the *Aggiornamento*.† The capitulants from all the provinces had sincerely sought, with the help of the Holy Spirit, to achieve basic agreement on the essentials of religious life and to preserve the original inspiration of their foundress. This general chapter legislated that each province be allowed to elect its own provincial government and although these elections took place in France, Ireland, and England in the spring of 1972, the United States province was not allowed to hold elections because of the division being experienced within the province. It was at this chapter also that finally the need was seen and allowance made for cultural differences—

*The chapter held in three sessions was not concluded until September of 1973. The quest for unity in the province had delayed its re-convocation.

†These constitutions were to be the guide for the sisters way of life until after the general chapter of 1977, at which time following further reflection, evaluation, and revision they would be submitted for final approbation to the Sacred Congregation for Religious.

each province was given the responsibility to draw up provincial directories which would apply the articles of the constitutions in accord with the particular culture of each province. It was decreed that the general council could grant experimentation requested by a provincial council until the next general chapter. It was also decreed that at the second session of the provincial chapters of 1971, each province should begin work on their provincial directories in the manner which they see fit.

The years succeeding the General Chapter of 1971 continued to be difficult and painful ones for the Bon Secours sisters in the United States, as there were many divisive issues. The sisters were torn by differing views of God, theology, symbols, and law—causing chasms of misunderstanding. With faith and perseverance born of loyalty to their vocation and with a sincere desire to continue the apostolic work of the congregation, they continued their task of renewal and adaptation. Again, through the work of the various commissions, directives for the province were drawn up, which were presented and revised at the second session of the 1971 provincial chapter held in June of 1973. It was at this session that Sister Rita Thomas became the first elected provincial in the United States; and provincial councillors—Sisters Justine Cyr, Mary Florence Kraft, Clare Agnes Carroll, and Nancy Glynn, were also elected. (Prior to the 1971 general chapter, provincial governing bodies were appointed by the superior general and her council). When documenting events in this historical fashion, the statement seems so simple but in actuality the research, discussion, and voting that went into obtaining the permission to decentralize was flavored with the salt of tears and misunderstanding.

These changes were in adherence to the principle of subsidiarity or decentralization called for by Vatican Council II in *Perfectae Caritatis* and in the *Motu Proprio: Ecclesiae Sanctae*. The former stated:

Chapters and Councils faithfully acquit themselves of the governing role given to them; each should express in its own way the fact that all members of the community have a share in the welfare of the whole community and a responsibility for it.⁷

And the latter stated that:

Similarly, the form of government should be such that the exercise of authority is made more effective and unhindered according to modern needs. Therefore, superiors on every level should be given sufficient powers so that useless and too frequent recourse to higher authorities is not multiplied.⁸

Writing to the sisters on June 23, 1973, following her election, Sister Rita said:

Our long-awaited Provincial Chapter is finally under way. The days of prayer and discernment led by Father Thomas King, S.J., and Father Stephen* brought a sense of peace to the Delegates and prepared our hearts for the action of the Holy Spirit. The renewal of spirit which Father Stephen urged us to strive for together with the atmosphere of peace, has prevailed through the Chapter deliberations. It was expressed in the warm acceptance of my election as Provincial. Your many prayers and sacrifices have brought us to this day.

We all owe a deep appreciation to Mother Urban for her loving service to Bon Secours over the past six difficult years. I am certain that I express the sentiments of all of you in wishing God's abundant blessing on her future apostolate.

I feel God is now calling us to go forward together with "vision," courage, trust in Him and in one another in the spirit of the Gospel and of Bon Secours as never before in our history because of the many challenges of our times.⁹

The third session of the provincial chapter was held in September of 1973. In the interim, the provincial directives, which had been accepted at the second session, were reviewed by a canon lawyer and studied again by the sisters before a definitive vote was taken. These directives, which applied the basic principles of the constitutions to the specific needs of the province, were then submitted to the general council for approval, which was granted in January of 1975 with only minor revision.

The work of *aggiornamento* continued for some time longer. Further proposals for revision of the constitutions were submitted at the first and second sessions of the provincial chapter held in September of 1976 and March of 1977. It was at the latter session that the revised directives were approved.

The general chapter opened in Rome on October 15, 1977. A few days later, October 21, Sister Yvonne Moreau of the French province was elected superior general and Sister Justine Cyr from the United States was elected assistant. With the close of that chapter, after the awesome task of revising the constitutions of the congregation was completed, one final task remained for the sisters from the United States. They still needed to incorporate into their provincial directives the changes and additions that came as the result of the final revision of the constitutions. This work was completed at the third session of the provincial chapter that convened January 23, 1978, with definitive approval granted by the general council the following October. On May 28, 1979, the Sacred Congregation for Religious granted a temporary decree of approbation (10 years) of the

*Father Stephen Hartdegan, O.F.M., was special advisor appointed by Rome because of provincial difficulties. He played a major role in leading the members of the province to reconciliation and unity over the issues that had divided them.

constitutions revised by the general chapters of 1968, 1971, and 1977.

In presenting the new constitutions to the members of the congregation, Sister Yvonne, superior general, wrote:

The birth of a specific form of religious life, in a particular period of time, is always an inspiration of the Holy Spirit working in the people of God. The charism thus received is recognized as an impetus of sanctity and service of mankind, first by the Christian community, and then by the hierarchy of the Church.

After the first flourishing of life, there comes a time when, in spite of their awkwardness, words must be used to express what was present in this special event and to assure the continuation of the specific mystery. There is always the risk that, in time, the language used becomes so prominent that it masks the mystery of grace.

Vatican Council II indicated this danger to religious life. It is thus, according to the criteria given by the Magisterium of the Church, and all through the long and laborious work of our Chapters, groping our way, studying in reflection and experience, that our Rule of Life was re-written.

This text is not a treasure to be buried. We have received it as an occasion for human and spiritual growth; as a primary means to receive the gift of God, and to transmit it, because our consecration requires a mission

This text is a force for life, a source of light. It is also a grace for conversion by which a community of persons called to live together with Christ, to continue His work by a particular charism, must accomplish this conversion in order to be faithful to its prophetic vocation for mankind.¹⁰

Today, in accord with the new constitutions and provincial directives, the Sisters of Bon Secours in the United States continue to live out their vocation with love and loyalty and with the desire to deepen and intensify their personal relationship with Christ, that their apostolate may be more effective. Their manner of living, praying, working, and dressing is different, but all strive to respect each others' lifestyle. They survived the troubled years following Vatican II—proof that their life is of the spirit of God.

Vatican Council II achieved its goal of revitalizing and updating the Church, but it created a crisis in many lives and in many religious communities. Doubtless, Pope John XXIII was praying for the unity of all Christian people when on his death bed he whispered many times the words from the priestly prayer of Jesus at the Last Supper: "that they may be one." Could he not also have been praying to heal the wounds of division he foresaw would be caused by the Council?

The changes that took place in religious formation as a result of the second Vatican Council are significant. Patterns of religious training and discipline as well as its rites and rituals had not changed much for

centuries—they emphasized order, discipline, subordination, and strict conformity to a specific mold of religious life with a distinct remoteness from the activities of the professed sisters. The form of novitiate that had been established when the congregation of Bon Secours was founded in 1824 had been carefully safeguarded with little change until the call came for religious to adapt to the needs of contemporary society. Canonical norms formulated by the Church had contributed in no small degree to the solidity and vitality of religious life, but renewal and adaptation, as recommended by the Council, could not be implemented without revision of the canonical prescriptions. Because the renewal of religious communities depended largely on the training of its members, several congregations requested the Sacred Congregation for Religious to broaden the canonical norms governing religious formation, permitting a better adaptation of the entire formation cycle to the mentality of modern youth, to modern living conditions and to current demands of the apostolate. In response to the requests made, a special mandate, *Instruction on the Renewal of Religious Formation (Renovationis Causam)*, had been issued by Pope Paul VI on February 1, 1969.

These directives allowed communities to form a different framework for the candidacy and novitiate periods, and for the probationary period before final profession. They also recognized that genuine religious formation should proceed more by stages and be extended over a longer period of time. However, in this formation cycle the novitiate stage was to retain “its irreplaceable and privileged role as the first initiation into religious life In fact, for each candidate, the novitiate should come at the moment when, aware of God’s Call, she has reached that degree of human and spiritual maturity which will allow her to decide to respond to this call with sufficient and proper responsibility and freedom.”¹¹

With the revision of the formation program, the rigid structure of centuries came to an end. Flexibility was allowed with regard to the amount of time for candidacy and temporary commitment. Formation came to be considered as a lifelong process from the time a young woman came in contact with the Bon Secours vocation program until religious life found completion at death.

In 1969, the formation program in the United States province was revised. At the special general chapter held in Rome, December 1968 to February 1969, it was proposed:

That each Province establish a program and method of formation which incorporates the basic principles of formation, the necessary flexibility, respect for the mentality and the religious and human values of each country and its apostolic needs according to the “Instruction on the Renewal of Religious Formation.”¹²

Recognizing new dimensions of the stages of formation and the need for continuity and flexibility, the chapter documents further stated:

Formation is a gradual process divided into stages each of which strives to actualize an aspect of formation. There must be harmony and continuity in the various stages so that a certain balance and a more complete mode of life is established The goals for each stage are definite and stable, the transition depends on the individual response of the candidate and her realization of the goals set. Each having her personality which is unique, it is necessary that the length of a stage of formation vary according to the person. This flexibility depends on the desire of the candidate expressed personally, the consent of the formation personnel and the decision of the Provincial and her Council.¹³

Because of changes in the formation program, it was no longer possible for one or two persons, namely the mistress of novices and the mistress of the juniorate, to meet the needs and demands of a total formation.* Now there is someone responsible for each phase of formation and a comprehensive formation program has been developed under the direction of a formation team. Recognizing the importance of the formation program to the future life of the province, the provincial council has given it high priority in terms of commitment of personnel, time, and financial resources.

In the United States province, the former practice allowing mistresses of novices to be reappointed for unlimited periods of time has been changed; the term of office for formation personnel is now three years and usually only two terms may run in succession. Once, the role of the novice mistress was "to devote her utmost care to the assiduous formation of the novices in religious discipline conformably to the Constitutions."¹⁴ Today, those in formation are still trained in conformity to the constitutions but also with an emphasis on fostering their individual gifts, their awareness of the needs of society and the world, and their place in the Church, as well as on striving to cooperate with God's grace in each one.

The structure of religious formation since the congregation's early days had been a six-month postulancy, two-year novitiate, and in later years a

*Early in the 1960s, the Sisters of Bon Secours in the United States responded to Pope Pius XII's appeal for "middle stage formation"—preparation of young professed sisters for the life of the apostolate. They established a juniorate, an extension of initial formation, which was a program designed to continue for three years following first profession. During that period, young professed sisters, called juniors, continued their spiritual development and pursued their professional and religious studies under the guidance of a junior mistress. Their religious and apostolic lives were blended into a single commitment.

three-year juniorate period. Now, the period of postulancy is not only extended, but it is preceded by a phase before candidacy considered an integral part of the formation program, providing more focus on the religious vocation of interested young women. It may last from one to three years according to the needs of the individual; under the direction of the vocation director, the prospective candidate becomes acquainted with the community through visits, sharing in prayer, meals, and recreation, but does not live in the community.*

The period previously referred to as postulancy is now called candidacy. The candidate, through living in the community, makes a more enlightened decision about her commitment to God and religious life as a result of exposure to the apostolic community. During this phase, the congregation is also evaluating the candidate's suitability. Candidacy may extend from six months to two years (a three-year special exception can be made by the provincial superior).

At least two months before the candidate can be admitted to the novitiate, she must formally make a request to join the community. In former years, the postulant's reception into the novitiate was carried out in public with a full church ceremony. The postulant, dressed as a bride, requested to receive the habit and was given a new name in religion—her old name belonged to the identity she had surrendered. In 1967, the Sisters of Bon Secours in the United States province replaced the traditional bridal ceremony by a simple private service, at which the postulants express their desire for personal dedication and their choice to be known in religion by their baptismal names. More emphasis is now placed on the importance of final profession, which is carried out with public ceremony, since this act of dedication signifies the total gift of one's life to God by vow.

The novitiate phase of the formation program extends from the reception into the novitiate to the period of temporary commitment. As in

*In 1963, the first vocation director, Sister John Joseph, was appointed and new emphasis was placed on vocation awareness and promotion as an essential part of the congregation's work. A new impetus was given to vocation promotion in 1973, when it was adopted as a major priority by the provincial council. Under the direction of Sister Alice Talone, a vocation program was organized and promotional materials developed. This work was later continued by Sister Dorothy Brogan and is currently being carried on by Sister Elaine Davia, vocation director. Greater emphasis is placed on the personal responsibility of each sister for fostering vocations and attracting new members to the congregation. In January of 1980, a Task Force for Vocation Awareness was appointed to make recommendations for a vocation program for the province that would involve all of the Sisters. Currently a vocation team, with representatives from each local area, carries out the work of vocation promotion.

former years, the duration of the novitiate is 2 full years, 12 months of which (not necessarily continuous) are spent in intensive spiritual preparation for life as a Bon Secours sister. Experience in apostolic activity is interspersed within the novitiate program, and may be acquired within a local community away from the house of novitiate. Contact with her sisters in community has been recognized as an important part of each novice's development, unlike the previous custom of separating the novices from the professed sisters. As part of renewal of the formation program, the United States province joined six other congregations in forming an intercommunity novitiate program in September of 1970. Novices from all these communities meet weekly for special classes. At least two months before the end of her novitiate, the novice must formally request permission in writing from the provincial and her council to make her temporary commitment. This commitment can be made either by vow or promise.* As the constitutions read,

The profession of a temporary vow is a commitment made to God, whereas the profession of a promise is made to the Congregation. In both cases one is committed to the practice of the evangelical counsels according to the Constitutions, and both are a true preparation towards profession of perpetual vows.¹⁵

The sisters may add their own expression of commitment to the formula prescribed by the constitutions, clearly stating a desire to serve God in the congregation by the observance of the evangelical counsels, for a stated period of time, and in the service of the Church.

As in the ceremony of reception, the profession ceremony has also been simplified. The newly professed sister is no longer required to stretch prostrate on the ground before the altar and be covered with a black pall—signifying her death to the world. This symbolism has been replaced by a meaningful and personal act of commitment to a life of consecrated service to the world.

The period of temporary commitment is a time of preparation for definitive commitment by perpetual vows. It lasts for three to nine years, depending on the needs of each individual sister. At least two months before making perpetual vows, each sister must formally ask permission in writing of the superior general as well as the provincial council. Thus, initial religious formation finds its culmination in a serious preparation for commitment to God for all of one's life.

Formation at all stages is marked with the distinctive charism and special virtues characteristic of Bon Secours. The revised formation pro-

*The right to make promises instead of vows was one of the changes permitted by the document on the *Renewal of Religious Formation*.

gram was initiated under Sister Regina Clifton as director of novices. Later it continued under the direction of Sister Nancy Glynn; currently Sister Mary Regina Flatley, director of novices, is head of the formation team. Today's formation program stresses the community's responsibility to challenge each of its members to grow and to become prayerful and apostolic religious. The sisters have great hope for the future, while praying that the Lord of the harvest "send out laborers into His harvest,"¹⁶ because as stated in *Renovationis Causum*:

The youth of today who are called by God to the religious state are not less desirous than before, rather they ardently desire to live up to this vocation in all its requirements, provided these be certain and authentic.¹⁷

Chapter XVIII

REMEMBERING AND GOING FORWARD IN FAITH

The work commissioned to a religious community by the Church is a sacred trust, because it is a continuation of Christ's work on earth. In accord with the decisions and changes resulting from Vatican Council II, the Sisters of Bon Secours have continued to adapt themselves to the changing world to better serve the needs of society. The Bon Secours mission—an extension of Christ's healing ministry and the proclaiming of the Good News—is as relevant now as it was in the 1800s, when the women organized by Mother Potel first began their ministry in the homes of the sick and the poor.

The work of renewal and adaptation in the United States province consumed most of the hours spent in the provincial chapters of 1968, 1971, and 1976.* In June of 1968, the provincial chapter addressed itself to determining how effective the sisters in the province were in carrying out their apostolic mission. That chapter established a Commission on Apostolate to study the sisters' effectiveness in their institutional commitments. The report of the Survey of Apostolate was submitted by the commission to the provincial council in November of 1968, with the recommendation that another committee be formed to review the survey, make recommendations, and institute a plan of implementation.

*The Chapters that were convened in May of 1971 and September of 1976 continued through three sessions each. The second and third sessions of the 1971 Chapter were held in June and September of 1973, and the 1976 Chapter was continued in March of 1977 and January of 1978.

The provincial chapter of May 1971 set up a Task Force for the Study of the Apostolate which was also to investigate possibilities of cooperative activities between the various Bon Secours facilities. This was important in view of the continuing expansion and increasing complexity of the facilities and the simultaneous decrease in the number of sisters. In March of 1973, Mother St. Urban Auer, provincial, called the first meeting of lay administrative personnel, sister administrative associates of the various facilities, and members of the provincial council. The purpose of the meeting was to achieve the apostolic goals of the province through a coordinated effort. This group later became the Bon Secours Health Care Commission.

In September of 1973, the provincial council appointed Sister Justine Cyr as the first Health Care Coordinator. In the succeeding years, the commission under her direction strengthened the image and influence of the sisters as the sponsoring body of Bon Secours institutions, developed a firmer institutional philosophy, clarified requirements for sponsorship, and improved idea- and cost-sharing at all levels. In this position, Sister Justine promoted understanding and support of the Bon Secours mission and philosophy, serving as a liaison between the facilities and the province as a member of the board of trustees for each facility. Through her efforts also, the Ethical and Religious Directives for Catholic Health Facilities were formally adopted by the boards of trustees; responsibility for monitoring the quality of patient and medical care was addressed; and the revision of the articles and by-laws of each facility was initiated to regain or strengthen the sponsorship position of the sisters. To acquire greater knowledge and understanding of the functioning of each facility, Health Care Commission meetings were rotated among them.

In June of 1974, a special ad hoc committee on the apostolate was appointed by the provincial council "to assist the provincial council through discussion in considering all the internal and external factors effecting their sponsorship of specific institutions including the ability of the province to continue providing Sister personnel for all of its works."¹ In March of the next year, the apostolate committee became known as the Mission Committee. Its new tasks were specifically to determine if the sisters were faithful to their mission in their apostolic commitments and to recommend ways in which the province, within the mission of the Church, could best continue to render health care service in face of changing needs and resources. The initial task of the Mission Committee was to formulate a statement of mission to enable them to determine the sisters' faithfulness to it.

Before the committee could articulate the mission of Bon Secours, it had to research the tradition of the congregation and all available historical

documents to identify what had been specific to its mission. In addition, its members consulted with all the sisters in the province before the following statement of mission was articulated:

Through the love of the Father present in the Sisters of Bon Secours we are called: to alleviate human suffering; to help bring others to an awareness of the redemptive meaning of suffering and death; and to an awareness of their relationship with the Father by reproducing in ourselves Christ healing, Christ consoling, Christ loving—Christ always aware of the needs of others.²

That statement, accepted by the provincial council in June of 1975 and approved by the provincial chapter of March 1977, was to become part of the new constitutions emerging from the general chapter held in October of that same year. The mission statement was an outflow of the charism of Mother Potel which was "through prayer, work and every human encounter to alleviate suffering and to bring others to an awareness of its redemptive meaning."³

The Mission Committee, with the services of outside consultants, began in June of 1975 to assess the sisters' faithfulness to their mission. By the following September, it had developed criteria by which the Bon Secours mission could be evaluated, and upon which a survey questionnaire, sent to all Bon Secours health care facilities, was formulated. Persons included in the survey were trustees, administrators, medical staff, personnel of all departments, patients, sisters themselves, and area citizens.

The survey was conducted for three months; between March and May of 1976, the sisters gathered valuable data that has continued to provide a source of direction for their work. An overview of the results of the survey indicated that the sisters contributed a dimension of spirituality and dedication that was decidedly positive in effect, but there was a general inability in articulating the mission of Bon Secours and expressing understanding of it. The consensus was that the sisters needed to renew their sense of purpose and commitment and that all employed by or associated with Bon Secours should do the same. Following the survey a comprehensive educational program, including a slide-tape presentation on the mission, philosophy, and charism of the Sisters of Bon Secours, was developed and used in all Bon Secours facilities in order to reach everyone associated with the work of the sisters. In January of 1981, the Bon Secours Health Care Corporation initiated a new program, "Kindly Care Begins With Me," to further operationalize the mission and philosophy of the sisters. Special programs were also designed to explain to persons associated with Bon Secours what was meant by "the redemptive meaning of suffering," a phrase of the mission statement that was poorly understood.

The last task given the Mission Committee was to make recommendations to the province as to how it could best continue in the health care apostolate, given ever-changing health needs and its own resources. Because the number of sisters began to decrease following Vatican Council II, greatly diminishing the Bon Secours workforce, it was obvious the province had to determine directions to be taken for the future. The province affirmed its intent to maintain its facilities to sustain Church influence and presence even with the decrease of sisters. The Mission Committee recommended exploring alternative means of continuing sponsorship. In December of 1977, a Task Force on Alternative Means of Sponsorship was appointed by the provincial council. With the realization that single standing institutions were giving way to larger, incorporated networks of facilities, a systems approach to sponsorship was considered. Following an 18-month study of health care systems, the recommendation of the task force—composed of members of the Mission Committee, the executive directors from each facility, and members of the provincial council—was to form a health care corporation. This was officially done on June 2, 1979, with Sister Regina Clifton, who had succeeded Sister Justine in 1977 as Health Care Coordinator, as president of the corporation. On the board of directors were the chief executive officer and a board member from each facility, six sisters, and the provincial *ex officio*.

The overall purpose of the Health Care Corporation is to serve as resource center for the implementation of the Bon Secours philosophy and to reinforce the Catholic identity of each Bon Secours facility, as well as to assist the facilities in dealing with complex health care, governmental, technological, ethical, legal, and moral problems. The corporation investigates cost-saving and -sharing plans, develops educational and special programs, and conducts board evaluation and employee development programs. It has also been helpful to other Catholic health institutions in dealing with complex issues of modern-day health care and maintaining Church presence.

Much has been accomplished by the Health Care Corporation up to the present time, but much planning and hard work still lies ahead for it. In this age of materialism and government regulation, which threatens to restrict even the development of apostolic work within the Catholic Church, the corporation cannot help but remain a vast resource for the future.

In succeeding years, the sisters in the United States province have continued to make changes in internal structure and policy to better carry out the mission entrusted to the congregation. In January of 1980, the provincial council appointed a sister to the position of president of the

board of trustees at each Bon Secours facility. This led to the establishment of the Council of Presidents whose task is to ensure that the mission of Bon Secours is carried out. In December of 1981, a Task Force on Sponsorship was formed to recommend ways to strengthen the relationship of the province to its health care institutions. In the belief that an effective symbol of unity and renewal will help Bon Secours identity, the province has had a new graphic identity (logo) developed to be adopted by the province and all affiliated facilities.

In 1980, the Health Care Corporation created a parallel organization, the Sisters of Bon Secours Cooperative Services, Inc., which offered health-related support services to organizations sponsored by or affiliated with the Catholic Church. They are already providing management services to Maryview Hospital in Portsmouth, Virginia, and Mary Immaculate Hospital in Newport News, Virginia.

Currently, corporate reorganization is taking place in many Bon Secours facilities. In December of 1981, a parent corporation was created in Bon Secours Hospital in Grosse Pointe, Michigan, that allowed for the creation of three subsidiaries; St. Mary's Hospital in Richmond, Virginia, followed its example. In Baltimore, Bon Secours Hospital formed a new corporation for the Howard County Life Care Center, Bon Secours Heartlands.

But given these advancements, the sisters have not deviated from the charism of their foundress. From the beginning, the congregation of Bon Secours has been dedicated to the service of the sick, the poor, and the needy. Mère Geay, who succeeded Mother Potel as head of the congregation in 1826, was often heard to say, "What shall we do for the poor? It is for the poor that I am concerned."⁴ And this concern was later written formally into the sisters' constitutions: "Our communities should be characterized by simplicity of life, availability to others, and love for the poor. . . . The cry of the poor shall find an echo in our lives."⁵ In earlier days—the days of caring for the sick in their own homes—care of the needy entailed many personal sacrifices on the part of the sisters. With the gradual transition to institutional work that has characterized the sisters' work since they came to the United States, the care of the needy still continues as a major function of the Bon Secours ministry. The policy of all Bon Secours institutions has always been that no patient be denied care because of inability to pay.

There has been renewed emphasis on service to the needy since Vatican Council II. There were experimental apostolates in Harlem, New York, Cherry Hill, Baltimore, and Appalachia, Kentucky. Health wagon services began in Richmond, Virginia, and the Bon Secours hospitals in Baltimore and Methuen began many outreach programs and clinics as

well as special services in other facilities. But with continued growth in institutionalization and a decrease in the number of sisters, the province felt a need to be more directly involved in service to the poor. In a letter dated April 11, 1975, Sister Rita Thomas, then provincial superior, appealed to the sisters to look for benevolent projects towards which their efforts and resources could be directed:

I believe that in the spirit of Bon Secours, the Province should be more directly involved in serving the poor. I believe also we would again experience being personally and corporately involved, if our efforts were focused on some specific service or project, one in which you had an interest and could in some way participate.⁶

At the January 1978 session of the 1976 provincial chapter, a task force on poverty was mandated to study and recommend ways and means the province could increasingly serve the needs of the poor. Its report, presented to the provincial council in October of that year, led Sister Justine, provincial superior, to ask the Health Care Corporation to form a Committee on Ministry to the Poor. Currently, this committee is working with each Bon Secours facility to determine ways that each can increase its service to the needy. Two projects so far have been identified and funded by the Sisters of Bon Secours; at this writing, a provincial Ministry to the Poor endowment fund has been established to ensure that these efforts continue and to provide the opportunity for service to the needy by individual sisters and through province projects.

The sisters have also been working on ways to better minister to the needs of those who are poor in other ways—emotionally, spiritually, or physically—and have been mindful of their obligations to respond to the demands of social justice. The *Provincial Directives* of the United States province are in accord with Article 46 of the *Constitutions*, which reads:

We have an obligation to work zealously to promote the dignity of all persons since all are created in the image of God. It is enjoined upon each Sister and the Congregation as a whole, to awaken consciences to the urgent demands of social justice. In accord with the social doctrine of the Church, whatever compromises justice must be eliminated from our lives. In a spirit of mutual dependence and solidarity with the poor and oppressed of the world, we shall endeavor to act as responsible stewards in the use of our community resources.⁷

The provincial directives state that the facilities maintained by the sisters should be exemplars of social justice—that the sisters should control rising costs to patients, maintain a respectful and concerned atmosphere for employees, refrain from dealing with corporations that practice discrimination, and creatively provide service to the poor and under-

privileged as well as the chronically ill and handicapped. To raise consciousness concerning social justice, the province also planned several programs that were presented to the sisters and the staff of all facilities. In March of 1981, the provincial On-going Formation Committee along with the Health Care Corporation of the Sisters of Bon Secours co-sponsored a weekend program entitled "Health Care as a Ministry of Justice." Since late 1981, the On-going Formation Committee has been given responsibility for identifying and addressing social justice issues in relation to province educational programs, the life of the sisters and the mission of the Sisters of Bon Secours in the world.

The sisters are desirous of responding to issues of social justice and unmet health care needs within as well as outside of their facilities. Sister Dorothy Marie has been actively involved in feasibility studies for hospice in the Richmond area; Sister Dorothy Brogan assumed a new position as pastoral associate at St. Mary's Hospital, Richmond, and is responsible for coordinating care of patients after discharge from the hospital with local parishes; Sister Elizabeth Durney is developing a program to serve unmet needs of the elderly in their homes in the Richmond area. Important as the work of the apostolate is, of more significance to the vitality of the province is the spiritual welfare of the sisters. In fact, a profound interior life is indispensable to the authenticity of their mission. As the *Constitutions* read:

Our call to religious life demands continual response. We have therefore, a personal and communal responsibility for real and continuing renewal in our spiritual, apostolic, and professional life and to share with each other this knowledge and experience. This process will reach an end only when the response to God's call finds fulfillment in Him.⁸

In June of 1973, the provincial chapter delegates had voted unanimously for an on-going formation program to deepen spirituality and develop the individual talents of each sister; initially a Spiritual Renewal Committee was formed to conduct province-wide educational programs on religious life and mission. Programs were planned for subsequent years and with few exceptions the total membership of the province attended them at the provincial house in Marriottsville. Often, the sisters would prepare ahead of time for these meetings, by prayer, reflection, and study. The meetings drew the community closer together on both the local and provincial level; allowed the sisters to share their faith, their charisma, and their mission; and gave them a renewed sense of trust and appreciation for each other and for their vocation—most significant in the wake of Vatican Council II that had caused so much pain and division among the sisters. In June of 1975, the On-going Formation Committee became a standing

committee to plan programs for the sisters' continued formation and spiritual growth, and its chairperson was appointed on-going formation director.

Other responsibilities assumed by this committee were implementation of some of the three-year goals and objectives developed by the provincial council from the 1979 provincial chapter directional statements, and of some of the recommendations developed by the Life Care Task Force.*

In 1981, to carry out their task of meeting the sisters' needs, the On-going Formation Committee developed a needs assessment process that was conducted throughout the province. Interviewers were appointed by the provincial council; personal interviews with each sister were then conducted. At present, the report that emerged is being utilized to plan programs to address the areas of greatest need.

With the painful years of "aggiornamento" behind them, the sisters of the United States province chose to move forward in faith and with renewed hope willing to be led by the spirit of God. Programs had been initiated for the purpose of building a vital community, promoting spiritual renewal, strengthening the formation program, and encouraging on-going formation. Responsibility for governing the province was shared with many of the sisters through delegation of authority—collegiality and subsidiarity. In general, the sisters took a more active role in responsibility for the life and mission of the province through membership on various committees and by planning provincial community events and projects. At the March 1977 session of the provincial chapter, the delegates agreed to hold an annual provincial general assembly, at which time the provincial annual report could be presented as well as reports from local communities, committees, and other facets of province operations including mission and Bon Secours health care facilities. The Provincial General Assembly (P.G.A.), since its first meeting in April of 1978, has provided a dynamic atmosphere and a positive unifying experience for the sisters, bringing them together from all the United States communities. The P.G.A. likewise has been an occasion for offering educational and spiritual programs.

At the international level, the United States province continues to participate in the research of their spirituality. In May of 1980, sisters who attended the P.G.A. worked together as a province on formulating the spirituality of Bon Secours, an extension of research conducted by the

*This Task Force was appointed in February of 1978 and its study completed in August of 1979. The purpose of the task force was to study life-developmental programs to assist the sisters in planning career changes and in adapting to change as they grow older.

general council and the sisters individually. A provincial task force appointed in December of 1981 continues to study methods of expanding the spiritual ministry that is evolving as a vital part of the sisters' ministry of healing in the United States.

Prior to the provincial chapter of 1979 members of the Chapter Planning Committee, recognizing the influence the chapter would have on the vitality of the province, met with each local community to receive input from the sisters in surfacing possible directions for the future. This was the first provincial chapter to which the entire community was invited. The chapter was convened on September 26, 1979, and on that day Sister Justine Cyr was unanimously elected provincial superior. Sister Justine, at that time stationed in Rome as assistant superior general, had been sent by the superior general to the chapter to preside over the elections.* The five directional statements which were the outcome of that chapter were the composite mind of all the sisters in the province, and under the leadership of Sister Justine the sisters moved forward to meet their commitments and the challenge of the future.

The sisters' appreciation of the needs of others has always remained a focal point. In July of 1980, they celebrated the International Year of the Family by inviting former members of the Bon Secours community and their families for a reunion at Marriottsville—a successful effort to heal, reconcile, and resurface bonds of cherished Bon Secours values with their former members. The reunion was an occasion of joy and a greater success than anyone had anticipated; its results may never be fully grasped or understood.

That same year, the sisters established the Associate Membership Program, the outgrowth of a recommendation made at the provincial chapter of 1971. The sisters saw the need to increase the members spreading the Bon Secours mission, and Vatican Council II had also called for a more active involvement of the laity in the life of the Church. Open to men and women committed to the philosophy and charism of Bon Secours, the program aims to

Strengthen and intensify the Mission of Bon Secours by offering persons who are not vowed members of the Congregation the opportunity to participate more fully in the life of the Church through sharing the life and ministry of the Sisters of Bon Secours.⁹

It continues in a developmental phase in all areas where the sisters are located. A co-membership program was approved simultaneously, pro-

*On September 28, 1979, Sister Charles Marie Brown was appointed general councillor and secretary general by the members of the general council to replace Sister Justine.

viding the opportunity for Catholic women to live with the sisters and share their life and mission on a full-time basis for a period of one to two years.

The Sisters of Bon Secours have remained faithful to their original spirit and to the values set forth by both Mother Potel and Mère Geay. This fidelity particularly characterized the year 1981, the 100th anniversary of the arrival of the first Bon Secours sisters in the United States. It was a year of "intense searching for an expression of Bon Secours tradition that will endure and grow—a year of searching ways to nourish the roots that the branches may be full of life and give forth fruit in abundance,"¹⁰ and the theme of the year-long celebrations was "Remembering and Going Forward in Faith."

The sisters set two major goals for themselves in that year of special favor: first, that "the sisters will have remembered and recommitted themselves to who they are as Sisters of Bon Secours"; and second, that "they will be known as women of faith, available to others in need."¹¹ The symbol chosen for the year to represent Bon Secours was a tree showing roots, branches, and leaves to symbolize both a remembrance of the past and a reaching out into the future bearing fruit.

Each house celebrated the centenary year with its own activities, which included co-workers, friends and benefactors of Bon Secours, but four major events were held at the provincial house in Marriottsville. The opening celebration was held on May 24, 1981. In October, the year's main celebration brought together Sister Yvonne, superior general, Sister Claire d'Assise, assistant superior general, Sister Anna Patricia, Sister Mary Bosco, and Sister Charles Marie, all members of the General Council; the provincials from the other provinces, Sister Marie Thérèse, France, Sister Mary de Lellis, Ireland, and Sister Mary Cathaldus, England; representatives from all Bon Secours facilities in the United States, representatives from other religious communities, civic figures and friends. Gifts were received from the other provinces. Cardinal Pironio (Prefect of the Sacred Congregation for Religious and Secular Institutes in Rome) wrote a personal letter of congratulations, and Senator Paul Sarbanes of Maryland read a tribute to the sisters in the Senate chambers that was entered into the *Congressional Record*—all testaments to the kindly care the sisters have given during their first 100 years in the United States. A special province retreat attended by all the sisters of the province was held in March of 1982. To close the year on May 24, the sisters invited their families, associate members, and former sisters to celebrate together at Marriottsville.

During that year, Sister Peggy Whiteneck, a Bon Secours sister, wrote "A Song for Bon Secours." Two other special tributes for this momentous

occasion were the completion of the translation by Sister Theresa Marie Hoguet of the two volumes of the French history of the Sisters of Bon Secours, and the updating of the history of the Sisters of Bon Secours in the United States by this author.

The centennial year was one of tremendous grace for the province and an occasion for great joy. In the words of Sister Justine at its close;

We have reflected deeply on Christ's mission; bringing healing, life, joy, freedom, justice to those who suffer. These are the stones which must be the foundation of our second century; these will support us—open us to new missions. We are beginners. We begin a second century. Surely, to begin anew takes faith. We have committed ourselves to go forth in faith: to heal, to comfort, to console, to challenge, to liberate, to make just. We invite you—our friends, families, associates, co-workers—to join with us as we continue to serve the sick, the poor, the suffering in the United States.¹²

The indomitable spirit of their foundress has been the sisters' cherished heritage. Now, on the threshold of a new century, they remember their past with gratitude, cherishing its values; and they go forward in faith and unity—not only as a province but as an integral part of an international community—to pursue their calling to the healing ministry of Christ. His words continue to call the sisters forth: "It was I who chose you, to go forth and bear fruit. Your fruit must endure" (John 15:16).

Footnotes

Chapter 1

1. Baltimore *Catholic Review*, 31 May 1924, p. 4.
2. 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*, vol. 1 (New York: G. P. Putnam's Sons, 1935), p. 500.
3. *Ibid.*, p. 532.
4. Baltimore *Catholic Review*, 31 May 1924, p. 4.
5. The author of *Allons au Ciel, The Sisters of Bon-Secours: An Abridged History of the Paris Congregation of Bon-Secours* (Printed and bound in the Republic of Ireland and translated from the French, 1912), p. 18.
6. *Ibid.*
7. *Ibid.*, p. 66.
8. *Ibid.*, p. 39.
9. The author of *Allons au Ciel, Histoire de la Congrégation du Bon-Secours de Paris depuis sa fondation jusqu'à nos jours 1824–1902*, Vol. 1 (Paris: Imprimerie-Librairie Saint-Paul, 1908), p. 77.
10. *The Sisters of Bon-Secours: An Abridged History*, p. 60.
11. *Ibid.*, p. 76.
12. *Ibid.*
13. *Ibid.*, p. 78.
14. Baltimore *Catholic Review*, 31 May 1924, p. 4.

Chapter 2

1. "What is Meant by a 'Trained Nurse'?" *Trained Nurse*, December 1889, pp. 232–233.
2. Letter as quoted in *Histoire de la Congrégation du Bon-Secours de Paris depuis sa fondation jusqu'à nos jours 1824–1902*, 2 vols. (Paris: Imprimerie-Librairie Saint Paul, 1908), p. 142.
3. Letter of January 10, 1881 as quoted in *Histoire de la Congrégation* pp. 143–144.
4. Letter of Mother St. Fulgence to Archbishop Gibbons, 2 March 1881 (provincial archives, Marriottsville, Maryland).

5. Letter of Mother St. Fulgence to Archbishop Gibbons, 1 May 1881 (provincial archives).
6. The author of *Allons au Ciel, The Sisters of Bon-Secours: An Abridged History of the Paris Congregation of Bon-Secours* (Printed and bound in the Republic of Ireland and translated from the French, 1912), p. 200.
7. *The Sisters of Bon-Secours: An Abridged History*, p. 201.
8. *Ibid.*, p. 200.
9. Letter of Mother St. Fulgence to the sisters of the congregation as quoted in *The Sisters of Bon-Secours: An Abridged History*, p. 202.
10. Rev. James M. Hayes, *The Bon Secours Sisters in the United States*, 2nd ed. (Washington, D.C.: National Capital Press, 1931), p. 62.
11. *Ibid.*
12. *Baltimore Sun*, 20 May 1881.
13. *The Sisters of Bon-Secours: An Abridged History*, p. 206.
14. *Ibid.*
15. *Ibid.*, p. 205.
16. Hayes, p. 71.
17. *The Constitutions of the Congregation of the Sisters of Bon Secours of Paris* (Washington, D.C.: National Capital Press, 1934), p. 3 (art. 5).
18. Hayes, p. 74.
19. *The Sisters of Bon-Secours: An Abridged History*, p. 210.
20. Charity Organization Society, *Directory of Charitable and Beneficent Organizations of Baltimore*, 3rd ed. (Baltimore: Charity Organization Society, 1901), p. 36.
21. 12th U.S. Census (Washington, D.C.: U.S. Government Printing Office, 1900).
22. Hayes, p. 79.
23. *Ibid.*, pp. 82–83.
24. Rev. Thomas David Williams, *The Life of Mother St. Urban* (Baltimore: John Murphy Co., 1936), pp. 116–117.
25. *Charities Record* (Baltimore), February 1895, p. 88.
26. Clayton Colman Hall, *Baltimore: Its History and Its People*, vol. 1 (New York: Lewis Historical Publication Co., 1912), p. 637.
27. *The Sisters of Bon-Secours: An Abridged History*, p. 215.
28. *Ibid.*, p. 216.
29. Letter of Michael A. Mullen, 19 May 1891 (provincial archives).
30. Notebook of Mother St. Honorat (provincial archives).
31. Sister St. Donat, "The Sisters of Bon Secours—Their Contribution to Visiting Nursing," *Trained Nurse and Hospital Review*, June 1928, pp. 693–695.
32. Williams, p. 123.
33. *Ibid.*, p. 142.
34. *Baltimore Catholic Review*, 14 July 1933.
35. Williams, p. 166.
36. *Ibid.*, p. 163.
37. *Ibid.*, p. 162.
38. Notes of Sister St. Flavie (provincial archives).
39. Hayes, pp. 128–129.
40. *Baltimore Catholic Review*, 14 July 1933.

41. Ibid.
42. Hayes, p. 140.
43. *Baltimore Catholic Review*, 11 July 1941.
44. *Constitutions*, rev. (Glasgow: John S. Burns and Sons, 1980), p. 11.
45. Hayes, p. 134.
46. Notes of Sister St. Flavie (provincial archives).
47. *Baltimore Catholic Review*, 11 July 1941.
48. Hayes, p. 268.
49. Brother John E. Garvin, *In Memoriam: Thomas J. Broydrick* (Baltimore: St. Mary's Industrial School Press, 1916), p. 80.
50. Hayes, p. 215.
51. Taped interview with Sister Ludovic, ca. 1968 (provincial archives).
52. Ibid.
53. Sermon of Father Anthony Vieban, 18 May 1931 (provincial archives).
54. Tape-recorded interview of Msgr. James Walsh with Sister Mary Cecilia, December 1980 (provincial archives).
55. Hayes, pp. 268–271.
56. See note 51 above.
57. Hayes, p. 133.
58. *The Constitutions*, 1933, p. 94 (art. 177).
59. See note 51 above.
60. See note 51 above.

Chapter 3

1. Mario Badiou, *Les Soeurs du Bon-Secours de Paris* (Lyon: M. Lescuyer & Fils, 1958), pp. 241–242.
2. Rev. Thomas David Williams, *The Life of Mother St. Urban* (Baltimore: John Murphy Co., 1936), p. 173.
3. Williams, p. 173.
4. Ibid., p. 174.
5. Rev. James M. Hayes, *The Bon Secours Sisters in the United States*, 2nd ed. (Washington, D.C.: National Capital Press, 1931), p. 121.
6. Ibid.
7. The author of *Allons au Ciel, The Sisters of Bon-Secours: An Abridged History of the Paris Congregation of Bon-Secours* (Printed and bound in the Republic of Ireland and translated from the French, 1912), p. 224.
8. *New Catholic Encyclopedia*, vol. 6 (New York: McGraw-Hill, 1967), p. 135.
9. Tape-recorded interview of Sister Mary Margaret with Sister Mary Cecilia, December 1980 (provincial archives).
10. Hayes, p. 124.
11. Ibid., pp. 220–221.
12. Williams, p. 277.
13. Ibid., p. 321.
14. Ibid., p. 328.
15. Sermon of Msgr. Connelly, 13 July 1933 (provincial archives).
16. Minutes of Board of Trustees, 14 April 1939 (provincial archives).
17. Letter of Real Estate Tax Exemption Board to the Board of Commissioners, Washington, D.C., 26 November 1941 (provincial archives).

18. Ibid.
19. Minutes of Board of Trustees, 25 September 1942 (provincial archives).
20. Minutes of Board of Trustees, 14 September 1945 (provincial archives).
21. *Baltimore Catholic Review*, 22 May 1931.
22. Minutes of Board of Trustees, 1 March 1947 (provincial archives).
23. Letter of Archbishop O'Boyle to Mother St. Luke, 9 November 1948 (provincial archives).
24. Letter of Mr. Maurice F. Moore to Mother St. Luke, 2 June 1951 (provincial archives).
25. Notes of Mother St. Luke, ca. 1952 (provincial archives).

Chapter 4

1. Brother John E. Garvin, *In Memoriam: Thomas J. Broydrick* (Baltimore: St. Mary's Industrial School Press, 1916), p. 40.
2. Garvin, pp. 38–39.
3. Legal agreements, April and October 1907 (provincial archives).
4. Garvin, pp. 77–78.
5. Minutes of Board of Directors, 12 May 1958 (provincial archives).
6. Rev. James M. Hayes, *The Bon Secours Sisters in the United States*, 2nd ed. (Washington, D.C.: National Capital Press, 1931), pp. 155–156.
7. *The Constitutions of the Congregation of the Sisters of Bon Secours of Paris* (Washington, D.C.: National Capital Press, 1934), pp. 202–204 (arts. 395, 398, and 401).
8. Ibid., p. 29 (art. 52).
9. Ibid., p. 202 (art. 395).
10. Nancy Glynn, "Memories that Bless," *Call of the Sick*, September–October 1955, pp. 17–19.

Chapter 5

1. Letter of Father John M. Doyle to Mother St. Juliana, 22 June 1932 (provincial archives).
2. Rev. Thomas David Williams, *The Life of Mother St. Urban* (Baltimore: John Murphy Co., 1936), pp. 214–215.
3. Mario Badiou, *Les Soeurs du Bon-Secours de Paris* (Lyon: M. Lescuyer & Fils, 1958), p. 261.
4. Letter of Evelyn Schroeder to the Sisters of Bon Secours, Grosse Pointe, 7 May 1974 (community archives, Grosse Pointe, Mich.).
5. Letter of Bishop Gallagher (copy) to Mother St. Bartholomew, 13 December 1922 (diocesan archives, Detroit, Mich.).
6. Rev. James M. Hayes, *The Bon Secours Sisters in the United States*, 2nd ed. (Washington, D.C.: National Capital Press, 1931), p. 255.
7. Ibid., p. 147.
8. Name of local newspaper not preserved, 12 August 1956 (Bon Secours Hospital archives, Grosse Pointe, Mich.).
9. Cablegram from Mother St. Urban to Father James Stapleton, 8 August 1920 (diocesan archives, Detroit, Mich.).

10. Notes of Sister Mary Gertrude, undated (provincial archives).
11. *Ibid.*
12. *Ibid.*
13. Personal tape-recorded interview with Sister Mary Margaret, December 1980 (provincial archives).

Chapter 6

1. Text as quoted in the *Catholic Standard and Times* (Philadelphia), 2 December 1916.
2. Letter of Archbishop Prendergast to Mother St. Urban, 17 April 1916 (provincial archives).
3. Letter of Archbishop Prendergast to Mother St. Urban, 1 May 1916 (provincial archives).
4. Name and date of newspaper not preserved (on file at St. Edmond's Home).
5. *Catholic Standard and Times* (Philadelphia), 2 December 1916.
6. *First Annual Report of St. Edmond's Home for Crippled Children*, 1917, pp. 12–13 (on file at St. Edmond's Home).
7. Report of Dr. Spellissy to the National Conference of Catholic Charities, 11 September 1923 (on file at St. Edmond's Home).
8. *First Annual Report*, p. 8.
9. Letter of Ellen C. Potter, M.D. to his Eminence Cardinal Dougherty, 10 February 1926 (on file at St. Edmond's Home).
10. Report of Mrs. E.S.H. McCauley to Cardinal Dougherty, 15 April 1930 (on file at St. Edmond's Home).
11. Report of Mrs. E.S.H. McCauley to Cardinal Dougherty, 13 January 1931, (on file at St. Edmond's Home).
12. "St. Edmond's is a Home," *The Bon Secours*, Spring 1966, p. 8.
13. *Catholic Standard and Times* (Philadelphia), 27 March 1964.
14. Report of Alice F. Liveright to Cardinal Dougherty, 1 April 1932, (on file at St. Edmond's Home).
15. Report of Alice F. Liveright to Cardinal Dougherty, 10 January 1935, (on file at St. Edmond's Home).
16. *Annual Report*, 1939 (on file at St. Edmond's Home).
17. *Annual Report*, 1980 (on file at St. Edmond's Home).
18. *Ibid.*
19. Personal interview with Sister St. Liborius, February 1981.
20. *Catholic Standard and Times* (Philadelphia), 27 September 1968.
21. *Catholic Standard and Times* (Philadelphia), ca. 1976 (on file at St. Edmond's Home).
22. *Evening Public Ledger* (Philadelphia), 30 October 1929.
23. Personal interview with Sister St. Urban Auer at St. Edmond's Home, February 1981.
24. "St. Edmond's is a Home," p. 7.

Chapter 7

1. Name of newspaper not preserved, 13 July 1929 (provincial archives).

2. Notebook of Mother Donat (provincial archives).
3. *Twenty-fifth Anniversary of Bon Secours Hospital, Baltimore, Md., 1919–1944*, pp. 13–14 (provincial archives).
4. Sister Alice Talone, "Special Patient Returns," *The Bon News*, November 1980, p. 7 (provincial archives).
5. Personal interview with Sister Bruno, March 1981.
6. Personal interview with Sister Liborius, February 1981.
7. Rev. Thomas David Williams, *The Life of Mother St. Urban* (Baltimore: John Murphy Co., 1936), pp. 257–258.
8. Certificate of incorporation (on file at Bon Secours Hospital, Baltimore).
9. *Baltimore Sun*, 24 January 1974.
10. Twenty-fifth Anniversary, pp. 15–16.
11. *Constitutions and By-Laws of Bon Secours Hospital, Inc.* (on file at Bon Secours Hospital, Baltimore, Md).
12. *Ibid.*
13. *Ibid.*
14. *Annual Report of Bon Secours Hospital for 1925*, p. 5 (provincial archives).
15. *Ibid.*, p. 9.
16. *The Constitutions of the Congregation of the Sisters of Bon Secours of Paris* (Washington, D.C.: National Capital Press, 1934), p. 92 (art. 173).
17. *Baltimore Sun*, 24 January 1974.
18. Rev. James M. Hayes, *The Bon Secours Sisters in the United States*, 2nd ed. (Washington, D.C.: National Capital Press, 1931), p. 238.
19. *Annual Report for Bon Secours Hospital, 1929*, p. 3 (provincial archives).
20. Letter of Joseph Evans Sperry to George Jenkins, 25 March 1929 (provincial archives).
21. *Annual Report for Bon Secours Hospital, 1930*, p. 3 (provincial archives).
22. Hayes, p. 218.
23. *Baltimore Catholic Review*, 14 July 1933.
24. *Annual Report for Bon Secours Hospital, 1944*, p. 21 (provincial archives).
25. *Ibid.*, 1930, p. 27 (provincial archives).
26. *Ibid.*, 1931, p. 23 (provincial archives).
27. *Ibid.*, 1932, p. 27 (provincial archives).
28. *Ibid.*, 1939, p. 6 (provincial archives).
29. *Ibid.*, 1936, p. 27 (provincial archives).
30. *Ibid.*, 1937, p. 22 (provincial archives).
31. *Ibid.*, 1933, p. 29 (provincial archives).
32. *Annual Report for Bon Secours Hospital, 1933*, p. 12 (provincial archives).
33. Minutes of Board of Trustees, 28 June 1934 (on file at Bon Secours Hospital, Baltimore).
34. *Annual Report for Bon Secours Hospital, 1939*, p. 14. (provincial archives).
35. *Ibid.*, 1938, p. 9. (provincial archives).
36. *The Bon Secours*, December 1965, n.p. (provincial archives).
37. *St. Martin's Church Journal*, May 1954, p. 2 (provincial archives).
38. Personal tape-recorded interview with Sister Mary Margaret in Miami, Fla., December 1980.

39. *Annual Report for Bon Secours Hospital*, 1925, p. 11 (provincial archives).
40. Report of administrator to Board of Trustees, 1967 (on file at Bon Secours Hospital, Baltimore).
41. *Baltimore Catholic Review*, 20 September 1968.
42. *The Bon News*, November 1970, p. 1 (provincial archives).
43. *Ibid.*, January 1976, p. 2 (provincial archives).
44. *Five-Year Report of Bon Secours Hospital 1974–1979*, p. 1 (provincial archives).

Chapter 8

1. *Parish Monitor*, St. John's Church (Philadelphia), April 1943, p. 3 (on file at St. Francis Country House).
2. Charter of St. Francis Country House, 21 August 1914 (on file at St. Francis Country House).
3. *Report for the Period June 1913–August 1918, St. Francis Country House for Convalescents*, p. 54 (on file at St. Francis Country House).
4. Unclassified historical material (on file at St. Francis Country House).
5. Rev. James M. Hayes, *The Bon Secours Sisters in the United States*, 2nd ed. (Washington, D.C.: National Capital Press, 1931) pp. 195–197.
6. *Ibid.*, pp. 199–203.
7. *St. Francis Junior Aid Program*, 13 February 1931, p. 13 (on file at St. Francis Country House).
8. *Ibid.*, 7 February 1936, p. 19 (on file at St. Francis Country House).
9. Recording of address on "Delaware County Catholic Hour," 13 January 1948 (provided by Msgr. Kavanagh's sister, Mrs. Rita O'Connell).
10. Margaret Wyvill Ecclesine, *A Touch of Radiancy* (Milwaukee: Bruce Publishing Co., 1966), p. 72.
11. Personal tape-recorded interview with Sister Mary Margaret, December 1980.
12. Personal interview with Sister Mary Eugene, January 1981.
13. *St. Francis Junior Aid Program*, 8 February 1935, p. 19 (on file at St. Francis Country House).
14. Personal interview with Sister Martha, February 1981.
15. Personal correspondence with Mother Mary Angelina, spring 1981.
16. Personal interview with Father Joseph Kavanagh (brother of late Msgr. William Kavanagh), spring 1981.
17. Personal correspondence with Mother Mary Angelina, spring 1981.
18. *Dedication of Villa St. Joseph*, 20 November 1949, n.p. (provincial archives).
19. *The Call of the Sick*, July–August 1952, pp. 4–5 (provincial archives).
20. Personal correspondence with Mother Mary Angelina, spring 1981.
21. Personal interview with Sister Anne Lutz, spring 1982.
22. Letter of Mother St. Luke to Mother St. Bartholomew, 8 September 1946 (provincial archives).
23. Notes of Mother Germanus, 15 February to 17 April 1949 (provincial archives).
24. Provincial circular letter of Sister Rita to the sisters in the province, 20 March 1978 (provincial archives).

Chapter 9

1. Architect's plans, 6 August 1928 (on file at Bon Secours Hospital, Grosse Pointe, Mich.).
2. *Ibid.*
3. Name and date of newspaper not preserved (on file at Bon Secours Hospital, Grosse Pointe).
4. Letter of Mother Benedict to Archbishop Mooney, 17 July 1941 (archdiocesan archives, chancery office, Detroit, Mich.).
5. Author and dates of notes not preserved (provincial archives).
6. Author of notes not preserved, 9 December 1941 (provincial archives).
7. Author and dates of notes not preserved (provincial archives).
8. Letter of Sister Mary Gertrude to Mother St. Juliana, 3 June 1942 (provincial archives).
9. Certificate of Amendment to the Articles of Incorporation of the Sisters of Bon Secours (on file at Bon Secours Hospital, Grosse Pointe).
10. Notes of Sister Mary Gertrude, date not preserved (provincial archives).
11. Tape recording of Sister Mary Gertrude, 1973 (provincial archives).
12. Letter of Mother St. Juliana to Mother St. Honorat, 25 February 1944 (provincial archives).
13. Notes of Sister Mary Gertrude, ca. early 1970s (provincial archives).
14. *Ibid.*
15. *Ibid.*
16. Letter of Mother Mary Collette to Mother St. Honorat, 19 June 1948 (provincial archives).
17. Tape recording of Sister Mary Gertrude.
18. Completion Fund Campaign Letter, January 1955 (library of Bon Secours Hospital, Grosse Pointe).
19. *Sesquicentennial*, May 1974 (library of Bon Secours Hospital, Grosse Pointe).

Chapter 10

1. Notes of Brother Leo Joseph, 15 January 1942 (Bon Secours Hospital archives, Methuen).
2. *Ibid.*, 29 January 1942.
3. *Ibid.*
4. *The Crusader*, April 1944, p. 1 (Bon Secours Hospital archives, Methuen).
5. Name of local newspaper not preserved, 4 November 1944 (Bon Secours Hospital archives, Methuen).
6. Text of Dolord Couture's speech (Bon Secours Hospital archives, Methuen).
7. Personal tape-recorded interview with Sister Mary Margaret, December 1980.
8. Copy of letter by Mother St. Juliana to Joseph Comber, 19 January 1945 (provincial archives).
9. Articles of Incorporation of Bon Secours Hospital, Methuen (on file at Bon Secours Hospital, Methuen).
10. Name and date of newspaper not preserved (Bon Secours Hospital archives, Methuen).

11. Lawrence *Evening Tribune*, 14 February 1945.
12. Letter of Mother St. Juliana as quoted in local newspaper, name and date not preserved (Bon Secours Hospital archives, Methuen).
13. Address of Mother Donat, 9 August 1945 (Bon Secours Hospital archives, Methuen).
14. Letter of Mother Donat to Archbishop Cushing, 17 June 1946 (Bon Secours Hospital archives, Methuen).
15. Letter of Mother Donat to Archbishop Cushing, 8 July 1946 (Bon Secours Hospital archives, Methuen).
16. Letter of Archbishop Cushing to Mother Donat, 10 July 1946 (Bon Secours Hospital archives, Methuen).
17. Personal tape-recorded interview with Sister Mary Margaret, December 1980.
18. Notes of Mother Donat, ca. September–October 1946, (provincial archives).
19. Personal correspondence with Sister Mary Margaret, January 1982.
20. Personal tape-recorded interview with Sister Mary Margaret, December 1980.
21. Text of Father Walker's address, 4 December 1946 (Bon Secours Hospital archives, Methuen).
22. Address of Mother Donat to graduating class of St. Theresa's High School, 16 March 1948 (Bon Secours Hospital archives, Methuen).
23. Note signed by Mother Donat (provincial archives).
24. Notes of Mother Donat, ca. August 1948 (provincial archives).
25. Recording of radio broadcast of station WLAW, 7 September 1950 (Bon Secours Hospital archives, Methuen).
26. Name of newspaper not preserved (Bon Secours Hospital archives, Methuen).
27. Personal correspondence from Martin Quinlan, 5 December 1980.
28. Notes of Mother Donat, December 1950 (provincial archives).
29. *Call of the Sick*, March–April 1956, pp. 21–22 (provincial archives).
30. Account by Sister Mary Gemma, January 1973 (on file in Pastoral Services Department, Bon Secours Hospital, Methuen).
31. Margaret Wyvill Ecclesine, *A Touch of Radiance* (Milwaukee: Bruce Publishing Co., 1966), p. vii.
32. Personal interview with Sister Regina Denise, January 1981.

Chapter 11

1. Letter of Rev. J. F. Peak and wife to Mother Liborius, 30 March 1954 (provincial archives).
2. Name and date of newspaper not preserved (provincial archives).
3. *Cape May County Gazette*, 20 October 1966.
4. Letter of Mayor Charles Masciarella to Mother St. Urban Auer, 12 August 1968 (provincial archives).

Chapter 12

1. *Florida Catholic*, 5 February 1954 (diocesan archives, Miami).

2. Personal interview with Sister Mary Gilbert, summer 1981.
3. Charter of Villa Maria Nursing and Rehabilitation Center (on file at Villa Maria).
4. *The Voice* (Miami), 16 June 1967.
5. Mid-year report of Sister Francis Helen to Board of Trustees, 16 June 1967 (on file at Villa Maria).
6. Personal interview with Father George Goodbout, December 1980.

Chapter 13

1. As quoted in *Catholic Virginian* (Richmond), 7 January 1966.
2. *Richmond News Leader*, date not preserved (on file at St. Mary's Hospital, Richmond).
3. *Bon Secours Newsletter*, 4 August 1961 (provincial archives).
4. Articles of Incorporation of St. Mary's Hospital (on file at St. Mary's Hospital).
5. Personal correspondence with Sister Rita, January 1982.
6. Personal interview with Mother Germanus, summer 1981.
7. *Horns and Halos* (St. Mary's Hospital newsletter), June 1977, p. 2 (on file at St. Mary's Hospital).
8. Personal correspondence with Sister Rita, January 1982.
9. *Horns and Halos*, November 1970, p. 2.
10. *St. Mary's Hospital Auxiliary Newsletter*, January 1972, p. 1 (on file at St. Mary's hospital).
11. Letters of Sister Mary Shimo, December 1981 and July 1979.
12. Name of letter writer reserved, to St. Mary's Hospital administrator, 11 October 1978 (on file at St. Mary's Hospital).
13. *Catholic Virginian* (Richmond), date not preserved (on file at St. Mary's Hospital).
14. *Ibid.*
15. Letter of Dr. Curtis W. Thorpe to Sister Elaine Davia, 22 September 1978 (on file in Health Wagon office, St. Mary's Hospital).
16. *Horns and Halos*, June 1977, p. 1.
17. Address of Sister Justine at dedication ceremony for St. Mary's Amelia Health Care Center, 18 April 1982 (provincial archives).
18. Articles of Incorporation of St. John Vianney Center, October 22, 1978 (on file at St. John Vianney Center).
19. Name of letter writer reserved, to St. John Vianney Center's executive director and staff, 1981 (on file at St. John Vianney Center).
20. Name of letter writer reserved, to St. John Vianney Center's executive director, 1982 (on file at St. John Vianney Center).
21. Talk by Sister Justine at St. John Vianney Center, 14 January 1981 (provincial archives).

Chapter 14

1. Personal interview with Sister Helen Mary, December 1980.
2. *Ibid.*
3. Author and date of notes not preserved (provincial archives).

4. Ibid.
5. Ibid.
6. *The Bon Secours*, Fall 1964, p. 5 (provincial archives).
7. Letter of Mother Mary Alice to the sisters in the province, April 7, 1966 (provincial archives).
8. *Women Who Care*, Spring 1977, p. 1 (provincial archives).
9. Ibid., p. 2
10. Sharon R. Chace, "Retreat," *Sisters Today*, August-September 1981, pp. 21-22.
11. Personal interview with Sister Mary Margaret, December 1980.

Chapter 15

1. Baltimore *Catholic Review*, 14 June 1968.
2. Copy of Mr. O'Neill's will (provincial archives).

Chapter 16

1. *The Church in Our Day*, text of United States Catholic Conference, 1968, Washington, D.C., p. 3.
2. *The Documents of Vatican II*, Abbott-Gallagher edition (New York: America Press, 1966), pp. 712 and 714. Reprinted with permission of America Press, Inc., 106 West 56 Street, New York, NY, 10019 © 1966. All Rights Reserved.
3. *Decree on the Adaptation and Renewal of Religious Life (Perfectae Caritatis)*, trans. N.C.W.C. (Boston: Daughters of St. Paul), p. 7 (art. 2d).
4. Account of proceedings of provincial chapter of June 1968 (provincial archives).
5. The author of *Allons au Ciel, The Sisters of Bon-Secours: An Abridged History of the Paris Congregation of Bon-Secours* (printed and bound in the Republic of Ireland and translated from the French, 1912), p. 66.
6. Proposal of apostolate commission of 1968 (provincial archives).
7. Newsletter of Sister Helen Peddicord to the sisters in the province, April 1970 (provincial archives).
8. Report on new apostolates, 1968 (provincial archives).
9. Name and date of local newspaper not preserved (provincial archives).
10. Letter of Father Beiting to Mother St. Urban Auer, 12 March 1969 (provincial archives).

Chapter 17

1. Lawrence Elliott, *I Will Be Called John* (New York, Reader's Digest Press, 1973), p. 289.
2. *Decree on the Adaptation and Renewal of Religious Life (Perfectae Caritatis)*, trans. N.C.W.C. (Boston: Daughters of St. Paul), pp. 7-8 (secs. 2, 3, and 4).
3. Ibid., pp. 10 and 17 (secs. 8 and 18).
4. Provincial circular letter of Mother Mary Alice to the sisters in the province, 10 January 1966 (provincial archives).
5. *Norms for Implementation of Four Council Decrees*, Apostolic Letter *Ecclesiae Sanctae*, National Catholic Welfare Conference, Washington, D.C., 1966, pp. 28-31 (secs. 1-14).

6. C.M.S.W. survey materials (provincial archives).
7. *The Documents of Vatican II*, Abbott-Gallagher edition (New York: America Press, 1966), *Perfectae Caritatis*, p. 477 (sec. 14).
8. *Norms for Implementation*, p. 32 (sec. 18).
9. Provincial circular letter of Sister Rita to the sisters in the province, 23 June 1973 (provincial archives).
10. *Constitutions*, rev. (Glasgow: John S. Burns and Sons, 1980), pp. 3–4.
11. *Instruction on the Renewal of Religious Formation*, trans. NC News Service (Boston: Daughters of St. Paul), p. 10 (sec. 4).
12. *Aggiornamento* (Soeurs du Bon Secours de Paris, 1969), p. 10.
13. *Ibid.*
14. *The Constitutions of the Congregation of the Sisters of Bon Secours of Paris* (Washington, D.C.: National Capital Press, 1934), p. 203 (art. 398).
15. *Constitutions*, rev., p. 40 (sec. G).
16. *Matthew* 9: 37–38.
17. *Instruction on the Renewal of Religious Formation*, p. 9 (sec. 2).

Chapter 18

1. Minutes of special committee meeting on apostolate, 29 June 1974 (provincial archives).
2. *Provincial Directives*, United States Province of the Sisters of Bon Secours, p. 2.
3. *Constitutions*, rev. (Glasgow: John S. Burns and Sons, 1980), p. 11 (art. 8).
4. *Ibid.*, p. 29 (art. 45).
5. *Ibid.*, pp. 28–29 (arts. 43 and 46).
6. Provincial circular letter of Sister Rita Thomas to the sisters in the province, 11 April 1975 (provincial archives).
7. *Constitutions*, rev., p. 29 (art. 46).
8. *Ibid.*, p. 39 (art. 66).
9. Minutes of provincial council meeting, September 1980.
10. *1981 Annual Report*, 1981, United States province, p.i (provincial archives).
11. Minutes of provincial council meeting, August 1980.
12. Address of Sister Justine at centennial celebrations in Marriottsville, 24 May 1982 (provincial archives).