

IN MID-APRIL 1873 FOUR FRENCH-CANADIAN SISTERS OF PROVIDENCE AND A PRIEST ARRIVED IN MISSOULA, MONTANA TERRITORY, TO INSPECT THE HOUSE AND LAND THEY HAD PURCHASED NEAR THE CENTER OF THE SETTLEMENT. TWO OF THE WOMEN TOOK CHARGE OF REMODELING THE HOUSE INTO A HOSPITAL, A SMALL CHAPEL, AND SCHOOL, THE ENTIRE ENTERPRISE COLLECTIVELY NAMED THE PROVIDENCE OF THE SACRED HEART. IN AUGUST THE SISTERS ADMITTED THEIR FIRST

Sisters' Hospital

The Sisters of Providence and St. Patrick Hospital, Missoula.

The organizer and guiding light of the women's religious community that established St. Patrick Hospital was Émilie Gamelin of Montreal, Quebec. Born Émilie Tavernier in 1800, Gamelin attended religious schools and often assisted Montreal's poor. She married Jean Baptiste Gamelin in 1823 but was widowed after only four years of marriage. The couple's

three children all died in infancy. In the wake of these tragedies, Madame Gamelin resumed her charitable activities. During the early 1840s she became a sister and formalized her work by establishing the Daughters of Charity, Servants of the Poor, popularly known as the Sisters of Providence.² The sisters' mission included educating the young and providing care for the sick and elderly. Their religious community grew

by Todd L. Savitt and Janice Willms



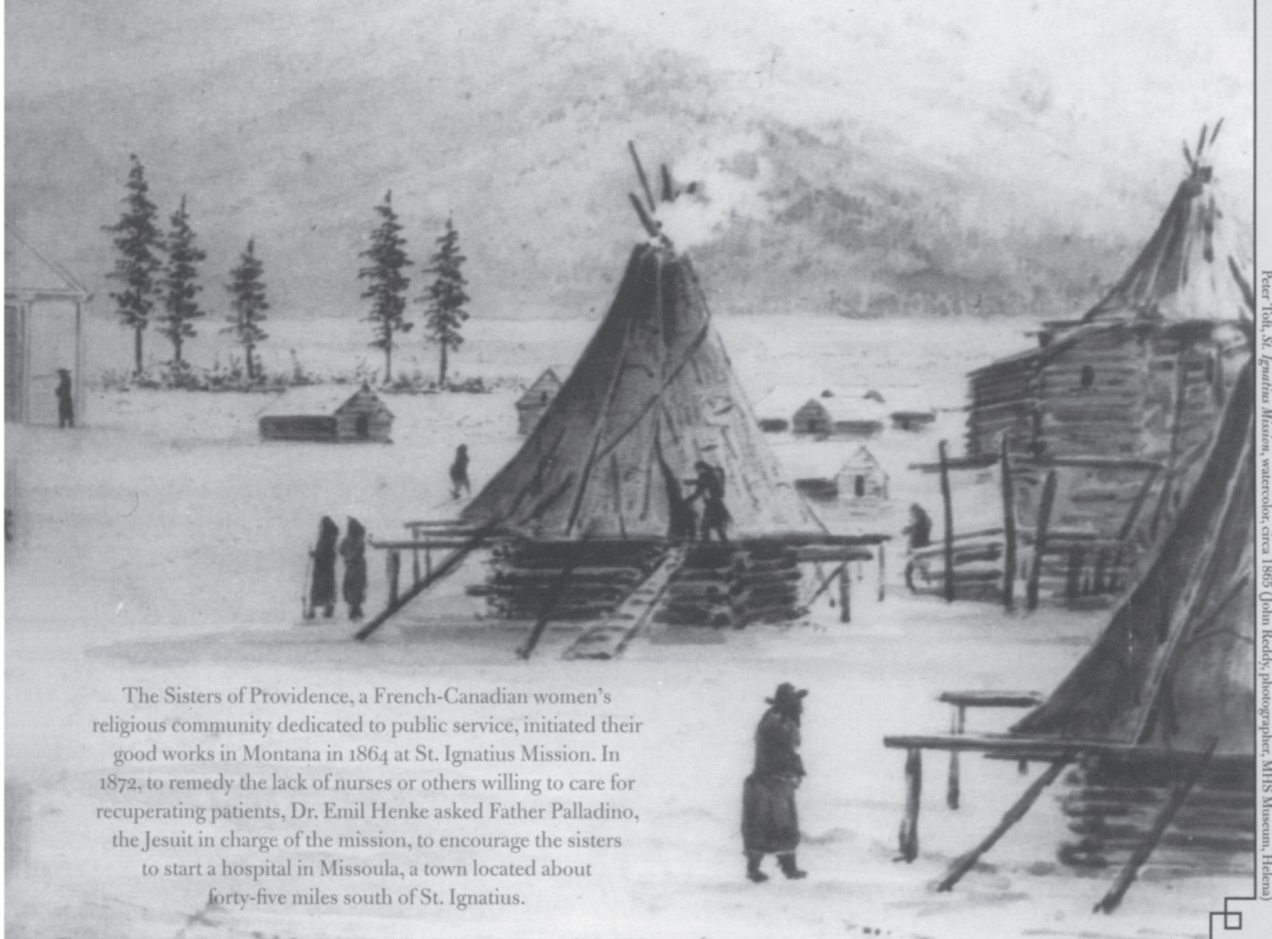
PATIENT TO WHAT WOULD BECOME ST. PATRICK HOSPITAL.¹ PATIENTS IMMEDIATELY BEGAN USING THE HOSPITAL, TAXING THE SISTERS AS WELL AS THE MISSION'S CAPACITY AND OCCASIONALLY PUTTING THE SISTERS' LIVES AT RISK. THEIR WORK FILLED A CRUCIAL NEED IN THE NEW TOWN AND IN THE REGION. BY 1890 THE HOSPITAL, NOW HOUSED IN A NEW, MODERN BUILDING, HAD BECOME AN INTEGRAL PART OF WESTERN MONTANA LIFE.

Montana, 1873–1890

rapidly, both in number and in geographical reach. In 1858 the order opened a hospital at Fort Vancouver, Washington Territory, staffed by five sisters and led by Mother Joseph of the Sacred Heart (Pariseau).³

At about the same time the Sisters of Providence began their work, the Society of Jesus—the Jesuits—undertook similar activities in Montana. In 1841 Father Pierre-Jean De Smet, S.J.,

established St. Mary's Mission in the Bitterroot Valley, and Father Adrian Hoecken, S.J., opened St. Ignatius Mission in 1854 to proselytize local Indians. By 1863 the Jesuits had decided to start an Indian school at St. Ignatius. For help in staffing the school, the Jesuits turned to Mother Joseph at Fort Vancouver. Four French-speaking Sisters of Providence journeyed to St. Ignatius in September 1864.⁴



Peter Toth, *St. Ignatius Mission*, watercolor, circa 1885 (John Reddy, photographer, MTIS Museum, Helena)

The Sisters of Providence, a French-Canadian women's religious community dedicated to public service, initiated their good works in Montana in 1864 at St. Ignatius Mission. In 1872, to remedy the lack of nurses or others willing to care for recuperating patients, Dr. Emil Henke asked Father Palladino, the Jesuit in charge of the mission, to encourage the sisters to start a hospital in Missoula, a town located about forty-five miles south of St. Ignatius.



Mother Émilie Gamelin (left), Mother Joseph of the Sacred Heart (Pariseau) (center, circa 1900), Father Laurence B. Palladino (right)



In the late 1860s western Montana was an isolated region dominated by mining, lumbering, and milling activities, and the St. Ignatius Mission lay far from major trade and transportation routes. The nearest settlement of any size was Missoula, forty-five miles south across a mountain pass. Missoula was itself a raw settlement and only beginning to organize public services, including medical care. One factor hindering this effort was a lack of nurses or others willing to minister to recuperating patients. Western Montana residents needed a hospital that could provide medical and convalescent care. The presence of the Sisters of Providence at St. Ignatius offered a possible solution to Missoula County's problem.

With this in mind, in November 1872 Missoula physician Dr. Emil Henke wrote to Father Laurence B. Palladino, the Jesuit in charge of St. Ignatius, to encourage the Sisters of Providence to submit a bid on the county

contract for care of the poor. Henke assured Palladino that "it would be not only Christian duty" but also potentially profitable to undertake this project; the county paid a flat rate for care of the poor, and the sisters "may not have a single county patient." Henke hoped the sisters would consider his proposal for two reasons: he wished "to place the [indigent] County sick in the best hands possible" and "to have likewise a good place for the private sick," the paying patients who needed sustained care. "[B]e assured that you shall not be a loser as far as medical treatment & medicine are concerned," wrote Henke.⁵

Such invitations were not unusual in the mid- to late nineteenth century when developments in medical knowledge, especially surgery and laboratory medicine, spurred the growth of hospitals. The first American religious women to serve in this capacity were the Sisters of Charity of Emmitsburg, Maryland, who in 1823 started

1. In its early years the hospital was known as the Sisters' Hospital. The first reference to "Hopital St. Patrice" appears in the July 1883–July 1884 "Annual Reports of Personnel, Works, Expenses, and Receipts for the Providence of Sacred Heart, Missoula, Montana" (hereafter "Annual Reports"). The sisters' annual reports for 1874 to 1890 are located in the St. Patrick Hospital Archives, Missoula, Montana (hereafter St. Patrick Archives, Missoula). A 1923 brochure published by the Sisters of Providence, "Fiftieth Anniversary of Foundation 1873–1923: Historical Sketch of the Foundation and of the Development of the St. Patrick's Hospital and of the Sacred Heart Academy, Missoula, Montana (n.p., n.d.), p. xii, states that the hospital became St. Patrick Hospital in 1885 when the sisters' school moved into a separate building.

2. Denise Robillard, *Émilie Tavernier-Gamelin* (Montreal, 1988); Joseph B. Code, *Great American Foundresses* (New York, 1929), 329–57.

On October 7, 2001, Mother Gamelin was beatified, the second of three steps in canonization as a Catholic saint.

3. Sioban Nelson, *Say Little, Do Much: Nurses, Nuns, and Hospitals in the Nineteenth Century* (Philadelphia, 2001), 102, 106. The sisters received no formal training as nurses but used the *Little Medical Guide of the Sisters of Providence*, published by the order and written in conjunction with physicians from McGill University in Montreal. The third edition, published in 1889, was dedicated to the sisters in the Northwest.

4. Wilfred P. Schoenberg, *Jesuits in Montana, 1840–1960* (Portland, Oreg., 1960), inside front cover; John Fahey, *The Flathead Indians* (Norman, 1974), 92, 119–120; Laurence B. Palladino, *Indian and White in the Northwest: A History of Catholicity in Montana, 1831 to 1891*, 2d ed. (Lancaster, Pa., 1922), 91–147.



Sister Mary of the Infant Jesus with unidentified women at St. Ignatius Mission (left), Sister Marie Edward (center), Sister Mary Julian (right)

caring for seamen and local poor at a Baltimore infirmary operated by the University of Maryland. Between 1840 and 1880 women's religious communities founded at least 106 hospitals across the country, including institutions in Helena (1870), Deer Lodge (1873), and Virginia City (1876). The willingness of women religious to provide medical care in places where others might not—cities threatened by epidemics, rough mining and lumber camps, and unruly towns in the newly settled West—helps explain the increase in the number of hospitals run by religious orders. Sisters constituted an ideal group to fulfill the need for medical care: they were without family responsibilities, organized in well-functioning groups, disciplined and obedient to authority, mobilized to go where needed, committed to the fulfillment of the tasks they set out to accomplish, and not disposed to flee in the face of dangers. In addition, such women were well equipped to do hospital work. Their structured lives in convents prepared them for difficult and unpleasant tasks, and they knew how to run wards, control unruly patients, and provide patients with nourishing food in a restful, clean environment.⁶

Although Palladino politely declined the Missoula doctor's offer because "the sisters are not prepared as



Sisters of Providence Archives, Seattle, Washington

yet for the task," the sisters at St. Ignatius saw the request as a chance both to expand their good works and to reduce their isolation by establishing a sister mission.⁷ They hastened to gain approval for a new mission before any other religious community could take advantage of the opportunity. In fall 1872 the

5. Emil Henke to Father L. Palladino, November 13, 1872, Provincial Archives of the Sisters of Providence, Spokane, Washington (hereafter PA, Spokane). In his letter Henke explained frankly to Palladino that Dr. J. H. McKee, the current contract holder for county poor care, fulfilled his responsibilities poorly: "You know, as I do, that he would not, if he could help it, provide for the benefit of any mortal whatever; the man is not destined to do good in this world." Henke was even willing to take the drastic step of bidding on the county contract himself because he could "not think of leaving those who may be unfortunate to the tender mercies of Dr. McKee."

6. Kathleen M. Joyce, "Science and the Saints: American Catholics and Health Care, 1880-1930" (Ph.D. diss., Princeton University, 1995), 50-65; Carlan Kraman, "Women Religious in Health Care: The Early Years," in *Pioneer Healers: The History of Women Religious in American Health Care*, ed. Ursula Stepsis and Dolores Liptak (New York, 1989),

15-38; Carol K. Coburn and Martha Smith, *Spirited Lives: How Nuns Shaped Catholic Culture and American Life, 1836-1920* (Chapel Hill, N.C., 1999), 189-219; Nelson, *Say Little, Do Much*, 32-55, 112-15; Paul C. Phillips, *Medicine in the Making of Montana* (Missoula, Mont., 1962), 171-77.

7. Father L. Palladino to Emil Henke, November 15, 1872, PA, Spokane; "The Chronicle of the Providence of the Sacred Heart, Missoula, Founded in 1873," an annual handwritten report, in French, of the sisters' activities, p. 1, PA, Spokane (hereafter "Chronicle"). Page numbers refer to typed translations of these documents.

8. "Chronicle," 1. More on the mission's founding appears in the 1874 report of the Providence of the Sacred Heart, pp. 48-50, published in *Circulaires de la Supérieure Generale*, a printed compilation of annual and biennial reports of the various missions of the Sisters of Providence, copy in PA, Spokane (hereafter *Circulaires*).



In mid-April 1873 four Sisters of Providence and Father Palladino arrived in Missoula to inspect the house and land purchased for the sisters' new mission. They remodeled the house, which is the right section of the building in this photograph, into a hospital, chapel, school, and residence. Additions to the building in 1876–1877 and 1883 made it possible to accommodate the growing numbers of patients and students.

sisters wrote to Mother Caron, superior general of the Sisters of Providence in Montreal, urging her to pay an official visit. They wished her “to see, if she judged it appropriate, to the establishment of a new house in Montana.”⁸ On the eve of her departure for a tour of the Vancouver mission in Washington Territory, Mother Caron altered her plans and headed to Montana.⁹

On their way to St. Ignatius, Mother Caron and her colleague, Sister Mary Victor, passed through Missoula, where they met with citizens about the matter of establishing a hospital. Mother Caron assured citizens that her religious community would do what it could to satisfy their wish for the sisters' services. The sister writing the Missoula mission's first annual report recorded Mother Caron's reaction to St. Ignatius: “Touched by the isolation of the sisters of St. Ignatius upon her arrival there, she wrote about it immediately to the council [in Montreal], which accepted the new mission.”¹⁰

Even before receiving approval from Montreal, however, Mother Caron and Father Palladino took action. On November 7, 1872, Father Palladino purchased blocks fifteen and sixteen just west of the Missoula town center

from Washington J. and Kate McCormick for \$1,525. Shortly after Easter 1873 a small entourage arrived in Missoula. In the party were Mother Caron, returning to Montreal after six months in Montana; Sister Mary Victor, the leader of the Missoula mission; Sister Marie Edward and Sister Mary of the Infant Jesus from St. Ignatius; Father Palladino; and a man named Dugan. Newly arrived Sister Mary Julian replaced Sister Mary of the Infant Jesus on May 15. The site of their new mission contained only a frame house that had not been occupied since its construction two years earlier. Into the empty house, which would serve as their hospital, chapel, school, and residence, the sisters brought “an old table that the Reverend Father [Palladino] bought for them from an old man for the price of \$2.00 and a box which they used in turn for a chair and for a confessional for the priest.” The next day, after cleaning a portion of the house, they celebrated mass using a portable chapel they had brought with them from St. Ignatius.¹¹

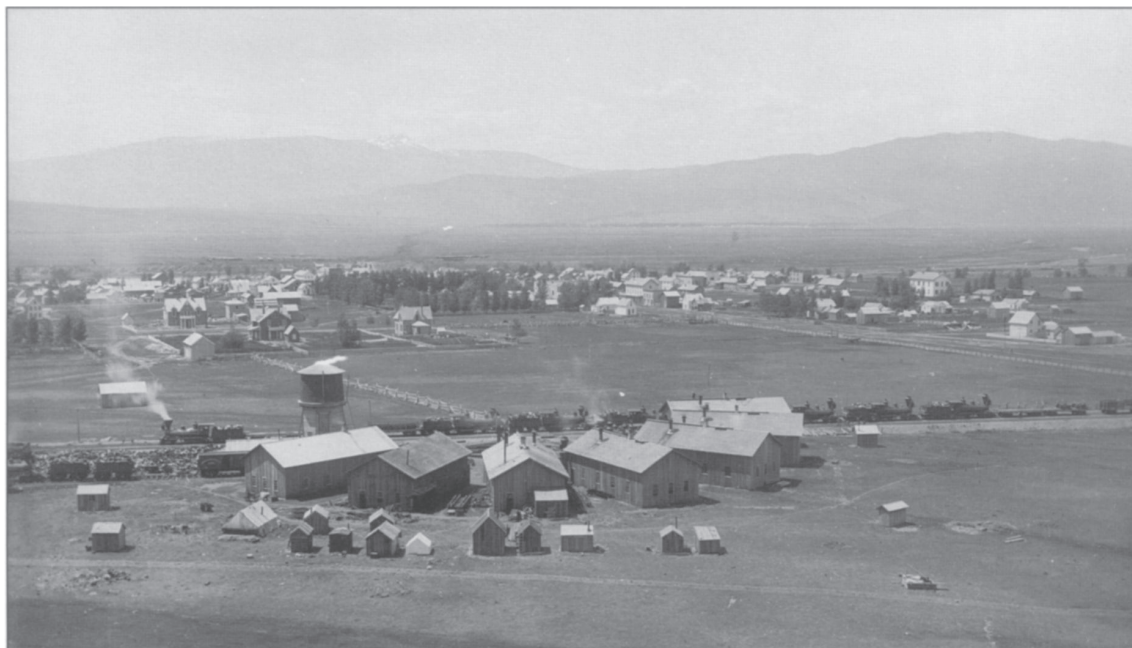
Throughout the summer the sisters devoted themselves to preparations. When the sisters' hospital first opened in August 1873, it consisted of “two private rooms and a small ward ready and comfortably furnished for

9. “The Chronicle of the St. Ignatius Indian School, St. Ignatius, Montana,” 1872, p. 36, ts. translation, PA, Spokane (hereafter “Chronicle of St. Ignatius”).

10. Ibid. p. 1; Sister Philomene to Mother Caron, October 31, 1872, ts. copy, PA, Spokane.

11. “Abstract of Title to Block No. 16, Higgins & McCormick's Addition to Missoula,” St. Patrick Archives, Missoula; *St. Ignatius Province, 1891–1991: Journey of Love* (n.p., [1991?]), 6, copy in St. Patrick Archives, Missoula; *Circulaires*, 1874, pp. 48–49; “Chronicle,” 1873–1874, p. 2; Palladino, *Indian and White*, 364, 366–67, 368, 370.

12. Palladino, *Indian and White*, 370; “St. Patrick Hospital Record of Patients, 1873–1905” ledger book, St. Patrick Archives, Missoula (hereafter “Record of Patients”); Missoula County commissioners minutes, December 1, 1873, book A-3, p. 54, Missoula County Courthouse, Missoula, Montana (hereafter MC Courthouse, Missoula). The admissions ledger contains not only a listing of patients but also demographic information, including age, country of origin, sex, residence, religion, occupation, date of entry, date of discharge or death, and diagnosis. On Father Ravalli, see Phillips, *Medicine in . . . Montana*, 37–39.



F. Jay Haynes, photographer; Haynes Ford Coll., MHS Photograph Archives, Helena

The sisters' hospital opened in August 1873, and the next year the sisters won the county contract for care of the poor. By 1884, when this photograph of Missoula was taken, the sisters' mission was a well-established and appreciated part of the community. The hospital was located north of the Clark Fork River near the cluster of buildings in the mid-right of the photograph.

the accommodations of patients." Between August and December they admitted four private patients, including the elderly and debilitated Father Anthony Ravalli, S.J., from Stevensville and the Missoula County sheriff, Joseph Marion, who was suffering from a gunshot wound. That fall the Sisters of Providence bid upon and won the county poor care contract. They began fulfilling that contract on February 15, 1874. The sisters' hospital was now fully open for business.¹²

Missoula, the town to which the sisters dedicated themselves, sat at the head of a large valley where the Clark Fork River emerged from the mountains. The Bitterroot and Blackfoot rivers flowed through this valley as well, making it a crossroads and market center for the area. The valley's first town, Hellgate, founded in August 1860, grew with the discovery of gold in nearby mountains and the establishment of farms in the river valleys, but in November 1864 a new town, Missoula Mills, developed at the site of a sawmill and flour mill on the Clark Fork four miles to the west. This town grew quickly; it had some eight hundred residents in 1870 and almost thirty-five hundred (about one-third of whom were female) in 1890. With this influx of people, Missoula became the cultural and economic hub of western Montana. Its gambling joints, saloons, and houses of prostitution catered to the

area's many male residents, but it also boasted numerous businesses and churches as well as theater productions and other public entertainments, service clubs, and secret societies. The town eventually became the county seat of Missoula County, which encompassed the entire western portion of the territory. The county grew from 2,554 people in 1870 to 14,427 by 1890.¹³

As Missoula County grew, so did the need for medical care. Residents tended to their ailments and injuries as best they could, but when problems persisted, they sought skilled medical assistance. Between 1865 and 1890 at least forty-one private physicians practiced in the region for varying amounts of time. Some practiced in the mining and lumbering camps, but many preferred more settled places—Missoula, Stevensville, and Corvallis in the agricultural Bitterroot Valley, Frenchtown in the Missoula Valley, and the Flathead Indian Reservation in the Flathead Valley. During the period seven military physicians tended to the soldiers at Fort Missoula.¹⁴

Some residents, however, could not afford a physician, nor did everyone in this mostly male environment have family or friends to nurse them back to health. Missoula County authorities eased the situation somewhat by contracting annually for medical attention of the poor. In 1872

13. Lenora Koelbel, *Missoula the Way It Was: A Portrait of an Early Western Town* (Missoula, Mont., n.d.), 13-27, 29-56; United States Census Office, *Ninth Census of the United States, 1870*, vol. 1 (Washington, D.C., 1872), 195, 363, 631; United States Census Office, *Eleventh Census of the United States, 1890*, vol. 1 (Washington, D.C., 1892-1897), 29, 259, 559, 649, 704-5; Phillips, *Medicine in . . . Montana*, 266.

14. Phillips, *Medicine in . . . Montana*, 152-59. An incomplete and sometimes inaccurate list of physicians in the 1886 edition of the *Polk's Medical and Surgical Directory of the United States* (Detroit, 1886), 573-74, named seven practitioners in Missoula, one in Corvallis, and two in Stevensville. The 1890 edition, pp. 686-87, named fourteen in the area, including eight in Missoula. Phillips, *Medicine in . . . Montana*, 266-89, names and briefly describes the practice of every physician in Missoula County before 1900.



The Sisters of Providence's religious charges included healing the sick; teaching children; caring for the impoverished; attending to orphans, the elderly, and the insane; and spiritual ministration. To supplement their meager funds, they went on "begging trips," as did fellow sisters Mary of Nazareth (left) and Mary Conrad (right), who raised money in British Columbia for their Portland hospital.

Dr. J. H. McKee held that contract. The following year a nonphysician, William G. Edwards, submitted the lowest bid. By 1877 the county was awarding one contract to a physician for medical treatment and another to the lowest bidder (physician or nonphysician) for provision of care, support, and maintenance of the indigent.¹⁵

Though Missoula, as the largest settlement in western Montana, attracted physicians before 1873, the opening of the sisters' hospital made the town a medical center for the area. Thus Dr. Robinson, a physician living in Nine Mile, twenty miles northwest of Missoula, could advise Frank Jamison, seriously injured by a mule kick, to go straight on to Missoula for medical assistance. Jamison was admitted to the sisters' hospital under the care of Dr. R. A. Wells and, according to the Missoula newspaper, the *Missoulian*, received "the most careful nursing" of the sisters.¹⁶

Having the sisters' hospital also gave the county physician a place to tend indigent patients' immediate needs and a place to leave such patients for observation and long-term care. Private physicians benefited from the opening of the hospital as well. They could admit patients, knowing that they would receive full-time care in an accessible location, which saved the physician from

arduous, time-consuming home visits. For example, after Frenchtown resident Charley Allard's wife was badly hurt when a log broke beneath her, Missoula-based Dr. Henke admitted her to the sisters' hospital for a two-week recuperation and saved himself several thirty-mile round trips to check her progress. In September 1885 Stevensville physician R. A. Wells brought to the hospital a patient with a dislocated knee so Missoula physicians Henke and William P. Mills could assist him in resetting it. Wells returned home knowing the patient would receive proper care during the month-long recovery.¹⁷

Between its founding in 1873 and the opening of the new hospital in 1890, only three to six sisters staffed the Providence of the Sacred Heart, assisted by no more than four tertiaries and three hired workers.¹⁸ Because the religious community's charge included healing the sick, teaching children, and caring for the impoverished, the sisters and their small workforce not only ran the hospital but also attended to orphans, the elderly, and the insane on the premises; visited the sick and elderly in their homes; served meals to the needy; and, starting in 1874, ran the Academy of the Sacred Heart, a boarding school that also taught day students.

¹⁵ Missoula County commissioners minutes, March 4, 1872, book A-2, p. 164, MC Courthouse, Missoula; Missoula County commissioners minutes, December 5, 1872, March 5, 1873, January 9, 1877, book A-3, pp. 16, 36, 244, *ibid.*; *Missoula (Mont.) Missoulian*, November 15, 1878, January 6, 1882. McKee served as the Flathead Indian Agency physician from 1871 to 1873. In 1874 he moved to Los Angeles, where he became involved in public health work. Phillips, *Medicine in . . . Montana*, 272-73, 275-76.

¹⁶ *Missoula (Mont.) Missoulian*, September 10, 1880. Jamison, traveling from Washington Territory to Missoula County with his wife and three children in August 1880, had stopped along the road to help someone shoe a mule and been kicked. The "Record of Patients" listed him as patient 633, a Scotsman, Baptist, noncharity, no occupation or residence listed, admitted for 149 days, from August 24, 1880, to January 20, 1881, with diagnoses of pleurisy and dropsy (though it is not clear why he developed those medical problems from a mule kick).

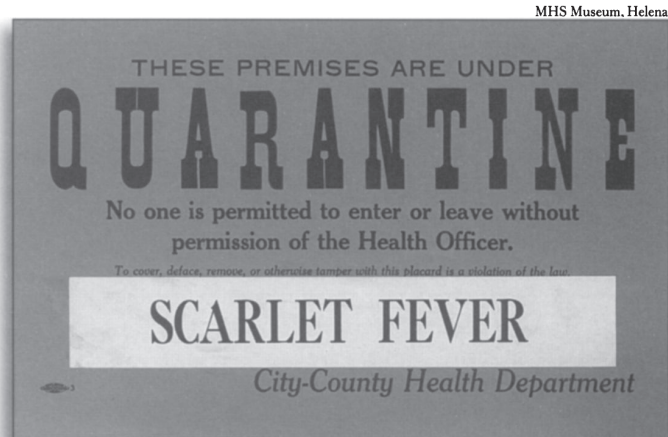
Just how busy these women were is apparent from comments in the Providence of the Sacred Heart's "Chronicle," an annual handwritten report to the order's mother house. In late August 1877, while two of the four sisters went on a "begging trip" to area mines to raise money, the two who remained behind were, the chronicler wrote, "overburdened with the care of the sick and aged." Even the editor of the *Missoulian* noted how hard the sisters worked. He remarked in October 1883: "The sisters at the hospital have their hands very full of work just now. Besides the care of nineteen patients in the hospital, the sisters have also a school at which 48 pupils are receiving instruction."¹⁹

Caring for the sick also exposed the sisters to life-threatening illness. During a diphtheria epidemic in August 1887, two sisters contracted the disease, one after a home visit to three children who died the same day. This latter sister almost died herself, but "by the help of prayer both sisters recovered their health." In 1885 Sister Donat, the school's new music teacher, was not so fortunate. She died of smallpox only thirteen days after her arrival.²⁰

When a scarlet fever epidemic swept through Missoula in the mid-1870s, the sisters found themselves stretched to the limit. The disease struck so many children that physicians sometimes gave over medical care of the sick children to the sisters who, in turn, had to readjust their activities at the mission house to be able to make the additional home visits. The admission of two children to the sisters' hospital during this epidemic, one of whom required nightly vigils for three weeks, caused the chronicler to remark in typical understated fashion: "When there were only two or three sisters who could sit up nights [on vigils], their turns came around frequently."²¹

What motivated these women to do such hard work and to risk their lives to teach and heal in often inhospitable settings? As part of their caregiving, the Sisters of Providence, like other women religious at such hospitals, endeavored to restore the belief of lapsed Catholic patients, entice new members into the faith, and increase the devotion of those already committed to the religion. They also gained more than the satisfaction of nurturing the souls of their patients: their sacrifice of themselves for the sick provided an opportunity to work out their own personal salvation. Hospital work went along with other

In addition to grueling work, the sisters were exposed to life-threatening illnesses, including diphtheria, smallpox, and scarlet fever, and endured the quarantines intended to keep the diseases from spreading. Reflecting on an 1885 quarantine, the sister chronicling events expressed "grief, not for ourselves but for our works which remained suspended for a long time."



deeds of loving kindness—feeding the hungry, helping the homeless, visiting prisoners, and burying the dead—in fulfilling Jesus' commandment to earn salvation by showing love and doing works of mercy.

As part of their motivation to win souls for God, the sisters communicated the spiritual meaning of sickness to their patients. Sickness was God's way of providing a "loving correction for your sins" or a "summons [for you] to prepare more carefully for death." The sisters told patients that they could find consolation in the fact that the innocent Jesus suffered too and that suffering made people better, more like Jesus and Mary. Furthermore, spiritual weakness could result from physical illness and lead to sin in the choice of treatments, including choosing inappropriate pain relievers as death neared or abortion or craniotomy (collapsing an infant's skull in utero when it was too large to pass through the birth canal). It was crucial that the sick entrust themselves to Catholic clergy, sisters, and physicians—people knowledgeable about practices regarding the soul, especially the sacraments.²²

The "Chronicles" reflect these considerations. The Missoula sisters' primary goals were providing physical

17. *Missoula (Mont.) Missoulian*, September 6, 1878, September 25, October 30, 1885. The "Record of Patients" listed Mrs. E. Allard, patient 601, as an eighteen-year-old "half-breed" Catholic noncharity patient from Frenchtown, admitted for thirteen days, from August 20 to September 2, 1878, no diagnosis listed. It listed G. J. Marshall, patient 959, as a forty-two-year-old American farmer, noncharity patient from Bitter Root, admitted for thirty-eight days, from September 20 to October 28, 1885, with a diagnosis of dislocation.

18. "Annual Reports." Tertiaries, who began assisting at the hospital in 1876, were a group of sisters founded by Bishop Bourget in 1863 to assist the Sisters of Providence in their menial work and in their minis-

try of charity to the poor and sick. They wore a slightly different habit, retained their family names, took annual rather than perpetual vows, and did not participate in elections or other administration of the religious community. The Missoula sisters began hiring assistants in 1878.

19. "Chronicle," 1877-1878, p. 6; *Missoula (Mont.) Missoulian*, October 5, 1883.

20. "Chronicle," 1887-1888, p. 13; *ibid.*, 1885-1886, p. 12.

21. "Chronicle," 1877-1878, p. 6. See also *ibid.*, 1878-1879, p. 7.

22. *Manual of Prayers for the Catholic Laity* (New York, n.d.), 459, quoted in Joyce, "Science and the Saints," 18; Joyce, "Science and the Saints," 10-27.

care and attending to their patients' spiritual well-being. The mission's annual reports, aimed as they were at the community's superiors in Montreal, tended to emphasize, even exaggerate, the latter. They contained vignettes about patients the sisters converted and remarks about the sisters' dual mission. "This year was not devoid of good works," wrote the 1874–1875 chronicler. "We often had the consolation of seeing poor Catholics, away from their religious practices for many years, return to confession, receive communion, and then learn to endure their illness with patience." Chronicles for other years mentioned how a "black person, kept at the hospital for several months, was baptized in our religion" and marveled at "the conversion of nine fallen-away Catholics" in a short space of time, "some of whom had not been to confession for twenty years or more." When, in 1879–1880, a patient who had been in hospital for a year finally converted, the chronicler commented: "This man lost his sight in recent years. God has made use of this to open the eyes of his soul."²³

The sisters gained a reputation for persistence and ingenuity in attempting to open patients' spiritual eyes. An 1877–1878 "Chronicle" entry related the story of an eighty-eight-year-old lapsed Catholic who initially "refused to come to the hospital because, he said, people were going to speak to him of God and make him recite prayers." He relented and was admitted to the hospital where, as he predicted, "he was reminded that he had a Master and that it was time to render an account to Him." For one very sickly man who was Catholic but "in arrears in his accounts with his Divine Master," the sisters resorted to displaying "an image of the Holy Face" in his room. "After several minutes, the patient seemed to take on a little strength." Sister Superior asked him if he wanted a priest. He agreed, made confession, and slowly recovered his full health. "He has approached the sacraments several times since."²⁴

The sisters assisted, sometimes pressed, patients in fulfilling the four sacraments important in the hospital context: baptism, penance, Holy Communion, and extreme unction. Typical is the story of a young man in the hospital dying of consumption. His Catholic parents had died when he was a boy, leaving him in the hands of a Protestant uncle who, the sisters recorded, did not teach him "any principles of religion." Though repeatedly encouraged to convert, the young man refused every time. The sisters finally turned to Saint Joseph, the "patron of a

happy death" who "could show his power over the Heart of Jesus." "We did not hope in vain," the chronicler continued, "for that same evening our patient made his confession the best he could, and three days later he breathed his last with the hope that he was going to Heaven." At the end of 1887–1888, a particularly busy year during which over two hundred fifty patients passed through the hospital's doors, the annalist announced: "We have had the happiness of seeing a large number of them approach the sacraments of penance and Eucharist. Even some who belonged to Secret Societies had the strength and courage to renounce these in order to fulfill their religious duties."²⁵

Once, the sisters' spiritual success with a patient had unexpected worldly consequences. A very sick non-Catholic man, experiencing great suffering from his illness, began repeating the phrase, "God have mercy on me." The sisters talked with him about religion and convinced the man to undergo baptism and extreme unction. He died, and when his will was probated, the sisters discovered that he had left to the Missoula mission \$185 in cash, four horses, and other objects of value. "Let us hope," wrote the chronicler about this man, "that he is not only our temporal benefactor but that he is also our intercessor in heaven."²⁶

The sisters did not always succeed in their spiritual intercessions. One Catholic man who refused to see a priest died during the amputation of his arm and consequently was buried as a nonbeliever. "Oh!" wrote the 1888–1889 annalist, "What great sorrow the sister [who had charge of him] suffered in not having sent for the chaplain in spite of the man's refusal. She thus took a resolution for the future." One year a smallpox outbreak at the school and hospital forced health officials to quarantine both buildings. The 1885–1886 chronicler expressed "grief, not for ourselves but for our works which remained suspended for a long time." Similarly, when the hospital lost the contract for indigent care in 1889, the sisters continued converting and leading to the sacraments many private patients but worried that "for spiritual needs, it's the poor county patients who suffer."²⁷

23. "Chronicle," 1874–1875, p. 3; *ibid.*, 1878–1879, p. 7; *ibid.*, 1880–1881, p. 8; *ibid.*, 1879–1880, p. 7. Patient names are omitted from this article unless they appeared in a public record such as the local newspaper or a government document.

24. "Chronicle," 1877–1878, p. 6; *ibid.*, 1883–1884, p. 10.

25. "Chronicle," 1882–1883, p. 9; *ibid.*, 1887–1888, p. 13. On the importance the sisters attached to administering the sacraments to patients, see *ibid.*, 1885–1886, ms. p. 26.

26. "Chronicle," 1876–1877, p. 1.

27. "Chronicle," 1888–1889, p. 14; *ibid.*, 1885–1886, p. 12; *ibid.*, 1889–1890, p. 15.

28. "Chronicle," 1888–1889, p. 14.

29. "Chronicle," 1884–1885, p. 11.

30. "Chronicle," 1887–1888, p. 13; *Missoula (Mont.) Missoulian*, September 9, 1887.

31. Between 1873 and 1890 other members of the Sisters of Providence who worked at St. Patrick Hospital were Sisters Monaldi, Rosalia LaFramboise, Wincelaw, Josephine, and Mother Zenaide. *Missoula*

Saving souls so concerned the sisters that they found ways to circumvent and stretch religious rules. A man who died of a fractured skull when a tree fell on him was brought to the hospital for a Catholic burial by his brothers. The priest refused, saying the man was Catholic “in name only,” until the sisters intervened and discovered “a scapular of Mount Carmel around the man’s neck.” The priest then allowed a Catholic burial on the grounds that “the Holy Virgin promised salvation to whoever would wear her garb.” “You can understand our joy and that of his two brothers,” continued the annalist. “I tell you this did some good for others; they bought themselves scapulars and put them around their necks.”²⁸

This rule-bending extended to children, whose baptism was particularly important to the sisters. The “Chronicles” described at least two incidents where sisters converted children without parental consent. One was a fourteen-year-old student at the school who wanted to become Catholic and who had learned all the prayers and studied the catechism. When the girl took sick, “the priest gave the sisters permission to baptize our little patient at the first sign of danger, which is what we did, without her parents’ knowledge. Two days later she took off for heaven.” A second dying child also received baptism without the mother’s permission, but in this case the sisters knew of the mother’s opposition. Wrote the 1884–1885 chronicler of this girl’s death, “Her pure and beautiful soul was in the bosom of the One who had said, ‘Let the little children come to me.’”²⁹

A diphtheria epidemic in Missoula late in summer 1887 included a number of cases, six fatal, at the sisters’ school, resulting in a three-month city-imposed quarantine. The chronicler put the episode in a positive light: “God was glorified in this because during this time six of our children added to the number of angels. Of this number,” she continued, “two little Protestants had the happiness of receiving the sacrament of Baptism, a grace they would not have received had this terrible disease not made its appearance.” The sister’s statement fails to clarify whether the parents knew of their children’s Catholic baptisms. Clearly, these sisters were motivated to operate a hospital as much by a desire to provide spiritual healing and to save souls as to heal bodily ills.³⁰

Who were these women from a French-speaking Catholic religious community who went willingly from a sophisticated eastern Canadian city to a western American frontier town where everyday life, travel, and long-

distance communication was difficult? Not surprisingly, little information is available about the sisters as individuals. They kept low personal profiles because they sought public recognition for the church rather than themselves. Even the names they adopted as sisters—Mary Victor, Marie Edward, Mary Julian, Mary Louis, Mary Winfred, Joseph of Providence—hid their secular identities and bespoke their religious commitment.³¹ They led lives of physical privation in order to establish and maintain the Providence of the Sacred Heart, enduring cramped living quarters, poor heat, interrupted sleep, and long hours of work.³² Because no priest lived in Missoula for most of the early years of the hospital’s existence, the sisters celebrated mass only irregularly (when one of the Jesuit fathers happened to be passing through town), something they greatly missed and commented on a number of times in their records.³³

In addition to physical and spiritual privations, the sisters lived with certain procedures and rules of proper behavior detailed in a published book, supplemented by other guidance from the superior general regarding matters not covered in the rules. The provincial superior, the sister who was head of the province, also visited each institution annually and, among her duties, evaluated the behavior of the sisters. These rules and evaluations provide some sense of the strictness with which the sisters conducted their lives. Idle conversation in public was discouraged: “In the care that you have to give to the sick either in the hospital or outside,” instructed Superior General Sister Marie Godefroy on a visit to Missoula in 1888, “as [well as] when meeting with persons of the other sex, make use of great prudence; be grave, reserved, and modest. You do not realize the danger that virtue encounters everywhere, especially in this country.” Sisters were not to argue among themselves, “especially before the seculars.” Furthermore, “when going to or returning from church, walk two-by-two and keep silence, according to custom.” The superior also addressed sisters’ attire: “As the population is growing in Missoula it is advisable to wear your long cape to assist to the public offices on Sundays and Holydays.”³⁴

Decorum was the key to appropriate behavior, something about which sisters needed occasional reminding. “Exterior recollection and modesty are very much want-

(*Mont.*) *Missoulain*, June 7, August 23, 30, October 4, 1878, February 13, 1885, September 16, 1887; “Chronicle of St. Ignatius,” 1872, p. 36; *ibid.*, 1873, p. 41; “Chronicle,” 1873–1874, p. 2; *ibid.*, 1874–1875, p. 3; “[Annual Report of] La Providence Du Sacre-Coeur,” December 28, 1874, in *Circulaires*, 1874, 51; Pam Hedquist to Todd Savitt, June 27, 1997, letter in possession of the author.

32. See, for example, “Chronicle,” 1885–1886, ms. p. 26.

33. “Chronicle,” 1873–1874, ms. p. 3; *ibid.*, 1874–1875, ms. p. 7; *ibid.*, 1877–1878, ms. p. 13. See also Palladino, *Indian and White*, 366.

34. Rule 10, in “Process Verbal,” by Sister Marie Godefroy, June 4, 1888, in “St. Patrick Hospital Process Verbal, 1873–1924,” p. 3, ts., PA, Spokane (hereafter “Process Verbal”); Rule 9, October 29, 1899, p. 4, *ibid.*; Rule 11, June 4, 1888, pp. 3–4, *ibid.*



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As Missoula grew, so did the number of patients at the hospital. In 1889 construction of a modern brick hospital building began. The new St. Patrick Hospital (above, circa 1910) opened in 1890 and featured twenty-four private rooms, four wards, a chapel (center), a surgery (bottom), an apothecary, and other up-to-date features.

ing in some of the sisters," warned Sister Godefroy in 1889. "The world watches you and judges you severely, and is not at all bashful to pass remarks that are prejudicial to the religious state and to the Institute, so pay particular attention to it." When soliciting funds, sisters should avoid collecting in saloons, and if they had to spend a night on the road, they were instructed to "not lower yourselves by playing chess or other games with men or other persons of the world." The sisters were to do good in the world as women religious and to maintain the dignity of their calling.³⁵

Doing public work in a small town meant that the sisters were easily recognized and so could not help attracting notice. For example, the first superior of the mission, Sister Mary Victor, represented the mission in public matters and was apparently well liked. Shortly after she left her Montana post in 1878 to become mother superior of the Deaf-Mute Asylum in Montreal, the *Missoulian* editor reported hopefully that "Sister Victor may return to her old position." The following week, however, he had to write: "Many of our readers will regret to hear that Sister Victor, who has had charge of the Mission at this place since its foundation, and under whose direction the Sisters' school

35. Rules 5, 7, October 29, 1889, p. 4, *ibid.* See also Rule 4, October 29, 1889, p. 4, *ibid.*

36. *Missoula (Mont.) Missoulian*, June 7, August 23, 30, 1878.

37. Palladino, *Indian and White*, 372; "Chronicle," 1876-1877, p. 5; *ibid.*, 1882-1883, p. 8; *Circulaires*, 1884, pp. 148-50; *Missoula (Mont.) Missoulian*, March 10, 1882, November 8, 1883, August 1, 1884; Jean Brondel to Sister Marie Godefroy, May 27, 1888, copy in "Process Verbal," p. 4; Sister Marie Godefroy to Jean Brondel, June 4, 1888, *ibid.*; "Chronicle," 1888-1889, p. 15. The contract for construction was not let until 1889.

and the county hospital have been so ably conducted, is to remain in Montreal. . . . Sister Victor . . . will be missed by many friends."³⁶ The sisters could not avoid being part of the community.

As the community the sisters served grew, so too did the need for additional space at the hospital and school. Sometime during 1876–1877, the sisters added a thirty-two-foot by sixteen-foot wing to the hospital's original structure. Although it did not expand the number or size of the patient rooms, the addition housed a laundry and dairy on the ground floor, a place for the insane and their attendants on the middle floor, and a storeroom and winter wash-hanging room in the attic. Wards sometimes became so crowded that the sisters had to use a classroom in the separate school building for the overflow patients. Not until January 1883, almost ten years after its founding, did the hospital itself expand with a new wing that allowed the sisters to care for forty patients. Still the hospital was too small, even when the school moved across the street in 1884. In May 1888 the community's superior general in Montreal and the bishop of the diocese in Helena approved the sisters' plan to erect a new building.³⁷

The new St. Patrick Hospital opened in January 1890—a modern brick three-story-plus-basement structure containing twenty-four private rooms and four wards of fifteen beds each. Hot water heated the building, which featured a chapel, parlors, spare rooms, an apothecary, surgeon's room, waiting rooms, dining rooms, bathrooms, balconies, towers, and outside porches. The *Missoulian* called it, perhaps with some hometown hyperbole, "the most commodious, and by far the finest hospital building in Montana, if not in the Northwest."³⁸

That the sisters could found a hospital in 1873 and make it succeed so well that seventeen years later they could open a new state-of-the-art facility shows their ability as fund-raisers and prudent money managers. Careful money management required close attention to accounts. Expenses fluctuated yearly depending on construction needs, building maintenance, requirements for furniture and medical supplies, patient numbers, staffing needs, and the weather.³⁹ The sisters found the means to pay these expenses even though they received little financial support from the order in Montreal or the Catholic Church. The mission's three most important revenue sources were

school fees, private patient fees, and county payments for care of the indigent. Other funds came from bazaars and socials, garden sales, donations, and interest payments. Frugal living, tenaciousness in bargaining for the county contract, good fund-raising abilities, and western Montanans' generosity all contributed to the financial success of the sisters' hospital between its opening in 1873 and its expansion in 1890.

Perhaps most important to the sisters' success was the contract to provide medical care for Missoula County's poor that the sisters held from 1874 to 1889. The annalist for 1884–1885 emphasized the importance of this financial source when the sisters almost lost the contract that year: "Blessed be Divine Providence! For from this contract we derive the principal income of our Mission." Comments in the "Chronicles" about hospital admissions illustrate the level of concern about money. In 1875–1876 the chronicler reported that "the number of sick at the hospital was less than ever this year." A few years later she lamented that Montanans were almost too hale: "There are few patients at the hospital this year. The climate, so healthful in our mountains, provides fewer patients for our hospitals." Given the uncertainty about private patient admissions, the sisters believed the county contract essential to their survival. As the chronicler commented in her 1885–1886 report: "This year again, the contract for the county patients was granted us at \$8.50 per week per patient. This is Providence for us; the number of private patients would not be sufficient to satisfy the needs of this mission."⁴⁰

When the sisters found themselves for the first time in serious competition for the county contract, they were quite worried. The Northern Pacific Railroad, then expanding rapidly throughout the Northwest, built a regional hospital for its employees in Missoula in 1884, taking those patients from the sisters' hospital. Even worse for the sisters, Dr. I. E. Cohn, surgeon in charge of the new hospital, bid a full \$1.05 less than the sisters' tender of \$8.50 per patient per week on the county contract. The language of the chronicler's entry for that year suggests the intensity of the sisters' fears: "This year we had strong opposition for the contract . . . but, thanks to the assistance of our good father Saint Joseph [a patron saint and financial guardian of the Sisters of Providence], the county commissioners were in

38. "Chronicle," 1888–1889, p. 15; *ibid.*, 1889–1890, p. 15; *Missoula (Mont.) Missoulian*, April 3, 17, October 23, 1889.

39. Beyond annual compilations lumped together by category and sent back to the Montreal, no detailed accounting of the sisters' expenditures for St. Patrick Hospital exists. First-year expenses are described in "Copy of the account I have received from Reverend Father Palladino," n.d., Letter 44 file, PA, Spokane. Information for other years may be found in "Annual Reports." We have compiled this and other statistical information derived from the early St. Patrick Hospital records in a series of tables that are available at the St. Patrick Archives, Missoula (hereafter Statistical Tables).

40. Contracts for 1873–1889 can be found in Missoula County commissioners minutes, book A-3, pp. 79, 138, 194; book B, pp. 10-11, 65, 119, 151, 217, 277; book C, pp. 101, 217, 341; book D, pp. 88, 220-221, 380; book E, p. 143, MC Courthouse, Missoula; "Chronicle," 1884–1885, p. 11; *ibid.*, 1875–1876, p. 3; *ibid.*, 1879–1880, p. 7; *ibid.*, 1885–1886, p. 12.

From the beginning the sisters' hospital relied on income from the county contract for care of the poor. The first serious competition for that contract came in 1884 when the Northern Pacific Railroad built a regional hospital (above, 1894) for its employees and submitted a bid for the contract.



E. Jay Haynes, photographer, Haynes Fund Coll., MHS Photograph Archives, Helena

our favor and renewed the contract in preference to our adversary's although their conditions were more favorable than ours." No explanation appears in the records for why the commissioners chose the sisters' hospital, though an official county report the following year indicates people's high regard for the sisters' work: "We found nine patients in the hospital as county charges. This institution is admirably kept and the unfortunates in [the] charge of the Sisters are kindly cared for and most humanely treated by these good women." By the late 1880s, however, indigent costs to local government had increased sufficiently to warrant the establishment of a county poorhouse.⁴¹

Private pay patients appear to have been a much less reliable source of income than county contract patients; despite the fact that paying patients usually outnumbered county patients, they brought in significantly less income. The reasons for this discrepancy are unclear. The sisters did not advertise their fees in the local newspapers during these years, and perhaps they had no set fees beyond those contracted with the county. Hospital bills to patients, if any existed, have not survived. Never in the "Chronicles" do the sisters complain about nonpayment of fees, though failures to pay must certainly have occurred. And not all patients paid in cash. Many presumably provided a service in exchange for hospital care; one man milled wheat for the three weeks' care his wife received at the hospital. Others probably paid some or all of their bills with goods. During the early 1880s the Northern Pacific sent sick and injured employees to the sisters, but that income dropped off as soon as its hospital opened. Despite these uncertainties, the loss of the county contract to the new poorhouse

in 1890 and the consequent increase in dependence on pay patients did not cause the financial disaster the sisters had feared.⁴²

Another difficulty the sisters faced was epidemics that could and did close down the hospital, completely eliminating income. During summer 1883, for example, physicians closed the hospital for fumigation owing to a sudden increase in the number of patients who developed blood poisoning. The sisters feared that this eight-day closure "was going to ruin the hospital" but were pleasantly surprised when, on "the same day that the doors of the hospital were reopened, a gentleman from town came to request a room." Similarly the hospital returned to normal operations after closing for outbreaks of smallpox in September 1885 and diphtheria in August 1887. The smallpox outbreak threatened not only the hospital's income but also the sisters' reputation when city authorities discovered the women secretly treating one of their own instead of sending her to the county pesthouse for isolation. Reprimanded for this serious infraction, the sisters learned their lesson; when in March 1887 they discovered a case of smallpox in the hospital, they immediately sent for the health department physician to take the patient to the pesthouse. Still, fearing another shutdown of the hospital, the sisters "asked ourselves: will this be the last [case] or not? We were told that if there were another case, we would again be put in quarantine." They prayed to St. Joseph, "and, as always, he saved us from this disease."⁴³

41. "Chronicle," 1884-1885, p. 11; Phillips, *Medicine in . . . Montana*, 167-68, 281; Missoula County commissioners minutes, January 5, 1885, book C, p. 217, MC Courthouse, Missoula; *Missoula (Mont.) Missoulian*, February 22, May 2, May 9, July 11, September 19, 1884, January 9, November 13, 1885. On the establishment of the county poorhouse, see "Chronicle," 1888-1889, pp. 14-15; Missoula County commissioners minutes, December 11, 1888, book D, p. 380, MC Courthouse, Missoula; Missoula County commissioners minutes, March 5, 1890, book E, p. 143, *ibid.*

42. [Sister Mary Victor] to [Mother Caron], October 6, 1875, ts., St. Patrick Archives, Missoula; *Missoula (Mont.) Missoulian*, February 22, 1884; Michael Malone, Richard B. Roeder, and William L. Lang, *Montana: A History of Two Centuries*, rev. ed. (Seattle, 1991), 172-78; Phillips, *Medicine in . . . Montana*, 167-68, 281.

43. "Chronicle," 1883-1884, p. 10; *ibid.* 1885-1886, p. 12; *ibid.* 1887-1888, p. 13; *Missoula (Mont.) Missoulian*, September 25, October 16, 1885, August 5, September 16, 1887.

44. [Sister Victor] to [Mother Caron], October 6, 1875; "Chronicle," 1874-1875, p. 3; *ibid.*, 1882-1883, p. 9.

Other income came from a variety of sources. School fees constituted a significant source of revenue. The mother house in Montreal occasionally sent money, and, at least during the first few years of the Missoula operation, the sisters at Saint Ignatius “loan[ed] us all the money they can do without.” The mission also acquired operating funds and material goods from area citizens. During 1874–1875, for example, when, as the chronicler expressed it, “an urgent need of money was felt and one didn’t know in which direction to turn to find the required sum,” two people came to the rescue: a wealthy widow lent them \$1,100 without charging interest and a “good Irishman” lent them \$850 at six percent interest, considerably below the area’s going rate of 18 to 36 percent. On another occasion a letter and a \$100 bank note arrived from one John Conway, a person “completely unknown to us.” This man later stopped by the hospital “to pay us a visit and to inquire whether we had received the money,” thus allowing the sisters to express their thanks for this unsolicited gift.⁴⁴

Not all the gifts received were unsolicited. For the first few years the sisters found it necessary to make what they called “begging trips.” The precedent for this form of fund-raising went back to the origins of this religious community in Montreal and continued in Vancouver, St. Ignatius, and other places where the Sisters of Providence took their mission work. These horseback trips were quite arduous and not always very successful. The Missoula sisters went on at least nine separate begging trips between 1873 and 1877, collecting \$455 in 1875, \$280 in 1876, and \$288 in 1877. They stopped making begging trips until the tremendous cost of building the new hospital compelled them once again “to put out our hands” in 1889. This time, however, they covered very different territory. They collected more than \$928 in Missoula and planned to approach “the neighborhoods of the sawmills,” thus eliminating the exhausting and dangerous camping trips over the mountains to the mining camps.⁴⁵

Money was not the only thing people donated to the Providence of the Sacred Heart. Citizens offered produce

to the sisters and probably goods and services as well. A pleased sister reported to Mother Caron in an 1875 letter: “The potatoes [we used] have been given to us with the exception of one dollar we had to spend to buy some. All other vegetables are also given to us.” Furthermore, to supplement the produce grown in the mission gardens, begging trips often included visits to local farms, where the sisters received items such as flour, grain, butter, and eggs. Western Montanans seemed to feel a sense of commitment to the little hospital in Missoula and to the women who ran it.⁴⁶

The sisters’ hospital in Missoula was not only financially successful; almost from the start it was an integral part of life in western Montana. The hospital’s admissions register and articles in the local newspaper provide a sense of that relationship and offer information about the kinds of people who made up the community and the medical problems they brought to the sisters. Between 1873 and 1890 the sisters recorded 1,631 patient admissions in their log book. Male admissions (1,477) outnumbered female admissions (154) by nine to one, consistent with the prevalence of men in Montana’s population at the time. Almost 80 percent, 1,086 of the 1,386 patients with known ages, were adults between twenty and forty-nine years old. More than one-third of patients gave their occupation as laborer and another third described themselves as mill hands, miners, or railroad workers. When farming is included, almost three-quarters of the people admitted to St. Patrick Hospital worked in occupations that made them particularly susceptible to traumatic injuries and the epidemic diseases that swept through the close, often unsanitary quarters of mining, railroad, and timber camps and milltowns.⁴⁷

The sisters cared for patients of many nationalities. Almost 30 percent (469 of 1,603 with nationality given) listed Ireland as their “country,” a greater percentage even than the 28 percent labeled American. Canadians and French Canadians (a distinction not clarified in the register) accounted for another 15 percent of admissions while Germans and other Europeans comprised most of the remaining patients. Predictably, given the size of the Irish and French-Canadian population in western Montana and the religious orientation of St. Patrick Hospital, a majority of patients were Catholic (55 percent, 853 of 1,555 with religion listed). Those professing no religious affiliation, 22 percent, comprised the next largest group,

45. “Chronicle of St. Ignatius,” 1872, p. 35; *ibid.*, 1873, pp. 42–43, 45; “Chronicle,” 1873–1874, p. 1; *ibid.*, 1874–1875, p. 2; *ibid.*, 1875–1876, p. 3; *ibid.*, 1876–1877, p. 4; *ibid.*, 1877–1878, p. 6; *ibid.*, 1888–1889, p. 15.

46. [Sister Victor] to [Mother Caron], October 6, 1875; “Chronicle,” 1875–1876, pp. 3, 4; *Missoula (Mont.) Missoulian*, August 15, 1884.

47. United States Census Office, *Census . . . , 1890*, 1:398, 467; Statistical Tables, St. Patrick Archives, Missoula. These numbers reflect admissions to the hospital, not different individuals. Several patients were admitted more than once, either for chronic ailments or for various medical problems at different times.

48. Statistical Tables, St. Patrick Archives, Missoula. It is unclear how the sisters assigned nationalities to their patients, for they also entered in the hospital ledger the terms “Jew,” “Half-breed,” “Colored,” and “Creole” rather than naming these people’s countries of origin. The near absence of Chinese names and Chinese nationality designations from the hospital rolls (0.3 percent, 5 patients) hints strongly at systematic exclusion. Native Americans who chose to use “white” medicine were cared for by the agency physicians on the reservations. Phillips, *Medicine in . . . Montana*, 159, 163, 269, 279.



Mryta Wright Stephens, photographer, MHS Photograph Archives, Helena

followed by various Protestant denominations and a few non-Christians.⁴⁸

The county paid for the care of one-third of the hospital's patients (548 admissions). Women made up approximately the same percentage of these charity patients (7 percent) as they did the total percentage of patients admitted (9 percent). Twelve percent of patients remained in hospital for three days or less; one-fifth for between one and two weeks; 51 percent for more than two weeks; and 11 percent for two to six months. Nine percent of patients died in hospital.⁴⁹

Infectious diseases of various kinds comprised the largest category of diagnoses the sisters recorded.⁵⁰ Almost half these diagnoses (254) were respiratory complaints such as pneumonia, pleurisy, cold, influenza, sore throat, gripe, and tonsillitis. Illnesses usually associated with childhood—mumps, scarlet fever, diphtheria, whooping cough, and measles—accounted for another 42 admissions, though not all of these patients were children. The sisters also cared for 35 cases of consumption (tuberculosis), one of the leading killers of nineteenth-century Americans.⁵¹ Of nonrespiratory problems, typhoid fever,

Patients came to the sisters' hospital with a variety of ailments, but injuries common among agricultural, railroad, mine, and timber workers made up a large number of them. Accidents often happened on worksites like this one, where logs are stacked for the spring float down the Blackfoot River to the mill at Bonner, just east of Missoula.

usually spread in sewage-contaminated water, topped the list (106) along with dysentery and diarrhea (29) and syphilis (13). The most frequent diagnosis listed in the hospital register was rheumatism, 10 percent of the diagnosed admissions, with a mortality rate of 3 percent. The term "rheumatism" probably represents a composite of all chronic and acute complaints involving the joints and/or muscles, including some caused by infectious agents that might result in death.⁵²

Traumatic injuries—burns, bruises, frostbite, cuts, dislocations, bone fractures, gunshot wounds, and sprains—were the second most common category of diagnoses (15 percent). Some of those trauma injuries were alcohol related. There were, not surprisingly, 74 admissions for alcoholism (73 male and 1 female) with 4 fatalities. Sixty-two percent of alcohol-related admissions remained in hospital for fewer than eight days, suggesting that the sisters housed the acutely drunk long enough to detoxify them.⁵³

This impersonal listing of the kinds of medical problems presented at St. Patrick Hospital masks patients' often sad personal stories. For example, patient 241, E. G. Burton, a thirty-six-year-old Missoula resident who died of pneumonia after a two-day stay in December 1885, worked as a Northern Pacific section hand until his superintendent "saw that he had a fine hand-writing and

49. Statistical Tables, St. Patrick Archives, Missoula.

50. Ibid. In the "Record of Patients," the tenth column heading is "disease." No guidelines survive to indicate how, by whom, or when in the course of hospitalization these diagnostic determinations were made, nor is it possible to judge the completeness or accuracy of these disease entries. Therefore, the summary in this article accepts at face value the diagnoses entered.

51. Statistical Tables, St. Patrick Archives, Missoula. On tuberculosis treatment in Montana, see Connie Staudohar, "Food, Rest & Happiness: Limitations and Possibilities in the Early Treatment of Tuberculosis in Montana," parts 1 and 2, *Montana The Magazine of Western History*, 47 (Winter 1997), 49-57; 48 (Spring 1998), 45-55.

52. Statistical Tables, St. Patrick Archives, Missoula. See J. M. Da Costa, *Medical Diagnosis* (Philadelphia, Pa., 1881), 752-62; and Richard Channing Moore Page, *A Textbook of the Practice of Medicine for the Use of Students and Practitioners* (New York, 1892), 435 ff, for detailed descriptions of the entities that were included under the diagnostic heading of rheumatism.

53. Statistical Tables, St. Patrick Archives, Missoula. The sisters allowed at least a few patients with special needs to live at their hospital. Listed in the "Record of Patients" as patient 7, James Chopin, a farmer from the Bitterroot Valley admitted in a "sad state of mental derangement," lived at the hospital for more than twenty years, although most mentally ill patients in Montana Territory were sent to the Warm Springs asylum after it opened in 1877. In the register the sisters often referred to the asylum as "Deer Lodge." The sisters also took in miner George Compter, patient 45, because no other place could provide the kind of care he needed. A forty-five-year-old German native living at Nine Mile, Compter was admitted as a county patient in August 1879 for blindness resulting from "optic nerve atrophy." With no known relatives, he lived at the hospital for ten years until his death from "brain fever" in October 1889. *Missoula (Mont.) Missoulian*, February 12, 1874, October 23, 1889; "Record of Patients." For a brief history of the asylum during territorial times, see Phillips, *Medicine in . . . Montana*, 173-75.

54. *Missoula (Mont.) Missoula*, December 25, May 1, 1885. Burton appears in the "Record of Patients" as patient 241; Williams was not listed.

55. *Missoula (Mont.) Missoulian*, October 31, 1888, May 9, 1884. The "Record of Patients" lists Anderson as patient 1293 and Andrews as patient 907.

was a man of superior capabilities” and promoted him to janitor at the Missoula depot. Soon after Burton’s transfer, he began drinking continuously and eventually developed the pneumonia that, despite the sisters’ attentions, killed him. After his death, it came to light that he had assumed the name “Burton,” apparently trying to make a new start far from home. Patient Robert Williams arrived in Missoula from his railroad job some distance away in late March 1885, drank steadily while his money held out, developed delirium tremens, and went to the sisters for care. The newspaper account stated that “he was placed in a room where he grew very noisy, crying out that somebody was going to kill him.” By evening his cries became so loud that the sisters sent for the city marshal who took him to jail. He cut his throat with a hidden knife during the night and was found dead next morning with “a large pool of blood . . . on the floor by his side.”⁵⁴

Likewise, hospital register entries such as “laceration,” “broken bone,” “broken ribs,” “bruises,” “concussion,” “dislocation,” “fracture,” “gunshot wound,” “injury,” and “stab wound” fail to capture the drama behind or even the nature of the acute trauma the sisters faced when such patients appeared at the hospital door. The “amputation” the sisters entered in the register next to the name of Louis Anderson, a thirty-year-old Norwegian millman from nearby Bonner, hides an unhappy story. While Anderson was preparing to fix “the endless chain on which logs are hauled in from the river,” he somehow caught his foot between a wheel of the machine and the floor. According to the newspaper, “his foot was terribly mangled and almost severed from the limb,” and he died within a day. The register entry for twelve-year-old Willie Andrews from Lolo, ten miles south of Missoula, indicates that the patient spent eighty-three days at the sisters’ hospital in mid-1884 for “injury.” That injury, according to the *Missoulian*, consisted of a broken leg and other wounds

sustained when the lash of the whip the boy was holding as he drove a clod-crusher caught under the vehicle’s roller and pulled him from his seat. Andrews could not let go of the whip because the handle was tied around his wrist, so one leg became caught between the roller and the cross bar, tearing the flesh and breaking bones. The boy’s physician, Dr. Frank S. Hedger, was hopeful that he would not have to amputate the leg. As these cases illustrate, the sisters dealt with the human as well as the clinical side of medicine.⁵⁵

The work of the Sisters of Providence at St. Patrick Hospital could be the story of many other hospitals founded by Catholic and other women’s religious communities in the late-nineteenth-century West. The sisters ran St. Patrick as a Catholic institution, though opened it to all who needed medical assistance. They maintained the hospital as a service to the community, but it also helped fulfill their own religious mission. The sisters took the opportunity, while caring for the sick, of exposing patients to Catholic teachings about healing and salvation.

St. Patrick Hospital is today a 195-bed, acute-care facility serving western Montana and northern Idaho. Just as when it began in 1873, St. Patrick Hospital is still operated by the Sisters of Providence. ~

TODD L. SAVITT is a historian of medicine at the Brody School of Medicine at East Carolina University in Greenville, North Carolina. He has published books and articles on southern and African-American medical history and since serving as a visiting professor at St. Patrick Hospital’s Institute of Medicine and Humanities in fall 1994 has also been researching Montana’s medical past. JANICE WILLMS, M.D., Ph.D., formerly executive director of the Institute of Medicine and Humanities, now teaches literature and humanities at the University of California, Santa Barbara.

St. Patrick Hospital served the medical needs of western Montana and at the same time fulfilled the sisters’ religious mission. In this 1894 photograph, the hospital is just to the left of St. Francis Xavier Church, identifiable by its steeple, in the mid-right of the photo. Today St. Patrick, still operated by the Sisters of Providence, is one of the leading health-care facilities in Montana and northern Idaho.



J. Jay Haynes, photographer, Haynes Find Coll., MHS Photograph Archives, Helena