

SAVIORS IN THE SOUTH: RESTORING HUMANITY TO IRISH FAMINE
IMMIGRANTS IN NEW ORLEANS, 1847-1880

by

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ABSTRACT

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My thesis begins in during the Irish Famine in 1847, and follows Irish emigrants across the Atlantic Ocean to New Orleans where they faced disease, poverty, and prejudice. During the Irish famine, epidemics struck across class lines and locality, decimating the Irish population. In both the city and the country, the largest providers of care were church dispensaries. Set up in every parish, dispensaries provided care to those who otherwise would have had none at all. Like doctors at the time, dispensaries were unable to eradicate the epidemics, but because they were the most widely used medical facility, they were successful in helping some individuals.

In New Orleans, the Irish continued to turn to the church for quality medical care. The established Irish community suffered from class anxiety and did not care for new Irish immigrants. Shunned by the Irish community, the ailing and recently arrived Irish turned to allopathic physicians for medical care. Unknown to Irish immigrants, allopathic physicians struggled against homeopathic physicians and they wanted New

Orleans society to see them as legitimate providers of scientific medicine. When physicians failed the new Irish, the immigrants turned to the Sisters of Charity and the Howard Association for care. These two organizations countered the harsh methods of doctors and restored humanity to Irish famine immigrants.

This thesis relied on three volumes of *Famine and Disease in Ireland* edited by Leslie A. Clarkson and E. Margaret Crawford and *The Dublin Quarterly Journal of Medical Science*. To examine the Irish in New Orleans, this thesis employs numerous primary sources including *Medical and Surgical Reporter*, *New Orleans Medical and Surgical*, *Medical And Surgical Memoirs: Containing Investigations On The Geographical Distribution, Causes, Nature, Relations And Treatment Of Various Disease*, and a collection of papers from Charity Hospital. These sources are the basis for a new narrative about Irish famine immigrants, adding to the scholarly literature that to date has focused mostly on Irish immigrants in major cities along the eastern seaboard of North America.

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CHAPTER 1

INTRODUCTION

This study tells the story of maltreatment of Irish immigrants in New Orleans by allopathic physicians, and a corresponding concern for those famine refugees among Catholic religious institutions in the immigrants' new home. In Dublin and New Orleans in the nineteenth century, especially in the face of the great "fevers" of the mid-century such as cholera and yellow fever, allopathic physicians devised new treatments for epidemic disease. To more modern ears this sounds progressive, but for patients such as Irish famine victims, allopathic medicine mostly brought further suffering. In the middle of the 19th century in the Atlantic world, allopathy was medical care that was based in the most up-to-date science of that day. Allopathic practitioners were engaged in a battle for the trust of the public. They pitted allopathy against both other types of formally educated medical practitioners and the medical practitioners that allopaths dubbed "irregular" practitioners such as midwives, faith healers, and herbalists.

Allopathic medical practitioners on both sides of the Atlantic almost without exception were male, university educated, and hospital trained. They placed their faith in investigations of the human body that were aided by numerous dissections. Allopaths often engaged in experiments and surgeries on living patients.

The late 20th century notion of informed consent had little place in many allopathic physicians' code of professional conduct. In the two cities of New Orleans and Dublin, devastated as they were by outbreaks of contagion, allopathic physicians competed with each other to find innovative cures for illnesses. As in other places where Irish immigrants congregated in large numbers, desperate to make a living—such as Edinburgh in the 1820s—the Irish in New Orleans became a group ripe for the taking as medical subjects. In New Orleans, the twin disasters of famine-based immigration and yellow fever played into allopaths' ambitions, both individually and as a professional group. Physicians' quest for personal renown and the advancement of allopathic medicine often meant that they put aside the individual well being (physical, emotional, and spiritual) of their patients in the name of scientific progress. The Irish men and women in Dublin and New Orleans usually did not realize that allopathic physicians saw them as research subjects.

This is not to say that allopathic physicians did not desire to cure epidemic disease, rather just that achieving honor and status was their main priority. Because they were simply looking for any available medical attention, the Irish turned to allopathic physicians for care. New immigrants from Ireland to New Orleans were as likely to turn to allopathic doctors as they were prone to consult other types of medical practitioners—not only homeopathic and eclectic physicians, for example, but also traditional healers who had no form of formal medical training or state recognition.

In both the New World and the Old World, Irish patients fought not only disease, but also class and gender prejudices. Yet in the cities of Dublin and New Orleans, they found more nurturing care from charitable volunteers than from either allopathic or

homeopathic and other so-called alternative physicians. The Catholic dispensaries in Ireland and the work done by the Sisters of Charity and the Howard Association in Louisiana helped many patients overcome life-threatening diseases. While volunteers could not cure all those in need, they restored humanity to Irish patients and mitigated the harsh methods of allopathic physicians.

The prelude to this study describes Irish suffering in the Great Famine. It depicts the Irish turning to homeopathic remedies not because they favored them over allopathic medicine, but because it was available. In order to understand the mass choice to turn to charitable care, it is important to understand the three categories of aid that were available during the Irish Famine. Allopathic physicians, or doctors that favored science and surgery, practiced medicine in a hospital or made house calls. In Dublin, allopathic physicians provided the most effective remedies but were only available to the upper classes. The urban upper class received the most effective treatment in Ireland because allopathic physicians performed the latest treatments in the cities. A large portion of the Irish population lived in poor, rural areas and these men and women did not have the option to seek allopathic care.

Because of this, most victims of the Irish famine turned to its traditional source of medicine homeopathic care and treatment, which came in several different forms. The urban poor turned to charitable voluntary hospitals provided by upper class women while the rural poor turned to local family cures and home remedies. While caregivers and families employed these methods, the most prevalent and widely used form of homeopathic care was the dispensary, set up in Catholic churches. Dispensaries were available, which made them the institution of choice for the poor. Both allopathic and

homeopathic medicine failed to save those suffering from starvation and related famine diseases. As the majority of their patients succumbed to illness, homeopathic medicine and charity were more successful than allopathic doctoring in the respect that nurturing homeopaths provided the majority of the population with some kind of treatment when they would have otherwise received no treatment at all.

Chapter two begins at the end of the Great Irish Famine and explains the deplorable conditions in Ireland that motivated a mass emigration to the United States. Irish landlords used the British police to violently evict Irish tenants from their homes. The homeless Irish dug deep holes in the ground and crowded together to stay warm. These dismal conditions motivated many Irish to flee their homeland. While all ages of Irish men and women emigrated, young men and women left in high numbers in search of opportunity.

Irish Catholic clergymen gathered members of their parishes and found ships willing to take them across the Atlantic. The major ports were dangerous for Irish emigrants. If they managed to make it aboard a ship without suffering violence from thieves and other criminals, they faced new diseases and death on the high seas. In the 1850s, clergymen facing already large immigrant populations in New York City, Boston and Philadelphia already chose to take famine immigrants up the Mississippi River stopping in towns from New Orleans to Ohio. At the port in New Orleans, allopathic physicians examined passengers. Those that passed through the exam or slipped through the cracks went forth to make a new life for themselves in New Orleans.

Chapter three introduces epidemic disease in New Orleans and examines how the Irish and the medical profession confronted new struggles with disease. By the 1850s,

yellow fever epidemics were common in New Orleans, creating opportunities for both conflict and progress. Building on earlier achievements, city officials employed a waste management system to clean up the city and wipe out yellow fever and other epidemic diseases. Others, uncertain of the efficaciousness of sanitation solution, blamed Irish immigrants for contaminating their city. Engaged in a different struggle, one for professional legitimacy, allopathic physicians tried to find a cure to solidify their profession. Allopathic physicians struggled for supremacy over homeopathic practitioners. Those allopathic physicians were joined by young men without viable career options, who turned to allopathic medical schools, increasing the numbers of those invested in discrediting homeopathic medicine. Their hope was to discredit homeopathic medicine to become the only form of medicine.

Chapter four expands on chapter three and addresses the role of gender in medicine in New Orleans, and its effect on Irish immigrants. The people of New Orleans believed homeopathic and allopathic medicine were both valid ways to practice medicine. Allopathic physicians wanted to be the only sect of medicine and worked to discredit homeopaths. Homeopathic sects accepted women as physicians. To rise above homeopaths, allopaths promoted scientific medicine, using terms that reflected normative ideas of masculinity. They promulgated the idea that “weak” women were unable to provide effective “heroic” medical treatments. Society treated women who embraced domesticity far better than they treated Irish immigrants. Irish women were more autonomous than other immigrant women in New Orleans, and they shocked allopathic physicians. Irish women were not under the thumb of the men in their family, and doctors concluded that Irish men were weak and not respectable men. As both Irish men

and women strayed farther away from established gender rules, allopathic doctors saw them as an inferior race and provided medical treatment that was experimental and often cruel.

Chapter five sheds light on the class struggle between the established Irish and the immigrant Irish. The oldest generation of Irish left Ireland behind and identified themselves as a vital part of New Orleans society. They ran successful businesses and belonged to professional organizations. The established Irish believed that Irish famine immigrants deserved charity and the help of the Irish community in New Orleans. While the eldest generation wanted to help more recent immigrants, those, who migrated to the United States a few decades before the famine immigrants, wanted nothing to do with them. These Irish, neither established nor destitute, hoped for a higher status in New Orleans. If they supported ragged and diseased famine immigrants, they risked being identified with them, and thus, losing all credibility and social status. The established Irish created some private charitable organizations, but they did not meet the needs of famine immigrants. As the Irish aid groups fell to pieces, the Howard Association stepped up and took care of Irish immigrants in need.

Chapter five also examines the history of Charity Hospital and the Sisters of Charity who provided care to Irish immigrants, rather than seeing them as subracial subjects for research. Initially constructed in the seventeenth century, the hospital struggled to remain in operation throughout this period. Yet, in working with the Howard Association, the Sisters of Charity worked with the Howard Association to provide immigrants with treatment and relief during numerous epidemics. While allopathic

doctors competed to find the next scientific breakthrough, the nuns and the Howards insured the survival of many Irish immigrants.

This thesis adds to a rich historical scholarship, relying most closely of upon the work of Judith Walzer Leavitt. Leavitt, an adept storyteller and talented medical historian, examines medical treatment of the Irish in New York in her well-crafted book *Typhoid Mary, Captive to the Public's Health*.¹ She skillfully uses Mary Mallon as the centerpiece of a larger historical argument about race, class, gender, and disease. From the beginning, she holds her readers captive as she uncovers the details of one Irish woman's life. She uses her leading lady to pose difficult questions about the loss of humanity and patients' rights in the face of disease. Though this thesis uses a broader cast of characters, it also interrogates why so many refused to recognize the humanity of the Irish during public health crises. Redemption only came to the Irish in New Orleans because of the Sisters of Charity and the Howard Association.

Early on in her study, Leavitt reveals the view of the medical community on typhoid and disease in early twentieth century New York City. This medical context is an essential component of her argument and biography of Mary Mallon. Following Leavitt's lead but not her location, this thesis incorporates the views of the medical community in New Orleans. The politics of doctors and the medical community provided the foundation for understanding the treatment of patients in both New York and New Orleans. Despite the differences in region and time, Leavitt's doctors worked to overcome Typhoid in the decades of the early twentieth century and used different remedies, and their methods were remarkably similar to those from 1850-1880. In New Orleans, physicians, sought to legitimize their profession and justify their importance to

¹Judith Walzer Leavitt, *Typhoid Mary: Captive to the Public's Health* (Boston: Beacon Press, 1996).

the local New Orleans society. Thus, both stories demonstrate that doctors struggled to obtain honor and respect and disregarded the medical care of the immigrant Irish in the process.

Through Mary Mallon, Leavitt also highlights how disease and fear crossed class lines. Mallon cooked in the homes of the upper class families, and thus exposed them to typhoid, and expanded long standing fears about disease. For New Orleans, a new element of this process becomes apparent, intra-ethnic class divisions. The established Irish were not eager to accept Irish immigrants into their homes, although they were willing to bestow charity on them. More personal modes of care seemed impossible to them because of their intense fear of ship fever and epidemic. While the upper class feared disease, the middle-class Irish saw Irish famine immigrants as a threat to their status. Their insecurity and worries meant political concerns further eroded the efficacy of the medical treatment.

One final element of Leavitt's study is the role of gender as Mallon's story highlights the negative aspect of living in New York City as a female Irish immigrant with typhoid. Irish women pushed the boundaries of traditional gender roles in New York City and created female immigration networks. Society saw their authority within the Irish community as unnatural, and that helped them to label the Irish as a lesser people. In this thesis, gender played an important role in dehumanizing the diseased Irish immigrants. New Orleans society viewed the behavior of Irish immigrant women as breaking traditional roles and this helped allopathic physicians justify treating Irish immigrants as subjects for research.

In her conclusion, Leavitt admirably connects her historical argument to current issues and creates a cohesive and relevant narrative for her readers. She asks if it is possible to protect the public from drug resistant diseases like tuberculosis and AIDS without infringing on individual rights and liberties. Without providing an answer, Leavitt concludes with a question about the merits of taking away the rights of diseased citizens, versus the rights of existing citizens, who may prefer to exile diseased immigrants or leave them to die. Connecting the past to the present, Leavitt leaves her audience wondering about their own time.

By modeling my thesis after Leavitt, this thesis uses the medical treatment of Irish immigrants as a context for explaining the displacement and social insecurities felt by doctors and the established Irish of New Orleans. Like Leavitt, the study here addresses the theme of humanity during sickness exploring the reactions of both sides during the epidemics of mid nineteenth century New Orleans. When Irish immigrants lost their humanity what were the major causes? What role did differences in gender roles between the Irish and Anglo-Americans play? Why were the nuns of charity hospital so important in restoring some of the humanity that society stripped away? What role did intra-ethnic tensions and class anxiety play? What led doctors to view diseased Irish immigrants as objects resisting for their research?

For Irish medical history, more broadly, this thesis addresses a tension between current historians and those who published before 1970. The scholarship from the older generation portrays doctors in the eighteenth and nineteenth century Ireland heroically, as pioneers of mainstream medicine. Older historians exonerate physicians, seeing them as inventive, crusading to defeat disease as best they can while embracing the available

resources and technology. They straightforwardly present medical facts, and offer limited interpretation of medical events. More recently, most scholars disregard such arguments, dismissing any value that they possess. However, this combative assessment outlook is too harsh, missing the useful material older works offer. Though overly influenced by a progressive faith that orthodox medicine was trustworthy and always improving, these traditional medical historians shine light on what doctors were doing as mainstream modern medicine was forming. In other words, despite outdated arguments, much of the information they pieced together remains useful.

One example of this style of medical history is the *History of Medicine in Ireland*, published in 1951 by John F. Fleetwood. His book is a linear account of how medicine formed in Ireland from the Pre-Christian era to the twentieth century. While the tone is one of progressive triumphalism, this book does chart the timing assumptions, and actions of the new professionals against what they saw as “quakery.” While Fleetwood views this endeavor as a victory for modern medicine, his evidence inadvertently reveals that alternative medicine was a powerful force in society. He includes the war between the apothecaries and surgeons, which resulted in apothecaries selling their pharmaceutical school to the Catholic University in 1851 after the Royal College of Surgeons refused to acknowledge it as true medicine.²

In the last ten years, Irish social historians have taken medical history under their wing in an effort to balance heroic epics like Fleetwood’s and steer the discipline towards answering questions based on race, class and gender. However, through the famine, yields questions about all three of these social elements, have been predominantly concerned with class. According to the arguments of recent scholars of Irish medicine

² John F Fleetwood, *History of Medicine in Ireland* (Dublin: Browne and Nolan, 1951), 115.

during the famine era, class is the key to understanding the role of doctors, midwives, the church, other charities, dispensaries, and home remedies. Though there may be a good deal of truth to this perspective, the insularity of this scholarly community raises questions about how well their focus on class has been interrogated.

The best example of modern historians views on medical history is *Medicine, Disease, and the State in Ireland 1640-1940* published in 1999 and edited by Elizabeth Malcolm and Greta Jones.³ This book is a collection of essays by twelve social historians and one physician. In "Sir William Wilde and the Irish School of Medicine," James McGeachie introduces the city of Dublin as the hub of medicine in Ireland. His work shines light on how disease affected people differently depending on if they were urban or rural. This compilation of essays also examines the Churches' role in alternative medicine. It includes an essay by Laurence Geary on miraculous healing by Signor Pastorini and the role of nuns as healers in workhouses by Maria Luddy. While the years examined in these two selections are beyond the scope of this essay, for a greater in depth study of the Church during the famine, these essays would be essential sources. Another useful essay is E. Margaret Crawford's "Typhus in Nineteenth Century Ireland," which provides the most thorough explanation of Typhus of any of the sources used in this paper.

Outside of this anthology, *Medicine and Charity in Ireland 1718-1851* by Laurence M. Geary examines the large role that the Church played in dispensing medicine. Also examining the subcategory of urban versus rural, Geary provides a unique perspective on how the church grew to be the largest facilitator of aid in Ireland.

³ E. Margaret Crawford, "Typhus in Nineteenth Century Ireland," in *Medicine, Disease, and the State in Ireland, 1650-1940*, ed. Elizabeth Malcolm and Greta Jones (Cork: Cork University Press, 1999).

He breaks his book down into three parts: The development of voluntary hospitals and dispensaries, then the patients and practitioner and finally the politics of medicine. He also has several maps that depict the number of dispensaries in Ireland around the famine, which bolsters the argument of this paper.

The most colorful source used for this paper is *Patients, Potions and Physicians: A Social History of Medicine in Ireland* published in 2004 by Tony Farmar. Farmar wrote this book for the anniversary of the Royal College of Surgeons, which biases the book in favor of traditional physicians. However, because of the intention of the book, Farmar had access to the Surgeons archival documents, which are not open to the public. This unique information brings in small, exciting details that are not present in other sources. The book's strongest attribute is the frequent use of glossy illustrations and tables. One table titled "Ministering to health in 1851" is from the 1851 Census that clearly shows how many people were working in various fields of medicine after the famine.⁴ Another highlight is a photograph of a surgeon's kit, a kit of homeopathic medicine, and a steel grate used to prevent grave robbing.⁵

The Irish Famine by Peter Gray and *The Great Famine* by Dudley Edwards reconstruct the historiography of the famine itself. The first concisely summarizes the economic, political, and social events that lead to the famine. The second provides a more in depth look at basic medical care during the famine, and references instances of alternative medical care in the hands of the people.

Medical history parallels women's history and gender studies, in this project as in many other topics in history. While the concepts are not completely related, both fields

⁴ Tony Farmar, *Patients, potions & physicians : a social history of medicine in Ireland, 1654-2004* (Dublin: A. & A. Farmar, in association with the Royal College of Physicians of Ireland, 2004), 83.

⁵ *Ibid.*, 77-79.

of study resemble each other in underlying theory. Rebellious women who live their lives like anarchistic refugees are fascinating as they challenge the role that society dictated. However, women who managed to think outside the box while maintaining a respectable position in society are far more interesting. Leading double lives like superheroes, these women created their own special world while keeping a foot in the regular world. Not all women can be vigilantes and activists because they have too much to lose. Mainstream women's effort to make changes and solve problems is essential to understanding the greater history.

In the century after the yellow fever epidemic of the 1850s in New Orleans, several historians writing about Catholicism in New Orleans were clerics within the Catholic Church. Such scholars. Early Catholic scholars chose to depict the Irish as pathetic, needy, and desperately in need of the help of a higher power. While they did this with good intentions to highlight the importance of institutions such as Charity Hospital, clerical scholars created a negative image of Irish immigrants. Secular writers saw the Irish as a filthy problem that contaminated the South. For these historians, the only way the Irish could become human was to put aside their immigrant culture and achieve Americanization. In the 1980s, women's history and medical history developed and changed the earlier image of Irish immigrants. In this decade, historians examined the important role Irish women and doctors played in the Irish medical experience. In the most current historical scholarship, historians highlight medical education, and the role of doctors and nurses in Southern history and Irish medical history. The current scholarship humanizes the Irish, and works to explain how Irish immigrants, doctors, nurses, and gender defined the Irish medical experience in New Orleans.

Catholic scholars wrote the early medical history of the Irish in New Orleans and focused on highlighting the heroic role of the Catholic Church. For these early Catholic writers, the Church rescued impoverished Irish, German, and Italian immigrants. In 1939, as Huey Long's Share Our Wealth campaign was spreading throughout Louisiana, Sister Henrietta published "*A Famous New Orleans Hospital: The Charity Hospital of Louisiana at New Orleans*" in the American Journal of Nursing. Sister Henrietta reflected Long's program and depicts Charity Hospital as the only source of medical hope for the poor in New Orleans. Her intent is to ensure that the hospital continues to serve the poor of New Orleans. She chronicles the history with a set of specific straightforward facts about important dates in the hospital's history and includes a description of the nuns who served there as nurses. There was not another piece of scholarship so detailed until Dr. John Salvaggio's *New Orleans Charity Hospital* published in 1992. His book incorporated Henrietta's facts, but he wrote from a secular viewpoint and saw the hospital from the eyes of a doctor and not a nurse. Despite their differences, they both wrote to show the importance of Charity Hospital to the poor of New Orleans.⁶

In the 1950s, Catholic scholars continued to glorify the Catholic Church for providing aid to immigrants. In 1952, Aaron I. Abell highlighted the importance of Catholic aid to the poor in his article *The Catholic Factor in Urban Welfare: The Early Period, 1850-1880*. Like Henrietta, Abell's purpose is to highlight the charitable role of the Catholic Church towards Irish and other impoverished immigrants. However, he

⁶ Other similar works written by members of the clergy include *The Catholic Church in Louisiana* by Roger Baudier (1939). While Baudier's perspective is similar to Henrietta's he only makes brief mention of the medical care of the Irish in New Orleans and focuses more on the overall importance of the Catholic Church.

surveys the charitable works of the church throughout the United States and does not focus solely on the medical care of the Irish in New Orleans.

In contrast to the Catholic perspective, Martha Carolyn Mitchell's article *Health and the Medical Profession in the Lower South, 1845-1860*, published in 1944, examines health care from a secular viewpoint. Mitchell's article is riddled with sentiment that glorifies doctors and finds no fault with the current medical profession. Mitchell is not concerned with the charitable medical care provided by the Catholic Church, and instead argues against the South as a "frontier" of progress. Mitchell surmises that 1845-1860 were the dark ages of medical care, which she measures by an anachronistic standards. She designed her argument to criticize the inefficient doctors of a pre-civil war South, but her sources reveal that pre-civil war southern doctors were working hard to treat the sick. As she points out the inferior medical care, she lists the types of medical care available at this time. While her perspective is outdated argument is biased, her facts reveal important medical details from 1845-1860.

With the rise of activism in the 1960s, social historians devoted space in their writing to giving previously marginalized groups, like the Irish, their own voice in their history. Historians of this decade slowly began to view the Irish as people instead of as stereotypes. While Thomas Sowell's *Ethnic America* devoted space to the Irish in 1930, it victimized the Irish. Sowell denied the Irish agency and complemented those that achieved Americanization. In 1964 Robert C. Reinder's *End of an Era: New Orleans, 1850-1860* reflected elements of Sowell's argument. In a portion of his history of New Orleans, Reinder's compared Irish immigrants to German immigrants to argue that the

Irish lived in filthy “ethnic bastions” while a German Aid society rescued German immigrants.⁷ In both cases, immigrants were incapable of taking care of themselves.

It was not until the 1990s that social historians examined Irish immigration completely differently than Sowell and Reinders. Historians stepped away from depicting the Irish as a people without agency and in desperate need of Americanization. In 1995, David Holliet wrote *Passage to the New World: packet ships and Irish famine emigrants, 1845-1851*. He emphasized the dangerous and hazards conditions of emigration ships, but credited the Irish as a strong people who endured hardships in search of a better life. He did not describe the Irish as children, but as competent people struggling in a foreign land. In 1998, Edward Laxton published *The Famine Ships: The Exodus to America*. Like Holliet, Laxton focused on the difficulty of the journey and the strength of the Irish people. These two pieces of scholarship provide this thesis with the narrative information to explain the trip from Ireland to New Orleans.

In 1965, Earl F. Niehaus started the trend of presenting the Irish as more than helpless street urchins in this book *The Irish in New Orleans 1800-1860*. He wrote about the Irish as an active people that did more than waste away in alleys and hospital beds. By using New Orleans newspapers previous historians had overlooked, Niehaus discovered new details of social and cultural Irish history. While he portrays the Irish as independent agents seeking out medical care and running their own coffee shops, he does still refer to them in derogatory terms in certain passages. However, compared to the other major history of this decade, Niehaus wrote a balanced account of the Irish in the city. In 2001, David T. Gleeson expanded on Niehaus in his book *The Irish in the South*

⁷ Robert C. Reinders, *End of an Era: New Orleans, 1850-1860* (Gretna: Pelican, 1964), 18.

1815-1877. Gleeson's work looks at the whole South and not just New Orleans, and he improved upon Niehaus' research. While Niehaus began the process of giving the Irish in the South agency, Gleeson managed to effectively implement it in his history.⁸

During the 1970s, historians produced a new strain of medical history that blamed doctors and the upper class for mistreating Irish immigrants. While previous scholars often had portrayed Irish immigrants as victims, in 1970, Jo Ann Carrigan castigated the upper class for the plight of the Irish. In her article "Privilege, Prejudice, and the Strangers' Disease in Nineteenth-Century New Orleans," Carrigan examines the history of yellow fever and chastises the upper class for using the yellow fever epidemic to oppress immigrants in New Orleans. Her article demonizes the upper class for blaming yellow fever outbreaks on filthy immigrants and articulates the injustice Irish immigrants faced in New Orleans. Another author who restores the humanity of the Irish is Peggy Basset Hildreth in her article "*Early Red Cross: The Howard Association of New Orleans, 1837-1878*" from 1979. Hildreth highlights the importance of the Howard Association in providing charity to Irish and German immigrants in New Orleans. Her article shows the Howard Association provided aid to the Irish because they were in need of care, not because they were sub-human.

In the 1980s, women's historians reexamined the history of Irish immigrants in the United States. In 1983, Hasnia R. Diner wrote *Erin's Daughters in America: Irish Immigrant Women in the Nineteenth Century*. Diner showed that female Irish immigrants

⁸ Another work that should be mentioned is John Duffy's *Sword of Pestilence* from 1968. It is less condescending than the works of Sowell and Reinders. Duffy's objective is to summarize and analyze the history of yellow fever. He acknowledges that he only depicts immigrants through the eyes of the upper class because the upper class perspective is the only one his sources permit. While Irish immigrants are not active in *Sword of Pestilence*, they are not depicted as helpless urchins and this contributed to a newer depiction of Irish immigrants.

defied American gender norms. By examining the cult of true womanhood, Diner reveals the conflict Irish women faced from American society and Irish men. Her discussion of gender gives Irish women a voice in the traditional historical narrative and raises questions about the medical treatment of the Irish. In 1990, *From the Other Side: Women, Gender and Immigrant Life in the U.S. 1820-1990* by Donna Gabaccia, examines the role of immigrant women in American history.⁹ Gabaccia's book is a broad study that reinforces Diner's assertion that the Irish defied traditional roles of other ethnic groups. Both Diner's and Gabaccia's perspective shaped this analysis by indicating how ethnic differences on gender roles affected their treatment.

By the late 1980s, medical historians largely had moved away from writing heroic biographies of doctors. They even began to examine other persons besides physicians, who were engaged in medicine in the United States, such as practitioners of alternative medical arts like homeopathy, as well as the actions of medical practitioners like nurses and midwives. Of course many medical historians still were concerned with chronicling medical education and the work of allopathic male practitioners. Some medical historians did take into account areas of medicine that previously had been little studied, such as the provisioning of medical students and practitioners with fresh cadavers for examination.. In 1987, William G. Rothstein wrote *American Medical Schools and the Practice of Medicine*, which focused on the importance of medical schools in the nineteenth and twentieth century.¹⁰ At the same time, in *Death, Dissection, and the Destitute*, Ruth Richards, explained the rise of dissection and compared dissection in England to

⁹ Donna Gabaccia, *From the Other Side: Women, Gender, & Immigrant Life in the U.S. 1820-1990* (Bloomington: Indiana University Press, 1994).

¹⁰ William G. Rothstein, *American Physicians in the 19th Century: From Sects to Science* (Baltimore: Johns Hopkins University Press, 1985).

dissection in the South. The focus by medical historians on dissections—and dissection’s employment on the bodies of poor persons—provides a critical context for this study. The arrival of desperate Irish immigrants in New Orleans in the wake of the famine occurred at exactly the same time as many English-speaking allopathic physicians were advocating the expanded use of dead bodies for medical purposes.

To understand the Irish medical experience in New Orleans, it is important to understand the motivations and education of doctors. Building upon the early, dense, history of medicine, Steven M. Stowe wrote *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* in 2004.¹¹ Stowe used notes, personal letters, diaries and the published writing of doctors to show the relationship between doctors and southerners. His use of these sources reveals the racial tensions between allopathic physicians and Irish immigrants. During this time, historians began to investigate the role of nurses in medical history. In LJ Hanggi-Myers’ article “*The origins and history of the first public health/community health nurses in Louisiana, 1835-1927*,” highlights the importance of the nurses of the Howard Association and the Red Cross in dispensing medical care to the poor.¹² While historians long had credited doctors with fighting and curing disease, Hanggi-Myers asserts that immigrants received care primarily from nurses, suggesting further avenues to consider in writing the medical narrative of Irish immigrants in New Orleans. In 2009, Jonathon Roberts and Thomas Durant Jr. wrote an extensive and important medical history text, *A History of the Charity Hospitals of Louisiana: A Study of Poverty, Politics, Public Health, and the Public*

¹¹ Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill: University of North Carolina Press, 2004).

¹² Laura Hanggi-Myers RN, "The Origins and History of the First Public Health/Community Nurses in Louisiana 1835-1927" (PhD diss., Louisiana State University, 1996).

Interest, which offers information on nurses and other medical personnel interacting with Irish immigrants. Like Hanggi-Myers, Roberts and Durrant highlight the importance of nurses who cared for Irish immigrants in the nineteenth century.

Scholars' no longer depict the Irish in New Orleans as helpless. Current scholarship shows the Irish as humans who actively sought out medical treatment in a society where they were second-class citizens. This thesis builds upon both the outdated literature and the current scholarship to expand on the importance of gender, class, and the role of the medical profession in New Orleans from 1850-1880. Through the examination of these two areas, this thesis discovers the reasons the upper class Irish and doctors denied humanity to the Irish immigrants and credit those who tried to restore it.

Primary sources that revealed the different types of medical care available and discussed the disease and the response of doctors were essential to completing this thesis. The University of Texas at Arlington's library had the perfect source: *Famine and Disease in Ireland*, a collection of primary documents edited by Leslie A. Clarkson and E. Margaret Crawford. These volumes included government reports, medical essays, and the responses of doctors, clergymen, and others before, during and after the critical famine years in Ireland. While all the volumes in the set contain primary documents on the Irish Famine, volumes II, III and IV provide the most useful documents for this research topic.

Volume II consists of two primary documents: an article titled "The Irish Crisis" by Charles E. Trevelyan and articles from *The Dublin Quarterly Journal of Medical Science*. Trevelyan wrote the first document in 1848. It imparts blame for the Irish Famine on landlords, not the British government. The second source provides articles

written by professional physicians, descriptions of typhus, dysentery, and other illness that afflicted famine victims. The journal reports on how the epidemic manifested in local communities throughout Ireland. It vividly depicts the symptoms of disease, how disease decimated the population, ravishing individuals as well as the group. In addition to illustrating the details of disease, the journal excerpts provide the remedies and treatments doctors practiced during this time. There are also charts and other visual aides that present data in an easy to read format.

Volume III is the most useful volume in the set for this study. It contains “An Account of the Rise, Progress, and Decline of the Fever lately Epidemical in Ireland” published in 1821 by two physicians, Francis Barker and John Cheyne. Written before the famine, this account is an essential piece to understanding the state of medicine in the years leading up to the famine. Section II contains surveys from the Dublin hospital reports and correspondence from Irish doctors. Pages and pages of first hand accounts, demonstrates the gravity of the famine. In addition to the gory details of sickness, section II highlights that the types of treatment offered depended on the location of the patients. Persons in urban centers received treatments that were more modern while physicians in rural areas still relied on mercurial cures, cold affusion, and bleedings. This printed account exposes the fact that villagers did not always rely on credentialed physicians and often turned to other types of treatment. Doctors grumbled vehemently when they reference alternative care, which reveals the struggle between established medicine and alternative care.

Volume IV is an extension of the writing in Volume III. It provides information on traditional treatment, and disease and mentions alternatives to the mainstream. For

instance, because the hospitals are full, poor villagers chose to use “barns and huts” to house sick people, which indicates that villagers are finding ways to provide shelter for famine victims, then it is likely that they are also providing alternative cures.¹³ This same section of the report also discusses the large role that churches played in providing relief to local parishes. Both the Protestant and Catholic clergy dispensed necessities like “food and straw.”¹⁴ The medical intervention of government agencies underscores the glaring difference between the treatment doctors lavished on the upper class and denied to the poor. During the epidemic of typhus, doctors removed the wealthier members of society from their homes. Servants then whitewashed the entire house and cleaned all the bedding and furniture.¹⁵

At the dawn of the 21st century, Irish medical historians prize such compilations of records. In the past, historians had to hunt through archives to utilize bits and pieces of the primary documents, which Crawford and Clarkson have presented in this five set volume. In *The Economic History Review* from 2006, Brenda Collins, a research officer at the Irish Linen Centre & Lisburn Museum, commended Crawford and Clarkson for piecing this collection together, and turning many sources into one concrete resource.¹⁶ Greta Jones, a professor of social and intellectual history at the University of Ulster, praises the editors in the *Irish Economic and Social History Journal*, for making the topic

¹³ Lesile A Clarkson and E. Margaret Crawford, eds., *Famine and Disease in Ireland* (London: Pickering and Chatto, 2005), VI: 103.

¹⁴ *Ibid.*, 103.

¹⁵ *Ibid.*, 147

¹⁶ Brenda Collins, review of *Famine and Disease in Ireland*, Pickering and Chatto, http://www.pickeringchatto.com/major_works/famine_and_disease_in_ireland (accessed November 25, 2008).

accessible to undergraduate and graduate students interested in studying the Irish Famine.¹⁷

As famine conditions decreased the quality of life in Ireland, many fled to Canada, Australia, and the United States. The Irish scattered in communities in Boston, Philadelphia, New York, Ohio, and most importantly for the purposes of this thesis, New Orleans. In New Orleans, class struggles and the professionalization of medicine made it difficult for Irish immigrants to obtain adequate medical care. Epidemic diseases, limited resources, and lack of effective medical care in New Orleans were reminiscent of medical care during the Great Irish Famine in Ireland. The established Irish citizens of New Orleans struggled to create a powerful identity and earn respect from society. They ignored the medical needs of famine immigrants because immigrants threatened their status within society. Doctors too were search of security and honor, and provided dangerous care to famine immigrants. In this tense environment, the Irish immigrants got the best care from the nuns of Charity Hospital and the young men of the Howards Association. As was the case in Ireland, the care of nuns and Howards did not save the lives of every Irish immigrant who suffered from disease, but private charity and attention at church facilities was the most effective care available to these disenfranchised persons at the time.

Medical journals, newspaper articles, letters, personal papers, reports, drawings and business receipts are critical sources for this research. This paper, for example, employs a passage from *The Weekly Delta* from 1847 to explain the medical condition of the average Irish immigrants. It is a physician's account of the poor conditions of the

¹⁷ Greta Jones, review of *Famine and Disease in Ireland*, Pickering and Chatto, http://www.pickeringchatto.com/major_works/famine_and_disease_in_ireland (accessed November 25, 2008).

Irish passengers on the ship the Rappenhannock, which arrived in New Orleans from Liverpool, England. In combination with this document, an article from *The New Orleans Medical and Surgical Journal* further illustrates the condition of Irish immigrants. In this particular newspaper passage, a doctor writes about his experience in treating those afflicted with ship fever and discusses the symptoms of the disease.

The New Orleans Medical and Surgical Journal further aids this research with a passage about the established Irish community's attempts to provide aid to new immigrants through the short-lived Irish Immigrant Society. This charitable organization operated alongside the Hibernian Aid Society to provide aid to Irish immigrants. This ad shows that the elite Irish community designed the Irish Immigrant Society to help all immigrants, but rejected those suffering from diseases. Like the upper class charity available in Ireland, this source shows that the elite Irish of New Orleans were unwilling to deal with the actual needs of the poor. The failure of aid societies is an important because it confirms the importance of the nuns and the Howards.

To explain the diseases that the Irish were suffering in New Orleans, this thesis employs several different sources composed by doctors that describe epidemics. *The Report of the Sanitary Commission from 1853*, and *The Medical and Surgical Reporter of 1857* describe the yellow fever epidemic in New Orleans. Both articles address the effect of the epidemic on Irish immigrants. In addition to the diseases of the 1850s, epidemics continued to plague the Irish through the 1870s and 1880s. Including documents like *Some Account of Yellow Fever as it Appeared in New Orleans in 1873* by S. C. Russell emphasize the continued threat of disease to the Irish and the importance of the catholic hospital to the Irish community.

In addition to yellow fever epidemics, the Irish also suffered from cholera. Public health reports, such as the *Report of Cholera in New Orleans* from 1873, which often include “cholera maps” of the city—a common feature of epidemiological studies at the time. In his memoir *Medical And Surgical Memoirs: Containing Investigations On The Geographical Distribution, Causes, Nature, Relations And Treatment Of Various Disease*. Vol. III physician Joseph Jones includes reports of his visits to the Irish suffering from cholera in New Orleans. Jones’ papers include detailed drawings of anatomy, and a portrait of a young man dying from yellow fever. His memoir illustrates the inquisitive behavior of allopathic physicians and their decision to rank scientific discovery higher than care.

The New Orleans insane asylum records shed light on the diseases affecting the Irish, and expose the mistreatment of Irish women. While the conditions for persons dubbed insane usually were harsh in the mid nineteenth century, Irish women with mental illnesses were treated as though they were inhuman by attending allopathic physicians. These records indicate that allopathic physicians looked forward to dissection in hopes that they would find the next scientific breakthrough. Gaining insight into the mind of allopathic physicians is essential for understanding the medical treatment of the Irish.

Charity Hospital was the main source of medical care for the Irish. Charity Hospital’s registers provide the year and the country of origin of the admitted patients. Each page contains several Irish names. This is a useful source to show that Charity Hospital was the number one source of care for Irish immigrants. Alongside the regular admittance records is a list of transient Irish patients from 1847. This shows that Charity Hospital was willing to accept patients regardless of their economic status.

In addition to lists of Irish patients, there are letters written by the nuns working for Charity Hospital. These women wrote to the heirs of deceased patients to settle financial matters. In 1846, Hugh Keenan died in Charity Hospital and the hospital wrote letters on his behalf. In 1848, Francis McCardle died and the nuns sought to find her heirs. In 1849, the state appointed Bernard McGary as the guardian of his brother Patrick McGary's belongings. These letters illustrate that the hospital worked to take care of Irish patients in life and death. One special set of correspondence is regarding the Irish doctor James Murphy, a Texan who died in Charity Hospital. Murphy's lawyer and the nuns of Charity Hospital exchanged several letters regarding Murphy's inheritance. This document demonstrates that the nuns frantically worked to care for their impoverished patients.

The business records from Charity Hospital add further support for the importance of the hospital in the Irish community and the nuns' struggle to keep it open. Throughout the 1850s and into the early 1860s, Irish businesses sent bills to Charity Hospital. E. Reiley & Co and the Molony brothers supplied the hospital with supplies like soap. These receipts and payment slips reveal the feelings of the Irish middle class towards the hospital and famine immigrants.

These primary sources show the evolution of medical care for the Irish in New Orleans and illustrate the poor health and lack of care available to Irish immigrants when they first arrived in the city. The nuns and the Howards at Charity Hospital improved medical care for famine immigrants. The secondary sources consist of books, journal articles, and websites and they create a concrete narrative, further illustrating the struggle

of the famine Irish in New Orleans. They are most useful for explaining the background of nineteenth century medicine and the role of allopathic physicians in society.

CHAPTER 2

PRELUDE TO DISASTER

In the mid 1800s, disastrous elements combined to produce an epidemic that raged through Ireland. Nature reigned down terror, smiting the potato crop with blight as the Irish people looked on, unsure of how to survive without it. British officials intervened with ineffective relief plans that prolonged the starvation allowing disease to fester and thrive. As disease escalated, medicine was a bulwark against hopeless despair. In Dublin, medicine was a thriving enterprise on par with Paris and Vienna. Led by enterprising young doctors immersed in academia, professional urban medicine was available to relieve the upper classes. However, poverty excluded the urban poor from accessing innovative medical aid. The impoverished Irish could choose homeopathic medicine or silent suffering. The urban poor sought out traditional care, but it was unable to fully meet their needs. Away from the cities, medicine in the countryside was an equally divided enterprise. The upper class relied on professional physicians, and rural villagers relied primarily upon home remedies and care through the church. Regardless of class or locality, famine and epidemic decimated the Irish population. While the care administered varied, the outcome was equally dismal for all.

The path towards the famine began in the early 1800s as Ireland's economy began to change. Passed in 1800, the act of Union merged Ireland's parliament with Great Britain's and brought free trade between the two countries.

This meant that the duties that had protected Ireland's manufacturers disappeared.¹⁸ As the two economies merged, clothing manufacturing moved to Britain. This caused the wool and linen industry to collapse, and forced workers to rely on small potato patches for survival.¹⁹ At the same time, the Napoleonic Wars were coming to an end, causing monetary deflation and higher rents for tenants and leaving many former soldiers out of work.²⁰ While this slump in the economy was not a permanent situation, the stability of Irish society was slowly crumbling.

The growing population and way of life were other factors that helped to create the Irish famine. In 1800, the population of Ireland was around five million and by 1845, it had grown to eight and a half million people.²¹ Farmers cultivated a variety of crops, including oatmeal, but they relied on the potato because it typically thrived and was rich in vitamins. On average, an adult male laborer would eat up to fourteen pounds of potatoes, women and children over the age of ten consumed eleven pounds, and children under five ate 5 pounds per day.²² Because the potato was essential for survival, the potato blight was devastating to the population. Potato blight was a fungal infestation, which thrived in damp mild conditions and reproduced by means of spores carried by water or wind. First, the fungus attacks the leaves, moves on to the stalk, and then penetrates down into the soil to consume the tuber and roots. Ireland suffered losses late in the season and the damp climate caused farmers to lose one third of their crop.²³ The

¹⁸ Peter Grey, *The Irish Famine* (New York: Harry N. Abrams Inc., 1995), 21.

¹⁹ *Ibid.*, 24.

²⁰ *Ibid.*, 22.

²¹ *Ibid.*, 26.

²² *Ibid.*, 32.

²³ *Ibid.*, 35.

blight was especially devastating because it destroyed the fresh crop and turned the stockpiled potatoes rotten, which left the people with no food source for the winter.

Political leadership worsened the effects of the potato blight to create the famine. was another element that fueled the famine. The prime minister of Great Britain, Sir Robert Peel, blamed the Irish for their unfortunate crop failure. He viewed them as socially backward, and he saw the destruction of the potato crop as his chance to reinvent the farming system by importing cheap maize from the United States.²⁴ Peel wanted the rural poor to become landless laborers working for wages on the land of substantial farmers. While his government purchased 100,000 pounds worth of maize to be held at state depots and released into the market to regulate the price of provisions, in reality, the government supplemental maize could only feed half a million people for three months and was inadequate to prevent a famine.²⁵ Under his administration, the government instituted local relief committees to provide certificates of destitution and relief to the poor. However, they were ineffective because the landowners tended to help their own tenants and dependants and ignore those in greater need.²⁶

As famine and disease grew exponentially throughout Ireland, a new Whig regime replaced Peel's government. Headed by Lord John Russell, the new government was determined to keep the nation's expenditures under control. Charles Wood and Lord Henry George thought that relief programs were not the solution to starvation. They believed that the government needed to convince the Irish to exert themselves and work for wages, and then to coerce landowners to fulfill their moral duty to provide

²⁴ Ibid., 39.

²⁵ Ibid., 39.

²⁶ Ibid., 41.

employment and relieve destitution.²⁷ Assistant secretary to the treasury Charles Trevelyan ended the public works programs instituted in August 1846. In 1848, he wrote “The Irish Crisis” to remove blame from Great Britain and place it on landowners. He claimed he had the power to end starvation and disease, if they would take responsibility for their tenants, and lower the outrageous rents.²⁸ Ignoring the vastness of the problem, he stated that the Irish should “submit to the will of heaven” and to make “Irish property support Irish poverty.”²⁹ Despite these derogatory assumptions that the Irish were incompetent, lazy, and inhuman, they were actively producing grain. The problem arose when they had to export their grain to Britain to pay skyrocketing rents. Some shipments of maize and rice arrived from America in the spring of 1847, but it was too late to prevent the ill effects of the winter starvation.³⁰

Without their main food staple, the Irish succumbed to the famine. While some of the Irish died from starvation most perished from diseases brought on by malnutrition.³¹ As living conditions deteriorated, two strains of fever ran through communities: Typhus, or black fever, and yellow fever.³² Prevailing medical thought at the time attributed Typhus to cesspools, stagnant air, or starvation itself. However, the actual cause of Typhus was body lice.³³ During the famine, Typhus spread rapidly because victims were overcrowded in homes, relief centers, workhouses, soup kitchens, and hospitals. The ragged, dirty clothing provided the optimum temperature for lice to

²⁷ Ibid., 48.

²⁸ Charles Edward Trevelyan, "The Irish Crisis" (1848), in *Famine and Disease in Ireland*, ed. Leslie A. Clarkson and E. Margaret Crawford, vol. 2 of *Famine and Disease in Ireland* (London: Pickering & Chatto, 2005), 29-33.

²⁹ Peter Grey, *The Irish Famine* (New York: Harry N. Abrams Inc., 1995), 49.

³⁰ Ibid., 47.

³¹ Ibid., 56.

³² Ibid., 56.

³³ E. Margaret Crawford, "Typhus in Nineteenth Century Ireland," in *Medicine, disease, and the State in Ireland, 1650-1940*, ed. Elizabeth Malcolm and Greta Jones (Cork: Cork University Press, 1999), 122.

burrow inside and lay their eggs.³⁴ They feasted on human blood four to six times a day. With lowered immunity, famine victims contracted Typhus primarily from scratching or rubbing their eyes although many got the disease from breathing in the dust of dead lice found on floors and on the deceased.³⁵ Typhus was only one of the many diseases brought on by famine and starvation. Dysentery, measles and tuberculosis, were responsible for one third of deaths. Vitamin deficiency diseases such as scurvy, xerophthalmia, a condition infecting the eyes, and pellagra were common among famine victims. Edema or famine dropsy, and marasmus were the greatest causes of mortality.³⁶

Allopathic physicians provided medical treatment to those in need before the famine decimated the Irish population. In 1667, officials granted Trinity College, later named the Royal College of Physicians, a charter that declared that no person could legally practice medicine within seven miles of Dublin without a license.³⁷ While this was almost impossible to enforce, it was one of the first steps for allopathic physicians who wanted to improve medical treatment and weed out quacks and shady medical practitioners. In 1714, a tract published by free lance surgeons that demanded Parliament “dissociate the surgeons from barbers, apothecaries and wig-makers” demanding a separation from “impudent quacks, women and other idle persons” who take away from the true physicians that have “a reasonable understanding of Greek and Latin.”³⁸ In 1765, county surgical infirmaries were established and set the standard that infirmaries could not appoint as surgeon unless the board of surgeons granted him certification.³⁹

³⁴ Ibid., 123.

³⁵ Ibid., 123.

³⁶ Peter Grey, *The Irish Famine* (New York: Harry N. Abrams Inc., 1995), 57.

³⁷ John F Fleetwood, *History of Medicine in Ireland* (Dublin: Browne and Nolan, 1951), 84.

³⁸ Ibid., 84-85.

³⁹ Ibid., 87.

Separating trained medical professionals did not quell alternative medical practices, but it created an educated community of physicians that were a strong body during the famine.

Flourishing due to the standards implemented in the previous century, Dublin was an educational medical metropolis in the 1820's. Medical students congregated around Merrion Square in the center of Dublin, and thrived in a scholarly environment up to date with the latest medical breakthroughs.⁴⁰ From the Park Street Medical school, doctors like William Wilde and Robert Graves introduced clinical, diagnostic, and teaching methods from hospitals in Paris and Vienna, which gave patients access to some of the best treatments in Europe.⁴¹ Besides practicing medicine, medical students and physicians were engaged in a constant discourse about the state of medicine in publications such as the *Dublin Quarterly Journal of Medicine*, and *Dublin University Magazine*. In this scholarly community, Graves revolutionized the treatment of Typhus by administering light nutritious meals in place of bleeding and excessively purging patients.⁴²

While the ideas and treatment in this tight knit medical community were on the cutting edge of medicine, they were unable to provide universal care to famine victims. Class firmly decided which urban dwellers modern physicians would treat and which they would ignore. The urban poor failed to benefit from modern medical treatments, but they were an active contributor to medical achievements. Doctors made medical breakthroughs by harvesting dead bodies from the graves of poor people.⁴³ Upper class families built fences, slabs, and placed "mort guards" to protect their dead, a luxury not

⁴⁰ James McGeachie, "Sir William Wilde and the Irish School of Medicine," in *Medicine, Disease and the State in Ireland, 1650-1940*, ed. Elizabeth Malcolm and Greta Jones (Cork: Cork University Press, 1999), 86.

⁴¹ *Ibid.*, 86.

⁴² *Ibid.*, 133.

⁴³ Tony Farmar, *Patients, potions & physicians : a social history of medicine in Ireland, 1654-2004* (Dublin: A. & A. Farmar, in association with the Royal College of Physicians of Ireland, 2004), 57.

shared by the poor. While the poor made this large contribution to science, doctors did not provide them with the largest amount of care.

While doctors did not initially exclude the poor from treatment, the cures that they developed were idealistic and designed to work in an upper class living environment. The urban poor in Ireland were living in squalor. They had no heat, negligible washing facilities, clothing and bedding ridden with fleas and lice. In order to pay the rent, tenants sublet corners of the rooms to subtenants.⁴⁴ Administering a light meal and a mercurial cure to a wealthy man in a recently cleaned room produced a different result than giving the same cure to a man in filthy, freezing conditions. During the famine, doctors observed that upper class patients were mainly affected in the head, and lower class patients struggled more with diseases in the lower region of the body including the bowels and intestines.⁴⁵ Prepared for the disease but not the lifestyle, doctors could not treat the urban poor. However, this is not to say that doctors did not desire to help cure poor, they were just a lower priority than the upper classes.

Nevertheless, physicians tried to end the epidemic of typhus and its related maladies because disease is not bound by class. Doctors contracted diseases from their patients during examinations. Upon returning home from making house calls to a fever victim, one medical attendant fell ill with fever and died nine days later.⁴⁶ A similar situation occurred for a young physician on his way to visit the fever ward. After examining a man with maculated typhus, he contracted it himself, and died twelve days

⁴⁴ E. Margaret Crawford, "Typhus in Nineteenth Century Ireland," in *Medicine, disease, and the State in Ireland, 1650-1940*, ed. Elizabeth Malcolm and Greta Jones (Cork: Cork University Press, 1999), 131.

⁴⁵ Townsend Dr. and Kidd Dr., "Reports on Epidemic Fever in Ireland" (1849), in *Famine and Disease in Ireland*, ed. Leslie A Clarkson and E. Margaret Crawford (London: Pickering & Chatto, 2005), 2: 218.

⁴⁶ Halpin, Dr. and Mease Dr., "Reports on Epidemic Fever in Ireland" *The Dublin Quarterly Journal of Medical Science* (1849), in *Famine and Disease in Ireland*, ed. Leslie A Clarkson and E. Margaret Crawford (London: Pickering & Chatto, 2005), 2: 246.

later.⁴⁷ In this respect, doctors were eager to help cure the poor, so that they stop disease from spreading to all rungs of society.

If a doctor's care was unavailable, the urban poor turned to charity provided by upper class women. In the city, upper class women donated their time to charitable projects, such as voluntary hospitals, that focused on cleaning up the city and helping the poor. Mary Mercer converted an almshouse into a ten-bed hospital for the sick poor of the city with the intention to take care of those afflicted with "falling sickness, lunacy, leprosy."⁴⁸ However, like the doctors administering cures, she had a utopian view about administering care to the poor. Instead of addressing the illnesses and problems that the poor actually had, she only treated the illnesses that she envisioned as worthy of care and excluded "individuals suffering from fever or venereal disease."⁴⁹ With good intentions, upper class women were unable to disconnect from their preconceptions of the poor and medical care. This form of alternative care was successful only because it was the alternative to no care at all.

Poor famine victims in rural areas received less modern medical treatments than those that lived in urban centers. The rural poor were isolated from allopathic hospitals, and were unlikely to receive care from recently trained physicians. Those that did benefit from professional doctoring were likely to experience outdated treatments. In Derry, doctors prescribed wine as a stimulant and cure-all for respiratory ailments. When bronchitis was present or there was, "cerebral affection" doctors applied leeches for

⁴⁷ Ibid., 246.

⁴⁸ Laurence M Geary, *Medicine and Charity in Ireland, 1718-1851* (Dublin: University College Dublin Press, 2004), 17.

⁴⁹ Ibid., 17.

general bleedings.⁵⁰ Bleedings were unpleasant and as villagers watched friends and family die in spite of these treatments, they were inclined to look towards alternative cures.

Much to the chagrin of physicians, the poor turned towards fairy doctors, or alternative healers. While professionals like Dr. Murray of Ulster accused, “Uncontrolled officious friends and female doctors” of “providing weakening remedies” instead of practicing medicine on “rational principles,” many of the rural remedies provided by alternative healers were more effective than traditional medicine.⁵¹ Allopathic physicians placed the sick into hospitals where the cramped conditions only made disease spread. However, community healers isolated the sick, decreasing the odds that the whole family would become ill. In the country, villagers separated the sick into barns, huts, and tents.⁵² In Cappawhite, villagers abandoned their homes with the diseased person inside, boarded up walls, and left a small hole in the wall for a dispensary doctor to administer relief.⁵³ In Donegal, healers passed watery soup through a small opening on a long handled shovel to nourish those not yet too “prostrated” to eat.⁵⁴

Before and after the famine, the Catholic Church was the most widely used form of alternative care for the poor. In 1785, St. Mary and St. Thomas established Ireland’s first dispensary promising that it was going to “assist by advice and medicines” the sick

⁵⁰ Rogan, Dr. “Reports on Epidemic Fever in Ireland” *The Dublin Quarterly Journal of Medical Science* (1849), in *Famine and Disease in Ireland*, ed. Leslie A. Clarkson and E. Margaret Crawford (London: Pickering & Chatto, 2005), 2: 257.

⁵¹ Murray, Dr., “Communication from Ulster” *Barker and Cheyne: Epidemical Fever in Ireland (1821) in Famine and Disease in Ireland*, ed. Leslie A. Clarkson and E. Margaret Crawford (London: Pickering and Chatto, 2005), 3: 382.

⁵² “Fever in Conaught.” *Barker and Cheyne: Epidemical Fever in Ireland (1821) in Famine and Disease in Ireland*, ed. Leslie A. Clarkson and E. Margaret Crawford (London: Pickering and Chatto, 2005), 4: 107.

⁵³ Dudley Edwards, *The Great Famine* (Dublin: Brown and Nolan, 1956), 306

⁵⁴ *Ibid.*, 306.

poor of the city who were too numerous for hospitals.⁵⁵ The doors were open to all those in need as long as they behaved and accepted the dispensary doctors' advice.⁵⁶ After the first dispensary was established, they began to spring up in local parishes throughout Ireland. During the fever of 1821, John Crampton noted that the Protestant dispensaries contributed "charitable donations of food, straw and other necessities" while Catholic dispensaries were "equally zealous in their personal attendance of the sick" distributing "money, food, and medicines through the villages."⁵⁷ Already an established presence in local villages, churches were the first place villagers turned to for help with the onset of the great famine.

The famine was greater in magnitude than the epidemic fever of 1821, and the Catholic Church had to revamp its practices to keep pace with the epidemic. In an attempt to create a suitable environment for treatment, desperate dispensaries established a code of operation standards. Initially, they provided "a separate bedstead for each patient" who was to receive "a straw bed in sacking, two blankets, two sheets, a pillow, a rug and a nightshirt."⁵⁸ However, because the influx of sick patients was typically greater than the capacity of the dispensary, the standards were difficult to maintain. In these instances, the poor would place ill members of their family in a wheelbarrow, and take them to the closest parish. When the building was full, families would leave their sick friends and family in the alley.⁵⁹

⁵⁵ Ibid., 58.

⁵⁶ Ibid., 59.

⁵⁷ "Fever in Conaught." Barker and Cheyne: Epidemical Fever in Ireland (1821) in *Famine and Disease in Ireland*, ed. Leslie A. Clarkson and E. Margaret Crawford (London: Pickering and Chatto, 2005), 4: 107.

⁵⁸ Laurence M Geary, *Medicine and Charity in Ireland, 1718-1851* (Dublin: University College Dublin Press, 2004), 192.

⁵⁹ Ibid., 193.

Much like the charity provided to the urban poor, church dispensaries were unable to fully meet the needs of the rural poor. However, despite the overflow of patients and the intensity of the famine diseases, church dispensaries were the most available care in the area and thus were more successful than no care at all. Famine victims looked to their local parish for help during the epidemics.⁶⁰

They provided hope, which was a placebo, but enabled those who were suffering to deal with despair and the epidemics. After the famine ended, traditional medicine continued to war with alternative healers. Apothecaries sold their pharmaceutical school to the Catholic University after the Royal College of Surgeons refused to acknowledge the apothecaries as a true form of medicine.⁶¹ In the years after the famine, the church would become a more powerful medical alternative.

The epidemics of the famine indiscriminately decimated the Irish population whether they turned to traditional or alternative medicine. While Britain provided relief programs, they failed to provide enough financial support to end starvation and subsequent epidemics. Like Ireland, Belgium also suffered from potato blight. The Belgian poor lived on a similar diet to the Irish: potatoes, vinegar and water.⁶² However, while Belgian farmers opened their sheds to discover rotting potatoes, they did not suffer starvation and disease as intensely as Ireland. The Belgian government provided adequate financial relief to aid the poor.⁶³ Had the British government been more willing to relieve the Irish population's financial burdens, both traditional medicine and alternative care would have been able to treat the population more effectively.

⁶⁰ Laurence M. Geary, *Medicine and Charity in Ireland, 1718-1851* (Dublin: University College Dublin Press, 2004), 36., 42.

⁶¹ John F Fleetwood, *History of Medicine in Ireland* (Dublin: Browne and Nolan, 1951), 115.

⁶² Peter Grey, *The Irish Famine* (New York: Harry N. Abrams Inc., 1995), 43.

⁶³ *Ibid.*, 43.

Further scholarship could more adequately explain the specific cures and administered during the Irish famine. Because of the crowding in traditional hospitals and dispensaries, it is likely that those in need first tried homemade potions, salves, and compresses to avoid seeking outside aid. Another area left relatively untouched is quackery in Ireland during the famine. Roy Porter reports on quackery in Britain but does not specifically include Ireland in his book *Quacks*.⁶⁴ However, if quacks were active in England it is likely that they were offering cures and care in Ireland as well. Future research could expose charlatans who dispensed remedies and care without regard for their patients. This would be an essential piece of evidence to discover the full nature of alternative care during the famine. Another component of the Irish famine and alternative medicine would be discovering alternatives in post-famine society.

Despite the bulk of material left to uncover, this chapter explores medicine during the Irish famine and how allopathic and homeopathic medicine responded to the needs of the people. The Irish's access to treatment and types of cures depended on locality and class. Traditional physicians and alternative caregivers experienced disease alongside the rest of the population. With good intentions, the medical community frantically worked to end the epidemics. While both traditional physicians and alternative care givers desired to put an end to the epidemics, without sufficient governmental relief, the famine would devastate the Irish population. In the post-famine census of 1851, the population had dipped to 6,600,000 and 2,400,000 people were "missing."⁶⁵ While neither body of medicine could stop disease, charitable medicine provided hope and care to the urban and

⁶⁴ Roy Porter, *Quacks, Fakers & Charlatans in English Medicine* (United Kingdom: Tempus, 1989).

⁶⁵ Peter Grey, *The Irish Famine* (New York: Harry N. Abrams Inc., 1995), 94.

rural poor whose other choice was no care at all. In this way, homeopathic medicine was successful during the Irish famine. It dispensed hope when all other remedies failed, and provided mental relief to victims of the tragic epidemics.

CHAPTER 3

THEY DEMAND THE FIRM CAUTERING APPLIANCES OF THE CITY GOVERNMENT; IRISH FAMINE IMMIGRANTS IN NEW ORLEANS 1853

In 1848, epidemic typhus and starvation continued to rage through Ireland, devastating the Irish population. As surviving grew more difficult, landlords violently turned on tenants. The great famine depleted all of the Irish of strength and drained them of the energy they needed to peacefully co-exist. Without hope, the upper class scrambled to hold onto their dwindling wealth. They lashed out at the lower class by gaining the support of British troops to forcibly remove tenants from their homes. Irish landowners claimed that eviction was “mitigating the suffering of the poor people,” however; evictions only worsened the lives of the poor.⁶⁶ The police brutally abused the lower class tenants who were weak with disease and unable to fight back. Recalling these events from his childhood, Sir William Butler described the evictions.

“At the signal from the sherrif [sic] the work began. The miserable inmates of the cabins were dragged out upon the road: the thatched roofs were torn down and the earth walls battered with crowbars; the screaming women, the half-naked children, the paralysed grandmother, and the tottering grandfather were hauled out. I was twelve years old at the time; but I think if a loaded gun had been put into my hands I would have fired into that crowd of villains, as they plied their horrid trade by the ruined church of Tampul-da-voun.”⁶⁷

With no physical dwellings left, the Irish dug holes in the ground and huddled together for warmth. Known as “dog holes,” which were big enough for two people but typically,

⁶⁶ David Hollett, *Passage to the New World : packet ships and Irish famine emigrants, 1845-1851* (Abergavenny: P.M. Heaton, 1995), 35.

⁶⁷ *Ibid.*, 37.

twenty people crowded desperately inside them.⁶⁸ In these wretched conditions, the Irish had two choices: death or emigration.

Unable to survive without food and shelter, young Irish men and women fled the country in staggering numbers. Some optimistic Irish men opted to stay in Ireland because if they survived the famine, they could earn back land that they had lost. However, many Irish men sought ship passage to any location where work was available. On the other hand, Irish women had no claim to land in Ireland. With the loss of their fathers, brothers, and spouses, Irish women left Ireland in greater numbers than Irish men did. They created a female kinship emigration system of sisters, aunts, cousins, mothers and daughters, which outnumbered young Irish men in the United States and other locations such as Australia.⁶⁹

Back in Ireland, some priests and clerics discouraged female emigration to the United States because they feared “moral murder of countless virtuous Irish maidens,” but they were the minority.⁷⁰ The famine sparked a renewed commitment to Catholicism in the Irish people who were already quite religious and most priests felt secure that emigrants would remain loyal to the Church.⁷¹ Most priests adjusted their economic perspective based needs of the people.⁷² The separation of wage labor from social morals freed Irish woman to cross the Atlantic in hopes of earning a living to help support their families.

⁶⁸ Ibid., 39.

⁶⁹ Hasia R. Diner, *Erin's Daughters in America: Irish Immigrant Women in the Nineteenth Century* (n.p.: Johns Hopkins University Press, 1983), 31-33.

⁷⁰ Ibid., 34.

⁷¹ Ibid., 4.

⁷² Aaron I Abell, "The Catholic Factor in Urban Welfare: The Early Period, 1850-1880," *Review of Politics* 14, no. 3 (July 1952): 290.

Priests watched the decay of their villages and determined to help both male and female parishioners escape to the United States and elsewhere. In the early 1850s, priests searched for cities that did not already have a strong Irish labor force. Boston, Philadelphia and New York had established Irish communities, and priests worried their parishioners would not find work in those cities. After careful planning, priests planned to take passage ships to the port in New Orleans, up the Mississippi River, and through Arkansas all the way to Ohio.⁷³ Friar Horne led one group of emigrants across the Atlantic because he believed they would have a better life. The clergyman chose New Orleans because ship fares to that port were the cheapest in the United States.⁷⁴ Friar Horne believed that conditions across the Atlantic offered parishioners a new life. Shepherding his flock, Horne concocted these plans with good intentions.

The idealistic vision of Friar Horne shattered as he began the journey of assisting famine victims to New Orleans. Liverpool was the main port where Irish clergymen booked passage ships for famine victims. In 1811, the city was about 100,000 people and by 1851, it had grown to 375,000.⁷⁵ This period of rapid growth and overcrowding gave Liverpool seedy aspects; it had too much alcohol, disease, poverty, and crime. Port regulations forbade passengers to embark until the ships were almost ready to sail, and the Irish tended to stay in the city two to three nights before their departure. In that time, corrupt agents, runners, lodging-house keepers and saloon owners mistreated them. The

⁷³ Jim Rees, *A Farewell to Famine* (Dublin: Criterion Press, 1994), 79.

⁷⁴ David T. Gleeson, *The Irish in the South, 1815-1877* (Chapel Hill.: University of North Carolina Press, 2001), 27.

⁷⁵ Deirdre M Mageean, "Emigration From Irish Ports," *Journal of American Ethnic History* 13, no. 1 (1993): 22.

living conditions were cramped, unsanitary and unheated, which gave epidemic disease time to incubate before Irish emigrants boarded the ships.⁷⁶

British legislators were aware of the epidemic disease and death on passage ships. They passed a series of Passenger Acts from 1848-1852 to ensure a safer voyage for passengers and control the spread of disease. The unsanitary conditions and high mortality rate earned passage ships the nickname of coffin ships. In 1848, the legislation acts included the provision that any ship with a hundred passengers had to carry a surgeon.⁷⁷ By 1852, the British government amended the act to include any ship with over 500 passengers.⁷⁸ In 1848, the Passenger Acts also demanded that captains should regulate cooking facilities on board, and by 1849, passengers were to be given more rations. In addition to more rations, the Passenger Acts required that passage ship captains display the laws in hopes that would increase passengers' safety.⁷⁹

The Passenger Acts attempted to improve the conditions on the coffin ships, but epidemic disease and willful captains refused to follow the new laws. While legislators enacted these laws with good intentions, improvements on the ships were slim. In theory, a surgeon on board would provide passengers with a doctor's services and prevent the spread of disease. A single surgeon, though, could not combat the ship diseases that thrived in overcrowded conditions. The treatments administered by surgeons, such as bleeding and mercury often made illnesses worse and the ship more hazardous. In addition to ineffective surgeons, captains could be cruel, ignoring every part of the

⁷⁶ Ibid.. 22.

⁷⁷ Ibid.. 22.

⁷⁸ Ibid., 22.

⁷⁹ *ibid.*, 22.

Passage Acts. After the passengers were on the ships, they were at the mercy of the captain. One passenger recalls,

The Captain never was sober from he left [sic] Liverpool. The second Sunday after we sailed he ordered us to get no water. We were 26 hours without water, one man went on the quarter deck to ask the Captain to allow him to get water--the Captain dragged him round behind the wheel house . . . and had him handcuffed and tied at the stem of the vessel after which he beat him in the face until he was all blackened and cut besides [sic] we did not get more than one third of our allowance of provisions on the voyage.⁸⁰

Other passengers had similar horrifying experiences. In 1851, the *Blanche* set out from Liverpool for New Orleans with 470 emigrants on board. Forty-one passengers contracted ship fever and the crew buried them at sea. Once the *Blanche* arrived in New Orleans, ship doctors identified 140 more Irish afflicted with ship fever. The port officer inspected the ship and found moldy biscuits; he told the captain that 84 passengers would have overloaded the ship. The captain was infuriated and claimed that 2,000 passengers were waiting to leave Ireland every day.⁸¹ The overwhelming amount of emigrants created unsanitary conditions, which burdened both captains and medical officers. The British government passed the Passage Acts with noble intentions, but without strict enforcement, Irish emigrants continued to suffer.

The coffin ships that arrived in New Orleans were a nightmare for physicians in that river port city. One port medical officer examined emigrants with ship fever and concluded, "I found them with flushed countenances [sic], hot and dry skin, frequent pulse, soreness in the abdomen, pain the head, pain and soreness of the muscles and thirst."⁸² The treatments for ship fever included giving the patients large cups of cold

⁸⁰ Ibid., 23.

⁸¹ Edward Laxton, *The famine ships : the Irish exodus to America* (New York: Henry Holt and Company, LLC, 1998), 208-209.

⁸² Ibid., 144.

water or flax and sponging the patient with vinegar, and quinine in 10-gram doses.⁸³ To treat the symptoms of colica pictonum, otherwise referred to as feculent emesis, doctors mixed, “colomel, opium, croton oil, and dumped this mixture over the abdomen in a warm bath. The croton oil was a purgative to cure the painful affection.⁸⁴ If these treatments failed, physicians turned to more invasive procedures. Before the 1850s, physicians had dissected passengers who died from these two conditions to find a remedy for severe ship fever. For patients arriving in the 1850s that were still ill after the first round of treatments, physicians provided silver nitrate, anodyne enemas, and morphine.⁸⁵

Irish emigrants also suffered from cases of bronchitis, pneumonia, phthisis, dropsy, and jaundice.⁸⁶ While these treatments were readily available for such maladies on land, the amount of ill passengers exceeded the number of physicians available to treat them. Some of the Irish emigrants who survived the epidemic of ship fever, slipped past the port physicians and wandered out onto the streets of New Orleans. Irish immigrants attempted to adjust to a new way of life in the midst of an epidemic of yellow fever.

⁸³ Ibid., 144.

⁸⁴ Ibid., 144. In modern terms, feculent emesis is the unstoppable vomiting of dark waste, blood that resembles feces.

⁸⁵ Ibid., 144.

⁸⁶ Phthisis is an older word for tuberculosis and dropsy is another word for edema, which is when soft tissue fills with water and swells.

CHAPTER 4

THOSE WE DO NOT KILL WE CURE: GENDER, CLASS, ETHNICITY AND THE FAILURE OF THE ALLOPATHIC RESPONSE

The Irish arrived not only sick, but at a critical moment in New Orleans' history. Though the city had long struggled with epidemics, unique social tensions and ineffective government, the arrival of so many ill-prepared immigrants created a near catastrophic situation. In 1853, the people of New Orleans did not understand how patients contracted the disease or why patients expelled black vomit before their death. Today, the World Health Organization defines yellow fever as a viral disease that takes three to six days to manifest. It,

principally affects humans and monkeys, and is transmitted via the bite of *Aedes* mosquitoes. It can produce devastating outbreaks, which can be prevented and controlled by mass vaccination campaigns. The first, or "acute", phase is characterized by fever, muscle pain, headache, shivers, loss of appetite, nausea and vomiting. After 3–4 days, most patients improve and symptoms disappear. However, in a few cases, the disease enters a "toxic" phase: fever reappears, and the patient develops jaundice and sometimes bleeding, with blood appearing in the vomit (the typical "vomito negro"). About 50% of patients who enter the toxic phase die within 10–14 days.⁸⁷

In 1853, other U. S. cities nicknamed New Orleans "the death capital" because of the number of yellow fever deaths.⁸⁸ Physicians broke yellow fever down into six

⁸⁷World Health Organization, "Yellow Fever," World Health Organization, http://www.who.int/topics/yellow_fever/en/ (accessed November 26, 2010).

⁸⁸Jonathan B. Pritchett and Insan Tunali, "Strangers' Disease: Determinants of Yellow Fever Mortality during the New Orleans Epidemic of 1853," *Explorations in Economic History* 32 (1995): 518.

categories: congestive, bilious, pernicious, paludal, intermittent, and remittent.⁸⁹ Patients suffering from all types of fever had symptoms such as E. Clarke, a wealthy steamship owner. Clarke grew feverous, urinated a green liquid, and never urinated again until he died several days later. He suffered from headache, pain in his loins, tightness in his chest, and nausea.⁹⁰ The last stage of the fever was the patient vomiting black vomit. As the stomach lining weakened in yellow fever patients, blood hemorrhaged into the gastrointestinal tract.⁹¹ After the stomach digested blood, it rejected the blood and the patient vomited up dark brown bile. The inability to keep down fluids or stop the internal bleeding killed yellow fever victims.⁹² If a patient survived this disease, they were likely to be immune to it in the future.

Physicians, such as Dr. James Jones, struggled to discover the cause of yellow fever. Jones noted that yellow fever patients emitted a different smell than patients suffering from other fevers.⁹³ He was confused about whether the fever was contagious because it affected some members of his family more than others. However, because Jones and other New Orleans physicians watched yellow fever spread within families and from nurses to patients, the most common belief was the miasma theory. Doctors claimed that disease tainted the air and city dwellers could not avoid it because of the crowded city environment. Because physicians believed that unclean air and enclosed spaces harbored yellow fever, the city council of New Orleans appointed a Sanitary

⁸⁹ American Public Health Association, *Some Account of Yellow Fever As It Appeared in New Orleans in 1873*, by S.C. Russel M.D. (New York: Hurd and Houghton, 1875), 433.

⁹⁰ American Public Health Association, *History of the Importation of Yellow Fever Into The United States from 1603 To 1878*, by Samuel Choppin M.D. (Boston: The Riverside Press, Cambridge, 1880), 193.

⁹¹ Jonathan B. Pritchett and Insan Tunali, "Strangers' Disease: Determinants of Yellow Fever Mortality during the New Orleans Epidemic of 1853," *Explorations in Economic History* 32 (1995): 520.

⁹² *Ibid.*, 520.

⁹³ Sanitary Commission of New Orleans, *Report of the Sanitary Commission* (New Orleans: City Council of New Orleans, 1853), 29.

Commission to clean up the city. Before the massive epidemic of 1853, the city had small boards of health that existed for two to three years that served as scribes, recording the events of the epidemics.⁹⁴ During the summer of 1853, the board of health created the sanitary commission because the city council had adjourned for the summer. The head of the council were Mayor A.D. Crossman. He sent five doctors, E.H. Barton, A. F. Axson, S.D. McNeil, J.C. Simonds, J. L. Riddell, out into the city to gather evidence.⁹⁵ The sanitary commission was optimistic and stated that cleanliness could subdue yellow fever based on the eighteenth century experience when more hygienic practices instituted in the city during an epidemic of leprosy.⁹⁶ Doctors believed that removing lepers from the city purified the toxic air. The upper class fled during the 1853 epidemic, but the lower classes stayed in the city and continued to contract yellow fever.

In the 1850s in New Orleans, rapid urbanization, cramped conditions, and over population distressed the sanitary commission. As the population increased, so did the amount of human excrement. The commission saw this as a problem because the city lacked the manpower to properly dispose of the vast amount of human waste. New Orleans' waste problems mimicked the sanitation problems in London. Henry Mayhew followed London's night soil men as they completed their cleaning jobs. Nightwork was performed at midnight by a ropeman, a holeman, and two tubman.⁹⁷ The ropeman lowered a bucket down into a cesspool where the holeman was waiting to fill it up. The tub men would carry the buckets of waste to the manure wharves and dump it out.⁹⁸

⁹⁴ Ibid., iii.

⁹⁵ Ibid., iv-v.

⁹⁶ Sanitary Commission of New Orleans, *Report of the Sanitary Commission* (New Orleans: City Council of New Orleans, 1853), vii-viii

⁹⁷ Michelle Allen, "From Cesspool to Sewer: Sanitary Reform and the Rhetoric of Resistance 1848-1880," *Victorian Literature and Culture* (2002): 3.

⁹⁸ Ibid., 3.

Mayhew's description of London waste disposal influenced a spate of English health acts in the 1840s including the Public Health Act, the Nuisances Removal and Disease Prevention Act, and the Metropolitan and City Sewers Act.⁹⁹ These agencies helped shape the waste removal processes in New Orleans. The New Orleans Sanitary Commission thanked physicians in tropical climates, "gentlemen here, and elsewhere" that have contributed to solving urban waste problems.¹⁰⁰

The New Orleans Sanitary Commission criticized their night soil men for the careless way they disposed of waste. The Commission criticized the street cleaners to task for cleaning the streets during the day instead of late at night, because at night, "the sun is no longer present to distill poison into the atmosphere."¹⁰¹ Citizens profusely complained about the lazy and unsanitary practice of street cleaners who threw "offal" into an alley on Bourbon Street as they passed by.¹⁰² While street cleaners did not efficiently perform their job, the citizens of New Orleans were equally to blame for the impending waste problem. The Sanitation Commission chastised citizens for neglecting their privies and improperly disposing of their kitchen and yard offal.¹⁰³

Amidst the human waste, New Orleans also suffered from an overpopulation of dogs that leading physicians said contributed to the poison in the air. Roaming the streets, many dogs were both wild and rabid; this naturally frightened citizens and the city was desperate to get rid of them.¹⁰⁴ The New Orleans Board of Assistant Alderman

⁹⁹ Ibid., 5.

¹⁰⁰ Sanitary Commission of New Orleans, *Report of the Sanitary Commission* (New Orleans: City Council of New Orleans, 1853), v.

¹⁰¹ Ibid., ix.

¹⁰² John Duffy, *Sword of Pestilence: The New Orleans Yellow Fever Epidemic of 1853* (n.p.: Louisiana State University Press, 1966), 18.

¹⁰³ Sanitary Commission of New Orleans, *Report of the Sanitary Commission* (New Orleans: City Council of New Orleans, 1853), ix.

¹⁰⁴ John Duffy, *Sword of Pestilence: The New Orleans Yellow Fever Epidemic of 1853* (n.p.: Louisiana

ordered additional street cleaners to feed poison sausages to the dogs and then to wash them into the marshes leading to the Gulf of Mexico. The street cleaners quickly carried out their first duty, but they were slow to wash away the decaying dogs, who rotted in the summer sun for days.¹⁰⁵ Like human waste, the rotting animal carcasses were a tangible cause of disease that both officials and townspeople blamed for the spread of epidemic of yellow fever. The board also employed the street cleaners to set off smoke bombs throughout the city. They believed that the vapors rising from the waste, graveyards, and swamps would destroy the poison in the air.¹⁰⁶ While smoke bombs were theatrical and a distraction, they proved to be ineffective against yellow fever.

Human waste and dead animals were solid evidence to prove that the city air was poisoning its inhabitants, but officials and citizens thought the strongest poison contaminating the streets were Irish immigrants. Some native Louisianans contracted mild forms of yellow fever as children and were immune to the epidemic in the 1850s.¹⁰⁷ Because of this, yellow fever was associated with African Americans and immigrants and was nicknamed the “stranger’s disease.”¹⁰⁸ The members of the sanitary commission also voiced the feelings of the community by referring to the immigrant tenement housing as “Fever Nests” that were “nuisances” and a breeding grounds for yellow fever.¹⁰⁹

State University Press, 1966), 18.

¹⁰⁵ Ibid., 18-19.

¹⁰⁶ Museum photo from the Louisiana State Museum

¹⁰⁷ Peggy Basset Hildreth, "Early Red Cross: The Howard Association of New Orleans, 1837-1878," *Journal of the Louisiana Historical Association* 20, no. 1 (Winter 1979): 51.

¹⁰⁸ Ibid., 51.

¹⁰⁹ Sanitary Commission of New Orleans, *Report of the Sanitary Commission* (New Orleans: City Council of New Orleans, 1853), ix.

According to their report, both the good citizens of New Orleans and the tenement dwellers needed to work on practicing better hygiene. However, while the established citizens of New Orleans were not living up to the health code standards, the health commission described the immigrants with harsher language. Irish immigrants “Conduce much to Impair [sic] the reputation of the city for salubrity [sic] and they demand therefore the firm cauterizing appliances of the city government.”¹¹⁰ Lacking the childhood immunities to survive yellow fever, Irish immigrants suffered more from this disease. They thus appeared more susceptible to it, and served as a scapegoat for established Louisianans.

In 1853, a yellow fever epidemic struck New Orleans during a time when doctors were anxious to transform medicine into an honorable profession and assert the legitimacy of scientific medicine, or allopathic medicine. In the 1850s, society did not necessarily consider professional (allopathic) medicine a noble pursuit. Much to the dismay of their parents, many young men failed at making careers in law, the church, and business. They turned to medicine hoping that somehow it would advance their fortunes in enterprises such as farming—which of course required knowledge of animal husbandry.¹¹¹

When parents learned the news that their sons chose to attend to medical school, they had volatile reactions. The father of J. Marion Sims was outraged after his son failed to become a clergyman or a businessman and told him he never would have sent him to college had he known he wanted to study medicine. He declared that medicine was “a profession for which I have the utmost contempt. There is no science in it. There

¹¹⁰ Ibid., ix.

¹¹¹ Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill: University of North Carolina Press, 2004), 16,-17.

is no honor to be achieved in it; no reputation to be made.”¹¹² Medicine also appealed to young men with no career plans at all. William Wheton’s brother thought that medicine would be a good choice for his younger brother because it might take his mind off “frolicking, Spanish segars [sic] and extravagant clothes.”¹¹³ Young men who lacked the ambition and self-confidence for a successful career backed into the growing allopathic medical profession. They approached healthcare flippantly, and saw medicine as a way to pass the time rather than a serious study. In the dissection room, young doctors played practical jokes on each other when they were supposed to be learning the anatomy of the human body. One student placed a piece of a body in another student’s lab coat, which he found when he reached for his handkerchief. They stuck cigars in the mouths of deceased males and roses on the tops of deceased females.¹¹⁴ As they brushed off the serious matter of life and death, this class of young physicians hurt the credibility of allopathic medicine.

Homeopathic medicine and other alternative medical groups threatened to put allopathic physicians out of business. Homeopathic medicine followed the principle that the drugs administered to patients should produce the same symptoms when given to a healthy person. Homeopathic medicine followed the “law of similars” or, like cures like, in their approach to diseases.¹¹⁵ Diseases were the result of a suppressed itch and the more diluted the dose, the more dynamic the effect, they treated. Homeopaths believed that homeopathic medicine displaced a patients’ natural state with a weaker, but similar artificial disease. Other branches of alternative medicine included the Thomasonians,

¹¹² Paul Starr, *The Social Transformation of American Medicine* (n.p.: Basic Books, 1982), 82.

¹¹³ Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill: University of North Carolina Press, 2004), 17.

¹¹⁴ *Ibid.*, 63.

¹¹⁵ Paul Starr, *The Social Transformation of American Medicine* (n.p.: Basic Books, 1982), 97.

and the Eclectics.¹¹⁶ Thomasonians practiced medicine based on the rational principle that one cause had one cure.¹¹⁷ If a patient had a cold, heat would cure them. They opposed allopaths because the “regular physicians” used minerals that came from the ground instead of life-giving herbs that grew in the sun.¹¹⁸ The irregular medical practice most similar to allopathic medicine was eclecticisms. The eclecticists understood the importance of creating medical schools, but they were against allopathic physicians because of their reliance on excessive administration of drugs, and their practice of bleeding. Eclecticists usually healed patients with botanic medicine.¹¹⁹ Compared to the harsh bleedings and surgery of allopathic physicians, homeopathic medicine was more pleasant for patients and had a comparatively high success rate.

Many patients in Louisiana liked homeopathic physicians, and allopathic physicians worked vigorously to discredit them. At this time, legislators accepted the homeopathic argument that regulation protected no substantial public good by favoring a brand of medicine that was no more effective than any other was.¹²⁰ If both types of medicine proved to be successful, then the state saw no reason to recognize either branch as the only form of medicine available to the public. Frustrated and searching for validation, allopathic physicians popularized the term “Quack” to describe any medicine that deviated from bleedings, heavy medications, and surgical cutting.

The crisis the New Orleans medical profession was engaged in during the 1853 yellow fever epidemic is illustrated in a debate exposed by Dr. Sim Ponter’s critique of

¹¹⁶ *ibid.*, 95.

¹¹⁷ *Ibid.*, 52.

¹¹⁸ *Ibid.*, 51.

¹¹⁹ *Ibid.*, 96.

¹²⁰ Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill: University of North Carolina Press, 2004), 51.

Dr. Bennett Dowler, a proponent of accepting homeopathic approaches to medicine
Dowler educated homeopathic remedies for “disorders that effect the female
constitution.”¹²¹ The editorial author was outraged at the betrayal by Dowler, and
vehemently demanded his apology to “the profession for the insult offered, or take the
consequences of a most flagrant violation of professional decency and the code of
ethics.”¹²²

¹²¹ S. W. Butler M.D., "The New Orleans Medical Record And Quack Medicine,"
Medical and Surgical Reporter XIV (January 1866): 492.

¹²² *Ibid.*, 492.



Figure 1.1 A trocar used to perform ovarioritomies



Figure 1.2 A drawing of a physicians using the trocar to perform the ovariotomy.

Women's health was not Dowler's main field of interest and because he did not see high success rate with either sect of medicine, he believed that physicians could consider homeopathic cures. One method that homeopaths used to ease menstrual cramps and alleviate the pain of cysts and tumors was the sponge tent. This device held open the cervix for days until the symptoms were gone. In contrast to Dowler, Dr. J Marion Sims argued that sponge tents caused inflammation, "severe and irreversible systematic infection," and fatal blood poisoning.¹²³ He favored surgery over sponge tents, but that solution, which was an equally if not more deadly practice. Sims treated a twenty-three year old Irish woman complaining of cramps by slicing her uterus laterally and splitting it with a backwards incision. She returned to the hospital multiple times, and after having no success, he applied chromic acid to her uterus.¹²⁴ To treat another young woman who complained of painful periods and bladder infections, Sims sliced her uterus, cut off her clitoris, and removed her labia minor.¹²⁵ Sims performed ovariotomies for women with cysts by slicing the abdomen open and draining a cyst with the trocar. The top figure is a picture of the trocar and the bottom sketch is a physician using it to break a cyst.¹²⁶ Sims claimed success, but most of his patients bled out or died from infection after leaving the hospital. Dowler considered both allopathic and homeopathic treatments and decided that perhaps allopathic physicians should use homeopathic cures until they had cures that were more successful.

¹²³ Deborah Kuhn McGreagor, *From Midwives to Medicine: The Birth of American Gynecology* (New Brunswick: Rutgers University Press, 1998), 154-155.

¹²⁴ *Ibid.*, 146. Today Chromic acid is used to finish wood, clean laboratory equipment, and brighten brass instruments.

¹²⁵ *Ibid.*, 146.

¹²⁶ F.C. Capultos Jr., "Accoucheur's Antique Uterine and Vaginal Devices," *Accoucheur's Antique Obstetrical and Gynecological Instruments*, <http://www.fcgapultoscollection.com/midbooks.html> (accessed August 2, 2010).

Despite his seemingly callous attitude towards treating women, Dowler remained for the most part loyal to allopathic medicine because he worried that there was no science in homeopathic medicine. Just as Dowler's fear was based in faith in rational science, other allopaths were skeptical of the Thomasionians who professed to have nothing but the patient at heart, but sold their medical treatments to apothecaries for twenty dollars. After the apothecary took a sacred oath, the Thomasionians revealed the secret ingredient that made the remedy effective.¹²⁷ Allopaths thought a secret ingredient was not scientific and claimed Thomasionians were charlatans. Fearing the demise of their career, allopaths asserted that science and surgery were the foundation to successful treatment. In order to put up a good fight, allopathic physicians sacrificed the well-being of their patients to please their colleagues more frequently than homeopaths healers.¹²⁸

Allopathic physicians boosted their credibility by establishing a set of professional guidelines and criticizing those who did not join them. First among these professional expectations was a code of ethics that showed medicine was more about morals than money. Allopathic code stated one physician could not steal patients from other doctors or give a wealthy man free care. He should always fill in for a sick or traveling colleague.¹²⁹ Having an ethical code was but one way that allopathic physicians competed with homeopaths. Another tactic used by allopathic physicians to gain credibility was requiring new physicians to pass medical tests given by the state. In 1816, Louisiana created the *Registre du Comite Medical de la Nouvelle Orleans* to

¹²⁷ Paul Starr, *The Social Transformation of American Medicine* (n.p.: Basic Books, 1982), 53.

¹²⁸ *Ibid.*, 23.

¹²⁹ *Ibid.*, 94.

examine and license practitioners.¹³⁰ The board required candidates to take an oral examination. They had to produce testimonials from physicians as evidence of their orthodox training. In 1820, the board rejected one-fifth of the applicants for using secret methods or for utter incompetence.¹³¹ While such medical regulation was groundbreaking in Louisiana at that time, there was no way to enforce the board's ruling and so rejected applicants often practiced anyway.¹³² Nevertheless, in the 1850s, allopathic physicians used this test as a sign of superiority against their competitors and pushed their protégés to pass this exam.

Despite his earlier doubts about ovariectomies, Dowler joined Dr. Joseph Jones as one of the two leading allopathic physicians in New Orleans who believed medicine was more about science than nurturing care. Both men detached from their patients and studied them instead of caring for them. In 1854, Dowler served as the leading editor of the *Medical and Surgical Journal* and was one of the founders of the Louisiana State Medical Society.¹³³ His primary work focused on dissecting cadavers to understand contractility capillary circulation, and calorification.¹³⁴ He also compared animal body heat to human body heat and performed neurological experiments on alligators to better understand human brain function.¹³⁵ Dowler examined patients, but spent most of his time dissecting bodies at dead house in

¹³⁰ Ibid., 9-10

¹³¹ Ibid., 10.

¹³² Ibid., 10.

¹³³ Karlem Riess, "The Rebel Physiologist Bennett Dowler," *Journal of the History of Medicine and Allied Sciences* 16, no. 1 (January 1961): 40.

¹³⁴ Dowler was studying blood flow and discovering the importance of the circulatory system. Capillary Circulation is a process where the blood delivers nutrients and oxygen to cells and exchange waste products. Calorification is the production of heat, especially animal heat.

¹³⁵ Ibid., 39.



Figure 1.3 Drawing from Jones; A young man in the early stages of yellow fever



Figure 1.4 Drawing of the same man by Jones a few days later

Charity Hospital. Family and friends frequently did not claim someone who died and so all races of bodies were available to study.¹³⁶ Dowler stripped patients of their humanity and invited guests to watch him perform dissections of humans and alligators. He believed that science was more important than relieving the suffering of patients. According to him, patients were casualties of science.

Like Dowler, Jones favored scientific research and thought patient care was uninteresting and unrewarding. He hoped to avoid a career as a physician to only practice scientific research.¹³⁷ His experiment used blood analysis to compare diabetes and malaria, which did not yield successful results.¹³⁸ While he ended up working as a physician, Jones followed allopathic medicine because it allowed him to conduct scientific experiments. Jones was less eccentric than Dowler, and was able to better interact with his patients. He spent extra time with them to observe every stage of epidemic disease. He sat at the bedside of a young Irish man afflicted with yellow fever and sketched him from the beginning of his illness to his death. In the left picture, the young man is flushed with fever. In figure 1.3, Jones drew a young man in the last stages of yellow fever. In figure 1.4, this same man is dying and expelling black vomit a few days later.¹³⁹ Jones was more in touch with his patients, but like Dowler, the science of diseases fascinated him. He was unable to accept that patients were human and saw impoverished Irish patients as the manifestations of the disease itself. He studied them to learn how to defeat the drug, but cared little for the patients well being.

¹³⁶ Ibid., 42.

¹³⁷ James O Breeden, *Joseph Jones, M.D.: Scientist of the Old South* (Lexington: University of Kentucky Press, 1975), 37.

¹³⁸ Ibid., 53.

¹³⁹ Joseph Jones M.D., *Medical And Surgical Memoirs: Containing Investigations On The Geographical Distribution, Causes, Nature, Relations And Treatment Of Various Disease* (New Orleans: Clark and Hofeline, 1876).

CHAPTER 5

DIRE WRETCHEDNESS, APPALLING WANT: ETHNICITY, IMMIGRATION, RELIGION AND THE RESPONSE TO IRISH VICTIMS

Gendered shifts related to professional struggle, particular concerns of South, and growing gender differences nationwide as well as the opposing position of strong Irish immigrants meant callousness toward epidemic victims compounded. To help emphasize the importance of scientific medicine, allopathic physicians promoted scientific medicine as a masculine field helped it to stand out against homeopathic medicine. Allopaths gained support and condemned homeopaths by condemning their gentle, unscientific cures. Allopaths saw themselves as strong, masculine physicians that used the science of surgery instead of nurturing quakery to cure disease. William Bonner, a medical student from Louisiana, claimed, “We are cutting and slashing away, tearing everything up by the roots. Those we do not kill we cure.”¹⁴⁰ Turning medicine into a battlefield, certain doctors traded humanity for medical legitimacy. Dr. Samuel Gross taught medical student Charles Hentz that patients were casualties in the war for science to rule medicine. Gross ordered Hentz to test an unknown anesthesia drug on an elderly man. Hentz was hesitant because the man resisted and did not want to receive an unknown drug. Ordering Hentz to help him, Gross strapped down the man and administered the drug. Hentz recalled that during the struggle the man cried out, “Dr. you put me in bodily

¹⁴⁰ Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill: University of North Carolina Press, 2004), 54.

fear?”¹⁴¹ Aggressive tactics frightened patients, but by emitting strength, allopathic doctors gathered a following of patients who believed a doctor’s strength would overpower the devastating diseases that seemed unstoppable. Some patients interestingly, found allopathic physicians’ strength comforting and necessary to battle epidemics.

To further promote masculinity in allopathic medicine, allopathic physicians excluded women from their practices in New Orleans and eventually nationwide. This slightly differed from allopathic schools in northern cities. Between 1830 and 1880, a few medical schools in Pennsylvania admitted female students. In 1853 in Philadelphia, two Quakers, Joseph Longshore and Ann Preston, founded the Female Medical College of Philadelphia.¹⁴² Penn Medical University admitted women, as did Elizabeth Blackwell’s alma mater Geneva Medical School. This school accepted Blackwell, although upon her completion of the medical program, the school barred admission to women.

Some schools in New York also offered medical training to women. In Syracuse, New York, Central Medical College accepted women including Sarah Adamson Dolley, Lydia Folger Folwer, and Rachel Brooks Gleason.¹⁴³ Central Medical School was a co-educational, eclectic school, which offered the teaching of anatomy, dissection, surgery, obstetrics, chemistry and physiology.¹⁴⁴ In 1850, this set of curriculum was almost identical to an allopathic medical school and the only difference was the eclectics favored using botanical therapies before trying surgery. Dolley valued the science behind

¹⁴¹Ibid., 56.

¹⁴² Ellen S More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995* (Cambridge: Havard University Press, 1999), 16.

¹⁴³ Ibid., 18-19.

¹⁴⁴ Ibid., 21.

medicine and read about vivisection in medical journals. Despite her interest in anatomy and vivisection, she never participated in the practice itself and relied on the research of other doctors.¹⁴⁵ The school did not prohibit her from undertaking such a task, but Dolley's ingrained concepts of womanhood kept her from the surgical process. Unfortunately, the fights between faculty members closed the doors of the school in 1852 with only 27 students graduating from their program.¹⁴⁶

Unlike a handful of allopathic physicians in New York and Pennsylvania, allopathic physicians in Louisiana did not accept women as allopathic physicians. Southern allopathic doctors were skeptical of a woman's brain capacity, doubted that she could learn science and believed she was too frail to perform surgery. A few southern physicians considered allowing female physicians specializing in women's problems but most of physicians strongly opposed this idea.¹⁴⁷ Allopathic doctors kept southern women out of allopathic practices and they joined alternative medical sects. In an editorial, one southern physician politely dismisses women as physicians claiming, "We are willing to give the sisterhood every chance to develop themselves."¹⁴⁸ He acknowledged that women served successfully as midwives, sculptors, astronomers, philosophers, and philanthropists, but that scientific medicine would burden them and not be the best use of their feminine talents.¹⁴⁹ He encouraged other allopathic physicians to "let the women alone," because they will fail on their own.¹⁵⁰ Excluding women with

¹⁴⁵ Vivisection is the process of cutting open something living for physiological or pathological investigation. Dissection differs from vivisection because the subject in dissection is dead.

¹⁴⁶ Ibid., 22.

¹⁴⁷ Laurence Turnbull M.D., "Editorial: Women Doctors," *Medical and Surgical Reporter* II, no. 13 (June 1859): 274.

¹⁴⁸ Ibid., 274.

¹⁴⁹ Ibid., 275.

¹⁵⁰ Ibid., 275.

masculine bravado, allopathic physicians in New Orleans heightened the appeal of scientific medicine for young male doctors and promised them an honorable future.

Southern allopathic physicians re-enforced the principles of the cult of true womanhood to keep women from practicing allopathic medicine. This ideology clearly defined the gender roles of the upper and middle class. Men labored in the public sphere, while women belonged at home in the domestic, private sphere. Southerners believed men should protect women from the harsh conditions of the public sphere by keeping her at home.¹⁵¹ Society expected elite southern ladies to be pious, gentle, and reserved. Supervising household activities, an elite southern lady earned respect of her peers. In New Orleans, allopathic physicians declared that a respectable southern woman did not belong in the public sphere practicing scientific medicine. Dissections and surgery were violent, and unfit for a woman to perform.¹⁵² Allopathic physicians insisted that female physicians were independent, an unattractive trait for a southern lady.¹⁵³ If she pursued a career in allopathic medicine, her peers would ostracize her. New Orleans allopathic physicians did not allow women to take the medical licensing exam and excluded them from their practices.

Elite women implanted the cult of true womanhood in the minds of working class women. Working class immigrant women defined domesticity in different ways. Italian immigrant families were paternalistic and Italian men expected their wives and daughters to adhere to domesticity. It was important to Italian women to get married and take care

¹⁵¹Ibid., 76.

¹⁵²Deborah Kuhn McGreagor, *From Midwives to Medicine: The Birth of American Gynecology* (New Brunswick: Rutgers University Press, 1998), 74.

¹⁵³Jonathan Daniel Wells, *The Origins of the Southern Middle Class, 1800-1860* (Chapel Hill: The University of North Carolina Press, 2004), 80.

of their families.¹⁵⁴ To earn money, Italian women worked within the home and took in boarders. While the boarders shared space with the family, they did not share income.¹⁵⁵ They could not attain the status of upper class women, but if they were pious and worked in the domestic sphere, they achieved a certain level of honor. Italian men re-enforced the principles of the elite upper class on their wives and daughter and would physically abuse them if the women in their household ignored their wishes.¹⁵⁶

Unlike Italian women, Irish women ignored elite southern domesticity and created their own definition of womanhood. Irish women did not behave like “ladies” and elite white society treated them as second-class citizens. Irish women exhibited independence and worked as domestic servants in the homes of the upper class. They viewed kitchen work as a step up from farm labor and felt whether married or single, they should earn as much money as possible.¹⁵⁷ Irish women saw wage work as a necessary form of social security since the outlook for marriage was limited and the prospect for widowhood was quite high.¹⁵⁸ They assertively took control of family finances and felt free to act unrestrained in public places.¹⁵⁹ Unlike white protestant women, Irish Catholic women believed that labor and wages did not demean them or diminish the importance of their family position.¹⁶⁰ Most Irish women labored at the hands of the upper and middle class, but some owned their own businesses. For instance, Sarah Black acquired personal

¹⁵⁴ Donna Gabaccia, *From the Other Side: Women, Gender, & Immigrant Life in the U.S, 1820-1990* (Bloomington: Indiana University Press, 1994), 49.

¹⁵⁵ *Ibid.*, 63.

¹⁵⁶ *Ibid.*, 74.

¹⁵⁷ Donna Gabaccia, *From the Other Side: Women, Gender, & Immigrant Life in the U.S, 1820-1990* (Bloomington: Indiana University Press, 1994), 19.

¹⁵⁸ *Ibid.*, 19.

¹⁵⁹ Hasia R. Diner, *Erin's Daughters in America: Irish Immigrant Women in the Nineteenth Century* (n.p.: Johns Hopkins University Press, 1983), xiv.

¹⁶⁰ *Ibid.*, xiv.

property and employed a team of seamstresses to do tedious stitch work.¹⁶¹ Irish women were a community amongst themselves, and willfully ignored the limitations of elite womanhood.

Irish domestic servants flaunted their independence by bending the rules of their upper class homes and exploiting their employers. In New Orleans, one Irish cook forced her employer, Thomas Warton, to go to the market himself because she had not come back from a visit with a friend. In the Warton household, this had happened nineteen times before, and each time disrupted the household. He complained that “the demon of misrule seems to have taken entire possession of the Irish menials, they demand \$15 a month and then do just as they please, go or stay, work or play, [at their pleasure].”¹⁶²

While Irish immigrants worked outside their home, other immigrant groups such as Italians, worked within their own homes. Italian women were the emotional centers of their own family and watched over the family wages.¹⁶³ While they were still working class, Italian women better fit the elite definition of domesticity than Irish women, and did not cause doctors the same anxiety. Irish women defied their gender role and doctors denied them honor and respect. Working class female Irish immigrants deviated from the standards of true womanhood and doctors saw them as a threat to the rise of allopathic medicine

While Irish women had a low level of autonomy in their job, Irish men were expendable and worked hard at unskilled labor jobs. Taking the place of African

¹⁶¹ David T. Gleeson, *The Irish in the South, 1815-1877* (Chapel Hill: University of North Carolina Press, 2001), 46.

¹⁶² *Ibid.*, 52

¹⁶³ Donna Gabaccia, *From the Other Side: Women, Gender, & Immigrant Life in the U.S, 1820-1990* (Bloomington: Indiana University Press, 1994), 16.

American slaves, Irish men dug trenches and helped to construct the New Basin Canal.¹⁶⁴ Losing a slave to disease was more costly than employing an Irishman who arrived in large numbers everyday.¹⁶⁵ Irishmen labored down in the murky, unclean water, near mosquitoes. They suffered from malaria, yellow fever, cholera and dysentery.¹⁶⁶ These famine Irishmen endured these jobs and sometimes only worked a day before they contracted a disease. Residents of New Orleans sang a song that illustrated the high mortality rate of Irish canal workers.

The Irish Micks, they swung their picks,
To dig the New Canal
But the cholera was stronger 'n they.
An' twice it killed them awl.¹⁶⁷

The actual number of Irishmen killed while constructing the canal is difficult to ascertain, but historians believe it was around 20,000.¹⁶⁸ In the *Daily Picayune*, the writer commented on the high death toll of Irishmen. He claimed that more men than women contracted yellow fever and it was his conclusion that women were more resistant to epidemic disease than men were.¹⁶⁹ Opinions like this, lead the public to view Irishmen as weak and inferior to Irish women.

Desperate for wage work, male famine refugees continued to labor in the hazardous conditions even though they knew it would shorten their life. A businessman

¹⁶⁴ Earl F. Niehaus, *The Irish in New Orleans, 1800-1860* (Baton Rouge: Louisiana State University Press, 1965), 44.

¹⁶⁵ David T. Gleeson, *The Irish in the South, 1815-1877* (Chapel Hill: University of North Carolina Press, 2001), 53.

¹⁶⁶ Earl F. Niehaus, *The Irish in New Orleans, 1800-1860* (Baton Rouge: Louisiana State University Press, 1965), 52.

¹⁶⁷ *Ibid.*, 46.

¹⁶⁸ *Ibid.*, 46.

¹⁶⁹ Ann Carrigan, "Privilege, Prejudice, and the Strangers' Disease in Nineteenth-Century New Orleans," *Journal of Southern History* 36, no. 4 (November 1970): 575.

named Simon Cameron recruited 136 Irishmen from Philadelphia to come to New Orleans and work on the New Basin Canal. The poor pay, working conditions, and medical care, shocked the Irish from the north and they decided to strike.¹⁷⁰ Their protest failed because the New Orleans Irish quickly stepped in and picked up their shovels, hoping to survive the day and go home with some money in their pocket. Whereas Irish domestic servants manipulated their employers, bent the rules of their household and were allowed to return the next day, male Irish canal diggers diligently labored thinking only of surviving one day at a time.

Doctors worried that Irish female independence would inspire women from other backgrounds to ignore domesticity, which could lead to women infiltrating allopathic medicine. To prevent this, certain doctors demeaned Irish women for asserting their independence by stripping them of their humanity. In a medical school classroom, one Irish woman needed surgery but was unable to pay for it. She agreed to have an ovariectomy performed in front of the class.¹⁷¹ Consenting to such an exam went against the wholesome, pious nature of a true woman. One young doctor found her behavior quite brave, but claimed that poverty had dulled her “feminine sensibilities and allowing her to withstand surgery as a ‘pig does spaying.’”¹⁷² Stripping away her humanity and referring to her as a farm animal, the young doctors each took a turn examining her. Marmaduke Kimbrough stated “It feels like sticking your hand in a soapy old gourd when you put it in these old Irish women.”¹⁷³ His statement implies that this was not the first

¹⁷⁰ Earl F. Niehaus, *The Irish in New Orleans, 1800-1860* (Baton Rouge: Louisiana State University Press, 1965), 45.

¹⁷¹ Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill: University of North Carolina Press, 2004), 55. An Ovariectomy is a removal of both ovaries.

¹⁷² *Ibid.*, 56.

¹⁷³ *Ibid.*, 53.

Irish woman to receive a public examination at the medical school. Doctors scorned impoverished Irish women and saw them as learning tools rather than human beings.

Another method doctors used to manage Irish women was to claim they were mentally unstable and institutionalize them. In 1847, the state of Louisiana passed Ordinance 1794. That measure established a temporary insane asylum to house the mentally ill of the city until doctors shipped them to the larger facility in Jackson, Mississippi.¹⁷⁴ The state law required doctors to visit their patients once a day and release them when doctors cured them. Doctors committed Irish women for sketchy reasons. Mrs. Mary Nelson complained that someone stole one million dollars from her. She gave the doctor the man's name, but because she was dressed in rags, the doctor deemed her unfit to live outside the walls of the asylum.¹⁷⁵ Thirty-seven year old Esther Burke resided at the House of the Aged and Infirm because she suffered some form of paralysis. Doctors there decided she was mentally unfit because she insisted that there was a man at the top of the stairs who wanted to shoot her. At the insane asylum, a doctor recorded that she suffered from delirium and persecution because she cried, was afraid, and refused to admit that this man was imaginary. Her doctor refers to her as the "unfortunate woman," and her behavior exasperated him.¹⁷⁶ Doctors did not consider the possibility that someone had actually robbed Nelson and threatened to shoot Burke.

Doctors subtly justified dehumanizing Nelson and Burke with scientific medicine, but they blatantly used science to bully other Irish women. Thirty-eight year old Jane

¹⁷⁴New Orleans Public Library, "New Orleans (La.) Insane Asylum. Records, 1858-1882," New Orleans Public Library Archives, <http://nutrias.org/~nopl/inv/neh/nehff.htm#ff6> (accessed August 2, 2010).

¹⁷⁵Unknown Doctor, "New Orleans (La.) City Insane Asylum, Record of Patients, 1882-1884; 1888," City Archives, New Orleans Public Library, http://nutrias.org/inv/cityinsaneasylum1_50.htm (accessed August 2, 2010).

¹⁷⁶Ibid.

Quinn disturbed and repulsed one doctor. He admitted her to the asylum for Alcoholic Insanity. Her physical appearance was abhorrent to him and he described her as dirty with uneven pupils, ragged and torn clothes. However, her complete rejection of the cult of true womanhood that repulsed him. In describing her behavior, he stated, “This woman is reduced to a state of utter depravity. The talk & promise of whiskey is the only subject that will obtain a reasonable answer from her. Otherwise, she is abusive and obscene.”¹⁷⁷ Quinn’s defiant behavior and lack of feminine morals caused this doctor to keep her locked away. Forty-year old Sarah Ryan was also a victim of prejudice and science. Doctors admitted her as a Raving Maniac, even though she hardly spoke at all. They claimed her insanity was apparent because she was naked in her cell and her occipital bone was too large.¹⁷⁸ A quiet woman diagnosed with Raving Mania is unusual within the doctor records. Typically, so-called Raving Mania exhibited loud and outlandish screams and violence. Doctors diagnosed a non-Irish native of New Orleans, Adele Coutula, with Raving Mania when she screamed through the night and beat herself.

In addition to her sketchy diagnosis, Ryan is also one of the few Irish patients with a descriptive account of her autopsy. Nine hours after her death two doctors and the coroner sliced open her remains to reveal her muscles had atrophied but not her brain. The doctor writing the account claimed that the brain was congested with a grey substance and stated, “I have never seen healthy bones so congested.”¹⁷⁹ From this statement, it is clear that the doctor had taken part in several post mortem dissections, but only chose to write a lengthy descriptive account of Ryan’s. To this physician, Ryan was

¹⁷⁷ Ibid

¹⁷⁸ Ibid., The occipital bone is located at the base of the skull.

¹⁷⁹ Ibid.

too improper to be a true woman, and because they did not see her as human, they treated her as an object of science.

It is unusual that the doctor chose to write about Ryan's dissection, but dissection was commonplace and served as the foundation of allopathic medicine. In England before the nineteenth century, executioners invited surgeons to perform dissection on criminals as a way to further humiliate them in front of crowds.¹⁸⁰ Crowds strongly disliked the practice of dissection and believed it was the worst punishment under the law. Allopathic physicians also hired bodysnatchers to obtain corpses and would pay up to 500 pounds.¹⁸¹ It was not until the nineteenth century that physicians changed the rules of dissection and began to treat the poor as they treated violent criminals. In 1832, the Anatomy Act allowed medical students to use dead paupers from medical research.¹⁸² This quickly turned bodysnatchers into murders. Two men, Bishop and Williams, confessed luring the poor into their home with the promise of food and a warm bed. Then they drugged their victims with laudanum and then strangled them. They told the court they had supplied 500-1000 bodies for science.¹⁸³ The majority of allopathic physicians did not object to murdering the poor, because they believed the poor sacrificed themselves for science. To physicians in England, a corpse was not human and regardless of how it ceased to live, it was a valuable learning tool.

Allopathic physicians in the northern United States shared the same view on dissection as English physicians. Dissection was an essential course for training

¹⁸⁰ Ruth Richardson, *Death, Dissection, and the Destitute* (Chicago: University of Chicago Press, 2000), 33-34.

¹⁸¹ *Ibid.*, 58.

¹⁸² W. F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: Cambridge University Press, 1994), 75.

¹⁸³ Ruth Richardson, *Death, Dissection, and the Destitute* (Chicago: University of Chicago Press, 2000), 196.

allopathic doctors and students paid \$100 during their apprenticeship to take it.¹⁸⁴ Like the English, most Americans opposed dissection, but medical schools offered it anyway. Schools used the student fee to obtain bodies legally and illegally. Most frequently, schools obtained corpses by grave robbing, but they also ordered them from overseas. The shipping company soaked the bodies to in brine to preserve them for dissection. Despite attempted preservation, the bodies deteriorated and students learned little from dissecting them.¹⁸⁵ The poor often avoided allopathic physicians because they believed allopathic physicians would simply wait for them to die so they could cut them open.¹⁸⁶

Southern allopathic physicians shared similar philosophies as their colleagues in England, and the northern United States, but they justified dissection by adding a ritualistic system and a layer of mystery. In Louisville, physicians and students dissected by a special light as bright as twelve candles and they wore special dissection outfits. Their uniform consisted of a “black cambric aprons over their clothes, fitting with close buttons at the wrist & neck, & a band tied around the waist, and a black cap.”¹⁸⁷ Dressed in their special attire, physicians performed dissections in a special room on the roof, away from the rest of the school.¹⁸⁸ These rituals turned the process of slicing a dead body into an art form and a sacred act of science. Southern physicians preached to young medical students that the human body was a wonderful mystery and a temple for God.¹⁸⁹ Joseph Jones claimed that dissection was not immoral and that “the enlightenment of

¹⁸⁴William G. Rothstein, *American Physicians in the 19th Century: From Sects to Science* (Baltimore: Johns Hopkins University Press, 1985), 85.

¹⁸⁵*Ibid.*, 90.

¹⁸⁶W. F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: Cambridge University Press, 1994), 93-94.

¹⁸⁷ Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill: University of North Carolina Press, 2004), 61.

¹⁸⁸ *Ibid.*, 61.

¹⁸⁹ *Ibid.*, 63.

science worked to draw man away from sin.¹⁹⁰ By teaching young students to revere dissection, southern allopathic physicians justified the act to themselves.

Despite the enlightened doctrine created by southern physicians, dissection in the south proved to be as grisly and violent as in the northern United States and England. Some students took the words of their teachers to heart, but others like Walter Whetstone, “liked dissection very much” and claimed “people do not die fast enough for me.”¹⁹¹ Another student went home to his family, broke into the family vault, and scattered his Uncle Walter’s bones around the yard.¹⁹² Some southern physicians were thirsty for the thrill of dissection, but others were willing to commit murder for science. On the way out to Potter’s field, the cemetery behind Charity Hospital, a man jumped out of his coffin and pleaded with the physician not to burry him alive. The physician claimed he had a doctor’s certificate proving the man was dead and buried him alive.¹⁹³ Charity Hospital reported this gruesome killing to the New Orleans police department and they arrested the man. Southern allopathic physicians attempted to disguise the violence in scientific medicine with language and rituals, but they knew their practices were just as violent as other doctors in the England and the northern United States.

New Orleans had one of the biggest and most renowned dissection programs in the South. Dr. S.C. Nott, a professor at Louisiana State University who was originally from Pennsylvania, was delighted by the abundance of “anatomical material” available in New Orleans stating that the bodies were “at an expense far below any institution I am

¹⁹⁰ Ibid., 65.

¹⁹¹ Ibid., 64.

¹⁹² Ibid., 64.

¹⁹³ John Salvaggio M.D., *New Orleans' Charity Hospital* (Baton Rouge: Louisiana State University Press, 1992), 50.

acquainted with.”¹⁹⁴ He admitted to doubting the dissection program because there are times in New Orleans where a physician could only work on a body only for about a week without antiseptics.¹⁹⁵ However, New Orleans was a growing city, exploding with immigrants. If the heat rendered one body useless, a new cadaver could quickly replace it. Physicians did dissect African American slaves for science, but slaves were a valuable commodity to slave owners and physicians usually only dissected them after they died a natural death. On the other hand, Irish immigrants were flooding into the city at a rapid rate with a low tolerance to local diseases. Irish corpses were the primary source of medical school cadavers.

Jones used Irish immigrants as a tool for scientific research. In case 1069, Jones wrote “An Irish baker attacked during convalescence from remittent fever. With influenza and drowned by effusion of serum into the bronchial tubes and air cells. Autopsy eight hours after death, the [sic] intestinal canal from the stomach to anus, was [sic] pale and healthy in appearance.”¹⁹⁶ This Irishman was a middle-class baker and Jones diagnosed him and attempted to treat him because of his class standing. However, because the baker was Irish, Jones felt entitled to discuss the details of his autopsy. He carefully dissected parts of the patient’s body that were not involved with his condition. In case 1070 he recorded “Irish laborer attacked with pleuro-pneumonia during convalesce from remittent fever.”¹⁹⁷ There is no mention of Jones giving this man any treatment, and he did not record an autopsy for this man. It is possible Jones was too busy to record this man’s

¹⁹⁴ S.C. Nott, "Medical Schools," *Atlanta Medical and Surgical Journal* III (1858): 233.

¹⁹⁵ *Ibid.* 233.

¹⁹⁶ Joseph Jones M.D., *Medical And Surgical Memoirs: Containing Investigations On The Geographical Distribution, Causes, Nature, Relations And Treatment Of Various Disease* (New Orleans: Clark and Hofeline, 1876), III: 881. Remittent fever is a fever that reads at various temperatures during a twenty-four hour period, but never returns to a normal temperature.

¹⁹⁷ *Ibid.*, 881.

autopsy, but considering his meticulous documentation, it is likely that this man survived. In case 1071, he writes, “Irish laborer early stages of fever died of effusion of blood at base of brain.” In case 1074 an “Irish laborer dies without treatment.”¹⁹⁸ These two cases support Knott’s excitement about the amount of anatomical material available in New Orleans. One of the reasons allopathic physicians, like Jones, allowed Irish laborers to go untreated was so they could dissect them in the dead house. New Orleans society viewed Irish famine immigrants as a disposable nuisance, which made them the perfect candidates for dissection. Allopathic physicians turned Mary Ryan and case 1070, 1071, and 1074 into an anatomy lesson

Whereas allopathic physicians common response to Irish epidemic patients was one based in their own professional concerns, others who confronted these desperate victims had a more complicated response. Their fellow Irish-born residents reacted with both compassion and fear. Their fellow Catholics had a steadier compulsion to help but struggled with the immensity of the task and their own limited finances. In the end, the co-religionists had the most effective response, though like all the other feel entirely too short of the mark.

Before famine immigrants turned to allopathic medicine for assistance, they hoped to receive charity from the established Irish community in New Orleans. Before the wave of famine immigrants in the 1850s, upper class Irish that immigrated to New Orleans created profitable businesses and assimilated into New Orleans society. The established Irish opened a series of coffeehouses, a mix between a coffee shop and bar, in New Orleans. Some of the more famous of those establishments were the Louisiana

¹⁹⁸ Ibid., 881.

Coffeehouse, the Orleans Coffeehouse, the Kentucky, and Tennessee Coffeehouse.¹⁹⁹

While the French were tough competitors, the Irish held their own and the people of New Orleans frequented their businesses.

Besides, running these establishments, the established Irish were also merchants, artisans, bankers, physicians, and educators.²⁰⁰ They practiced traditional upper class family values, and purchased slaves to perpetuate their image as white New Orleanians. The upper class Irish did not see the famine Irish immigrants as countryman, but they felt obligated to offer charity to those less fortunate. The established Irish citizens of New Orleans attributed the yellow fever epidemic and unsanitary conditions to the great influx of famine immigrants. While the upper class did not wish to associate with the famine immigrants, the middle class Irish immigrants who arrived in the 1830s and 1840s despised them. They feared losing the social status they had achieved if New Orleans society identified them as they did famine immigrants. The editor of *The Orleanian*, Irish-born J. C. Prendergast, caught the attention of the established and middle class Irish in his articles about famine immigrants. By the 1850s, *The Orleanian* was widely read by the established Irish who chose it over the *Picayune* and the *Louisiana Advertiser*.²⁰¹ Prendergast was a voice for the Irish upper class and one of his articles showed the disconnect between the upper class Irish and famine immigrants. He wrote

Dire wretchedness, appalling want and flesh-eating famine have tended to chance their characters. The Irish of the present day...whom we see landing on our levees seem to be a different race of the Irish ten, 15, or 20 years since.²⁰²

¹⁹⁹Earl F. Niehaus, *The Irish in New Orleans, 1800-1860* (Baton Rouge: Louisiana State University Press, 1965), 6.

²⁰⁰ *Ibid.*, 7.

²⁰¹ *Ibid.*, 26.

²⁰² *Ibid.*, 27.

Prendergast portrayed Irish immigrants as helpless ruffians but the lack of compassion from the newest members of the established Irish community disgusted him far more. To the Irish who had arrived in the 10 years before the famine he wrote

The dunghill fungus who have the luck to garner together the dimes to become wealthy here, and being wealthy, vain and assuming, conceive it fashionable not to acknowledge birth in a land...A mushroom aristocracy, who in the home they now so sensitively guard against betraying acquaintance with, were, in all probability, amongst the lowest of the low very Spalpeens and Berraughs.²⁰³

As the victims of the yellow fever epidemic grew more numerous, the harder both the established Irish community and the middle class worked to disassociate from them. Upper class Irish doctors blamed Irish immigrants for their poverty and sickness. Dr. Erasmus Darwin Fenner declared, “No one aware of the stupid imprudence and negligence of the labouring classes can be surprised at the mortality amongst them. They receive high wages for their labour, and having no other idea of economy it often caused their ruin.”²⁰⁴ Dr. J. S. McFarlane shared Fenner’s contempt for the diseased lower classes and claimed, “Every evil with which we have to contend is introduced by strangers.”²⁰⁵ He believed that it was time for New Orleans to remedy the vice brought by Irish immigrants who indulged in “every evil propensity and passion until they are overtaken by those retributive diseases which have been ordained as punishment for vice and morality.”²⁰⁶ Disgusted with the lower classes, much of the established Irish of New Orleans robbed Irish immigrants of their humanity and refused to provide them medical care.

²⁰³ Ibid., 26.

²⁰⁴ Jo Ann Carrigan, "Privilege, Prejudice, and the Strangers' Disease in Nineteenth-Century New Orleans," *Journal of Southern History* 36, no. 4 (November 1970): 572.

²⁰⁵ Ibid., 573.

²⁰⁶ Ibid., 573.

Prendergast challenged the cold attitude of upper class Irish physicians towards famine immigrants and encouraged wealthy Irishmen to provide charity to the famine immigrants through the Hibernian Aid Society.²⁰⁷ The Hibernian Aid Society was an upper class Irish social organization that allowed the established Irish to hang on to their ethnicity in the Old South.²⁰⁸ This organization charged annual fees and limited the number of patrons to 100.²⁰⁹ Catholic and Protestant upper class Irish both gathered and celebrated holidays like St. Patrick's Day with "song, sentiment, and wit."²¹⁰ When the members of the Irish community fell on hard times, Hibernian members felt that the greatest charity they could bestow upon the less fortunate was to project a sophisticated image. They believed such role modeling would educate the poor and teach them how to properly comport themselves and move up in society.²¹¹ Cultural sophistication, however, did not prove to be a cure for yellow for yellow fever.

The Irish upper class in New Orleans reached out to the Irish who suffered in Ireland during the famine. A group of men lead by Mayor A.D. Crossman formed the Irish Relief Committee to provide provisions to the starving Irish in Ireland.²¹² They received fifty thousand dollars in donations, purchased kiln-dried corn meal, and chartered a ship to send the barrels to famine victims.²¹³ The Irish did not know how to prepare corn meal and they continued to suffer from starvation and illness. This charitable organization did not end the famine, but it did ease the consciences of the Irish

²⁰⁷ Earl F. Niehaus, *The Irish in New Orleans, 1800-1860* (Baton Rouge: Louisiana State University Press, 1965), 26.

²⁰⁸ David T. Gleeson, *The Irish in the South, 1815-1877* (Chapel Hill: University of North Carolina Press, 2001), 61.

²⁰⁹ *Ibid.*, 61.

²¹⁰ *Ibid.*, 60.

²¹¹ *Ibid.*, 61.

²¹² Earl F. Niehaus, *The Irish in New Orleans, 1800-1860* (Baton Rouge: Louisiana State University Press, 1965), 132-133.

²¹³ *Ibid.*, 133.

upper class in New Orleans. They donated with good intentions, but their donations did little to help the poor.

The Irish upper class were not as generous once low class refugees arrived in New Orleans. On May 9, 1847, Daniel Byrne helped to create and served as the leader of the Immigrant Aid Society.²¹⁴ The upper class Irish gentleman in the Irish Immigrant Society declared that,

“The sole purpose of its organization is to aid, assist, provide for, and advise all emigrants upon their arrival in the city, no matter what the country whence they came, no enquiry ever being made, or being allowed to be made by our superintendent whose duty is to visit all ships arriving at our city and attend to the wants of the passengers.”²¹⁵

The sentiment behind this statement was noble and showed an interest in helping the poor. However, like the surgeons and captains on the passage ships, the amount of famine emigrants entering the city everyday were so numerous one physician could not attend to all their medical needs. Knowing that taking care of all the famine Irish in need was too great a job, the Irish Immigrant Society went on to express that no one would be accepted who had contracted a serious illness or any “disease of a pestilential or contagious nature,” and required \$300 a month of those seeking asylum.²¹⁶ With such stringent regulations, Irish refugees did not benefit from the Irish Immigrant Society.

While the Irish Immigrant Society failed, the German Aid Society welcomed German immigrants, and helped them to start a new life in New Orleans. Members of the society waited for German immigrants at the docks, provided them with a place to stay,

²¹⁴ Daniel Bryne, "Irish Immigrant Society," *New Orleans Medical and Surgical Journal* 4 (1847-1848): 145.

²¹⁵ *Ibid.*, 145.

²¹⁶ *Ibid.* 145.

and helped them obtain employment.²¹⁷ While some Germans settled in New Orleans, many were just passing through on their way to Texas or northwestern states. Some German men did work alongside the Irish on unskilled labor jobs such as ditch digging, but many were skilled as carpenters, bakers, blacksmiths, butchers, shoemakers, printers, and tailors.²¹⁸ The German aid society helped German immigrants obtain skilled labor jobs, which kept them from contracting the diseases suffered by Irishmen, elevating their position within New Orleans society. They settled into New Orleans far more readily than Irish immigrants who flooded the city, arrived already run down by disease, and could not enter into skilled labor without aid.

The German Aid Society also protested the treatment of the bodies of dead German immigrants by Charity Hospital. A female German immigrant died from yellow fever and the city sent a cart that they used for hauling dirt and feces with two coffins. Both coffins were too small for her body, but that did not stop the men transporting her from stuffing her into the coffin. When they were unable to close the lid, they crushed her head and mangled her face.²¹⁹ The German Aid Society was horrified and so was the newspaper *Le Courier*. The reported pointed out that the men should not have treated a woman's body so poorly.²²⁰ German immigrant women molded themselves into their expected gender role in New Orleans society, which allowed them to cry out at this mistreatment of a young woman. Irish women did not follow their proscribed gender role and society to did not extend special protections to them. The German community and

²¹⁷Robert C. Reinders, *End of an Era: New Orleans, 1850-1860* (Gretna: Pelican Publishing Company, 1964), 18-19.

²¹⁸ Thomas Sowell, *Ethnic America: A history* (n.p.: Basic Books, 1930), 58.

²¹⁹ John Duffy, *Sword of Pestilence: The New Orleans Yellow Fever Epidemic of 1853* (n.p.: Louisiana State University Press, 1966), 45.

²²⁰*Ibid*, 45.

the German Aid Society defended German immigrants, and tried to protect them. Irish immigrants were not so fortunate.

Charity hospital suffered a series of disasters before it earned the reputation of the number one public hospital that cared for the sick poor of New Orleans. Each time a disaster destroyed the hospital, someone stepped in to rebuild it and restore care for the poor. Charity Hospital was first established 1736 by a sailor named Jean Louis. Upon his death, he donated 10,000 livres to build a hospital known at the time as L'Hopital des Pauvres de la Chartite.²²¹ In 1779, a hurricane destroyed the hospital, and a Spanish nobleman, Don Andres de Almonaster y Roxas, donated \$114,000 to repair the damages.²²² The city finished building the hospital in 1786 and he renamed the hospital, Hospital San Carlos, in honor of King Charles III.²²³ In 1809, the hospital caught fire and burned down and in 1813 Almonster's daughter, Michaela Almonester, sold the hospital to the city of New Orleans. The city appointed a board of twelve administrators to manage the hospital and keep it from financial ruin. In 1832, the demand for medical care outgrew the space in the hospital and so the city built a second hospital.²²⁴ They named the hospital Charity Hospital and this building is the hospital where Irish immigrants turned for medical care.

By the 1850s, Louisiana had two types of hospitals: general hospitals and specialty hospitals. General hospitals treated most diseases and specialty hospitals treated patients with specific conditions such as tuberculosis and mental illness.

²²¹ John Salvaggio M.D., *New Orleans' Charity Hospital* (Baton Rouge: Louisiana State University Press, 1992), 11.

²²² Sister Henrietta, "A Famous New Orleans Hospital: The Charity Hospital of Louisiana at New Orleans," *American Journal of Nursing* 39, no. 3 (March 1939): 249.

²²³ *Ibid.*, 250.

²²⁴ *Ibid.*, 251.

Hospitals could also be privately owned or public and supported through donations. Charity hospital was the one public hospital in Louisiana that accepted anyone, including Irish immigrants.²²⁵ At the time, Charity hospital had 1000 beds, which was 200 more beds than Hotel Dieu in Paris.²²⁶ It was the largest hospital in the world standing three stories high and 290 feet long. The bottom floor contained a library, a physician's room, a surgeon's room, and the Medical College of Louisiana and its lecture halls. In addition to this, a two-story building was located behind the hospital and contained a laundry, a porter's lodge, a storeroom, a kitchen, attending rooms, and sleeping apartments. Physicians set aside the second floor of the main building for women and divided it into three areas: "women of good character...women of immoral character...women in need of surgery or obstetrics."²²⁷ There were other hospitals in New Orleans, but only Charity Hospital accepted any patient regardless of class or reputation.

Before the 1850s, Charity Hospital was filthy and a dangerous place for patients and staff. The combination of floods, hurricanes, and shallow ground made it difficult for the hospital to properly dispose of its corpses. The city discovered a remedy for the piles of dead bodies outside the hospital that rotted while waiting for gravediggers to bury them in shallow graves. They suggested that the hospital establish dumping wharves to dispose of dead bodies and sewage instead of burying them below the ground.²²⁸ The hospital was short on funds but accommodated the city's request. Now instead of burying the bodies in shallow ground, hospital staff tossed them directly into

²²⁵ Jonathan Roberts and Thomas J. Durant Jr., *A History of the Charity Hospitals of Louisiana: A Study of Poverty, Politics, Public Health, and the Public Interest* (Lewiston: Edwin Mellen Press, 2010), 12.

²²⁶ *Ibid.*, 29.

²²⁷ John Salvaggio M.D., *New Orleans' Charity Hospital* (Baton Rouge: Louisiana State University Press, 1992), 66.

²²⁸ *Ibid.*, 38.

water. Without the proper funds, the hospital deteriorated and the conditions for patients grew worse. A Spanish physician who was an established New Orleans resident, J. M. Picornell, visited Charity Hospital and the atmosphere appalled him. A patient confessed to him that he had been sleeping on the same sheets for five months. Horrified, he also noted that patient slept on a mattress covered in “putrid discharge,” and that chickens roosted in some of the rooms.²²⁹ Human waste covered the furniture and hospital room. The hospital tried to absorb and cleanse the filth in the air by using brick dust. This slightly improved the condition of the room, but was disastrous for the patients. Brick dust filled patients’ lungs and suffocated them.”²³⁰

From its infancy, Charity Hospital struggled financially. In 1803, Governor William C. C. Claiborne, charged fifty-dollar fine to butchers whose meat did not pass a health inspection.²³¹ Half this money went to the prosecutor on the case and half went to Charity Hospital. While this money benefitted the hospital, it was not enough to keep the hospital functioning. After undergoing a terrible flood in 1816, the hospital hunted for funds to rebuild. The hospital improved once the city took over its finances. The board of administrators worked with the city to creatively raise funds to improve the conditions at Charity Hospital. In 1823, the city passed a gambling act, taxing gambling halls and sent the proceeds to the hospital.²³² The tax money helped the hospital staff buy supplies, but the hospital still relied on private donations to stay afloat.

In addition to depending on donations and money from the city, Charity Hospital relied on volunteers to help nurture and care for the poor. The Howard Association was

²²⁹Ibid., 39.

²³⁰Ibid., 39.

²³¹Ibid., 32.

²³²Ibid, 35-36.

one charitable association that worked inside Charity Hospital to help the Irish and other immigrant groups during epidemics. The founders named their aid group after the British philanthropist John Howard who was famous for his social and penal reform. Their goal was to encourage young male volunteers to aid the community by nurturing the sick poor of the city.²³³ The Howard Association attracted attention during the yellow fever epidemic of 1837 when George Wilkins Kendall urged the city to create a board of health.²³⁴ The city of New Orleans heard his request and formed a board of health, but it did little to help improve the health of immigrants. The health improvements put forth by the board were mainly concerned with improving and preserving the health of established citizens.

The more the city ignored the poor, the more essential the work of the Howard Association was. The young men worked as fundraisers and administrators, but most of them served as nurses.²³⁵ The Association assigned young men to different areas of the city. To find out who needed their help, Howards inquired at the neighborhood corner grocers and asked who had not been there to purchase food that week.²³⁶ After they searched for those in need, they offered care and treatment. To cure patients suffering from yellow fever, the Howards opened a patient's bowels, provided warm footbaths, cooled the body with sponge baths, and fed patients ice. They also reduced fevers with quinine of cinchona, a Peruvian bark, and fed patients a soft diet with an occasional mug

²³³ Peggy Basset Hildreth, "Early Red Cross: The Howard Association of New Orleans, 1837-1878," *Journal of the Louisiana Historical Association* 20, no. 1 (Winter 1979): 50.

²³⁴ *Ibid.*, 50-51.

²³⁵ *Ibid.*, 51.

²³⁶ Laura Hanggi-Myers RN, "The Origins and History of the First Public Health/Community Nurses in Louisiana 1835-1927" (PhD diss., Louisiana State University, 1996), 57

of ale.²³⁷ These young men worked with good intentions to provide aid and care to those in need and Irish immigrants benefitted from their services.

By the 1850s, the magnitude of the yellow fever in New Orleans distressed the Howard Association and paralyzed the city. After 1839, the young men of the Howard Association joined forces with the more established Good Samaritans.²³⁸ As yellow fever erupted in the 1850s, the combined group tried to work quietly to avoid a mass panic, but the epidemic was too great to keep under wraps. They asked for donations, but the established Louisianans did not donate as freely as they had in the past. They blamed the boats full of immigrants for the epidemic and fled the city rather than extend a helping hand.²³⁹ Despite the backlash from native Louisianans, the Howards continued to work towards aiding the poor. They began a fundraising drive that extended across the nation through business ties and ex natives. They also distributed cots, new bedding and kitchen equipment, saw to the burial of the dead, and feeding the poor. They issued *bons*, printed tickets, redeemable for ice and beef to patients.²⁴⁰

The Sisters of Charity worked alongside the Howards to care for the poor at Charity hospital. Before 1833, there was not enough staff at the hospital to provide care to the growing population. The hospital employed one physician, a surgeon who managed the hospital, an apothecary, a cook, and few unskilled workers.²⁴¹ With so few workers and so many patients, the hospital was in desperate need of more staff. In 1833, the hospital board administrators sent a letter to the mother superior at the St. Joseph's

²³⁷ Peggy Basset Hildreth, "Early Red Cross: The Howard Association of New Orleans, 1837-1878," *Journal of the Louisiana Historical Association* 20, no. 1 (Winter 1979): 56.

²³⁸ *Ibid.*, 57.

²³⁹ *Ibid.*, 60.

²⁴⁰ *Ibid.*, 60.

²⁴¹ John Duffy, *The Rudolph Matas History of Medicine in Louisiana* (Baton Rouge: Louisiana State University Press, 1958), 1:436.

Academy in Emmitsburg, Maryland. They asked if St. Joseph's would be willing to send ten sisters to Charity Hospital to help manage its finances and nurse the immigrants in the crowded hospital.²⁴² After a rocky sea voyage where pirates chased their ship, Sister Regina Smith and Sister Emily arrived in New Orleans with sixteen additional sisters. Ten sisters followed Sister Regina Smith to Charity Hospital and six went to the Poydras House orphanage with Sister Emily.²⁴³ The sisters wrote a set of instructions to ensure that the hospital treated patients humanely. The instructions stated

not to wan the broth for the infirm more than a hour, lest it become too salty; to make sure that those who were very weak had something nice to eat and drink; to cleanse the mouths of the sick, as well as their bodies for fear of canker sores; complete ventilation, without permitting draughts of air to flow on the patient; and that with the doctors, the sisters' manners should ever be reserved, polite, self-possessed, attentive to take direction , and vigilant and exacting in fulfilling them.²⁴⁴

This written regulation restored humanity to all impoverished patients, including the Irish. The care the sisters provided helped to balance the research interests of allopathic physicians.

In the 1850s, the Howards and the Sisters of Charity helped improve the living conditions of the hospital somewhat, but they were unable to solve the hospitals financial problems. The hospital legislative committee was concerned that the staff of Charity Hospital was abusing the liquor the city provided. In 1832, the hospital used three gallons of brandy as a painkiller and analgesic, but in 1853, they used 1,500 gallons.²⁴⁵

The hospital staff tried to appease the city, claiming the amount of patients had increased,

²⁴²Sister Henrietta, "A Famous New Orleans Hospital: The Charity Hospital of Louisiana at New Orleans," *American Journal of Nursing* 39, no. 3 (March 1939): 252.

²⁴³John Salvaggio M.D., *New Orleans' Charity Hospital* (Baton Rouge: Louisiana State University Press, 1992), 68.

²⁴⁴Laura Hanggi-Myers RN, "The Origins and History of the First Public Health/Community Nurses in Louisiana 1835-1927" (PhD diss., Louisiana State University, 1996), 45.

²⁴⁵John Salvaggio M.D., *New Orleans' Charity Hospital* (Baton Rouge: Louisiana State University Press, 1992), 66.

but the city still believed that the staff of Charity Hospital was not using the liquor for medical purposes. It is possible the staff contributed to the liquor bill, but they rightfully stated that the amount of patients increased every year as more immigrants came to New Orleans.

The Charity Hospital admittance book corroborates the staff's claim that the immigrant population was growing. Before 1837, the hospital wrote detailed entries about each patient. The admittance book had descriptions of patients who had "absconded with a shirt from the hospital, climbed either over or under a hospital wall, smuggled whiskey, jumped from a hospital window or was intoxicated."²⁴⁶ By 1853, German and Irish immigrants poured into the city and many quickly filled the hospital suffering from yellow fever, dysentery, and fever. The hospital was over capacity and began to drop off the details about patients and the only information recorded in the admittance book was the time they entered the hospital and when they died.²⁴⁷ Occasionally, the hospital wrote the name of the country they were from and their age, but with most patients, anecdotal information trailed off.

In addition to the city's suspicion over liquor consumption, Charity Hospital struggled to find the money to pay local businesses. From 1848-1861, the hospital received several notarized letters of "Protest" from businesses demanding payment. In these, "Instruments of Protest" two Irish businesses were the most the persistent and used the court system to receive payments. The Molony Brothers and E. Reilly & Co heeded the words of Prendergast and sold products like soap and gauze to Charity Hospital.²⁴⁸

²⁴⁶ John Duffy, *The Rudolph Matas History of Medicine in Louisiana* (Baton Rouge: Louisiana State University Press, 1958), 1:434.

²⁴⁷ Ibid.

²⁴⁸ Molony, Letter of Protest written by the Molony Brothers demanding payment from Charity Hospital,

These Irish businessmen wanted to prove they were as benevolent as the upper class Irish, even though they did not have the wealth to donate the goods. Two Irish businessmen in New Orleans turned to the courts when the hospital failed to pay their bills in order to earn the respect of society and to stay in business. They readily used the court system to prove to themselves and New Orleans society that they were respectable white citizens. Through their use of the court system, these two businesses sent a message to society that they did not expect a handout like their impoverished countrymen, but they did expect the hospital to treat them as a reputable business and respect their social status.

One way that Charity Hospital managed to meet its financial demands was by trying to obtain money from Irish patients who passed away in their hospital. Most patients that used Charity hospital were poor, and did not have much to contribute after they were deceased. On March 10, 1846, Hugh Keenan passed away and the lawyers and a witness confirmed that he did not have a will and that his personal belongings now were the property of Charity Hospital. Charity Hospital received “old clothing, a razor, and four religious books.” Items like this were what Charity Hospital normally received. Peter J. Flannigan, a public administrator who wrote a letter on behalf of the secretary treasurer of Charity Hospital, Louis P. Delahoussaye, requested a list of patients that left more than \$50 to the hospital.²⁴⁹ Because most patients left items like Keenan, or left nothing at all, Charity Hospital was searching for funds that may have slipped through the cracks.

However, occasionally wealthy Irish people from out of town ended up succumbing to disease and dying in Charity Hospital. The nuns knew that the hospital

April 1861, 4110, Record Group 29 Charity Hospital Papers, Louisiana State Museum, New Orleans.

²⁴⁹Peter J. Flannigan to Charity Hospital, February 1913, 4117, Record Group 29 Charity Hospital Papers, Louisiana State Museum, New Orleans.

could only keep its doors open as long as it received donations and they fervently attempted to inherit the wealth of a deceased patient. In 1843, Dr. James Murphy from the Republic of Texas died at Charity Hospital. The hospital held on to his belongings, and believed that he did not have a will. On March 18, 1847, Henry Bier, the family lawyer, wrote a letter on behalf of James Murphy's five children looking for Murphy's personal papers and will. Murphy owned 640 acres of land that he wanted willed to his wife and children in Victoria, Texas that the children needed to divide.²⁵⁰ Charity Hospital claimed there was no will, and wanted to sell the land.²⁵¹ Charity Hospital had his will from 1823 in his personal papers, but chose to disregard it, to sell the land and earn money for the hospital.

In some cases, Charity Hospital received donations from wealthy patients that felt a public hospital was important to the city. On August 15, 1848, Francis McCardle passed away in Charity Hospital. On September 2, 1848, Thomas Rayburn, a lawyer from St. Louis, contacted Sister Mary Olympia on behalf of Francis McCardle letting her know that when he obtained the full will he would send money to Charity Hospital.²⁵² On October 27, 1852, Rayburn sent \$798.50 to the Sister Regina Smith at Charity Hospital.²⁵³ This donation was unusual for the hospital, but it did happen. More often, the hospital treated impoverished patients who did not even have the seventy-five cents a day to pay for their hospital stay.

²⁵⁰ Henry Bier to Charity Hospital, will, 1836, 4178, Record group 29 Charity Hospital Papers, Louisiana State Museum, New Orleans.

²⁵¹ Ibid.

²⁵² Thomas J Rayburn to Charity Hospital, September 2, 1848, 4115, Record Group 29 Charity Hospital Papers, Louisiana State Museum, New Orleans.

²⁵³ Ibid.

Charity Hospital was a chaotic and flawed institution, but it provided medical care to destitute Irish immigrants who otherwise would have received no care at all. While all nationalities used Charity Hospital, the Irish greatly outnumbered other groups. In 1850, the total number of patients in the hospital was 18,746 and 11,130 of those patients were Irish.²⁵⁴ The number of Irish immigrants dying in Charity Hospital escalated throughout the 1850s. The Sisters of Charity and the Howard Association brought bedside care and healing to Irish patients even when it put their own lives in danger. During epidemics, sisters gave up their living space to make room for patients.²⁵⁵ The sisters got little rest as the amount of immigrants crowded the hospital and the constant exposure to epidemic disease caused several of them to fall ill. By 1853, twenty-two sisters worked in Charity hospital and five of them died from yellow fever.²⁵⁶ Like the sisters, the Howards saw Irish immigrants as worthy of care, and worked to treat them respectfully despite all obstacles.

The sisters and Howards presented a challenge to allopathic physicians who searched for glory through science. Allopathic physicians performed risky procedures on the poor, hoping for a medical breakthrough to achieve a higher professional status. Against all the advice of his colleagues, the house surgeon of charity hospital, Dr. Luzenberg, attempted to remove a cataract out of a poor woman's eye and it killed her.²⁵⁷ No physician in New Orleans had ever successfully performed this procedure, but as the head of the Physio-Medical Society of New Orleans, Luzenberg valued professional

²⁵⁴ Earl F. Niehaus, *The Irish in New Orleans, 1800-1860* (Baton Rouge: Louisiana State University Press, 1965), 144.

²⁵⁵ John Duffy, *Sword of Pestilence: The New Orleans Yellow Fever Epidemic of 1853* (Baton Rouge: Louisiana State University Press, 1966), 52.

²⁵⁶ John Salvaggio M.D., *New Orleans' Charity Hospital* (Baton Rouge: Louisiana State University Press, 1992), 47.

²⁵⁷ *Ibid.*, 70.

success more than the safety of his patients. Also seeking glory, Dr. Samuel Choppin claimed to have performed the first blood transfusion at Charity Hospital in 1854. He drew blood from one nurse and gave it intravenously to a patient with cholera suffering from dehydration.²⁵⁸ Like the woman enduring the cataract surgery, this patient also died. Both Choppin and Luzenberg viewed Charity Hospital as a place to advance their career and not a place to care for patients.

Allopathic physicians also failed to provide care to their patients because they continually challenged other physicians to duels. Members of the Physio-Medical Society of New Orleans overlooked Dr. Luzenberg's unorthodox practices, but found he had gone too far when Dr. John J. Ker claimed, Luzenberg was "in the habit of suspending the bodies of [a] person who had died under his care...and shooting them as marks with pistols in order to improve his skill as a marksman."²⁵⁹ The New Orleans City Council did not think this warranted his removal, but after pressure from his colleagues, he resigned. Luzenberg continued to practice medicine, but duels took precedent over patient care and he challenged Dr. Hunt and Dr. G.W, Campbell who both declined to fight him. Another argument between Dr. Hunt and Dr. Frost ended when Hunt mortally wounded Frost in a duel.²⁶⁰ These physicians spent the majority of their time focused on improving their status and credibility and did not focus their energy on attending to their patients.

Doctors continued to desperately fight each other in the pursuit of scientific recognition. Dr. Foster and Dr. Choppin got into an argument that erupted in a duel inside the walls of Charity Hospital. The two doctors fought over performing a risky surgery on a medical student, Weems, who was shot by law student at a ball. As the

²⁵⁸Ibid., 74.

²⁵⁹Ibid., 70.

²⁶⁰Ibid, 71.

current house physician, Foster had the right to treat Weems, but Choppin fought to perform the dangerous surgery himself to prove he was a better doctor than Foster. Foster and Choppin had a fist fight over who would perform the surgery, which quickly escalated and the two doctors fired shotguns at each other in the hospital. Both parties missed, the two physicians lived, and Choppin conceded to Foster's authority. This kind of behavior showed that the patient's well-being was not the first thing on the minds of allopathic physicians and that the nuns and Howards were essential to the care of Irish immigrants.

CHAPTER 6

CONCLUSION:

EPILOGUE TO THE FAMINE IMMIGRATION IN NEW ORLEANS

Despite many financial and environmental setbacks, Charity Hospital continued to provide medical service to the poor in the twentieth century. Allopathic physicians made scientific discoveries, found new cures, and passed enforced medical licensing. While treatments changed, the relationship between the sisters of charity and the doctors did not. Nuns did not have the credentials bestowed upon the male physicians, but they continued to protect the patient from overreaching physicians, care for the patients, and acquire money for the hospital.

The most well known nun in Charity Hospital in the early twentieth century was Sister Stanislaus. Without a license, she carried a “scatter” gun to protect the hospital. She admitted criminals, alcoholics, and the indigent and they all received medical care.²⁶¹ She also smoked cigars and generally operated in many ways outside perceived notions of how nuns should behave.²⁶² Stanislaus worked at the side of Dr. Rudolph Matas, himself a well-known medical figure in the city., When a biographer interviewed the people of New Orleans in the late 1950s concerning medical care in the area, respondents said, “If you called it the and when a biographer interviewed the people of New Orleans

²⁶¹ 1. Eddie Doherty, *A Nun With A Gun, Sister Stanislaus: A Biography* (Milwaukee: The Bruce Publishing Company, 1960), vi-vii.

²⁶² 1. Eddie Doherty, *A Nun With A Gun, Sister Stanislaus: A Biography* (Milwaukee: The Bruce Publishing Company, 1960), vi-vii.

In the late 1950s, they said, “If you called it the Matas hospital or the Sister Stanislaus hospital, everyone in Louisiana would know what hospital you meant.”²⁶³ When asked about Stanislaus, residents of Louisiana claimed, “Patients woke in the morning, looking for her. Patients knowing they were about to die, sent for her. People in the market flocked about her.”²⁶⁴ In one case, a doctor set a laboring man’s broken arm in a way that would not allow him to work. Stanislaus pointed this out to the young physician, which enraged him. She continued to make a scene about the incident until Matas agreed to reset the arm so the laborer could return to work.²⁶⁵ Standing up for patients, Stanislaus was typical of the long-time nuns who practiced at Charity Hospital that balanced the harsh practice of allopathic physicians.

The existing scholarship on the Irish in nineteenth century New Orleans clearly exposes the poor treatment and devastating circumstances of the Irish famine immigrants, but these works fail to provide a satisfying explanation for the catalyst that caused society to scorn the Irish. This thesis suggests that the people of New Orleans were living in a society that was changing from every angle. The Irish famine immigrants landed in a city that was dealing with shifting ideas about class, gender, and medicine. In this period of uncertainty, the Sisters of Charity remained a stable pillar of the city and provided order and balance in a time of disease and chaos.

While this thesis offers a new perspective on the medical treatment of the Irish in New Orleans, it is unable to answer every question about the situation of the Irish refugees in that time and place. Historians need to further investigate the role that gender

²⁶³ Ibid., 11.

²⁶⁴ Ibid., 39.

²⁶⁵ Ibid., 40.

played in shaping the medical treatment of the Irish in New Orleans. Much of the current scholarship takes a “top down” approach and focuses on women as doctors and nurses; it fails to look at gender as the foundation that defined the treatment of Irish immigrants. As a starting point, historians should re-evaluate the newspapers in Niehaus’ work with gender in mind because his book is one of the essential sources on the Irish in New Orleans. His work is commendable, but these documents need a new historian to examine them with fresh eyes.

To explore a transatlantic perspective, historians should evaluate the role gender played in the medical history of Irish famine immigrants in Australia—the other major location to which famine refugees fled. Did Australian society face the same social changes and tensions that occurred New Orleans? Did gender influence medicine in Australia the way it did in New Orleans?

Religion is important to understanding both the Irish in New Orleans and Australia. This thesis explored the topic only briefly. The Catholic Church provided the most charitable care to the Irish in New Orleans, but was this true in Australia? Visiting the Catholic Diocese in New Orleans would offer insight into the goals of the Catholic institutions that oversaw medical care among the Irish immigrants in New Orleans during the 1850s. From there, scholars might find information that would direct them to a corresponding repository in Australia. This thesis was unable to explore the role of religion in the treatment of the Irish in New Orleans, but it does prompt scholars to pursue that theme, especially in a comparative context.

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Merry Jett received her BA and her MA from the University of Texas at Arlington. She has presented the first chapter of this thesis at three conferences: Texas A&M Graduate History Conference, ACES, and Phi Alpha Theta North Central and Northeast Texas Regional Conference. She received the Karl B. Lackner Award and the Max Kele Award for her paper “*Death by Dispensary: Resorting to Alternative Medicine during the Irish Famine.*” In April 2010, she the University of Texas at Arlington named her a University Scholar. Merry hopes to answer the historical questions she raised in her conclusion, and looks forward to continuing to study medical and gender history.