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Article

The Sisters of Mercy in the Crimean War: Lessons for Catholic health care

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In 1856, an appeal went out to nurses in both England and Ireland, and especially to religious nurses, to care for the troops fighting in the Crimean War. The Sisters of Mercy, founded in 1831 by Venerable Catherine McAuley, answered that call. This article describes the enormous challenges the Sisters faced in that mission, which was a test of their nursing skills, flexibility, organizational ability, and their spirit of mercy. The challenges they faced professionally and as religious Sisters, the manner in which they faced those challenges, and their spiritual lives as religious women shaped their ability to give comprehensive care. Some applications are made to the challenges which religious communities and organizations working in health care face in our country at this time.

Summary: This article describes the challenges faced by a group of Sisters of Mercy from England and Ireland who volunteered to serve as nurses in the Crimean War from 1856 to 1858. Applications are made to challenges which are faced by religious communities and organizations in the current secular healthcare environment.

Keywords: Sisters of Mercy, Crimean War, Catholic health care

INTRODUCTION

Venerable Catherine McAuley founded the Sisters of Mercy in Dublin, Ireland in 1831. The Mercy charism was based on "union and charity"—Mother Catherine's own phrase—and lived out in the everyday experience of a life in common in small, local communities which were intended by her to be a religious family rather than an institutional setting. The Sisters professed vows of poverty, chastity, and obedience, and merciful service to the poor, sick, and ignorant (in today's understanding—service to those who are uneducated literally or in the ways of God).

The Sisters of Mercy offered personal service to the dioceses in which they were located—especially free schools for the poor, schools for daughters of the rising middle class, and "houses of mercy". These "houses" were Mother Catherine's unique shelters which offered homes for poor youth and women in Dublin and other cities who were in danger of being exploited by unprincipled employers. Young women were offered housing and job training. More importantly, individuals were provided human, religious, and moral formation in order to become strong Catholic women (Religious Sisters of Mercy 2009, prologue).

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The Sisters visited prisons and hospitals, offered catechesis and religious formation, and visited the homes of the poor, providing spiritual formation, food, care of the sick, and training of the caregivers. The Sisters were called upon by bishops in several major epidemics of cholera to nurse people in homes and in the public hospitals. Mother Catherine was a skilled nurse—based upon her observation of various medical practices—although no professional training was available at the time. Her Sisters developed techniques for caring for cholera patients in an environment of compassion and faith. In fact, although such epidemics generally resulted in thousands of deaths in large cities, the numbers of deaths typically decreased after the interventions of the Sisters of Mercy (Bolster 1964, xiv).

The Sisters of Mercy as a religious family grew rapidly after its foundation because of the great needs of the time—and also because of the spiritual vitality and resilience which Mother Catherine had fostered as a legacy to her Sisters. The Sisters also were willing to serve in whatever capacity was asked of them—in the best way they possibly could.

The authors of this article are members of the Religious Sisters of Mercy of Alma, Michigan, a re-foundation of the Sisters of Mercy approved by Rome in 1973.[1] Venerable Catherine McAuley is revered as our foundress. In reading about the Sisters of Mercy in the Crimean War, we found many applications to our own mission in health care at this time. This paper describes the Sisters' mission in the Crimea and its relevance to Catholic health care.

The Crimean War

Historical background

Between 1854 and 1856, the Sisters of Mercy became involved in nursing wounded English and Irish troops in the Crimean War and so made their debut on the international scene in health care on a scale they had not previously attempted. The history of the Crimean War is a convoluted one, and while a detailed account is beyond the scope of this paper, it is helpful to understand a little of its background in order to grasp the complexity of the Sisters' involvement.

The Crimean War was fought between October 1853 and March 1856, the combatants being Russia on one side, and Turkey, Great Britain, France, and Sardinia on the other. The Crimea is a peninsula jutting out into the Black Sea, and is bordered by Russia (Ukraine) to the north and the Austro-Hungarian Empire including the Balkans (Macedonia, Bulgaria, and Serbia) to the west. Turkey—at that time, the Turkish Ottoman Empire, and Armenia were to the south and southwest; and east of the Black Sea were the Caucasus Mountains.

The Crimean War was a chaotic conflict involving the Ottoman Empire, Russia, France, and England over an area disputed for centuries. Even during the Byzantine and Roman Empires, the Crimea was a strategic location as a peninsula between the European and Asian continents (and continues to be so today, see Bolster 1964, 33–34). This war was a nightmare to England because of the complex bureaucracy which had developed in the British Empire, especially with regard to military operations. The bureaucratic maze made timely decision making—an urgent necessity in time of war—difficult if not impossible (Bolster 1964, 118–9).[2]

During the first months of the conflict, the English military was confident of its superiority over Russia. Perhaps as a consequence of that confidence, adequate preparations had not been made for medical and surgical care. As the months dragged on and winter came, the British

troops were not prepared for the harsh weather or for the length of the conflict. A number of fierce battles, including the infamous "Charge of the Light Brigade" and the Battle of Sebastapol, the Battle of the Alma, and others, caused thousands of casualties for which the military hospitals were not prepared. Because of continual delays in obtaining needed medical and surgical supplies, the field surgeons found themselves treating horrifying wounds with little else than their scalpels, and with few or no trained personnel to assist. Many thousands of soldiers died from their wounds, which would have been readily treated in other settings. Thousands more died of sepsis from infections; there would be no antibiotics until almost a century later (Bolster 1964, 86). The lack of provisions for sanitation was the most disastrous of the many hazards to wounded soldiers. And it was not long before cholera, the ever-present scourge of Europe and Asia wherever populations were dense, decimated the weakened troops (Bolster 1964, 106, 110).

It was at this desperate juncture that the British parliament started a ferocious political debate over the best course to resolve these calamities. This was the first war in which a newspaper correspondent from the *London Times*, William Howard Russell, traveled with the British Army and reported solely on the war (*Wikipedia* 2016, s.v. William Howard Russell). Russell, an Irish-born journalist, was given permission by the *Times* to report very frankly his observations and his critiques of the war; and he used the telegraph to send his stories back to London (Gill and Gill 2005, 1801). The public became enraged over the condition of their soldiers, without anyone taking responsibility for the tangle of arcane regulations which caused it. The newspapers, by now a major force in the social and political fabric of England, led the charge to improve the care of injured soldiers. And this was how Florence Nightingale learned about the situation in the Crimea.

Miss Nightingale (1820–1910) was a brilliant, complex, and deeply compassionate woman with powerful friends. Born into a wealthy, cultured, and politically engaged family with Unitarian religious leanings, she had gained a reputation for her interest in improving the state of nursing, which was a disreputable occupation at that time (Bolster 1964, 81–83). Nightingale had become interested in nursing as a young girl when she started caring for friends and relatives on her own. In 1837, when she was seventeen years old, after having had the experience of caring for family members and servants during an influenza epidemic, she experienced a powerful interior call from God to devote her life to caring for people and improving their lives (Gill 2005, 132). Subsequently, she started to focus her life toward the goal of becoming a nurse. In her travels around Europe, she visited hospitals in a quest to learn the best way of nursing. She found, to her chagrin, that there was little that was available except in the Roman Catholic religious orders which ran the hospitals. However, she found a basic nursing training program in a German hospital for elderly deaconesses at Kaiserswerth run by a Protestant minister and his wife, in 1850. She returned there in the summer of 1851 for a more formal course in nursing. While she did not learn much about nursing in the way she had hoped, she took copious notes of her observations—a pattern she followed throughout her career (Gill 2005, 247).

In 1852, Miss Nightingale obtained an appointment as the superintendent of a small hospital in London, the Institution for Ill Gentlewomen, and started working there in the summer, totally reorganizing its structure and greatly improving the care (Gill 2005, 262). Then in the winter of

1854, there was a cholera epidemic in London. Nightingale volunteered her services as a nurse at Middlesex Hospital. This was her first intensive experience of public hospital nursing during an epidemic, and served her well in the Crimea. While medical care at the time consisted mostly in supportive measures, she learned a great deal and her attention to detail and to the importance of cleanliness was further developed. Significantly as well, her friends and family were starting to recognize her giftedness as a nurse and as a superintendent (Gill 2005, 266).

Miss Nightingale was well-informed about the "Eastern Question", as the war was called, as was her family, and had a conviction that Russia's expansionism in the region of the Black Sea must be defeated (Gill 2005, 286). Her friend, Liz Herbert, was married to Sidney Herbert, the Minister of War for the British government. When Miss Nightingale wrote to Mrs. Herbert on October 14, 1854, that she was gathering supplies and recruiting a group of nurses to go with her to Constantinople, she asked for help in obtaining the necessary permissions from the government to undertake this mission. She obtained private funding from a wealthy noblewoman for the undertaking (Gill 2005, 586). On the same day, Sidney Herbert wrote a letter to Miss Nightingale asking her to take on the post of superintendent of nurses, specifically in the hospitals in Turkey which were receiving the wounded in great numbers after the Battle of Balaclava (Gill 2005, 588).

Not all at the War Office were in favor of Miss Nightingale's appointment, including some of the medical officers (Bolster 1964, 16–18). The commission she received from Sidney Herbert gave her the title of "Office of Superintendent of the female nursing establishment in the English General Hospitals in Turkey", and gave her full authority over the group of nurses she would bring with her. A number of strict guidelines were given to her for the behavior of the nurses, including a prohibition of "tampering with or disturbing the religious opinions" of the patients. She was assured that no other nurses would be sent without her request (Gill 2005, 288).

The Sisters of Mercy offer their services

Journalists and politicians reported that casualties were occurring among the French troops. The Sisters (or Daughters) of Charity of St. Vincent de Paul had long served as nurses to the French troops, and regardless of political upheaval after the Revolution, the Sisters continued to serve in that capacity. In the political fights that ensued, it was grudgingly admitted that while the English and French had never gotten along, and Catholics were despised, religious sisters seemed to make the best nurses. The cry started to go up in the press, "Why have we no Sisters of Charity?" (Bolster 1964, 12).

Of course, the obvious answer to that question was that religious orders had been suppressed for centuries. The Sisters of Mercy had made a foundation in Bermondsey in 1839, but the number of active religious orders in England was few and far between. The English hierarchy had just been restored in 1850, and there was still plenty of anti-Catholic animosity. Bishop Thomas Grant of Southwark, in whose diocese the Sisters were located, visited them on October 14, 1854, and presented the situation to them. Mother Mary Clare Moore volunteered her services and those of four of her Sisters at once. So the Sisters of Mercy were the first to answer the call for volunteer nurses (Bolster 1964, 13). The Sisters departed on October 17th for Constantinople. Meanwhile, unbeknownst to them,

Florence Nightingale was organizing her group of nurses. Bishop Grant sent the Sisters a telegram which reached them while they were in Paris, telling them to wait in Paris for further orders since Miss Nightingale wanted all of the nurses to arrive at one time—and all be placed under her jurisdiction. Nightingale's party, which included a total of thirty-eight nurses, left London for Paris on October 21st; and all sailed off to Turkey on October 27, 1854, reaching Constantinople on November 4th. A few days later, they arrived at Scutari, a small town on the other side of the Bosphorus, (see figure 1) where several military hospitals were located and where Nightingale would begin her work (Bolster 1964, 17).

Bishop Grant had written to the Irish hierarchy during this time, pleading for more volunteers among the Sisters of Mercy. His initial request was regarded with hesitation by the hierarchy—primarily because they questioned the wisdom of placing a group of Catholic religious sisters under the complete authority of an English Protestant laywoman. Therefore, all negotiations with the Sisters of Mercy were done through the "parent house" of Baggot Street in Dublin, and a contract was carefully worked out with the War Office. Cardinal Henry Edward Manning, a prominent convert from the Anglican Church who was also in charge of Catholic chaplains for the military, was a personal friend of Florence Nightingale and of several other of her friends, who were also part of the "Oxford Movement" (Bolster 1964, 27).

Mother Mary Vincent Whitty was the superior, at this time, at Baggot Street, and responded to the request by immediately sending out a letter requesting one or two volunteers with nursing experience from each convent. The response to her appeal was immediate, with Sisters even leaving in the evening in order to arrive at Dublin in a timely manner. By October 24th, fifteen Sisters had assembled at Baggot Street, awaiting further orders, and for approval of their mission by the War Office (Bolster 1964, 37).

Unlike the English bishops, the Irish bishops negotiated a very clear contract with the War Office on behalf of the Sisters. It was true that each Sister had to sign an agreement not to try to make converts of any of her non-Catholic patients, and to respect the faith of each patient. However, they were to have a priest who would be assigned to be their chaplain. They were to have their own quarters, separate from the lodgings of the other nurses, so that they could keep their religious horarium and common life as much as possible. They were *not* to be under the jurisdiction of Miss Nightingale in any realm except the management of the hospital, but were to answer directly to the military medical officers. They were also to have one of their own Sisters serve as their superior. She would answer directly to her bishop in all matters. She was also given the unusual freedom to make decisions in each circumstance as she saw fit at the time, this was granted due to the constraints of geography and lack of fast means of communication. The Sisters unanimously chose Mother Mary Francis Bridgeman as their superior. She had asked to be put under Mother Mary Clare, but that proposal was unanimously rejected by all the Sisters (Bolster 1964, 39). The group of Irish Sisters, along with a group of lay nurses enlisted to work in the Crimea, departed from London on December 2, 1854, under the supervision of Mrs. Mary Stanley, a benevolent lady who was part of the circle of friends of Florence Nightingale, and Mr. and Mrs. Herbert (Bolster 1964, 71).

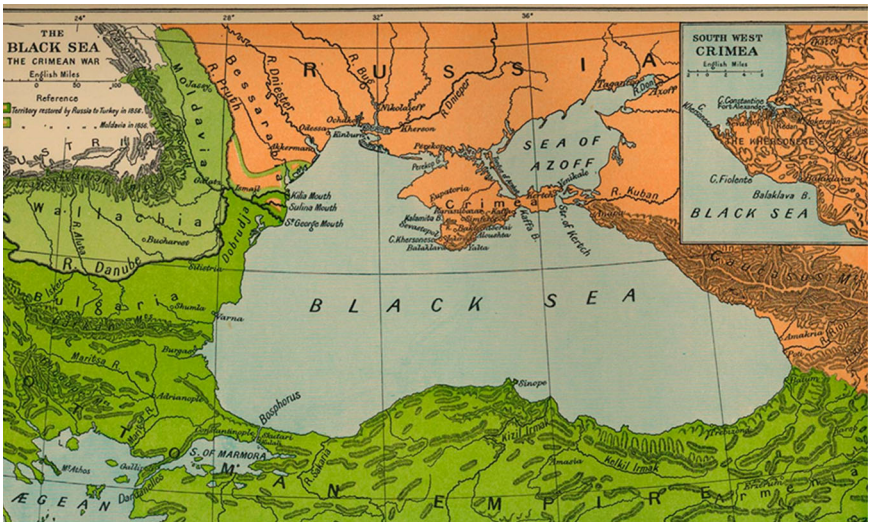

Figure 1. *Map of Black Sea and Crimean War Theater.* Source: Pinterest, in the public domain.

Mother Mary Francis Bridgeman, R.S.M.

Mother Mary Francis Bridgeman, R.S.M., entered the Limerick foundation and was received by Venerable Catherine McAuley as one of the first postulants there. After a postulancy of slightly over one month, she was received as a novice, and so was formed by Mother Catherine for the first months of her religious life. After a standard novitiate of one year, she made final vows. She participated in and was given responsibility for every aspect of the Mercy apostolate over the next years, and was part of a small group of founding Sisters in Kinsale (Bolster 1964, 42–43). Sister Mary Francis was made superior of this foundation, and proved to be a religious of strong faith and practical ability, and of great compassion for the poor and sick. She nursed the sick during the famine of 1845–47, and ran a soup kitchen and dispensary, a poor school, and an industrial school in which she taught young woman how to make lace and to do various types of embroidery to earn a decent living. In 1849, she organized the Sisters in nursing during the cholera epidemic and was able to obtain permission for them to care for victims in the workhouse hospital—which they eventually were asked to administer (Bolster 1964, 45). Mother Mary Francis was a skilled nurse and a gifted administrator. She was also a cousin of Daniel O'Connell, the famed lawyer and orator, known as "the Liberator", and during her youth was often at family gatherings at Mr. O'Connell's home. Mother Mary Francis seems to have absorbed much of the spirit of patriotism and determination which was so evident in Mr. O'Connell (Bolster 1964, 40).

Mother Mary Francis, after being named superior of the Sisters leaving for the Crimean mission, proved an able match for the wit, will, and intelligence of Miss Nightingale. All of the Sisters in the Irish group were experienced nurses from convents throughout Ireland. They understood that they would be caring for the spiritual as well as physical needs of the Irish soldiers in particular. Spiritual needs

were of special concern to them since Catholic chaplains were very few in the Crimea (Bolster 1964, 37–39). Lack of spiritual assistance for the soldiers had stirred the ire of the Irish people and added incentive to the sisters' mission.

A difficult arrival for the sisters

It may easily be seen that it was almost inevitable that there would be tension between Florence Nightingale and Mother Bridgeman; and there was, almost from the start. Miss Nightingale was angry that Sidney Herbert had authorized another group of nurses to come out without her explicit request (Gill 2005, 327). He was responding to the urgent reports he was hearing from the Crimea—from Nightingale herself!—about the desperate state of affairs there. The English and the Irish Sisters, because of their separate circumstances, volunteered for this mission with great alacrity—but their bishops had different interpretations of their missions. Miss Nightingale was especially angry that Herbert had seemingly compromised her position by accepting the terms of the Irish bishops in limiting her authority over the second group of nurses—especially the Irish Sisters of Mercy. The Irish Sisters, who knew nothing of these political currents, were puzzled and hurt when, after arriving at Scutari, and eager to get to work, Miss Nightingale declined to greet them for several days.

In some respects, this was understandable, given that the medical officers had told her they wanted no more nurses, and that there were no accommodations for them at the Scutari hospitals. In addition, Miss Nightingale had already exceeded the budget that had been set for her for the support of the nurses, and the military was not willing to give her more at this time (Gill 2005, 330).[3] So, Nightingale agreed to put the nurses to work, if Mother Mary Francis would allow her Sisters to be separated into several groups, and be placed under her authority. Mother Bridgeman flatly refused this proposal and saw it as a violation of her mandate from the Irish bishops (Gill 2005, 331). In the end, Mother Bridgeman had to seek for temporary housing with the Daughters of Charity in Galata, near Constantinople, and were warmly received there (Bolster 1964, 77). This period of time was a special one for the Sisters of Mercy, as they lived with Sisters who were the acknowledged experts of the time in battlefield nursing. It is certain, as well, that they learned much from the zeal and fervor of these religious women.

However, by the middle of January 1855, a cholera epidemic started and some of the Sisters were asked to work in the Scutari hospitals. Then, due to the number of patients who kept pouring in, another hospital was opened in Koulali, a few miles from Scutari. That hospital was under the superintendence of Mary Stanley. All of the Irish Sisters of Mercy were asked to go there, which they did at the beginning of February. Miss Stanley asked that Mother Bridgeman be put in charge of nursing there, and at the time there were no strong objections. Finally, the Sisters were together in one hospital, doing what they had come to do.

Two Different Approaches to Nursing

Florence Nightingale

When Florence Nightingale first arrived at Scutari in November of 1854, it is difficult to adequately convey the shocking state of the two hospitals in which she worked. We are accustomed to taking for granted some basic aspects of cleanliness such as

plumbing that works, a functioning sewer system, and clean water. None of these very basic features of modern sanitation was present. Add to that the battles in the Crimea—a 400-mile trip by barge across the Black Sea in which the wounded men were transported after suffering severe trauma, such as having limbs amputated on the field, and some sense of the horror of the scene in Scutari may be grasped.

There are several misconceptions regarding Florence Nightingale's ability as a nurse which are unjust to her; and there are different misconceptions about the nursing ability of the Sisters of Mercy during the Crimean War. It is important to look at what *all* nurses without distinction faced.

First of all, it must be said that Florence Nightingale, while sometimes seen as being *only* an administrator, was an excellent nurse. When she first arrived at Scutari, she was faced with enormous filth, sewers that had backed up, rats and other vermin present everywhere, and a non-functioning dietary system. The first thing she did was clean things up. She and her nurses washed sheets that had been under patients for weeks, with blood, fecal material, and lice dried into the bedclothes. She set up huge cauldrons with boiling water in which linens could be laundered. She managed to get clean nightshirts for soldiers and washed the ones they had. Her nurses sewed sacks full of straw when there were not enough mattresses so that the men did not lie on the cold floor. She and her nurses washed floors and the men, and spoon-fed men too weak to feed themselves. She ordered boards removed from windows that had been boarded up and the windows opened for periods each day to ease the stench that constantly rose from the sewage which had backed up beneath the building. She treated bedsores with considerable skill, and was present at operations (mainly amputations) primarily as a support to the patients. She administered the few medications—mostly opiates—and was one of the few nurses authorized to do so by the surgeons. She wrote letters for men to their families and made sure the letters were mailed, and if she knew the families were poor, she often included some money of her own. She told stories, listened to the troubles of the men, and made them laugh with her ability to mimic. It was her constant awareness of the great needs of the men and the goal of betterment of their situation which gave her the strength to carry on with her own battle to obtain supplies from the purveyors. This quotation from a recent biography is apt:

> For Nightingale, nursing was a practical imperative and a spiritual exercise, proving a nexus of body and soul that gave her the deepest satisfaction. It was, in her own words, 'the great serenifier'. The physical reality of the men kept her grounded, banished all her doubts, and eased her anxieties. (Gill 2005, 317)

It was Nightingale's bond with the soldiers that caused her to start her nightly rounds throughout the several miles of wards. Partly these rounds were to inspect the conditions of the hospital and the patients; but largely her visits were to attend to the emotional needs of the men when they were often sleepless with pain or homesickness (Gill 2005, 318). Her view of the spiritual needs of the men was that she

> did not believe that God wanted or intended men to suffer, and she was fiercely convinced that the job of a nurse was to relieve the physical suffering, not to save her own soul by tending the sick. At the same time, she had a bedrock certainty that death was only a transition to another level or existence. (Gill 2005, 318)

Miss Nightingale was basically a Unitarian with Anglican, even Roman Catholic

leanings, and had a great respect for the spiritual heritage of the Catholic Church.

However, while she was nursing individual patients she was always thinking "Why is this disease or condition so bad? What can be done to improve this situation? Why has all of this happened?" (Gill 2005, 302). While she did not believe in the "germ theory" of disease, she had the "common sense" of an ordinary woman which said—"Clean things up!" And that she did, to the best of her ability. This is why she had to start depending on ancillary staff to work for her—the job of cleaning things up was monumental. For instance, one task she took upon herself was to personally supervise—so that it would be done regularly—the emptying of the huge common latrines (Gill 2005, 316). The lack of organization and of cleanliness troubled and angered her, however, and she kept asking questions of the military system. That was her great gift—to keep asking questions and to press for answers and clarity where there seemed to be none, or where all were so demoralized that they had ceased to ask how they could make things better. It became clear to her that it was necessary to reform the healthcare system, not just nursing (Gill 2005, 322).

Her questions eventually led to a close examination of the system of sanitation or lack thereof in the war. She was familiar with the work of the "sanitation movement" in England, and of such doctors as John Snow and Edwin Chadwick, which posited a relationship between cholera and contaminated water (Gill 2005, 304). This led her to propose that prevention was much of the battle in fighting disease—not a popular idea in England at the time. However, things started to change for the better when, in March 1855, two special commissioners from London arrived at Constantinople: one to supervise the provision of supplies, and one to supervise the improvement of the sanitary situation—and they were given power to actually override the rigid requisition system of the military (Gill 2005, 338). The work of these commissions was influenced directly by the information that Miss Nightingale had provided to Sidney Herbert in her reports of the conditions in the hospitals. The commissioners came with civil engineers who carried out the building of roads as well as the overhaul of the sewers, clearing out both waste and dead animals that were blocking the drains (Gill 2005, 341). By May, they had done much of the work, and there was a great improvement in the conditions of the two hospitals in Scutari.

"Population health"

In modern healthcare reform, as has been carried out in the United States, one of the great changes has been a greater awareness of "population health", which used to be called "public health". Florence Nightingale is truly the constructor of public health science. After the war, her reports to the British government used statistics to prove that the sanitary reforms in the war were the main cause of lowering of the death rates. While some of the details of her conclusions have been more recently disputed, her overall conclusions were correct and convincing. (McDonald 2016, 30). In fact, in some research, Nightingale is credited with being one of the early proponents of "evidence-based medicine" (Aravind and Chung 2010).

The Sisters of Mercy and "careful nursing"

During the summer of 1855, several battles on the Crimean peninsula, especially around Sebastopol, yielded numerous casualties. This fact, in addition

to the upturn in cases of cholera, led to official requests for more nurses at Balaclava Hospital in the Crimea. Florence Nightingale was recovering from an illness that summer. She was officially only the superintendent of the hospitals in Turkey, not in the Crimea, and therefore she had no formal authority there. Thus, Mother Bridgeman and her Irish Sisters were able to request to serve in the Crimean hospital at Balaclava, and their offer was accepted by Dr. Hall, chief of medical services in the Crimea. They arrived at the Crimea early in October 1855. Miss Nightingale, who had recently resigned the superintendence of that hospital, was nevertheless not happy with this turn of events when Mother Bridgeman informed her of it (Bolster 1964, 196).

When Mother Bridgeman arrived at the Crimea with her Sisters, she faced many of the same challenges which had been faced in Scutari: enormous filth, vermin, bad food badly prepared, filthy blood and feces-encrusted beds and bedclothes, horrible wounds that had become infected and were teeming with lice, cholera, and typhus—the list goes on. When the Sisters had first arrived at Scutari, as mentioned above, Miss Nightingale was reluctant to assign them to work anywhere as a group largely because of the government's fears of Roman Catholic "proselytism" (Bolster 1964, 133). Nightingale herself had strong convictions about the separation of nursing per se from spiritual care, regardless of her own spiritual sensibilities. This was part of the social fabric of Victorian England.[4] For the Sisters, their faith and religious life were the context in which they did everything, not something which they added onto everything else.

Miss Nightingale delegated many responsibilities to the orderlies and ancillary nursing staff. While Florence Nightingale's model was one in which the nurse was primarily a manager or supervisor, the Irish sisters took care of their patients *directly*. Their system was termed, by Mother Mary Vincent Whitty, the superior of the parent house of the Sisters at Baggot Street, "careful nursing".[5] Mother Mary Vincent used this term in a letter to Monsignor Yore, vicar general of Dublin, in her letter of October 17, 1854, requesting to be allowed to send Sisters to the Crimea (Bolster 1964, 28).

The Sisters of Mercy at Balaclava Hospital looked for avenues through which they could obtain needed supplies within the rigid confines of the institutional structure of the hospital. They knew, for instance, that the diet of the patients was very poor—not because better food was unavailable, but because the elaborate system of requisitions for supplies was broken. Mother Frances Bridgeman was able to get better food via other avenues, and she had no compunction over doing so. She appointed two of her Sisters to set up the diet kitchen, and made sure that food was prepared properly, and that the patients' meals were delivered to the patients at designated times. Later, the Sisters trained orderlies to deliver the meals, but there was close oversight of the process (Bolster 1964, 138–139). The same was true of the laundry. Good blankets and clean linens were available, but often impossible to locate in the tangled mass of regulations and requisitions. Mother Frances tracked down the person in charge of supplies and made sure that linens and blankets were provided to the patients. She also obtained new mattresses for patients. The Sisters ran the laundry themselves and then trained orderlies to assist, again retaining close oversight. In doing this, Mother Francis incurred the wrath of Miss Nightingale numerous times, for going outside the strict arrangement which had been set up for obtaining supplies (Bolster 1964, 140).

Relationship with medical staff

Before coming to the Crimea, the Sisters had a negotiated understanding that the clinical mission was to be under the direct authority of the medical officers with whom they worked, not under Miss Nightingale. As a result, the Sisters were able to earn the trust and respect of the surgeons, although the doctors were initially skeptical of the usefulness of more nurses in the military hospitals. The doctors soon realized that their instructions were carefully followed and that their patients recovered more quickly than before (Bolster 1964, 110–111). The Sisters devised a system of recording and conveying orders for treatments in the wards and performed the treatments themselves. At least two Sisters were typically assigned to cover the wards at night, check on the patients, and give the treatments as indicated by the surgeons, including dressing changes, interventions for fevers, and tonics containing alcohol which were the sole treatment for pain following an amputation or other surgery. The surgeons relied on the Sisters to carry out their orders. The Sisters' intensive and consistent nursing interventions were effective (Bolster 1964, 150). A strong bond of respect formed between the doctors and the Sister nurses which made for better communication about patients' needs and care.

A Spiritual Mission Integrated with Nursing

Prayer and community life

The Sisters led a vibrant and strong community and prayer life in the midst of the grueling conditions of war, disease, and constant tension. They maintained several rooms to themselves including a small oratory, and had their own religious schedule, with adjustments for times when the Sisters would need to attend to the wounded. They continued to have meals together and even had periods of recreation. Because of the insistence of the bishops of Ireland, they had their own chaplain, who also ministered to the needs of the sick and wounded soldiers. The Sisters' sacramental needs were primary to their mission (Bolster 1964, 53).

This structure of religious life helped the Sisters persevere under the conditions of the Crimea. Miss Nightingale, other nursing supervisors, clergymen both Catholic and Protestant, and medical officers were, from time to time, invited to share a meal with the Sisters when they were at Koulali. Despite the seeming chaos of the external environment, several of the nursing supervisors, including the "Lady Superintendent", Miss Nightingale, who were their guests on occasion, were delighted by the lighthearted atmosphere in the Sisters' quarters, and their sense of humor and joyful spirit. At least two of these colleagues converted to Catholicism after their return to England (Bolster 1964, 163). What these persons were experiencing was "Mercy hospitality" in the spirit of Venerable Catherine McAuley.

"Union and charity"

The observation was made by many—Miss Nightingale being the chief of these—that one reason for the great effectiveness of the Sisters of Mercy was their ability to work as one body. Of course, what persons outside the community were noticing was the byproduct of their communion with each other—their "union and charity", so called by Venerable Catherine McAuley. Others noted the Sisters' ready obedience to Mother Francis and to Sisters designated by her to exercise authority (Bolster 1964, 148).

The Sisters came from a number of local communities in Ireland, and most had never lived or worked together prior to the war. Florence Nightingale knew how difficult it was to organize a group of people to accomplish anything, or to trust persons to whom she had delegated authority actually to do tasks. She marveled at the unity among the Sisters, and Miss Nightingale had the insight to know that their unity stemmed from their spiritual union. One of the nursing supervisors who later wrote about her experiences in the Crimea, noted, regarding the Sisters, that "the act of one was the act of all" (Bolster 1964, 148).[6]

Integration of nursing/medical and spiritual care

The Sisters of Mercy excelled as nurses. They viewed their mission, however, as primarily a spiritual one (Bolster 1964, 115). There was a tremendous amount of work to do which was difficult, dirty, and often dangerous to their own health. In fact, two of the Sisters died of cholera during their mission (Bolster 1964, 226). Nonetheless, the Sisters never lost sight of the spiritual needs of their patients, many of whom were Protestants of various denominations (Bolster 1964, 112). The Sisters had been ordered not to proselytize or try to convert any patient who was not Catholic, and they adhered carefully to this order. Nevertheless, they prayed with any patient who asked, and they were asked by many. During the long night shifts in the very large wards, it often happened that many of the men would hear prayer or reading and be consoled. Soon other patients who were not Catholic started asking for reading material from them, and the Sisters brought a number of books and leaflets of a religious nature. Some patients asked for instruction in the Catholic faith and became Catholic. Thus came about the allegation that they were proselytizing, contrary to their promise. In the end, this accusation was one of the reasons that the Sisters of Mercy returned to Ireland slightly before the end of the war. The Sisters and their religious superiors were confident that they acted in good conscience and in accordance with the wishes of the patients (Bolster 1964, 160).

The Sisters considered spiritual care to be an integral part of their nursing care for their patients, in accordance with their formation by Venerable Catherine McAuley, who in her original rule for her newly founded institute, stated that the Sisters were to "relieve the distress first and to endeavor by every practicable means to promote the cleanliness, ease and comfort of the Patient", counseling that "great tenderness must be employed", and that gentleness, kindness, and patience must characterize all interactions with patients (Meehan 2003, 100).[7]

Mother Bridgeman recorded in her diary a conversation in which Nightingale asked her, "Wherein then does the duty of a Sister of Mercy consist?" Mother Bridgeman was answering the allegation that the Sisters were taking upon themselves the duty proper to priests rather than that of nursing Sisters. Mother Bridgeman answered,

> The Sister of Mercy's duty, besides the corporal works of Mercy…is to attend to and sympathize with the suffering, gently to instruct the ignorant, to advise and influence the erring, negligent and wayward; in short, to do for or supply to those Catholics what a good mother might or should have been to them. (quoted in Bolster 1964, 132)

Leaving the Crimea

Anti-Catholic hostility was the main reason why the Sisters chose to leave the

Crimea very shortly before the end of the war. This delicate topic is one that is most uncomfortable to us as Americans in our diverse society. In their mission in the Crimea at Balaclava Hospital, there were several minor allegations, made by Protestant ministers and some of the lay female nurses, that the Sisters were proselytizing the non-Catholic patients. The evidence for these allegations was weak at best, and seemed to hinge especially on instances of soldiers who were dying to whom the Sisters gave spiritual succor when no other religious personnel were available (Wells and Bergin 2016, 47).[8] At any rate, the truth is difficult to perceive in the tangle of events in the spring of 1856.

At the beginning of 1856, the end of the war was in sight, and the Sisters at Balaclava were continuing their nursing at Balaclava Hospital. Early in March, there was an outbreak of cholera, and Dr. John Hall, the chief medical officer over the hospitals in the Crimea (who was the immediate medical authority over the Sisters there), requested that Florence Nightingale send ten of her nurses to the Crimea from Turkey, where Nightingale was, to help with the wounded in the Land Transport Corps. Miss Nightingale was *en route* to the Crimea when a cease-fire was declared, so the end of the war was in sight. Within a short period of time, she succeeded in being appointed as superintendent of the nursing staff in the Crimea as well as of those in Turkey, in spite of the protests of Dr. Hall, and the agreement which was apparently clearly understood that the Sisters would not work under the direct supervision of Miss Nightingale but only directly under the medical officers (Bolster 1964, 246). It would seem that this thought never occurred to Nightingale, who assumed that the Sisters would remain in the Crimea but under her authority. Three rather unpleasant meetings occurred between Mother Francis and Florence Nightingale, during which it became clear that they would depart if they were placed directly under Nightingale; and so they did, on March 28, 1856 (Bolster 1964, 248–9). Prior to their departure, Miss Nightingale tried to convince them that they were making a mistake, but Mother Bridgeman declined to withdraw their resignation (Bolster 1964, 251).

After the departure of the Sisters, Nightingale made several accusations related directly to the quality of the nursing care of the Sisters—namely, that the wards of the hospital which they ran were left in "indescribably filthy" condition; that several regulations were seemingly broken by the Sisters as regards the placement of personal items, and that one patient who had suffered from frostbite in addition to his wounds and amputations, had been left in a bed which had not been changed in over a week (Bolster 1964, 260). In spite of the protests of the doctors, and the subsequent explanations by Mother Bridgeman of this incident, the public report contained these complaints against the Sisters. Mother Bridgeman asked Dr. Hall and others to keep her own replies, made in April 1858, confidential (Bolster 1964, 263). She and all of the Sisters who were on this mission, similarly kept confidential their diaries and any chronicles that were kept, until long after the last Sister who worked in the Crimea was deceased. Each of the Sisters returned to her previous convent in Ireland and quietly resumed the charges to which she had been assigned (Bolster 1964, 303).

Lessons for Catholic Health Care Today

Can we find application to the present challenges we face in health care? In

contemporary terms, the Sisters of Mercy practiced what we now call "patient-centered care". They attended to the individual needs of the patient with a view to the physical, emotional, and spiritual good of the person. This is a critical point in today's healthcare environment. Though we often hear the term "patient-centered" and "patient-centered medical home", do we really know what that is? The "careful nursing" that the Sisters of Mercy sought to practice was holistic in nature and included the gift of time given to individual needs.

The Sisters could see the forest while giving their attention to the individual trees. They did not give in to discouragement or disillusionment in the face of a complex and, at times, hostile bureaucracy. As Catholic physicians, nurses, and healthcare providers, we must turn to the Lord in confident prayer and trust, fortified by the Eucharist, and creatively and prudently navigate the current medical landscape.

Finally, our faith must inform all that we do as Catholic healthcare providers. The Catholic faith with its rich philosophical and theological tradition provides a solid foundation from which to speak in the complex world in which we live.

For the Sisters of Mercy in the Crimea, their faith as religious women was integral to who they were and to their mission. It informed their common life of union and charity and was at the heart of why they could work as one body such that "the act of one was the act of all" (Bolster 1964, 148). But it also accentuated the fact that the Sisters' primary concern was the eternal salvation of those for whom they cared. Today, as then, this focus of Catholic health care must be restored and highlighted without ambiguity, embarrassment, or defensiveness.

There are lessons, too, in how to teach and form young nurses and physicians. In the educational programs which the Sisters later formulated, certain values were stressed: the intrinsic value of caring for the poor, the integration of spiritual with physical care, the dignity of each person, and high standards for what constituted good care, as well as the ability of nursing to collaborate with all members of the healthcare team. The administration was well-informed about the needs of the patients at all levels, and worked closely with physicians, nurses, and other staff, to provide care that was cost-effective and high quality.

There was no difficulty regarding the relationship between the Catholic faith and the professional healthcare disciplines, because faith was an integral part of the care of each patient. If a patient was not Catholic, whatever faith he or she practiced was respected and encouraged.

In our times, that close relationship of faith and health care, and the values which gave birth to the great Catholic healthcare institutions in the United States, is now often looked upon with uncertainty, and perhaps disregard. We may still, however, learn much from the quiet but intrepid work of the Sisters of Mercy in the Crimean War and in the many decades since then, and persevere in the virtues of love of the poor, service, charity, humility, sacrifice, and closeness to Christ which were ever the hallmarks of Mercy health care.

Notes

1 The *Constitutions* were given final approval in 1991. See Religious Sisters of Mercy (2009).

2 Sister Mary Angela Bolster, R.S.M., Ph.D., a Sister of Mercy from Ireland, wrote an exhaustive history of the Sisters and their presence and work during the Crimean War (Bolster 1964). Many of the facts in this paper are from that excellent source.

3 Miss Nightingale purchased many needed items with her own funds in order to bypass the requisition process which was very slow.
4 See p. 32 above.
5 This concept has been developed since 2002 by the Irish nursing scholar Therese Meehan (2003), but is beyond the scope of this paper.
6 Bolster is quoting from Fanny Taylor, *Eastern Hospitals and English Nurses* (1856). Taylor was one of the nursing supervisors. These are her memoirs of the war.
7 Meehan is quoting the hand-written original rule of the Sisters of Mercy.
8 It seemed difficult for the mid-nineteenth century mind to believe in the possibility of persons who were professionally competent in nursing or medicine also being able to discourse with patients on religious topics. It might be speculated that this is the logical result of the idea of "separation of church and state" as part of the post-Enlightenment mentality, which in the Catholic world view is artificial.

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