



Graduates of Philadelphia's Methodist Hospital Nursing Class of 1911. The names of the nurses are attached to this photo in the archive at St. George's (though not clearly indicating which names apply to whom) as: Ethel Hart, Jane Harper Felker, Bess Michel, Mabel Kester Harper, Nora Ruth, Betty Ried, Mary Benton, Esther Tipton, Katherine Simpson Stevenson, Faye Fulton, Alice Garrett, and Mabel Buckwalter Hertz.

“Three Great Charities”

Philadelphia as the Cradle of Methodist Health Care Initiatives in Victorian America

by Rev. Dr. Kenneth E. Rowe (2011)

Editor’s Note: This article is based on a paper delivered at Simpson House in Philadelphia on September 16, 2010 before the retired clergy of the Eastern Pennsylvania Conference. The author, Dr. Ken Rowe, is a well-known historian of Methodism, a clergy member of the conference, and professor emeritus at Drew University in Madison, New Jersey. His most recent book, co-authored with Russell Richey and Jean Miller Schmidt, is The Methodist Experience in America, Volume 1 (Abingdon, 2010).

Late Victorian America (the post Civil War era), coincided with our denomination’s transformation from an upstart, outsider, side street church into a mainline, main street, *middle-class* church, and not a few of us were rich. The church had also grown to be a *national* church with 2 million members, 1.5 million children in Sunday school and 50,000 preachers, big and getting bigger by the day. We had more churches than post offices and they were also bigger and fancier, like tall-steepled, Gothic revival Arch Street Church, one of our first upscale, designer churches to rise on prominent corners of our nation’s cities and towns. Methodists had much to celebrate, and celebrate they did. Leaders concocted celebrations with ambitious fund-raising goals across the church in 1866 and again in 1884 – in 1866 to celebrate the centennial of the coming of the first Methodists to seaport cities like Philadelphia, New York and Baltimore; and in 1884 to celebrate the centennial of Methodism’s transformation from a renewal movement within the Church of England into an independent church.

This epoch of pride and prosperity left its mark on our church in its ambitious missional initiatives: missionary expansion at home and overseas, upgrading and expanding a network of colleges and universities, including for the first time, post-baccalaureate theological schools like Drew, schools at every level for newly-freed black Americans in the South. Boards and agencies sprang up to plan programs and raise funds, preachers traded pulpits for desks, typewriters and mimeograph machines. The era of modern corporate, programmed, apportioned Methodism had begun. Much of this story is well-known and documented. Less well-known and documented are the church's major initiatives in health care ministries. And the good news is that no episcopal area led the way more energetically than our own.

Our Victorian mothers and fathers in the Philadelphia region were an adventurous lot. They undertook three major initiatives in caring and curing, building two homes for the aged: Simpson House and another for German Methodists at the other end of the city, Wesley Enhanced Living, Pennypack Park (formerly Evangelical Manor); our Home for Children, next door to Simpson House; and our hospital on South Broad Street. All of them were founded and funded within twenty-five short years. All four institutions are among the first for our denomination. In fact, both the homes for the aged and the Home for Children became "model" homes of their kind, and our hospital followed Methodism's mother hospital in New York by only five short years.

"Any denomination is a caricature of Christianity which does not build a home for the homeless beside the church edifice, and asylums and hospitals under the shadow of its colleges and publishing houses," Jacob Todd, Philadelphia Conference pastor, told the first Ecumenical (now World) Methodist Conference in London in 1881.¹ The benevolence report to the Philadelphia Conference three years later at its annual session during the centennial year 1884 proudly noted:

We have now three great charities which appeal to our faith for its expressions in appropriate works, and call us to enter more thoroughly into the field of philanthropic labor. The aged, the orphan, and the sick, have a just claim upon us, and inasmuch as we do it unto one of the least of these, we minister unto Christ.²

¹*Proceedings of the Ecumenical Methodist Conference Held in City Road Chapel, London, September, 1881* (New York: Phillips & Hunt, 1882), 459.

²*Philadelphia Conference Minutes* (1884), 56.

Evangelical Association pastors and people must have been equally proud of their new venture in elder care as well.

I want to briefly relate the stories of the founding of each of these caring and curing institutions and set them in their Wesleyan and American context. Their stories are filled with generosity in gifts and bequests, with feats of organizing skill, of using consummate tact and resourcefulness in meeting human needs, all of this fueled by a “faith filled with the energy of love,” John Wesley’s own characteristic translation of Galatians 5:6. These initiatives represent a “recovery” of the Wesleyan and early American Methodist healing ministry.

A WESLEYAN INITIATIVE

Wesley addressed the health care crisis in his time, when the rich had good medical care and the poor had none. His 1740s Foundery Chapel clinic, stocked with medicines and staffed by Wesley himself and a few volunteer doctors and druggists, is sometimes called the first free public medical dispensary in London. He later opened similar health-care clinics at Newcastle and Bristol. Sadly, all were closed within a decade for lack of donations to keep up with the demand. A more important contribution to England’s health and welfare was his publication of an inexpensive family medical manual, first published in 1745, recommending cures for sixty-three illnesses. Two years later he released a more comprehensive self-help book of diagnoses and remedies, containing remedies for more than 250 maladies. *Primitive Physic, or, An Easy and Natural Method of Curing Most Diseases* quickly became one of the most popular family medical manuals in 18th century England.³ In the same decade, Wesley also opened the “Poorhouse,” two-small leased houses near the London Chapel in which Wesley provided clean and warm accommodations for a dozen or so “feeble, aged widows,” with

³The most authoritative reprint is *Primitive Physic, With an Introduction by A. Wesley Hill* (London: Epworth Press, 1960), from the 1791 edition, the last in Wesley’s lifetime. In 2010, Wesley’s manual is still in print: *Primitive Remedies* (Santa Barbara, CA: Woodbridge Press, 1973), an un-annotated reprint of the 1755 edition. For details and context, see index (medicine) in Richard P. Heitzenrater, *Wesley and the People Called Methodists* (Nashville: Abingdon Press, 1995); E. Brooks Holifield, *Health and Medicine in the Methodist Tradition* (New York: Crossroad, 1986); and Harold V. Vanderpool, “The Wesleyan-Methodist Tradition,” in *Caring and Curing: Health and Medicine in the Western Religious Traditions*, edited by Ronald L. Numbers and Darrel W. Amundsen (Baltimore: Johns Hopkins University Press, 1986), 317-353.

whom he and the preachers occasionally visited and dined. When he opened a large preaching house in Newcastle in 1742, it included a home and school for orphaned children, in addition to an infirmary.

Wesley's medical manual was among the earliest books Methodists published in Philadelphia. Revised at Bishop Asbury's request in 1792 to suit American physicians and climate by a noted Philadelphia doctor, Henry Wilkins, it was kept in print by the church through the 1820s, and issued in pirated editions by other publishers through the 1880s. It is still in print today. Like Wesley, Asbury and numerous preachers viewed it their duty to prescribe medical remedies for the sick.⁴ Early church papers carried Wesley-like workable remedies in regular "Health and Disease" columns. But by the 1830s, this minister-physician tradition was ending. Ministers generally decided either to preach or practice medicine, not to do both. By the 1860s, clear lines of demarcation existed between these once united professions, and Methodist publications routinely praised the medical establishment, enthusiastically reporting new medical developments. All of this is to say that these Victorian initiatives in caring and curing represent a recovery of the Wesleyan and early American Methodist healing ministry.⁵

These initiatives also represent an early burst of feminism in our church, which similarly was rooted in our Wesleyan tradition. Women in Wesley's Methodism took on new roles as class leaders and worship leaders with Wesley's blessing. He also gave them leading roles in his homes for the aged and orphans, and he revived the ancient office of a diaconate for women, calling them "visitors of the sick."⁶ Inspired by recently published accounts of Wesley's liberated women, emboldened by their experience as nurses, workers and single heads of households during the Civil War, and freed by a growing list of household conveniences, women in Bishop Simpson's Methodism began to push the boundaries of acceptable female behavior. The church had long offered

⁴Elmer T. Clark, ed., *The Journal and Letters of Francis Asbury*, 3 vols. (Nashville: Abingdon, 1958), 3:500; Wade C. Barclay, *History of Methodist Missions, Vol. 3: Widening Horizons, 1845-1895* (New York: Board of Missions of the Methodist Church, 1957), 12-13.

⁵"The Medical Profession," in *Methodist Quarterly Review*, 47 (1865), 100-115; "Small Pox," in *Christian Advocate* (New York), January 25, 1872; B. A. Brooks, "Anesthesia," *Ibid.*, June 19, 1873; "Blood Transfusion," *ibid.*, March 23, 1876; "Saving Human Life," *ibid.*, April 21, 1873.

⁶See John Wesley, Sermon 98, "On Visiting the Sick," in *Sermons III*, ed. Albert C. Outer, vol. 3 of the *Bicentennial Edition of the Works of John Wesley* (Nashville: Abingdon Press, 1976-), 384-397.



Philadelphia's Methodist Home for the Aged (now Simpson House), located at Lehigh Avenue and Thirteenth Street, its second site, which was in use from the 1870s to late 1890s.

them a “safe” forum in which to discuss how a woman, possessed of intelligence, energy and spare time, might deploy her talents on behalf of the betterment of humankind. If a well-run, orderly Christian home was at the center of the nation’s social order, whom better than middle class women to minister? Mission work offered women an outlet in two ways. First, they could serve as missionaries in fields both overseas and local, endeavors to which women dedicated themselves in growing numbers. Second, by providing financial and emotional support to missions at home, they could demonstrate the self-sacrifice and discipline that were viewed as crucial aspects of evangelical Christian living. It is this latter group of women who played major roles in the health care initiatives under discussion.

HOMES FOR THE AGED

For the poor, public old age homes had been erected by state and local governments from the 1820s. Philadelphia led the way almost a century earlier (1730s) when a tax-supported Almshouse provided an infirmary and hospital for the sick and demented, besides housing and

feeding the impoverished. Old women and men who were forced to fall upon the public poor rolls felt deeply disgraced. Generations of Methodists grew up with “a reverence for God, the hope of heaven, and the fear of the poorhouse.” In the post-Civil War era, increasing numbers of middle class Americans preferred relying on private, often church-related, old-age homes rather than the public poorhouse in helping needy people, because they tended to be cleaner, more comfortable and did not rob residents of their dignity.⁷

Methodist thinking about the elderly gradually appreciated this transformation and grasped the imperative of providing something other than the disdained poorhouse for elder care. Methodist women in Philadelphia, led by Jane Henry, a pastor’s widow, and Ellen Simpson, the Bishop’s wife, had united to aid sick and wounded soldiers during the Civil War. At the group’s first meeting after the war’s end, the question was raised: “And now at the joyous proclamation of peace where do we find ourselves? Sitting down and folding our hands in quietude? No, we are as ever ready to pour forth rays of light and comfort wherever we can illuminate.”⁸ The women pledged to continue their work in a new way – to save the respectable elderly from isolation and impoverishment by establishing a home for the aged, the first continuing care retirement home in our United Methodist family. In 1867, the women purchased a large townhouse and selected a dozen needy women and men, including one couple, to make it their home. By 1870, the Philadelphia women oversaw a new three-story brownstone with accommodations for one hundred guests, an infirmary and a chapel “with stained glass windows and upholstered seats,” the largest facility for the aged in the city of Philadelphia at the time. Auxiliary societies had been formed in most of the churches in the city to support the home, and two annual fairs had raised more than \$43,000.

The following year (1871), the editor of *Ladies’ Repository*, the denomination’s monthly magazine for women, published a feature story

⁷For context see W. Andrew Achenbaum, *Old Age in the New Land: The American Experience Since 1790* (Baltimore: Johns Hopkins University Press, 1978); David H. Fischer, *Growing Old in America* (New York: Oxford University Press, 1977); Carole Haber and Brian Gratton, *Old Age and the Search for Security: An American Social History* (Bloomington: Indiana University Press, 1994); and Thomas R. Cole, *The Journey of Life: A Cultural History of Aging in America* (Cambridge: Cambridge University Press, 1992).

⁸Quoted in David Adam, “Rays of Light and Comfort: A History of Simpson House” in *Annals of Eastern Pennsylvania* 3 (2006), 6.



Residents posing on the steps of the Methodist Home's
Lehigh Avenue building, circa 1880.

on the Philadelphia home, complete with an engraving of the handsome building, “hoping that in many other cities, the women of our Church will catch the inspiration to go and do likewise.”⁹ The article was one of the best promotional pieces the home ever had. It succeeded in jump-starting the movement across the church. Homes for the aged sprang up in other cities as Methodist women followed the editor’s advice – in Baltimore (1868), New Haven (1874), Washington (1889), and Chicago (1890). The Woman’s Home Missionary Society began building a network of homes for retired missionaries and deaconesses. Best known and earliest was the Bancroft-Taylor Rest Home in Ocean Grove, New Jersey, which opened in 1896. Methodist Protestant Church women organized a home in Westminster, Maryland in 1895.

Managers and supporters of the Philadelphia home understood the importance of their benevolent institution. Corresponding Secretary, Mrs. H. H. Hubbert, stated in her 1891 annual report:

⁹“Methodist Home for Aged and Infirm,” *Ladies’ Repository*, 31 (January 1871), 48.

Not only do we in Philadelphia appreciate this resting-place for the aged, but constantly we have visitors from distant cities who have read of it, or heard from others, and come to see for themselves, in order that they may learn the better to plan for like work in their own localities.¹⁰

Outgrowing its facilities, Simpson House (as the home came to be called) moved to a new suburban campus overlooking Philadelphia's Fairmount Park in 1898, and a state-of-the-art building featuring central heating, electric lights and an elevator, with accommodations for 150 guests, was completed two years later.¹¹

In the meantime, women of several Evangelical Association churches in Philadelphia met jointly to plan for a home for the aged in the spring of 1888. In August, Die Deutschen Heimath-Vereins für Glieder de Evangelische Gemeinschaft von Nord Amerika in der Stadt Philadelphia – the German Home Society for Members of the Evangelical Association of North America in the City of Philadelphia – was founded, incorporated, and trustees elected. In the spring of 1889, the first two *insassen* (literally inmates, residents), moved into a rented home on North First Street until the trustees could purchase a property suitable for a large home. Under the supervision of its first matron, the home flourished; by the end of its first year of operation the “inmate” population had grown to twelve, and a large mansion in a fashionable neighborhood had been purchased and renovated. Renamed Evangelical Home for the Aged in 1924, the community moved to a new 100-bed facility on Roosevelt Boulevard in 1931; in 1962 it was renamed Evangelical Manor, and since 2004 has been known as Wesley Enhanced Living, Pennypack Park.¹²

¹⁰Methodist Episcopal Church Home for the Aged, Philadelphia, *Twenty-Fifth Annual Report* (1891), 14.

¹¹For architect's drawing see *Philadelphia Conference Minutes* (1898), 150-51; for an account of the 1899 dedication by three bishops of the church, see *Philadelphia Conference Minutes* (1900), 123-24. For a compact history, see David Adam, “Rays of Light and Comfort:” *A History of Simpson House* (Philadelphia: Historical Society of the Eastern Pennsylvania Conference, The United Methodist Church, 2006).

¹²A sixty bed health center and fifty apartment complex was completed in 1971; eighty apartments were added in 1982. Evangelical Manor, Philadelphia, is a continuing care retirement community in covenant relationship with the Eastern Pennsylvania Conference of the United Methodist Church.

A mid-20th century
photograph showing
the 1931 building
of Evangelical
Manor, located on
Roosevelt Boulevard
in Northeast
Philadelphia.



Among the United Brethren, the story of elder care institutions begins in 1893 when a retired minister, Z. A. Colestock, offered his home in Mechanicsburg, Pennsylvania for use as an old people's home. In 1913, the home moved to a farm near Quincy, Pennsylvania to join the denomination's orphanage which had opened in 1903. It was also in 1913 that United Brethren Church leaders contracted with the leaders of a dwindling Shaker settlement in southwestern (near Lebanon) Ohio to purchase 4,000 acres of land. On a part of this property the Otterbein Home was built.

The homes had all-male boards of trustees, but the all-women boards of managers ruled. In their annual reports, the new church homes were depicted as far more than a poorhouse; they had become a haven that any elderly Methodist could call "home." Churchwomen boasted

their homes provided warm rooms to sit in, comfortable beds to sleep in, wholesome food to eat, a chapel to attend, and plenty of devotional papers, magazines and books to read. Managers claimed their homes supplied the warmth and companionship of the missing family. "It is, in its every appointment, A Home" the superintendent of Simpson House said proudly in her 1891 report. The homes also stressed the value of a religious atmosphere. Daily Bible readings, weekly preaching services, monthly communion services, and consultations with a pastor linked them to their former church life.¹³

The homes accommodated men as well as women, and married couples, too, but with rigorous admissions standards. In 1891 Simpson House admitted only fifteen of twenty-three applicants, and in 1892 only twelve of twenty-two. The homes required applicants to be church members in good standing, and carefully assessed their character. In some instances, character was verified by a visiting committee which investigated the candidate.¹⁴ Only later did Methodists view their homes for the aged as expressions of a sense of responsibility for the larger community.

Along with certificates attesting to their character, applicants had to be unable to support themselves, sometimes pay an admission fee, sign all property over to the institution, agree to obey all rules set by the matron, and be free from any incurable physical or mental disease. These institutions were not intended to be hospitals. In most cases, a doctor's examination was required before admittance to insure that the applicant had no incurable disease. If a resident became senile, they were often removed to the almshouse or hospital so that they would not disturb the tranquility of the "family." The managers wanted their institutions to be a home, not a shelter for the demented or dying.

The location of the homes further added to this rejuvenating process. During the last quarter of the nineteenth century many of the urban institutions moved to less populated suburban sections of the cities. Both of our homes fled center city – Methodists to Fairmount Park, and Evangelicals to upper Roosevelt Boulevard. These new locations allowed the elderly to escape the noise and tensions of the city, as well as to breathe the country's fresher air. The new healthier environment was not directed at the poverty-stricken alone. If persons,

¹³Methodist Episcopal Church Home for the Aged, Philadelphia, *Twenty-Fifth Annual Report* (1891), 14.

¹⁴*Ibid.*, 15; *Twenty-Sixth Annual Report* (1892), 15.

through age, became sick, they too needed the institutionalized care which the homes provided. The Methodist Home for the Aged in Philadelphia added a boarding house to their establishment in 1876, what we would call a nursing home.¹⁵ By the beginning of the twentieth century, they would present themselves to the public not as mere residences for old-folks, but as continuing care retirement communities especially equipped to deal with “the problem of old age.”

METHODIST EPISCOPAL ORPHANAGE

The devastation caused by the Civil War flooded orphan asylums with requests for help. So did the nation’s continued urban and industrial expansion. Even in sparsely populated rural areas, many families, particularly those of immigrants, were without relatives financially able to help them through hard times, or take in children after a death or during a serious illness. Church-related orphanages appeared to be the answer, as state and local governments were slow to develop agencies and institutions to protect and care for children without homes or guardians. They were not simply a matter of Christian duty; for some groups, like the Methodists, building their own orphanages was also a matter of religious pride. In the Gilded Age, the care of homeless children expanded into a national mania, the most sentimental charity in an age which reveled in sentiment and pathos.¹⁶

Methodist women assumed much of the responsibility in the formation of children’s homes.¹⁷ When a delegation of them visited a Philadelphia jail to distribute religious tracts in 1873, they were shocked to find dozens of young children behind bars, awaiting trial in grim cells

¹⁵Methodist Episcopal Church Home for the Aged, Philadelphia, *Annual Report* (1876), 13.

¹⁶For the larger context see LeRoy Ashby, *Saving the Waifs: Reformers and Dependent Children, 1890-1917* (Philadelphia: Temple University Press, 1984); Ashby, *Endangered Children: Dependency, Neglect, and Abuse in American History* (New York: Twayne Publishers, 1997); Richard B. McKenzie, ed. *Rethinking Orphanages for the 21st Century* (Thousand Oaks, CA: Sage Publications, 1999); Timothy A. Hacsí, *Second Home: Orphan Asylums and Poor Families in America* (Cambridge: Harvard University Press, 1998); and Kenneth Cmiel, *A Home of Another Kind: One Chicago Orphanage and the Tangle of Child Welfare* (Chicago: University of Chicago Press, 1995).

¹⁷Joanna B. Gillespie, “The Emerging Voice of the Methodist Woman, *The Ladies’ Repository*, 1841-1861” in *Rethinking Methodist History*, Russell E. Richey, Jean Miller Schmidt, and Kenneth E. Rowe, eds. (Nashville: Kingswood Books, 1993), 248-58.

for want of bail money, or because their parents could not be located. These women reacted in customary Methodist fashion, establishing a committee to correct the injustice, and garnering a lead gift of \$10,000 in 1874. Ellen Simpson, wife of the ME Church's most visible and powerful Bishop and President Lincoln-confidant, helped mobilize the energy to build the best known of the nineteenth century Methodist homes for children, The Methodist Episcopal Orphanage in Philadelphia.¹⁸

The women had a clearly defined, if not easily attained, mission in mind; their 1873 report to the conference noted that their mission was to open a home "where orphan children may be received and provided with wholesome nourishment, may be comfortably clad, attended in sickness, taught the rudiments of an English education, may have their moral character carefully developed and habits of regularity and industry established, so that they may become useful members of society." The women vowed to raise the necessary funds and to manage the home, not only from their parlors, but to do much of the work involved in its daily operations.¹⁹

The orphanage opened in temporary quarters in 1879 with sixteen "fatherless boys" and fund raising began with a city-wide fair. Bishop Simpson opened the Fair and welcomed President and Mrs. Rutherford Hayes, proud Methodists visiting from Washington. The Fair netted \$18,000, and was the first of many public events to build awareness about the plight of the children and raise funds to support the operations and expansion of the orphanage. Three years later, fifty-four children and staff moved into a renovated mansion on a twenty-acre suburban site near Fairmount Park donated by a prominent Methodist philanthropist, Joseph M. Bennett. A new stone \$90,000 building with accommodations for two hundred children was built and dedicated debt-free in 1889. Churches in the Philadelphia area formed Orphanage Guilds, and Sunday schools took a special offering at Christmas to lend continuing support. When Mrs. Simpson died in 1897, she left a well-established orphanage, with state-of-the-art buildings, a \$100,000 endowment, and more than hundred children in residence.²⁰ In the years

¹⁸*Philadelphia Conference Minutes* (1873), 56; (1874), 43-44, 47.

¹⁹*Constitution of the Orphanage Society of the Methodist Episcopal Church, Philadelphia* (Philadelphia: The Society, 1873), 1.

²⁰For a description of the 1889 building and campus see reports in *Philadelphia Conference Minutes* (1889), 98; (1898), 155-56; (1899), 128. For a compact history see Harold C. Koch, *The Origin and Development of the Methodist Home for Children in Philadelphia* (Philadelphia: The Home, 1978).

Ellen Holmes Verner Simpson, was the wife of Philadelphia’s resident Bishop Matthew Simpson, and a leading spirit behind the founding in Philadelphia of both the Methodist Home for Children and the Home for the Aged.



that followed, Methodist child-savers founded homes for wayward children across the church. After its founding in 1882, the Woman’s Home Missionary Society also began building a network of child care facilities.

Orphanages typically limited admissions to children whose problem was poverty and who did not have serious behavioral or disability problems. Many were “half orphans,” children with one living parent unable to provide for them and who otherwise would have entered the workhouse or become “little wanderers”– street kids – living on their own. Managers viewed their institutions as homes, and stressed the “homelike” quality of their institutions in their reports. While most orphanage managers had hoped to remove poor children permanently from their homes, many other managers tried to serve as temporary caretakers of children until they could be restored to their families. It was this view that triumphed in the twentieth century.

Since an entire staff might consist of a matron or superintendent and just one or two other workers, institutions were dependent on volunteer women board members, who spent large amounts of time in their orphanages caring for the children. Managers were expected to visit the home several times a week to instruct the children, to take them on trips, to sew clothing and to assist the house parents. Managers were also constantly active raising funds for daily operation and for long-term

endowments. Donations from churches were the single most important sources of income.

Concerts, auctions and fairs that gave their profits to orphanages were also common fund-raisers by the 1870s. Other sources of funding, such as dues, gifts and bequests from individuals – and in some cases board money from parents – were crucial. Since a majority of orphans had at least one living parent, many urged surviving parents to pay at least a small amount toward their children's board. Managers saw even partial board payments made by parents as more than mere financial help for the orphanage. Such payments also served to strengthen bonds between children and their families. Donors also gave goods such as food, clothing, furniture, coal, books and toys.

These children's homes enjoyed great support from across the several Methodist denominations. As the turn of the 20th century approached, dozens of new orphanages opened almost every year, and existing orphanages upgraded their dormitories and expanded their educational and recreational facilities. But Methodism's passion for building of orphanages cooled after 1910; from 1920 to 1940 there was an actual decrease in numbers, as some institutions closed their doors or modified their mission. Homes for Children (as they began to be called) evolved from being volunteer-operated charities to ones utilizing paid professional social work staff. Fewer applications to reside in the homes were being received, and a greater need was being felt to provide support for children in the community as a result of broken homes, abuse and neglect. Volunteers from the women's auxiliaries continued to work with admirable dedication and energy to further the mission and outreach of the homes.

METHODIST HOSPITAL

Philadelphia has a history of leadership and innovation in the medical profession. It is home to the nation's first hospital, medical school, children's hospital, eye hospital, college of pharmacy and the world's first women's medical school – to name a few. These institutions played leading roles in the improvement of quality of medical care after the Civil War: the passing of physician licensure laws in the 1870s; the widespread use of anesthesia combined with antisepsis in the 1880s; the beginning of clinical and laboratory research, and the development and use of vaccines, antitoxins, and X-rays in the 1890s. Accompanying these developments, hundreds of hospitals across the land were being built to

serve as the infrastructure for scientific practice and healing power. America’s churches, including the Methodists, participated in these changes by assuming they could contribute to human well-being and progress by building and sponsoring hospitals, thus making scientific medicine more available to religious constituents and especially to the nation’s growing poor.²¹

An important role in stimulating this founding and, in a sense, the Methodist hospital movement, might be credited to James M. Buckley, powerful editor of the denomination’s chief weekly newspaper, the *Christian Advocate*. Motivated by the death of a friend whose life, he thought, might have been spared had he had medical care in Brooklyn, and by the efforts that Catholic, Episcopal, Presbyterian and Jewish groups had made in founding hospitals in his city, Buckley penned an editorial in the *Advocate* in 1881 affirming: “The Methodist Episcopal Church is today, so far as we can learn, without a hospital... We are losing power while we fail to attend to these good works.”²² Philadelphia Methodists may also have been shamed by the enviable record other churches had achieved in the field of health care for the city’s poor. By the 1870s Roman Catholics had founded two hospitals, Episcopalians, Presbyterians, and Jews each had founded one, yet Methodists had none. Bishop Matthew Simpson echoed Buckley’s plea for hospitals later that year in one of his addresses to the first (1881) global gathering of the Methodist family in London. The denomination’s first hospital opened in Brooklyn in 1887.²³

Following Editor Buckley’s and Bishop Simpson’s advice, and New York’s lead, Philadelphia Methodists opened their own hospital in 1892. Its roots can be traced to Scott Stewart – a Methodist physician, a

²¹For the larger context see Morris J. Vogel, *The Invention of the Modern Hospital, Boston, 1870-1930* (Chicago : University of Chicago Press, 1980); Charles E. Rosenberg, *The Care of Strangers: The Rise of America’s Hospital System* (Baltimore: Johns Hopkins University Press, 1987); and Rosemary Stevens, *In Sickness and in Wealth: American Hospitals in the Twentieth Century* (New York: Basic Books, 1989). For the Methodist context through 1950 see David C. Crummey, *Factors in the Rise of Methodist Hospitals and Homes* (Unpublished doctoral dissertation, University of Chicago, 1963).

²²James M. Buckley, “Methodism and Charitable Institutions,” *Christian Advocate* (New York), January 27, 1881.

²³David Rosner, *A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York 1885-1915* (Princeton: Princeton University Press 1982); *Proceedings of the Ecumenical Methodist Conference*, op. cit., 462.

graduate of Dublin University and a proud member of St. Paul's Methodist Episcopal Church at 6th and Catherine Streets. Dr. Stewart lived at 8th and Pine Streets, and was dedicated to serving the people of South Philadelphia, who were underserved by the city's medical establishment. Stewart laid the financial foundation for our hospital when, in drawing up his will in 1877, he designated \$250,000 from his estate to be used to build a hospital in the city to provide free care for all, without distinction of race, color or creed.²⁴ That was four years before Editor Buckley's editorial and Bishop's Simpson's plea, so in a sense Philadelphians can claim some priority in the movement. Dr. Stewart's will also stipulated that a training school for nurses be established, in order to make certain that the hospital would always have an adequate nursing staff.

After his death in 1881, the hospital was incorporated and the Methodist Episcopal Church appointed a board of trustees to find a suitable location. The plot of ground purchased for the site of the hospital was at Broad and Wolf Streets, where the hospital still stands today. Modeled after the newly-erected, state-of-the-art Johns Hopkins Hospital in Baltimore, ground was broken seven years later (1888) and, in 1892, the Hospital and the Training School for Nurses began its legacy of service to the community. On opening day, the *Philadelphia Inquirer* called it "Methodism's Great Memorial."

During the first year of operation the hospital admitted 299 patients and treated 1,200 in the Dispensary. More than 90 percent of all the care given was provided free by the hospital. Methodist women in area churches organized auxiliary societies and immediately began to give generous support to the hospital. Conferences within the region devoted one communion offering per year. Capacity of the hospital by 1909 was 100 beds, but a denotation from Board President Thomas Bradley in 1911 allowed for the construction of Bradley Hall, bringing the hospitals capacity to 150 beds. In many ways Methodist Hospital served South Philly as Russell Conwell's Baptist Hospital (now Temple), founded that same year, served North Philly, both functioning in many ways like public city hospitals.

²⁴*Philadelphia Conference Minutes* (1884), 56. "The Poor are freely admitted to its wards without discrimination as to color, race or creed." The Methodist Hospital in the City of Philadelphia, *Annual Report* (1901), inside front cover.



Left: Dr. Scott Stewart, who died in 1881 and left a legacy which provided the original funding for the Methodist Hospital in Philadelphia. Right: Rev. James M. Buckley (1836-1920), whose editorial pen helped spur Victorian Methodists to establish their earliest hospitals; his father, Rev. John Buckley, had been a member of the Philadelphia Conference.

By the early decades of the twentieth century hospital trustees and administrators were deliberately seeking out paying patients. Trustees converted what were called “free” wards into paying wards, added private rooms, provided the option of private-duty nurses for those who could pay, introduced better food, and hired nurses and orderlies to do the maintenance chores previously done by patients. To alter the public image of the charity hospital as a place of death and suffering for the indigent or working-class, trustees began to advertise their medical prowess, and their hotel-like accommodations. Income from paying patients represented three-quarters of the budgets of “ecclesiastical” hospitals, reported a 1904 US government survey of the nation’s hospitals. By 1920, the sixty-one hospitals of the Methodist Episcopal Church reported serving more than 100,000 patients; 50,000 of



Left: Philadelphia's
Methodist Hospital.

Facing page: a
late-19th century
photograph of a
horse-drawn
ambulance before the
Methodist Hospital
in Philadelphia

them received free or part-pay service, reducing charity care to less than fifty percent.²⁵

Ironically just as America's cities were emerging as working-class centers, Methodist and other church-related hospitals began to turn away from the poor and to remodel their services around the needs of wealthier clients. The financial crisis of many Methodist hospitals caused trustees in these institutions to shunt the traditional "charity" cases off to the public institutions. The church's hospitals became increasingly dependent upon the services of private physicians, who provided them with needed private and paying patients. Yet hospital spokespersons had no difficulty in describing Methodist hospitals as monuments of charitable purpose and action because they represented an immense investment of capital and good will, confident that hospitals supported by voluntary contributions confer as much benefit upon those who contribute the funds as upon those who are treated in them.

²⁵Stevens, *In Sickness and in Wealth*, 22; *Journal of the General Conference of the Methodist Episcopal Church* (1920), 681.



“FAITH FILLED WITH THE ENERGY OF LOVE”

Methodists, Evangelicals and United Brethren viewed founding homes for the aged, homes for children and hospitals for the sick as a matter of Christian duty, a calling in which to take religious pride, and a ministry of organization and order for which their churchwomen were well-prepared by their wartime benevolent activities. In so doing, they reclaimed an important aspect of the Wesleyan heritage, exhibiting a faith filled with the energy of love. They engaged denominational and women’s organizations, created institutions that in many cases continue to the present, and laid foundations for an expanded social welfare role for the church. First in homes for the aged, then in orphanages, and eventually in hospitals, Methodists showed the concern for persons in extreme need after the fashion of John Wesley. Caring and curing has long been an important part of our Wesleyan and Methodist mission and ministry. May it always be so – for our time and for our future!