

TEMPLES OF HEALING: THE FOUNDING ERA OF METHODIST HOSPITALS, 1880-1900

KENNETH E. ROWE

The quality of medical care improved rapidly after the Civil War with the passing of physician licensure laws (1873), the widespread use of anesthesia combined with antisepsis (1880s), the opening of a model medical school at Johns Hopkins University, Baltimore (1893), the beginning of clinical and laboratory research (1890s), and the development and use of vaccines, antitoxins, and X-rays (1890s). Through the efforts of the American Medical Association and the Rockefeller Foundation the profession achieved greater homogeneity and coherence. Accompanying these developments, hundreds of hospitals 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, making scientific medicine more available to religious constituents and especially to the nation's growing poor.¹

The Mother Hospital: Methodist Hospital, Brooklyn

Methodists were not in the vanguard in this movement. A Brooklyn Methodist pastor, James M. Buckley, had mourned the death of a friend who might have lived had hospital care been available. That grief was still etched in his mind on January 27, 1881, when, as editor of *The Christian Advocate*, he wrote: "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."² Buckley was also shamed by the record other churches had achieved in the field of health care for New York City's poor. Thirty years earlier [1849] Catholics, he noted, had founded St. Vincent's Hospital and Episcopalians had opened St. Luke's Hospital [1858]. The city's Jewish population followed suit and established Mt. Sinai Hospital in 1852 and

¹ For larger context see 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" (Ph.D. diss., University of Chicago, 1963).

² Richey, Rowe and Schmidt, *The Methodist Experience in America: A Sourcebook* (Nashville: Abingdon Press, 2000), Source 1881a.

the well-endowed Presbyterian Hospital received its first patients in 1868. To change this humiliating situation Buckley asked: "Is it not time that somewhere we [Methodists] build a hospital?" Bishop Matthew Simpson made a similar plea for hospital building in an address to the first gathering of the world Methodist family in London later the same year, 1881.³

Buckley's editorial brought an immediate response from prosperous Methodist banker George I. Seney in an offer of sixteen lots in hospital-poor Brooklyn as a site and \$400,000 in cash toward the erection of a hospital. The cornerstone for the main building was laid in the fall of 1881 with great fanfare, but the economic depression of the early 1880s put a halt to construction. Building resumed in the spring of 1887 and the Methodist Episcopal Hospital, Brooklyn opened in December 1887 with a ceremony of speeches, prayers and hymns. During the first year of operation an outpatient clinic, a children's ward, and a training school for nurses were begun.⁴

As soon as the hospital opened, the need for an out-patient department became evident. By 1894 the need became acute, and construction was begun on a new facility. On November 6, 1895, a community clinic was formally opened. About 16,000 visits were made each year. The opening of the clinic was innovative at the time, since social services were not the regular part of our society's infrastructure that they are today. As more beds were added to the hospital, the surgical work expanded. In June of 1900, the hospital surgical pavilion was opened. By then, the number of surgical cases had risen to 85% of all admissions.

Most of the patients coming to the hospital were poor and unable to pay for medical treatment. A coast-to-coast campaign was launched to encourage churches and individuals to endow beds "in perpetuity" for \$5,000 or for one year at \$365. By the end of the first year, thirteen beds had been so endowed. Methodist women in New York area churches organized Florence Nightingale Societies and immediately began to give generous support to the hospital. Conferences within the region devoted one communion offering per year. It took ten years before all of the planned buildings were completed and equipped.⁵

In 1970 the hospital was designated a "National Historic Landmark" of The United Methodist Church and formally recognized as the church's

³ David Rosner, *A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York 1885-1915* (Princeton: Princeton University Press 1982); Ecumenical Methodist Conference. 1st London. *Proceedings of the Ecumenical Methodist Conference Held in City Road Chapel, London, September 1881* (New York: Phillips and Hunt, 1882) 462.

⁴ New York City's publicly-funded Bellevue Hospital established one of the nation's first schools of nursing following the principles of Florence Nightingale in 1873. Fifteen schools of nursing had been established in the nation by 1880. In 1971, due to an increasing need for nurses to have both a B.A. and a R.N. degree, the Methodist Hospital School of Nursing closed its doors. In its 83 years of teaching, 327,000 nurses were graduated from the school.

⁵ For a contemporary description by the hospital's first [clergy] superintendent, see John S. Breckinridge, "Hospitals, Ancient and Modern," *Methodist Review* New York 73/1 (January 1891): 80-87.

“mother hospital.” While the 1990s were a period of instability for most health care providers, the hospital flourished. In the late 1990s the hospital housed 602 in-patient beds and offered a full range of in-patient and out-patient services. As market forces were driving health care providers into a new era, the hospital’s trustees secured the future of the institution in 1993 by entering into alliance with The New York Hospital-Cornell Medical Center (now New York-Presbyterian Hospital). To mark the alliance, the hospital’s name was officially changed to New York Methodist Hospital. As a voluntary, acute-care teaching facility, the hospital provides a wide variety of specialized inpatient and outpatient services. In 2003, New York Methodist was the only Brooklyn hospital selected by New York State to open a new cardiac surgery center. The New York Methodist-Cornell Heart Center (staffed by top-rated surgeons from Weill Cornell Medical Center) opened its doors in the spring of 2004. Through its membership in the New York-Presbyterian Healthcare System, the hospital is affiliated with the Weill Medical College of Cornell University. This affiliation assures the hospital’s historic place as a quality care provider and a first-rate institution for graduate medical education. The hospital occupies the same site in Park Slope, Brooklyn that it has since its founding in 1881 and is now one of the 200 largest hospitals in the United States.⁶

Methodists in other cities followed the lead of their New York peers by opening hospitals—Chicago in 1888; Cincinnati in 1889; Omaha in 1891; Kansas City, Minneapolis and Philadelphia in 1892; Washington, DC, in 1894; Louisville in 1895; Boston in 1896; Spokane in 1898; and Indianapolis in 1899. Southern Methodists began founding a family of hospitals early in the twentieth century: the first in Atlanta (Emory University Hospital) 1905; Saint Louis in 1914; Memphis in 1921; Durham (Duke University Hospital) in 1930; Houston in 1922; and in Dallas 1927. The Evangelical Church founded five small hospitals by 1920, but the United Brethren had none.

Deaconess Hospitals: Christ Hospital, Cincinnati

The financial burden of staffing the new hospitals was partially offset by an important parallel movement during the latter half of the nineteenth century—the rise of the deaconess movement. The involvement of these Methodist women in health and welfare agencies was central to their mission as deaconess ministries unfolded in service to children, to the aged, and in nursing and hospital care.

Methodists restored the ancient order of deaconess [a *permanent* diaconate for women] beginning in Europe in 1868, following the pattern of Lutherans and Anglicans. As early as 1868 Methodist pastors in several German cities introduce parish deaconesses for the care of the sick. Six years later (in 1874) the Methodist Conference in Germany established a

⁶ www.nym.org/geninfo/history

deaconess order under the name *Bethanienverein* (Bethany Society). By 1884 the society had established Bethany deaconess homes and hospitals in three cities—Berlin, Frankfurt, and Hamburg—and had recruited and trained thirteen deaconesses and twenty probationers. In England, Methodist pastor Thomas B. Stephenson founded an Order of Sisters for the work in the National Children’s Home as early as 1878. In 1887 Hugh Price Hughes and his wife Katherine began to recruit “Sisters of the Poor” for work in their West London Methodist Mission. In 1890 the Methodist Church in England recognized these initiatives and established a Wesley Deaconess Order.

Pressures of urbanization, immigration, and industrialization led American Methodists to revive the diaconate for women beginning in 1888. The new order became the only avenue for women who heard the call to full-time ministry. Three Methodist Episcopal Church women took exceptional leadership in convincing church leaders to establish deaconess orders for women: Susanna Fry, who sowed seeds in essays and travels across the church in the 1870s; Lucy Rider Meyer, who on her own founded a training school for women in city, home and foreign missions in Chicago in 1885; and Jane Bancroft Robinson, an energetic organizer whom the Women’s Home Missionary Society chose to supervise the society’s Deaconess Bureau from 1889 to 1904. Women at least twenty-five years of age, single, who completed a two-year training course with a probationary period, agreed to live communally, wear a habit, and were willing to live on a small allowance and under guidance of a male Board of Deaconesses, were eligible for “consecration,” not ordination like male deacons and elders.

Six Methodist Episcopal deaconess training schools were opened—in Cincinnati and Boston in 1889; Washington, DC, in 1891; Nashville in 1892; San Francisco in 1894; and Kansas City in 1899. The United Brethren Church followed the Methodist Episcopal Church in establishing a Deaconess Order in 1897; followed by the African Methodist Episcopal Church in 1900; the Methodist Episcopal Church, South, in 1902; the Evangelical Church in 1903; and the Methodist Protestant Church in 1908. By 1900, of the 2,000+ Protestant deaconesses in the US, more than half were Methodist!

Several of the earliest Methodist hospitals were staffed by the new deaconess orders, providing a ready supply of low-cost nurses. The deaconess societies also founded hospitals of their own. The “Mother” deaconess hospital is Christ Hospital in Cincinnati, Ohio, which opened its beds and its doors in 1889. The hospital was an expanded mission of the one-year-old Elizabeth Gamble Deaconess Home and Training School in that city. The institution took its name from Elizabeth Gamble, the wife of James Gamble, the ingenious chemist who invented and marketed Ivory soap and who assisted William Nast in founding Methodism’s mission to America’s growing German-American community in America’s heartland.

Immediately the small family of Cincinnati Methodist deaconesses discovered an overwhelming demand for nursing services. At first the city’s sick were treated in the deaconess home. As deaconesses increased

in number, space in the home grew tight and the community soon became keen on opening a separate hospital facility. James Gamble obliged with an eleven-room, three-story house a few doors from the deaconess home. Christ Hospital continued to be Mr. Gamble's favorite charity until his death in 1891. The deaconess home and hospital quickly out-grew their cramped city quarters and sought a new location. Taking up his deceased father's role as hospital benefactor, son James Gamble, Jr., purchased a large property located in a Cincinnati suburb and valued at \$75,000. In July, 1892 the deaconess newsletter, *The Message*, carried news that the new site on Wesley Avenue would accommodate up to 100 deaconesses and as many hospital patients. The depression of 1893 delayed construction of a new deaconess home, training school and hospital. The move to the institution's new campus was completed in 1898.⁷

One hundred and fifteen years after its founding, Christ Hospital, Cincinnati has grown to become a leader in medical excellence by continuing to plan and innovate for the future. The now 555-bed hospital is consistently recognized as one of the best hospitals in the U.S. For the past eleven years Christ Hospital has been awarded Cincinnati's "Most Preferred Hospital." In 2006 it was listed by *US News & World Report's* top hundred hospitals in four key medical specialties.⁸

German American Methodists, strong in their piety and effective in their expression of faith in social service and institutional ministry, founded and supported a considerable network of deaconess hospitals of their own across the country beginning in 1896. In that year Christian Golder, with his sister Louise, rented a little house in Cincinnati to found a German hospital. Six German nurses were released from Christ Hospital to assist the Golders in opening Bethesda Hospital. To help provide health care to the nation's burgeoning German-American community, a Bethesda Society was organized in 1897.⁹ Out of this beginning of hospital and society grew the Bethesda Institutions, a complex of hospitals, homes and training schools in Chicago, Kansas City, Detroit, Terre Haute, Akron and Los Angeles. A second German Deaconess hospital opened in Louisville, KY, in 1898. The East German Conference in 1901 broadened a deaconess ministry it had begun in Brooklyn in 1893 by the organization of a Bethany Society. As the need for hospital service increased, the Society raised money to build a Bethany Deaconess Home and Hospital which opened in 1902.¹⁰

⁷ Mary Agnes Dougherty, *My calling to Fulfill: Deaconesses in the United Methodist Tradition* (New York: Women's Division, General Board of Global Ministries, 1997), 107-112.

⁸ www.christhospitalcincinnati.com

⁹ In 1995 Cincinnati's Bethesda Hospital partnered with Good Samaritan Hospital, founded in 1852 by Roman Catholic Sisters of Charity, to form Tri-Health, an modern integrated network of hospitals, physician groups, hospice and community outreach programs serving the greater Cincinnati area. www.trihealth.com

¹⁰ *History of American Methodism*, edited by Emory S. Bucke (Nashville: Abingdon Press, 1964), II: 1491-492; Paul Douglass, *The Story of German Methodism* (New York: Methodist Book Concern, 1939).

Other Methodist deaconess hospitals followed, notably in Boston, Chicago, and Washington. In 1924 the Methodist Episcopal Church consolidated the denomination's General Deaconess Board and Board of Hospitals and Homes. By 1924 more than 200 deaconesses were reported to be active in the health care work of the church. The boards worked as one until the time of reunion in 1939 when deaconess work was placed under the supervision of the Woman's Division of the Board of Missions. Evangelical Deaconess Home and Hospital opened in Chicago in 1905 with a free dispensary, a laboratory, and a 35-bed ward, the first hospital related to the Evangelical Association.

African-American Hospitals: Meharry Medical College and Hubbard Hospital, Nashville

Racial inequalities in health care have plagued the nation and the churches from the beginning. In 2007, black infant mortality rates in the U.S. remain twice that of whites; the black adult mortality rate is 1.5 that of whites and the black maternal death rate is four times that of white women.¹¹

In Nashville post Civil War conditions contributed significantly to the city's unenviable distinction of having the worst mortality rate in the country. Conditions among freed slaves were particularly dismal, accounting for disproportionate rates of disease and death in the city's black community.¹² As the death rate among blacks soared the necessity of a medical college to prepare physicians for black people became apparent to two Methodist men—Dr. William J. Sneed and George W. Hubbard—who met in the last days of the Civil War. Their friendship must have seemed improbably at the start. Sneed, a Tennessean, was a Confederate army surgeon, while Hubbard, a native of New Hampshire, had served in the Union Army medical corps. From the first, they held each other in high esteem, and Hubbard promised to come to Nashville after the war and study medicine under his old friend's tutelage. Hubbard returned to Nashville and completed medical training at Vanderbilt University in 1876.

At some time during the first decade of their friendship, Sneed and Hubbard decided to start a school that would train young black men and women in nursing and other health-related professions. They hoped to interest one of the Nashville's colleges or universities to open such a school. Only one school was interested, Central Tennessee College, part of the Methodist Episcopal Freedmen's Aid Society's continuing effort to educate freed slaves. In the fall of 1875, Dr. Sneed began to teach classes in anatomy and physiology for a few undergraduates at the college. Newly-minted M.D. Hubbard joined the college faculty the following spring.

¹¹ "Ask the Doctor," *New York Times*, July 12, 2007, A23.

¹² For the rise and development of hospital services for blacks see Mitchell F. Rice and Woodrow Jones, Jr. *Public Policy and the Black Hospital from Slavery to Segregation to Integration* (Westport, CT: Greenwood Press, 1994).

Funding was needed to purchase the necessary scientific apparatus, chemicals, and drugs and to pay faculty salaries for a proposed medical department. The first individual contributors to the school were the five Meharry brothers, Indiana Methodist farmers and philanthropists led by Samuel Meharry. As a young man Samuel Meharry was befriended by a family of former slaves while traveling through rural Kentucky. Meharry was touched by the kindness and generosity of the poor black family and promised to repay his debt of gratitude. Samuel and his brothers donated cash and property valued at \$30,000. Their gift was matched by the Freedmen's Aid Society and the medical college was formally opened in the segregated city on October 3, 1876. Hubbard, in addition to being dean, was professor of chemistry, *materia medica*¹³ and therapeutics. Sneed became professor of surgery and surgical anatomy. Other teachers, white and black were soon added to fill-out the faculty. A two-year course of study was prescribed; Gray's *Anatomy* was a chief textbook. Tuition was ten dollars a term; board and other expenses were eight dollars. The prospective doctor was also required to pass an examination in the course work and to present an original thesis on some medical subject. Four candidates received their medical diplomas at the school's first commencement in 1878.

In the years that followed two challenges would draw upon every spiritual and intellectual resource of Meharry's faculty, leaders and graduates. The first was new standards in medical education—more rigorous and costly—and reforms in licensing and practice. The other was the long night of "Jim Crow," whose shadows were beginning to deepen as the Meharry's first graduates received their diplomas and took up their work.¹⁴ Despite these challenges over the years Meharry expanded in depth and diversity. From its earliest years the school recruited women for medical training in its several programs. A dental department was added in 1884. To provide health care services for Nashville's black poor and under-served, a teaching hospital, Hubbard Hospital, was added in 1910. Five years later, 1915, the medical college gained a separate corporate existence from the parent institution, but retained its historic affiliation with the Methodist church.

By the 1960s, with generous aid from the Carnegie and Rockefeller foundations and the Methodist Board of Education, the school had become the largest private, historically black institution exclusively dedicated to educating health care professionals and biomedical scientists in the U.S. A major resource for educating health care professionals, Meharry has graduated nearly fifteen percent of all African American physicians and dentists practicing in the U.S. Since 1970 Meharry has awarded more than ten percent of the Ph.D.'s in biomedical sciences received by African

¹³ A Latin term for the body of knowledge about the therapeutic properties of any substance used for healing.

¹⁴ James Summerville *Educating Black Doctors: A History of Meharry Medical College* (University, Alabama: Alabama University Press, 1983).

Americans. The majority of Meharry's graduates practice in medically under-served rural and inner city areas.

The 130 year old historically black medical college in the mid-2000s includes the schools of Medicine, Dentistry, Graduate Studies and Research, and Allied Health Professions, houses the Lloyd C. Elam Community Mental Health Center and the nation's first Institute on Health Care for the Poor and Under-Served. In 1999 the College established a five year alliance with Vanderbilt University to improve physician education, research and patient care.

Today the principal site for clinical training is Nashville General Hospital at Meharry, representing a unique public-private alliance among Meharry, Vanderbilt University Medical Center, and the Metropolitan Nashville Hospital Authority. This 150-bed facility, formerly Hubbard Hospital, was renamed in 1994 when the city of Nashville and Davidson County moved its public hospital to Meharry's campus.¹⁵

Provident Hospital, Chicago

The establishment of hospitals was also a concern of the African American Episcopal Church. In 1889, Emma Reynolds, a young woman who aspired to be a nurse, was denied admission by each of Chicago's nursing schools on the grounds that she was black. Her brother, the Rev. Louis Reynolds, past of St. Stephens African Methodist Episcopal Church, approached a respected black surgeon, Dr. Daniel Hale Williams for help. Unable to influence the existing schools they decided to launch a new nursing school for black women. There were only a few black physicians in Chicago at this time and all had limited or no hospital privileges.

A.M.E. clergy and laity and other black community leaders assured pastor Reynolds and Dr. Hale of their support and energetic fund-raising began. Rallies were scheduled on Chicago's south and west sides. The donations included supplies, equipment, and financial support. One of the most important early contributions came in 1890 when the Armour Meat Packing Company provided the down payment on a three-story brick house at 29th and Dearborn Streets. This building, with twelve beds, became the first Provident Hospital. By the end of the year Provident Hospital was designated as an Illinois corporation, the training school for nurses opened, and Dr. Williams was appointed hospital chief-of-staff. By 1892, seven women, including Emma Reynolds, had enrolled in the first nursing class.¹⁶ Provident was established to serve all races, and its patients and physicians

¹⁵ www.mmc.edu.

¹⁶ Emma Reynolds (1862-1917) graduated from Provident Hospital's Nursing School in 1893. She enrolled in the Women's Medical College of Chicago at United Methodist-related Northwestern University in Evanston, Illinois, and in 1895, she received her M.D. degree. Dr. Reynolds practiced medicine in Waco, Texas from 1896 to 1899 and moved to New Orleans in 1900. In 1902, she returned to Frankfort, Ohio, where her parents stilled lived, practicing medicine until her death in 1917.

were black and white during the early years. As the demand for medical care on Chicago's south side grew, the Provident board initiated planning to expand. An 1896 campaign raised sufficient funding to construct a new building on donated land at 36th and Dearborn. By 1897 the hospital had 189 patients, and the outpatient clinic, the Armour Dispensary, treated approximately 6,000 patients. In 1898 the hospital moved to the new 36th Street location, which had 65 beds.

The hospital and training school affiliated with the University of Chicago in 1933. A financial crisis in the mid 1980s led to an alliance with the city's Cook County Hospital. The long-standing interest of Cook County Hospital to improve health services for county residents living on the city's south side, led the Cook County Board of Commissioners to acquire the hospital in 1991. After considerable investment in upgrading the physical plant, the hospital's traditional medical education role was re-established through an educational affiliation with Loyola University's Stritch School of Medicine. While no longer a black-run, church-sponsored hospital, Provident Hospital continues to serve the health needs of the community, including a variety of health outreach efforts.¹⁷

Brewster Hospital, Jacksonville, Florida

In 1901, a devastating fire swept through Jacksonville, Florida, destroying 466 acres, killing seven citizens and injuring and rendering homeless 9,000 citizens. There seemed to be nowhere to turn for help. The utter destruction moved several local Methodist women to realize the need to establish a shelter and medical treatment facility for the black citizens of the area. Healthcare facilities in Jacksonville and surrounding area denied treatment to African-Americans until the passage of the Civil Rights Act of 1964. A one-room medical clinic opened in 1901, from which quickly grew Brewster Hospital and Nurses Training School. The Jacksonville medical institution was closed temporarily in 1966. The hospital, renamed Methodist Hospital, reopened the following year (1967) as a racially integrated hospital in new twin ten story tower facilities financed through a consortium of banks, insurance companies and the Women's Division of the United Methodist Church. In May 1976 the hospital was added to the U.S. National Register of Historic places. The original Brewster Hospital building was recently moved and is being preserved.¹⁸

Assessment

The building of hospitals reflected late nineteenth century Methodism's

¹⁷ Richard M. Krieg and Judith A. Cooksey, *Provident Hospital: A Living Legacy* (Chicago: Provident Foundation, 1998). See also www.providentfoundation.org/history

¹⁸ Sessions, B.J., *A Charge To Keep: Brewster Hospital, Brewster Methodist Hospital, Brewster Hospital School of Nursing, 1901-1966* (Jacksonville, FL: Brewster and Community Nurses Alumni Association, 1996).

identification with scientific progress, but more particularly grew out of the growing liberal theological orientation after the Civil War. Identifying with progress, modernity, and change, Methodists, in the North at least, endorsed biological evolution, welcomed the new biblical criticism, and rekindled a commitment to the ethical teachings of Jesus and the Hebrew prophets. They sought to empower these teachings with insights from the emerging disciplines of sociology, economics and medicine, so as to humanize and Christianize society by alleviating patterns of poverty, crime, unfair labor conditions, racism and ill-health. The building of hospitals became an essential component in this grand scheme to transform society by means of modern social organizations under the banner of the ideas of the Social Gospel. The impact of this optimistic ideology was all the more important because it was linked to the power and vitality of American Progressivism.

Hospital sponsors and their local churches organized charity balls, oyster suppers, fairs and other fund-raisers, while women made jams and jellies, rolled bandages, provided linens and flowers, and visited and cheered the patients. These activities had the double value of raising money and fostering group solidarity. Participation in hospital work defined and ratified social structures in the community while creating a visible beneficent upper class with its own continuing institutions.

By the first decades of the twentieth century the Methodist family of churches had built an enviable network of hospitals. But hospitals were a new thing in medical care for most Methodists. For them, increasingly retreating to the suburbs, home remained the ideal place to treat the sick—but for the city's poor and those without family the hospital was a necessary recourse. And like a good home, Victorian hospitals aimed to provide for the souls as well as for the bodies of those they nurtured. Average length of stay was long—25.87 days per patient at Brooklyn's Methodist Hospital in 1893—long enough for the hospital staff to assume responsibility for the social and moral improvement of their "guests."¹⁹

Implicit in the American model of medical care for the poor were two very different kinds of institutions and two philosophies. Charitable and religious hospitals provided services to the socially worthy (both paying and impoverished) and were oriented to diagnosis and cure; government hospitals provided shelter and basic services as a backup system, on grounds of necessity and public order. At the same time Methodism's hospitals expressed the preferences of both board members and medical professionals for a style of medicine that encouraged economic self-reliance by assuming that patients should pay whenever possible.

As hospital administrators began to move patients through the facility more quickly in order to reduce costs and accommodate more needy patients, the trustees found their traditional role as stewards of the poor being undermined. No longer were patients present in the hospital long enough for

¹⁹ Rosner, *A Once Charitable Institution*, 58.

hospital staff to assume responsibility for their social and moral improvement. Nor could pressured trustees who were charging patients continue to see their institutions primarily as services to the poor. In time charity patients came to be seen by trustees as a burden, especially because the demand for care was so high and the need seemed so overwhelming. In the face of the seemingly intractable poverty created by industrialization, Methodists retreated from their previous commitment to charity and sought to narrow the scope of their hospitals. Gradually, the number of patients paying for their care shifted the balance from ward services to private accommodations.