Bishop John Timon, C.M., Sisters of Charity Hospital, and the Cholera Epidemic of 1849

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Introduction

While preparing biographical articles on Catholic bishops for an encyclopedia of American Christianity, I encountered many cases where these church leaders mobilized their congregations in response to cholera outbreaks. I was struck by how these communities, often composed of poor immigrants and ostracized by other Americans, could offer such a significant response to this serious health crisis. Would we ever consider asking today’s Syrian refugees, after reluctantly allowing them to enter this country, if they could tackle the opioid crisis? The Vincentian John Timon, C.M., was the founding bishop of Buffalo, New York, and his charitable zeal brought into being the city’s first hospital on the eve of the cholera epidemic of 1849.

Cholera

There have been seven cholera pandemics in world history. The first began in 1816 and the last ended in 1975. The United States was hardest hit by the second, third, and fourth pandemics. By the beginning of the twentieth century, modern water and sewage treatment eliminated this health problem in North America and Western Europe.

Cholera is an infection of the small intestine caused by bacteria. The main symptoms are watery diarrhea and vomiting. Transmission occurs primarily by drinking water or eating food that has been contaminated. Without treatment, severe cholera kills about half of affected individuals. Cholera has been nicknamed the “Blue Death” because a person’s skin may turn bluish-gray from extreme loss of fluids. It was thought that this was a disease
of the “dirty, drunken” poor. The upper and middle classes, who lived clean, temperate lives, would be safe.

The second cholera pandemic from 1829 to 1849, also known as the Asiatic Cholera Pandemic, began with outbreaks along the Ganges River Delta in India. The epidemic became a pandemic when it reached Great Britain in December 1831. In London, the disease claimed 6,536 people; in Paris, 20,000 died (out of a population of 650,000), with about 100,000 deaths in all of France. In 1832, the pandemic reached Russia and North America.¹ Cholera came to Buffalo from travelers heading west along the Erie Canal and from others travelling south from Canada. Buffalo’s location at the terminus of the Erie Canal caused the population to increase from 2,500 in 1825 to 10,000 by the time of the 1832 outbreak. The area surrounding the canal was a particularly wild space, with one witness estimating that “sixty percent of the buildings on both sides of Canal Street from Erie Street to Commercial were houses of prostitution, thirty percent were saloons, and ten percent grocery stores” or legitimate businesses. Both human and animal waste, as well as the occasional human body, were tossed into the canal. The odor alone often made locals ill.²

Cholera patients were often taken by surprise. Even those who appeared perfectly healthy were at risk—people could be fine in the morning and dead by that night.³ Death carts roamed the city at night, collecting the bodies of the day’s fatalities with the drivers yelling, “Bring out your dead.” The victims were quickly buried, often within an hour or two.

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³ Ibid.
after collection, and fear of the disease followed them to the grave. For a time, they were not permitted burial in the primary cemetery and special burial sites were established.4

The 1832 cholera outbreak in Buffalo lasted two months. Approximately 250 persons became ill, and 120 died.5 This was 1.2% of Buffalo’s population, or the equivalent of 3,080 today.

**Early attempts to establish a hospital**

In the early nineteenth century, Buffalo had no organized health care and no coherent strategy existed to care for the sick poor. Like many other new commercial cities, it lacked the public sector capacity to establish municipal hospitals. The city was not set up to deal with the large numbers of working poor who lacked the means to employ a private physician. Furthermore, the poor lacked homes conducive to recovery from illness, to say nothing of transients who had no homes in which to receive treatment.6

The faculty of Buffalo Medical College recognized the city’s need for a hospital for the sick poor. As early as 1841, Dr. Austin Flint began advocating the building of a hospital in Buffalo.7 While Dr. Flint and his colleagues were genuinely concerned about the medical well-being of the sick poor, they were guided by more than just altruistic concerns. A medical college with access to a hospital would enhance the reputation of Buffalo Medical College and the doctors who served as its faculty.8

Flint proposed that the hospital be endowed through New York State appropriations and private contributions. He claimed to have the backing of other Buffalo physicians, but his first appeal in 1841 received little support. In 1846, Flint formed a “public hospital association,” including colleagues and civic leaders. A state incorporation charter allowing for a 150-member board was obtained in 1847, but no state money was granted. In 1848, the board of directors again petitioned the legislature, this time for $40,000 to purchase a site to build the proposed hospital and for an additional endowment of $2,000 annually for five years.9

Several Buffalo physicians who resented Buffalo Medical College sabotaged the campaign for state money. Half a dozen city physicians signed a petition protesting the appropriation for the hospital and sent it to the state legislature. The *Buffalo Morning*

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4 Ibid., 24.
5 Ibid., 27.
7 Austin Flint, *An Appeal to the Citizens of Buffalo and of the County of Erie, on Behalf of New and More Efficient Means of Medical Relief for the Sick Poor* (Buffalo: Press of Thomas and Company, 1941), 14–18.
8 Richardson, 34.
Express blamed the failure to obtain funding on this “interference growing out of professional jealousies.” This sentiment among the city’s physicians helped defeat the first efforts to establish a hospital.10

The hospital association tried again the following year, requesting $40,000 and an endowment of $5,000 per year for two years. Hospital advocates tried to avoid dissension by appointing all of the city’s regular physicians to the hospital association board, including the antihospital petitioners of the previous year. However, eight local physicians again petitioned the state legislature against the appropriation. They objected to the fact that although the dissenting physicians were board members, they were not proposed as staff members for the planned hospital. They claimed that the charter for the hospital was obtained solely in the interests of the Buffalo Medical College professors and was designed to serve the private interests of the college faculty rather than the public good. These envious physicians resented the control Buffalo Medical College faculty would exercise over the proposed hospital and feared that the hospital would be closed to the other doctors. They saw Flint and his colleagues as competition that was seeking state-supported advantages.11

As a result, this growing city on Lake Erie continued to lack adequate medical facilities for all its residents.

Bishop Timon and the Sisters of Charity

John Timon, the former head of the American province of the Vincentians, arrived in Buffalo on 22 October 1847. This founding bishop, animated by the Vincentian charism for

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10 “Editorial,” Buffalo Morning Express, 15 March 1849.
11 Richardson, 36.
charitable work, would create many social service institutions in the city over his twenty-year episcopate. His biographer, Leonard Riforgiato, wrote: “From his first day in Buffalo the bishop had planned to establish Catholic charitable agencies to meet the city’s most pressing social needs. Adequate medical care appeared to Timon to be the most urgent need, for the city lacked a hospital. Timon determined to provide one.”

In March 1848, five months after his arrival in Buffalo, Timon traveled to Emmitsburg, Maryland, to invite the Sisters of Charity to staff a recently opened girls’ orphanage, and to establish a public hospital in Buffalo. Timon was familiar with the sisters’ work. He had been called upon on many occasions to give religious retreats to the community. In addition to its experience in hospital work, the order was attractive to the bishop for other reasons. As an American order, the Sisters of Charity were used to working with non-Catholics; on the other hand, many of the sisters were foreign born. Sixty percent of the sisters who served Sisters Hospital from 1848 to 1900 were foreign born, mostly from Ireland. The presence of immigrant sisters would be reassuring to Buffalo’s immigrant population. The order accepted his invitation. It should be noted that this occurred before the community changed its name to the Daughters of Charity.

At noon on 3 June 1848, the six sisters from Emmitsburg stepped off the train at Buffalo. All were clothed in simple black dresses with short shoulder capes and wore black caps with crimped borders and black crepe ties. Three of the sisters were to manage the

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13 Richardson, 44.
girls’ orphanage in the city. The other three sisters would found the first hospital in Buffalo. For seven years, the Buffalo medical community had tried to establish a hospital. Together with Bishop Timon, the sisters would do it in three months.\textsuperscript{14}

The foundresses of the Buffalo Hospital of the Sisters of Charity were Sisters Ursula Mattingly, Veronica O’Brien, and Ann Sebastian Warns. Sister Ursula was selected as the first sister servant of Sisters Hospital. She had entered the Sisters of Charity in 1830. In addition to missions at various orphanages, she worked for two years at the Baltimore Infirmary and served during the 1832 cholera epidemic at the Philadelphia Almshouse and Hospital. Sister Veronica, the first chief of the nursing staff, entered the order in 1841. Her assignments prior to the Buffalo mission were in orphanages. Sister Ann was born in Germany. She entered the Sisters of Charity in 1844, and her first assignments were also in orphanages.\textsuperscript{15}

**Founding the Hospital**

Bishop Timon took the responsibility of acquiring property for the new hospital. He learned that the board of directors of the Buffalo Orphan Asylum was selling its current building in anticipation of a move to a new facility under construction. On 21 June 1848, Timon purchased the orphanage, originally built in 1829, for the hospital. Unfortunately, when the orphanage director learned that the Catholic bishop had purchased it for a hospital to be run by nuns, he refused to vacate the premises.\textsuperscript{16}

Timon described his response to this obstacle in his semi-autobiographical history of the diocese, *Missions in Western New York and Church History of the Diocese of Buffalo*:

> After fixing various days for giving possession and failing, on the 5th July [1848], the Bishop went to the Director ... and said: “This delay is a great inconvenience, as the Sisters [intended] for this house have now no place [to stay]. You say that you cannot find a suitable house. I will, then, take all your orphans, put the girls with the Sisters of Charity, and keep the boys in my own house; and when you find a suitable place you can take them back; only I will request you to leave the Catholics with me, and to take back the Protestant orphans only.”\textsuperscript{17}

Timon’s tactic was successful. Alarmed that the board might find this request reasonable, which would result in a decrease in public funding per capita since a majority of the orphans were Catholics, the director moved out the following day. On 8 July 1848, the Sisters of Charity moved in, and they began operations on 1 October.\textsuperscript{18}

\textsuperscript{14} Ibid., 1.
\textsuperscript{15} Ibid., 183–84.
\textsuperscript{17} Ibid.
\textsuperscript{18} Riforgiato, 158.
Timon believed in creating partnerships between church and state to provide needed social services. Therefore, he announced that the hospital would be open to those of all faiths and incomes and would be run in a nonsectarian manner; that there would be no attempt to proselytize patients; and that clergy of all faiths could visit and minister to its patients.¹⁹

Timon created a medical board to direct services, which included the early hospital advocate Dr. Austin Flint.²⁰ Furthermore, the bishop arranged for Buffalo Medical College to use the facility as a clinical teaching hospital, thus bringing the medical community, the university, the hospital, and the diocese into close alliance. This arrangement was to prove a potent aid toward obtaining state funding.²¹

In 1849, Timon incorporated the hospital, and the new hospital board consisted of himself, vicar general Bernard O’Reilly, and five Catholic laymen. Provisions were also made to transfer complete control to the Sisters of Charity by 1855. Timon and his new medical allies now petitioned the state legislature for a grant of capital development funds of $9,000. It was secured with bipartisan support.²² Sisters Hospital qualified for funds because the state legislature provided capital development grants to existing sectarian hospitals where no nonsectarian hospital existed.²³

Thanks to Timon’s efforts from 1851 to 1860, the state commissioners of immigration paid about $3,712 annually per capita to Sisters Hospital for services provided to indigent, unpaid patients.²⁴

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¹⁹ Ibid.
²¹ Riforgiato, 158.
²² Ibid., 159–60.
sick foreigners. By 1860, diocesan welfare institutions were receiving 86 percent of the approximately $10,000 given annually to Buffalo facilities in these per capita payments.\textsuperscript{24}

The first regulations of Sisters Hospital emphasized its nonsectarian mission: “In admission of patients, no questions shall be made as to what the applicant believes, on matters of religion; and whenever a patient of any creed may wish to receive spiritual help from the minister of his religion, every facility shall be afforded for having his wish accomplished.”\textsuperscript{25}

A study of hospital’s early patient population verifies that the sisters admitted people of all backgrounds. Irish patients (who were presumably Catholic) were the largest subpopulation served at Sisters Hospital. A substantial number of patients identified simply as “American” (the majority of whom were Protestant) were also admitted during the 1848–1849 period. The percentage of “Americans” in the hospital population for the 1855–1856 period declined as the immigrant population increased in both Buffalo and the hospital. In terms of absolute numbers, “Americans” in the hospital population continued to increase as the number of patients served increased.\textsuperscript{26}

The sisters did not charge for care of the poor but, because their financial resources were limited, they did request that charitable societies that sent patients pay minimum charges sufficient to cover the patient’s expenses. These minimum charges were $1.50 per week for each charity patient in the general ward. But even this minimal charge was not paid for many patients.\textsuperscript{27}

While Sisters Hospital was a public hospital that provided free care to the poor, it also accepted paying patients. The rates were graduated, based on ability to pay. For general ward patients who were able to pay, the rate was $2.50 per week. Private rooms were available for $4.00 a week, and patients could be attended by their personal physicians.\textsuperscript{28}

Regarding governance, the sister administrators set the policies for the hospital and exercised actual day-to-day authority. The male board of trustees, formed upon incorporation, in fact held little power. The early boards consisted of clerics and laymen. Through the years, the sisters assumed more and more control of the board. The bylaws stipulated that the bishop of Buffalo hold the office of president, and that the vicar general was a permanent member of the board. The laymen had no special expertise in managing a hospital, nor was such expertise needed. However, they had business and organizational

\begin{footnotes}
\item[25] “Buffalo Hospital of the Sisters of Charity,” 325.
\item[26] Richardson, 45–46.
\item[27] “Buffalo Hospital of the Sisters of Charity,” 325–26.
\item[28] \textit{Ibid.}.
\end{footnotes}
experience and were men of substance within the Catholic community. In most antebellum hospitals, the trustees’ main responsibility was financial. Sisters Hospital’s lay trustees accordingly confined their involvement in hospital affairs to such matters as keeping the books, raising funds, buying and selling land, and overseeing the information released to the newspapers. All other decision-making was in the hands of the sisters. Bishop Timon had the final word on actions of lay board members, and no act of the board was binding until approved by the bishop or by his vicar general.29

Timon believed that it was his responsibility to oversee the successful launching of the hospital and to ensure that it was financially viable. However, he had many other projects to undertake, such as St. Mary’s School for the Deaf, a new cathedral, and a seminary, to name just a few. By the 3 January 1854 board meeting, the bishop announced to the board that the hospital was well established. The hospital’s financial situation was stable, and the facilities were furnished. Timon decided that the time had come for him to withdraw himself from the central role in the early life of the institution that he had assumed at the outset. He suggested that the trustees meet at the hospital, where the minute books and hospital books would henceforth be kept and where the affairs of the hospital would be managed. With the bishop’s withdrawal, the lay trustees’ role was reduced to one of guidance. Bishop Timon specified that they were to inspect the physical plant and notify the sister servant of needed repairs. He instructed the board members to aid the sister servant “in anything on which she may consult them whether it be help with the bookkeeping, or aid in collecting accounts or dealing with city officials.” After this meeting on 3 January, the bishop rarely attended board meetings, but he did retain the office of president.30

The bishop’s withdrawal began the process by which the sisters gradually took complete control of the hospital. The board of trustees remained all male until 1855, when the Bishop nominated Sister Servant Ursula Mattingly and Sister Veronica O’Brien to replace two male members who wished to resign. Thereafter, at least one sister, the sister servant, sat on the board. At a meeting in 1857, the trustees passed Bishop Timon’s proposal to change the bylaws to allow someone other than the bishop to hold the office of president. The vicar general filled the position of president thereafter. One year later, no longer having the time to act as a trustee, the bishop resigned. In 1860, the sisters took all seats on the board of trustees and the sister servant served as president.31

The first sister servant of Sisters Hospital, American-born Ursula Mattingly, served for seven years from 1848 to 1855. The second and third sister servants were born in

29 Sisters of Charity Hospital Minutes, 3 September 1850, 18 July 1851, and 29 July 1852.
30 Sisters of Charity Hospital Minutes, 3 January 1854.
31 Sisters of Charity Hospital Minutes, 9 November 1857 and 9 March 1858.
Ireland. Sister Camilla O’Keeffe directed the hospital from 1856 to 1862, and the tenure of her successor, Sister Ann Louise O’Connell extended from 1862 to 1873.32

Return of Cholera

The opening of Sisters Hospital proved providential because in 1849 Buffalo suffered a second outbreak of cholera, which hit the immigrant sections of the city hardest. Mortality had been high in the epidemic of 1832, particularly with no hospital in existence. This time the Sisters of Charity were on hand to nurse the ill without regard for their own health, keeping patients clean and dispensing both medication and hope.

The epidemic swept through the city in the spring and did not end until September. The Buffalo Medical Journal reported that while the disease was not restricted to any particular part of the city, some areas did have a higher proportion of cases. The disease took the highest toll on streets near the Erie Canal, which were densely populated, and in “the Hydraulics,” a crowded and polluted industrial area in which working-class native-born Americans and Irish and German immigrants resided. Contemporary medical thinking blamed cholera on a miasma, with personal character as a predisposing cause. Therefore, physicians believed cholera was caused by immorality, imprudence, drunkenness, idleness, and bad hygiene rather than by inadequate drainage, crowded living spaces, and poor sanitation. Since the working classes were affected in greater numbers, and by far the majority were foreigners, prevailing prejudices against them were reinforced.33

32 Richardson, 54.

At the epidemic’s peak, deaths from cholera reached thirty-two per day. During the six months that the epidemic raged, 2,505 cases were reported out of a population under 40,000, and 850 died. Given the circumstances, the Buffalo City Council readily accepted the sisters’ offer to use their hospital for cholera patients. The city also quickly established a makeshift hospital to handle cholera patients who became Erie County’s charges. Sisters Hospital proved much more successful than Erie County’s *ad hoc* public facility. Cholera patients at Sisters Hospital were more likely to recover than either cholera patients in the county hospital or those who stayed at home. *Buffalo Medical Journal* reported that the mortality rate at Sisters Hospital for cholera patients was 39 percent, while at the county’s temporary hospital the rate was 53 percent.³⁴

Though many of the cases had been brought to Sisters Hospital only toward the end of the epidemic, the majority recovered. Charity cases made up 57 percent of the patients.³⁵ At the peak of the epidemic, the sisters even turned over their living quarters to the sick and moved into the building’s damp basement. Bishop Timon believed that the service of the sisters during the crisis earned them respect and acceptance among Protestant elites. The sisters’ actions and the services they provided solidified the public’s support for the hospital,³⁶ which would be the sole medical facility until the opening of Buffalo General nine years later.³⁷

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³⁶ Richardson, 80.
³⁷ Riforgiato, 160.
The 1849 cholera epidemic forced the sisters to expand their services faster than they might have expected. It left many helpless victims, among whom were homeless widows and orphaned infants. Thus, with Bishop Timon’s encouragement, Sisters Hospital expanded to include an infant asylum, a home for destitute (and usually aged) widows, and poor or abandoned pregnant women, who were often unwed. In 1852, Timon supported the sisters’ appeal to their superiors for additional staff and in that year, three new sisters were sent to Buffalo.38

**Appreciation of the Local Community**

In November 1849, the *Buffalo Medical Journal*’s “Report on the Epidemic Cholera at Buffalo” voiced the local community’s appreciation for Sisters Hospital. The report praised the self-sacrificing sisters lavishly for their untiring efforts:

> We are free to say that, whatever credit is due to the Institution [Sisters Hospital] for the large proportion of recoveries, belongs to those, under whose immediate charge the Institution is placed.... Each patient admitted to the hospital was, at once, placed under the charge of one of the Sisters, and received her unceasing and assiduous care, as long as it was requisite.

> Scrupulous exactness in the execution of all medical directives, and fidelity in the administration of remedies, could be confidently depended upon, together with all other attentions and appliances, which the circumstances of the case might suggest. The degree of patience and endurance exhibited by the Sisters of Charity, in their unwearied labors of mercy, during the period of the epidemic, was a matter of astonishment, not less than of admiration. Night after night, as well as on successive days, they were at their post, never manifesting weariness or diminished zeal; and during the whole period, not one was debarred by illness from the exercise of her voluntarily assumed duties.39

In addition to the lives saved, an artistic legacy of the sisters’ efforts was left in the poem titled “The Cholera Epidemic of 1850,” using lines from Gerald Griffin’s work “The Sister of Charity.” The poem is proudly displayed today in Sisters Hospital:

> Where want and affliction on mortals attend,

> The Sister of Charity, *there* is a friend.

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Unshrinking where pestilence scatters his breath,
Like an angel she moves 'midst the vapors of death.\(^{40}\)

As a Catholic-owned institution, the hospital did encounter anti-Catholic bias, particularly from some ministers when it sought state funding. Still, Sisters Hospital was the only hospital available for the Protestant physician-professors at Buffalo Medical College. They appreciated its availability and chose to affiliate with the hospital despite whatever anti-Catholic prejudice they may have held.\(^{41}\)

In *A History of the Sisters of Charity Hospital, Buffalo New York, 1848–1900*, Jean Richardson writes that the founding of Sisters Hospital was a blessing for Buffalo Medical College: “Having failed to establish a hospital of their own, the College had entered into an agreement with the sisters. The College faculty offered to provide, gratuitously, medical and surgical services. The sisters accepted and Buffalo Medical College faculty comprised the medical staff for the next thirty-five years ... At most antebellum hospitals, including Sisters Hospital, attending physicians made up the active medical staff that supervised treatment ... physicians were willing to forgo their religious ideology when it proved advantageous to do so.”\(^{42}\) As Richardson explains, the connection with Sisters Hospital was important to Buffalo Medical College and its faculty:

Association with the hospital enabled the college faculty to see and treat large numbers of special cases, comparatively rare in private practice, and to develop a

\(^{40}\) To read the full poem, see “The Sister of Charity,” in *The Works of Gerald Griffin, Esq.*, Vol. 1 (London: J. Wyatt, 1843) p. 356, at: [The Sister of Charity poem](#).

\(^{41}\) Richardson, 3.

reputation that could itself be remunerative. They could use suitable and interesting cases for teaching and research. Hospital physicians put in only a few hours each day at the hospital during their terms of six months. They earned their livelihood in care of well-to-do private patients in their homes who paid for the knowledge gained in hospital work. Sisters hospital [sic] afforded these practitioners a broadened practice, professional improvement, increased public exposure and a chance to advance their skill and knowledge.43

Arrangements were immediately made with Sisters Hospital so that students attending medical lectures at the college could accompany physicians and surgeons into hospital wards for clinical instruction at bedside. This clinical approach, which went beyond lectures to include actually seeing patients, was new in nineteenth-century medical education and put Buffalo Medical College at the forefront. The students paid the hospital a small fee for this privilege. The Buffalo Medical Journal and the college catalogues continuously document the college’s connection with Sisters Hospital and the emphasis on clinical instruction. The Journal editors credited the availability of clinical instruction at Sister’s Hospital for enabling Buffalo Medical College to be on par with medical colleges in larger cities.44

Conclusion

In the late eighteenth and early nineteenth centuries, the Catholic Church in the United States experienced significant growth. Between 1785, when John Carroll reported to the Holy See on the status of Catholics in Maryland, and 1840, the Church grew from 25,000 to 663,000 members nationally. This was a healthy growth rate of 11,600 a year. It was significant but not threatening. Thus, the work of the Catholic Church in dealing with community problems, such as the cholera epidemics of the early nineteenth century, prompted many of our Protestant neighbors to reassess their anti-Catholic prejudices. In this way, the work of Bishop Timon and the Sisters of Charity greatly contributed to religious toleration in Buffalo, besides contributing to public health.

But by the time the second cholera pandemic came to a close, great waves of Catholic immigration began to arrive on American shores. By 1850, the Catholic population had more than doubled to 1,600,000 with a growth of 94,000 a year, eight times that of the previous period. By 1900, it reached twelve million, a growth rate of over 200,000 a year. To our Protestant neighbors, this looked more like an invasion than immigration. Fears of the Papist threat to the American republic replaced the warm feelings of gratitude to dedicated women like the Sisters of Charity.

43 Ibid., 56.
Engraving of a Daughter of Charity coming to the aid of a cholera victim.

In Les Soeurs de Charité: Histoire Populaire des Soeurs de Saint Vincent de Paul (1888). Courtesy St. Vincent de Paul Image Archive Online
Buffalo from the Light House, 1825.
Engraving by George Catlin (1796-1872).

Public Domain
Portrait of John Timon, C.M.

Courtesy St. Vincent de Paul Image Archive Online
Sr. Ursula Mattingly, S.C. (1808-1874); and an early ambulance.

Public Domain
The newly incorporated Sisters Hospital, Buffalo, N.Y.

Public Domain
The city of Buffalo, circa 1860. Of particular note, the crowded conditions along the Erie Canal which enabled the spread of diseases like cholera.

Public Domain
An early photograph of the exterior of Sisters Hospital, Buffalo.

Public Domain
John Timon, C.M., first Bishop of Buffalo; and the Timon seal, which reads: “Under the shadow of your wings.”

Courtesy St. Vincent de Paul Image Archive Online