

DESERET HOSPITAL, WOMEN, AND THE PERILS OF MODERNIZATION

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On a sweltering day in August 1873, Eliza R. Snow stood in the Ogden, Utah, tabernacle and addressed her sisters in the Relief Society of the Church of Jesus Christ of Latter-day Saints. She recounted that church president Brigham Young had told her that he wanted a “good many” sisters to get a “classical education” and then to go on for further training in medicine. As described in the *Woman’s Exponent*, the Salt Lake City–based newspaper that published on topics of interest to Latter-day Saint women, it is not clear which sentiments were Young’s and which were actually Snow’s. The article explained that younger women should train in medicine and older ones in nursing and obstetrics. In her concluding remarks, Snow summarized what had become a rallying cry of the 1870s. Women’s “first business” was to their home duties but, Snow continued, “by seeking to perform every duty you will find that your capacity will increase, and you will be astonished at what you can accomplish.” Seeking to motivate her listeners Snow observed, “Don’t you see that our sphere is increasing? Our sphere of action will continually widen, and no woman in Zion need to mourn because her sphere is too narrow.”¹

Eliza Snow was not the only Relief Society leader who recalled Young’s call to action. That same August, Bathsheba Smith also remarked that Young encouraged women to receive training in medicine. The “President had suggested to her,” the *Woman’s Exponent* explained, “that three women from each Ward in the city be chosen to form a class for studying physiology and obstetrics. Also, that one woman from each settlement be sent to the city to study the same branches, and that the Bishops see that such women be supported.”² Both Snow and Smith were forceful voices in the Latter-day Saint community. Each had known the prophet Joseph Smith (Snow being secretly sealed as his plural wife) and made the arduous trek across the plains to Salt Lake City. Bathsheba was also one of the seven wives of George A. Smith, who was Young’s first counselor in the First Presidency of the church. Within the decade, Latter-day Saint women established Deseret Hospital.

Catholic residents of the territory of Utah were also calling on women to expand their traditional roles as healers. About the same time that Eliza

Snow delivered her address, a mining foreman became concerned about the mortality rate among his workers.³ The completion of the transcontinental railroad in 1869, the improvement of smelters and mills, and the arrival of non-Mormon workers had transformed Utah mining into a vast (and dangerous) commercial enterprise. Marcus Daly contacted Lawrence Scanlan, a fellow Irishman and newly arrived Catholic priest from San Francisco. While ministering in the raucous mining camp of Pioche, Nevada, Father Scanlan had raised funds to construct a small hospital for the injured and sick. Daly and Scanlan believed that something similar could be built for Utah miners. The hospital established by the Episcopal bishop, the six-bed St. Mark's (1872), was no longer adequate for the growing population. In October 1875, two Sisters of the Holy Cross who had

recently arrived in Salt Lake City responded to Scanlan's appeal for women to nurse the sick by opening a hospital.

Holy Cross Hospital expanded throughout the late nineteenth century and flourished for more than a hundred years. It closed in 1994 when the sisters sold it to a private hospital organization. On the other hand, the hospital established by Latter-day Saint women floundered. Deseret Hospital closed after little over a decade of operation. This article contends that while Deseret Hospital has been presented as an example of Latter-day Saint women's achievement in non-domestic occupations, in reality the care facility only had limited success. Indeed, part of the reason why Latter-day Saint women failed at establishing their hospital was due to the success of Catholic women in establishing theirs.



An engraving of Eliza R. Snow.
Public domain.

In general, historians shy away from studying failures. However, by studying a short-lived project like Deseret Hospital, we can see the underlying structures that have limited women's achievements. This examination of why it failed (rather than simply celebrating the hospital's establishment) reveals what actually hampered women from widening their sphere of influence in a modernizing America.⁴ During the 1870s, both Latter-day Saint and Catholic women attempted to respond to the needs of the sick, but only Catholic women were able to effectively negotiate the transformation from home-based to hospital-based medical care. The Sisters of the Holy Cross were successful because they had perfected a system that was well adapted to modern medical care, unlike the women who founded Deseret Hospital. This essay presents a critical history of Deseret Hospital and concludes by briefly comparing Catholic women's efforts to those of the Latter-day Saints.

Eliza Snow's 1873 call for women to study medicine paralleled instructions from Brigham Young to the Saints to maintain their frontier independence. As the railroads brought Mormons closer into contact with the nation's goods and services, Young stressed the importance of the autonomous, productive capabilities of the community. Asking women to train in various forms of medicine was only one of the many employments Young hoped Latter-day Saint women might take up.⁵ During an April 1873 conference talk, President Young asked women not only to be school teachers but also to make their own schoolbooks, starting by collecting the rags to make paper for the texts. Then "the ladies of the Relief Society," were to compose the content, learn how to set the type, and finally bind and distribute the books. Elsewhere in his address, women were told to master telegraph communication, raise worms to produce silk, make lace, and clerk in the community's stores. While it was "unbecoming" for the sisters to do the hard labor of farm work almost every other "light work" was suitable for women.⁶

Young, however, had mixed feelings about doctoring—no less about women doctors. Midwives and natural healers may have had a place in Zion, but the profession of physician was more suspect. In 1869, Young observed that, "doctors and their medicines I regard as

a deadly bane to any community."⁷ With their unscientific and harsh attempts at healing, Young correctly concluded that physicians frequently caused more harm than good. The Latter-day Saints, like members of other antebellum utopian communities, stressed that the faithful would be healed by God, and Mormons preferred natural remedies and Thomsonian medicine.⁸ A month before the *Woman's Exponent* published Eliza Snow's call for female physicians, it opined that, "The best cure for yellow fever is a castor oil and brandy toddy."⁹ Far from the centers of technology and science on the East Coast or in Europe, the Latter-day Saints felt the most comfortable with informal, folk remedies, administered typically by women at home. Such healing paralleled their belief in the unity of the spiritual and the physical orders.

By the 1870s, however, the Saints were also consulting with doctors. Young predicted with sarcasm that, "in a little time . . . not a woman in all Israel will dare to have a baby unless she can have a doctor by her." His community was clamoring for more than blessings and herbs. "Now the cry is, 'Send for a doctor,'" Young preached in 1872. "If you have a pain in the head, 'Send for a doctor' . . . my back aches, and I want a doctor."¹⁰ The Latter-day Saints, like other Americans, were responding positively to the new class of physicians who promoted their scientific knowledge, technical acumen, and healing capabilities. Young had already encouraged a few young men to go east to study medicine, and it would not be surprising that his wife Eliza Snow thought that the same should be done for women.¹¹ Although midwives continued to deliver babies at home well into the twentieth century, men increasingly adopted European methods of medicine that offered a germ theory of disease and congregated the sick in hospitals.¹² Frontier healing was giving way to what would become "modern" medicine.

Consequently, it would not be until *after* Young's death in 1877 that women would be blessed to practice medicine and surgery among the Saints. In the summer of 1878, a brief mention in the Church Historian's office journal explained that one morning, John Taylor set apart Romania Bunnell Pratt and Margaret Curtis Shipp while George Q. Cannon set

apart Ellis Reynolds Shipp and Martha Hughes Paul.¹³ Three of the women—the two Shipp and Pratt—had graduated from the Women’s Medical College of Pennsylvania. Martha Hughes received her *Doctoris in Arte Medica* from the University of Michigan.¹⁴ While many more midwives were probably set apart at other times, these are the only four female doctors who were so ritually acknowledged by Latter-day Saint leaders.

The gesture reflected an emerging Latter-day Saint attitude toward health: healing engaged not simply the natural and the spiritual but also the scientific and the religious. The women had graduated from medical schools where they experienced a “modern” healing culture of science, technology, credentials, and hospitals. Their training expected them to master an abstract body of knowledge and function within a male-dominated, hospital-based medical system. At the same time, because their healing profession dealt with the great mysteries of life and death, medicine also entailed the spiritual well-being of the community. These women had chosen a God-given religious vocation, and church leaders acknowledged their religious responsibility by the laying of hands and the saying of a prayer. Ritually “set apart” from other physicians, the women committed themselves to the care of the Saints as a religious duty.

It is important not to exaggerate the extent to which Latter-day Saint women entered the male-dominated profession of medicine. An early history of Utah medicine mentioned that twenty women were supported by the Relief Society, trained on the East Coast, and became physicians in the territory—although no evidence is cited for this claim.¹⁵ As we will see, not even Pratt, the Shipp, and Hughes consistently practiced so-called regular medicine throughout their lives. I have located twenty-four women who called themselves doctors and practiced in Utah during the late nineteenth and early twentieth centuries, but none of them were ritually acknowledged by Latter-day Saint church leaders.¹⁶ Their backgrounds are incredibly varied, due to the religious pluralism of 1870s Utah and the diverse nature of medical training of the time. Not all were Latter-day Saints or lived in Salt Lake City. Indeed, the most financially successful of

all the female physicians was Margaret Freece who was born in Scipio, Utah, and practiced in Salina. Her father was an excommunicated Mormon, and she was educated in Utah’s Presbyterian academies before studying medicine in Chicago.¹⁷

These female doctors exemplified the growing number of women in medicine throughout the United States prior to the professionalization of the field in the 1920s, when women were squeezed out of that career. Until medicine became regulated by male professionals, women could easily apprentice or study briefly and call themselves physicians. Especially in the sparsely settled frontier, women from a variety of religious backgrounds—not simply Latter-day Saint women—had more opportunities and faced less opposition in pursuing medicine than in other parts of the country.

Likewise, it is incorrect to conclude that the four set-apart female physicians had their “expenses met by the Relief Society of the church.”¹⁸ Martha Hughes paid for her medical school tuition with salary saved from setting type for the *Woman’s Exponent*.¹⁹ According to one biographer, it was her stepfather who built her a trunk to take her clothes and books to the University of Michigan, and he promised to send her ten dollars every month, even if it was just a loan.²⁰ Reportedly, Relief Society President Eliza R. Snow knit Hughes a purse and “tucked” a twenty-dollar gold piece in it, but no evidence exists that she consistently sent Hughes other funds.²¹ While at the university, Hughes worked as a student maid in a dormitory, washing dishes and making beds. During her second year she provided secretarial services for a fellow female medical student.²²

Once Hughes arrived in Salt Lake City, she needed to pay off her accumulated debt. Dr. Romania Pratt scheduled a lecture on the physiology and anatomy of the human system and promised to donate its proceeds to help the young doctor. The *Woman’s Exponent* reported that the “object was a laudable one, and the lecture in every respect as far as the subject, the manner and the facilities for illustration were concerned, was a perfect success.” However, “financially it was not so much so—the fault was perhaps in its not having been sufficiently advertised.” The *Exponent* chided its female

readers, “to avail themselves of the opportunities so often afforded for instruction in these subjects and become better acquainted with the human structure, its needs, and powers.” Pratt also organized a “party of young people” to hold a concert on her behalf in the Social Hall.²³ Such local fundraising efforts were not highly successful. Hughes returned to Michigan for a year, practicing medicine in a small town before coming back to Utah.²⁴ For her part, Dr. Ellis Reynolds Shipp made ends meet by delivering babies and setting up her own private school to train midwives and nurses, charging the women tuition. At a later date, the Relief Society funded the training of nurses and even local health care, but it never took on the responsibility of financing the training of female physicians.²⁵ Far from being sponsored by the church, the Shipp, Pratt, and Hughes struggled to find the funds for their tuition, books, lodging, and travel back and forth to Utah.

Earlier in the century, Latter-day Saints did not face such struggles. During most of the nineteenth century, doctors, midwives, and nurses typically apprenticed with other caregivers. However, a mark of the late nineteenth and early twentieth centuries was the rise of specialized schools for medical training. Hospitals, rather than homes, became the center of education for skilled caregivers and students. A major aspect of the professionalization of medicine was the assumption that effective healing demanded competent doctors and nurses who understood science. Doctors in particular stressed that the complicated nature of medicine and surgery required students to work in well-designed and well-equipped spaces. Students needed to learn how to operate machines and equipment that only hospitals could provide.

All of this training cost money, which fell to students to provide. Women found securing funding especially difficult, as in a cash-based economy their labor was rarely compensated with a salary. Even if women had family and community moral support for their medical training, it was difficult for them to access tuition money and to fund themselves away from home.

All four of the set-apart female physicians trained in medical colleges that staffed hospitals.

Consequently, it is not surprising that in 1879, two years after she returned from her medical training, Pratt published an article in the *Woman's Exponent* calling for the establishment of a hospital. The institution she imagined looked not unlike the one she studied in: it would be devoted to treating women and children, training nurses, and be organized and carried out “under the auspices of the Latter-day Saint ladies of Utah.” Her article also made it clear that she believed practicing medicine was not for those with “a smattering knowledge picked up promiscuously” or that faith made medical expertise irrelevant. Pratt understood scientific, professional training to be another one of God's gifts to humanity.²⁶ Salt Lake City already had two hospitals but neither of those had been founded or run by Mormons.

It would take three years before Pratt's ideas materialized. In 1882, Deseret Hospital began housing patients in a small, rented adobe building. Over its life of eleven years, the hospital moved once in 1884 to slightly larger quarters.²⁷ The one surviving patient register begins in September 1886 and ends on June 17, 1893.²⁸ Although a recent documentary history of Latter-day Saint women cites a *Deseret News* article that claimed by 1886 the staff treated 334 patients, this surely is incorrect, for the register only lists twenty-nine entries for that year.²⁹ An early promotional article, written by hospital board officers Eliza Snow and Emmeline Wells, described the monthly attendance as between twelve and twenty with the total capacity of between thirty and thirty-five.³⁰ The medical register indicates that a number of patients stayed over thirty days, pointing to the possibility that poor patients whose families could not support long-term treatment lived at Deseret Hospital. Families who could afford private doctors often continued to care for their relatives at home, yet increasingly a hospital was understood to be a public place where men of science practiced their art.

While Romania Pratt initially conceived of the hospital as specializing in the care of women and children, the surviving patient register indicates that Deseret Hospital served men and women; native and non-native born; those in and outside of the LDS church. Shortly after it opened in July, 1882, Deseret Hospital contained an operating room, separate wards for



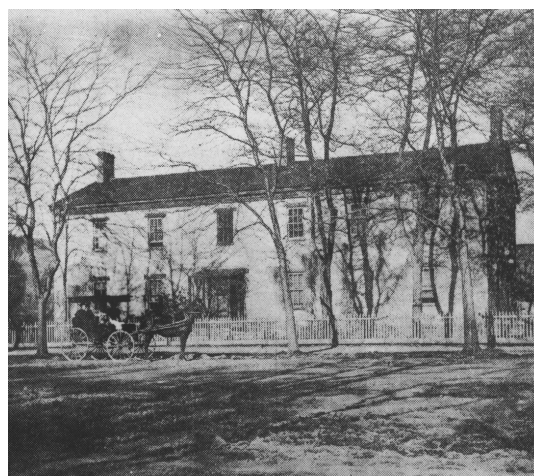
The original Deseret Hospital located at 55 South Fifth East, in Salt Lake City, Utah. This building was first staffed by Holy Cross sisters and later overseen by Latter-day Saint women. *Courtesy Church History Library, PH 350 "Original Deseret Hospital."*

men and women, one private room, and a room where the resident physician lived.³¹ Patients' medical complaints were wide ranging and included typhoid, lead poisoning, pregnancy, and accidents. Promoters for the hospital explained that Latter-day Saints would feel more comfortable in an environment where elders could bless and anoint the sick, safe from the questioning eyes of those not of their religion.³²

As with the training of the Shippis, Hughes, and Pratt, Deseret Hospital was not financed directly by Relief Society dues, Latter-day Saint ward contributions, or centralized church tithing. When Relief Society leaders sat on its Board of Directors, Latter-day Saints financed Deseret Hospital in multiple ways: by patient fees, fundraising activities, mining company donations, and membership in the Deseret Hospital Association. In July 1882, on the day of the hospital's dedication, church leaders greatly praised the women's endeavor—but a newspaper mentioned that it was Salt Lake City mayor William Jennings who handed over a check for \$500 to treasurer Matilda M. Barratt.³³ In 1883, the Deseret Hospital Association thanked a gentleman for his donation of ten tons of coal and acknowledged the money raised by the Unity Club as well as by the women and girls of the Fourteenth Ward.³⁴ The *Woman's Exponent* noted how concerts and lectures were held to raise money for Deseret Hospital. Occasionally, tithing money was contributed.³⁵

Yet while the Latter-day Saint community found the hospital admirable, the women struggled to

fund it. A year after Deseret Hospital opened, Eliza Snow, president of the association, had to remind her fellow Saints that the hospital was a benevolent one—not a charitable one—and that patients had to pay.³⁶ Once the initial enthusiasm about the new hospital dwindled, the *Woman's Exponent* contained notice after notice asking readers to pay the yearly dollar membership fee to the association.³⁷ The association then broadened its appeal to men, since individual women and ward Relief Societies were not sending in their dues, and advertisements noted that President Taylor was a Deseret Hospital Association member.³⁸ In 1884, after



The second building used as the Deseret Hospital. In 1884, Deseret Hospital moved to the Deseret University building, which had been the home of Nicholas Groesbeck. Groesbeck's wife, Elizabeth, was on the hospital's finance committee at the time of its dedication in 1882. *Courtesy Church History Library, PH 350 Deseret Hospital.*

the hospital moved into a larger building, the *Deseret News* reported that while the institution could “hold its own through the donations of the Relief Society and Young Ladies’ Associations in several counties,” the staff was “rather hard pressed just now for funds to carry out improvements urgently needed in the building.” The Deseret Hospital Board told the reporter that “the Hospital cannot support itself.”³⁹ In 1889, the *Woman’s Exponent* noted that “there are about 900 names on the book of memberships though but very few have paid regularly since the first year.”⁴⁰ Without cash coming into the hospital, the board became creative in its solicitations. A year before the hospital closed, the *Woman’s Exponent* acknowledged one woman’s donation of a bedroom set complete with linen and towels.⁴¹ In-kind contributions made sense in a community where agrarian barter had once been common place. A hospital, however, could not survive in an urban setting without consistent funding. As with paying for medical training, Relief Society women had good intentions. But they could not rely on a steady income—especially from church sources—to fund the hospital.

That the institutional church did not fund Deseret Hospital is not surprising. Throughout the nineteenth-century, the Church of Jesus Christ of Latter-day Saints was a decentralized organization supported by member labor and goods. Unlike urban Protestant and Catholic congregations that assumed operation within a cash economy, Zion had been built by human industry. The women’s Relief Society was a voluntary organization and, while its leaders certainly asserted more independence than they would in the next century, it relied solely on women’s membership dues and charitable donations to fund activities. In addition, during the 1880s the federal government continually threatened the church, leaving Latter-day Saint leaders with little financial stability.

The difficulty in securing patient fees and donations was compounded by a problematic leadership structure. A variety of individuals ran Deseret Hospital at various times. In 1882, the Executive Board’s initial three officers were President Eliza R. Snow, Vice President Zina D. H. Young, and Secretary Emmeline Wells. These women were Relief Society leaders,

suffrage activists, members of women’s clubs, and advisors to civic organizations that ranged from public libraries to the kindergarten association. Once a week, a member of the board of directors joined with other Relief Society women and toured the hospital to make sure that everything was in proper order.⁴² The hospital’s first medical superintendent, Dr. Seymour B. Young, was a nephew of Brigham Young and a church leader. Young seems to have had little hands-on responsibility at the hospital, as its resident physician at that time was Dr. Ellen Ferguson.

The idea of a female-run Latter-day Saint hospital may have been the brainchild of Romania Pratt, but when Deseret Hospital opened, Ellen Ferguson served as its first resident physician. As resident physician, Ferguson lived in or nearby the hospital and provided day-to-day medical care.⁴³ Born in 1844 in Cambridge, England, and privately educated, Ferguson possessed the eclectic background of many healing women and may not have held a medical degree. She and her husband—also a doctor—arrived in Utah in 1876 and were baptized that year in St. George. Upon moving to Salt Lake City, she established a music conservatory. When Ferguson’s husband died four years later in 1880, she decided to devote herself exclusively to the practice of medicine. Traveling east, she studied at clinics in New York—although she may have spent more time delivering lectures on suffrage than watching dissections.⁴⁴ Ferguson’s linking of medicine, the humanities, and suffrage paralleled that of Dr. Anna Howard Shaw (1847–1919) who also was British, a physician, an ordained Methodist minister, and president of the National American Women’s Suffrage Association.

Shortly after the founding of Deseret Hospital, a dispute arose between the female board of directors, headed by Eliza R. Snow, and its resident physician, Dr. Ellen Ferguson.⁴⁵ Medical Superintendent Seymour Young seems not to have been involved. In February 1884, the problem was brought before the High Council of the Salt Lake Stake. A year later, the *Deseret News* published a summary of the conflict, along with remarks by church President John Taylor. Those remarks eventually were included in the *Journal of Discourses*.⁴⁶



The executive board of Deseret Hospital. On July 17, 1882, the *Deseret Evening News* carried a story of the hospital's dedication, describing Ellen B. Ferguson both as a member of the board and as resident physician and surgeon. By the time this photograph was taken, the board had dismissed Ferguson. However, Martha Hughes (Cannon), is not pictured, perhaps indicating the photograph was taken before she became house surgeon in December 1882. Note the center position and direct gaze of Eliza R. Snow.

Front row, l-r: Jane S. Richards, board member; Emmeline B. Wells, secretary. *Middle row, l-r:* Phoebe C. Woodruff, board member; M. Isabella Horne, board member; Eliza R. Snow, president; Zina D. H. Young, vice president; Marinda N. Hyde, board member. *Back row, l-r:* Dr. Ellis R. Shipp; Bathsheba W. Smith, board member; Elizabeth Howard, chair of visiting committee; Dr. Romania B. Pratt, visiting surgeon. *Utah State Historical Society, photo no. 6069.*

The report of the dispute provides an unusually candid glimpse of the difficulties of running a hospital. According to Taylor, the executive board of Deseret Hospital had accused Ferguson of being “austere and dictatorial.” They believed she was “incompetent . . . an opium eater, a drunkard and a thief.” The board not only fired the doctor, the women had gossiped about her to the point that Ferguson felt her reputation had been injured. Ferguson, in response, accused the Board of “insubordination and plotting against her.” President Taylor surmised that the Board resented the authority of the doctor. According to Taylor, when the board interfered with her work, Ferguson quipped: “I do not know that this is any of your business. I think that it is mine.”⁴⁷ Taylor did not simply summarize the dispute. He used the occasion to instruct the Saints about navigating authority within institutions. His musings raise the possibility that the conflict between the

Deseret Hospital Board and Dr. Ferguson had much to do with who would control healing: those supposedly scientifically trained on the East Coast with new-fangled ideas about using opium for pain management or the leading sisters of Zion—in particular, the highly influential Eliza Snow.

Another explanation for the imbroglio (although a less plausible one) was that only the hospital's pharmacist was upset with Ferguson. Snow had simply accepted the complaint and fired the doctor, but never investigated the charges. The text reads:

The question had been asked, did Sister Snow prompt the sisters to write those charges. The reply was elicited that Sister Van Schoonhoven made a draft of the complaints and that Sister McLean copied it. Sister Snow took it

for granted that the charges were true, not thinking, probably, the damaging effect they would have upon the character of Sister Ferguson.⁴⁸

Whatever the true situation, the female leadership of Deseret Hospital was unsettled, and the male church leadership had to intervene to end the tensions.

The published remarks by President Taylor also included Salt Lake Stake President Angus M. Cannon's investigation of the charges against Ferguson. Cannon concluded that in every case leveled against the resident physician, there was no evidence to support the allegations of the Deseret Hospital Board. Cannon speculated that Ferguson may have appeared arbitrary and commanding because she desired to have respect and obedience from those under her. Others may have been jealous, watched for faults, and then magnified them.

In spite of his investigation, Cannon did not overturn the Deseret Hospital Board's decision to expel Ferguson. Cannon did not seek to reinstate Ferguson, but rather he asked the board to "take hold of Sister Ferguson by the hand and help her to sustain her reputation and practice before this people."⁴⁹ To the doctor he asked that she live humbly, take what happened as good, and listen to counsel. At the end of the text, Angus Cannon directed the women to promote unity and fellowship.

The Deseret Hospital controversy provides a glimpse of the tensions that occurred within a community of women as they tried to negotiate how medicine would be practiced in a modernizing Utah. Taylor and Cannon, in spite of their clear understanding of the innocence of Ferguson, sided with the established and powerful Relief Society women rather than the hired medical professional. The male church leaders probably understood Ferguson's perspective. As businessmen, they were well aware of standards of professionalism and certainly accepted hierarchical authority. Still, Taylor and Cannon respected long-established circles of female authority. Ellen Ferguson was a strong woman, but she also was a widow, a recent convert, and not from a well-positioned family. Her medical acumen may have given her scientific ability, but her place within the society of the Saints

was weak. Male church leaders did not try to rework the existing female power structure, even though they chided unnamed individuals for acting rashly. The pioneer elite women, who birthed and blessed, continued to assert power in the one Latter-day Saint hospital. Just as women controlled the care of the sick in their homes, so would they in hospitals. In the 1880s female professional accomplishments did not take precedence over an entrenched female culture. The independent Ferguson probably was not what Eliza Snow had in mind when she imagined women studying medicine.

Perhaps the men's lukewarm condemnation of Ferguson motivated Snow to resign as the president of the Deseret Hospital Association. In April 1884, Hyrum B. Clawson, a businessman and bishop of the ward where the hospital was located, became the new president of the Deseret Hospital Association.⁵⁰ A *Deseret News* article published that same year, still has Dr. Young as Medical Superintendent.⁵¹ The ideal of female-directed medicine, which led to the establishment of Deseret Hospital, was much easier imagined than enacted.

In spite of the lengthy description of the Deseret Hospital dispute in the *Journal of Discourses* and Dr. Ellen Ferguson's continual involvement in women's issues, the struggles between Ferguson and the Deseret Hospital Board are absent from Utah women's history. The one master's thesis on Deseret Hospital confines Ferguson to a footnote, briefly mentioning she "resigned and later left the territory."⁵² Significantly, Ferguson *did not* voluntarily resign her position, and she *did not* immediately leave Utah. Both Zina Young and Emmeline Wells continued their friendship with Ferguson, which they had begun in 1881 when they had traveled together to the East Coast on a "goodwill mission." In 1886, Dr. Ferguson again accompanied Emmeline Wells to Washington, DC where the pair delivered a "memorial" to President Grover Cleveland from the women of Utah, protesting antipolygamy legislation and their recent disenfranchisement.⁵³ Almost ten years later in 1894, Ferguson became president of the Salt Lake County Suffrage Association.⁵⁴ However, soon after she marginalized herself again from the Latter-day Saint elite. Ferguson became a Theosophist, which led to her excommunication in

1897. It was only then that she left Utah for New York. The first female resident physician of Deseret Hospital did not fit easily into Mormon history and so her presence has been forgotten.

The Deseret Hospital Board would take no chances with the next resident surgeon, Martha Hughes, who would be the well-known protégé of the Relief Society leaders. In October 1882, a month after Ferguson left, Hughes moved into a cottage next door to the hospital. More patients were being treated at the facility and all its rooms were needed. By 1884, caring for those patients entailed a hospital staff of a matron (the supervising nurse), two nurses, an assistant nurse, a cook, a cook's assistant, a laundry woman, and a handyman.⁵⁵ We have no hospital records from the years Hughes practiced at the hospital, but occasionally the *Deseret News* reported on her surgeries. Early in 1885, the resident physician removed stones from one man's bladder and sewed an ear on to another. With two male physicians Hughes "removed a decayed bone" from the head of a Kaysville woman, who recovered and left the hospital after a few weeks.⁵⁶

While work at the hospital consumed much of her time and energy, "Mattie" Hughes found time to fall in love. In October 1884, she secretly became the fourth wife of Angus Cannon, whose work as president of the Salt Lake stake included serving on the Deseret Hospital board of directors. Hughes was twenty-seven and Cannon fifty years old. The plural marriage occurred two years after the Edmunds Act, which determined such polygamous marriages as a felony and permitted a five-year jail sentence and a five hundred dollar fine. Cohabitation was also deemed unlawful, and children born after 1883 to couples such as Mattie and Angus were to be considered illegitimate.⁵⁷ Polygamist families came under intense government pressure, and husbands deserted their homes to escape prosecution. Wives lied to federal authorities, and children were expected to keep family secrets. In January 1885, a US marshal claiming to be a patient who owed a hospital bill served Dr. Hughes a subpoena to testify at Cannon's trial.⁵⁸ Pregnant with Cannon's child, Martha Hughes left her position and went into hiding. In September, she gave birth to a daughter and when the pair gained their strength, they moved to the East Coast and then on to Europe.

In 1886, after arriving in England with her new baby, Hughes corresponded with a college friend, Barbara Replogle. Even given the harsh context of living as an exile in a foreign country, Hughes did not romanticize her former medical days in her letters. She explained to her friend that neither her schooling nor practice in Michigan had adequately prepared her for hospital life. There was nothing easy about being a resident surgeon living in a cottage on the grounds of a hospital. Reflecting on the past few years at Deseret Hospital Hughes concluded, "I will never be able to practice medicine day & night as formerly." She also told her friend she believed she would never recover from her time at Deseret Hospital. "Think of how I used to jump from my bed at the ring of the telephone, at all hours of the night, in all weather, and all kinds of emergencies." She described being on call as a "shock" that "unnerved her." Reflecting on what she would do upon returning to Utah from Europe, Hughes wrote, "I shall confine my work to office practice *only* and engage in that branch known as 'gynecology' or the disease of women." Maybe she would prepare some "instructive lectures" to give on occasion. Hughes then expressed a sentiment that resonates with many contemporary women: "In this way I would have control of and could regulate my time—Of course I won't make the means I once did but money is not the goal I am striving for."⁵⁹

Dr. Hughes did not care for the institutional nature of modern medicine. She did not want to work in a system where patients not only dictated her schedule but probably also died after she operated on them. Unlike in general medicine, where physicians had more control over who they treated, as well as where and when, hospital care was unrelenting in its pace. Patients came to a hospital when homecare failed or if the sick had no accommodating family. These patients were the sickest of the sick. Hughes desired a medical career more like that of two other set-apart Latter-day Saint doctors, Ellis and Margaret Shipp. Although often associated with Deseret Hospital, neither of these women appear in the hospital's register. They worked exclusively with women in their homes and spent most of their time teaching in a school they ran for nurses and midwives. The Shippes delivered babies, which typically brought joy rather than sorrow to families and midwives.

Ellis Shipp never mentioned Deseret Hospital in her autobiographical reflections.⁶⁰

Throughout most of its existence, Deseret Hospital had a constantly changing staff, which certainly did not make its operation any smoother or easier. Emmeline B. Wells's chronology published in *Charities and Philanthropies* shows Deseret Hospital under the care of Ellen Ferguson for only a few months, when Hughes took over in October 1882. When Hughes left in the spring of 1885, the nursing matron, Jennie Whipple "remained in charge" as various physicians admitted patients. A year later, in September 1886, Dr. Joseph S. Richards was appointed medical superintendent, but there still was no resident physician to oversee the daily care of resident patients. Richards appointed, a "student," a Mr. Booth, to be "in charge in the hospital" and Whipple returned to nursing. It would take over two years, until June 1887, for Romania Pratt to become resident physician at Deseret Hospital. At that point, Richards resigned his position, and Pratt "was appointed to take charge as Resident Physician."⁶¹

Once Romania Pratt became resident physician, almost all of the care was given by either herself or Richards. Like Martha Hughes, Pratt was a female pioneer in the medical field. In 1874, she sold her home and piano and went to study medicine. Two of her children had previously died of diphtheria, and she left the others with her mother. In New York, she became the first woman to study at what would become the famous Bellevue Hospital. When her funds ran out, the Relief Society helped send her to the Women's Medical College of Pennsylvania. She would divorce her first husband and raise her children on her own. Pratt argued persuasively for women's rights at suffrage meetings, served as president of the Young Ladies Mutual Improvement Association, and became a secretary for the Relief Society General Board. Her interests were multiple and her abilities broad.⁶²

Unlike Hughes, Pratt probably did not live in the hospital. She had five living children, and in 1887 the youngest was fourteen. However, like Hughes, Romania fell in love with a supporter of Deseret Hospital, Charles W. Penrose.⁶³ In 1886, she secretly became his third wife.⁶⁴ The hospital register depicted Pratt treating a variety of illnesses ranging from breast cancer to

scarlet fever to eczema. Women came in with difficult pregnancies and cancer of the uterus. Pratt cared for a patient with severe burns to the hands and face as well as one who was injured falling off a load of hay. The register includes several notations for treatment of "hysteria" and "mild insanity." During 1893 alone, Pratt saw patients the register labeled as American, Dutch, Norwegian, Swiss German, and Swedish. She also supplemented her physician fees by offering courses at the hospital on obstetrics and nursing.⁶⁵ Although we can gain glimpses of Romania Pratt's work in the Deseret Hospital Register, she herself never described her experience. We can only speculate about the silence. Perhaps, as with Martha Hughes Cannon, the experience was so intense that it emotionally could not be easily transferred to paper. Another possible reason for Pratt's silence in describing her career at Deseret Hospital is that she did not see her involvement in a positive light because the hospital was struggling to survive.

In December 1893, Bathsheba Smith reported to her Relief Society sisters that Deseret Hospital was "in need of a little help."⁶⁶ This oblique comment contrasted with Emmeline Wells's assessment in an 1893 commemorative volume on "Women's Work in Utah" for the World's Columbian Exhibition held in Chicago. Wells had sat on the hospital's board since its inception, and she consistently promoted all the accomplishments of the women of Zion. Wells exaggerated the significance of the hospital by including both resident patients and those simply treated at the facility (outpatients). She reported that "the average number admitted for care and treatment during the year," (she did not specify *which* year) "including outpatients is over one hundred, making between eleven and twelve hundred during the ten years of its existence."⁶⁷ However, the hospital register dutifully lists each patient admitted, and the register ends at number 599.⁶⁸ This was approximately half of the patient population that Wells estimated. Outpatients, whose fees would have gone to the treating physician, would have not substantially contributed to the upkeep of the hospital.

Deseret Hospital's finances, staff, and patient population were unstable. In a 1904 biographical sketch of Romania Pratt, Orson Whitney stated that the facility "closed for lack of funds"

in November 1893.⁶⁹ Whitney's history is supported by a contemporary *Salt Lake Tribune* article that reported the hospital shut in November because of the building's "unsuitableness for the purpose." The Deseret Hospital Association hoped "to soon secure better quarters."⁷⁰ The hospital may have been caught in the financial downturn of the 1890s, especially in mining. For a woman as determined as Pratt, the hospital's failure under her watch was not only unfortunate, it was a financial liability. Advertisements she placed for her midwifery course cited the "closed" hospital and interested students should "Write for particulars."⁷¹ The hospital never reopened and the building was turned into a school for "incurable boys."⁷²

While the financial panic of 1893 was severe, the demise of Deseret Hospital was due to more long-term systemic causes. From the beginning, women could not easily secure the finances needed for training in what was becoming an increasingly technical (and thus male-oriented) profession. While there was enthusiasm among some female supporters of Deseret Hospital, women in Utah did not have access to the money needed to train and fund staff as well as purchase medical equipment. Their means of fundraising showed the informal economy of the frontier nineteenth century, not the coming industrial twentieth. Importantly, the Latter-day Saint women could not rely on a wider religious system to encourage (and fund) female education. Even if male church leaders had wanted a hospital staffed and run by Latter-day Saint women, they did not have a tight, centralized organization set up to facilitate that goal. The church's economic strength, as well as its social stability, were consistently undermined by a federal government bent on destroying polygamy.

But economics was not the only reason that Deseret Hospital never flourished. The dispute with Ellen Ferguson indicates that giving authority over to a "professional" was no easy task in the transference of medical care from the home to the hospital. In the process of modernization, women were at a distinct disadvantage because their skills were rooted in traditional relationships rather than dispassionate educational training. Even if Ferguson had studied in hospitals in the East, her abilities did not easily

transfer to a frontier female society defined by tradition and lineage. Deseret Hospital fell prey to infighting between founding visionaries and outsiders. Male church leaders, who never financially supported the hospital, threw their weight behind the female elite.

Women also were not prepared for the realities of hospital care in the late nineteenth century. In spite of her previous hospital training, Martha Hughes Cannon found little of merit at Deseret Hospital. Her later comments indicate that she continued a "pre-modern" sense of medical care—informal, centered on the home, and controlled by the healer. Although her love for Angus Canon cut short her work at Deseret Hospital, given her attitude about her experience we can question how long she would have remained. Romania Pratt's marriage during her time at the hospital and her silence about its impact on her life also leads me to suspect that she too was unsettled by the emotional demands of hospital-based medical care. Latter-day Saint women were unprepared financially, socially, and emotionally for the direction of American medicine.

Given all of the challenges that Deseret Hospital faced, it is impressive that it survived as long as it did. However, what historians have consistently overlooked in discussing this experiment in medical care is how *another* hospital run by women was immensely successful and provided stiff competition to the Mormon hospital. The Sisters of the Holy Cross had started their hospital in 1875, two years after Eliza Snow called Latter-day Saint women to pursue medical training and seven years before the establishment of Deseret Hospital.⁷³ They called the institution St. Mary's Hospital of the Holy Cross.⁷⁴ By 1882, the original adobe building they had rented became too small for their needs and so the Holy Cross sisters bought new land and vacated the building. They then rented the building to the Deseret Hospital Association, which served as their first hospital.⁷⁵

As Deseret Hospital struggled to cope with funding and staff, Holy Cross Hospital flourished. The new building opened in June 1883 at a cost of \$50,000 and could house 125 patients; it served 450 individuals its first year.⁷⁶ Holy Cross was one of hundreds of hospitals founded by Catholic sisters in the late nineteenth century.⁷⁷



Soon after it opened in 1883, this photograph was taken of Holy Cross Hospital. *Courtesy Congregation of the Sisters of Holy Cross, Notre Dame, Indiana.*

In 1891, seventeen sisters worked at Holy Cross Hospital and this number would rise to twenty-nine by 1920.⁷⁸ The sisters had constructed a three-story brick building that housed a luxurious hall, a spacious auditorium, and a series of elegantly furnished private rooms. Special wards were designated for women, people sick with typhoid, convalescents, and surgical patients. In addition to the operating room, there was also a reading room and a chapel. In 1892, the staff oversaw the care of almost one thousand patients per year: ten times that of Deseret Hospital.⁷⁹ Given that in 1890 there were only 8,000 Catholics living in Utah and Nevada—compared to a total Utah population of 207,905—it was clear that people of many religions preferred to be healed in a Catholic space.⁸⁰ That year even the city physician decided not to send charity cases to Deseret Hospital because the Latter-Saint women charged almost twice as much per patient as the Catholic hospital.⁸¹

The Catholic sisters who came to Utah made several strategic decisions about medical care that contrasted with the women who ran Deseret Hospital. Although the sisters would not have recognized this, their decisions were highly compatible with a modernizing medical care system. Unlike the women supporters of Deseret Hospital, the sisters quickly moved away from primarily funding the hospital through donations.⁸² As early as 1877, the sisters developed an insurance scheme where people—regardless of religious belief—could pay a dollar a month and be admitted to the hospital for care.⁸³ In addition, the sisters struck deals with mining companies to fund their hospital. Each company who wanted its employees to be treated paid into a fund to secure treatment.⁸⁴ Thus, the sisters could rely on a constant stream of income, which supported staff and facilitated building projects. While female-run charity balls and ladies' fairs continued, insurance funds reflected

the more detached and commercial world of a modernizing America.

Freed from constant fund raising, the sisters were able to open additional hospitals, purchase up-to-date equipment, and attractively furnish rooms.⁸⁵ Such a hospital appealed to those who could afford such care and who came to believe that a hospital, rather than a home, was a place of healing. As frontier Utah gave way to commercial Utah, the stylish and “scientific” Holy Cross Hospital met the needs of a people concerned with class display and consumption. The Holy Cross Sisters initiated an open staffing policy that permitted as many reputable physicians as possible to have admitting privileges. The doctors, in turn, brought in paying patients. Even when Salt Lake City physicians complained that this was unorganized, the sister’s decisions prevailed.⁸⁶ In a medical world increasingly reliant on capital and science, individual patients’ willingness to pay—rather than community members willingness to donate—enabled hospitals to thrive. According to Emmeline Wells, Holy Cross has “not a cent of debt and the hospital is in a very prosperous condition.”⁸⁷ This was not simply because Catholic miners were treated at Holy Cross; it was because wealthy Latter-day Saints preferred the more well-established hospital.

In contrast with the staffing difficulties that Deseret Hospital faced, the Sisters of the Holy Cross maintained a high level of order and stability. Obviously, as celibates the sisters did not have to concern themselves with secret marriages and unplanned pregnancies. Although their religious life was firmly rooted in medieval Catholicism, their willingness to work without the distractions of family met the needs of a demanding modern economy. Catholic sisterhoods were highly centralized and based on unquestioning levels of obedience. An individual sister’s independence was fully subsumed under the charge of *ora et labora*: work and prayer.

Sisters also maintained an exceedingly functional form of so-called separate spheres when it came to medical care. Unlike the Latter-day Saint women at Deseret Hospital, the Sisters of the Holy Cross were not physicians. Catholic women religious did not seek out such medical credentials as a part of an expanding women’s

rights movement. Consequently, sisters did not challenge male authority in medicine. Nor did they need to invest in lengthy and expensive schooling to become “regular” doctors. Holy Cross sisters modeled traditional female values of obedience, meekness, humility, restraint, and modesty—values that at first glance do not seem to be modern but in actuality facilitated the smooth functioning of turn-of-the-century hospitals.

Catholic women religious asserted their authority in a modernizing medical system in other ways. Of course, sisters provided the bulk of medical care because hospitals relied on skilled nursing. In addition, Catholic religious orders of women owned the land and the buildings that made up a hospital. In the case of Utah, the Sisters of the Holy Cross (rather than the bishop or male doctors) ran the hospital. Sisters sat on the hospital’s executive board and managed its daily activities. Sister superiors formulated mission statements, protected the hospital’s assets,



Sister Lidwina was superior at Holy Cross Hospital from 1895 to 1913. Born in Ireland as Annette Butler, she took her final vows as a Catholic sister in 1876. As superior, she had full administrative control of the hospital, including authority over the male doctors. *Courtesy Congregation of the Sisters of Holy Cross, Notre Dame, Indiana.*



Operating room of the Holy Cross Hospital, 1904. When this photograph was taken, Holy Cross Hospital was well established as a respectable healing center. *Shipler Commercial Photographers. Utah State Historical Society, photo no. 22380.*

bought equipment, and developed admissions and billing standards. Sisters ran and staffed the nursing schools that provided labor to their hospitals.⁸⁸ The sister superior of Holy Cross Hospital controlled which physicians could admit patients. If a conflict occurred between a sister-nurse and a physician, it would be the sister superior who had the last word about the problem.⁸⁹ Sister superiors throughout the country successfully mastered the feminine language of “power through meekness.”⁹⁰ Using their perfected negotiating skills, sister administrators called on their own brand of gendered spirituality to effectively exert authority over male physicians under their supervision. Conflicts were not resolved by male church leaders as they had been at Deseret Hospital.

Since most Catholic religious orders of women were nationally, not regionally based, sister-administrators were not under the authority of

the local bishop. Indeed, bishops knew they had to accommodate the sisters if they hoped to engage their labor. Consequently, from the headquarters of an order’s mother house, not the diocesan chancery office, came decisions that influenced the order’s network of hospitals. The mother general of the Holy Cross Sisters decided when one of their hospitals would open or close. If a hospital in one particular area fell on hard times, she could send them money from a central pool. Or she could close the establishment and transfer the sisters elsewhere. Until the 1920s, when lay nurses joined hospital staffs, Catholic sisters also provided the bulk of patient care. Even in the twentieth century, when male physicians came to be more formidable in directing hospital care, Catholic sisters maintained their authority in their hospitals.⁹¹

A key element of modernity is reproducibility. Institutions rely on organizational procedures

and personnel that share a common knowledge base and set of assumptions that can be easily duplicated. Once rules are established they need not constantly be rewritten. Deseret Hospital could not rely on a constant stream of trained and committed female doctors who would pass their knowledge on to the next generation of women. Eliza Snow did give Martha Hughes a purse with a gold piece in it, but most of the young student's support came from her stepfather and her own hard work as a maid and a secretary. Such struggles tend to be interpreted within a redemptive narrative as an example of how sacrifices must be endured in order for an individual to triumph over adversity and thus progress. However, a more realistic interpretation is that without consistent funding the institutionalization of an activity is impossible. Medical education, for instance, cannot be sustained if it requires heroic effort to be accomplished. None of the daughters of Hughes, Pratt, or the Shippis followed their mothers into their professions; the women were single occurrences in medicine. Latter-day Saint women in this time and place did not run other hospitals or move beyond the female occupation of nursing.

While Catholic sisters obviously did not become mothers, they did reproduce themselves. Like other women religious, Holy Cross Sisters ran hospitals and taught schools where female students watched them practicing their professions. Rather than opt for the more demanding training of physicians, Catholic sisters trained nurses and administrators. Both the religious and the medical training that sisters received were consistent, predictable, and organized. After their training, Holy Cross Sisters entered hospitals with clearly established lines of authority. If a male doctor did not want to accede to that female authority, he could practice elsewhere. Women religious set hospital standards across the nation and so could easily move nurse-sisters from place to place. The women were, in effect, interchangeable parts.

Perhaps it is unfair to compare Latter-day Saint women to Catholic women who had been living in religious communities since the fifth century.⁹² However, it is important to stress that it was only during the nineteenth century that Catholic sisters made themselves indispensable to the

modern world of schools, social service agencies, and hospitals. In 1843, four Holy Cross Sisters had traveled to the wilderness of Indiana a mere two years after their order's founding in France. Less than thirty years later, they had started the hospital in Utah. In 1872, there were about seventy-five Catholic hospitals in the United States. By 1910 that number had increased to four hundred.⁹³ In 1840 there were nine hundred sisters living in the United States. By 1920 that number had risen to 90,000.⁹⁴ The success of Holy Cross Hospital was due not simply to the sacrifices and abilities of individual women but to the institutional structure that enabled the sisters' endeavors to thrive.

Latter-day Saint women, responding to the needs of the Kingdom of Zion, also expanded their spheres as they opened cooperative stores, manufactured silk, managed farms, petitioned the government, and studied to be medical doctors. Their nineteenth-century accomplishments did, as Eliza Snow observed, increase and widen their sphere. However, what Latter-day Saint women (and men) failed to do was to institutionalize their activities and carve out a place for themselves in a modern world—a world that preferred middle-class, white women to stay in their narrow domestic sphere. Elite Latter-day Saint women were aspirational, but their achievements were modest. The failure of Deseret Hospital underscores the inability of Mormon women to negotiate the shift between agrarian, small-scale community life and the evolving modern, bureaucratic world of the twentieth century.

Notes

1. Eliza R. Snow, "An Address," *Woman's Exponent*, September 15, 1873, 62–63.
2. "R. S. Reports," *Woman's Exponent*, August 8, 1873, 35. Much of the secondary literature on Utah women doctors appears to be built on faulty or non-existent primary sources. The reference to Brigham Young asking three women from each ward to study the medical arts is widely reproduced but without specific citation to any of Young's addresses; for instance, *Encyclopedia of Mormonism*, ed. Daniel H. Ludlow (New York: Macmillan, 1992), s.v. "Maternity and Child Health Care." In 1974, Claire Augusta Wilcox Noall in *Guardians of the Hearth: Utah Pioneer Midwives and Women Doctors* (Bountiful, UT: Horizon Publishers) cited Brigham Young as asking for women doctors. On page 104, Noall quotes Young as saying in an October 1873 conference address that women are capable of studying mathematics, accountancy, or law and that, "The time has come

- for women to come forth as doctors in these valleys of the mountains.” However, in 1976, when Chris Rigby Arrington published “Pioneer Midwives” and cited the same quote (on page 58) from Brigham Young, she admitted in an endnote that “Noall attributes this statement to an October conference address, but neither *Journal of Discourses* nor the *Deseret News* contains an October 1873 conference address for President Young” (65); as cited in Claudia Bushman’s *Mormon Sisters: Women in Early Utah* (Cambridge, MA: Emeline Press, 1976). The problematic quote remained when Arrington’s essay was reprinted in the 1997 edition (Logan: Utah State University Press). Sherilyn Cox Bennion also writes that Brigham Young “sent” Romania Pratt to study medicine, but Bennion does not reference where she found that assertion. See Bennion, “The Salt Lake Sanitarian: Medical Adviser to the Saints,” *Utah Historical Quarterly* 57, no. 2 (1989): 130. Noall’s 1974 error has been only amplified by the Internet. For example, see Jared Jones, “Celebrating Women Physicians as Part of Church Heritage,” in *This Week in Mormons*, February 3, 2021, accessed December 14, 2022, thisweekinmormons.com/2021/02/women-physicians-part-of-church-heritage/.
3. Secondary sources describe Marcus Daly as a “mine owner,” but in 1875 he only was a manager for the Walker brothers who owned the Emma Mine in Alta, Utah, and the Ophir fields near Tooele. Daly, however, left Utah in 1876 for Montana, where he purchased interests in mines. His eventual ownership of the Anaconda mine (first silver and then copper producing) eventually made him a wealthy man. Brian F. Hahn, “Walker Brothers,” *Utah History Encyclopedia*, accessed October 31, 2022, uen.org/utah_history_encyclopedia.
 4. Historians continually debate the definition and scope of “the modern” and the process of “modernization.” For this essay, I will take a general approach, focusing on the ideals and modes of operating that developed (unevenly) around the turn of the twentieth century, which extended Enlightenment ideas of rationality, science, and faith in progress. The unstable movement toward “modernity” includes valuing standardization, technology, efficiency, consumption, and complex, bureaucratic organizations. For classic studies of “modern” American history, see Richard H. Wiebe, *The Search for Order, 1877–1920* (New York: Hill and Wang, 1966); Lynn Dumenil, *Modern Temper: American Culture and Society in the 1920s* (New York: Hill and Wang, 1995); and Jackson Lears, *Rebirth of a Nation: The Making of Modern America, 1877–1920* (New York: HarperCollins, 2008).
 5. The first part of Noall’s quote, wherein Brigham Young calls for women to exercise nondomestic talents, however, did come from a discourse he gave on July 18, 1869 [Brigham Young, “Obeying the Gospel—Recreation—Individual Development,” *Journal of Discourses*, Church of Jesus Christ of Latter-day Saints (London and Liverpool: Latter-day Saints’ Book Depot, 1854–1886), 13:61, accessed October 31, 2022, available online at contentdm.lib.byu.edu/digital/search/collection/JournalOfDiscourses3; hereafter *Journal of Discourses*]. The final sentence that Noall quotes, which mentions women doctors, however, is not in this talk of Young’s. I also have not been able to locate any public statements regarding Young’s charge to women to pursue medicine with the exception of this 1869 use of the more expansive term “physic.”
 6. Brigham Young, “Assistance of the Ladies of the Relief Societies Required in Promoting the Manufacture of Paper and the Printing of School Books . . .,” *Journal of Discourses*, April 7, 1873, 16:15–22. Young consistently asked Latter-day Saint women to expand their sphere to facilitate the building of God’s kingdom. Elsewhere in that same address he asked them to do men’s tailoring and in earlier talks he told women to raise fish [“Remarks by President Brigham Young, in the New Tabernacle, Afternoon, April 8, 1868,” *Deseret News* (weekly), May 13, 1868, 106–107]. See Colleen McDannell, *Sister Saints: Mormon Women since Polygamy* (New York: Oxford University Press, 2018), 11–13.
 7. Brigham Young, “Traditions—Oppressing the Poor—Influence of Women—Fashions,” *Journal of Discourse*, August 8, 1869, 14:109.
 8. Linda P. Wilcox, “The Imperfect Science: Brigham Young on Medical Doctors,” *Dialogue* (Fall 1976): 26–36; Robert T. Divett, “Medicine and the Mormons,” *Bulletin of the Medical Library Association* 51 (January 1963): 1–15; and Robert T. Divett, *Medicine and Mormons: An Introduction to the History of Latter-day Saint Health Care* (Bountiful, UT: Horizon Publishers, 1981).
 9. “R.S. Reports,” *Woman’s Exponent*, July 15, 1873, 26.
 10. Brigham Young, “The Order of Enoch,” *Journal of Discourses*, October 9, 1872, 15:225.
 11. Early Latter-day Saint men who went east to study medicine include Heber John Richards and Joseph S. Richards, sent in 1867 to Bellevue Medical College. Seymour B. Young was sent in 1872 to New York College of Physicians and Surgeons. All three graduated and returned to Salt Lake City in the early 1870s. See, Wilcox, “The Imperfect Science,” 34.
 12. James H. Cassidy, *Medicine in America: A Short History* (Baltimore: Johns Hopkins University Press, 1991), 3–20; and Charles E. Rosenberg, *The Care of Strangers: The Rise of America’s Hospital System* (New York: Basic Books, 1987).
 13. The Church Historian’s Office Journal, August 13, 1878, also reproduced in the scrapbook, *Journal History of the Church of Jesus Christ of Latter-day Saints*, August 13, 1878, 1, the Church of Jesus Christ of Latter-day Saints, Church History Library, Salt Lake City, Utah (hereafter CHL). “Martha Hughes Paul” included the last names of both her birthfather and her stepfather. In this article, I will refer to her only as “Martha Hughes.”
 14. Romania Pratt graduated in 1877, Ellis R. Shipp in 1878, and her sister wife Margaret in 1882. Martha Hughes graduated in 1880. See, Annie Cannon, “Women of Utah: Women in Medicine,” *Woman’s Exponent*, September 1, 1888, 49–50.
 15. Joseph R. Morrell, “Medicine of the Pioneer Period in Utah,” *Utah Historical Quarterly* 23 (1955): 137.
 16. This number comes from a list I assembled from Christine Croft Waters, “Pioneering Physicians in Utah, 1947–1900” (master’s thesis, University of Utah, 1977); Emmeline B. Wells, ed. *Charities and Philanthropies: Women’s Work in Utah* (Salt Lake City: George Q. Cannon and Sons, 1893); *Relief Society Handbook* (1931); and a variety of issues of *Woman’s Exponent*.
 17. Ralph B. Simmons, *Utah’s Distinguished Personalities* (Salt Lake City: Personality Publishing, 1933), 47; Noble Warrum, *Utah Since Statehood: Historical and Biographical* (Chicago-Salt Lake: S. J. Clarke Publishing, 1920), 4:84–87; Michael Guy Bishop, *A History of Sevier*

- County (Salt Lake City: Utah State Historical Society, 1997), 186f; and Vicky Burgess-Olson, "Dr. Margaret Ann Freece: Entrepreneur of Southern Utah," in Vicky Burgess-Olson, *Sister Saints* (Provo: Brigham Young University Press, 1978): 400–413. Margaret Freece had diverse interests. She also was a director of the Sevier Valley Coal Company, a director of the First State Bank of Salina, and a stockholder in the Salina Grain and Milling Company. Her business activities did not keep her from conducting research on interruption of pregnancy, which appeared in *Northwest Medicine* in 1913. Sometimes non-LDS women have been counted as LDS; see the misappropriation of Belle Anderson Gemmell and Elise Ada Faust in Joan Oviatt, *More Amazing but True Mormon Stories* (Springville, UT: Cedar Fort Press, 2008), 91.
18. Morrell, "Medicine of the Pioneer Period in Utah," 137.
 19. "Home Affairs," *Woman's Exponent*, July 1, 1880, 20.
 20. Mari Graña, *Pioneer, Polygamist, Politician: The Life of Dr. Martha Hughes Cannon* (Guilford, CT: TwoDot Books, 2009), 18. The original sources for this and the other biographical information included in this paragraph are not referenced in Graña's book.
 21. Graña, *Pioneer, Polygamist, Politician*, 18.
 22. Graña, *Pioneer, Polygamist, Politician*, 23.
 23. "Home Affairs," *Woman's Exponent*, July 1, 1880, 20.
 24. "Miss Mattie Paul Hughes, M.D.," *Woman's Exponent*, August 1, 1881, 33.
 25. McDannell, *Sister Saints*, 47.
 26. Romania B. Pratt, "Work for Women," *Woman's Exponent*, April 1, 1879, 217.
 27. According to the *Deseret News* (August 13, 1884), the hospital moved on July 15, 1884, from the twelfth ward to the former University of Deseret building at First North and Second West.
 28. Deseret Hospital Register of Patients, 1886–1893, CR 382 2, CHL, accessed November 1, 2022, available online at catalog.churchofjesuschrist.org/assets/d1de0eb4-7592-48f9-9e5f-dd9a4f1f1fc7/0/0.
 29. Deseret Hospital Register of Patients, 1886–1893; Jill Mulvay Derr, et al., *The First Fifty Years of the Relief Society: Key Documents in Latter-day Saint Women's History* (Salt Lake City: Church Historian's Press, 2016), 498, citing *Deseret News*, October 27, 1886. The *Deseret News* article mentions a "Governor West's Report," but the statistics given in that report are suspect. It notes that there were six attending physicians at Deseret Hospital, while the much larger St. Marks and Holy Cross hospitals supposedly had only two apiece. The Deseret Hospital register, however, shows only three different attending physicians, with the vast majority of patients being seen by one physician, Dr. Joseph A. Richards.
 30. "Deseret Hospital," *Deseret News*, December 13, 1884.
 31. "Deseret Hospital," *Deseret News*, August 13, 1884.
 32. "Priesthood Meeting," *Deseret News*, October 8, 1884.
 33. Derr, et al., *First Fifty Years*, 506, quoting "Report of the Deseret Hospital Dedication," *Deseret News*, July 17, 1882.
 34. "The Ladies' Fair," *Deseret News*, December 19, 1883, and "Local and Other Matters," March 7, 1883.
 35. "Benefit Lecture for Deseret Hospital on Dickens," *Woman's Exponent*, January 1, 1884. The Deseret Hospital Association earned \$500 from the "Gilmore Festival" that was held in the Tabernacle as well as "a handsome donation from the General Tithing Office." "A Generous Gift," *Woman's Exponent*, November 15, 1889, 92.
 36. "The Deseret Hospital," *Woman's Exponent*, July 15, 1883, 28. A similar notice was placed in the *Deseret News*, August 1, 1883.
 37. See, *Woman's Exponent*, April 15, 1886, 173; July 15, 1887, 29; August 1, 1886, 39.
 38. "Priesthood Meeting," *Deseret News*, August 10, 1884, and *Deseret News*, June 18, 1884.
 39. "Deseret Hospital," *Deseret News*, August 13, 1884.
 40. E. B. Wells, "Notice to Members of D. H. A.," *Woman's Exponent*, June 1, 1889, 8.
 41. "Editorial Notes," *Woman's Exponent*, May 15, 1892, 64.
 42. "Deseret Hospital," *Deseret News*, August 13, 1884. According to the *Deseret News*, the Board of Directors at that time consisted of H. B. Clawson, president; Zina D. H. Young, vice president; Emmeline B. Wells, secretary/treasurer; Seymour B. Young, medical superintendent; and M. Isabella Horne, Marinda N. Hyde, Phoebe W. Woodruff, Bathsheba W. Smith, Jane S. Richards, Romania B. Pratt MD, and Ellis R. Shipp, MD.
 43. John Taylor used the term "resident surgeon" and "house surgeon" in his 1884 high council remarks. I have modernized and clarified these terms into "resident physician." The Deseret Hospital Register begun in 1886 also mentions a "medical superintendent," a term that would include supervision of the matron who was in charge of the nurses. Since there was considerable personnel change after Martha Hughes left, this term was probably used when no supervising doctor was living in the hospital.
 44. Carol Cornwall Madsen, *An Advocate for Women: The Public Life of Emmeline B. Wells* (Provo, UT: Brigham Young University Press, 2006), 193–94. See also, Orson Ferguson Whitney, *History of Utah* (Salt Lake City: George Q. Cannon, 1904), 4:602–604; and the online biographical information from *The First Fifty Years of the Relief Society*, accessed November 1, 2022, churchhistorianspress.org/the-first-fifty-years-of-relief-society/people/ellen-brooke-ferguson?letter=F&lang=eng.
 45. Exactly when Ellen Ferguson was dismissed is not known, although Emmeline Wells in *Charities and Philanthropies* gives September 1882 as the date Ferguson "resigned her position as Resident Physician," with Hughes taking over in October (27f). Martha Hughes became "house surgeon" in December 1882.
 46. The high council meeting was held on February 20, 1884, and the remarks published in the *Deseret News* on December 16, 1885. I am citing the more easily accessible *Journal of Discourses*: John Taylor, *Journal of Discourses*, February 20, 1884, 346–63.
 47. John Taylor, *Journal of Discourses*, February 20, 1884, 352, 354.
 48. John Taylor, *Journal of Discourses*, February 20, 1884, 362.
 49. John Taylor, *Journal of Discourses*, February 20, 1884, 362, 363.
 50. *Woman's Exponent*, May 1, 1884, 180. This change is also noted by Emmeline Wells in *Charities and Philanthropies*, 28.
 51. *Deseret News*, August 13, 1884.
 52. Julie Harris Adams, "The Deseret Hospital" (master's thesis, Brigham Young University, 2008), 26n35.
 53. Madsen, *An Advocate for Women*, 193, 222.
 54. Madsen, *An Advocate for Women*, 271–73.
 55. "Deseret Hospital," *Deseret News*, August 13, 1884.

56. A bladder stone, *Deseret News*, January 28, 1885; sewing back an ear, *Deseret News*, March 18, 1885; removing a decayed bone, *Deseret News*, January 28, 1885.
57. Constance L. Lieber and John Sillito, eds., *Letters from Exile: The Correspondence of Martha Hughes Cannon and Angus M. Cannon, 1886–1888* (Salt Lake City: Signature Books, 1989), xii.
58. “Miss Mattie Hughes,” *Ogden Herald*, January 28, 1885.
59. Martha Hughes Cannon to Barbara Replogle, July 22, 1886, Martha H. Cannon Collection, 1883–1912, Letters from Martha H. Cannon to Barbara Replogle, MS 8867, CHL, accessed November 1, 2022, available online at catalog.churchofjesuschrist.org/assets/deb54619-2677-4db6-b808-f55cf31d3a74/0/46.
60. Ellis Reynolds Shipp, comp. Ellis Shipp Musser, *The Early Autobiography and Diary of Ellis Reynolds Shipp, M.D.* (Salt Lake City: Deseret News Press, 1962).
61. Emmeline B. Wells, ed. *Charities and Philanthropies: Women’s Work in Utah* (Salt Lake City: George Q. Cannon and Sons, 1893), 2729.
62. Basic biographical information maybe be found in: Susa Young Gates, “A Biographical Sketch of R. B. Pratt,” *Young Woman’s Journal*, September 1891, 531–36; Christine Croft Waters, “Dr. Romania Pratt Penrose: To Brave the World,” in *Sister Saints*, ed. Vicky Burgess-Olson (Provo, UT: Brigham Young University Press, 1978), 343–60; “Memoir of Romania B. Pratt, M.D.,” *Jared Pratt Family Association*, accessed November 1, 2022, jared.pratt-family.org/parley_family_histories/romania_bunnell_memoirs.html; biographical entry in *First Fifty Years*, accessed November 1, 2022, churchhistorianspress.org/the-first-fifty-years-of-relief-society/people/esther-romania-salina-bunnell-pratt-penrose?letter=P&lang=eng; and “Family Record of Romania Bunnell Pratt Penrose,” unpublished manuscript, Esther Penrose Family Record, MSS SC 432, L. Tom Perry Special Collections, Brigham Young University, Provo, Utah.
63. Penrose spoke at the dedication of Deseret Hospital and his words were report in the *Deseret News* July 17, 1882. See reprint in Derr et al., *First Fifty Years*, accessed November 2, 2022, churchhistorianspress.org/the-first-fifty-years-of-relief-society/part-4/4-11?lang=eng
64. For her marriage to Charles Penrose, see the biographical note in Derr et al., *First Fifty Years*, churchhistorianspress.org/the-first-fifty-years-of-relief-society/people/esther-romania-salina-bunnell-pratt-penrose?letter=P&lang=eng.
65. “Class in Obstetrics and Nursing,” *Woman’s Exponent*, August 1, 1889, 40.
66. “Ladies Semi-Monthly Meeting,” *Woman’s Exponent*, December 1, 1893.
67. Wells, *Charities and Philanthropies*, 29. This pamphlet was based on reports given at the first “territorial conference of charities.” See, “Utah Benevolent Work,” *Salt Lake Herald-Republican*, February 1, 3, 1893.
68. Deseret Hospital Register of Patients, 1886–1893. Even given the few lines where two patients’ names are scribbled in, there were only 607 patients listed on the register. During 1887, for instance, the register notes that there 82 patients admitted to the hospital. If Wells is correct that 100 patients were treated per year, that means that she probably was counting the twenty or so sick people simply treated (and released) at Deseret Hospital. The report may have received this estimate from Dr. Romania B. Pratt, see “Conference of Charities,” *Deseret Weekly*, February 11, 1893.
69. Orson Whitney, *History of Utah* (Salt Lake City: George Q. Cannon and Sons, 1904), 4:602. The closing of Deseret Hospital has been often incorrectly cited, probably starting in 1955 with Joseph R. Morrell’s “Medicine of the Pioneer Period in Utah,” who gave it as 1890 (142) and provided no documentation for this date. Claire Noall repeated this incorrect date in *Guardians of the Hearth* (111).
70. “Deseret Hospital,” *Salt Lake Tribune*, January 1, 1894. The article reported that “Since 1886 the hospital has been in the old university building, corner Second North and First West streets, until November last when the building was closed because of its unsuitableness for the purpose.”
71. “Class in Midwifery,” *Woman’s Exponent*, July 15, 1895.
72. “City and Neighborhood—Boy’s Training School,” *Salt Lake Tribune*, September 20, 1895.
73. My discussion of the hospital and the Sisters of the Holy Cross comes from the scholarship of Barbra Mann Wall. I will cite her fuller dissertation, “Unlikely Entrepreneurs: Nuns, Nursing, and Hospital Development in the West and Midwest, 1865–1915” (PhD diss., University of Notre Dame, 2000), rather than her monograph published as *Unlikely Entrepreneurs: Catholic Sisters and the Hospital Marketplace, 1865–1925* (Columbus: Ohio State University Press, 2005). On renting an adobe building, 214.
74. The hospital was variously referred to in newspaper articles as “St. Mary’s Hospital,” “the Hospital of the Holy Cross,” “the Hospital of the Sisters of the Holy Cross,” and “the Catholic Hospital.” Eventually it became known as “Holy Cross Hospital.” This is the name I will use, as it is the most familiar.
75. Waters, “Dr. Romania Pratt Penrose,” 352; and Graña, *Pioneer, Polygamist, Politician*, 28, but no primary source is cited in either book. However, in Wells, *Charities and Philanthropies*, Fifth East Street was the location for both the first St. Mary’s Hospital (30) and Deseret Hospital (27).
76. Bernice Maher Mooney, J. Terrence Fitzgerald, *Salt of the Earth: The History of the Catholic Church in Utah, 1776–2007* (3rd ed., Salt Lake City: University of Utah Press, 2008), 58.
77. Catholic sisters had a large and extensive network of hospitals that they founded in the nineteenth century and that prospered in the twentieth. See, Sioban Nelson, *Say Little, Do Much: Nurses, Nuns, and Hospitals in the Nineteenth Century* (Philadelphia: University of Pennsylvania Press, 2001); Christopher J. Kauffman, *Minister and Meaning: A Religious History of Catholic Health Care in the United States* (New York: Crossword, 1995); Kathleen M. Joyce, “Science and the Saints: American Catholics and Health Care, 1880–1930” (PhD diss., Princeton University, 1995); Jean Richardson, “Catholic Religious Women as Institutional Innovators: the Sisters of Charity and the Rise of the Modern Urban Hospital in Buffalo, N.Y., 1848–1900” (PhD diss., State University of New York, Buffalo, 1996).
78. *Sadlier’s Catholic Directory Almanac and Ordo* (New York: D. and J. Sadlier, 1891), 407, and *Official Catholic Directory for the Year of Our Lord 1920* (New York: P. J. Kenedy), 567.
79. There were 632 surgical operations that year and the sisters’ records indicate that 924 patients had been admitted to the hospital. Wall, “Unlikely Entrepreneurs,” 341. W. S. McCornick, in her report on Catho-

- lic Charities, cites a figure of 2,000 patients receiving treatment in 1892 (Wells, *Charities and Philanthropies*, 32).
80. Twelfth Census of the United States (1901), "Population of Utah by Counties and Minor Civil Divisions"; *Sadler's Catholic Directory for 1890*, "Vicariate-Apostolic of Utah Territory;" does not contain statistics, but church historian Bernice M. Mooney in "The Catholic Church in Utah," cites a total population of 8,000 when the region became a diocese in 1891. *Utah History Encyclopedia*, accessed November 2, 2022, uen.org/utah_history_encyclopedia.
 81. Charges per week per patient to the city for indigent were Deseret Hospital, \$10; St. Mark's, \$6; and Holy Cross, \$6. Julie Harris Adams, "The Deseret Hospital," 94, quoting minutes of the Salt Lake City Council, March 15, 1892, 577.
 82. By 1884, only 2 percent of their income came from donations, with 43 percent coming from miners and 49 percent from paying patients. See the chart in Wall, "Unlikely Entrepreneurs," 252.
 83. "The Hospitals," *Salt Lake Herald-Republican*, November 18, 1877. See also, Wall, "Unlikely Entrepreneurs," 215.
 84. Wall, "Unlikely Entrepreneurs," 250.
 85. The Sisters of the Holy Cross also ran hospitals in Silver Reef (beginning in 1879, although it closed with the end of mining in 1885) and in Ogden (1887). In Ogden, the Sisters agreed to let the Union Pacific Railroad Company own the hospital and pay the Holy Cross Order to run it, which might explain why they only worked there for one year. See Kathryn L. MacKay, "Sisters of Ogden's Mount Benedict Monastery," *Utah Historical Quarterly* 77, no. 3 (2009): 244.
 86. Elaine Sorensen Marshall and Barbra Mann Wall, "Religion, Gender, and Autonomy: A Comparison of Two Religious Women's Groups in Nursing and Hospitals in the Late Nineteenth and Early Twentieth Centuries," *Advances in Nursing Science* 22 (1999): 12.
 87. Mrs. W. S. McCormick, "Catholic Charities of Utah," in Wells, *Charities and Philanthropies*, 32.
 88. Barbra Mann Wall, "'We Might as Well Burn It': Catholic Sister-Nurses and Hospital Control, 1865-1930," *U.S. Catholic Historian* 20 (Winter 2002): 26. This was the case for almost all religious orders that ran hospitals. See also, Marshall and Wall, "Religion, Gender, and Autonomy," 9.
 89. Wall, "'We Might as Well Burn It,'" 27; Marshall and Wall, "Religion, Gender, and Autonomy," 9-11.
 90. Wall, "Unlikely Entrepreneurs," 364-66, includes comments on the theoretical literature on power and subordination.
 91. Marshall and Wall, "Religion, Gender, and Autonomy," 12.
 92. Jeffrey F. Hamberger et al., *Crown and Veil: Female Monasticism from the Fifth to the Fifteenth Centuries* (New York: Columbia University Press, 2008), 15.
 93. Debra Campbell, "American Catholic Women, 1900-1965," in *Encyclopedia of Women and Religion in North America*, ed. by Rosemary Skinner Keller, Rosemary Radford Ruether (Bloomington: Indiana University Press, 2006), 191.
 94. Carol K. Coburn and Martha Smith, *Spirited Lives: How Nuns Shaped Catholic Culture and American Life, 1836-1920* (Chapel Hill: University of North Carolina Press, 1999), 2.