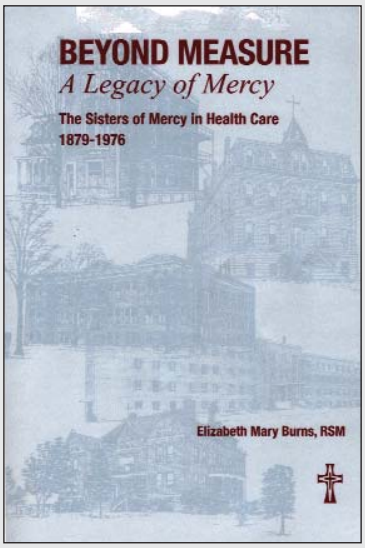
can nursing adopted the secular model of Florence Nightingale, a British woman, rather than the more spiritual approach of Sr. Coskery and the early Daughters of Charity. After reading this enlightening book, it is a question that gives us pause. ■



Beyond Measure — A Legacy of Mercy, The Sisters of Mercy in Health Care 1879-1976

BY ELIZABETH MARY BURNS, RSM

Gold Leaf Press, 2009
Limited availability

www.goldenleafpress.com/inspirational

Elizabeth Mary Burns has done a wonderful service to the history of Catholic health care. In detailing the ministries of the Sisters of Mercy in Iowa and Michigan over nearly a century, she offers an alluring array of accounts that paint a picture of life in another era. Burns offers brief accounts of every health care facility opened by the Mercy sisters in those two states, beginning in 1879, and each is accompanied by at least one letter or journal entry from a sister who served there.

Many have written about how Catholic health care came to be: how sisters responded to requests to meet the needs in communities across the United States. What we hear less often is what happened when the need was no longer there, or when the times called for a different model of care. In many stories, Burns includes the often emotional departure of the sisters from hospitals where they had served for years. In Dowagiac, Mich., for example, the sisters reluctantly decided to leave the area after many years of operating a sanitarium. This painful decision was made after they learned people in the area were planning to build a new hospital without their help. One sister wrote: "It has certainly brought about a disagreeable feeling, to think that after all the years of service we have rendered to the doctors and citizens … that we are not more appreciated."

Facility by facility, Burns tells the story of the founding, the operating, and, in some instances, the sisters' departure, using quotes from their letters and journals. She writes of a simpler world than today, but one no less stressful, particularly in regard to finances. Because the sisters did whatever they could to serve the poor, their financial worries were relentless. One sister decried the rising price of nursery beds. A bed she once paid $12 for had increased more than 11 times, to $135 apiece — what with all the "paraphernalia the Public Health requires to be attached to the bed." And another wrote: "But bills … seems like we never get any place with them … I wonder if anyone had such troubles as we do here in Dubuque."

In fact, life was so difficult for the sisters in Dubuque that one confessed in a letter that she dreamed about how lovely it would be "to just sit in jail and have your meals brought to you, say your prayers and maybe do a bit of knitting. … Anyway," she wrote: "the Republicans are in after the elections here in Iowa so things can't be any worse."

In 1953, when a mother provincial wrote to deny a request for additional funds from the sister-administrator of a hospital in Fort Dodge, Iowa, she suggested instead, "Let the druggist go, and have the prescriptions sent out and charged to the patients' bills and have them collected, and get a hold of the situation and do something about your bills."

In Grayling, Mich., the sisters lived in the attic of the hospital. Below, "kerosene lamps provided the only illumination, but later electricity was available from seven until nine in the morning on Wednesdays and Saturdays." And we think we have it tough.

But there were benefits too. In 1890, after the sisters opened a hospital in Manistee, Mich., one wrote in a magazine article, "The exquisite sunsets seen from the hospital fix themselves indelibly on the memory of those who return to their homes as convalescents or cured." Another entry from their hospital in Grayling, Mich., explains that the sisters "persuaded the lumber camps to provide dairy cattle in exchange for health care."

In Big Rapids, Mich., a listing of the countries of origin of the patients at Mercy Hospital from the late 1800s witnesses to the influx of immigrants who had come to settle the land: "We have one Negro, two Indians, one Russian, one Spaniard, about four Englishmen; hundreds of French, Swedes, Canadians and Americans, many Irish and Germans. We had some Finns, Lapps, Dutch and Poles; yet they never seem to quarrel about nationalities." That very same hospital burned to the ground three times, the last in 1918,

when the sisters decided not to rebuild.

Burns' accounts demonstrate the changes over time in religious life, as well. In the late 1950s, the sisters were granted a new benefit: a day off each week. In 1961, a new policy meant sisters no longer needed approval slips to attend overnight professional meetings, and they could even travel alone to those meetings when necessary.

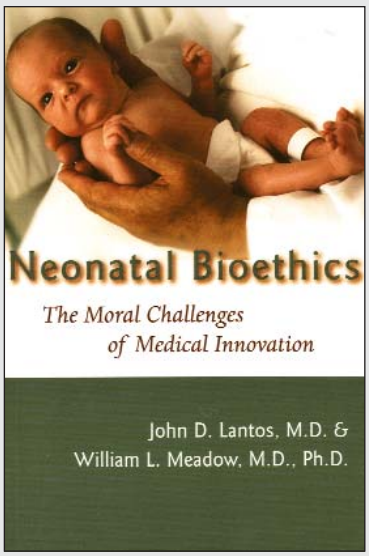
With the transition from a matriarchal operating model to a business model came a decline in the number of sisters. With fewer sisters and increasing financial pressures, in many instances the sisters transferred their ministries to the laity. The book ends with the formation in 1976 of the Sisters of Mercy Health Corporation, Detroit, which included 17 hospitals.

In her introduction, Burns recounts that tracing the story of the Mercy ministries was an "exciting and rewarding treasure hunt." She has passed that benefit on to her readers. She has indeed given us a treasure. ■

Neonatal Bioethics

BY MICHAEL PANICOLA, Ph.D.

Dr. Panicola is corporate vice president, ethics, SSM Health Care, St. Louis.



Neonatal Bioethics: The Moral Challenges of Medical Innovation

BY JOHN D. LANTOS, M.D. AND WILLIAM L. MEADOW, M.D., Ph.D.

Johns Hopkins University Press, 2008
192 pages, $25

www.press.jhu.edu

Based on its title, one might expect to find in Drs. Lantos' and Meadow's book a fairly typical treatment of neonatal bioethics with the main focus on tragic, life-and-death treatment decisions for premature babies occasioned by technological advances in neonatal medicine. To be sure, there is some of this, at least from a historical viewpoint. However, *Neonatal Bioethics* is less a contemporary update to such books as Robert Weir's classic *Selective Nontreatment of Handicapped Newborns* (Oxford University Press, 1984) than it is a probing reflection on neonatal medicine more along the lines of Shannon Brownlee's excellent *Overtreated* (Bloomsbury, 2007).

In *Neonatal Bioethics* Drs. Lantos and Meadow examine medical innovations in neonatology and describe the "iterative, nonlinear and, sometimes, heated process" (p. 8) by which a tentative societal consensus evolved with regard to complex moral, legal, economic and political questions. The book is an easy, fascinating and fairly short read, with the bulk consisting of three chapters that describe distinct eras in the history of neonatal medicine.

The first is the "Era of Innovation" (1965-1982) during which neonatology had some its most dramatic successes with the regionalization of perinatal care and the introduction of mechanical ventilation and total parenteral nutrition for premature babies. While these innovations made modern neonatal intensive care possible, progress often outpaced moral reflection as parents, physicians and society were for the most part unprepared to grapple with the questions of which babies should receive the new therapies, when the therapies should be initiated and, even more frightening, when they should be withdrawn.

The second era described in the book is the "Era of Exposed Ignorance" (1982-1992) during which innovations continued (e.g., surfactant and antenatal steroids) but in a less dramatic way as the focus shifted to a refinement of "both the technologies and the societal mechanisms by which the use of the technologies were governed" (p. 85). Unlike the first era, when the prevailing concern was whether physicians were being too zealous in their attempts to "save" premature babies with the new tools at their disposal, this era was dominated by almost the exact opposite concern. With improvements in survival rates among critically ill newborns, yet significant morbidity or disability among some survivors, the concern arose that treatments necessary to save the lives of some impaired newborns were being withheld on quality of life grounds. This concern was fueled by news reports and legal cases, such as that of Baby Doe in Bloomington, Ind., and led to the federal government's intervention into neonatal medicine and the ultimately unsuccessful attempt to create national standards for neonatal treatment decisions.

The third era described in the book is the "End of Medical Progress" (1992-Present) during which no new major innovations in neonatology have materialized and improvements in birth-