Tragedy at St. Anthony's Hospital

Just before midnight, April 4, 1949, a rapid spreading fire started in St. Anthony's Hospital in Effingham, Illinois. Within minutes it took the lives of seventy-four patients and injured many other persons. Among the fatalities were eleven newly born infants. It was a tragic night of terror, sorrow and frustration for everyone at the scene. However, like other major fires, this one made a deep impression on the public, the medical profession and hospital administrators. In due course, many hospitals across the nation received fire protection improvements as a consequence of the lessons of this fire.

At the time the fire occurred, St. Anthony's was an old hospital, spotlessly clean, with excellent housekeeping, but with few features planned for limiting fire spread. It was a 100-bed hospital, but had more than 100 patients the night of the fire; altogether there were 128 persons in the building, including ten members of the hospital staff and two bedside visitors. The infants were in a small nursery on the second floor.

The original 2Y2-story and basement section of the hospital had been built in 1876, principally of brick and timber. There had been three open wood stairways from basement to attic, without fire doors, or other partitions or protection. At some early period one of these stairways had been torn down and the open space had been covered with flooring. The other two stairways remained in service. Interior finish of the building was wood lath and plaster, and the doors and trim also were of wood. On the third floor, room separations had been constructed by using cellulose fiberboard to cover wood-stud partitions.

About 1912 or 1913 another three-story section with full basement was added. This had brick walls, wood joist floors, a flat deck roof above a concealed space, and wood lath and plaster on the interior. It also had an open wood stairway without fire doors, and a combustible laundry chute from the basement up to the third floor. The corridors of the original building were extended into this new section. In the basement were the laundry and maintenance shop.

In 1943 ceilings of the open corridors, except in the basement, were soundproofed by application of combustible acoustical tile which extended down the walls eighteen inches from the ceiling. The rest of the sidewalls were covered with a type of oilcloth material. There were no planned barriers to fire spread in the hospital. As in many other old buildings of that time, the hospital had specific deficiencies that made it ready for a

disaster: a large amount of combustible interior material, open corridors, stairways and vertical shafts, no sprinklers, no fire detection units and no alarm system, for local warning, or for immediate, direct contact with the fire department. It was operated by the Sisters of St. Francis who resided in a convent connected directly to the hospital by a passageway into the basement.

The cause and precise location of fire origin were never determined, but one of the staff, Sister Eustasia, smelled smoke on the third floor of the east wing and telephoned Sister Anastasia, the night superintendent, who was at the switchboard on the first floor. Sister Anastasia immediately called the hospital's chief engineer, her Sister Superior in the adjoining convent building, and the Effingham Fire Department. There were no time recording devices at fire headquarters but an Assistant Chief stated that the alarm was received at 11:48 p.m.

The chief engineer raced from his home about one hundred yards away and tried to fight the fire with a portable extinguisher directed into the bottom of a laundry chute. (After the fire, four emptied 2.5-gallon soda and acid extinguishers were found in the rubble near this location.) Several nuns tried to assist him but were driven out by smoke and heat. It is estimated that twenty-two members of the Effingham Fire Department arrived on hospital grounds within ten minutes after receipt of the alarm but by that time fire had broken through the roof, the third floor was completely involved and most of the victims were dead. In response to a radio alarm, fire departments responded on mutual aid from distances up to sixty-two miles.

Emergency evacuation of all patients in the hospital was impossible. Forty-two persons died on the third floor, twenty-nine on the second floor and three on the first floor. The combustibility of the structure and the rapid spread of fire on the surface of the corridor interior finish, together with the open stairways, prevented any use of two exterior fire escapes and. two slide escapes. Patients jumped from windows to injury or death, even though neighbors, nuns, nurses and others responded to the scene, spread mattresses and helped move ladders to the windows.

The heroism of survivors is ofttimes overlooked in e heroism of the dead, but Fern Riley, young nurse in ıarge of the second floor nursery, in the early stages ' the fire had only to step outside the window of the ırsery to the fire escape and safety, but died with her nall charges facing certain death. Hundreds of proud thers must have peered through the plate glass indows at the end of the south corridor at their rinkly newborn. The same window must have held rror to Fern Riley as she must have seen smoke and ımes racing toward her through the 120-foot long)en corridor and spreading down the open stairway om the third floor, just outside.'

To other hospital administrators, the St. Anthony disaster is a tragic invitation to consider their own situation, and to follow qualified advice and assistance in the evaluation of the fire hazards, if any, present in their hospitals. A group evaluation should be made on the supposition that a destructive fire may originate in. any room or location within a building whether in a visible or concealed space, and in the light of available facilities for the detection and extinguishment of fire originating from any possible cause.