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MEDICAL SERVICE FOR THE YANKEE SOLDIER

By

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fulfillment of the requirements for the  
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## PREFACE

The author was led to select the Medical Service for the Yankee Soldier as a field of historical inquiry through the interest of Dr. Elizabeth G. McPherson, Division of Manuscripts, Library of Congress. Through her interest in the accession of documents related to the medical treatment and general care of the Civil War Soldier, Dr. McPherson not only pointed out the rich possibilities of a work which would relate the story of the development of the Medical Department of the United States Army but gave special direction to me in my research. The author has, to the best of his ability, carried out the advice of Dr. McPherson in indicating the general nature of the medical treatment afforded the Union armies at the time of the Civil War.

The directors and personnel of the Division of Manuscripts, Library of Congress, and the War Records and Veterans Archives Divisions of the National Archives have afforded the author the benefits of their unlimited courtesy and cooperation in the use of documents.

The author is also indebted to Dr. William B. Hesseltine, Professor of History, University of Wisconsin, for his expression of interest, excellent suggestions, and for the title of the work. Valuable advice and direction in the research and writing connected with this study have been generously given by Professor Horace S. Merrill, my advisor, Professor Wesley M. Gewehr, Professor Herbert A. Crosman, Dr. Charles G. Sellers, Professor Fred Wellborn, and Dr. David Sparks who were very helpful advisors during the last stages of writing.

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It is the hope of the author that this exploratory work will stimulate greater research and writing in the history of military medicine in wars in which the United States has been engaged. Any shortcomings or errors in this work are alone the responsibility of the author.

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## CHAOS IN THE UNION MEDICAL DEPARTMENT, 1861

During the first year of the Civil War, every branch of the Union Army was thoroughly confused by a combination of ills that would have taxed any leadership. There was weak administration, unpreparedness, ignorance, and political interference, and the difficulties of bringing the northern states into line with national policy were to require some of Lincoln's best efforts.

Possibly the most inept branch of the Union Army was the Medical Department.<sup>1</sup> Only a small increase in its personnel was authorized by Congress when war began. No general hospitals existed. There was no definite plan for the removal and care of the sick and wounded, and suggestions for improvements were pigeonholed. Food and medical supplies were neither adequate nor properly distributed. Chaos was added to confusion by the working at cross purposes of the Army and other departments of the government. Moreover, state governments and relief societies sought to act independently of the Federal government.<sup>2</sup>

Many deficiencies of the Medical Department resulted from major weaknesses which had their origin in the ante-bellum period. The limitations of ante-bellum medical practice, for example, were reflected in the incompetence of doctors called to the service at the beginning of the war.

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<sup>1</sup>Doctors in the Union medical corps referred to their governmental organization as both the Medical Bureau and the Medical Department. Actually it was a bureau. In keeping with the more prevalent usage, however, and to avoid confusion, the name Medical Department is used throughout this thesis.

<sup>2</sup>Francis R. Packard, History of Medicine in the United States, 2 v. (New York: Paul B. Hoeber, 1932), I, 639.

The war called for a cooperative attitude among medical men which ante-bellum practice had done little to develop. The past several decades had been a period of laissez faire in medicine. Doctors recognized few professional restraints, and frequent disregard for professional ethics reflected the frontier spirit.<sup>3</sup>

Some progress in practical anatomical and hospital training of doctors had been made in the 1840's, especially after the founding of the American Medical Association in 1847. But the medical schools had been unable to overcome many serious problems. Financial difficulties, precarious charter status, bitter fights between trustees and professors, and shortages of buildings and equipment caused medical training to remain on a precarious footing. Not even the practice of "body-snatching" could fill the demand for anatomical materials. Facilities for practical bedside instruction were rare, and country medical schools were frequently forced to open "college clinics" to which came the private patients of the professors.<sup>4</sup>

Training in military medicine had been especially rudimentary, and since the Civil War was to be waged on an unprecedentedly large scale, previous experience was only partially applicable. As early as the French and Indian War, some American practitioners had been inspired by the more advanced English physicians and surgeons who came to the colonies, and revolutionary experience had likewise brought progress in the methods and quality of medical instruction. None of this training was sufficient, however, for a large scale medical service. The War of 1812,

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<sup>3</sup>William F. Norwood, Medical Education in the United States Before the Civil War (Philadelphia: University of Pennsylvania Press, 1944), p. 43. See also Packard, History of Medicine, I, 640.

<sup>4</sup>Norwood, ibid., p. 432.

the Mexican War, and the Indian campaigns were similarly of little help in enabling medical officers to grasp the requirements of broad programs for the care of the soldier.<sup>5</sup>

Although military medicine and surgery in the armies of Europe had been improved only slightly during the wars of the nineteenth century, it was to these medical services that the Union doctors turned for models. Not only was reference made to the contemporary services of the British and the French, but medical procedures dating back to the time of Napoleon and even to the ancients were used. There were few, if any, precedents, however, for the really humane care of the sick and wounded. The lessons learned by the British and French in the Crimean War were singularly unrewarding. The conflict between the French and the Austrians on the plains of Lombardy in 1859 was of too short duration to make any improvement in the French medical service. It was accordingly not surprising that Union doctors and surgeons went all the way back to the experience of such earlier medical luminaries as Ambrose Paré (1510-1590), the barber-surgeon who invented remarkable artificial limbs and who improved the treatment of gunshot wounds.<sup>6</sup>

With limited precedents, both civilian and military, the medical men who were summoned to Washington at the beginning of the war had to rely extensively upon their own clinical experience in civil practice and upon the current textbooks and monographs. Authors of the medical treatises of

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<sup>5</sup>Nathan Smith Davis, Address on the Progress of Medical Education in the United States of America During the Century Commencing in 1776, (Philadelphia: N. S. Davis, 1876), p. 21. See also Norwood, Medical Education, pp. 57, 59, and Packard, History of Medicine, I, 639.

<sup>6</sup>Bennett A. Clements, A Memoir of Jonathan Letterman, (New York: G. P. Putnam and Sons, 1883 [?/]), p. 5. (Toner Rare Book Collection, Library of Congress)

the period frequently included their own observations, together with the precepts of J. G. Guthrie, Surgeon-General of the British forces during the Crimean War. This was the practice followed by Charles S. Tripler, the first medical director of the Army of the Potomac, whose manual of surgery was extensively used. The United States Sanitary Commission also adopted Guthrie's teachings and gave directions for their use by the Army surgeons in the field.<sup>7</sup>

The application of the prevailing principles of military medicine and surgery clearly reflected, however, that most doctors of the time had little understanding of the close relationship between disease and the effectiveness of an army. Although the success of military decisions frequently depended upon the conditions of the troops, neither combat nor medical officers, in most instances, were sufficiently aware of the fact. In mustering extremely young or old, sick and diseased men, into the service, both company commanders and inspecting officers were violating one of the most fundamental rules for building an army. It was obvious that no expert pre-campaign consideration was given to the soldiers' physical condition by either the military or medical authorities.<sup>8</sup>

Although the spirit of the participants is one of the most essential elements in successful warfare, it was seldom realized. Many officers were apparently unaware that the efficiency of an army is not to be

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<sup>7</sup>Joseph K. Barnes, The Medical and Surgical History of the War of the Rebellion (Washington: Government Printing Office, 1876), Vol. II, Part 2, p. 2. See also Charles S. Tripler, Handbook for the Military Surgeon (Cincinnati: R. Clarke and Co., 1861), passim.

<sup>8</sup>Edward L. Munson, "The Army Surgeon and His Work," The Photographic History of the Civil War (Francis T. Miller, editor), 10 v., (New York: The Review of Reviews Co., 1911), VII, 218. See also Charles Ellet, Jr., The Army of the Potomac and its Mismanagement Respectfully Addressed to Congress (Washington: Publisher Unknown, 1861), p. 13.

measured by merely counting its regiments and batteries. Neither mass nor aggressiveness can be had without healthy, spirited soldiers. Sickness, disease, and lack of stamina mean less mass, because there are fewer soldiers fit for duty, and armies with thinned ranks create greater problems in the deployment of both units and individual soldiers. Battle lines, of necessity, must then be held by inadequate forces. The morale of the men, as well, inevitably suffers as the sick rolls swell.<sup>9</sup>

In addition to their professional deficiencies, the Union medical officers were badly handicapped by their psychological unpreparedness for war. The years of peace had created ultra-conservatism and complacency. Then, when war came, the unrealistic optimism of the war leaders quickly colored the thinking of the medical officers. The doctors accepted the promise of the statesmen that a few months would be sufficient to quell the rebellion. The sudden, unanticipated requirements of the government were regarded as strictly temporary, and any suggestion of permanent plans, including those for the welfare of the soldier, would have been regarded as unnecessary, if not ridiculous.<sup>10</sup>

Of all the difficulties of the medical service, one of the most irksome was unwarranted military interference in medical matters. Friction which seldom could be resolved into unity and accord came to be expected. Military officers, impressed by all the protocol or niceties identified with the traditions of the service, frequently held medical officers in contempt and usually received the same kind of treatment. It was not

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<sup>9</sup>Munson, "Army Surgeon," in Photographic History, VII, 218. See also Elliot, Army of the Potomac, p. 13.

<sup>10</sup>A. H. Hoff, "Relative to Hospital Transports on the Mississippi River," Surgeons Reports to the Surgeon General, March 1, 1863, in File "A" and Bound MSS, War Records Division, National Archives.

unknown for military commanders to order medical officers to appear in full dress regalia when their services were needed elsewhere. On occasion, medical officers, retaliating with bitter oaths, likened the medical competence of combat officers to that of jackasses.<sup>11</sup>

Petty interpretation of the rules governing the division of authority handicapped the medical service and the war effort in general. In September, 1861, for example, the Surgeon General of Pennsylvania offered the Army of the Potomac forty-five ambulances and fifteen transport carts with horses and harness. Also volunteered was an ambulance unit of two officers and sixty-seven men. The Chief Surgeon refused to accept this bountiful and much needed offer on the grounds that he was not authorized to command non-medical officers. A request to the Secretary of War for such authorization was made, but it was met with silence.<sup>12</sup>

The unpreparedness of the Medical Department to deal with large scale problems was partially attributable to the chaotic condition of the Regular Army, of which it was a service branch. Previous to the war, the Army numbered only 15,000 officers and men, and they were scattered throughout the country in isolated detachments. Since retirement pay for age or disability was unknown, old men continued to administer every branch of the Army. Few of these officers had either the energy or will to cope with the problems of a large command, and even those with some knowledge of supplying and transporting troops had learned it chiefly from their limited experiences in the Mexican and Indian Wars.<sup>13</sup>

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<sup>11</sup>Alfred L. Castleman, The Army of the Potomac (Milwaukee; Strickland and Co., 1863), p. 43.

<sup>12</sup>Packard, History of Medicine, I, 641.

<sup>13</sup>Ibid., I, 639.

The responsibility of mastering techniques of military medicine and relating them to the pressing needs of the times lay with the Medical Department of the regular Army. This was a coordinate branch of the general staff,<sup>14</sup> and its organization as such was basically sound. Experience had demonstrated to the United States Army that a separate department was better suited to the needs of troops widely scattered over an immense area. This was in contrast with the militia of the United States and the armies of Europe which had retained separate regimental medical services. For several decades before the Civil War, then, the Medical Department of the Regular Army had been assigning officers wherever they were needed rather than permanently attaching them to any command.<sup>15</sup>

When hostilities began in 1861, the Medical Department was headed by the Surgeon General with the rank of colonel. Under him were thirty surgeons with the rank of major and eighty-three assistant surgeons with the rank of first-lieutenant. The first-lieutenants were promoted to captaincies after five years of service and held that rank until they qualified for the commission of major.<sup>16</sup>

At the outset of the war, the Medical Department suffered the loss of vigorous leadership in the death of Surgeon General Thomas Lawson. The long and valuable experience in medical and military affairs of this skilled surgeon and hygienist would have proved invaluable in the critical situation facing the country, but ill health had compelled him to retire for his health to Norfolk, Virginia. Not long afterwards, on

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<sup>14</sup>The term "general staff" is here used rather loosely to indicate the coordinate branches of the War Department as a group. There was no organized "general staff" at that time.

<sup>15</sup>Munson, "Army Surgeon," in Photographic History, VII, 220.

<sup>16</sup>Munson, op. cit., VII, 220.

May 15, 1861, he was seized with a stroke of apoplexy and died in a few hours. An Army service of forty-eight years, of which thirty-four had been spent in the Surgeon General's office, came to a close. Lawson was known for the extraordinary vigor of his intellect, his industrious habits and his love for the medical and military professions. He was devoted to the interests of the Medical Corps. He was said to have lacked the personal magnetism which is frequently so essential in gaining the confidence and respect of subordinates, but his colleagues admired him for the long fight which he had waged in their behalf for promotions in rank.<sup>17</sup>

Circumstances in the latter part of May, 1861, were such that there could be no effective leadership in the Medical Department. While Lawson was absent, Surgeon Robert C. Wood performed the duties of the Surgeon General. Then, immediately following Lawson's death, the vacancy in the Surgeon General's office was filled by the appointment of Surgeon Clement A. Finley, the Army's senior surgeon. Surgeon Finley had been appointed to the Medical Corps from his native state of Ohio, and in 1818 he had been appointed a surgeon's mate in the First Infantry. In the reorganization of 1821, he had been retained as an assistant surgeon, and in July, 1832, he had been promoted to the position of surgeon. At the time of his promotion to the position of Surgeon General, Surgeon Finley was president of the medical examining board which, on May 1, 1861, had been convened in New York City. His career to that time was a thoroughly honorable one, but as Surgeon General he was unable to comprehend the medical requirements of the Union Army.<sup>18</sup>

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<sup>17</sup>Harvey E. Brown, The Medical Department of the United States Army from 1775 to 1873 (Washington: Surgeon General's Office, 1873), pp. 215-217.

<sup>18</sup>Brown, Medical Department, p. 217. See also Munson, "Army Surgeon," in Photographic History, VII, 222.

Besides suffering for want of effective leadership, the Medical Department lacked some of the most essential facilities. When the war began, the Department did not have even so much as one general hospital. The hospitals which were established under the exigencies of war were hastily improvised and often makeshift. They were poorly constructed, without proper ventilation and sanitary arrangements, and few had sufficient equipment or supplies.

The Union medical force was early depleted by the departure of many of its members of southern birth or sympathy. During the first weeks of war, twenty-seven surgeons resigned from the Union Army. Three of them returned to civil practice and refused to assist either the Union or the Confederacy's medical service. Moreover, few doctors were being trained, and, since nurses and other attendants were not enlisted for the medical service, there was no assurance that they might not be removed, without warning, from the hospitals to the fighting front.<sup>19</sup>

The abilities of some compensated partly for the shortage of medical officers. While many ill-prepared and inexperienced officers were called to the service, the Union Medical Department was fortunate in having from the start some doctors and surgeons who had already demonstrated both medical skill of a high order and natural administrative and military abilities.<sup>20</sup>

Since no plan of ambulance service existed either, the preparations for the removal of the wounded were equally as deficient as the hospital services. Little else indeed could have been expected of a department

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<sup>19</sup>Munson, op. cit., VII, 220. See also Medical Department Orientation (Washington: Bureau of Naval Personnel, 1949), Part I, p. 61.

<sup>20</sup>Munson, "Army Surgeon," in Photographic History, VII, 224.

that had no authority over transportation facilities. The responsibility for removing the sick and wounded from the battlefield lay with the Quartermaster Department, and it was not surprising that, when actual warfare came, the supply service and the medical service got their roles confused. In anticipation of this possibility, in May, 1861, an ambulance plan was proposed to General Winfield S. Scott, who, in turn, submitted it to the Surgeon General, but there it was apparently pigeonholed.<sup>21</sup>

The faults of the medical and other bureaus and departments concerned with the welfare of the soldiers called for immediate action. The weak medical organization that was called upon in 1861 to perform countless and arduous tasks on and off of the battlefield was limited in every conceivable way--organization, leadership, personnel, and supplies. Nothing short of a complete over-hauling and the appointment of a new chief could make a satisfactory medical service possible.

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<sup>21</sup>Packard, History of Medicine, I, 640.

## CHAPTER II

### THE FIRST IMPACT OF THE WAR UPON THE YANKEE SOLDIER, 1861

The initial movement of soldiers to encampments, east and west, was so sudden that slipshod improvisation had to take the place of satisfactory medical facilities. Dire effects were to come, however, from this apparent disregard for the welfare of the men.

The pace was too swift for the medical or any of the other government services. Three days after the guns in Charleston harbor began to thunder, President Lincoln had issued his proclamation calling for 75,000 men to serve for three months. In mid-April, troops from New York, Pennsylvania, and Massachusetts began to leave for the defense of Washington, and on April 25, having traveled via Perryville and Annapolis, the Seventh New York and the Eighth Massachusetts Regiments arrived in the capital. Early in May, an additional force of 42,000 volunteers, to serve for three years, was provided, but the first contingents did not arrive until later that spring. The President gave directions that the Regular Army, then consisting of 15,000 men, was to be increased by about 22,700 men and that 18,000 additional seamen should be enlisted for the Navy. During May, the various three months regiments continued to arrive at Washington. They were quartered first in public buildings in and around the city, causing much confusion while camps were being prepared in the environs of the city and on the northern bank of the Potomac.<sup>1</sup>

The effects of haste and carelessness on the part of the medical officers who had examined the men being transported to Washington were soon

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<sup>1</sup>John H. Brinton, "Army of the Potomac from its Organization, June, 1861, to March, 1862," Brinton MSS, War Records Division, National Archives.

apparent. Many of the would-be soldiers who arrived at the camps were totally unfit for military duty. Such evident physical handicaps as extreme youth or old age had not deterred the medical officers in the various states from accepting many for the Army. New York was a scene of some of the most open and pernicious leniency, N. R. Moseley, inspector of troops, reporting that approximately thirty per cent of the men had to be rejected after they had been accepted by the medical examiners at induction headquarters. The majority of those rejected by Moseley were above the age of thirty years. Moseley later inspected several regiments in the field and to his surprise found many men whom he had previously rejected but who subsequently had been accepted by commanders on the company level. Such men, constantly on the sick list and in the hospitals, were a burden rather than an asset to the Army. So serious was this problem that whole regiments were reinspected in the field, among them the Thirtieth Regiment of Pennsylvania Volunteers—nearly fifty per cent of whom were found unfit for duty. This regiment had to be disbanded. Surgeon Moseley and other conscientious medical officers were convinced that company commanders were largely responsible for the mustering of infirm men into the service.<sup>2</sup>

Only on rare occasions were proper preparations made for the reception of the men at camps, and early in the war troops arrived at their destination in a demoralized state. Men were herded into cattle cars like beasts, their haversacks frequently empty, and were without food during long journeys. Few or no provisions were made for their comfort on the road. Public-spirited citizens, however, often served the men hot coffee and food when the trains stopped. At reception centers, the recruits

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<sup>2</sup>Samuel Hart, "Narrative of Service, McDowell, Virginia, Chickamauga," War Records Division, National Archives. See also N. R. Moseley, "Narrative of Service, Pope's Retreat," War Records Division, National Archives.

sometimes stood in the blistering sun or drenching rain for hours and were then given poor shelter and rations. Commissaries and quartermasters, generally ignorant and inexperienced, were learning the lessons of supply at a frightful cost to the men. Morale dropped, the physical stamina of the men was sapped, and sickness soon gripped them.<sup>3</sup>

The situation for those who became ill in transit was deplorable. No humane way of transporting the sick recruits was provided, and constant complaints of over-crowding, both by land and sea, were received. In July, 1861, troops en route to Baltimore, both well and sick, were placed on open platform cars without seats or covering. In many cases the heat of the day brought on the eruption of measles.<sup>4</sup>

Many of the new levies, knowing nothing of camp life and taking little care for their own comfort and welfare, were soon sick and diseased. The advice of medical officers went unheeded, and hygienic rules were generally disregarded. Even men formerly accustomed to cleanliness became apathetic and slovenly. Before long, fevers of the malarious type, mostly among the regiments formerly encamped near Washington, spread to the proportions of an epidemic. Typhoid fever and smallpox were also common. Vaccine virus was belatedly procured from the Surgeon General. Though reports from various regiments indicated that vaccination was rather universally carried out, it evidently was often not administered soon enough.<sup>5</sup>

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<sup>3</sup>Mary A. Livermore, My Story of the War (Hartford: A. D. Worthington and Co., 1888), pp. 123-124.

<sup>4</sup>Ibid., p. 125. See also Quartermaster General Department, Letters Sent, 1861-1865, passim., and Castleman, Army of the Potomac, p. 8

<sup>5</sup>George C. Cooper, "Narrative of Service, Hilton Head, Beaufort, South Carolina, Port Royal and Pulaskie," War Records Division, National Archives. See also Z. E. Bliss, "Narrative of Service in Virginia," War Records Division, National Archives.

The illnesses of men received at the hospitals in Washington, of which Union Hospital in Georgetown was representative, were due partly to the malarial character of the locality in which the troops were quartered but also to the effect of the sudden change in the general mode of life and the unfamiliar Army diet. The earlier arrivals, such as those from New England, were thereby impaired in strength.<sup>6</sup>

The effect of climatic conditions upon the health of the new troops was also apparent at Fortress Monroe, Virginia. Men were brought to the hospital with what appeared to be epileptic fits but was actually coast fever. They frothed at the mouth, suffered severe convulsions, and, for a time, were entirely demented. The only hope for the patient was in liberal doses of quinine to avoid the recurrence of paroxysms.<sup>7</sup>

While there were exceptions, most officers failed miserably to grasp the medical problems involved in transforming raw recruits into soldiers. Even men who were physically sound suffered unduly. They were unaccustomed to marching and were poorly fed, clothed, and equipped. In the area of Springfield, Missouri, for example, sick and helpless men lay in towns and villages along the route from the Pacific Railroad to their camp. By June, 1861, the sick list in many places increased alarmingly. Some ambitious over-eager officers had much to learn. Severe, even inhuman, drills and exercises were common. Discipline was sorely needed, but it was not to be had by such highhanded methods. This situation was aggravated by the failure of company commanders to enforce camp sanitation and by the

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<sup>6</sup>Alex Ingram, "Narrative of Service, Wounded from Bull Run, Antietam, Williamsburg, South Mountain, Seven Days," War Records Division, National Archives.

<sup>7</sup>Ibid.

presence of inexperienced medical officers. Diarrhoea, dysentery, intermittent fever, and rheumatism spread quickly.<sup>8</sup>

Since the only military hospitals before the war had been post hospitals, the largest of them containing only forty beds, they were ill-prepared to cope with the widespread disease. A well trained, efficient medical staff did not exist. With few exceptions, there were no experienced nurses, no dietary kitchens, and no prompt, dependable supply of medicines.<sup>9</sup>

Shortages of adequate supplies, of which clothing was high on the list, added to the bleakness of the general picture. The Quartermaster General in the opening stages of the war undertook to provide clothing through the proper requisition system, unless the volunteers were called out by the state. In the latter event, the clothing was to be furnished by the state which called the men into the service. Massachusetts furnished uniforms and rubber blankets to various regiments. The militia uniforms, more for show than wear, seldom survived the heavy use of camp life. The unusual color combinations and designs of the outfits of soldiers who vied with one another for smartness of dress were sometimes greeted with titters, but the use of "shoddy" instead of genuine cloth soon took away any semblance of showiness. More serious than the disappearance of showiness was the disappearance of protective clothing. The heartless fraud of

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<sup>8</sup>John H. Brinton, "Campaigns in Missouri, 1861-1862," Brinton Manuscripts, War Records Division, National Archives. See also Joseph W. Denny, "Diary Extracts of the War, 1864-1865," Outsize Documents, Veterans Records Division, National Archives, and J. J. B. Wright, "Narrative of Service, Rich and Great Mountains," War Records Division, National Archives. Surgeon Wright admitted not having been in position to make close observation. What observations he does make are confused by his penchant for reminiscing about the Mexican War. See other "Narrative" by Wright, "Rich Mountain and Corrick's Ford, 1861."

<sup>9</sup>Livermore, My Story, pp. 124-125.

"shoddy" cloth in uniforms was a crime against human decency if not against the letter of the law. A little rough wear or severe weather left the soldier naked or in rags. Colonels, in some instances, were in dressing gowns and slippers as they rode through the camp. Men in the Army of the Potomac were known to mount guard without the benefit of trousers. A private later recalled that his first uniform was a very badly fitted one of poor and ungainly material. The overcoat was the final blow to his honor. It made him feel like a little nib of corn amid a pile of husk.<sup>10</sup> Nothing, indeed, except the mud of Virginia, did more to dispel the glamor of military service than Army clothing.<sup>11</sup>

Much of the poor physical condition of the soldiers resulted from overlapping authority and the problems of transporting and distributing supplies. It was sometimes difficult to know what services each department was precisely responsible for performing. Clothing was requisitioned from the Quartermaster General; miscellaneous supplies were ordered from the Purveyor; and food supplies came through the Commissary General of Subsistence. Not infrequently, however, the wires were crossed, and a bottleneck developed through which only a trickle of supplies, at best, could pass. The real problem of supply developed in transportation and distribution, and it plagued the armies, in one degree or another, throughout the war.<sup>12</sup>

The difficulties arising from the expectation of a short war were readily apparent in the procurement of food. Improvisation was the keynote

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<sup>10</sup>Warren L. Goss, Recollections of a Private: A Story of the Army of the Potomac (New York: Thomas Y. Crowell and Co., 1890), pp. 3-4.

<sup>11</sup>Quartermaster General Department, Letters Sent, 1861, No. 56, p. 289. See also Denny, Diary Extracts, passim, and Fred A. Shannon, Organization and Administration of the Union Army, 1861-1865 (Cleveland: The Arthur H. Clark Co., 1928), I, 94-95.

<sup>12</sup>G. C. Cooper, Narrative of Service, Hilton Head, Beaufort, S. C., Port Royal and Pulaski."

and Commissary General Joseph P. Taylor told Secretary of War Simon Cameron that, in a state of war, supplies would have to be procured by contract, purchased in the open market, or by any other conceivable means available. The practice of the Florida and Mexican Wars, in which the bulk of supplies was procured in the large cities by officers who superintended their packing, was followed. This, however, could not be called a definite system of procurement. Supplies were obtained by various means, and the prices paid by the government varied markedly at different points and at the same point at different times.<sup>13</sup>

At the beginning of the war, there were at Washington or in transit about 1,300,000 rations, which were considered to be a thirty-two day supply for 40,000 men but which fell far short of filling requirements. Fresh beef was not included, though a contract for its procurement existed. Subsequently, a six months supply for 2,000 men was sent to Fortress Monroe. After March 4, stores for the posts west of Arkansas were purchased and forwarded, but it was reported that they were captured by the enemy. The supplies for the New Mexico troops, with the exception of procurable food like flour, beans, and salt, were in transit by May. There was said to be an excess of stores in Utah, with the exception of some small articles which were forwarded before summer. Most of the eastern armies had adequate supplies of fresh foods for only a limited time. The Army of the Potomac was well supplied with cattle, which were driven to the camp and prepared on the spot for the mess. But while this army had more than enough fresh beef, others had little or none.<sup>14</sup>

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<sup>13</sup>Joseph P. Taylor to Simon Cameron, Washington, May 7, 1861, Commissary General, Letters to the Secretary of War, 1854-66, pp. 145-147, War Records Division, National Archives.

<sup>14</sup>Joseph P. Taylor to Simon Cameron, Washington, May 7, 1861, *ibid.*, pp. 145-146. See also Shannon, Organization and Administration of Union Army, I, 210.

The greatest difficulties under which commanders labored in obtaining supplies of arms, food, clothing and other matériel were felt in the Department of the West. The great distance from all of the principal depots was primarily responsible. The Department was in a destitute condition with regard to all supplies. The need was urgent, but the government was unable to supply it. In the West, as everywhere, one unit might be destitute and another well supplied. There was food in abundance, including fresh meats and flour, for General Nathaniel Lyon's forces at Springfield, Missouri, but small rations such as coffee, sugar, rice, and beans were quickly exhausted. In Sedalia, Missouri, on the other hand, the troop encampment had poor accommodations and limited supplies. The Third Missouri Volunteers had a tolerable supply of medicines and a set of instruments, but the Fifth Missouri had nothing. There were no hospital tents or ambulances. The wounded were carried in ordinary road wagons, which were instruments of torture.<sup>15</sup>

The distressing condition of the troops in parts of the West early caused concern on the part of the commanders in the field, but it was impossible to inspect all of the widely separated camps and posts, and, more especially, the ones which needed it the most. In June, 1861, General George B. McClellan, accompanied by Surgeon J. J. B. Wright, made a tour of inspection of the troops and hospitals at Cairo and found the sick well provided with all necessary supplies and cared for by medical officers who were both capable and responsive to the needs of the men. The hospital

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<sup>15</sup>"Department of the West," Tribune War Tract, No. 3, 1861, File "A" and Bound MSS, War Records Division, National Archives. See also Joint Committee on the Conduct of the War, "Report on Department of the West," Tribune War Tract, No. 3, 1861, and J. G. H. Happersett, "Narrative of Service, New Madrid, Island No. 10, Corinth, October, 1862, Farmington, Mississippi," War Records Division, National Archives.

facilities at Cairo were among the best of all western installations. Swampy conditions around Cairo had led local officials to anticipate considerable sickness, and, early in the war, the state of Illinois, under the supervision of Surgeon Thomas Sim, had erected "Barrack Hospital," the first military hospital to be established during the conflict.<sup>16</sup>

When, in July 1861, the Confederates massed their troops in western Virginia and new Union regiments were hastily organized and sent into the field against them, the medical purveyor in New York, and other authorities, proved very efficient in transmitting equipment and supplies to points in that area. The troops of the western Virginia campaign, therefore, were well supplied with medicines, hospital stores, and tents. General McClellan himself ordered from Cincinnati light two-wheeled spring wagons, and after July 10, several regulation two-wheeled and four-wheeled two horse ambulances were furnished. Most of the drug supplies for troops in western Virginia were secured from Suire Eckstein and Company of Cincinnati.<sup>17</sup>

While in the East some New England regiments had wisely brought such supplies as hospital tents with them, the greater number were without necessary hospital accommodations. Some hospital tents, indeed, had been available through the Quartermaster but were not accessible when needed. Between sixteen and twenty hospital tents were sent with the expedition to Fortress Monroe, but they had been placed in the hold of one of the ships

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<sup>16</sup>J. J. B. Wright, "Narrative of Service, New Madrid, etc." See also John H. Brinton, "Appended Notes, Operations from Cairo to Shiloh," Brinton MSS.

<sup>17</sup>John H. Brinton, "Campaigns in Western Virginia," Brinton MSS. See also J. J. B. Wright, "Narrative of Service, New Madrid, etc."

and covered with other articles. When the need for them came, no one even knew in which of the ships the tents might be found.<sup>18</sup>

Each regiment of the Army of the Potomac was supplied with two tents each for the colonel, lieutenant-colonel, major, and adjutant (or administrative staff officer), two for two surgeons, one for each captain, and one for the two lieutenants of each company. All of these tents were of the wall variety. The men were supplied with wedge tents, of course, of which there were two hundred and fifty, and there were two tents for hospital purposes.<sup>19</sup>

Not all regiments of the Army of the Potomac were as well supplied as the 'Garibaldi Guard,' one of the élite outfits which organized with such a flourish at the outset of the war. This regiment was well supplied with surgical instruments, medicines, medical stores, hospital bedding, and clothing. It was so well supplied in fact that an additional supply which was contributed was turned over to the Sanitary Commission. The only shortage was of ambulances--there was only one, and it was not infrequently put to illegitimate use.<sup>20</sup>

The shortage of ambulances was almost universal. In June 1861, the Department of Pennsylvania was entirely destitute of ambulances. Of twenty-two regiments distributed to Melville, Havre de Grace, Elkton, Hagerstown, Williamsport, Sharpsburg, and Frederick, there was not a single ambulance or even a suitable wagon. When a movement across the Potomac was being

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<sup>18</sup>G. C. Cooper, "Narrative of Service, Hilton Head, etc."

<sup>19</sup>Shannon, Organization and Administration of Union Army, I, 199.

<sup>20</sup>Adolph Major, "Narrative of service at First Bull Run," War Records Division, National Archives.

planned for July, it was found that the only conveyances for the wounded were the ordinary baggage wagons which first had to be unloaded.<sup>21</sup>

The dearth of ambulances was partly the responsibility of the Quartermaster General who made it clear that he wanted the states to equip their men fully. He held also that the Army Regulations provision for two four-wheeled ambulances, two two-wheeled ambulances, and four two-wheeled transport carts was excessive. The states were advised, therefore, that they should buy the standard Army two-wheeled ambulances which cost one hundred and fifty dollars and which had been approved by the surgeons.<sup>22</sup>

The regular care of the animals needed for the ambulances was just as haphazard as the procurement of the ambulances themselves. When the war began, the rank of veterinary surgeon did not exist, but whenever circumstances called for the services of a veterinarian, efforts were made to procure them.<sup>23</sup>

To the strikingly ill conceived and poorly planned preparations of the Union Army for the welfare of the soldier was added the inexperience of the volunteer medical officers, resulting in many irregularities which adversely affected the health of the troops. Hospital supplies were wasted. Medical reports, when prepared, were confused and not infrequently lost. Charles S. Tripler, medical director of the Department of Pennsylvania in the early part of the war, was informed that the sick of some regiments of the First Division of Pennsylvania Volunteers were permitted to seek

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<sup>21</sup>Charles S. Tripler to Clement L. Finley, Washington, June 22, 1861, "Patterson's Campaign," Brinton MSS.

<sup>22</sup>Montgomery C. Meigs to D. Washburn, Washington, July 10, 1861, Quartermaster General, Letters Sent, 1861, No. 56, p. 50, War Records Division, National Archives.

<sup>23</sup>Montgomery C. Meigs to John Busteed, Washington, July 13, 1861, Quartermaster General, Letters Sent, 1861, No. 56, p. 67.

private accommodations in the town and to procure the services of private physicians. Officers also allowed the cleaning of the camps to fall into utter neglect.<sup>24</sup>

The coming of war and the possibility that the Medical Corps would be enlarged led to an increase in the number of applicants for appointment. One hundred and fifty-six were invited to appear before the examining board which convened in New York City on May 1, 1861, and one hundred and sixteen of these appeared. Since the services of new medical officers was so sorely needed at the time, it was thought advisable to appoint them as quickly as possible. The examining board was directed, therefore, to classify the candidates under three categories, in the order in which they were examined.<sup>25</sup>

In August, an examing board met in Washington to consider applicants for appointment as brigade surgeons. Of one hundred and thirty who were examined, one hundred and ten were approved. Thirty-seven candidates for appointment to the regular medical staff also appeared, and twenty-four of these qualified.<sup>26</sup>

Since the first troops which went into the field were of the three months militia called for under Presidential proclamation, they had their own medical officers. On May 3, the President issued a second proclamation in which provision was made for an additional force of forty regiments, apportioned among the states, which were to serve two years. One assistant surgeon was allowed for each of these regiments, and he was to

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<sup>24</sup>Charles S. Tripler to P. G. S. Ten Broeck, June 27, 1861, "Patterson's Campaign," Brinton MSS.

<sup>25</sup>Annual Report of Surgeon General, 1862, War Records Division, National Archives. See also Brown, Medical Department, p. 217.

<sup>26</sup>Annual Report, Surgeon General, 1862. See also Brown, Medical Department, p. 218.

be appointed by the governor of the state from which the troops came. No appointment was to be made, however, except after a thorough examination by an examining board which was also to be appointed by the governor. Shortly after this, the arrangements were altered to provide for the addition of a surgeon for each regiment.<sup>27</sup>

The requirements for a rigid examination of the volunteer surgeons was unfortunately not effectively enforced, and many appointments were made on purely personal grounds. So many incompetent medical officers were appointed that, upon the request of the Surgeon General, it was found necessary for the War Department to issue an order which would have the effect of dropping the unfit from the rolls. The order authorized the medical directors to call before an examining board any officer who was considered incompetent, and anyone who did not get a favorable report was to be relieved of his duties. The order had excellent results, and the regiments which were raised in accordance with the Act of Congress of July 22, 1861, had much more efficient medical officers.<sup>28</sup>

The force called into the service by the Presidential proclamation of May 3, 1861, was organized into divisions, and each was allowed a surgeon who was to act as medical director. On July 22, 1861, Congress provided for the abandonment of this organization, however, and a corps of brigade surgeons was appointed by the President, by and with the advice and consent of the Senate.<sup>29</sup>

It was evident that the number of medical officers in the Regular Army was inadequate, and Congress, on August 3, 1861, enacted a law for

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<sup>27</sup>Brown, op. cit., p. 218.

<sup>28</sup>Brown, ibid., p. 218.

<sup>29</sup>U. S. Statutes-at-Large (1859-1863), XII, 269. See also Brown, op. cit., p. 218.

the "better organization of the military establishment." The President was authorized, by and with the advice and consent of the Senate, to appoint ten additional surgeons and twenty additional assistant surgeons who were to be given the same rank, pay, and allowances and to perform the same duties as similar medical officers.<sup>30</sup>

The law of August 3 also provided for a corps of medical cadets who were to serve as dressers in the general hospitals and as ambulance attendants in the field under the direction solely of medical officers. They were to receive the same rank and pay as cadets at the United States Military Academy at West Point. Their number was to be adjusted to the exigencies of the service, but at no time was it to exceed fifty. This corps was to be composed of young students of medicine, between the ages of eighteen and twenty-three, who had been reading medicine for two years and had attended at least one course of lectures in a medical college. The cadets were to enlist for one year and to be subject to the Articles of War.<sup>31</sup>

It was also provided that female nurses could be substituted for soldiers in general or permanent hospitals, whenever the Surgeon General or the medical officer in charge found it expedient to do so. The number of female nurses to be employed was to be left to the discretion of these same officers, and all nurses were to be given forty cents per day and one ration either in kind or by commutation. In Army language, this meant that nurses either received the ration or a credit towards their money

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<sup>30</sup>U. S. Statutes-at-Large (1859-1863), XII, 287. See also Brown, op. cit., p. 219.

<sup>31</sup>U. S. Statutes-at-Large (1859-1863), XII, 288. See also Brown, Medical Department, p. 219.

allowance. Except for transportation, these were the only allowances for nurses.<sup>32</sup>

When the legislation of August 3 was originally reported from the Senate Military Committee, there was a provision for the appointment of two Assistant Surgeons General who were to be given the rank of lieutenant-colonel of cavalry and assigned as hospital inspectors, but this very essential clause had been struck out in the course of debate on the bill.<sup>33</sup>

The Annual Report of 1861 of Surgeon General Finley contained a commendation of the Corps of Medical Cadets and recommended adding fifty more student physicians. Finley also suggested that an addition<sup>al</sup> assistant surgeon should be given to each regiment of volunteers and that ten surgeons and thirty assistant surgeons should be added to the regular medical staff.<sup>34</sup>

Finley's other recommendations included enlistment of civilians for nursing in general hospitals and the addition to the table of organization of each company of two men who, under orders of the regimental surgeon, would be detailed to care for sick in the field. As his predecessors and his successors, Finley gave special attention to the recommendation for improving rank of medical officers and spoke of "the inequality in rank in proportion to the services and exposures that obtains in the Medical Corps of the regular army, compared with other branches of the General Staff."<sup>35</sup>

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<sup>32</sup>U. S. Statutes-at-Large (1859-1863), XII, 288. See also Brown, op. cit., p. 219.

<sup>33</sup>Brown, op. cit., p. 219.

<sup>34</sup>Annual Report of Surgeon General, 1861, Surgeon General's Office Reports, War Records Division, National Archives. See also Brown op. cit., p. 221.

<sup>35</sup>Annual Report, Surgeon General, 1861. See also Brown, Medical Department, p. 221.

Congress was not in the mood in 1861, however, to comply with many of Finley's recommendations, and the preparations of neither the Medical Department nor any other department of the Union Army were equal to the needs of fast-moving military events. The call of men from sedentary occupations; the laxness and even fraud in recruitment; the mental unpreparedness of the men for Army life, let alone battle; the devastating blows to morale caused by ignorance, inefficiency, and inadequate and improper care, contributed to the seemingly cowardly conduct of the troops in the opening engagements of the war. The preparations for the quartering, supplying, and transporting of the newly recruited soldiers were hopelessly deficient and demonstrated such disregard for the logistic requirements of the crisis that the expectation of immediate military victory was naïve and illusory.

## THE LESSONS OF FIRST BULL RUN, 1861

Beside the stricken field I stood  
 On the torn turf, on grass and wood,  
 Hung heavily the dew of blood  
 Still, in their fresh mounds lay the slain,  
 But all the air was quick with pain,  
 And gusty sighs, and tearful rain.<sup>1</sup>

The inadequacy of the Union Medical Department became all too evident before the first battle of Bull Run had ended. When, on July 16, 1861, the Army of North Eastern Virginia, later known as the Army of the Potomac, marched out from Washington it had made no medical preparations commensurate with the military movement which was being undertaken, and the Medical Department of the Army could muster few men of real capacity for field service. With the notable exceptions of the Medical Director, Surgeon W. S. King, and his assistant, Assistant Surgeon D. L. Magruder, and a few others, the medical officers had never faced the test of battle conditions. Being inexperienced for the most part, they were without guidance for the care of the sick and wounded, and many floundered pitifully in the morass of bloodshed, panic, disorder, and disintegration which followed.<sup>2</sup>

The too few competent medical officers were handicapped by having insufficient supplies with which to work. Shortages varied from unit to unit. Some outfits reported ample supplies of medicines and hospital stores but no hospital tents. Others had adequate stimulants and Surgical applicances but no medicines or tents. Still others reported later that the medical and hospital supplies were adequate in amount but beyond

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<sup>1</sup>Quoted in Anna M. Holstein, Three Years in Field Hospitals of the Army of the Potomac (Philadelphia: J. B. Lippincott and Co., 1867), p. 38. Author unknown.

<sup>2</sup>John H. Brinton, "Army of the Potomac from Organization to End of Peninsular Campaign, 1862," Brinton MSS.

their reach, being packed in wagons which were not accessible or having been abandoned on the field in the precipitate retreat of the Union Army.<sup>3</sup>

Quartermaster General Montgomery Meigs showed natural concern, therefore, when, on July 21, he inquired of the Assistant Quartermaster at Alexandria whether sufficient supplies and transportation facilities for the sick and wounded were on hand for General Irvin McDowell's command and if any had been sent forward by railroad. He inquired particularly if wagons were needed for transportation and closed with instructions that he be kept advised of any needs, saying that nothing should be left undone to keep the troops properly supplied with subsistence. Also, in line with his responsibility for transporting the wounded, he made an equitable distribution of the ambulances. The supply of ambulances was considered ample but proved limited in practice.<sup>4</sup>

The crux of the medical crisis was that the Medical Department did not have a reasonable degree of independence of other departments. While the conscientious behavior of Quartermaster General Meigs, in attempting a fair distribution of supplies and transportation, was commendable, this was not sufficient in itself to resolve the differences which inevitably arose between his department and the Medical Department. The Medical Department was nearly helpless on the battlefield when it had to depend on other departments for services which were needed without delay. The Army regulations of 1861, for example, placed the responsibility for the transportation of the wounded and the establishing of hospitals during battle squarely upon the shoulders of the authorities in the Quartermaster General Department. At the same time, the Quartermaster Department had to be primarily

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<sup>3</sup>John H. Brinton, "Army of the Potomac from Organization to End of Peninsular Campaign, 1862."

<sup>4</sup>Z. E. Bliss, "Narrative of Service in Virginia."

concerned with carrying supplies in general to the armies in the field. It was likewise charged with removal of equipment and supplies from encampments and from the field of battle, and this was a prodigious job in the heat of battle, especially during a rout such as occurred at first Bull Run. It was no easy matter for the Quartermaster to furnish a wagon for the sick and wounded when it was still on the field full of supplies. The bottleneck in transportation of the wounded and supplies was not the fault alone of either the Medical Department or the Quartermaster. The trouble lay in faulty Congressional legislation which did not provide for a better division of services and in the exceedingly poor plans and operations of the War Department.<sup>5</sup>

The first test of the medical service under battle conditions was at Blackburn's Ford, where the supplies were sufficient for the treatment of the wounded on the field but an unavoidable water shortage resulted in much suffering. The misuse of the water from the few wells in the vicinity had not only been largely responsible for the shortage but had resulted in physical ill effects for many of the men. Instead of conserving the water supply, the men, coming hot and tired from the scene of battle, were at first permitted to drink great quantities of water.<sup>6</sup>

The main depot for the wounded from Blackburn's Ford and later from Bull Run was Centreville, out in the Virginia countryside about twenty-six miles from Washington. From Centreville the patients were sent subsequently to Alexandria. The wounded were first conveyed from the battlefield on hand litters to the adjacent field hospital. Then the severely wounded were moved from the field hospital to Centreville on hand litters,

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<sup>5</sup>Clements, Memoir of Letterman, p. 6.

<sup>6</sup>C. C. Gray, "Narrative of Service, Bull Run, Antietam," War Records Division, National Archives.

others by ambulance. The severely wounded at Centreville were forwarded then as quickly as possible by ambulance to Fairfax Station, a short distance away, from which they were taken by railroad to the hospital at Alexandria.<sup>7</sup>

On July 21, severe fighting took place in the Bull Run or Manassas Junction area, and temporary arrangements were hastily made for the care of the wounded until a hospital could be established in the rear of the battle lines. The regimental medical officers dressed the first wounds in the woods. Temporary hospitals were established in a few small houses, and one of the assistant surgeons was instructed to go to the rear to establish a suitable hospital. This was done at Sudley Church, in the country not far from Manassas, while, at the same time, other churches and buildings were cleared to receive the soldiers. Before noon of July 21 nearly every building selected was filled with sick and exhausted men.<sup>8</sup>

Just after the battle, when medical and hospital supplies were almost exhausted and the regimental surgeons seemed completely bewildered as to how to alleviate the suffering, the ambulances began to get through to the battlefield. The plan for removing the wounded was then quickly executed, although the stragglers constantly increased in number and harassed the orderly removal of the real casualties.<sup>9</sup>

Pandemonium reigned at Bull Run. In removing the wounded from the battlefield, some of the ambulance teamsters conducted themselves disgracefully. On occasion, the traces of the vehicles were cut and the

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<sup>7</sup>Z. E. Bliss, "Narrative of Service in Virginia." See also John H. Brinton, Army of the Potomac."

<sup>8</sup>Ibid.

<sup>9</sup>Charles R. Greenleaf, "Report Relative to Wounded, Battle of First Bull Run," War Records Division, National Archives.

wounded left helpless on the field while the driver rode off on the horse. Sometimes the wounded were deserted under direct enemy artillery fire. Some ambulances coming from the field had two men without a scratch for every one who was wounded. Efforts to stop these wagons and to fill them with wounded were frequently unavailing.<sup>10</sup>

The removal of the wounded was accompanied by unconfirmed stories of atrocities. One young Union soldier claimed that his outfit upon arrival at Bull Run found the body of a man in the ruins of a burned hospital, also five bodies, with their hands tied behind them, in a nearby creek. Although there was no clue as to whether or not the victims were Union or Confederate soldiers, it was held certain that they had suffered from violence. The same outfit was said to have received a rude shock when it was discovered, after using a nearby well for about three days, that the reason that the bucket got fast every time it was pulled up was that it had the body of a dead rebel soldier fastened to it.<sup>11</sup>

Most of the men wounded in battle were injured by round musket balls, but a new class of wounds was introduced by the use of the conoidal minie ball which, together with the canister type having a number of bullets in a case, usually caused the wounds inflicted by Union troops to be of a graver nature. The difference between the old and the new types was essentially in the degree of severity of the wound produced by the ball. Greater nervous shock was given to the system, and it was logically believed that damage to the hard and soft parts of the body was in proportion to the increased velocity of the conical ball.<sup>12</sup>

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<sup>10</sup>John H. Erinton, "Army of the Potomac." See also Z. E. Bliss, "Narrative of Service in Virginia."

<sup>11</sup>Jacob H. Cole, Under Five Commanders (Paterson, New Jersey: News Printing Co., 1906) p. 16.

<sup>12</sup>Wright, Narrative. See also C. C. Gray, "Narrative of Service, Bull Run, Antietam."

Some soldiers sought to escape further service by self-inflicted wounds, commonly by shooting off fingers. Union soldiers quickly adopted these tricks of European soldiers. In the treatment of the wounded, however, the true nature of the wound was quickly revealed--although not always. Some cases were more obviously self-induced, as where a regimental surgeon, in carefully examining a serious infection, discovered the impression of the American penny, the copper of which had quickly caused the trouble.<sup>13</sup>

After the first battle of Bull Run, the wounded, by whatever cause, soon filled the floor and galleries of Sudley Church, so that other arrangements had to be made for them by the limited number of attendants provided. Those in the church were placed on hay or straw, but the new arrivals were placed on the ground in the shade of the surrounding trees. Hospital attendants were hard to get, and most of those acquired were stragglers and deserters. A detail of enemy cavalry which had surrounded the hospital after the retreat of the Union forces, made a frame shelter and covered it with India rubber blankets which Union soldiers had discarded profusely in their rout. This prevented much suffering from the cold rain which began on the next day.<sup>14</sup>

Many major operations were performed, but with little success, since the lack of food and stimulants after the retreat of the Union forces and the other deplorable conditions usually produced fatality within twenty-four hours. A small quantity of corn meal was obtained from a house near the church, and some gruel was made for the sick and wounded. A cup was

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<sup>13</sup>Henry N. Blake, Three Years in the Army of the Potomac (Boston: Lee and Shepard, 1865), p. 303.

<sup>14</sup>G. M. Sternberg, "Narrative of Service, First Bull Run, Gaines Mills," War Records Division, National Archives. See also John H. Brinton, "Army of the Potomac."

given to nearly every man, and until Monday evening, July 22, this was the only food available. The supply of food throughout the area was very deficient. Most of the reliance for food had been put upon the knapsack.<sup>15</sup>

When it became evident that the hospital must fall into the hands of the enemy, a consultation was held, and plans were made for the disposition of the wounded. A number of medical officers volunteered to remain with the unmoveable wounded, while those who were able to walk were started towards Washington. Others were placed in the few available ambulances, but many of the latter never reached their destination because of the cowardly conduct of the ambulance drivers.<sup>16</sup>

Upon the capture of Sudley Church by the enemy, all Union medical officers were removed to Manassas Junction and invited to sign a parole pledge that they would never serve again. Some officers complied, others refused. A substitute pledge was then offered by which the officers pledged themselves to make no escape for five days. Those who made this pledge were then returned to the Sudley and Centreville hospitals.<sup>17</sup>

Meantime, not more than one-tenth of the wounded had received any medical attention. Assistant Surgeon C. C. Gray, among others, had determined to remain with the men if possible, but he was taken prisoner and not permitted to return to care for the wounded at Sudley Church. Dr. James McFadden Gaston of South Carolina, an acting medical director of the Confederate forces which captured Sudley Church, did give Assistant

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<sup>15</sup>G. M. Sternberg, "Narrative of Service, First Bull Run, Gaines Mills." See also H. P. Stearn, "Narrative of Service, Belmont (Mo.) and Donelson," War Records Division, National Archives.

<sup>16</sup>John H. Brinton, "Army of the Potomac from Organization to End of Peninsular Campaign, 1862."

<sup>17</sup>Ibid.

Surgeon Gray an ambulance on Tuesday morning and the assistance of a surgeon of Mississippi volunteers to collect and care for the Union wounded who were still on the field of Bull Run.<sup>18</sup>

It was soon discovered that many of the wounded would perish before they could be removed. Many remained scattered on the field, large numbers dying for want of assistance. It was impossible to operate, for the surgical instruments had been taken from the Union surgeons. The surgeons on the field relied for food and supplies upon the knapsacks of the dead and the bounty of their enemies, who were themselves short of supplies and provisions of all kinds.<sup>19</sup>

The Confederate surgeons, for the most part, were inclined to do everything possible for the Union wounded, but their own supplies and transportation were hopelessly inadequate. The only transportation facilities appeared to be the ambulances captured from the Union forces. A Dr. Darby, formerly of Philadelphia but who had become a practising physician in Hampton, South Carolina, did his best to alleviate the suffering of those who could not be moved. By this time, however, the chief treatment was amputation, without anesthetic, of the affected part of the body—a brutal butchering at best.<sup>20</sup>

Many slightly wounded men were found after first Bull Run in buildings along the Potomac river. They were fatigued, suffering from exposure to heavy rains, and thoroughly demoralized. They had practically nothing but the clothing on their backs, and little of that still remained. Their blankets and equipment had been hastily abandoned on the field.<sup>21</sup>

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<sup>18</sup>C. C. Gray, "Narrative of Service, Bull Run, Antietam."

<sup>19</sup>Ibid.

<sup>20</sup>G. M. Sternberg, "Narrative of Service, First Bull Run."

<sup>21</sup>Greenleaf, "Report Relative to Wounded, Battle of First Bull Run."

On the Virginia side of the river there were no hospital accommodations, but circumstances, in general, were favorable to the soldiers there. Every empty house or building was sought by the sick and wounded for rest and shelter, and while few men applied to medical officers for treatment, fewer yet had any authority to be absent from their commands. Fortunately, supplies of food in the neighborhood were abundant, and the citizens were kind. The soldiers who were left behind were also assiduous in sharing with their buddies and helping them in every way.<sup>22</sup>

Nothing was left undone in Washington for the wounded who had been successfully removed from Bull Run. Private residences and public buildings alike were thrown open. The hospitals were operated in excellent order, and the wounded were attended to promptly.<sup>23</sup>

The treatment and care of the sick and wounded in Washington after Bull Run gave some indication of how an efficient medical service could be operated, but the heavy losses in killed and wounded and the deficient treatment of the men while still on the battlefield made the morale of the men in the armies sink very low. Some regiments had lost heavily. Surgeons were besieged with applications for discharge on a multitude of grounds. D. W. Hand, of the First Minnesota Volunteers, frankly admitted that, being inexperienced, he probably gave certificates of disability to many soldiers who were not entitled to them.<sup>24</sup>

The blow to the morale of the men caused by various circumstances at the time of the battle and afterwards inevitably raised a whirlwind of problems for the Medical Department, for soldiers with low morale were

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<sup>22</sup>Greenleaf, "Report Relative to Wounded, Battle of First Bull Run."

<sup>23</sup>Ibid.

<sup>24</sup>D. W. Hand, "Narrative of Service in Virginia," War Records Division, National Archives.

easy prey for sickness and disease. Controversy within the Thirteenth, Twenty-First, and Seventy-Ninth New York regiments about length of service played its part, but the baptism of blood at Bull Run also contributed to the mutiny of such outfits. Prompt action, however, by Colonel Andrew Porter, who was acting under orders of the new commander, General McClellan, quickly put the mutineers to rout. Discontent, nevertheless, did not cease. Men who had understood that the war would be over in a few weeks were bitter and disillusioned. The losses of the Army of Virginia had been heavy, and men had seen the wounded abandoned where they fell and knew that the dead lay unburied. Many officers were killed or disabled, and many were captured. Commanders were separated from their commands, and straggling was extensive. Men were wandering all about the Virginia countryside and around Washington. The cavalry was exhausted, and losses in equipment were heavy. The Army of Virginia, soon to be the Army of the Potomac, was an army only in name. Freedmen, who had accompanied the retreat of the rear guard of the army, had to be received and employed in the camps, hospitals, or the Quartermaster Department of the Army. Every circumstance contributed to the utter confusion of the troops as military units, and the disorganization of those units made for confused individual soldiers. The sick rolls increased; the hospitals were swarming with both the healthy and the infirm; and medical officers were besieged with requests for discharge. Those who remained felt that they had little incentive to cooperate in building up an esprit de corps that in itself would combat sickness and even disease.<sup>25</sup>

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<sup>25</sup>Shannon, Organization and Administration of Union Army, I, 180. See also John H. Brinton, "General Pope's Campaign in Virginia," Brinton MSS., Montgomery Meigs to D. H. Rucker, July 25, 1861, Quartermaster General, Letters Sent, 1861, No. 56, p. 112, and C. C. Gray, "Narrative of Service, Bull Run, Antietam."

The shattered morale of the soldiers of the Army of Virginia had a devastating effect both upon their military units and upon the soldiers as individuals, but a plaintive cry soon came also from the wretched wounded who had been captured and transferred to Richmond. These patients had been forwarded from the battlefield to Manassas by a vehicle known as the Virginia wagon and the soldiers were wont to remark, in effect, that diabolical planning could not have made a vehicle more effective as an instrument of torture. Many died on the trip, which required two days of unbelievable suffering. By August 2, all of these soldiers had been transferred to Richmond and imprisoned in the Libby tobacco warehouse which henceforth was spoken of with horror by northerners as Libby Prison.<sup>26</sup>

While the treatment of the Union wounded at Libby Prison was exceedingly poor, it was not due to inhumanity on the part of most of the southern authorities. The first consideration of the Confederate medical officers was logically for their own men, and, since they were frequently short of the necessary supplies for the treatment of their own wounded, it was not surprising that Union soldiers accordingly suffered. The Confederate doctors and surgeons lacked proper medicines and proper hospitalization facilities. It was close to impossible to furnish a proper diet for sick men. Many Union soldiers died as a result, and many of the survivors returned to civilian life with enfeebled and broken constitutions. Those languishing in prison made pitiful pleas to the authorities back home. A young prisoner, aged sixteen, who was imprisoned at Andersonville, Georgia, appealed for help:<sup>27</sup>

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<sup>26</sup>John H. Brinton, "Army in Virginia from Organization to End of Peninsular Campaign, 1862."

<sup>27</sup>Ibid.

The voice of slander tells you  
 That our hearts were weak with fear  
 That nearly everyone of us  
 Was captured in the rear  
 The scars upon our bodies  
 From the musket, ball and shell  
 The missing legs and shattered arms  
 A truer tale will tell,---  
 We have tried to do our duty,  
 On the sight of God on high,  
 Oh! ye who yet can save us,  
 Will you leave us here to die?<sup>28</sup>

The capture and imprisonment of Union medical officers as well as combat officers and troops left gaps in the medical service on the battlefield and afterwards which resulted in countless fatalities, but it was usually a blessing to the wounded who were captured and sent south to have one or several of their own medical officers with them. It was difficult for the Union medical officers to get any supplies with which to work, but it was comforting, nevertheless, for the soldier to know that one of his own was nearby.<sup>29</sup>

The captured medical officers of the Civil War did not have an officially neutralized status as those of a later era under the Geneva Convention, nor did they even have the benefit of the European or Mexican War precedent exempting army surgeons, with certain restrictions, from molestation. Medical officers were faced with the decision of deserting the wounded or being captured.<sup>30</sup>

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<sup>28</sup>Lines by unknown author, found among Christian Commission Papers in the George H. Stuart Collection, Division of Manuscripts, Library of Congress.

<sup>29</sup>John H. Brinton, "Army in Virginia from Organization to End of Peninsular Campaign, 1862."

<sup>30</sup>Munson, "Army Surgeon," in Photographic History, VII, 224. See also D. C. Peters, "Narrative of Service, Surrender at San Antonio, Pensacola, New Orleans, First Fredericksburg," War Records Division, National Archives.

General Pierre G. T. Beauregard did forward with the captured Union medical officers of first Bull Run a request to the Secretary of War that they should be sent home as soon as their services were no longer required, in view of their being non-combatants and their having given themselves up voluntarily to attend the wounded. But this order was not in all cases respected. In August, some officers did receive a parole and left Richmond. Others, however, did not fare so well. Surgeon C. C. Gray was taken from Richmond to Charleston and confined in the city prison for a few days. Gray and all of the other officers were crowded into cells intended for only two men. They suffered much from lack of food and from the heat. About the middle of September, Gray and some other officers were transferred to Castle Pinckney in the harbor, and there they lay sick until November. Union medical officers attended them, but a baleful atmosphere, close confinement in a dirty prison, and insufficient food seriously affected their health. They were eventually removed to Columbia, South Carolina, because of an expected attack by combined Union land and naval forces. These surgeons were later removed to Richmond, on the promise of a cartel or agreement, which was broken, and remained there long enough to treat the wounded who were captured in the Peninsular Campaign in the summer of 1862.<sup>31</sup>

The aid which was sent to the prisoners of war by northern individuals and organizations was far from adequate for the many and urgent needs, but it was helpful in saving lives and alleviating distress. Boxes of medicines and hospital supplies were sent to the southern prison officials and political prisoners at such prisons as Castle Thunder, South Carolina.

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<sup>31</sup>Charles S. DeGraw, "Narrative of Service, Bull Run, No. 1, Vicksburg," War Records Division, National Archives. See also C. C. Gray, "Narrative of Service, Bull Run, Antietam."

The hospitalized soldiers were the chief beneficiaries. Countless prisoners who were not hospitalized suffered and died from inadequate clothing and the resulting exposure. James Jenkins Gillette, a veteran of the Civil War, expressed what he felt to be the feelings of the men who returned home after being imprisoned in the South: "They return to their homes and families feeling that they have been neglected by a government for which they were willing to sacrifice all they had. They are forced to admit that government inferior to its opponents in humanity."<sup>32</sup>

Conditions in many instances in the North after first Bull Run were little better than those of the Union prisoners of war in the South. The Army of North Eastern Virginia almost ceased to exist, and the provisions for new recruits were meagre and laxly administered. Since there were fears for the safety of the capital, President Lincoln directed the loyal governors to send troops to Washington promptly. In a few days men were enlisted for a term of three years, and apprehension was partially relieved. The enlisting of men for three years was an indication that the authorities in Washington were beginning to realize a little better the true nature of the rebellion. The North was sobered after the fiasco at Bull Run and began to gear its machinery for the prosecution of the war to the needs of the times. The facilities for reception of the new recruits into the service of the Union, however, did not reveal the same sober foresight. Camp Curtin, near Harrisburg, Pennsylvania, was one of the main rendezvous for the new regiments. By July, the grounds had not been cleared. The heat was intense, and there was not even so much as a

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<sup>32</sup>James J. Gillette Papers, Division of Manuscripts, Library of Congress. (Gillette was Chief of Subsistence of the Army of the Potomac.) See also William B. Hesseltine, Civil War Prisons; A Study in War Psychology (Columbus: The Ohio State University Press, 1930), p. 119, for a full treatment of prison life.

leaf to intercept the rays of the sun. The camp stench was intolerable, and sickness increased rapidly.<sup>33</sup>

Although the reception process was no better, at least in most cases, an immediate transformation of the old Army of North Eastern Virginia was made, leading to the development of a disciplined organization previously unknown and probably never surpassed by any other Union Army. The new army was directed by an unusually competent officer whose abilities for staff work far outweighed those for field maneuvers. General McClellan was summoned from western Virginia, commissioned major-general, and given command of the army at Washington which was henceforth to be known as the Army of the Potomac. All eyes were focused on the army which was expected to save the Union.<sup>34</sup>

General McClellan not only called for an immediate reorganization of the army at Washington but for a reorganization of the medical service as well. These changes, from the commander's staff to the private in the ranks, were carried out with dispatch and efficiency. A high degree of discipline was attained. McClellan first revamped his general staff. Then he ordered the return of officers and men who were swarming about the streets of Washington and spending their time with camp followers and in saloons. Throughout the winter of 1861-62 there was constant drill, and organization and discipline were accompanied by a decrease in sickness and disease. The Army of the Potomac had an esprit de corps.<sup>35</sup>

Upon assuming chief command, McClellan made Charles S. Tripler general director of the medical service of the Army of the Potomac. The

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<sup>33</sup>Castleman, Army of the Potomac, p. 7.

<sup>34</sup>Shannon, Organization and Administration of Union Army, I, 182.

<sup>35</sup>Ibid., p. 183.

foundations of an efficient medical service for the Union armies were at last being laid. Tripler's training and experience eminently qualified him for the reorganization of the medical department of that army. Born in New York City in 1806, he entered the Army immediately upon graduation from the New York City College of Physicians and Surgeons in 1838. After serving in various Michigan posts, he was medical director of General David E. Twigg's division in the Mexican War. Then followed the usual tours of duty at various western posts. In 1861 he was appointed medical director of General Patterson's Army of the Shenandoah. His medical attainments, executive ability, and industry were quickly demonstrated. His chief accomplishment, however, was reorganization of the medical personnel to get the maximum benefit of their services, the centering of responsibility for various phases of medical work, and the wise and efficient use of the men and supplies which were afforded him.<sup>36</sup>

Before the full effects of the changes under Medical Director Tripler could be realized, it was necessary to take heed of some important lessons of First Bull Run. The Medical Department, along with others, had been guilty of over-optimism as to the requirements for battle with the Confederate armies. As a result, there was neither organized planning nor efficient administration of the medical services. In addition, the lack of competent medical personnel made it all the more impossible for the Medical Department to meet the challenge of the battlefield. The services of supply and transportation, no matter how conscientiously they were generally directed, were plainly deficient.

The stigma of defeat at Bull Run gave direction, however, to the future of the Union cause. It was now recognized that the Union's

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<sup>36</sup>Henry J. Bigelow, Report to E. M. Stanton on the condition of the troops before Richmond, June 22, 1862, War Records Division, National Archives.

future was very much dependent upon the condition of the men who had to fight its military battles. Success could only be achieved by a complete reorganization of the Army of North Eastern Virginia and, indeed, the creation of a new army out of the ruins of the old. The resulting Army of the Potomac was to become a model organization, and the people of the Union were to put their trust in it for an early defeat of the enemy. It was evident that the soldiers of this new army--so well disciplined and with such a striking esprit de corps--would be better conditioned, mentally and physically, for battle. The unfortunate missing link in the chain that was being built was that the transformation in the organization and men of the Army of the Potomac was not duplicated in the other armies, and it could well have been asked if the transformation had occurred soon enough for the exigencies of the military situation.

## THE CALL TO ARMS ON THE CIVILIAN FRONT, 1861

Once the true nature of the conflict was realized and the illusion of a six weeks war was dispelled, the civilian population responded generously to the need for help. That they were always moved by unselfish sentiments is not so evident. Nor can it be said that their generous impulses always resulted in benefit to the sick and wounded or to the doctors and attendants who were responsible for their care. It is clear, however, that those on the civilian front--through individual and group efforts--were responsible for largesse that prevented untold suffering and paved the way for even greater humanitarian efforts.

This benevolence found its outlet usually through the Soldiers' Aid Societies, which, in most cases, resulted from the efforts of families to do something for their relatives or friends. Aid societies were to be found everywhere, but many of them, especially those which worked throughout the war, were in Pennsylvania. Even the school children contributed to the care of the sick and wounded through their society known as "The Little Helpers." Especially noteworthy was the service of the Sisters of Charity who toiled night and day in a self-sacrificing manner. They were known far and wide among the soldiers for the dinners which they gave on Christmas and New Years for the wounded.<sup>1</sup>

In Washington, natives of Michigan decided that soldiers from their state should have special attention. They banded together, therefore, and took food and other gifts to make the sick and wounded in the hospitals more comfortable. Not only did they set a pattern for humane service

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<sup>1</sup>Holstein, Three Years in Field Hospitals, pp. 10, 56. See also Smith, Diary, and Cole, Under Five Commanders, p. 210.

both in hospitals and in the field but they established the Michigan State Society.<sup>2</sup>

There were often mixed motives for civilian aid, the desire to help generously as well as to interfere in strictly medical matters. Sometimes it was one or the other, and sometimes it was a combination of both. Both north and south, the general public was moved more frequently, however, by an unselfish wish to relieve the suffering of the sick and wounded than by any other reason. During 1861, in the Army of the Ohio at Richmond, Kentucky, for example, the loyal citizens brought abundant and varied food to the hospital. Ladies from Richmond and the vicinity visited the hospital daily, bringing fresh meats, soups, milk, fruits, and light bread. In many cases they also gave valuable assistance in caring for the sick and wounded. Some placed their Negro servants at the disposal of the hospital.<sup>3</sup>

On the other hand, those who were sincerely trying to be helpful frequently prevented the sick and wounded from getting proper cares. Hordes of relatives, friends, relief agents, and even the curious were constantly getting in the doctors' way and giving the men food and drink which did more harm than good--and which in an incalculable number of cases may well have killed the patient.

Even worse results came from a spirit of interference which prompted the activities of many people. Indeed, the attempts of the public to make medical personnel, especially in hospitals, subject to their wishes was a major problem throughout the war. This spirit appears to have been much more in evidence in the West than elsewhere, which fact may be explained

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<sup>2</sup>"Home Ties in State Societies," The Washington Sunday Star Pictorial Magazine, February 8, 1948, p. 3.

<sup>3</sup>John D. Irwin, "Report of Battle at the Battle of Richmond, Kentucky, August 30, 1862," War Records Division, National Archives.

by the greater distance from the center of national government. The people of Cincinnati, for example, threatened, through the press, to teach the officers that they were subject to the public will and even charged them with malfeasance and neglect of duty. An investigating committee found these charges without any substantiation in fact, but the unfavorable publicity did great injury to a medical service that was becoming well known for its shortcomings.<sup>4</sup>

The whole problem of civilian aid was complicated, moreover, by the inability of the Medical Department to perform both the many medical and non-medical duties. The doctors and surgeons were burdened with administrative tasks which they often had to neglect in favor of their medical duties. The resulting administrative confusion made it hard to get sufficient and satisfactory supplies, let alone comforts for the patients.

Hospitals especially were dependent in no small measure upon the aid of benevolent citizens and aid societies. A few delicacies and comforts for the patients were furnished through hospital funds, but most of such aid came directly from charitably minded citizens. Books and magazines also were sent to the sick and wounded by ladies aid societies and other civilian organizations and were received gratefully by medical personnel in areas where such items were seldom seen. Surgeon John T. Carpenter of Pottsville, Pennsylvania, wrote from Charleston, in western Virginia, that books were a very rare commodity in that city.<sup>5</sup>

The most indispensable kinds of equipment were often obtained by the heavily burdened services of the Union armies as gifts from the many aid

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<sup>4</sup>J. J. B. Wright, "Narrative of Service, Rich and Great Mountains."

<sup>5</sup>John T. Carpenter to Mrs. Sallie Washburn, December 2, 1861. Carpenter Papers in the possession of Dr. J. Stratton Carpenter, Pottsville, Pennsylvania.

societies. Representative of such contributions in 1861 was the gift to the Quartermaster Department of two hundred ambulances and four hundred horses with harness and equipment by the United States Humane Society.<sup>6</sup>

Less duplication of effort and far better care of the soldier would have been achieved, however, had the Medical Department been free of frequent dependence upon other agencies for supplies and had it been able to direct its own operations completely. Instead, the Army and the relief agencies, operating at cross purposes, tangled bitterly. This was particularly true of the Army and the Western Sanitary Commission. John H. Brinton, the eminent surgeon, clearly recognized the contributions made by these voluntary organizations and the generous spirit which prompted their services, but he found that the employees of the relief agencies were almost constantly annoying to the surgeons. Even worse was the interference, however well intended, of countless emissaries to the camps and hospitals who were not subject to military law and who failed altogether to comprehend the necessity of discipline.<sup>7</sup>

Of all the relief societies, the United States Sanitary Commission was the first and was considered foremost. It came into being as the result of a meeting of women on April 29, 1861, at Cooper Institute in New York City. As the plan was first conceived, there was to be an organization with powers to establish a preventive, hygienic, and sanitary service, under or independent of the Medical Department as might be deemed most expedient, for the benefit of the Army.<sup>8</sup>

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<sup>6</sup>Montgomery Meigs to G. W. Tolhurst, September 7, 1861, Quartermaster General, Letters Sent, 1861, No. 56, p. 376.

<sup>7</sup>John H. Brinton, "The Army in Virginia from Organization to end of Peninsular Campaign," Brinton MSS.

<sup>8</sup>George W. Davis, The Sanitary Commission--the Red Cross (New York ? 1910 ?), p. 546. (Reprinted from the American Journal of International Law and Supplement (July, 1910), and from volumes I and II of the Supplement for the years 1907 and 1908.)

This plan was laid by its promoters before the Surgeon General, and, though the records make no indication, this was probably Surgeon Robert C. Wood who was performing the duties of Surgeon General in the absence of Thomas Lawson. No encouragement was received from the Surgeon General by the Sanitary Commission promoters, and this was unquestionably due to the hesitancy of the Medical Corps to sanction what might be an independent medical agency.<sup>9</sup>

The organizers of the Sanitary Commission pointed out the appalling mortality rate of sixty per cent per annum in the British Army during the first seven months of the campaign against Sevastopol in the Crimean War. Even more important, said the sanitary promoters, was the action which the British Government took under those circumstances. Miss Florence Nightingale was sent out to Scutari by the British Secretary of State for War with ample power to request assistance from military authorities and to bring the administration of the hospitals into conformity with her plans and the orders which she had received.<sup>10</sup>

Since the Surgeon General repelled completely the idea of subordinating the Medical Department, with respect to any military matters, to a civilian committee, the prospective Sanitary Commission had to accept the role of a body of inquiry. The official designation which was given to the United States Sanitary Commission was "A Commission of Inquiry and Advice in respect of the Sanitary Interests of the United States Forces." This designation was issued under War Department General Order, June 9, 1861, and in pursuance of the Medical Department's suggestion. It was

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<sup>9</sup>George W. Davis, The Sanitary Commission--the Red Cross (New York ? 1910 ?), p. 546. See also Brown, Medical Department, p. 217.

<sup>10</sup>Davis, ibid., p. 546.

made clear that the activities of this body would continue at the pleasure of the government, unless it discontinued them of its own accord.<sup>11</sup>

The directorate of the Sanitary Commission, including the head of the Medical Department and two other medical officers, was to be appointed by the Secretary of War. It was the responsibility of this group to see that the commission directed its inquiries "to the principles and practices connected with the inspection of recruits and other enlisted men, to means of preserving and restoring the health and securing the general comfort of the troops, to the sanitary condition of the volunteers, to the proper provision of cooks, nurses, and hospitals, and to other subjects of like nature."<sup>12</sup>

The Sanitary Commission organized immediately and chose its officers. Henry W. Bellows was made President, Professor A. D. Bache, Vice-President, Dr. Elisha Harris, Secretary, and George T. Strong, Treasurer. Then, after increasing its personnel to twelve, it submitted to the Secretary of War on June 13, 1861, a plan of organization in which the powers and responsibilities of the organization were clearly defined.<sup>13</sup>

General McClellan considered the services of the Sanitary Commission humane and disinterested, and he urged Secretary of War Cameron to consider its suggestions worthy of approval and immediate adoption. On June 13, 1861, the commission's plan of organization was approved by

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<sup>11</sup>Davis, Sanitary Commission, p. 547.

<sup>12</sup>Ibid., p. 547.

<sup>13</sup>Ibid. p. 547.

Cameron, and on that same day the United States Sanitary Commission was established by order of President Lincoln.<sup>14</sup>

The Sanitary Commission numbered among its promoters many recognized leaders in medicine, sanitary science, philanthropy, business, and other walks of life. Sponsored by the War Department, it was given broad powers to conduct surveys of the needs of the armies in the field and to recommend both medical and subsidiary policies to the government. Authority was also given to organize the people on the home front to give aid to the men in the service.<sup>15</sup>

The powers of the Sanitary Commission were divided into those of inquiry and those of advice. Three categories of information were to be included under the branch of inquiry with respect to the needs of the troops: what must be, what is, and what ought to be. Under the branch of advice, the commission was to make plans and seek their approval and enforcement by the medical and military authorities. The support of the public, through its benevolence, was to be sought as well. The commission, in short, was to give assistance to the Medical Department without displacing it in any way or attempting to infringe upon its powers and responsibilities.<sup>16</sup>

The work of the Sanitary Commission was to be so varied that six different departments were included in its organization. The Supply Department

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<sup>14</sup>George B. McClellan to Simon Cameron, September 13, 1861, War of the Rebellion: Official Records of the Union and Confederate Armies, 1, 5, 599. (Hereafter referred to as OR.) See also Medical Department Orientation, Part One, p. 61, and Davis, op. cit., p. 547. (The United States Sanitary Commission should not be confused with other sanitary commissions, of which there were many.)

<sup>15</sup>Medical Department Orientation, Part One, p. 61.

<sup>16</sup>Davis, Sanitary Commission, p. 548.

was to be concerned with getting supplies from the public for the soldiers, and this involved not only collecting and storing but forwarding and distributing them, through the hospitals, to the armies and the battlefields. The Department of Medical Inspection or Inquiry and Advice was to conduct inspections by scientific men in the field and general hospitals and among the regiments. All camp or hospital conditions which were considered unfavorable to the health and welfare of the soldier were to be reported and efforts made to suggest and secure necessary sanitary reforms. The Special Relief Department was to aid all sick or disabled or discharged soldiers who could not otherwise be helped. This included the maintenance of "Homes" and "Lodges," relief stations close to the battlefields, claims agencies, temporary asylums, and pension offices. Nurses were to be employed also to help feeble and disabled men to their homes. There were those men too who were to visit the hospitals, look up and collect the back pay of the soldiers. The Sanitary Commission likewise maintained a department of Hospital Directory which kept relatives and friends of the soldiers informed as to their location and condition.<sup>17</sup>

A Statistical Department of the Sanitary Commission was responsible for the gathering and tabulating of material made available to them by the commission's hospital inspectors. In this manner, it was hoped that general principles might be established for the prevention of disease in the Army and that a contribution might be made to valuable scientific research. Finally, the Department of Publication was to furnish to the Army surgeons, free of charge, monographs containing the best and most recent knowledge of modern medical and surgical science.<sup>18</sup>

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<sup>17</sup>"Financial Report of the United States Sanitary Commission, June, 1861, to October 1, 1864," United States Sanitary Commission Bulletin, III (1864), pp. 918-919.

<sup>18</sup>Ibid., III, 919.

Almost from the day of its organization, the Sanitary Commission opposed with vigor the weak administration of Surgeon General Finley in the Medical Department, and its agents even acted on occasion as if they were in charge of the Union medical service. But they did sometimes possess, it is true, a better conception of the needs of the Medical Department than its own administrative officers. Not only did they oppose Finley, but they urged the expansion of the Department.<sup>19</sup>

Continual intervention by the Sanitary Commission in the affairs of the Medical Department was probably inevitable and perhaps desirable at times. But it resulted in too much over-lapping of authority and working in different directions. The building of a strong medical department which would welcome civilian assistance in the proper non-medical areas was consequently delayed.

Individual leaders of the Sanitary Commission and the commission itself called for improvements in the medical services, and most of their proposals were subsequently adopted. They urged the appointment of a medical director of the Army of the Potomac, with such powers as the commanding general might consider proper. An ambulance corps under the medical director's command and an adequate corps of male and female nurses were also proposed. Above all, it was recommended that the relations of the Sanitary Commission and the Medical Department be placed on a footing of complete cooperation.<sup>20</sup>

Many of the volunteer workers of the relief agencies had sons or relatives in the service of the Union, and one of the most devoted in the Sanitary Commission was the mother of the young Captain Oliver Wendell

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<sup>19</sup>Packard, History of Medicine, I, 640.

<sup>20</sup>George B. McClellan to Simon Cameron, September 13, 1861, OR, I, 5, 599.

Holmes. Since the latter was seriously wounded several times, Mrs. Holmes had special cause for concern about the welfare of the sick and wounded. Being in charge of the Boston branch of the commission, she and the workers toiled day and night to supply food and medical supplies, equip hospital ships, furnish male and female nurses, and instruct military personnel in the care of their men.<sup>21</sup>

The plight of thousands of soldiers would have been a sad one, indeed, without the services of the United States Sanitary Commission. Their work of distributing supplies and administering general relief required the labors of a permanent corps of approximately two hundred men on the average. These services, in turn, involved the purchasing and maintenance of various transportation facilities such as wagon trains and steamboats. Thousands of lives were undoubtedly saved by their inspection of camps and hospitals, and even a greater number of cases of sickness and disease was prevented. The commission's Special Relief Department must have aided and protected in various ways about 2,500 men daily. Its Hospital Directory contained at least 1,030,000 names by October 1, 1864, and thousands of inquiries were answered. Lastly, there was a recognition, together with the Medical Department, of the importance of adding to the existing knowledge of military medicine and surgery. All of these services between 1861 and 1864 alone cost the Sanitary Commission \$2,467,958.55.<sup>22</sup>

Closely paralleling and yet varying in some respects from the Sanitary Commission was the Christian Commission, which established a central office in Philadelphia and branch offices in the states and territories.

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<sup>21</sup>Catherine Drinker Bowen. Yankee from Olympus: Justice Holmes and his family (Boston: Little Brown and Co., 1944), p. 155.

<sup>22</sup>"Financial Report," United States Sanitary Commission Bulletin, III, pp. 918-919.

This commission, the idea for which is credited to the artist Vincent Collyer, was organized in New York City on November 15, 1861, at a meeting of the Young Men's Christian Association, "to take active measures to promote the spiritual and temporal welfare of the soldiers in the Army, and the sailors and marines in the Navy, in cooperation with chaplains and others."<sup>23</sup>

The Christian Commission was organization conscious if many departments of government were not. The delegates of the commission were divided into three classes: delegates to battlefields, those to camps and to visit sailors on shipboard, and those in hospitals. These were largely clergymen and laymen of all denominations. On the battlefield the delegates were under the direction of a general field agent who operated from a central place in connection with the general corps headquarters. Committees of delegates, each having a captain, were assigned to the various corps hospitals.<sup>24</sup>

Christian Commission agents gathered in the wounded of both sides, and, after battle, aided the surgeons and ministered to the dying. Particularly active in the Army of the Potomac, the agents were sometimes more interested in exacting a confession of faith from the wounded than in saving their lives.

The general work of the Christian Commission was greatly valued, however, and President Lincoln held its aims in high regard. In reply to an inquiry in December, 1861, from George H. Stuart, a prominent merchant of Philadelphia and a leading figure in the work of the commission, Lincoln said that, "Your Christian and benevolent undertaking for the benefit of

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<sup>23</sup>Philadelphia Times, September 18, 1898, Stuart Collection. See also George H. Stuart to Abraham Lincoln, December 11, 1861, ibid.

<sup>24</sup>Philadelphia Times, September 18, 1898, Stuart Collection.

the soldiers is too obviously proper and praiseworthy to admit any difference of opinion. I sincerely hope your plan may be as successful in execution as it is just and generous in conception."<sup>25</sup>

Stuart had come to Washington in October, 1861, with a letter of introduction from Jay Cooke, who, as the financier of the Union in the Civil War, appropriately noted that Stuart and his brothers held more than half a million dollars worth of government bonds. It was not necessary for Stuart to use Cooke's letter, however, and he visited the camps in and near Washington and reported back to the commission on the many needs of the armies.<sup>26</sup>

Some of the experiences of the Christian Commission workers showed that even the most seriously wounded had a sense of humor. Chaplain Jonathan C. Bliss was present in a hospital, for example, when a secretary of the Christian Commission remarked to a man who had been wounded in the thigh, "I'd give a thousand dollars for the honor of such a wound." To this the wounded soldier quickly replied, "You can have it, sir, for five hundred, cash down."<sup>27</sup>

Just as there was almost constant friction between the Medical Department and some of the Sanitary Commission agents, the Sanitary Commission and the Christian Commission vigorously competed for the privilege of aiding the troops. This was not an altogether unhealthy situation, but here again there was an undue duplication of effort.

That, all in all, the relief commissions gave generous aid to the Union armies, and indeed to the Confederate sick and wounded as well,

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<sup>25</sup>Abraham Lincoln to George H. Stuart, December 12, 1861, Stuart Collection.

<sup>26</sup>Jay Cooke to Salmon P. Chase, October 4, 1861, Stuart Collection.

<sup>27</sup>Anecdote found among random notes, Stuart Collection.

cannot be doubted. Armies received supplies that otherwise could not have been had because of the havoc of battle and the snarled transportation of the Quartermaster Corps. Nursing and other services were made available to the depleted medical forces in the field, and untold suffering was prevented. The work which remained to be done, nevertheless, was extensive, and unfortunately it was carried out with dispatch and efficiency only in the Army of the Potomac.

Countless female nurses, whose professional reputation in some cases compared favorably with that of Florence Nightingale, also did much for the sick and wounded of the Union and Confederate armies. Since there was no Army corps of nurses at that time and nursing by women was permitted only in special cases, their work was usually in the diet kitchens, linen rooms, and utility sections.

In the patriotic absorption of these women in the drudgeries of nursing is to be found the origin of the United States Army Nursing Corps, and to Dr. Elizabeth Blackwell, who has been called the first woman physician in America, goes special credit. Elizabeth Blackwell had been admitted to Geneva College (now Hobart) only as a result of pressure by the student body on the faculty. Graduating cum laude, she had been rejected, in keeping with man-made rules, by eleven medical schools. Practically every barrier that man could devise was thrown in her way during college and after. Denied privileges by American hospitals, she trained at La Maternité in Paris, where she was subjected to much menial work. From there she went to St. Bartholomew's in London, where Florence Nightingale became her close friend and invaluable counselor.<sup>28</sup>

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<sup>28</sup>"The First Woman Doctor," New York Times, January 23, 1949.

Returning to New York, Dr. Blackwell opened on the lower East Side a small dispensary, which became the New York Infirmary for Indigent Women and Children. When the Civil War broke out, this infirmary helped to fill the needs of the government for additional nurses. It was the nurses furnished in this manner who became the nucleus of the United States Sanitary Commission nursing corps and later of the Nursing Corps of the United States Army.<sup>29</sup>

Better known generally than Elizabeth Blackwell was Clara Barton, who volunteered early in the war to go to Baltimore to care for the wounded. This was the beginning of the lifelong service of a woman whose quality and discretion enabled her to go without hindrance wherever she chose to perform nursing duties. It was her arduous work which caused her to take a rest in Europe after the end of the Civil War. There she became so inspired by the achievement of the Red Cross relief corps in the Franco-Prussian War that instead of resting, she offered her aid at once. Her subsequent zeal on behalf of the relief corps resulted in the organization of the American Red Cross and the accession by the United States on March 1, 1882, to the Geneva Treaty by President Arthur's signature.<sup>30</sup>

Unfortunately, the activities of the female nurses were circumscribed, which made it impossible for them to fill the nursing needs of the Union medical service. The vital and extensive nursing requirements needed at all times were entrusted instead to untrained men—many of whom were detailed from fighting outfits and who usually had no training or experience. Regulations allowed ten nurses and two cooks to each regiment besides the surgeons and a hospital steward, but the units were almost always

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<sup>29</sup>Ibid.

<sup>30</sup>Mary A. G. Holland, Our Army Nurses (Boston: B. Wilkins and Co., 1895), pp. 50-52.

understaffed. One surgeon reported the presence of only three nurses and two cooks, and he was told by military authorities that his hospital force would be reduced. Nurses were even detailed from prisoners of war, and these were known frequently to desert their posts.<sup>31</sup>

Without the unstinting, if occasionally misguided, assistance of benevolent individuals and associations, the Medical Department could not have relieved the suffering of thousands of sick, wounded, maimed, war-sickened, and war-terrorized men. The efforts of these persons and agencies in the early part of the war established a pattern for future sacrifices on the part of the civilian, and indeed one prophetic American--Walt Whitman, poet and war nurse--undoubtedly paved the way by his exertions for the later illness that was to take his life. These generally unselfish services of civilian in the war may be viewed not only as the patriotic response of the people to the demands created by the Civil War but as a phase of the general humanitarian strivings of nineteenth century America.

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<sup>31</sup>Castleman, Army of the Potomac, p. 18. See also Irwin, Report.

## PRELUDE TO THE PENINSULAR CAMPAIGN, 1861-1862

The winter of 1861-1862, following the Bull Run fiasco, came to a chastened and more determined army of the Union, now engaged in limited fighting and preparing for more momentous events to come, and this period of feeling out the enemy and planning major strategy continued on through the winter and into the following spring. General George Brinton McClellan, appointed head of the Army of the Potomac, reorganized his staff, including its medical corps, from top to bottom and built a disciplined, spirited fighting force. Washington headquarters, as well, went to work with their eyes on the goal of striking the Confederacy a reeling blow by means of an attack upon Richmond from the southeast. All this required almost a complete rejuvenation of an army, the shortcomings of which were staggering even to the most imaginative soul.

During the winter of 1861 and 1862 an action at Ball's Bluff, Virginia, was the only military event of any real importance in the East, but this was sufficient to demonstrate the necessity for thorough preparations for any future operations, including those of the Medical Department. Clearly, the sick and wounded could not be treated properly unless some consideration was made of the physiographic conditions under which fighting might take place. The nature of the terrain at Ball's Bluff, for example, made the removal of the wounded and their treatment extremely hazardous. During the latter part of October, 1861, the Union forces were reconnoitering toward Leesburg, about thirty-four miles from Washington. Reaching the Potomac, they were forced to cross one swift channel to Harrison's Island and another to the Virginia shore. Here they came under a galling fire from the enemy entrenched on top of precipitous Ball's Bluff. Losses were

heavy when many of the men attempted to swim or boat to Harrison's Island. Even those who did make the crossing discovered that there was no shelter there.<sup>1</sup>

Apparently there had been no plan of rescue in the event that military events took such a turn, but the removal of the wounded from Ball's Bluff revealed the courageous exertions of medical officers and the humanity of the enemy in holding their fire. The solitary escape boat was filled with stragglers, by whom the commands and entreaties of the medical officers were ignored. The Union men were forced into the swift current of the river, which soon ran with blood. A skiff of wounded capsized, and all were lost. Many cries for help went unheeded.<sup>2</sup>

Circumstances dictated that few of the wounded were operated upon on the field. There were no hospital arrangements at Ball's Bluff, and the closest were in Maryland. Brigade Surgeon A. B. Crosby, decided, therefore, that immediate removal to the hospital was best in most cases, and the wounded were quickly and efficiently removed to a division hospital at Poolesville.<sup>3</sup>

Once it got moving, the removal of the wounded from Ball's Bluff was probably the most creditable operation of the Union troops. Surgeon Crosby called upon the division quartermaster for assistance, and an

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<sup>1</sup>A. B. Crosby, "Report of the Wounded at Ball's Bluff, Virginia," War Records Division, National Archives. See also John H. Brinton, "The Army in Virginia from Organization to End of Peninsular Campaign, 1862," Brinton Manuscripts, and John A. Lidell, "Narrative of Ball's Bluff, Virginia," War Records Division, National Archives.

<sup>2</sup>A. B. Crosby, "Report of the Wounded at Ball's Bluff, Virginia." See also John H. Brinton, "Army in Virginia from Organization to End of Peninsular Campaign, 1862," and John A. Lidell, "Narrative of Ball's Bluff, Virginia."

<sup>3</sup>A. B. Crosby, "Report of the Wounded at Ball's Bluff, Virginia."

ambulance unit was quickly supplied. It proved to be a well-drilled corps, operating with efficiency and dispatch.<sup>4</sup>

Most of the hospitalized wounded fared very well, for they were covered and their wounds dressed within twenty-four hours. The hospital was soon filled, however, with relatives of the wounded, and they were constantly in the way of the doctors and nurses. While many of these people were immediate relatives, others were representatives of relief societies or simply the curious.<sup>5</sup>

Among the hospitalized wounded was the young Captain Oliver Wendell Holmes, the concern of whose parents was like that of other parents after Ball's Bluff. In the attack upon the Confederate position, he had been first hit in the stomach and then in the chest by musket fire. In terrible pain, he had fallen, vomited, and lain still with closed eyes. He later remembered having reached for a small bottle of laudanum in a pocket of his tunic and discovering that his shirt was gone and his breast wet and sticky. While the battle had continued to rage, he had become fully oblivious of what was going on around him. His subsequent removal had been a nightmare. When news had reached Boston of the battle of Ball's Bluff, the newspapers had called it a fatal blunder and reported terrible casualties. In spite of her usual preoccupation with the work of the Sanitary Commission, Wendell Holmes' mother was deep in her own sober thought, and Dr. Holmes could find no comforting word. After a time, the good doctor thought that he might cut his classes at Harvard and go to Maryland, but he was persuaded that he could do more good at home. News came that Wendell would be brought by a friend to Philadelphia and later on to Boston.<sup>6</sup>

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<sup>4</sup>A. B. Crosby, "Report of the Wounded at Ball's Bluff, Virginia."

<sup>5</sup>Ibid.

<sup>6</sup>Bowen, Yankee from Olympus, pp. 155-157.

The movements of the Army of the Potomac following this action at Ball's Bluff indicated that elaborate preparations, including those for the medical service, had to be made for a major offensive. Richmond was the objective, the Peninsular Campaign the event, and the decision to make a thrust into the heart of the upper South called for some of the most carefully laid plans and operations.<sup>7</sup>

In his preparation of the medical service for the campaign, General McClellan acted independently of Washington authorities. This was in keeping with the views on the matter which he had earlier expressed to Simon Cameron who was then Secretary of War. In September, 1861, he had written to Cameron that he was opposed to bureaucratic control from Washington of the medical arrangements for the armies. The medical service, he said, "should be under the immediate direction of the commanding general, and the whole organization intrusted to him, free from the tedious delays, inconvenient formalities, and inefficient action incident to every bureau system, however ably administered."<sup>8</sup>

General McClellan believed that some of the reforms proposed by the United States Sanitary Commission should receive the closest consideration of the Secretary of War. Among the suggestions which McClellan considered the most meritorious were those for a medical director of the Army of the Potomac with whatever powers the commanding general saw fit to give him, an ambulance corps under the command of the medical director, an adequate corps of male and female nurses, and mutual confidence and cooperation between the Sanitary Commission and the Medical Department in the interest of improved medical care.<sup>9</sup>

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<sup>7</sup>A. B. Crosby, "Report of the Wounded at Ball's Bluff, Virginia."

<sup>8</sup>George B. McClellan to Simon Cameron, Washington, September 13, 1861, OR, I, 5, 598.

<sup>9</sup>Ibid., I, 5, 599.

McClellan's chief interest in the medical service lay primarily, of course, in using it as a means to the end of making the Army of the Potomac the leading army of the Union. He wanted to make it a model army in every respect, and Union people generally agreed with this aim. On November 1, 1861, he had written to Cameron that he shared the feeling of the nation that the fate of the country lay in the hands of the Army of the Potomac. "The stake is so vast, the issue so momentous, and the effect of the next battle will be so important throughout the future as well as the present, that I continue to urge, as I have done since I entered upon the command of this army upon the Government, to devote its energies and its available resources towards increasing the numbers and efficiency of the Army on which its salvation depends."<sup>10</sup>

Even if he had not entertained the hope of having a model army, McClellan had good reason to be concerned about the medical service. While in the process of reorganization, shortly after the Union defeat at Bull Run, the troops of the Army of the Potomac had experienced much suffering. Many did not know how to take care of themselves in their new environment. Officers, from the effects of years of peace and lack of proper training, were unable to protect their men from the evils of improper diet, severe and unwise exercise, lack of cleanliness, lack of camp sanitation, and the enervating climate. There were irregularities in the issue and transportation of supplies. The quality of the stores was frequently bad. The receiving and discharging system of the hospitals was loosely conducted.<sup>11</sup>

Some of these faults were corrected by Charles S. Tripler, Medical Director of the Army of the Potomac, as he prepared for the forthcoming

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<sup>10</sup>George B. McClellan to Simon Cameron, Washington, November 1, 1861, McClellan Papers, Division of Manuscripts, Library of Congress.

<sup>11</sup>John H. Brinton, "Army in Virginia from Organization to End of Peninsular Campaign, 1862."

Peninsular Campaign. The proper administration of the medical service in the field seemed to be the most essential requirement, and Tripler early issued instructions bearing on the matter. Each corps into which the Army was divided was to have a medical director, and there was also to be an officer in each corps who was required to inspect the divisions under him and report to the corps director. This inspection covered such items as health, sanitation, supplies, shelter, and transportation. The relation of the medical director of each corps to the corps military commander was to be the same as that between the medical director of the Army and its commander.<sup>12</sup>

All reports, requisitions, returns, and other communications were to pass through the corps directors to the medical director of the army. Direct orders from the medical director of the army, as occasion required, were to regulate the establishing of a Purveyor's depôt for the issuance of medical and hospital stores. Upon movement of the corps, all sick and wounded found temporarily unfit for service were to be removed to the general hospital. This would place them under the immediate supervision of the Surgeon General rather than the medical director of the army.<sup>13</sup>

In the meantime, planning was going on in other quarters. Tripler's plan of medical organization for the Army of the Potomac was supplemented by the preparations of other departments and private and public agencies. The observations and investigations of the United States Sanitary Commission had revealed the need of a complete overhauling of the Medical Department, including the appointment of a new chief. In the spring of 1862 some of the necessary changes were made. A reorganization bill was prepared,

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<sup>12</sup>Ibid.

<sup>13</sup>Ibid.

presented to Congress, and passed. Among other things, it provided for a Medical Inspector General and eight Medical Inspectors. The field was canvassed for a suitable Surgeon General, and on April 15, 1862, William A. Hammond, an assistant surgeon and formerly a professor of the Maryland Agricultural College, succeeded Clement A. Finley who was relieved of his duties, probably at his own request.<sup>14</sup> Hammond was thirty-four years of age and was known as a resourceful, strong, and energetic medical officer.<sup>15</sup>

Controversy over appointments soon caused strained relations between the Secretary of War and the head of the Medical Department. The custom of the military service and discipline established bonds which were not lightly broken, but Surgeon General Hammond was soon disregarding restraints and precedent. He gave extensive and independent authority to his officers and especially to the Medical Director of the Army of the Potomac. This was an entirely realistic policy, but it conformed to neither the customs of the service nor the personal wishes of Stanton. From political considerations, the Secretary of War also prevented acceptance of all but four of Hammond's nominees for new positions under the reorganization bill.<sup>16</sup>

In his Annual Report of 1862, Surgeon General Hammond recommended a number of reforms, all of which were subsequently adopted but which were refused at the time. Having high priority among these proposed reforms in the mind of Hammond was the establishment of permanent hospital and

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<sup>14</sup>As Surgeon General, Finley was certainly under fire from the Sanitary Commission, and because of this, the inference might be that he was relieved under disagreeable circumstances. Packard in his History of Medicine, vol. 1, p. 642, tends to confirm this when he says that Finley was removed and sent to a post in Boston. In an earlier work, the Medical Department of the United States Army, p. 222, however, Brown states that, "Surgeon Finley was retired from active service on his own application after 40 years of service."

<sup>15</sup>Packard, op. cit., I, 640-642.

<sup>16</sup>Ibid., I, 640-642. See also Clements, Memoir of Letterman, p. 7.

ambulance corps of men especially enlisted for those purposes. These were not authorized, but, instead, authority was given to employ civilians, put them into uniform, and place them on an equal footing with soldiers on duty in hospitals. Hammond also proposed an appropriation for an Army Medical Museum, an Army Medical School, a permanent general hospital in Washington, independent transportation for the Medical Department, and the establishment of a central laboratory.<sup>17</sup>

Hammond's proposals were an explicit recognition of the manifold tasks of medical officers. It was difficult for the general public and many Washington authorities to realize, however, that medical officers had countless time-consuming duties besides those connected with the treatment of the sick and wounded. Health measures were needed for the disciplined as well as the undisciplined soldier. Hospitals had to be organized, equipped, supplied, and administered. Transportation had to be obtained. Subordinate personnel required caring for, training, and discipline. The keeping of an elaborate system of records was one of the most essential services requiring attention, but it was conducted on a haphazard and incomplete basis in almost every instance.<sup>18</sup>

One of the first concerns of Hammond in the preparation of the medical service for the Peninsular Campaign was to insure that an adequate system of supply would be guaranteed, and previous practices were not productive of confidence in the ability of the services of supply to do the job. At the beginning of the war, the supplies of medicines and hospital stores might have been adequate had they been available when needed. A

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<sup>17</sup>Annual Report of Surgeon General, Surgeon General's Office Report Book No. 3 (1862-1863), pp. 410-424. See also Packard, History of Medicine, I, 642.

<sup>18</sup>Munson, "The Army Surgeon," in Miller, Photographic History, VII, 224.

three month's supply of medicines and hospital stores had been accumulated at the Purveyor's Depôt in New York City when the war began. Instead of placing it where it would be readily available, however, it had been stored in the holds of transports. When the need for the supplies had arisen, it had been discovered that either they were buried under other matériel or it was not known in which ships they were to be found. On at least one occasion, the Quartermaster had issued certain supplies, including Kidwell's disinfectant, to the steamship "Winfield Scott" instead of to the transports at Annapolis, and they had been thrown overboard during a storm.<sup>19</sup>

The Quartermaster General was more directly concerned with the supply problem than Hammond, and he had been frequently troubled by both restrictive Congressional action and the designs of politicians who were more interested in certain bids for supplies than the welfare of the Union. Quartermaster General Meigs had been especially concerned about Senator Henry Wilson's Bill No. 43, which proposed to prevent frauds by contracting officers by requiring more complete forms and certificates of record. Meigs was as anxious as Senator Wilson to prevent frauds, but it was his belief that mere forms and certificates would not do the job. That there was widespread fraud was not to be doubted, he said, but "If a dishonest man finds a place among the number [of agents], mere forms and certificates of record will not prevent his stealing. The greater the fraud, the more perfect the papers."<sup>20</sup> Referring to the Crimean War, Meigs claimed that regulations such as those proposed in Bill No. 43 had starved the

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<sup>19</sup>George E. Cooper, "Narrative of Service, Hilton Head, etc.," War Records Division, National Archives.

<sup>20</sup>Montgomery Meigs to Henry Wilson, Washington, August 2, 1861, Quartermaster General, Letters Sent, 1861, No. 56, pp. 152-153, War Records Division, National Archives. See also Congressional Globe, (37th Congress, 1st Session) XXXI, 226, 276, 343.

British army while provisions lay until they perished in Balaklava Bay. With this telling point, he concluded that if the bill was passed, the country might as well yield at once to the Confederacy. Nevertheless, the bill was passed by both houses and subsequently became law. It became the duty of the Secretaries of War, Navy, and Interior, and their subordinate officers to cause every contract to be reduced to writing and signed by the contracting parties. The Department heads were also responsible for issuing letters of instructions on contract making to all officers. Accurate records of all contracts were to be kept in a specially established "Returns Office." Failure on the part of any officer, except by unavoidable circumstances, to adhere to the letter of the law became grounds for being charged with a misdemeanor.<sup>21</sup>

Quartermaster General Meigs had also been harassed by politicians who were trying to use their influence in the awarding of contracts for supplies. He was even accused by Representative J. K. Moorhead of discourteous treatment. To this, Meigs replied that he had never intentionally slighted anyone and that the bids in which Moorhead was interested would be considered with the many others. Unless they were as low as the others, he announced, they could not be accepted.<sup>22</sup>

By August, 1861, the Union services of supply were ordering from widely scattered firms here and abroad and were depending heavily upon the French medical table of supply. In that month, for example, Quartermaster General Meigs requested the Secretary of Legation at Paris to have the American Minister order from Monsieur Alexis Godillot equipment for

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<sup>21</sup>Montgomery Meigs to Henry Wilson, Washington, August 2, 1861, ibid., pp. 152-153.

<sup>22</sup>Montgomery Meigs to J. K. Moorhead, Washington, August 2, 1861, Quartermaster General, Letters Sent, 1861, No. 56, p. 149, War Records Division, National Archives.

ten thousand men. The uniforms were to be like those of chasseurs à pied (light foot troops). Tente abri (shelter tents), knapsacks, officers' and council tents, as well as medicine chests, packs, and litters were to be included.<sup>23</sup> Carts and ambulances were not ordered, since these were purchased locally from firms such as McKeen and Fox in Easton, Pennsylvania. The supply of ambulances in the summer of 1861 had been considered adequate, and this same line of reasoning continued into the following year.<sup>24</sup>

Much of the clothing which was furnished the soldier represented more of a flair for style and color than a proper regard for health and comfort. Large purchases of clothing of varying quality and style were made. Regimental colonels frequently requested a uniform for their men which was different from that of the Union Army, and this request was sometimes granted. The Fourteenth New York Regiment was said to have urgently requested 1,000 sets of red pantaloons before Bull Run, and they had been hastily ordered from New York. There was a general return, however, after the battle of Bull Run to the regulation blue Army pants, and the Quartermaster General ordered that, as a rule, no conspicuous uniforms would be permitted thereafter. The only exception which the Quartermaster General was willing to make was when it was absolutely necessary as a "concession to the strong feeling of a Regiment."<sup>25</sup> The maxim was established that, "It is better that an enemy have nothing to indicate to him the character

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<sup>23</sup>Montgomery Meigs to W. S. Pennington, Washington, August 9, 1861, Quartermaster General, Letters Sent, 1861, No. 56, pp. 180-181, War Records Division, National Archives.

<sup>24</sup>Montgomery Meigs to McKeen and Fox, Washington, August 31, 1861, Quartermaster General, Letters Sent, 1861, No. 56, p. 323.

<sup>25</sup>Montgomery Meigs to E. D. Morgan, Washington, August 7, 1861, Quartermaster General, Letters Sent, 1861, No. 56, pp. 166-167, War Records Division, National Archives.

of the Regiment he is to direct his attack against."<sup>26</sup> With the number of men on the Army rolls increasing daily, larger clothing supplies were needed, and beginning in August, 1861, contracts were approved for 16,000 uniforms at \$16.50 each and 15,000 caps at seventy-five cents each.<sup>27</sup>

During September, 1861, the Quartermaster General's storekeeper was deluged with testimonials from various regiments, especially those of Massachusetts, about the great value of rubber blankets. Several commanding officers testified to their comfort and warmth while on the march or in bivouac, although they were the first articles abandoned by soldiers at Bull Run in their precipitate flight. Boston mercantile interests, including those of Oakes Ames--the manufacturer who had sold so many shovels during gold rush days--were urging the use of this novel piece of equipment. States such as Massachusetts were more interested, however, than the Union government, and the Rubber Clothing Company furnished Massachusetts 20,000 rubber blankets for distribution among the regiments of that state. This made them so popular that the Secretary of War received testimonials to their values from Generals Nathaniel Banks, John C. Frémont, and Daniel Sickles.<sup>28</sup>

The acquisition of food was still another major problem of the War Department, and this responsibility lay with the Commissary General. In August, 1861, an abundance of supplies of the best quality was on hand at

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<sup>26</sup>Montgomery Meigs to E. D. Morgan, Washington, August 7, 1861, ibid., No. 56, pp. 166-167.

<sup>27</sup>Ibid.

<sup>28</sup>Representative of these testimonials was that of Daniel Sickles, the colorful general who, because of one of his romantic attachments, was sometimes referred to later as the "Yankee King of Spain." For his testimonial, see Daniel Sickles to Thomas A. Jacobs, September 1, 1861, McClellan Papers, Division of Manuscripts, Library of Congress.

Washington, but, of course, at that time it was believed that the war would last no longer than six weeks. Many of the supply officers were volunteers who knew very little about the proper procedures for acquiring and issuing supplies, and they were soon criticized for accepting inferior goods.<sup>29</sup>

Since the situation varied from place to place and from time to time, no valid appraisal of the general conditions with respect to food supplies can be made. In some places there was an abundance of food, such as fresh beef, while in other places troops scarcely had any. In November, 1861, the Commander of Subsistence of the Army of the Potomac instructed the acting commissaries of subsistence not to issue fresh beef more than three times per week because of the impracticability of furnishing sufficient beef cattle for more frequent issue. Few other armies could furnish fresh beef even three times a week.<sup>30</sup>

The soldiers disliked and frequently would not eat the dessicated or dried vegetables, nor did they care for the concentrated milk. Every camp echoed with the jesting references to "desecrated vegetables" and "consecrated milk."<sup>31</sup> The dessicated vegetables were widely used, however, in preparing food for the Union armies. Indeed, the American manufacturers were unable to supply fully the need for dessicated potatoes, and they were sought abroad from the firm of a Monsieur Cassin.<sup>32</sup>

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<sup>29</sup>Joseph P. Taylor to Simon Cameron, August 3, 1861, Commissary General, Letters to the Secretary of War, 1854-1866, p. 153, War Records Division, National Archives.

<sup>30</sup>A. F. Clarke to L. Blenker, November 23, 1861, Miscellaneous Orders, 1853-1866, Subsistence Department, United States Army, War Records Division, National Archives.

<sup>31</sup>William Wood, Captains of the Civil War (New Haven: Yale University Press, 1921, p. 64.

<sup>32</sup>Joseph P. Taylor to Simon Cameron, Washington, December 11, 1861, Commissary General, Letters to the Secretary of War, 1854-1866, p. 178.

Quite often men were without cooked food for several days. On one occasion in 1861, men on board the transport "Winfield Scott" were without cooked food for two days and nights. Worn out by fatigue and hunger, many became ill with fever.<sup>33</sup>

Together with other causes, the inadequacy of food supplies gave rise to the charge that stores were getting into the hands of war profiteers. In the East, the charge was made that supplies were being surreptitiously returned to New York and disposed of at public auction. This illegal trafficking in food was made possible by arrangements of commissary officers and employees with the merchants. Although the Commissary General reported on December 26, 1861, that the guilty merchant had been apprehended and charges preferred against the officers involved, the practice continued wherever circumstances made it possible.<sup>34</sup>

Even prior to the charges against the commissary officers, a charge of another kind had been made against the Quartermaster Department in Baltimore. There it was charged that, in buying supplies, a great deal of money was being placed in the hands of rebels. It was quite difficult, however, to distinguish between the loyal and disloyal in a city that was so sympathetic toward the Confederacy as Baltimore, and Major James Belger, the Quartermaster, was vindicated to the satisfaction of the Quartermaster General.<sup>35</sup>

Of all the preparations being made for the forthcoming Peninsular Campaign, those dealing with the health of the soldiers in the Army of the

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<sup>33</sup>G. E. Cooper, "Narrative of Service, Hilton Head, etc."

<sup>34</sup>Joseph P. Taylor to Simon Cameron, Washington, December 26, 1861, Commissary General, Letters to the Secretary of War, 1854-1866, p. 180, War Records Division, National Archives.

<sup>35</sup>Montgomery Meigs to J. A. Dix, Washington, August 21, 1861, Quartermaster General, Letters Sent, 1861, No. 56, p. 247, War Records Division, National Archives.

Potomac were the most essential. The state of health of this army was cautiously watched by Medical Director Tripler who reported in November, 1861, that it was unprecedentedly good. There were some cases of measles, intermittent and other fevers, and catarrhal disorders, but the general health of the men was excellent.<sup>36</sup>

The type of life which the men in the Army had been living while still civilians had much to do with the state of health of the troops encamped at Washington. The occupations in which they had been previously engaged and the extent of their military experience were also important considerations. Sickness did not necessarily begin first among city-reared soldiers. To the contrary, sickness was sometimes worse among men from the country. The city companies were frequently the healthiest, and one reason which was given was that they generally knew better than to buy the foods which were sold by the sutlers and which invariably caused dysentery and similar disorders.<sup>37</sup>

Some of the troops had seen much action already, while others had yet to have their baptism from enemy fire. The troops of the Second U. S. Dragoons, later the Second and finally the Fifth Cavalry, were encamped in a not too healthy park on Seventh Street, but they had been inured to military service by the Utah campaign.<sup>38</sup>

Medical Director Tripler predicted that the unhealthy locations of the camps would lead to a great increase in typhoid pneumonia, and this

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<sup>36</sup>Charles C. Keeney to Charles S. Tripler, Washington, November 18, 1861, OR, I, 5, 659.

<sup>37</sup>Alex Ingram, "Narrative of Service, Wounded from Bull Run, Antietam, Williamsburg, South Mountain, Seven Days," War Records Division, National Archives. See also H. E. Brown, "Narrative of Service, Yorktown, Fredericksburg, Seven Days, and Seven Pines," War Records Division, National Archives.

<sup>38</sup>Alex Ingram, "Narrative of Service, Williamsburg, etc."

proved to be correct. The Washington climate was too severe for troops protected only by the common tent, and a decided increase in the extent of respiratory diseases was to be expected. Both proper ventilation and protection from exposure were necessary to prevent the spread of such sickness, and, since these were seldom provided, a prevalence of typhus and typhoid did occur.<sup>39</sup>

Since Washington was not a healthful place for the sick and wounded, various medical officers had suggested as early as November, 1861, that a hospital center be established at Frederick, Maryland, accessible from Baltimore and Washington in a few hours by railway. Located in the rolling countryside west of Washington, it was a much more desirable place for medical and surgical patients. The proposals to establish a hospital there were accepted and William A. Hammond charged with the responsibility for the organization of hospitals at Hagerstown, Frederick, and Baltimore.<sup>40</sup>

While there was to be increasing dependence upon the hospitals in Maryland, there continued to be many hospitals in the city of Washington. Some of these were efficiently operated, but others required much improvement in their management. The Kalorama Hospital in northwest Washington, for example, received not only smallpox patients but those ill with other eruptive diseases. Since the smallpox patients could not be efficiently isolated, men returned to their units recovered from measles and then came down in a few days with smallpox, even though they had been vaccinated.<sup>41</sup>

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<sup>39</sup>Charles S. Tripler to R. B. Marcy, Washington, November 25, 1861, OR, I, 5, 664.

<sup>40</sup>Munson, "The Army Surgeon," in Miller, Photographic History, VII, 347.

<sup>41</sup>J. Foster Jenkins to Henry W. Bellow, Washington, December 6, 1861, McClellan Papers.

One of the leading hospitals in Washington had been made by combining the residences formerly occupied by Senator Stephen A. Douglas of Illinois, Senator Henry M. Rice of Minnesota, and Vice-President John C. Breckinridge. Located on I Street, between New Jersey Avenue and Third Street, it was established in December, 1861, and was named for Senator Douglas.<sup>42</sup>

St. Aloysius Hospital was built through the benevolence of the Reverend Bernard F. Wiget. The government had been planning to take over the Reverend Wiget's church, but the priest offered to build a hospital instead. When it was constructed on K Street, President Lincoln rewarded Father Wiget by making him chaplain of the hospital and naming the hospital for the church of which he was in charge.<sup>43</sup>

Columbia College, a large four-storied building, had been made into a general hospital during the first summer of the war. It was situated on a lofty elevation in the environs of Washington. The assistant surgeons and stewards of this hospital were almost constantly engaged in bitter wrangling, but the standards of medical care were somehow or other kept at a high level. One of the explanations given for the condescending attitude of the stewards towards the volunteer surgeons was that the stewards were half-rebels. It was said that the surgeons and the nurses were able to have more amicable relations, for the nurses were mostly patriotic northern ladies. Whatever the friction may have been between the assistant surgeons and the attendants, the greatest attention was given to dangerous cases.<sup>44</sup>

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<sup>42</sup>John Clagett Proctor, "Progress in Swampoodle," The Washington Sunday Star, February 8, 1948.

<sup>43</sup>Ibid., February 8, 1948.

<sup>44</sup>Evan R. Jones, Four Years in the Army of the Potomac (London: The Tyne Publishing Company, 1881), pp. 135-137.

The troubles of the doctors and attendants in the Washington hospitals were increased by the crowds who, impelled by kindness or curiosity, or both, swarmed into the wards and got in the way. This condition seemed worst at the Marine Hospital, which had been turned over to the War Department by the Treasury Department. People visited it in crowds and made it difficult for the medical officers to accomplish their work. Patients were also tempted to feign sickness to spend a few weeks of convalescence near home or at some other place of their choice, and Surgeon J. J. B. Wright complained of the "incentives to dissipation and insubordination" on the part of convalescents caused by "drinking houses, Hells, and bawdy houses."<sup>45</sup>

At best, the patients in the hospitals could only be provided with absolute necessities. Few luxuries or delicacies could be obtained through the government. Some hospitals did have, however, a hospital fund by which a few comforts for the sick and wounded could be furnished. This fund was built up through savings made on the rations allowed the men. Company captains drew the rations and distributed them to the men. When men were sick, the Commissary was notified by the Surgeon, and the rations were credited to the hospital. The Surgeon then drew them in whole, in part, or not at all, depending upon his immediate needs. The daily rations were worth between seventeen and twenty cents per man, and any savings could be used for a hospital fund.<sup>46</sup>

The number of sick men on the records changed rapidly, and one of the worst evils of the service was the shuffling in and out of the hospitals and from one hospital to another of soldiers who should not have been retained in the Army. One man with a serious injury sought a discharge in

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<sup>45</sup>J. J. B. Wright, "Narrative of Service, Rich and Great Mountains."

<sup>46</sup>Castleman, Army of the Potomac, footnote, p. 64.

vain for seven months, and this was what might be called a short time. On the other hand, many healthy soldiers were transferred to the Invalid Corps to serve conveniently as attendants of various kinds for the officers.<sup>47</sup>

Despite the large numbers of soldiers in the Washington hospitals, the Army of the Potomac could point with pride to effective fighting strength. But there was still much room for improvement. Early in the reorganization of the army after first Bull Run, a desirable ratio between the sick and those ready to take the field had been established. On October 27, 1861, there were 147,695 present for duty and 13,410 unfit for the field. The fighting strength of the Army of the Potomac was thus about eighty-nine per cent of those combined figures, and, in all probability, this ratio could not have been duplicated in other armies.<sup>48</sup>

In addition to men present for duty and men sick, there were 7,213 officers and men on the rolls but unaccounted for.<sup>49</sup> Where were these men? This was a question that Lincoln was always asking but which could not easily be answered. Some, undoubtedly, had suffered from a state of unnatural depression after the strain and fatigue of Bull Run and had absented themselves without leave. The aggravations of fatigue, exposure, and deficiencies in medical treatment and rations had weakened many soldiers and invited disease--which, in many cases, the soldier felt could be better treated at home. Other men had willfully deserted the Army, while still others were malingerers who were avoiding any kind of work.<sup>50</sup>

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<sup>47</sup>Barnes, Military and Surgical History, II, xviii.

<sup>48</sup>George B. McClellan to Simon Cameron, October 30, 1861, McClellan Papers, Division of Manuscripts, Library of Congress.

<sup>49</sup>McClellan to Cameron, October 30, 1861, ibid.

<sup>50</sup>Henry N. Blake, Three Years in the Army of the Potomac (Boston: Lee and Shepard, 1865), p. 308.

Although there were still many irregularities in the Army of the Potomac, conditions there were better by the spring of 1862 than in any other army. Much of the responsibility for this creditable situation can be traced to the reorganization plans of Surgeon General Hammond and Medical Director Tripler of the Army of the Potomac. The foundations of an effective Union Medical Service had been laid. But had these plans materialized early enough to meet the needs of a major campaign?<sup>51</sup>

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<sup>51</sup>John H. Brinton, "Army in Virginia from Organization to End of Peninsular Campaign."

## CHAPTER VI

### THE PENINSULA: A MEDICAL CRISIS

Despite reorganization and efforts to put its medical service into shape, the Army of the Potomac was ill-prepared for the magnitude of the projected Peninsular campaign against the Confederacy. True, by 1862 the government had supplied large depôts of medical supplies for both the eastern and western armies. It had even saved large sums of money by purchasing these supplies before prices advanced. But many vexing problems and controversies were still unresolved.<sup>1</sup>

The absence of specific instructions in Army Regulations and General Orders was partly responsible for the difficulties of the Medical Department, but probably even more important was the reluctance of many officers to recognize the right of medical officers to command in their own departments. This situation existed long before the Civil War, but by 1862 it was especially productive of discord.<sup>2</sup>

Quite frequently non-medical officers who were stationed at or admitted to general hospitals for treatment did not recognize the authority of the surgeons-in-charge over administration of the hospitals. On other occasions, commanders of military posts would undertake to assume control of hospitals which were located in or near their installations. The ensuing conflict could not well be overlooked by medical officers if the Medical Department was to have any independence at all. Conditions soon

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<sup>1</sup>William A. Hammond, "Report of the Surgeon General," Surgeon General's Office, Report Book No. 3 (1852-1863), pp. 423-424. See also The Medical and Surgical Reporter, November 29-December 6, 1862 (Philadelphia: King and Baird), pp. 238-240. Supply depôts were established at New York, Philadelphia, Baltimore, Fortress Monroe, Washington, Cincinnati, Cairo, St. Louis, and Nashville.

<sup>2</sup>Brown, Medical Department of the U. S. Army, p. 239.

became so aggravated that Surgeon General Finley wrote to Edwin M Stanton, Secretary of War, on the subject, and on April 7, 1862, the War Department issued General Order No. 36 by which the control of general hospitals was explicitly placed in the hands of the Surgeon General and his subordinate officers.<sup>3</sup>

Unfortunately, the order of April 7 was not sufficiently clear as to the specific authority of medical officers in charge of hospitals with regard to many questions which were apt to arise and did. Under such circumstances, no hospital could be operated efficiently, nor could medical officers hope to perform their duties in the best interests of the service.<sup>4</sup>

Army Regulations from 1814 to 1856 had reiterated that the direction of hospitals was to be under the immediate and complete supervision of the surgeons-in-charge. It was not until 1856, under Secretary of War Jefferson Davis, that these provisions had been omitted. Acting under the previous precedents, however, the Medical Department assumed that it rightfully had control over the hospitals, and this was especially true after the order issued by Secretary Stanton. But other officers were not willing to concede this authority and accused the Medical Department of attempting to establish a military corps having all command functions and claiming independence of all other officers except the Surgeon General, regardless of rank.<sup>5</sup>

After April, 1862, the controversy between medical officers and officers of combat units and staff departments flared up anew. Appeals

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<sup>3</sup>Brown, Medical Department, pp. 238-239.

<sup>4</sup>Ibid., p. 240.

<sup>5</sup>Ibid., pp. 240-241.

were repeatedly made by surgeons in charge of hospitals to the Surgeon General, who, in turn, passed them on to the Secretary of War. Yet, after the order of April 7, no steps were taken in 1862 to correct the situation.<sup>6</sup>

Early in 1862, Congress took a hand in the medical situation. A bill was introduced by Henry Wilson, Chairman of the Senate Military Committee, and passed April 16 provided for a more efficient organization of the Medical Corps.<sup>7</sup>

The Surgeon General was elevated to the rank of brigadier general, receiving rank, pay, and perquisites which were more in keeping with his duties and responsibilities. There was also to be an Assistant Surgeon General and a Medical Inspector General of Hospitals, each to have the rank, pay, and perquisites of a colonel of cavalry.<sup>8</sup>

The Medical Inspector General, under the direction of the Surgeon General, was made responsible for the supervision of Army sanitation, whether in camps, hospitals, or transports. A close check of camp police, hygiene, discipline, and the efficiency of both field and general hospitals was to be made. The skill, efficiency, and conduct of all medical officers and attendants as well was to be observed and reported. Eight Medical Inspectors, each having the rank, pay, and perquisites of a lieutenant-colonel of cavalry, were to assist the Medical Inspector General in carrying out his responsibilities.<sup>9</sup>

The Surgeon General, Assistant Surgeon General, Medical Inspector General, and the eight Medical Inspectors were to be appointed by the

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<sup>7</sup>Congressional Globe, February 7, 1862 (37th Congress, 2d Session), v. 32<sup>1</sup>, p. 596; February 27, 1862, v. 32<sup>2</sup>, pp. 986, 988; April 17, 1862, v. 32<sup>2</sup>, p. 1689. See also U. S. Statutes-at-Large (36th, 37th Congress, 1859-1863), XII, 378-379, and Brown op. cit., p. 221.

<sup>8</sup>U. S. Statutes-at-Large, XII, p. 379. See also Brown, op. cit., p. 221.

<sup>9</sup>Ibid.

President, with the advice and consent of the Senate. The selection for these positions was to be made from the Medical Corps of the Army or the volunteer surgeons, without regard for anything other than the qualifications of the persons appointed.<sup>10</sup>

All medical supplies were to be selected and purchased by the Medical Purveyors, who were under the direction of the Surgeon General. This included books, surgical instruments, furniture, or any other kind of equipment which might be required for the treatment of the sick and wounded. The Medical Purveyors were authorized as well to provide, in any emergency, for additional accommodations or to transport medical supplies as circumstances might require.<sup>11</sup>

Ten surgeons and ten assistant surgeons were added to the Medical Staff, and twenty medical cadets and as many hospital stewards as the Surgeon General might deem necessary were also authorized. The pay of the stewards and cadets was to be the same for the volunteer as for the regular service, thirty dollars per month. The Wilson Act of 1862 also made provision for a previously authorized Medical Board to examine officers for promotion or disqualification. Officers thus promoted were to retain their rank in the Army even though the provisions of the act were to be effective only during the rebellion.<sup>12</sup>

This legislation was of little immediate aid to the Medical Department in its attempts to give relief to the soldiers fighting and dying in the summer of 1862 in the morass of streams and swamps on the Peninsula.

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<sup>10</sup>U. S. Statutes-at-Large, XII, 379. See also Brown, Medical Department, p. 222.

<sup>11</sup>Ibid.

<sup>12</sup>U. S. Statutes-at-Large, XII, 378. See also Brown, op. cit., pp. 221-222.

The campaign was to be a nightmare to medical officers. The level plain between Fortress Monroe and Yorktown was covered with almost tropical vegetation and intersected by marshy streams, and the wet weather made the roads passable only for light troops. Military movements were difficult, and the increased labors of the men, severe fatigue, intense heat, camping upon marshy grounds, and the resulting malaria took a heavy toll.<sup>13</sup>

The dependence of the medical officers upon the Quartermaster Department for hospital transportation gave rise to conflicting tempers, dispositions, and decisions. It was natural that the Quartermaster Department, both before and during battle, would be primarily concerned with supply problems rather than the transportation of the wounded, but this was no comfort to the doctors or to suffering men.<sup>14</sup>

Other means had to be devised, therefore, for the transportation of the wounded, and, thrown upon their own resources, the medical directors undertook to provide facilities themselves. Medical Director Tripler ordered that the regimental bands be trained as litter bearers, and the various regiments issued definite and detailed instructions for the carrying of the wounded. These expedients worked well for a time.<sup>15</sup>

Transportation facilities from the field for the wounded were both meagre and of diverse quality, and military necessity not infrequently limited or prevented their use. The number of litters and ambulances was small, and the wagon was frequently substituted for the two-wheeled ambulance. The necessity of keeping the roads open for a successful retirement

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<sup>13</sup>John H. Brinton, "Army in Virginia from Organization to End of Peninsular Campaign, 1862."

<sup>14</sup>J. B. Brown, "Narrative of Duties Since the Outbreak of the Rebellion," War Records Division, National Archives.

<sup>15</sup>Ibid.

from the field of engagement sometimes made ambulance travel impossible. The injured who could walk made their own way to the rear, but it was impossible to collect the severely wounded. Where circumstances called for their use, transport ships were not always obtainable, being in use for transporting livestock, and supplies, as well as troops. This difficulty was subsequently overcome by the transfer of a number of boats to the hospital service by the state relief agencies and such national organizations as the United States Sanitary Commission.<sup>16</sup>

At the beginning of the Peninsular Campaign, the carelessness of regimental surgeons permitted the straggling and retiring of soldiers to hospitals at will. Men could leave the army without being inspected, and malingerers and those slightly indisposed were encouraged by surgeons who, in some cases, not only violated orders but appeared to be ignorant of the regulations.<sup>17</sup>

The laxness on the part of the soldier resulted partly from the decline in civilian morale because of Union reverses, partly from the use of "bounty" troops. Recruiting officers did not disdain to resort to unlawful means to get men, and a large number over forty-five years of age had been accepted. These over-age soldiers later besieged the medical officers for discharge, and armies, east and west, were encumbered with them.<sup>18</sup>

The ravages of disease were soon felt as well by the men on the Peninsula. Since they had few vegetables and refused to eat the dessicated or dried variety, scurvy was widespread and dysentery made heavy inroads. Men

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<sup>16</sup>E. T. Whittingham, "Narrative of Service in Virginia," War Records Division, National Archives. See also John H. Brinton, "Army in Virginia from Organization to End of Peninsular Campaign, 1862."

<sup>17</sup>Ibid.

<sup>18</sup>A. Steinach, "Report of the Medical History of the 103d New York Volunteers," War Records Division, National Archives.

lay exhausted and miserable by night on wet ground, while black, ominous skies hovered over the scene of despair. Enemy sharpshooters were always near. By day, the men scrounged for watermelons from the fields and berries by the side of the road and ate them green. The months of May, June, and July brought only more suffering, and to Oliver Wendell Holmes, who was one of those weary souls, it seemed that one was only urged on by a sort of blind, animal power.<sup>19</sup>

During the first days of April, 1862, when the siege of Yorktown commenced, Dr. Tripler laid his plans for the location of field and general hospitals, and the medical service was optimistic about its state of preparedness. Except when the roads were almost impassable, medical supplies were procured from the Purveyor at Cheesman's Landing without difficulty. The Sanitary Commission also had a store room on the road to the Landing, where blankets and other supplies were dispensed to the medical officers.<sup>20</sup>

While strenuous efforts were made to establish first-aid stations and field hospitals, battle, weather, and topographical conditions made the supplying of them, as well as the transportation of the wounded, a precarious and uncertain matter. The Eleventh Massachusetts Infantry established a field hospital about one-half mile to the rear of the line of battle, and shelter tents were pitched for the wounded, who were cared for as soon as they were brought in. During the first twenty-four hours, the supply of food was generally deficient, and some outfits were destitute of everything but water. The supply trains could not get up the roads, which were

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<sup>19</sup>John H. Brinton, "Army in Virginia from Organization to End of Peninsular Campaign." See also Bowen, Yankee from Olympus, p. 164, for the observations of Holmes.

<sup>20</sup>Charles R. Greenleaf, "Report Relative to Wounded, Battle of First Bull Run, Siege of Yorktown, etc.," War Records Division, National Archives.

not only rivers of mud but were blocked with artillery and wagons. Pack mules would have been useful had they been available. Footmen were sent to bring up hard bread, sugar, and coffee. Not until about ten o'clock on the night of May 6, however, could the ambulances get through to the field.<sup>21</sup>

All of the wounded at Williamsburgh were exposed to the rain and were at first without food, except for what remained in their haversacks. On the night of the fighting, all the troops encamped on the field of battle and were wet to the skin because of the lack of blankets and overcoats. Surgeon O. A. Judson reported, however, that the ill effects of the exposure seemed slight, possibly because of the intense excitement of the men during the late battle.<sup>22</sup>

Following the battle of Yorktown, however, close to a thousand men, scattered from Warwick Court House to Lee's Mills, were lying in all kinds of positions without food, medicines, and attendants. They had to be transported slowly and carefully by litter, ambulance, and finally steamer northward. They were first removed by litters of poles and blankets made by the pioneers or engineering troops. Ambulances were thoroughly unsuited for transporting seriously wounded under the circumstances, and stretcher bearers performed this service instead. They brought the wounded to the field hospitals where they were placed under shelter the afternoon of the day of battle. Ambulances were then put into use, and by April 7 some of the wounded had been taken by this means to Cheesman's Creek where they were

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<sup>21</sup>J. E. Brown, "Narrative of Duties Since the Outbreak of the Rebellion."

<sup>22</sup>O. A. Judson, "Narrative of Service in Peninsular Campaign," War Records Division, National Archives.

placed on board hospital transports. The transportation of many from Lee's Mills, however, was prevented by the rough corduroy road.<sup>23</sup>

Although transportation was difficult, the Medical Department had made great strides in providing for a system of treatment and evacuation from the battlefield to the general hospitals, a system which, with modifications, has been continued by the United States Army through World War II. Wounds were dressed temporarily, when possible, before sending the men to the field hospitals, and needed amputations were immediately performed on the field in rear of the line of battle. In cases requiring delay, the wounds were dressed and the patients sent to the field hospital. The wounded who were expected to live remained at the field hospital one day and then were forwarded to the corps hospital where they remained a few days. From the corps hospitals the wounded were sent to hospitals near Fortress Monroe from which they were distributed to hospitals in various parts of the country.<sup>24</sup>

In keeping with this system, Surgeon Charles R. Greenleaf was ordered by Dr. Tripler to proceed to Yorktown, requisition every available building for temporary hospitals, and ship the worst cases northward as soon as possible. General McClellan also permitted the requisition of the services of any medical officer passing through the town.<sup>25</sup>

Greenleaf found Yorktown to be a scene of desolation. The streets were littered with dead animals, pieces of clothing, official and

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<sup>23</sup>C. R. Greenleaf, "Report Relative to Wounded, Battle of First Bull Run, etc." See also the Narratives of J. W. Foye, H. S. Schell, and J. B. Brown, War Records Division, National Archives.

<sup>24</sup>J. W. Denny, "Diary Extracts of the War, 1861-1865," Outsize Documents, Veterans Records Division, National Archives.

<sup>25</sup>C. R. Greenleaf, "Report Relative to Wounded, Battle of First Bull Run, etc."

unofficial papers, and abandoned articles of all kinds. Pools of stagnant water lay everywhere, and the stench inside and outside of the buildings was revolting. The better buildings had been destroyed by the Confederates.<sup>26</sup>

Between 5,000 and 6,000 men were on the sick list at Yorktown, for causes ranging from malingering to serious disease. Most of the sickness, however, was caused by typhoid fever, typhoid dysentery, and rheumatism. Malingerers accounted for the remaining number.<sup>27</sup>

The camp which was established for these sick and indisposed men on the site of General Joseph Hooker's headquarters was handicapped by insufficient supplies of food and medicines. Fortunately, however, a temporary supply was obtained from the post medical director at Yorktown.<sup>28</sup>

The siege of Yorktown and the battles which followed were so severe that the wounded died as they lay in pain and beyond help, and the defeat of the Confederates on May 5 in a rear-guard action at Williamsburgh was the occasion of scenes of terror. Many serious mutilations were caused by shell fragments, and the Confederates were diabolically clever in mining their works and the roads leading to Williamsburgh.<sup>29</sup>

By the direction of Assistant Surgeon John J. Milhau, Dr. Z. E. Bliss erected a make-shift operating table in a large frame barn about one mile in the rear of the battlefield, and a detail of surgeons and litter

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<sup>26</sup>C. R. Greenleaf, "Report Relative to Wounded, Battle of First Bull Run, etc."

<sup>27</sup>J. B. Brown, "Narrative of Duties Since the Outbreak of the Rebellion."

<sup>28</sup>Ibid.

<sup>29</sup>George Fort Milton, Conflict: The American Civil War (Washington: The Infantry Journal, 1941), p. 167. See also J. T. Calhoun, "The Hygienic Influence of Battle," War Records Division, National Archives; Bliss, "Narrative of Service in Virginia," War Records Division, National Archives; J. B. Brown, "Narrative of Duties, etc.," War Records Division, National Archives.

bearers was ordered to search the field for the wounded and to bring them in. Eight of the hospital corps went out with stretchers, surgical instruments, chloroform, bandages, brandy, candles, and lanterns which they were able to procure from a transport wagon.<sup>30</sup>

As soon as soup could be made available, the wounded were fed and nursed, and over eighty officers and enlisted men were cared for in this manner. With the valuable assistance of D. Sparks, a volunteer physician from Boston, the best possible medical and surgical treatment was administered.<sup>31</sup>

The first brigade of Casey's division, encamped near Fort Magruder, was not seriously injured, and its surgeon, O. A. Judson, devoted himself, with limited supplies, exclusively to the care and disposition of the large number of enemy wounded. Most of the wounded were brought by stretcher to the large tobacco barn of a Mr. Saunders, who was the mayor of Williamsburgh, and a mattress of corn husks was made on the floor. There was acute suffering from the lack of food at this temporary hospital, where possibly between seven and eight hundred enemy wounded were treated. Within forty-eight hours, however, the wounded were transported by ambulance to the York River where steamers were provided to carry them northward.<sup>32</sup>

While they were almost destitute of instruments and supplies, the temporary imprisonment of some Confederate surgeons from Longstreet's division who had been found without papers caused hundreds of their wounded

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<sup>30</sup>J. T. Calhoun, "Narrative of Service," War Records Division, National Archives.

<sup>31</sup>D. W. Hand, "Narrative of Service in Virginia," and Z. E. Bliss, "Narrative of Service in Virginia," War Records Division, National Archives.

<sup>32</sup>O. A. Judson, "Narrative of Service in Peninsular Campaign."

to be left without care. Dr. Alex Ingram found between four and five hundred Confederates without supplies and attendants.<sup>33</sup>

Once the facts became known, however, the Confederate surgeons were sent back to care for their wounded, and they and the Union surgeons labored jointly and amicably to make the wounded as comfortable as possible and to procure the necessary supplies. Some beef was obtained, and on the next day the trains began to come in. Churches and other buildings were used to shelter the wounded, and a number of amputations were performed there.<sup>34</sup>

The effect of having hospitals too near the line of fire was early demonstrated by the experience at Bristown. Many wounded begged to be taken farther to the rear so that they would not receive a second wound, but the medical officers, while swearing that they would never be an accessory to such torture again and in the absence of special orders from their superiors, obeyed the general orders and left the wounded where they were.<sup>35</sup>

On May 7, preparatory to their removal northward, the transportation of the wounded by stretchers and ambulances to the York River began, a distance of about seven miles. Some of the more seriously wounded were carried by stretchers, the others by ambulance. The wounds of both the Union and Confederate soldiers had been dressed at barracks near Fort Magruder and at William and Mary College and then removed to steamers bound for Baltimore and Washington.<sup>36</sup>

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<sup>33</sup>Alex Ingram, "Narrative of Service, Wounded from Bull Run, etc."

<sup>34</sup>Ibid.

<sup>35</sup>J. T. Calhoun, "Rough Notes of an Army Surgeon's experience during the Great Rebellion," *The Medical and Surgical Reporter* (November 29-December 6, 1862), pp. 223-224, War Records Division, National Archives.

<sup>36</sup>C. C. Goddard, "Report Relative to Siege of Yorktown," War Records Division, National Archives.

The week following the battle of Williamsburgh was one of heavy rains and a morass of mud, and the base operations point was constantly shifted. It became necessary to keep all supplies afloat and to land them only as needed, until a permanent base of operations could be established. The base operations point was first shifted from Old Point Comfort to Cheesman's Creek and then to Yorktown. By May 16, the difficulties of land transport were fortunately overcome, and a supply base was set up on the Pamunkey River at White House.<sup>37</sup>

This was a critical point in the war both from the standpoint of transportation and supplies. In the hope that the problems of transportation might be remedied, the President was empowered by Congress to take military possession of the railroads from May 25, 1862, until further order. The officers and employees of the companies were ordered to keep themselves in complete readiness "for the transportation of troops and munitions of war, as might be ordered by the military authorities, to the exclusion of all other business."<sup>38</sup>

At the same time, Washington was refusing such requests as those of Surgeon Jonathan Letterman of the Army of the Potomac for hammock tents. The Quartermaster General gave as his reasons that there was already a costly supply of Sibley wall and other kinds of tents on hand and that the expense of making new tents was out of the question. The country, he said, was "out of money and out of cotton..."<sup>39</sup>

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<sup>37</sup>Milton, *Conflict*, p. 167. See also Stewart Van Fleet to Montgomery Meigs, May 10, 1862, Quartermaster General, Letters Sent, 1862, No. 60, p. 17, War Records Division, National Archives.

<sup>38</sup>Order of Quartermaster General Meigs, May 25, 1862, Quartermaster General Records, War Records Division, National Archives.

<sup>39</sup>Montgomery Meigs to William A. Hammond, Washington, May 26, 1862, Surgeon General's Office, Letters Received, I, 416.

If the supply situation was little improved, the medical officers, at least, had reason to take heart at the recognition, by Generals McClellan and Lee, of their neutral status. Formal agreement on this point was reached by McClellan and Lee following its acceptance by General "Stonewall" Jackson in May, 1862, after the battle of Winchester.<sup>40</sup>

It appears that General Beauregard was the first to suggest a more humane treatment of physicians, having done so as early as April 13, 1862, and that General Braxton Bragg performed the same service for chaplains on June 16, 1862. Their proposals resulted in applying to armies of the United States and the Confederacy the eighteenth century European practice of releasing surgeons and chaplains without ransom equivalents. This international usage was subsequently incorporated in Dr. Francis Lieber's "Instructions for the Government of Armies in the Field," said to be the earliest formal exposition of the rules of war ever published. It was issued to the Union armies on April 4, 1863, by War Department General Order No. 100.<sup>41</sup>

The policy that medical officers should not suffer the penalties of war met with popular approval north and south, and its later acceptance by many nations through the Geneva Convention of 1864 did something to mitigate the horrors of war. A neutral status could not free medical officers from the havoc of battle, but it could prevent their being taken from needed service as surgeons and being made prisoners of war.<sup>42</sup>

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<sup>40</sup>Munson, "The Army Surgeon," in Miller, Photographic History, VII. See also Davis, The Sanitary Commission, p. 548. The release of doctors and chaplains as prisoners of war was made possible by paragraph IV, War Department General Order No. 60, June 6, 1862, for the Union Army, and Paragraphs II and III, War Department General Order No. 45, June 26, 1862, for the Confederate Army.

<sup>41</sup>Davis, The Sanitary Commission, pp. 548-549.

<sup>42</sup>E. T. Whittingham, "Narrative of Service in Virginia."

This improved status was no doubt welcomed by the medical officers, who saw the needs of the troops increasing under severe military and climatic conditions, as the Peninsular campaign wore on. Exposure, insufferable heat, miserably located camps, the stench of the shallow graves, lax discipline and straggling, and panic in battle made it almost impossible to maintain health and morale. And conditions got no better.<sup>43</sup>

At Fair Oaks, before the wounded could be removed to the hospitals, a large proportion of them were on the ground with no protection except the blankets which they might be carrying. They were exposed to at least one severe shower of rain.<sup>44</sup>

The wounded were removed by improvised litters to two field hospitals, one on the field and the other a half mile in the rear, and to the shelter of farm houses, barns, and hastily constructed sheds of boards and boughs. After the battle, Surgeon J. T. Calhoun accompanied by Surgeon Thomas Sim, Medical Director of the Fourth Division, visited the front, and the "twin houses" were found to be filled with the sick and wounded, dead and dying. These buildings had been used as temporary hospitals before, and some of the sick and wounded from the previous battle still remained. The hospitals bore marks and holes of artillery and small arms fire.<sup>45</sup>

Outside of the twin hospitals, the untreated wounded crawled under the row of trees in front of the houses to avoid the intense heat of the sun. Almost all of the wounds were filled with maggots. Some Confederate

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<sup>43</sup>E. T. Whittingham, "Narrative of Service in Virginia." See also J. D. Brumley, "Narrative of Service in Peninsular Campaign and at Antietam," and Calhoun, "Hygienic Influence of Battle," War Records Division, National Archives.

<sup>44</sup>J. D. Brumley, "Narrative of Service in Peninsular Campaign, etc."

<sup>45</sup>D. W. Hand, "Narrative of Service in Virginia," and J. T. Calhoun, "Narrative of Service."

officers had spoken kindly to the wounded and even given them a little whiskey, but no attempt had been made to dress their wounds.<sup>46</sup>

The troops slept on the night of May 31 with the dead, and the groans of the wounded and dying rang in their ears. One soldier made a bed of straw, supposedly between two of his comrades. When aroused just before daylight, he, in turn, tried to awaken his comrades, but they were not to be awakened. He had slept between two dead rebels.<sup>47</sup>

There was no lack of surgical appliances and medicines at Fair Oaks, but there was an alarming scarcity of other provisions in most military units. After the troops had crossed the Chickahominy, the river had risen, and it was impossible to get supplies. Surgeon D. W. Hand, upon the suggestion of Medical Director J. F. Hammond and with the approval of General Edwin V. Sumner, had two cavalry horses killed and made into soup. Small quantities of rice and salt supplemented the soup, and water was abundant.<sup>48</sup>

Here, as in almost every similar instance during the war, the supply of food depended upon the depôt from which they were obtained. Z. E. Bliss reported that there was an abundant supply of food, including Foyer's concentrated soup, and that there was an abundance of fresh beef on the second day. Bliss later noticed the adverse report of Surgeon Frank Hamilton in the American Medical Times about his depôt but denied that such an emergency as portrayed ever existed. Most of the rations, whether in sufficient supply or not, were undoubtedly of salt meat, crackers, and coffee.

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<sup>46</sup>D. W. Hand, "Narrative of Service in Virginia," and J. T. Calhoun, "Narrative of Service."

<sup>47</sup>Cole, Under Five Commanders, p. 38.

<sup>48</sup>D. W. Hand, "Narrative of Service in Virginia." See also J. F. Hammond, "Narrative of Service, Yorktown, Williamsburgh, Fair Banks, etc.," War Records Division, National Archives.

The water, in almost every case, was surface water which had percolated through "decomposed and half-buried bodies scattered all around."<sup>49</sup>

Since the ambulance reforms of Jonathan Letterman had not yet taken place, it was not surprising that a lack of ambulance transportation from Fair Oaks to the James River was reported. No organized ambulance corps could be hastily provided, for the necessary personnel was not available. The regular hospital attendants were needed at the general depôt as cooks and assistants. The regimental bands were practically worthless, and the ranks were depleted by the many cowards and skulkers who fell out of line when a comrade was wounded or at the slightest provocation. At that point, everyone wanted to help.<sup>50</sup>

The Second Corps had sufficient ambulances, but the bogged roads prevented their use for several days and made it impossible to remove the wounded to the hospital ships at once for transportation northward. Four or five days after the battle at Fair Oaks, the wounded were removed by ambulance and rail to White House, where they were then placed on board hospital ships and sent to Philadelphia. One of the transports belonged to the state of Pennsylvania and was under the command of Surgeon J. H. Smith. Another was operated by the Sanitary Commission and the others were employed by the government.<sup>51</sup>

A large number of hospital tents were erected about a mile beyond the White House for the reception of the wounded, but the general state of affairs was deplorable and was improved only after several medical officers

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<sup>49</sup>Z. E. Bliss, "Narrative of Service in Virginia," and J. T. Calhoun, "Narrative of Service."

<sup>50</sup>H. E. Brown, "Narrative of Service, Yorktown, etc."

<sup>51</sup>John H. Brinton, "Army in Virginia from Organization to End of Peninsular Campaign, 1862."

took matters into their own hands. The hospital tents were kept overflowing because of the polluted waters which the men were drinking and the fever-producing conditions of the Chickahominy area. Assessing the causes of disease as given by the medical observers of that time in a more modern light, it should be noted that it was believed formerly that streams, and especially swamps, gave off a noxious effluvium which caused disease.<sup>52</sup>

The Confederates had destroyed the railroad bridge, and railroad cars containing the wounded had to be run down to the side of the river. Mutilated and in a dying condition, the men lay in their blood-stained clothing just where they had been removed from the freight cars to the side of the tracks after the trip from Savage's Station. Most of the wounded had received no surgical care, and those who had were probably the recipients of the treatment of civil physicians who flocked to Fair Oaks two days after the battle. Without restraint, these civilian physicians, many of them charlatans, perpetrated flagrant practices such as the unnecessary removal of limbs.<sup>53</sup>

Under such conditions, Surgeon Thomas T. Ellis took matters in hand and consulted with Colonel Ingalls, the Chief Quartermaster. Dr. Alexander, the Medical Purveyor, was also consulted, and afterwards telegrams were sent to the Surgeon General and to Dr. Cuyler, the medical director at Fortress Monroe. A large number of chartered steamboats lay in the river but without orders, and these were now placed under the orders of Dr. Ellis. The steamers "State of Maine," "Elm City," and "Wheldon" were placed alongside the railroad wharf, and civilians and a detail from the

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<sup>52</sup>Thomas T. Ellis, Leaves from the Diary of an Army Surgeon, (New York: J. Bradburn, 1863), p. 60.

<sup>53</sup>Ibid. See also Charles F. O'Leary, "Narrative of Service in Virginia," War Records Division, National Archives.

Ninety-Third New York Volunteers carried the wounded on litters to the boats.<sup>54</sup>

The Sanitary Commission agents were also at hand with their boat, the "Wilson Small," under the direction of Frederick Law Olmsted, secretary of the commission, and labored day and night to relieve suffering. Olmsted was accompanied by a number of untiring workers, including several ladies who served as nurses.<sup>55</sup>

Surgeon Ellis refused to let anyone be sent north but the wounded, and convalescent soldiers, young and inexperienced assistant surgeons, and contrabands were used as dressers, nurses, and attendants. A number of acting assistant surgeons were sent in response to the telegraphic requests for them, but they were mostly young and inexperienced and were used as dressers only because the need for them was so great. A few surgeons were obtained by Captain Charles G. Sawtelle, Assistant Quartermaster, who informed Ellis of the arrival of surgeons under orders to join the advance. Fifty contrabands were obtained from Assistant Quartermaster Broadwood to aid in carrying the wounded and distributing the lemonade.<sup>56</sup>

As the news of the great battle of Fair Oaks spread through the nation, hundreds of persons descended upon White House for knowledge of relative or friend, learning nothing and causing untold hindrance to the doctors. The Congressional Committee on the Conduct of the War, accompanied by various members of Washington officialdom, also put in an appearance. Among the visitors, John C. Tucker, Assistant Secretary of War, Congressmen

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<sup>54</sup>Ellis, Leaves from Diary, p. 61.

<sup>55</sup>Ibid.

<sup>56</sup>Ibid., p. 68.

Moses F. Odell of New York, and John F. Patten of Pennsylvania rendered unceasing aid in moving the wounded and preserving order.<sup>57</sup>

The Washington officials were ably assisted by Colonel William Borden of New York, agent of the Fall River Steamer Line, in taking the maximum advantage of the facilities provided by the hospital ships "Canonicus" and the "State of Maine." Mattresses were spread on the floors of the ship saloons for the countless wounded, and everything possible was done to make the men comfortable.<sup>58</sup>

Among the wounded brought on board were two Irishmen who, after having been friends, had separated and fought on opposing sides. Now, after seven years, they met again, and, recognizing each other, had to be separated--both reviling each other with epithets of 'traitor' and 'turncoat.'<sup>59</sup>

There were heart-rending scenes among the wounded. A pathetic incident was the meeting of a father and son after many years. The old man, with a severe shoulder wound and a flesh wound of the leg, crawled to embrace his son, the life of whose terribly mangled body ebbed away the following morning. A Pennsylvania volunteer became a raving and violent maniac from fright, and six strong men were barely able to subdue him and carry him ashore to a hospital.<sup>60</sup>

Since it was still believed at that time that men returned to duty in far less time from their own homes than from general hospitals, Surgeon Ellis, with the concurrence of Dr. King, Medical Director in Philadelphia, gave furloughs to all of the returning wounded who were able to

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<sup>57</sup>Ellis, Leaves from Diary, p. 69.

<sup>58</sup>Ibid., p. 70.

<sup>59</sup>Ibid., p. 70.

<sup>60</sup>Ibid., pp. 70-71.

go home. When the first hospital ship, the "Louisiana," arrived at Philadelphia, the citizens of that city crowded the wharves and streets to get a glimpse of the heroes of Fair Oaks. Many of the men were from Pennsylvania regiments, and over half those on board accepted the furlough which was offered.<sup>61</sup>

In the meantime, the Confederates were taking the offensive on the Peninsula at Seven Pines over terrain that had already been a scene of bitter struggle, and again the wounded lay uncared for on the field until the general Union depôt was moved. Weak and faint, almost dehydrated from lack of water and the effects of the intense sun, and crawling with maggots, these men were abject creatures. Regiments were encamped on the battlefield of Fair Oaks, where over three thousand men lay buried in shallow graves. Remains of clothing and stores were scattered over the field, and a noxious effusion from dead men and horses filled the air. George Alfred Townsend (Gath), who was becoming nationally and internationally known for his Civil War reporting, witnessed some of the most horrible of these scenes of war. In a stable he found some of the most pitiful cases of the wounded. Near the entrance was a boy with both eyes torn out by a minie ball and the entire bridge of his nose shot away. Another soldier had been shot through the middle of the forehead but still lived, although he was lunatic and beyond hope. Two naked men lay in the middle of the place, wounded in the bowels and loins.<sup>62</sup>

The conoidal or minie ball was responsible for almost all of the wounds suffered by the Union soldiers. Assistant Surgeon H. E. Brown saw but one

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<sup>61</sup>Ellis, Leaves from Diary, p. 80.

<sup>62</sup>H. E. Brown, Narrative. For Gath's observations, see George Alfred Townsend, Rustics in Rebellion (A reprint of Townsend's Campaigns of a Non-Combatant) (Chapel Hill: The University of North Carolina Press, 1950), p. 109.

bayonet wound, and this soldier, with two gun shot and five bayonet wounds, claimed that he received the bayonet wounds while lying on the field after being wounded.<sup>63</sup>

The route of evacuation was the same for Seven Pines as it was for Fair Oaks. The wounded were removed from the field to Savage's Station, from where they were sent by railroad to the White House for transportation to the north.<sup>64</sup>

The medical service, however, was still not properly organized, and a great number of wounded were left in the rear of the battlefield with no concerted plan to take care of them or transport them to a hospital where they could be treated. Although contrary to the policy of the Medical Department, the basic cause was easily found in the continued allegiance to the regiment as an independent unit. It followed logically, therefore, that the condition of the medical and related services of a regiment depended largely upon its commander. Some regiments accordingly were well supplied, while others were in dire need of almost every kind of supplies. The supplies of the First Excelsior Brigade, for example, were in abundance, and all of their medical arrangements were excellent. The ample water supply afforded by a fine well on the spot was used wisely, and an outbuilding was turned into a kitchen. A supply store, efficiently administered, was established, and the regimental service units cooperated in a commendable manner. Few other regiments were as well directed or supplied, however, as the Excelsior Brigade.<sup>65</sup>

The great number of wounded was probably partly responsible for the deficiency of some medical supplies. The regimental stores afforded a

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<sup>63</sup>H. E. Brown, "Narrative of Service, Yorktown, etc."

<sup>64</sup>Ibid.

<sup>65</sup>Ibid.

sufficiency of whiskey and other stimulants, but there was a deficiency of chloroform and ether.<sup>66</sup>

The inability of the Quartermaster Department to get food to the front and the failure of regimental commanders to give stringent orders for the use of anti-scorbutics were chiefly responsible for the reports which began to circulate in June about the existence of scurvy in the Army of the Potomac. Regimental officers both failed to provide their men with desiccated vegetables and to compel them to use them, but, since they well knew the dislike of their troops for them, it was not surprising that they followed such a course.<sup>67</sup>

By June 13, 1862, the New York Tribune was reporting a wholesale exodus of Union troops from the Peninsula. The number of those on sick leave was said "to justify the statement that a Sanitary Straggling of the Army of the Potomac has set in from before Richmond."<sup>68</sup>

Not a great deal could be done to improve the welfare of the sick and wounded soldiers on the Peninsula, but in the midst of the campaign came a change in the medical command of the Army of the Potomac which had far-reaching effects upon the medical service of the entire northern army. The Surgeon General, William A. Hammond, rewarded Jonathan Letterman for thirteen years of energetic and faithful service by appointing him Medical Director of the Army of the Potomac.<sup>69</sup>

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<sup>66</sup>H. E. Brown, "Narrative of Service, Yorktown, etc."

<sup>67</sup>Joseph P. Taylor to Edwin L. Stanton, Washington, June 15, 1862, Commissary General, Letters to the Secretary of War, 1854-1866, p. 212, War Records Division, National Archives. See also Charles S. Tripler to R. B. Marcy, June 15, 1862, OR, I, 2, Pt. 3, 228.

<sup>68</sup>New York Tribune, June 13, 1862.

<sup>69</sup>William A. Hammond to Jonathan Letterman, Washington, June 19, 1862, in Clements, Memoir of Jonathan Letterman, p. 3.

As Medical Director, Letterman greatly aided Hammond in his sweeping reforms of the medical service. His medical system and method were eventually adopted by the other armies of the Union and even by many foreign armies. This thirty-eight year old medical chief developed the first organized ambulance corps, which was originally put into operation in the Army of the Potomac and later provided by Congress for all of the armies. He followed this innovation with a system of division field hospitals, including railhead and embarkation point hospitals, which continued, with modifications, as the basic military medical structure through the second World War.<sup>70</sup>

Letterman was born in Canonsburg, Washington County, Pennsylvania, December 11, 1824. His father was a prominent physician and surgeon who carefully prepared his son for the same calling. Tutorial studies preceded his entering Jefferson College, from which he graduated in 1845. Two years later he graduated from the Jefferson Medical College in Philadelphia, and, after being passed by the New York City Medical Board on June 29 of that same year, he entered the Army as an assistant surgeon.<sup>71</sup>

From the time of his appointment to the Army until March, 1853, Letterman served in Florida in the campaigns against the Seminole Indians. He was then transferred to Fort Ripley, Minnesota. In May, 1854, he marched with troops from Fort Leavenworth to New Mexico where he continued on duty (Fort Defiance in Navazo country and Colonel Loring's expedition against the Gila Apaches) until the autumn of 1858. Following a brief

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<sup>70</sup>"All American Surgeon," Time, November 24, 1947.

<sup>71</sup>Clements, Memoir, p. 3. See also Howard A. Kelly (Ed.), A Cyclopedic of American Medical Biography (Philadelphia: W. B. Saunders Company, 1912), II, 95.

leave of absence, he served, in 1859, on a short tour of duty at Fort Monroe.<sup>72</sup>

Letterman was subsequently placed in the office of General Satterlee, Chief Medical Purveyor of the Army, but by 1860 he was in California with Major Carleton's expedition against the Pah Ute Indians. In November, 1861, he accompanied troops to New York City, and in May, 1862, he was made Medical Director of the Department of West Virginia and served there for a short time. On June 19, 1862, he succeeded Charles S. Tripler as Medical Director of the Army of the Potomac when Tripler became the Medical Inspector General of the United States Army. After being relieved from duty with the Army of the Potomac, Letterman was assigned as Medical Inspector of hospitals in the Department of Susquehanna, and until December, 1862, he served in that capacity. At that time, however, Thomas A. Scott, President of the Pennsylvania Railroad, made flattering offers to Letterman to become superintendant of a commercial company. Letterman was determined to resign from the Army, and the entreaties of friends could not dissuade him. President Lincoln accepted his resignation on December 22, 1864. No one apparently ever fully understood Letterman's determination to leave the Army. General McClellan subsequently recommended Letterman twice for brevet rank, as did the Surgeon General, but to no avail.<sup>73</sup>

Following the Civil War, Letterman engaged in civilian work in California and published in 1866 his Medical Recollections of the Army of the Potomac. He was Surgeon General of California in 1868, and, in 1870, he was a member of the Board of Medical Examiners of the University of

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<sup>72</sup>Clements, Memoir, p. 2.

<sup>73</sup>Ibid., p. 23.

California. He died on March 15, 1872. The general hospital which was established at the Presidio in San Francisco was named in his honor.<sup>74</sup>

At the time Surgeon General Hammond appointed Letterman Medical Director of the Army of the Potomac, he conferred extensive powers upon him. These included the powers to acquire proper and sufficient supplies regardless of tables of supply or forms, to require faithful discharge of duties by medical officers, to arrange for the speedy dispatch of the sick and wounded, and to hire physicians and nurses. The only requirement made of Letterman, in turn, was that he correspond frequently with the Surgeon General and that nothing be requested that could not be filled on requisition to the bureaus in Washington or through the orders of the Secretary of War.<sup>75</sup>

The disordered retreat of the Union forces during the last days of June was not an auspicious occasion for Letterman to assume the medical direction of the Army of the Potomac, and he quickly grasped the magnitude of his task. On June 28, Letterman arrived at White House, but, since communications were interrupted, he was unable until July 1 to report to General McClellan. When, on July 4, he was assigned to duty, the Army of the Potomac was already at Harrison's Landing, crippled and exhausted by the Peninsular Campaign.<sup>76</sup>

Fitz-John Porter's gallant defense on June 27 at Gaines' Mill, without further reinforcements from McClellan, was in vain, and the condition of the wounded following this battle was pitiful. The houses near the center of the lines which, together with the outhouses, were used as a hospital were soon overflowing and many cases were severe. Personnel was very

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<sup>74</sup>Kelly, *Cyclopedia*, II, 95. See also "All American Surgeon," *Time*, November 24, 1947.

<sup>75</sup>Clements, *Memoir*, p. 4.

<sup>76</sup>*Ibid.*, p. 2.

scarce, and the soldiers who were detailed as nurses were worthless. The rations of flour and bacon, beans, salt beef, and salt, furnished by the Confederates were scanty. Maggots were active, and the fierce rays of the sun caused the air to be permeated with the revolting odor of putrescent flesh. Many of the badly wounded died, and a large number had to remain in the temporary hospital for three weeks before they were conveyed in the ambulances and spring and lumber wagons of the Confederates to Savage's Station. It was their sad lot to fall into enemy hands when the Union armies fell back, but medical officers remained with them.<sup>77</sup>

The morale of various commands had been seriously impaired by the conflicting rumors which spread rapidly through the Army of the Potomac, and many soldiers grew impatient for the retreat that was reported to be in the offing. Discontent and murmuring spread through the troops, and wounds of the hand and mutilated fingers in an area of principally artillery fire led some surgeons to conclude that these wounds were self-inflicted and that the practice was "not confined to malingerers...."<sup>78</sup>

The problems of the retreating Union armies were unlimited and were faced under trying circumstances, but the Confederates did not find a demoralized force when they hurled themselves upon the retiring enemy at points from Peach Orchard to Malvern Hill. Medical and hospital stores which had been sent across the Chickahominy were deficient. It was difficult to obtain water. Food was in short supply. The army was also encumbered by a large wagon train and siege artillery, and the retreat to the James over a single road was through an unfamiliar country of hostile inhabitants.<sup>79</sup>

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<sup>77</sup>H. S. Schell, "Hospitals at Gaines' Mills," and W. E. Waters, "Narrative of Service, Yorktown, Gaines' Mills, Malvern Hill, Hanover Court House," War Records Division, National Archives.

<sup>78</sup>Calhoun, "Narrative of Service,"

<sup>79</sup>Calhoun, "Hygienic Influence of Battle."

By June 29, thousands of the sick and wounded--as well as stragglers--were collected at Carter's Landing. Though preparations were made for receiving patients at Newport News and Fortress Monroe, much later trouble would have been avoided had a medical purveyor been sent to Fortress Monroe before the wounded arrived. The need for medical supplies was great, for, at one time, about two thousand patients were sheltered in old barracks and barns at the fortress.<sup>80</sup>

The Army of the Potomac, exhausted by conflict and the elements, reached Harrison's Landing in a downpour or rain, and no amount of hygienic measures of supplies could have prevented extensive debilitation. The medical officers were either inexperienced, deficient, or exhausted by the demands of the campaign. The ambulances were badly managed on the retreat, and the hospital tents were either destroyed or abandoned. The men ate wild fruit on the way down the Peninsula and fell ill with disturbances of the digestive system and a chronic form of diarrhoea. Supplies were exhausted upon the Landing, and scurvy broke out.<sup>81</sup>

The evacuation of the Army of the Potomac from the Peninsula, decided upon by the government during the last days of July, 1862, was not without hazard. The decision was influenced both by the condition of the army at the Landing and the "alleged impossibility of sending at that time sufficient reinforcements to warrant General McClellan in undertaking fresh operations against the city of Richmond."<sup>82</sup> Every McClellan movement was being stealthily watched by a victorious and superior force. The campaign

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<sup>80</sup>Hand, "Narrative of Service in Virginia."

<sup>81</sup>Calhoun and Hand, "Narratives of Service." See also Schell, "Hospitals at Gaines' Mills," and Clements, Memoir, p. 3.

<sup>82</sup>Brinton, "General Pope's Campaign in Virginia," Brinton Manuscripts, War Records Division, National Archives.

of General John P. Pope was conducted, therefore, to distract the Confederates and induce them to withdraw some of their force from Richmond, and, at the same time, hold the Rapidan or Rappahannock against an enemy advance on Washington.<sup>83</sup>

Medical Director Letterman first directed his attention to the removal of the vast horde of sick, wounded, and exhausted men from the Peninsula. Efforts were made to enforce sanitary measures and to secure medical supplies. A hospital depot was established at Harrison's Hundred, and the transports began to arrive. By July 15, about 7,000 men had been sent northward, and from July 15 to August 3 transports were used to bring the sick and the wounded from City Point. Medical supplies were sent at that time but were intercepted by the Confederates, and Union military authorities, as well, interfered with the boats.<sup>84</sup>

Between August ninth and fifteenth, 5,945 sick men were sent north. During the day and night of August 15 alone, 5,629 were dispatched. A medical officer was sent with each boat and medical supplies were now abundant. The army, indeed, had been fully equipped when it moved, but it had left much behind in its hasty retreat. Supplies were now beginning at this belated moment to catch up with the troops.<sup>85</sup>

The army at Harrison's Landing was visited about the middle of July by President Lincoln, whose popularity, it was said, exceeded General McClellan's by ten fold. Felix Brannigan, a soldier in the Army of the Potomac, wrote to a Mrs. Hale that, "Old Abe was here a few days ago....."

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<sup>83</sup> Brinton, "General Pope's Campaign in Virginia," Brinton Manuscripts, War Records Division, National Archives.

<sup>84</sup> Clements, Memoir, p. 4. See also Brinton, "Miscellaneous Manuscripts," War Records Division, National Archives.

<sup>85</sup> Brinton, "Miscellaneous Manuscripts."

Such cheers as greeted him never tickled the ears of Napoleon in his pain-iest days."<sup>86</sup>

While Harrison's Landing was a scene of confusion, Medical Director Letterman did attempt to bring as much order out of chaos as possible. It was at this time that he devised his plan for the organization of an ambulance corps, and it was approved immediately by General McClellan and was made official on August 2, 1862, in General Orders.<sup>87</sup>

The Letterman ambulance plan called for the medical director of the army corps, under the general commanding it, to be in complete control of the ambulances. The ambulance corps was to be divided into three divisions, corresponding to the division of troops within an army corps, and the use of ambulances for other than the designated purpose was strictly forbidden. The transportation of medical supplies was permitted in urgent cases, and, in subsequent practice, ambulances were used, of necessity, for the carrying of supplies to brigades and regiments.<sup>88</sup>

Ambulance personnel were to be detached from the regiments on grounds of fitness for such service, and it was proposed that men be enlisted specifically for this purpose. Congressional action on the proposal for enlisting men for the ambulance corps, was however, postponed for two years.<sup>89</sup>

Since President Lincoln called for a new Army of Virginia to be commanded by General Pope, and Letterman shared in the inaction which was accordingly forced upon McClellan until September 2, 1862, no real test of

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<sup>86</sup>Felix Brannigan to Mrs. R. Hale, July 16, 1862, Brannigan Letters, Division of Manuscripts, Library of Congress.

<sup>87</sup>Clements, Memoir, p. 7.

<sup>88</sup>Ibid.

<sup>89</sup>Ibid.

the Letterman ambulance plan was afforded during the transfer of the Army of the Potomac from the Peninsula to Alexandria.<sup>90</sup>

Letterman's orders and instructions to his subordinates were very brief and few in number, but direct and practical. Through his wide experience in various parts of the country, he had an intimate and extensive knowledge of the soldier's character and how the best is brought out in him.<sup>91</sup>

Equally important as Letterman's ambulance plan was his system of medical administration. Not only was much suffering prevented and the lives of countless soldiers saved but vigor and strength were injected into the Army of the Potomac, an army which in that day was probably unequalled for its simple but effective administration. The depletion of the ranks of the army by license, carelessness, and folly was ended, and, whenever possible, the sick and wounded were treated in division hospitals of their own army corps. Sanitary measures were enforced. Clear, comprehensive, and comprehensible records were maintained. Conditions generally were so improved that when Surgeon Thomas A. McParlin succeeded Letterman in 1864 he attributed the excellent condition of the medical department of the Army of the Potomac to the reforms which Letterman began in the summer of 1862.<sup>92</sup>

The management of the medical service of the Army of the Potomac did not, however, escape criticism. The failure to reorganize the medical department in time for the needs of the Peninsular Campaign; the deficiencies in personnel, caused primarily by officers and men absenting themselves without leave; the shortages of supplies, which had to be made up en route

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<sup>90</sup>Clements, Memoir, p. 8.

<sup>91</sup>Ibid., p. 19.

<sup>92</sup>Ibid., pp. 13, 19.

to Maryland from the Peninsula; and the countless other problems created by the defeat before Richmond were certainly not the fault alone of Tripler or Letterman. Bennett A. Clements, who served under Letterman and was the author of the laudatory Memoir of Jonathan Letterman, was of the opinion that the complaints were few and were circulated by inexperienced people mostly, but, of course, his testimony was not unprejudiced.<sup>93</sup>

In the quick transfer of the Army from the Peninsula, many supplies and ambulances were lost or abandoned, and the subsequent battle in September at Antietam, Maryland, was to be fought under that disadvantage. Everyone was so fatigued by hard service that he cared little about anything but his own immediate welfare. The deficiencies which resulted from this lassitude could not possibly be made up in time for the battle that was soon to take place near Sharpsburg, Maryland, over the fields along Antietam Creek.<sup>94</sup>

The Peninsular Campaign gave both experience and insight of a valuable nature to military and medical officers, and the value of organized ambulance and hospital corps was readily seen. From General McClellan down through the ranks, the need of efficient hospital attendants was expressed. The conditions on the Peninsula were not soon to be forgotten, for many of the nurses at that time had been deserters "who were sheltered from arrest by the medical directors, [and] who were sustained by the powerful authority of the Secretary of War."<sup>95</sup>

This harboring of deserters by the medical authorities and the simple device of men absenting themselves without leave explained in great part the

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<sup>93</sup>Clements, Memoir, p. 17.

<sup>94</sup>Ibid., pp. 8-9.

<sup>95</sup>Ibid., p. 6. See also Henry N. Blake, Three Years in Army of the Potomac, pp. 300-301.

question asked by Lincoln of McClellan as to what had happened to the men of the Army of the Potomac. Besides the number of men sick, wounded, and killed there was always a great number who could not be accounted for in any way. The truth was that there was a widespread and alarming practice among officers and enlisted men of trying to escape further service under the guise of disability. With the frequent aid of member of Congress who intervened on behalf of individual officers and men there was a grave abuse of sick leave, and it far exceeded the extent of the same practice in the Confederacy.<sup>96</sup>

The problem of improving the cleanliness of the troops after the Peninsular Campaign went hand in hand with that of their health. A Colonel Zook called the attention of a Surgeon Mackin to the fact that vermin infested the troops of the command, to which Mackin took exception. The Colonel then emphatically replied, "Why, the whole army is lousey. You are lousey, I am lousey, McClellan is lousey."<sup>97</sup>

During and following the Peninsular Campaign, so many unfavorable reports were circulated about the hospitals in and near Washington that the New York Soldiers Relief Association appointed a committee to investigate and make a report for the New York Tribune. During the first few weeks of June, a large number of convalescent soldiers had been removed from the hospitals to the barracks on Capitol Hill, and their places had then been filled by the wounded from Seven Pines. The largest hospital to which the men from the Peninsula were sent was the General Hospital at Judiciary Square which was under the direction of Assistant Surgeon E. P. Volium and

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<sup>96</sup>Milton, Conflict, p. 207. See also Thomas Antisell, "Narrative of Service in Pope's Campaign," War Records Division, National Archives, and Ella Lonn, Desertion during the Civil War (New York: The Century Company, 1928), p. 136.

<sup>97</sup>Cole, Under Five Commanders, p. 67.

which had been constructed during the previous winter under the auspices of the United States Sanitary Commission. It had five hundred and forty-one patients who, said the members of the investigating committee, were receiving proper medical attention.<sup>98</sup>

Douglas Hospital on Minnesota Row, under Assistant Surgeon Warren Webster, was considered to be almost luxuriant in its appointments. Stone Hospital, on the southern slope of Meridian Hill, under Assistant Surgeon B. E. Freyer, was said to be in a commendable condition, and an abundance of female nurses was found under the direction of Surgeon Freyer. Carver Hospital, with five hundred and seventy-three patients, was between Mt. Pleasant and Columbia Hospital on both sides of the Fourteenth Street road and was composed of fifty barrack-like buildings. It was under the direction of Assistant Surgeon William A. Bradley.<sup>99</sup>

Columbia Hospital, on Meridian Hill and formerly occupied by a college, was in fine condition under the direction of Assistant Surgeon Eugene H. Abadie. Clifburn Hospital, under Assistant Surgeon John S. Billings, was about one and a half miles in the rear of Georgetown, and its patients included two hundred Confederate wounded who had been captured at Williamsburgh. The investigating committee found that the Union and Confederate wounded received the same kind of treatment. Frequently seen at all these hospitals were the Sisters of Charity.<sup>100</sup>

Circle Hospital, under the direction of Assistant Surgeon William A. Conover, was in Georgetown, but no appraisal of its services was made by the investigating committee. On Kalorama Heights above Georgetown was

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<sup>98</sup>New York Tribune, June 12, 1862.

<sup>99</sup>Ibid.

<sup>100</sup>Ibid.

Kalorama Hospital. It was under the direction of Assistant Surgeon Robert J. Thomas and was for patients suffering from eruptive diseases.<sup>101</sup>

About one hundred and eighty patients were cared for at the Patent Office Hospital which was under the direction of Assistant Surgeon J. C. C. Downing. Most of the patients were found to be recovering satisfactorily and being well treated. Some of the patients were even well enough, it was said, to steal "copies of valuable patents."<sup>102</sup>

Eckington Hospital, under Assistant Surgeon C. H. Nichols, completed the roster of Washington hospitals examined by the investigating committee of the Soldiers Relief Association. The committee was well pleased with the treatment and care of the sick and wounded at this hospital, as it had been generally with all of the others which it had examined.<sup>103</sup>

Besides these Washington hospitals, there was a hospital on the outskirts of Frederick, Maryland, of one stone and seven frame buildings spread over an area of four acres. Having a capacity of seven hundred patients, this was probably the largest and best general military hospital in the United States. General Edward Braddock had ordered the erection of these buildings during the French and Indian War and had used them as a hospital. It was reported also that Colonel George Washington had had his quarters in one of the rooms while he was in Braddock's army. At the time of the investigation for the New York Tribune, the hospital at Frederick was under the direction of Dr. R. F. Weir and a Dr. Goldsborough.<sup>104</sup>

All of the surgeons in the hospital in and near Washington gave great credit to the United States Sanitary Commission for making it possible to

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<sup>101</sup>New York Tribune, June 12, 1862.

<sup>102</sup>Ibid.

<sup>103</sup>Ibid.

<sup>104</sup>Ibid.

have well-stocked store rooms. Had it not been for the benevolence of such relief societies and commissions, the work of the Union hospitals would have been severely hampered.<sup>105</sup>

The investigating committee concluded from its inspection of the hospitals in and near Washington that the complaints which were being circulated in the press were without foundation. Recognizing that the services of the Washington hospitals, in many cases, probably surpassed those of hospitals in other parts of the country, it is still questionable if this one inspection by the Relief Association committee was sufficient basis for concluding that there were few irregularities which needed correcting. The reports from officers and enlisted men, on occasion, at least, would indicate otherwise. Assuming, moreover, that the Washington hospitals were admirably operated in every instance, the unavoidable and unfortunate fact remained that the pattern of excellence there was certainly not applicable to military hospitals in general.<sup>106</sup>

Some idea of the expenditures of the Medical Department for its hospitals and for all other services may be had from the report of Surgeon General Hammond, who had kept scrupulously within the total appropriations allowed. The fiscal year of the government had come to an end on June 30, 1862, in the midst of the Peninsular Campaign, and Hammond reported that of the total appropriations of \$2,445,394.89 he had authorized the spending of \$2,371,113.19. Of the amount spent, \$3,552.91 represented compensation and other claims of civilian physicians during the previous year.<sup>107</sup>

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<sup>105</sup>New York Tribune, June 12, 1862.

<sup>106</sup>Ibid.

<sup>107</sup>William A. Hammond, Report of the Surgeon General, 1862, Surgeon General's Office, Report Book No. 3 (1852-1863), p. 410, War Records Division, National Archives.

The fiscal year 1862 closed with the Medical Department still to face some of its severest tests. Its personnel had been confronted with the challenge of a major campaign on the Peninsula, where even the best organized medical service and auxiliary services would have been strained to the breaking point. What chance had there been for a hastily reorganized medical service? The answer had been evident in its rapid disintegration on the retreat to Harrison's Landing, disintegration so serious that some medical officers absented themselves and were not seen from Seven Pines to Harrison's Landing. Those who remained, of course, gave to the later Army of Virginia, the benefits of hard-earned experience. Here again, however, the rapid pace of military events meant the hurling of men at the enemy before the service forces, including those of the Medical Department, could be sufficiently reorganized or supplied. Even part of the retreating Army of the Potomac joined the Army of Virginia and, in August, 1862, fought in the engagements around Warrenton Junction and Manassas in the second battle of Bull Run--and bloody Antietam was less than a month away.

## CHAPTER VII

### FROM SECOND BULL RUN TO FREDERICKSBURG, 1862

The Union Army, and especially its medical service, was not adequately prepared for the battles which followed close upon the catastrophic Peninsular Campaign. Particularly responsible for this weakness was the rapidity of military events. Within the short space of five months, three major engagements--Second Bull Run, Antietam, and Fredericksburg--were to be fought. But also, and of basic importance, was the fact that the medical service exhibited grave deficiencies. The haphazard and irregular medical reporting, for example, made it impossible to ascertain the true potential effectiveness of the armies. Many medical officers had little or no sense of responsibility in making reports, and they made them without care or regularity. The majority of the surgeons in the volunteer organizations were without instruction, and, left to their own devices, they linked good reporting with red-tapism unworthy of energetic men. The imperfect records which followed were frequently worthless, and information about both the potential strength of the armies and medical conditions was grievously lacking.<sup>1</sup>

Although the medical officers themselves were chiefly responsible for the inadequacies and irregularities of reporting, it was also true that the rapid succession of events on the Peninsula had made reporting haphazard at best, and many public and private papers had been lost during the retreat to the James River. Moreover, an occasional outfit was worthy of commendation for its reporting. The Excelsior Brigade, Fourth Division,

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<sup>1</sup>John H. Brinton, "Army in Virginia from Organization to End of Peninsular Campaign." See also Judson, "Narrative of Service," and Calhoun, "Narrative of Service."

Second Corps, Army of the Potomac, was said to excel in its medical organization, records, and reporting. The fact remained, nevertheless, that the medical reporting needed much improvement.<sup>2</sup>

An even greater cause for concern was the need of at least one hundred ambulances and a well-organized ambulance corps. The Quartermaster General, being informed that the organization of an ambulance corps was being hindered by the necessity for ambulances, informed the Surgeon General on August 22 that a large number of the Wheeling pattern was being made. While the need for ambulances was being belatedly filled, however, the Army of Virginia suffered an early blow when a raid of the enemy at Catlett's Station resulted in the capture or destruction of the headquarters baggage. Valuable papers, maps, and statistics of the Medical Director's office were lost. This together with the short supply of ambulances, the absence of an organized ambulance corps, and the impending engagement impelled Medical Inspector E. P. Vollum to write to Surgeon General Hammond that he could only "commiserate the wounded."<sup>3</sup>

By August 1862, the only care that had been taken to subsist the volunteer and draft troops was to endeavor to supply mustering officers and Commissary Department officers with sufficient funds for such purposes. Dependence for obtaining subsistence stores was placed upon the field supply depôts, providing adequate funds could be obtained.<sup>4</sup>

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<sup>2</sup>John H. Brinton, "Army in Virginia from Organization to End of Peninsular Campaign, 1862" See also Judson and Calhoun, "Narratives of Service!"

<sup>3</sup>J. H. Brinton, "General Pope's Campaign in Virginia," War Records Division, National Archives. See also E. P. Vollum to William Hammond, August 19, 1862, and Montgomery Meigs to William A. Hammond, August 22, 1862, Letters Received, 1862, Surgeon General's Office, I, 423.

<sup>4</sup>Joseph P. Taylor to Edwin M. Stanton, Washington, August 13, 1862, Commissary General, Letters to the Secretary of War, 1854-66, p. 223, War Records Division, National Archives.

The last days of August were confused ones for the Union Army, and the military events which followed resulted in serious consequences for the soldiers and the medical service. Not believing that Lee's army had been divided, General Pope ordered full concentration of his forces upon Manassas. Pope could only see the surface situation, and General Irwin McDowell, aware of the danger and desiring to block General James Longstreet at Thoroughfare Gap, had no choice at the same time but to move on Manassas. Longstreet was thus afforded an open road and the go ahead signal. After powerful and unceasing Confederate attacks, Pope's army retreated across the Stone Bridge to Centreville. To make this possible, Fitz-John Porter's line stood, as it had at Malvern Hill on the Peninsula. Pursuit and spilling of blood at Chantilly on September 1 halted the Confederate advance, but the cost was heavy.<sup>5</sup>

A sad fate was shared by all of the wounded on the battlefields of northern Virginia. Those who could scramble aboard a passing vehicle--if any slowed down sufficiently in the precipitate retreat--or those who could walk had a chance to escape with the army. Most of the helpless, however, were hopelessly stranded, likely to become prisoners of war, and, until parole and transportation could be arranged, they endured much suffering. Yet, the wounded showed heroic stoicism. They numbered nearly three thousand, lying on the field without sufficient food or care. There was no adequate source of supply nearer than Washington. Medical Inspector Richard H. Coolidge asked General Lee to permit supplies of food and transport wagons for the wounded to pass through his lines and return, and this was granted.<sup>6</sup>

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<sup>5</sup>Milton, Conflict, pp. 210-212.

<sup>6</sup>J. H. Brinton, "General Pope's Campaign in Virginia." See also Richard H. Coolidge to Robert E. Lee, September 3, 1862, War Records Division, National Archives.

The dead lay unburied, and the living were without food. The Confederate officers and men shared their meagre supplies, however, with the Union wounded. General Lee, with great humanity, ordered his medical director to provide for the sustenance of the Union wounded. Both the Union and Confederate medical directors agreed that this was impossible, but they carried out the order to the best of their ability.<sup>7</sup>

Three hundred ambulances were required if the wounded from second Bull Run were to be evacuated properly. Hospital stores were fast being depleted, and the removal of the wounded was imperative. Drenching rains fell upon the men who remained upon the field for several days. Although Union ambulances moved without hindrance, it is likely that at least one hundred and thirty of the drivers turned their ambulances back from fear of capture.<sup>8</sup>

No effort was made to remove the wounded from the field until the day after the battle, because of the disorder among the fighting troops. Inspector Coolidge then detailed surgeons and assistants with hospital supplies to visit and relieve the stranded sick and wounded. The most hopeless cases were sent to Fairfax Seminary Hospital near Alexandria, but within twelve hours of their arrival many of them died. Help had come too late.<sup>9</sup>

On August 31, the day after the battle, Richard H. Coolidge was assigned to duty as Chief Medical Officer of all forces southwest of the Potomac. He immediately decided to remove the wounded from the hospitals at Bull Run. The main depôt, with all personnel and equipment, was transferred to Fairfax Station. Under the supervision of Medical Inspector Vollum,

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<sup>7</sup>Richard H. Coolidge to William A. Hammond, September 4, 1862.

<sup>8</sup>Ibid.

<sup>9</sup>Reilly, "Narrative of Service in Peninsular Campaign." See also D. P. Smith, "Narrative of Service at Mills Springs, Kentucky," War Records Division, National Archives.

about twelve hundred wounded were fed, cared for, and sent to Alexandria and Washington.<sup>10</sup>

Upon General Pope's order, Surgeon R. O. Abbott assumed charge of the move to Fairfax Court House. He faced not only an insufficiency of ambulances, but insubordinate drivers. Colonel Ruggles, Pope's Assistant Adjutant-General, then detailed men to enforce Abbott's orders and ambulances of Sumner's and Porter's Corps were placed at his disposal. An ambulance train of between one hundred and forty and one hundred and fifty, under Captain Garland, was prepared. The reception of the wounded and their transfer to railroad cars was effected under the supervision of Assistant Surgeon J. O. McKee. McKee's later orders to the ambulance drivers to return to Centreville were disobeyed, and only one wagon returned to that point for the collection of the wounded.<sup>11</sup>

Surgeon Coolidge was still on the battlefield, within enemy lines, with a large number of wounded. Removal under a flag of truce was arranged on the afternoon of August 31, and a party was also sent to bury the dead. A train of thirty-seven wagons, under the direction of Assistant Surgeon Webster, carried medical and hospital supplies from Washington to Centreville late Sunday night, and the wagons were unloaded and the drivers told to proceed to the field. Surgeon McParlin took supplies, including a fully stocked hospital wagon. A central point was selected as a rendezvous for the wounded, where they were brought in from small depôts.<sup>12</sup>

Wounded men were found congregated in houses scattered all along the road. These were not removed first, however, because aid for the helpless was more urgent. Surgeon Gould, Medical Director of Lee's army, visited

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<sup>10</sup>John H. Brinton, "General Pope's Campaign in Virginia."

<sup>11</sup>Ibid.

Medical Director McParlin and made arrangements for parole of the wounded prisoners. These wounded were sent to Centreville.<sup>13</sup>

Subsistence for the wounded at Centreville was an almost impossible task for Medical Inspector Coolidge. The Commissary supplies were either exhausted or inaccessible. The operations of medical officers were conducted under instructions from military authorities, and it was supposed that the army intended to stay at Centreville. No adequate knowledge was obtained as to the extent or exact location of the Union wounded. The uncertainty of military movements made for uncertainty in the medical department. Medical Inspector Coolidge intended to keep the wagon trains moving between the battlefield and Centreville as rapidly as possible and to effect the removal of the wounded in two days.<sup>14</sup>

The wounded were rushed to Alexandria by the old Braddock Road, which, at that time, had not been cut by the enemy. On Monday night the Union army retired from Centreville, and the enemy occupied the place on Tuesday. Coolidge and Vollum, with an adequate medical staff, remained with the wounded in the village. This sudden withdrawal of the Union forces left medical officers behind without any means to care for the wounded.<sup>15</sup>

On Tuesday, September 2, the condition of the wounded was distressing. Men were near starvation. Coolidge asked General Lee for permission to pass through his lines for food and hospital stores. Since other arrangements were being made, permission for this was refused.<sup>16</sup>

Since the food situation was acute by Wednesday and the only hope for caring for the wounded rested with obtaining aid from the Confederates,

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<sup>13</sup>J. H. Brinton, "General Pope's Campaign in Virginia."

<sup>14</sup>Ibid.

<sup>15</sup>Ibid.

<sup>16</sup>Ibid.

Coolidge decided to appeal directly to General Lee. Lee's response was indefinite, but he did direct Gould, his medical director, to subsist the wounded as much as possible. Gould was a humane gentleman, but the necessary stores were not under his command. Coolidge then sent, through General Lee's headquarters, a communication to the Surgeon General in which he pointed out that at least 2,000 wounded were on the field near Manassas and that many of the dead were still unburied. In the afternoon of the same day, the chief medical officers of both armies minutely examined the field, and available food was distributed. In the meantime, all but four of the wounded had been collected at depôts.<sup>17</sup>

On the next day, September 4, the first ambulance train from Washington reached the battlefield with adequate hospital and Commissary supplies. Trains now arrived in rapid succession, and food supplies were more than ample. Nurses and attendants, though exhausted from their constant vigil, roused themselves to new exertions. Until September 9, the wounded were still being transported to Alexandria and Washington. The number of ambulances was large, but still not adequate. All kinds of private and public conveyances--spring wagons to omnibuses--were called into use.<sup>18</sup>

The morale of both the medical servants and the wounded, with few exceptions, was high. Medical officers of the Regular Army, volunteer officers, and workers of the Sanitary Commission ceased their labors for the wounded only after reaching a state of exhaustion. Dr. Detmold and his corps of volunteer surgeons and the Sanitary Commission agents worked without thought for themselves. The wounded bore themselves with great fortitude, confident that the government would not desert them. They were

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<sup>17</sup>J. H. Brinton, "General Pope's Campaign in Virginia."

<sup>18</sup>Ibid.

collected at twenty-one different field infirmaries spread over an area seven by ten miles. It was estimated that the total wounded reached about four thousand.<sup>19</sup>

In contrast to the generally high level of morale, the antics of the ambulance drivers were disgraceful. Medical Inspector Coolidge had his hands full trying to keep the ambulance personnel in line. Few would help place the wounded in the ambulances, and even fewer would help to feed them or give them water. They even stole the blankets from the wounded. Some were drunk, and many were insubordinate. Ambulances had been loaded by the drivers with every conceivable kind of object. There was forage. There were camp kettles, subsistence, and personal baggage for themselves. The need of a well-organized and disciplined ambulance corps was never more evident.<sup>20</sup>

Despite these conditions and the indescribable torture which the wounded suffered at Second Manassas, there was some creditable service by officers of the ambulance corps initiated by Medical Director Letterman while still on the Peninsula. Surgeon McParlin testified to the services of the officers of the train attached to General Samuel P. Heintzelman's Corps.<sup>21</sup>

The Union troops at Second Bull Run marched off the field without hurry or confusion, and the rapid march from Bull Run to Fairfax Court House did not seem to affect the health of the troops. Instead, it seemed to improve up to the time that they were ordered to Maryland, and some believed

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<sup>19</sup>J. H. Brinton, "General Pope's Campaign in Virginia." See also Richard H. Coolidge, Report on Second Bull Run, War Records Division, National Archives.

<sup>20</sup>Coolidge, "Report on Second Bull Run."

<sup>21</sup>J. H. Brinton, "General Pope's Campaign in Virginia."

that the spirit of the troops near Sharpsburg on September 16, 1862, was probably better than ever before.<sup>22</sup>

General Lee determined at this point to take the war into the home country of his enemy. He was not going to attack the entrenched forces south of the Potomac, but carry the fight into Maryland. The North and its capital were in imminent danger. General Pope fought a losing battle to retain his command, but he was relegated to a frontier post. The Army of Virginia was absorbed into the Army of the Potomac, and President Lincoln returned General McClellan to its command.<sup>23</sup>

Lee, reinforced by troops from Richmond, crossed the Potomac from Leesburg and moved towards Frederick. On September 4, the Union army under the beloved "Little Mac" moved in a leisurely fashion on Frederick, which, it was discovered, the Confederates had just vacated. After much maneuvering, the Confederate and Union forces on September 17-18 fought the bloody battle of Antietam. This placed a heavy strain on the medical service, for there were 12,000 casualties.<sup>24</sup>

The fields of Antietam were strewn with the wounded and dead like "so many footsteps of blood to the victory they were striving for."<sup>25</sup> A group of four Zouaves lay one across the other as though they had fallen together. A man lay frightfully wounded, the lower portion of his jaw carried away,

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<sup>22</sup>Pope to Halleck (telegram), August 30, 1862, in Samuel L. French, The Army of the Potomac from 1861 to 1863 (New York: Publishing Society of New York, 1906), p. 151. See also Reiley, Narrative, Schell, Narrative, and Milton, Conflict, p. 212.

<sup>23</sup>Milton, Conflict, p. 212.

<sup>24</sup>Ibid.

<sup>25</sup>J. H. E. Whitney, The Hawkins Zouaves (9th New York Volunteers) Their Battles and Marches (New York; By the author, 1866), p. 145. Out-size Documents, Veteran Archives Division, National Archives.

and torn fragments, including his tongue, falling upon his breast. With one hand, he sustained himself, and with the other he waved his fez.<sup>26</sup>

Although the number of wounded was great, they were cared for with more individual attention and promptness than after previous battles. Much of the credit for this improvement in the medical service could be attributed to the ambulance service. Lieutenant Dunkelberger of the First U. S. Cavalry ably and efficiently supervised the ambulance corps in the removal of the wounded. The surgeons were also generally more capable and energetic. Hospital supplies were more readily obtainable, and the cooperation of the surgeons and medical inspectors, Cuyler and Coolidge, had produced changes which in the past had been "fruitlessly urged on the surgeon-general..."<sup>27</sup>

Dr. Muir, Medical Inspector General of the British Army, witnessed some of the operations and the care of the wounded and praised their extensiveness and completeness. The fine work of the Sanitary Commission was similarly noted.<sup>28</sup>

The wounded were attended to at points varying from half a mile to two miles from the field. There was no exposure to rain, but there was much suffering from the chilly nights. Most of the wounds were by conoidal balls. The wounded were removed mostly by ambulance to Frederick, Maryland.<sup>29</sup>

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<sup>26</sup>Ibid., p. 145.

<sup>27</sup>Ellis, Leaves from Diary, p. 301. See also Brunley, "Narrative of Service," and C. C. Gray, "Narrative of Service," War Records Division, National Archives.

<sup>28</sup>Ellis, Leaves from Diary, p. 301.

<sup>29</sup>C. C. Gray, "Narrative of Service." (Some people referred to Frederick as 'Frederick City' or 'Smoketown'.)

Those soldiers upon whom major operations were performed were collected at two permanent field hospitals. Amputations were the rule. There were a few excisions, or the cutting into or away of tissue, and there were many cases of tetanus. All of the tetanus cases under the observation of Surgeon C. C. Gray did not survive. There were scores of patients with intense fevers at Sharpsburg, and hundreds from the new regiments succumbed. Casualties were so high that sometimes a whole regiment was destroyed.<sup>30</sup>

The wounded who were not taken to hospitals were sheltered either in houses, barns, or tents, and they had sufficient straw from Smith's farm to lie upon. There were also sufficient blankets for covering, and temporary coverings, as well, were made by blankets or shelter tent flaps. These were suspended upon guns which served as tent poles.<sup>31</sup>

High tribute was paid to many of the medical officers for their service on the field of Antietam, and several surgeons fell in battle. Surgeons and observers generally paid special tribute to Jonathan Letterman, who worked out an astonishingly systematic system of arrangements for the wounded. The first medical officer to fall in battle during the Civil War was at Antietam. It was Surgeon W. J. H. White, Medical Director of Franklin's Corps, who was killed while riding beyond the line of battle with the corps commander and others. A volley was fired from one of the clumps of woods in the vicinity, which killed White instantly. Since March 12, 1850, he had been in the medical service of the United States Army, serving for several years at different posts in the southwest. He was one of the pioneers of Fort Craig. Out of respect for the talents, integrity, and friendly disposition of this man, Surgeon General Hammond ordered the badge of

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<sup>30</sup>Ibid. See also Henry Morford, Red-tape and Pigeon-Hole Generals (New York: Carleton, 1864), p. 31.

<sup>31</sup>Miller, Photographic History, VII, 13.

mourning to be worn for thirty days by all medical officers. Two other medical officers were also killed at Antietam. Assistant Surgeon Revere of the Twentieth Massachusetts Volunteers accompanied his regiment into the thick of the fight and was killed, and Assistant Surgeon A. A. Kendall of the Twelfth Massachusetts Volunteers was killed in the same way.<sup>32</sup>

The near fate of young Captain Oliver Wendell Holmes at Antietam was representative of a common occurrence on the battlefields of the Civil War. Holmes was shot through the neck and lay on the ground where he fell. The regimental chaplain came by and asked, "You're a Christian, aren't you?" Holmes tried valiantly to open his eyes, then blackness closed around him again. The voice went on, "Well, then, that's all right!" Being a Christian satisfied many chaplains and representatives of the Christian Commission. Better to let them die as Christians than try to save their lives! Another voice soon spoke above Holmes. It was a surgeon speaking to Captain Leduc of Ohio, "I've no time to waste on dead men!" Leduc then burst out, "I know this man. He's a valuable officer. I command you to do what you can for him." Thus was saved the life of a future Supreme Court Justice.<sup>33</sup>

While the wounded at Antietam were still in stables and barns, the U. S. Sanitary Commission did much to relieve the sick and wounded and to aid the medical officers. Clothing and stores were furnished at a time when it was not easy to obtain them from the distant commissary depôt. The

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<sup>32</sup>C. F. H. Campbell, "Narrative of Service in Virginia, War Records Division, National Archives. See also Letters Sent, Surgeon General's Office, 1862, I, 257-258, War Records Division, National Archives, and Brown, Medical Department of the U. S. Army, p. 228.

<sup>33</sup>Bowen, Yankee from Olympus, p. 168.

wounded would otherwise have suffered intensely, for they had been continually on the march and were dirty and ragged.<sup>34</sup>

On September 18, a detail was sent out under flag of truce to bring in the wounded and bury the dead. Although the rebels were said not to have honored the truce and to have fired on the grave diggers, this operation was carried out. Trenches about twenty feet in length, seven feet wide, and about six feet deep were prepared for the reception of the dead.<sup>35</sup>

The wounded from Antietam arrived at Frederick by the thousands, and the medical officers labored incessantly. Most of the surgeons and assistants had been sent to the field. The hospitals were crowded, and some were poorly ventilated. It was difficult to keep the sick and wounded supplied with food. Beds were inadequate, and the slightly wounded lay on the floors and grounds. Thousands who had been wounded in the upper extremities walked to Frederick, about eighteen miles from Antietam.<sup>36</sup>

Frederick was an admirable location for the care of the wounded until they could be transferred, and military hospitals were opened in every part of the city. Churches and all other available buildings were occupied, and the citizens of Frederick gave liberally to alleviate suffering. After a night's rest, the wounded were transferred to Washington and Baltimore, and as many as 1,200 were counted in one train of cars.<sup>37</sup>

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<sup>34</sup>Adebrich Steinach, "Report of the Medical History of the New York Volunteers," War Records Division, National Archives.

<sup>35</sup>Cole, Under Five Commanders, pp. 91-92.

<sup>36</sup>James H. Peabody, "Narrative of Service at Antietam," War Records Division, National Archives.

<sup>37</sup>C. Bacon, Jr., "Narrative of Service, Fredericksburg, Chancellorsville, Gettysburg," War Records Division, National Archives. See also Peabody, Narrative.

While the Army of the Potomac was still in Maryland, Jonathan Letterman issued the circular which called for the establishing of field hospitals and the prompt and efficient care of the wounded. This plan called for the establishing of a hospital for each division in a corps, the position of each to be selected by the Medical Director of the Corps. The personnel were divided into those dealing with food, those with shelter, and those with records. Surgeons, with their assistants, performed operations, and there were additional medical officers, hospital stewards and nurses. The extent of the personnel in each classification and the duties of each person were clearly laid down. The surgeon in charge of the division hospital was responsible to the surgeon-in-chief of the division. Tabular reports of the wounded were transmitted to the medical director of the corps and also to the army by the division surgeon-in-chief within thirty-six hours after battle, by special messenger if necessary.<sup>38</sup>

Under Letterman's hospital system, the remaining medical officers, except one to each regiment, were ordered to hospitals to act as dressers and assistants. Those who followed the regiments to the field established themselves separately at a temporary depot sufficiently in the rear to insure the safety of the wounded. Field hospitals were organized also for service on the march. Regimental hospitals were seldom necessary in camp.<sup>39</sup>

Throughout the Army of the Potomac, the field hospital system was carried into operation, was generally successful, and demonstrated how valuable the improvement of other phases of the medical service might be. The exigencies of battle sometimes prevented the use of all of the means provided by Letterman's plans, but they generally proved their worth. Soon

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<sup>38</sup>Circular, Headquarters, Medical Director's Office, Army of the Potomac, October 30, 1862, in Clements, Memoir, pp. 10, 36.

<sup>39</sup>Clements, Memoir, pp. 15, 36-37.

after Antietam and acting upon the experience of that battle, Letterman gave thought to the streamlining of the entire medical supply system. Being especially concerned with efficiency through simplicity and compactness, he carefully selected the amounts of medicines and other supplies to be carried in the field. The number of supply wagons was lessened accordingly.<sup>40</sup>

On November 7, 1862, the command of the Army of the Potomac devolved upon Major General Burnside. President Lincoln could not forget nor forgive McClellan's failure to live up to the opportunities for victory afforded at Antietam. The change in command produced, however, an unhappy effect upon the morale of the troops who were too often hungry, fatigued, and dispirited.<sup>41</sup>

During this decline in morale and the increase in sickness and wounds, it was fortunate, indeed, that the general status of the Medical Department was being raised. During the year ending July 1, 1862, there had been only sixty-six applicants for appointment to the medical staff of the Army, and only thirty-three of these had been approved. Five had been rejected, and twenty-eight had withdrawn without examination--one of them because of a physical disability. The results were not complimentary, since the standards of the medical boards had been greatly reduced. In some instances, the standards were so low that the examination was a farce. After July 1, however, the standards were raised. Not only that, the total number of military personnel under the officers of the medical staff increased. On November 10, 1862, the number was not short of 70,000, and after Antietam

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<sup>40</sup>Clements, Memoir, pp. 15, 36-37.

<sup>41</sup>J. H. Brinton, "General Pope's Campaign in Virginia."

it was over 90,000. At that same time, there were one hundred and fifty general hospitals in use, with 58,715 patients.<sup>42</sup>

The experience of the war soon demonstrated that, as desirable as it was, the efficiency of the medical officers alone did not produce a medical service adaptable to the necessities of a large war-time force. Medical officers were not too well regarded generally. They were a part of the military establishment but were frequently looked upon as if they were civilian interlopers. Military men were prone to look down their noses at their brethren on the medical staff. The Surgeon General, who at the time could get no further than a colonelcy, needed a rank which would enable him to have greater influence among the other departments of government. This was accomplished late in 1862 by increasing his rank, adding a limited corps of inspectors, and increasing the number of surgeons, assistant surgeons, medical cadets, and hospital stewards.<sup>43</sup>

The recommendations of Surgeon General Hammond in 1862 included the establishing of a permanent hospital and ambulance corps with personnel enlisted for medical service and an increase in the regular and volunteer medical personnel. The Surgeon General also called for the repeal of that section of the law of June 30, 1834, which required five years of service as an assistant before being eligible to be a surgeon, and an increase was asked for in the number of medical cadets. Of all these requests, Congress, on July 2, 1862, approved the increase in regular and volunteer medical personnel.<sup>44</sup>

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<sup>42</sup>Report of the Surgeon General, 1862, Surgeon General's Office, Report Book No. 3 (1852-1863), p. 416. See also Medical and Surgical Reporter (November 29-December 6, 1862), War Records Division, National Archives. The Medical and Surgical Reporter recorded the number of personnel not short of 90,000 on November 10, 1862, and 120,000 after Antietam.

<sup>43</sup>Report of Surgeon General, 1862, Surgeon General's Office, Report Book No. 3 (1852-1863), p. 417.

<sup>44</sup>Ibid., Book No. 3, p. 418.

Hammond also called for the addition of two inspectors general and eight inspectors, also the authority for an additional Assistant Surgeon General. A small appropriation was asked for the Army Medical Museum, and it was suggested that an Army Medical School be established which would be attached to it. The establishing of a permanent hospital in Washington and a central laboratory were likewise proposed. The most important of the remaining proposals, however, was a call for the extension of the Act of Congress of July 17, 1862, so that medical officers on duty with such commands as those of medical directors might be raised in rank. This had been done already in the Adjutant General, Quartermaster, Subsistence, and Inspector General departments of the Army. A new office was also added to the Medical Department in 1862 when Siegfried Neumann, well-known Newark veterinarian, was appointed Veterinarian Surgeon General with the rank of Lieutenant-Colonel.<sup>45</sup>

Although Surgeon General Hammond's statement referred specifically to transportation, the core of all his proposals, most of which were subsequently adopted, was the suggestion that the "interests of the service require that the Medical Department be independent."<sup>46</sup> Here, indeed, was the major cause of all the shortcomings of the Union medical service during the Civil War. The independent status which was finally given to the Medical Department served as the foundation of the modern Medical Department of the United States Army.<sup>47</sup>

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<sup>45</sup>Report of the Surgeon General, 1862, Surgeon General's Office, Report Book No. 3 (1852-1862), p. 421. See also item on appointment of Veterinarian Surgeon General in Medical and Surgical Reporter (November 29-December 6, 1862), War Records Division, National Archives.

<sup>46</sup>Report of Surgeon General, 1862, Report Book No. 3, pp. 421-422.

<sup>47</sup>Ibid.

Meantime, by December, 1862, the strategic plans of General Burnside, the new commander of the Army of the Potomac, were such that the Union Army was to suffer costly losses. Fortunately, however, and in spite of some irregularities, the soldiers were given medical treatment with dispatch. General Burnside, reluctant successor of McClellan, decided to make a frontal assault upon Richmond, and this was to be accomplished by crossing the Rappahannock at Fredericksburg. On December 11, the Union forces crossed the river. The subsequent operation, especially the attack against the sunken road below Marye's Hill, was a bitter and costly fiasco. Burnside's losses, about 14,000 were over twice those of Lee.<sup>48</sup>

It was widely held that no better care could have been taken at Fredericksburg to accomplish the prompt and thorough treatment of the wounded. Supplies were ample, and hospitals were established quickly and in convenient places. Since the wounded were taken immediately by ambulance to houses in Fredericksburg, they were not exposed, in most cases, to the weather. The wounded who fell on December 13 and 14 could not be reached by stretcher bearers until the evening of the second day. These men suffered from cold and thirst, but were made comfortable as soon as darkness made it possible for attendants to approach. They were then taken to churches and mansions of Fredericksburg, ranging from two hundred yards to a mile distant. All of these wounded were removed prior to evacuation of the town.<sup>49</sup>

On December 15, the wounded were sent across the Rappahannock River and placed in hospital tents. This was in keeping with the system of field hospitals and evacuation service devised by Letterman and which worked well in

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<sup>48</sup>Milton, Conflict, pp. 219-220.

<sup>49</sup>Whittingham, Narrative. See also Schell, "Narrative," and Phillip Adolphus, "Narrative of Service," War Records Division, National Archives.

practice. Within a week or ten days, the wounded had been sent to Washington by railroad cars and steamboats.<sup>50</sup>

Ample transportation between Falmouth and Acquia Creek existed, but the open cars were not suited to mid-winter conditions. Many of the wounded had lost their blankets, and there was no straw in the cars for making beds. A supply of blankets was appropriated, however, from the depot of the Sanitary Commission. The resources of the railroads were taxed at the time, and the same was true of the steamboats which left Acquia Creek. Fortunately, the wounded were well supplied with food and nurses, and no fatalities occurred among the wounded en route to Washington.<sup>51</sup>

The dispatch with which the wounded were treated may be generally attributed to the cooperation and uniform action of the medical personnel from the surgeons down to the litter-bearers. The Letterman field hospital and ambulance systems emerged highly successful from a rigorous test.<sup>52</sup>

Among those who had an opportunity to observe the treatment of the Fredericksburg wounded was Dr. W. F. Cornick, who had been assigned, together with a Surgeon Clymer, to treat the officers. Cornick treated many in Surgeon Clymer's office and at the different hotels and boarding houses in Washington, and, while he observed that these officers were wounded in almost every conceivable place, it was his impression that the enemy shot quite low.<sup>53</sup>

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<sup>50</sup>H. S. Schell, "Narrative of Service in Peninsular Campaign."

<sup>51</sup>D. C. Peters, "Narrative of Service," War Records Division, National Archives.

<sup>52</sup>J. T. Heard, "Narrative of Service," War Records Division, National Archives.

<sup>53</sup>W. F. Cornick, "Narrative of Service," War Records Division, National Archives.

Whatever was observed at the time of the battles of 1862, it was evident that, while much remained to be done, great strides were being made in the humane treatment of the soldier. Considering the disintegration of the medical service on the Peninsula and the short time in which it could be reorganized and supplied, the medicos performed commendably well in some of the most bitterly fought battles which followed. Under the circumstances, the military fiasco at Second Bull Run was to have been expected. The medical staff could scarcely have been expected to cope with the confused situation produced by the engagement, and a remarkable comeback was made between that time and the battle of Antietam. Keeping the large numbers engaged in that battle and other circumstances in mind, the sick and wounded had been treated with much more dispatch than ever before. The advantage of a well-organized and well-disciplined ambulance corps was beginning to be seriously felt. At Fredericksburg, yet another step forward had been made when Letterman's hospital and evacuation plans emerged successfully from a rigorous test. So far as the advance of the medical service was concerned, the year 1862 ended on a more auspicious note than the military turn of events might have given one reason to believe.

## LIFE AND DEATH ON THE MISSISSIPPI, 1861-1863

Military events after August, 1861, quickly and clearly revealed the great needs of the medical service in the western armies of the Union. There was no head or medical director within the army, nor was there any community of feeling or action. Contrary to the policy of the Medical Department in Washington, each regiment was acting independently. This was probably due to the quickness with which armies had to be put into the field and the general unpreparedness both east and west. Whatever the cause, however, the condition of the ambulance corps aptly demonstrated how impossible it would be for the western medical department to keep abreast of the requirements forced by military strategy. Surgeon William H. White described his ambulance at Wilson's Creek, Missouri, in August, 1861, as consisting of "an old wagon drawn by an old white and bay mare, to whom any gentleman, who had any respect for age, would take off his hat when he passed them."<sup>1</sup>

Surgeon White's regard for his assistant was no better than that which he had for his ambulance. "My assistant, being a German and a much better judge of lager and whisky than of disease and physic, was so useless I was continually and closely tied to my regiment...."<sup>2</sup>

J. J. B. Wright, Medical Director of Missouri and subsequently of the Department of the Mississippi, found that the affairs of the medical service in the West were in the hands of "preachers, commission and grocery merchants"<sup>3</sup> who styled themselves the Western Sanitary Commission. At an

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<sup>1</sup>William H. White, "Report on Wilson's Creek, August 10, 1861," War Records Division, National Archives.

<sup>2</sup>Ibid.

<sup>3</sup>J. J. B. Wright, "Narrative of Service," War Records Division, National Archives.

early date, he made it clear to these people that he welcomed the commission as an auxiliary force but that he was in complete control of the medical department subject only to the orders of Congress. This, of course, did not eliminate the interference. The Western Sanitary Commission had established hospitals in houses which were not well adapted to such a purpose, and scores of functionaries, known by such high-flying titles as "Warders of the Clothing," were paid from \$14 to \$80 per month.<sup>4</sup>

Surgeon Wright recommended to the War Department and Congress that Jefferson Barracks be converted into a general hospital, and this was approved. The Marine Hospital at St. Louis was also transferred to the War Department, and a special hospital for smallpox cases was established on Bloody Island. All of these hospitals were subsequently filled by patients from the battlefields of the West.<sup>5</sup>

Both in these hospitals and on the battlefields, the medical department of the West was handicapped by supply shortages. While the state of supply frequently depended upon the area, there was a general lack of necessities. Even worse as a deficiency, however, was the abundance of one item and the scarcity or non-existence of another. In the western campaigns, particularly around Rolla, Missouri, (the southwest terminus of the St. Louis railroad), the enemy appropriated many of the supplies. The supply of hospital and medical stores in the battle of Wilson's Creek (near Springfield, Missouri) in 1861 was not adequate. The medical purveyor at Springfield had distributed medical and sanitary stores for 5,000 men, but there appears to have been a dearth of surgical instruments. This meagre supply in the Purveyor's Department at St. Louis dated from the organization of the regiments. Surgeons

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<sup>4</sup>J. B. Wright, "Narrative of Service," War Records Division, National Archives.

<sup>5</sup>Ibid.

relied to some extent upon their own private instruments. A sufficient supply of medical supplies had been left behind in hospitals, but the enemy had quickly appropriated them. Ambulances were exceedingly limited in number, and Assistant Surgeon R.M. Sprague testified that there were only two spring wagons drawn by six mules for the entire army.<sup>6</sup>

Some regiments had adequate supplies of some items, while others had none. It was reported, for example, that the Twenty-Second Iowa Volunteers had sufficient medical supplies but no ambulances or hospital tents. On the other hand, the Fifth Regiment of Missouri Volunteers had nothing. In some instances, therefore, the regiments which were well off sought to make up for the deficiencies of others. Assistant Surgeon S. H. Melcher, from one of the better provided regiments, furnished all of the medicines and instruments and procured transportation for one hundred and eighty-five cases of sick and wounded from Rolla to Carthage and return to Mt. Vernon in the Missouri campaigns. This was a space of twenty-two days without any aid from the United States Medical Department at Mt. Vernon. Melcher claimed that all requisitions were ignored by the purveyor.<sup>7</sup>

These deficiencies in medical supplies, equipment, transportation, and other necessities were keenly felt in the battle at Wilson's Creek on August 10, 1861, but even worse was the shortage of medical personnel. The wounded were cared for in a ravine behind the line of battle, and the task of medical care fell upon the regimental surgeons Sprague and Schenck. The only medical officer reported accompanying the troops into battle was Surgeon

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<sup>6</sup>John H. Brinton, "Campaigns in Missouri," Brinton Manuscripts, War Records Division, National Archives.

<sup>7</sup>S. H. Melcher, "Report Relative to Wilson's Creek, August 10, 1861," War Records Division, National Archives.

Corwyn of the First Missouri Light Artillery. He gave unremitting attention to the wounded under fire.<sup>8</sup>

The troops in the Missouri campaigns during the late summer and early fall of 1861 were the ones most frequently affected by short supplies of food and medical supplies. In the campaign around Springfield, in August, 1861, the nourishment of the wounded was not prepared for except through the ordinary day's ration carried by the soldiers. The subsistence stores were left behind and were used by the enemy. Fortunately, however, the medical officer had been given \$5,000 for an emergency when the Union troops retired, and subsistence for the hospital inmates was thus procured by direct purchase.<sup>9</sup>

This general supply situation led to charges of deficiency in the Quartermaster Department in Missouri, and on August 28, 1861, Quartermaster General Meigs sought to set the record straight in replying to a letter from Francis P. Blair. Meigs wrote to Blair, because it was Blair and General Nathaniel Lyons who, by political maneuvering and the organizing of "Home Guards," marshalled forces sufficiently to keep Missouri in the Unionist camp. The Quartermaster General acknowledged the receipt of Blair's letter through Montgomery Blair, Francis' brother and Postmaster General at the time. Continuing with the expressed desire to strengthen the hands of Congressman Blair and General John C. Frémont, General Meigs sought to correct some errors which might give trouble. Frémont especially was under fire at the time, having been accused unfairly of being responsible for the Union

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<sup>8</sup>J. H. Brinton, "Campaigns in Missouri."

<sup>9</sup>Ibid.

defeats at Wilson's Creek and Lexington and being justly accused of unnecessary and indeed ostentatious and reckless expenditures.<sup>10</sup>

"If there was a deficiency in the Quartermaster Department in Missouri," said Meigs, "the blame does not rest here. All requisitions have been promptly met here, and the officers have been instructed to spare no effort and no means of their department in aiding to the extent of their power in Lyon's movements."<sup>11</sup> Meigs wished to make it clear also that no one wished more than he to sustain General Frémont who, it was maintained, already had the power which Blair said the President ought to confer upon him. "All the requisitions for money from Missouri," it was held lastly, "have been promptly passed through this office--the delay, if any, has occurred at the Treasury Dept. which has allowed the Dept. to fall in debt in Cincinnati and Philadelphia each about a million dollars for clothing and camp equipage."<sup>12</sup>

This communication by no means set to rest the misunderstanding about the supply problems of the western armies. This was in part due to the extravagance of General Frémont, but in part to the inability of the Treasury to continue the prompt payment of heavy debts. In October, 1861, Quartermaster General Meigs pointed out to Major R. Allen, the Quartermaster at St. Louis, that the calls upon the U. S. Treasury had been in excess of its daily receipts for quite some time and that the payment of heavy debts would have to be delayed. The government had endeavored to operate as nearly as possible according to a sort of pay-as-you-go basis, but it soon found this

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<sup>10</sup>Montgomery Meigs to Francis P. Blair, Washington, August 28, 1861, Quartermaster General, Letters Sent, 1861, No. 56, pp. 297-299, War Records Division, National Archives. See also "Francis P. Blair" in Allen Johnson (Ed.), Dictionary of American Biography (New York: Charles Scribners Sons, 1946), II, 332-333, and "John C. Fremont," in DAB, VII, 22.

<sup>11</sup>Montgomery Meigs to Francis P. Blair, Washington, August 28, 1861, ibid.

<sup>12</sup>Montgomery Meigs to Francis P. Blair, Washington, August 28, 1861, ibid.

to be impracticable. By October, 1861, the daily income of the government was said to be about \$1,000,000, and this was not ample for the growing expenditures. Meigs urged the Quartermaster at St. Louis, therefore, to make creditors, especially the speculators, wait for their money.<sup>13</sup>

Meigs also had some pertinent remarks to make with respect to the orders of Fremont. "Of course you understand your duty," he said, "in case the Commanding General assumed the responsibility of ordering the account to be paid. He is the responsible head in his Dept. and must judge in extreme cases, taking by a distinct order the pecuniary responsibility upon himself. But he should be made aware with all respect and loyalty of the legal and other objections, so that he can act with knowledge and be protected against errors arising from inexperience in the Regulations."<sup>14</sup>

By 1862, the supply situation in Missouri was improved, but resources for various expeditions against Confederate strongholds were still limited. Since the expedition had been so hastily undertaken, the supplies and equipment at Belmont were especially short. The First Division of General Ulysses S. Grant's Army had no hospital stores or ambulances. Fortunately there was a sufficient amount of morphia, chloroform, instruments, and dressings.<sup>15</sup>

As in other theatres of the war, the nature of the military operations in the West had decided influences upon the arrangements which were made for the medical treatment of the soldier. Since the general strategy, calling for the cutting in two of the Confederacy and the ending of the east-west transportation and communication, involved much fighting along the

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<sup>13</sup>Montgomery Meigs to R. Allen, Washington, October 4, 1861, Quartermaster General, Letters Sent, 1861, No. 56, pp. 492-493, War Records Division, National Archives.

<sup>14</sup>Montgomery Meigs to R. Allen, Washington, October 4, 1861, ibid.

<sup>15</sup>H. P. Stearns, "Narrative of Service at Belmont," War Records Division, National Archives.

Mississippi and its tributaries, there was much greater dependence upon hospital transports than in the East. On February 2, 1862, a flotilla of four gunboats went up the Tennessee--strategically located with respect to the eastern tributaries of the Mississippi. Not being able to sight their guns effectively against the fleet, the Confederates surrendered at Fort Henry. Commodore Foote withdrew down the Tennessee and ascended the Ohio and Cumberland, while Grant marched overland. On February 13, Fort Donelson was attacked by Grant.<sup>16</sup>

The lack of medical resources for the expeditionary force of the Cumberland and the Tennessee was shocking. Irregularities in the Quartermaster Department had existed for months in the Cairo District. The number of physicians and ambulances was far too small. Not one ambulance or even spring wagon was at the command of Surgeon John H. Brinton, Medical Director of the expedition. The medical forces at Cairo did not receive a single suitable vehicle for the transportation of the wounded until several months later.<sup>17</sup>

After the battle of Fort Henry, the town of Savannah became a vast hospital. Hospital tents could not be procured, and boat transportation was almost non-existent. Only one steamer, the 'City of Memphis,' was available and then only in a limited way. The lower deck was occupied by the Quartermaster Department.<sup>18</sup>

There were surgeons who wanted to attend the wounded on their journey to the hospital, but the wounded were sent without medical attention. Surgeon T. W. Fry spoke of the scene in a narrow valley near the battlefield

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<sup>16</sup>Milton, Conflict, p. 148.

<sup>17</sup>John H. Brinton, "Operations Cairo to Shiloh," Brinton Manuscripts, War Records Division, National Archives.

<sup>18</sup>Ibid.

as one that baffled proper description, there being everything from the slightly wounded to the horribly mangled and dying.<sup>19</sup>

Fry established a general hospital on the extreme left in the headquarters of General Grant, who generously offered them for such purposes. A number of surgeons also went forward and cared for the wounded under fire. The Medical Director informed Fry of the abundance of hospital stores, but nothing was sent to him. Some food was obtained from the regimental quartermasters.<sup>20</sup>

Even had the army remained at rest, the resources of the medical department were inadequate to meet daily needs. Under the circumstances, the Commanding General directed shortly after the fall of Fort Henry that invalids and those seriously ill or unable to march should be sent to the hospitals in the rear at Paducah, Mound City, Cairo, and St. Louis. No boats were at the command of the chief medical officer of the expedition, however, and the quartermaster had to be called upon.<sup>21</sup>

Despite their heavy losses, the spirit of the troops was excellent. The total strength of the Union forces engaged at Fort Donelson in the three day engagement was 30,000, and, of these, 400 were killed and 1,785 wounded. Most of the wounds were inflicted by rifle. The men were elated over their recent victory at Fort Henry, and the men idolized Colonel Morgan L. Smith, Acting Brigadier-General, who was up on the front line most of the time. On one occasion a minie ball knocked his cigar out of his mouth, but

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<sup>19</sup>T. W. Fry, Report to H. S. Hewitt, February 22, 1862, File "F" Manuscripts, War Records Division, National Archives.

<sup>20</sup>Ibid.

<sup>21</sup>John H. Brinton, "Hospital Transports," Brinton Manuscripts, War Records Division, National Archives.

Colonel Smith just stroked his mustache, took out a fresh cigar and lighted it.<sup>22</sup>

It turned cold on the third day, but no fires were permitted. The cries of the wounded left on the field between the lines from the morning fight were terrible, and efforts were made to bring them in. Several of the dead must have been burned to death. This exposure at Fort Donelson had such ill effects upon the men that the ranks of the army were materially thinned.<sup>23</sup>

Four days later the "unconditional surrender" of Fort Donelson came, and, under trying circumstances, attempts were made to relieve and remove the wounded. The supply of medicines was abundant, but hospital stores were extremely limited. One or two ambulances and two or three wall tents for hospital arrangements constituted the only major equipment which most of the regiments had. The wounded received kind attention from the surgeons, but it was impossible to provide comfortable quarters because the weather was cold most of the time and there was a severe snow storm. The wounded were moved upon stretchers and in ambulances to field hospitals, then to general hospitals at Paducah, St. Louis, Evansville, and Cincinnati. All were removed during the five days following the "unconditional surrender."<sup>24</sup>

After the fall of Fort Donelson, General Grant moved his army eastward and up the Cumberland to Nashville. Since the troops made a forced march, many regiments left their supplies behind. They were without tents and were exposed to the rain. Much of the sickness of the time was from an epidemic of measles, however, and with which the Confederates were said to have been

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<sup>22</sup>H. P. Stearn, "Narrative of Service." See also Philip Smith, The Diary of a Soldier of '61 (Peoria, Illinois: Evening Star, 1917) in scrapbook form, Outsize Documents, Veterans Archives Division, National Archives.

<sup>23</sup>J. H. Brinton, "Cairo to Shiloh."

<sup>24</sup>H. P. Stearn, "Narrative of Service."

affected even worse. Medical officers were very scarce, but there were perhaps about eight civilian physicians who remained with Grant's army.<sup>25</sup>

This six months experience was of some benefit in improving the medical service, but the officials still failed to prepare adequately for the future. Temporary planning was still the maxim, for the war was expected to end shortly. Consequently, the Department of the Mississippi continued to have great suffering and loss of life. Conditions were so serious, indeed, that recommendations were forwarded to the Surgeon General to select a site on the upper Mississippi River for the erection of a barracks hospital with proficient space and facilities for ten thousand wounded. It was also proposed that there be a school of instruction under an efficient line officer for the convalescents before they returned to their regiments. These hospitals would serve as a point to which the transports could come, so that men would not have to die on the decks of the ships.<sup>26</sup>

After the battle of Fort Donelson, Surgeon Simons, a medical director, recommended that sufficient boats be fitted up for the sick and wounded, and the request received a quick response. The steamer 'City of Louisiana' was fitted up at St. Louis and made quick trips from the battlefields to the general hospitals. The Medical Department was indebted to Generals Henry W. Halleck and Ulysses S. Grant for their kindness and interest in securing hospital transports. Contributing also to these improved transportation facilities were Quartermasters Brigadier-General Allen and Colonel Myers in the purchasing and refitting of boats and Colonel Parsons and Colonel Haines in the acquisition of subsistence.<sup>27</sup>

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<sup>25</sup>Milton, Conflict, p. 152. See also R. Murray, "Report on the Condition of the Troops left at Nashville," War Records Division, National Archives.

<sup>26</sup>A. H. Hoff, "Relative to Hospital Transports on the Mississippi River," War Records Division, National Archives.

<sup>27</sup>Ibid.

The need of transports for the wounded was seen early in the Tennessee campaign. Grant had scarcely moved forward before the sick began to accumulate on the hands of the medical staff. The regions through which the armies marched were unhealthy, and many of the men were new recruits. Malignant forms of diarrhoea and dysentery appeared, also typhoid fever and pneumonia.<sup>28</sup>

The demands of the medical officers frequently had to give way to the convenience of assuming Quartermasters of commissary officers. Sensing the justness of the complaints of the medical officers against such conditions, the Commanding General directed that the steamer 'City of Memphis' be placed "to a great degree under the control of the Medical Department."<sup>29</sup>

R. C. Wood, the Assistant Surgeon-General took charge of the Western Medical Department in April, 1862, and visited the scene of operations. He repeatedly urged the purchase of more hospital steamers, but he was unsuccessful for reasons unknown to him and others.<sup>30</sup>

The hospital transports were completely under the control of the surgeon in charge who, in turn, received orders from the Army or Department Medical Director. There was excellent internal administration of these floating hospitals. The medical officer in charge was his own quartermaster and commissary, and his requisitions from the central depôts were honored. The medical officers, nevertheless, were constantly harassed by friends and relatives of the sick and wounded, agents of sanitary commissions, state agents, sutlers, committees for the many and various associations, and the just plain curious. To prevent this practice or to keep it at a minimum, at least, medical officers were always stationed at the gangway to receive the patients.

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<sup>28</sup>J. H. Brinton, "Hospital Transports."

<sup>29</sup>Ibid.

<sup>30</sup>A. H. Hoff, "Relative to Hospital Transports on the Mississippi River."

While sufficient nurses carried the patients on board, each wardmaster remained in his ward to receive them. No patient was received without a written order from the Medical Director. Telegraphic notice was always sent ahead to the proper authorities at the place to which the steamer was ordered.<sup>31</sup>

The 'Louisiana,' the first steamer in use and chartered by the government for special service, was placed under the command of Assistant Surgeon C. Wagner. On March 12, 1862, she began her service of thirteen trips, during which she transported the wounded from different points on the Tennessee and the Mississippi Rivers. It was of moderate size but fast and could accommodate 400 patients. She was fitted up at St. Louis, partly under the supervision of the Western Sanitary Commission and supplied with articles which the Medical Department could not then furnish. The medical staff consisted of the officer in charge and three or four assistants. There were four wards, two on the lower deck and two on the upper or saloon deck. A medical officer, assisted by a wardmaster, was in charge of each. Seven nurses, one of them a woman, were on duty, and they were relieved from duty every six hours.<sup>32</sup>

On March 23, 1862, Surgeon Thomas F. Azpell was directed to take possession of the 'City of Louisiana' for hospital purposes. This was done on April 1, 1862, at Goodrich's Landing, Louisiana, and a small load of sick was taken from Milliken's Bend. It was purchased by the U. S. Government at St. Louis and renamed 'R. C. Wood,' in honor of the Assistant Surgeon-General.<sup>33</sup>

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<sup>31</sup>J. H. Brinton, "Hospital Transports." See also A. H. Hoff, "Transports," and C. Wagner, "History of the U. S. Hospital Steamer 'Louisiana,'" War Records Division, National Archives.

<sup>32</sup>J. H. Brinton, "Hospital Transports."

<sup>33</sup>Thomas F. Azpell, "History of the U. S. Hospital Steamer Empress," War Records Division, National Archives.

The hospital steamer 'D. A. January' was purchased on April 1, 1862, and outfitted at St. Louis. Surgeon Alex Hoff was in charge. During the ensuing year and a half, it carried over twelve thousand sick and wounded to general hospitals. While the boat was still called by that name, the ratio of deaths to those received on board was 28.21 per cent. In view of the general fatality rate of the time, this was not an especially bad record. Yet, it was an appalling state of affairs. Soon thereafter the boat was reconstructed and named the 'Charles McDougall,' in honor of the surgeon by that name.<sup>34</sup>

Two of the best hospital ships, the 'Imperial' and the 'Empress,' proved to be unsuitable and eventually their use was discontinued. The 'Imperial' was transformed into a hospital ship upon the orders of General Halleck. It originally plied as a packet between St. Louis and New Orleans. It was outfitted in mid-April, 1862, and made three trips from Pittsburgh Landing to St. Louis. Since it was a boat of great draught, the low waters of the Tennessee caused its discontinuance. It was not until the battle of Shiloh that the 'Empress' was placed in use as a hospital ship. It was reputedly the largest boat constructed for the cotton trade on the Mississippi. When converted for medical purposes she was furnished with various supplies by the Western Sanitary Commission. The appliances for a general hospital were supplied, however, by the government. In June, 1862, the use of this ship was discontinued because her draught made her unfit for the navigation of the Tennessee and the Cumberland during the low stage.<sup>35</sup>

Besides these steamers, various vessels were employed from time to time for temporary use. The 'Nashville,' a flatboat with three decks and

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<sup>34</sup>J. H. Brinton, "Hospital Transports."

<sup>35</sup>Ibid. See also Azpell, "History of the U. S. Hospital Steamer Empress."

accommodating about 800 patients, received sick from General Grant's army before Vicksburg. The 'Stephen Decatur,' 'J. S. Pringle,' and the 'City of Alton' were also placed in service. The United States Navy outfitted the 'Red Rover,' and the Marine Brigade fitted up the 'Woodford.' Both of these boats were well equipped and lavishly outfitted. On May 23, 1862, Quartermaster General Meigs ordered Captain J. H. Dickenson, Assistant Quartermaster at Cincinnati, to charter and place under the control of the Sanitary Commission a steamer for both the transport of sick and wounded soldiers and the supplies of the Commission.<sup>36</sup>

The sickness of the army at Savannah and Pittsburgh Landing in the latter part of March, 1862, increased alarmingly. The sick list surpassed 4,000, many of the sufferers being prostrate with fevers and dysentery. The accommodations at Savannah were insufficient, and battle was imminent. The Commanding General decided, therefore, to send the seriously ill to the hospitals of the northwestern cities. Transportation, however, was inadequate. The 'Memphis' was the only steamer at the command of the Medical Department, and no boats could be spared from the fleet at Savannah. Surgeon John H. Brinton was sent to St. Louis to procure boats for use as hospital transports. A general plan was then approved by General Halleck and carried into execution, with the cooperation of the Medical Department and the Western Sanitary Commission. James E. Yeatman, President of the commission, was responsible for the selection of the boats chartered or purchased by the government.<sup>37</sup>

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<sup>36</sup>J. H. Brinton, "Hospital Transports." See also A. H. Hoff, "Transports," and Montgomery Meigs to J. H. Dickenson, Washington, May 23, 1862, Quartermaster General, Letters Sent, 1862, No. 60, p. 168, War Records Division, National Archives.

<sup>37</sup>J. H. Brinton, "Hospital Transports."

The military strategy of President Jefferson Davis for the spring of 1862 led to circumstances which placed the Union forces on the defensive, although at great cost in lives to the Confederates. To redeem the Henry and Donelson disasters, and to prevent the Mississippi from falling into enemy hands, Davis decided upon a major move which was to take General Albert Sidney Johnston northward with an army of three corps. On April 6, the element of surprise, together with a compelling onslaught, placed the Union forces on the defensive in rugged terrain where no clear view of the field could be had. Panic and disorganization ensued, with 10,000 men subsequently gathered under a bluff. Two events then occurred to give the Union troops a chance to redeem their losses. General Johnston's attack in three lines was unsuccessful, for these lines were represented by incohesive groups of soldiers with officers whom they did not know. The other Confederate misfortune was the mortal wounding of General Johnston. No surgeon was available, so he bled to death from a leg wound inflicted by a fleeing Federal.<sup>38</sup>

General Pierre G. T. Beauregard now assumed command, but he was unable to take the formidable position which the Union batteries now had posted on the Ridge. Bitter fighting followed the next day at Shiloh Church, but the Confederates retreated toward Corinth by the afternoon. They had lost more than 10,000 dead, wounded, and prisoners. The Union losses totaled 13,000.<sup>39</sup>

It has been said that the requirements of the English for hospital accommodations during the entire Crimean War would have likely not equalled the demands of the battles fought at either Shiloh, Antietam, or Gettysburg. Whatever the validity of this statement, there appears to have been little foresight in providing for the probable wants of the wounded at Pittsburgh

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<sup>38</sup>Milton, Conflict, pp. 155-158.

<sup>39</sup>Ibid., p. 158.

Landing and Shiloh. This, together with inhumanity demonstrated by some state agents, made a deplorable situation. One steamboat captain from Cincinnati, for example, adamantly refused to take other than wounded men from Ohio on board his boat.<sup>40</sup>

The wounded at Shiloh were exposed to severe rain during the nights after each day's fight, and a large proportion lay on the field over night. Indeed, some may well have passed a second night on the field in this condition. When they were reached, the wounded of all divisions were carried by ambulances and hand litters to Surgeon George H. Hubbard, about one-half mile from Pittsburgh Landing, near the main highway. The men were then carried down the Tennessee on transports as quickly as possible, and thence to large general hospitals on the Ohio and the Mississippi Rivers. Three weeks were required for the entire transfer of the sick and wounded.<sup>41</sup>

Most of the wounds were from conoidal musket balls, fired from a long range. There were also many wounds from shells and musket balls fired at short range. One case was especially worthy of notice. A man was shot through the knee joint from the front to the rear, with the ball passing just between the ends of the bones and splintering both the tibia and femur slightly. One instance of mutilation was reported, and a Confederate soldier was found with his throat cut. A colonel claimed to have captured a battery and to have cut off the head of a gunner with a knife which he had wrested from another rebel.<sup>42</sup>

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<sup>40</sup>"Consolidated Statement of Gunshot Wounds," Boston Medical and Surgical Journal, August 27, 1863, War Records Division, National Archives. See also David P. Smith, Narrative of Service at Mill Springs, Kentucky, War Records Division, National Archives.

<sup>41</sup>George H. Hubbard, "Narrative of Service," War Records Division, National Archives.

<sup>42</sup>Ibid. See also D. P. Smith, "Narrative of Service."

The hospital ship 'City of Memphis' was assigned to carry the wounded from Shiloh, and over 1,500, many of whom needed operations, were cared for in this manner. At 10 A. M., on April 6, ambulances filled with wounded began arriving at the boat. By 4 P. M. the boat was crowded, so proceeded to Savannah, seven miles below. It left none too soon, for already shells from the enemy's right had begun falling in the water nearby.<sup>43</sup>

Next day the 'City of Memphis' was again at Pittsburgh Landing. The cases of this second day were of a more serious nature, for all the lighter cases were kept with their commands. Many of the medical attendants were volunteers who had an insatiable desire to operate. Much time was thus consumed by medical officers who had to preserve limbs "that were about to be unnecessarily placed under the knife."<sup>44</sup> Tents were pitched upon the banks of the river for the wounded, but many of the soldiers reached the hospital ship without having seen a surgeon. "In two cases where the thigh had been carried away by cannon balls, the men were upon the field for many hours before they were found and then reached the boat in the same condition in which they fell."<sup>45</sup>

Almost one thousand of the Confederate wounded who fell into the hands of Union forces were given the same attention by medical officers as they gave to their own men. Because of various circumstances, including the disorder created by battle, many others remained unattended. It was noticed, however, that Union attendants, often inert when it came to the sufferings

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<sup>43</sup>N. P. Derby, "Narrative of Service," War Records Division, National Archives.

<sup>44</sup>Ibid.

<sup>45</sup>Ibid.

of their fellow soldiers, sprang into action in helping the Confederate wounded, about whom they were curious and with whom they wanted to converse.<sup>46</sup>

Many of the wounded were put on store ships of the Quartermaster and the Commissary Departments, and there were also many who, without authority, found their way on board small steamers. Under these circumstances, it was not easy to provide medical aid and food. Some of the volunteer boats, especially the one under the U. S. Sanitary Commission, however, gave commendable assistance.<sup>47</sup>

The volunteer aid was given largely by local sanitary agents from Cincinnati and St. Louis who came with boats which were fully equipped and with adequate personnel. Much good was done, as well as some harm. Though they were supplied with medicines by the government authorities, some boat captains refused to receive wounded other than from their own districts. There too were those kind ladies who were seen making the rounds on one boat, administering with their handkerchiefs a little chloroform to sufferers.<sup>48</sup>

When a boat was ready to take on board the wounded, notice was sent to the men that it was ready to receive the sick or wounded from a particular state. This brought many who were not sufficiently sick to be sent to a hospital or those who were slightly wounded. Many of these got away successfully. The wounded were not left by the state authorities at regularly established military hospitals but usually in private hospitals or houses. This involved separation of the soldiers from the Army, at great cost, with

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<sup>46</sup>Robert Murray, "Report of Operations of Medical Department, Army of Ohio (Gen. Buell Comdg.) at the Battle of Shiloh, Tenn., April 6-7, 1862," War Records Division, National Archives.

<sup>47</sup>Ibid.

<sup>48</sup>Benjamin Howard, "Notes for Medical and Surgical History of the War," War Records Division, National Archives.

the probability of their never returning to duty. Some surgeons feared also that many unnecessary operations were performed by the amateur surgeons on board the boats of the state authorities.<sup>49</sup>

The medical and hospital stores at Shiloh were considered ample, but here again the situation varied with the division. General Lew Wallace's division had no hospital tents on or near the field. It was well supplied with ambulances but sparingly with medicines, dressings, and hospital stores. The army had been hurried into a terrific battle, leaving all kinds of equipment and supplies behind. It was later without ambulances or medical supplies, tents or bedding. When the second day's fight was half over, five or six thousand wounded lacked even the necessities of life. Rain fell incessantly, and the mud was very deep. It was impossible to get straw for the wounded to lie upon, and the location was unhealthful. Transportation was pitifully inadequate. As late as April 28, men were placed in an ambulance, taken to the river, which was two miles away, over a corduroy road, and told upon arrival that the boats were full.<sup>50</sup>

Even when the wounded did get to hospitals, there was uncertainty about hospital accommodations. The arbitrary exercise of military power in matters which were purely medical caused much suffering to the wounded and a heavy cost to the government. The arbitrary closing of hospitals at Paducah, Kentucky, and their later reopening was a case in point.<sup>51</sup>

In April, 1862, Union forces, this time by naval contingents under Admiral David G. Farragut, invested New Orleans, and transports with 17,000

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<sup>49</sup>R. Murray, "Report of Operations of Medical Department, Army of Ohio."

<sup>50</sup>G. H. Hubbard, "Narrative of Service." See also R. Murray, "Report of Operations of Medical Department, Army of Ohio," and D. P. Smith, "Narrative of Service."

<sup>51</sup>G. H. Hubbard, "Narrative of Service."

soldiers under General Ben Butler arrived shortly thereafter. The winning of the West--basic to the preservation of the Union--was proceeding according to plan. Most of the supplies needed for the sick and wounded of these new forces had been used, destroyed, or carried off by the Confederates when they evacuated the city. Until manufactories could be established, there was accordingly much complaining about supply shortages. Most of the soldiers of General Benjamin F. Butler's command were from the eastern states and were not used to the heat and malaria of the section. Under Surgeon McCormick, however, the arrangements for the sick were improved, and the sanitary condition of the city had never been equalled in excellence.<sup>52</sup>

The Union operations in east Tennessee in the fall of 1862 resulted in casualties which were not justified by the indecisive outcome. Don Carlos Buell, assigned the task of ending the oppression of Unionists in east Tennessee by the Confederates, was not free to pursue his plan of supplying himself by the Louisville and Nashville Railroad as he advanced. General Halleck, in his usual impractical and stubborn manner, insisted upon Buell's getting on to Memphis and Charleston. Braxton Bragg upset Halleck's plan, however, and forced Buell to get back into Kentucky. With new men and supplies and a brief respite in Louisville, Bragg started south. Battle ensued at Perryville, Kentucky, on October 8, with losses of about 3,000 on each side.<sup>53</sup>

When the numbers engaged and the duration of the engagement are considered, the battle of Perryville was one of the bloodiest battles of the war. Fighting was at short range, and the grooved barrels of the enemy guns played havoc with Union soldiers. A number died before they could be

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<sup>52</sup>Milton, Conflict, p. 138. See also D. C. Peters, "Narrative of Service," War Records Division, National Archives.

<sup>53</sup>Milton, Conflict, p. 162.

transferred from the field. Many of the soldiers were recruits who were enfeebled by the climate, undue exertions, and inadequate nourishment. Had there been a well-equipped hospital, fewer men would have been lost. The wounded were removed from the temporary hospital on the field and from those in Perryville and taken to Louisville, Bardstown, and Harrodsburg. The Union soldiers were sent to the two former places and the Confederates to the latter. Until about January 1, 1862, the sick and wounded were retained at Bardstown,<sup>54</sup> Louisville, and Harrodsburg. Those remaining at that time were then transferred to Danville, and the hospitals at Harrodsburg and Perryville were closed.<sup>55</sup>

Incredible suffering was the fate of countless sick and wounded in the campaigns of the West. As everywhere in the Union armies, the condition of the medical service varied with the military unit. No model organization emerged in the West, however, as in the eastern Army of the Potomac. Yet, great service was performed by individual medical officers and medical units, and some officers lost their lives in their strenuous physical exertions on the field and in the hospitals.

The medical problems of the Department of the West did not stem, however, from military campaigns alone. While it was by no means confined to that area, there was a growing alarm over the vexatious problem of venereal infection. Commanders, from company to corps, were constantly complaining about their men being retained in post and field hospitals for the treatment of venereal diseases. The matter finally came to the attention of the commander of the department, who peremptorily demanded the adoption of a plan

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<sup>54</sup>Supplies for Bardstown came from Louisville, while the United States Sanitary Commission forwarded those which were desired from Perryville and Harrodsburg.

<sup>55</sup>John H. Erinton, "Campaigns of Buell's Army," War Records Division, National Archives.

to rid the army of this malady. He decided to banish the prostitutes from Nashville, and the provost-marshal was instructed to send them north. The women were actually sent by boat as far as Cincinnati when the Secretary of War issued an order to return them.<sup>56</sup>

When four weeks later the steamer 'Idaho' returned with her cargo and the army was back where it started, Lieutenant-Colonel Spaulding, Provost-Marshal, suggested the adoption of an examination system. Brigadier General R. S. Granger approved and ordered Colonel Spaulding to issue the proper orders. Spaulding was also directed to apply to the Medical Department for an officer to carry the plan into effect. The matter was subsequently referred by Spaulding to Surgeon A. Henry Thurston, Assistant Medical Director of the Department of the Cumberland, and Surgeon William M. Chambers was detailed for special duty.<sup>57</sup>

Chambers selected a house in Nashville, where the prostitutes were concentrated, and he proposed the establishing of a hospital for women who were found to be diseased. A plan calling for examination every fourteen days, later ten, was adopted. The military and civil police of Nashville assisted the non-commissioned officers and guards who were detailed to collect the prostitutes who were licensed. Public women without license were arrested and imprisoned in the work house for not less than thirty days.<sup>58</sup>

The examination system began in August, 1862, and a number of prostitutes left the city immediately after the promulgation of Provost Order No. 21, giving as a reason that "their Modesty (?) could not brook so indelicate

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<sup>56</sup>Special Order No. 29, Headquarters, U. S. Forces, Nashville, Tennessee, July 6, 1863, War Records Division, National Archives. See also William M. Chambers, "Reports on Prostitutes in Nashville," War Records Division, National Archives.

<sup>57</sup>W. M. Chambers, "Reports on Prostitutes at Nashville."

<sup>58</sup>Ibid.

a proceeding as a medical examination."<sup>59</sup> After the examination system began, the more degraded class diminished while the 'kept women' class increased. For an additional fee of one dollar, the medical officer examined these 'kept women' and bawdy house madams at their own houses.<sup>60</sup>

From August, 1863, to February, 1864, the extent of venereal disease was kept at about the same rate. Then the reenlisted veterans returned from their homes, and disease increased. Surgeon Chambers concluded in his report of December 31, 1864, that out of 2,330 patients, only 31 had contracted the disease in Nashville and that these cases probably would not have occurred if the system of examination and licensing had been established throughout the armies.<sup>61</sup>

The propriety of the examination and licensing system was widely questioned, and the press was openly hostile. The military authorities in Nashville were undeterred, however, and on February 13, 1864, Surgeon Edward P. Vollum reported to the Acting Medical Inspector General that he had observed the system and was satisfied that it was not only necessary for the health of the troops but had been "productive of immense good."<sup>62</sup>

The Medical Department of the West was also confronted in 1863 with a serious dispute over the control of hospital steamers. Although these vessels were the property of the Quartermaster Department, the control of them had been vested in the Medical Department. In November, Major General Gilmore ordered that the 'Cosmopolitan,' a steamer used in transporting the sick in the Department of the South, be taken from the Medical Department and returned to the Quartermaster. J. K. Barnes, the Acting Surgeon General then

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<sup>59</sup>W. M. Chambers, "Reports on Prostitutes at Nashville."

<sup>60</sup>Ibid.

<sup>61</sup>W. M. Chambers, "Sanitary Report," War Records Division, National Archives.

<sup>62</sup>Ibid.

requested the return of this steamer. General Gilmore refused, stating that the vessel had been loaned only temporarily to the Medical Department. Finally, on December 25, 1863, Barnes forwarded Gilmore's reply, together with a letter to the Secretary of War. The Secretary of War immediately directed that the 'Cosmopolitan' be returned to the Medical Department, and the order was promptly followed.<sup>63</sup>

The Secretary of War's order about hospital steamers by no means put the matter at rest. In December, 1864, Medical Inspector G. H. Lyman reported similar interference by the Quartermaster Department in the case of the steamer 'Spaulding.' On February 8, 1865, the War Department issued orders that hospital transports were to be under the exclusive control of the Medical Department and that they were not to be diverted by the orders of local or departmental commanders or even of officers of other staff departments.<sup>64</sup>

Equally as controversial in the West, as elsewhere, was the administration and control of general hospitals, and one of the first investigations was made of Dennison at Cincinnati. This hospital had over 2,000 beds and occupied a front of almost one mile. In November, 1863, Surgeon John T. Carpenter, Medical Director of the District of the Ohio, reported to Surgeon W. S. King, Medical Director of the Department of the Ohio, that "there was no proper medical management at that hospital until Surgeon B. Cloak was put in charge...."<sup>65</sup>

About the same time, there were charges against officers and employees of Dennison, with respect to the misappropriation of supplies. Another

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<sup>63</sup>Brown, Medical Department of the U. S. Army, pp. 242-243.

<sup>64</sup>Ibid., p. 244.

<sup>65</sup>John T. Carpenter to W. S. King, November 11, 1863, Carpenter Papers.

charge concerned the alleged disloyalty of a Dr. Cline. Surgeon Carpenter investigated these charges also and concluded that, "The general evidence shows that no suffering existed from short rations--in fact most divisions have served Coffee, Sugar & c. from their issues. The management of the rations issued, & not the quantities actually received, make the difference found to exist in the comfort of the men."<sup>66</sup> Here Carpenter put his finger on the crux of the supply problem. The faulty and sometimes dishonest management of supplies, although often unknown to the responsible heads, continued in an uninterrupted course from first Bull Run to the end of the war.

In the Dennison investigation was also revealed the perennial conflict between the military and the medical. Brigadier General W. Brayman, Post Commander at Cincinnati, refused to cooperate in the investigation, saying that he "would not allow those Doctors to smooth over matters but would have an investigation himself."<sup>67</sup>

Medical Director Carpenter held this to be "conduct subversive of good order and military discipline, and calculated & intended to injure the authority and character of the Medical Officers in the eyes of their men."<sup>68</sup> That he was on firm ground was shown in his letter to Brigadier General J. D. Cox, Commander of the District of the Ohio, when he said, "the Medical Department does not deny the right of the Commander of a District or of a Department to make inquiries into alleged abuses--but it does deny any military authority of a Post command over a U. S. A. General Hospital. General Brayman has requested that he be restrained."<sup>69</sup> This apparently was done.

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<sup>66</sup> Surgeon John T. Carpenter to Brigadier General J. D. Cox, November 7, 1863, Carpenter Papers.

<sup>67</sup> John T. Carpenter to J. D. Cox, Cincinnati, November 7, 1863, ibid.

<sup>68</sup> John T. Carpenter to J. D. Cox, Cincinnati, November 7, 1863, ibid.

<sup>69</sup> John T. Carpenter to J. D. Cox, Cincinnati, November 7, 1863, ibid.

Although there was much truth in Carpenter's findings about supplies, the fact remained that there was seldom an abundance anywhere. Charitable organizations were constantly striving in Cincinnati and other cities of the West to supplement the government issues. Carpenter wrote home to his sister, Mrs. Sallie Washburn, of Pottsville, Pennsylvania, about the great Sanitary Fair for the purpose of furnishing some necessities and a few luxuries for sick soldiers. General William S. Rosecrans was President of the fair, and Carpenter reported that, "Everybody is collecting money and giving money for the use of the Sanitarians--Jews, Gentiles, Protestant and Romanists are for once banded together."<sup>70</sup>

Interest in the hospitals of the west from another standpoint was early manifested by the wife of Governor Louis Powell Harvey of Wisconsin who had been drowned in the spring of 1862 while on a visit to the sick and wounded troops of his state in the South. Cordelia Perrine Harvey was appointed a sanitary agent for the state of Wisconsin and labored with great vigor and determination in improvised hospitals along the Mississippi. She worked with such fervor in the area of St. Louis that she was given permission to extend her operations, thus beginning a broad inspection of not only the general hospitals along the Mississippi river but the hospitals for the Wisconsin regiments as well. It was this experience which convinced her that it would be more beneficial to the armies and cheaper to the government, in the final analysis, if sick soldiers were furloughed to the North rather than keep them in river hospitals. The need for more hospitals in the North, she felt, was equally as pressing.<sup>71</sup>

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<sup>70</sup>John T. Carpenter to Sallie Washburn, December 11, 1863.

<sup>71</sup>May L. Bauchle, "The Shopiere Shrine," Wisconsin Magazine of History (September, 1926), pp. 30-33. See also Ethel A. Hurn, Wisconsin Women in the War between the States (Madison: Wisconsin History Commission, 1911, pp. 119-126.

Mrs. Harvey soon realized that it was rather prevalent opinion among medical officers that it was cheaper to keep sick soldiers in the river hospitals than to furlough them. The feeling was common that if the men were furloughed, many of them would never return. There is little doubt that medical officers felt this way because of overriding military considerations and because they considered themselves outcasts enough without incurring the risk of further disfavor by approving furloughs. Few medical officers were willing to risk the wrath of higher authorities, possibly even from Washington. The President, the Secretary of War, and the Surgeon General were against any policy which might entail eventual losses for the fighting strength of the armies, and they were confident that furloughing sick soldiers north would have that effect.<sup>72</sup>

Following an inspection of hospitals at Corinth, Jackson, and La Grange, Cordelia Harvey met General Grant at Vicksburg in March, 1863, and was able to accomplish a number of reforms by his order. Unfit men were cleared out of the convalescent camp at Memphis and discharged. Those who were fit for duty were sent to their regiments. Patients suffering from chronic dysentery were sent to northern hospitals. Medical inspectors, with full power to discharge disabled men, were appointed for every army corps. Mrs. Harvey began the task of carrying out these reforms by sending one hundred men north from the convalescent camp at Memphis. She herself went with them as far as Cairo, Illinois, from where they proceeded by rail to St. Louis. A transport awaited them there to make the final trip northward. Since these men were from Wisconsin, Mrs. Harvey arranged, in the meantime, for their transportation to Madison and procured clothing for them from the Western Sanitary Commission.<sup>73</sup>

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<sup>72</sup>E. A. Hurn, Wisconsin Women in the War between the States, p. 126.

<sup>73</sup>L. P. Brockett and M. C. Vaughan, Women's Work in the Civil War (Boston, 1868), p. 266.

There was much sickness in the spring of 1863 when Grant was approaching Vicksburg, and Cordelia Harvey went to work with dispatch at Young's Point, just across the river. High water covered the lowlands and made miasmatic conditions. After a few weeks, she was so overcome by fatigue and illness that she was forced to return to the North, where she spent several months in New York and Wisconsin.<sup>74</sup>

It was the growing conviction of the convalescing nurse and sanitary agent from Wisconsin that sick and wounded men could not recover satisfactorily in the South. While she was of the supposed weaker sex, it had been her own experience that the more invigorating climate of the North was better for the sick. She determined, therefore, to tell someone in authority of her opinions on hospital care. Why not Lincoln himself? He was unusually endowed with common sense, and perhaps he could be prevailed upon to order the establishing of hospitals in the North.<sup>75</sup>

On the return trip from her period of convalescence in New York and Wisconsin, Cordelia Harvey stopped off in Washington to see President Lincoln, well supported by her home Wisconsin people in her new experiment. Governor Salomon of Wisconsin had consistently but ineffectively tried to get the Washington authorities to consider building hospitals in the North. Mrs. Eliza Porter had persuaded Senator Timothy O. Howe to draw up a petition calling for erection of such hospitals. Mrs. Porter was then designated as the bearer of the petition to Lincoln, but she refused and Cordelia Harvey went in her place. It was felt by all that there should be a personal emissary who would go direct to the highest authority rather than to send the petition through countless intermediaries.<sup>76</sup>

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<sup>74</sup>Hurn, Wisconsin Women in the War between the States, p. 132.

<sup>75</sup>H. W. Rood, "Mrs. Cordelia P. Harvey," Wisconsin Memorial Day Annual (Madison?: 1914), p. 18.

<sup>76</sup>Brockett and Vaughan, Women's Work, p. 164.

While she was unable to persuade Lincoln of the value of her recommendations during her first interview, Mrs. Harvey did get an introduction to Secretary of War Stanton. On her way out of the White House, she found these words on the back of the letter, "Admit Mrs. Harvey at once; listen to what she says; she is a lady of intelligence and talks sense."<sup>77</sup> Stanton informed her that the Surgeon General had been sent to New Orleans for an inspection of the southern hospitals. Knowing already, however, that medical authorities did not want hospitals established too far from the front lines, she was not under any illusions as to the possible value of the Surgeon General's trip. She asked, therefore, if the subordinate military authorities could not be overruled. Stanton replied that nothing could be done until the Surgeon General returned.<sup>78</sup>

Since her interview on the second day was with a man who obviously was becoming rather annoyed with this matter of hospitals, Mrs. Harvey was not very hopeful when she returned to the White House on the following day for the President's decision. After three hours of tense waiting, however, the President himself came out to the waiting room and told her that the desired order for the establishing of a hospital in her state had been issued twenty-four hours before. In the subsequent interview and upon the request of Mrs. Harvey, Lincoln agreed to name the hospital in honor of her deceased husband rather than herself. Three convalescent hospitals were established in Wisconsin as a result of the intercession of Cordelia Harvey with Lincoln. They were located at Madison, Milwaukee, and Prairie du Chien. In October, 1863, the Harvey United States Army General Hospital was established at Madison.<sup>79</sup>

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<sup>77</sup>Hurn, Wisconsin Women, p. 136.

<sup>78</sup>Ibid., p. 137.

<sup>79</sup>Ibid., pp. 141-144.

## CHAPTER IX

### HUMANITY IN ACTION

Improvements in the treatment of the sick and wounded in previous military campaigns did not alter the fact that in 1863 an efficient and well organized medical service did not exist. Even Letterman's reforms in hospital arrangements and the evacuation of the wounded from the battlefield were not on a sure enough footing to be practiced generally. The Medical Corps, as other branches of the Union Army, was still experimenting and improvising. Muddling through was the order of the day. Yet, the individual and group efforts of doctors, nurses, attendants, sanitary and Christian commissions and aid societies showed an increasing spirit of humanitarianism. Thoughts were being turned with more devotion to the alleviation of human suffering, to some of the most unpleasant aspects of war. The foundation of the modern medical service of the United States Army was being forged, but in the heat of battle.

Off the battlefield, one of the worst deficiencies of the medical service was the neglect of the Invalid Corps. In that the Quartermaster Department was responsible, however, for the erection of proper living quarters, this was the responsibility of both that department and the Medical Department. At Pottsville, Pennsylvania, their quarters were in Sibley tents that were old, mildewed, and not strong enough to withstand either the winds or protect the men from the severe climate of that locality. Lieutenant-Colonel L. D. Oliphant, in command, reported that nine buildings also were unsatisfactory and that quarters in town could not be rented.<sup>1</sup>

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<sup>1</sup>Lieutenant-Colonel L. D. Oliphant to Colonel Richard H. Rush, October 14, 1863, Quartermaster General, Letters Sent, 1863, No. 72, pp. 327-328, War Records Division, National Archives. See also Charles Thomas to Captain A. M. Shepley, October 27, 1863, *ibid.*, p. 326.

Orders were subsequently issued for the erection of cheap, temporary structures at Pottsville, Harrisburg, and Scranton. The one at Pottsville was presumably built on a lot on the north side of the town. The policy of building such cheap structures was in keeping with Quartermaster Department policy at the time. This department held that the expenditure of public money for hospitals had been great and that the outlay was being increased rapidly by calls for the building of barracks for invalid soldiers to guard them. It was unwilling, therefore, to order any more such expenditures unless the Surgeon General held them to be "essential to the comfort of the sick and wounded."<sup>2</sup>

The battles during the last of December, 1862, and the beginning of 1863 revealed the necessity for supervising ability of the highest order in the medical service. Yet, the Medical Department was handicapped in keeping the efficiency of its personnel at a high level by the disparity in rank between medical and other officers. Medical officers were unable to understand why they should be required to have great professional skill and risk the same hazards as non-medical officers and yet often be regarded by others with hauteur and disdain. Too, they frequently could not conduct their business with other officers on a basis of equality; nor was their financial compensation conducive to the acquisition of administrative talents.<sup>3</sup>

In early January, 1863, there was also a general lack of vital supplies for the health of the soldiers and for the effective administration of the field hospitals in the Army of the Potomac. The regimental hospitals were reported destitute of furnishings and supplies. The stoves were almost

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<sup>2</sup>Thomas to Shepley, October 27, 1863, *ibid.*, p. 326. See also Oliphant to Rush, October 14, 1863, *ibid.*, pp. 327-328, and Charles Thomas to Brigadier General H. Rucker, October 23, 1863, *ibid.*, p. 310.

<sup>3</sup>Ebu Swift, "Report of the Battle of Stone River, Tennessee," War Records Division, National Archives.

worthless. Food was restricted to commissary issue, and fresh bread and fresh vegetables were not included. After the battle of Fredericksburg, some of the general depôts were without food except for hard bread and articles brought in by private individuals. Many wounded lay upon the ground without shelter during the heavy rain. The hospitals had no stoves until a week after the battle. Many wounded on the transports between Fredericksburg and Acquia Creek had no food or drink, and some were so poorly cared for that they froze during the trip.<sup>4</sup>

The diseases prevalent in the Army of the Potomac in January, 1863, were held to be the result of lack of proper food and the need of an efficient system of supply. These glaring defects in the medical service were reported to the Surgeon General by Thomas F. Perley, Medical Inspector General, early in January, with the further observation that "the principal medical officer is not equal to his responsible station."<sup>5</sup> Perley was here referring to Jonathan Letterman, Medical Director of the army.<sup>6</sup>

During this same period, Surgeon General Hammond was referring complaints to Letterman. Illustrative was the case of the soldier prostrated with fever at Falmouth, Virginia, who lay on the ground for two weeks. During most of that time he was delirious. When he regained consciousness he complained of pain in his feet, and when his long-worn boots were removed, both feet were found to be dead.<sup>7</sup>

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<sup>4</sup>Thomas F. Perley to William A. Hammond, January 8, 1863, OR, I, 21, 957-959.

<sup>5</sup>Thomas F. Perley to William A. Hammond, January 8, 1863, OR, I, 21, 957-959.

<sup>6</sup>Thomas F. Perley to William A. Hammond, January 8, 1863, OR, I, 21, 957-959.

<sup>7</sup>William A. Hammond to Jonathan Letterman, Letters Sent, 1863, Surgeon General, II, 386, War Records Division, National Archives.

Little is known as to why and to what extent persons such as Letterman were held responsible for the defects in the care of the sick and wounded during this time. That deplorable and inexcusable conditions existed is inescapable. Letterman was not without fault, and, whatever the reason for the scandalous situation, he was responsible for the general direction of the medical services in the Army of the Potomac. Dissatisfaction on his part appears to have been present, for by December, 1863, he was applying for relief from duty. Not even his intimate friends knew why. A possible source of dissatisfaction may have been in the difference of opinion between him and the Surgeon General over medical correspondence. Letterman was bitterly opposed to the Surgeon General's corresponding directly with subordinate medical officers in the Army of the Potomac. But the Surgeon General appears to have had the last word. Hammond wrote: "All orders to your subordinates which could embarrass or conflict with your orders shall be, as they have been, transmitted through you, but the Surgeon General cannot admit that he is interdicted by military etiquette or propriety from addressing such letters of instruction to his and your subordinates as might with equal justice be sent to either a Medical Director or an Assistant Surgeon."<sup>8</sup>

The deficiencies of the Union medical service in 1863 had the effect of causing a bill (S. No. 470) to be reported by Senator Henry Wilson of the Military Committee. Bearing the title "A Bill to provide for the greater comfort of the sick and wounded soldiers and to promote the efficiency of the Medical Department of the Army," it provided for the commutation<sup>9</sup> of

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<sup>8</sup>William Hammond to Jonathan Letterman, Washington, January 20, 1863, Letters Sent, 1863, Surgeon General, II, 465.

<sup>9</sup>Commutation of rations meant that a money allowance was provided in lieu of rations which were not drawn. Since a sick or wounded soldier was not in his company, the company commander did not draw rations for him, and, instead, the head of the hospital was given a money allowance. Whatever was not needed for the general subsistence of the sick or wounded soldier could then be used for building up a hospital fund to buy special foods or other items for the patients.

sick and wounded soldiers' rations at thirty cents per day and the addition to the Medical Corps of one Assistant Surgeon General, two Medical Inspectors General, twenty surgeons, forty assistant surgeons, ten medical storekeepers, and as many medical cadets as the Surgeon General might think necessary. The bill also provided for the repeal of so much of the first section of the Act of June 30, 1834, as made it impossible for assistant surgeons to be promoted until they served five years.<sup>10</sup>

In the same bill, it was provided that each army corps was to have a Medical Director with the same rank, pay, and emoluments as a colonel of cavalry. All Medical Directors of departments and the senior surgeon on duty in the Surgeon General's office were also to be given similar rank. Finally, fifty surgeons and two hundred and fifty assistant surgeons were to be added to the volunteer medical staff.<sup>11</sup>

This bill was debated rather vigorously on several occasions. Senator Wilson and Senator Samuel Clarke Pomeroy urged its passage, while the others opposed. William P. Fessenden, senator from Maine and later Lincoln's secretary of the Treasury, vigorously contested, for example, the advisability of increasing the commutation of rations for sick and wounded soldiers to thirty cents. Insisting that he was willing to vote any necessary amount for the relief of the sick and wounded, he asked for an explanation as to why the Medical Department did not already have adequate provision and enough power. James Wilson Grimes of Iowa followed up this attack by wanting to know why the ration was precisely set at thirty cents and what safeguards there would be for its proper disbursement.<sup>12</sup>

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<sup>10</sup>Congressional Globe, January 20, 1863 (37th Congress, 3d Session), pp. 370-371. See also Brown, Medical Department of the U. S., p. 232.

<sup>11</sup>Brown, op. cit., p. 233.

<sup>12</sup>Congressional Globe, January 22, 1863 (37th Congress, 3d Session), pp. 446-451. See also Globe for January 23, 1863, pp. 468-476, and for

The defender of the bill to improve the efficiency of the Medical Department had a long and distinguished political career. His name was changed by legislative action from Jeremiah Jones Colbaith to Henry Wilson, and, coming to Congress as one of the senators from Massachusetts, he soon became well known among his colleagues and the general public. At the time of the Civil War, probably no one was more intimately identified with efforts to improve the welfare of the men in the service. Between 1873-1875, he was Vice-President in the Grant administration.<sup>13</sup>

In answer to the attack of Fessenden and Grimes, Wilson came back with the acknowledgement that the good management of the hospitals could not be assured. The only way to insure a sick diet, he continued, however, was to have a hospital fund which was built up through funds not used for the general rations, and the present allowance of eighteen cents per day was inadequate. The only hospitals where such a fund had been accumulated were those where the men had been stinted, he concluded. The Surgeon General had tried a diet table, costing thirty cents per day per man and based on those used in the best private hospitals, and found it so successfully applied in a few instances that he wanted it universally adopted.<sup>14</sup>

Henry Mowrer Rice, a Vermonter who had moved to Minnesota and become one of its senators, then protested that no department of the government, including the medical, could or would furnish the Senate with reliable data on the amount needed for sick and wounded soldiers or the support of the Army in the field. Estimates of the number in the Army, for example, ranged,

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January 26, 1863, p. 523, also Brown, Medical Department, p. 232. For sketch of Fessenden, see Biographical Directory of American Congress 1774-1949 (Washington: Government Printing Office, 1950), p. 1154, hereafter referred to as BDAC.

<sup>13</sup>"Henry Wilson," in BDAC, p. 2027.

<sup>14</sup>Congressional Globe, January 22, 1863, pp. 446-451.

he said, from 1,200,000 to 1,500,000. "The simple truth," he concluded, "is that they do not know whether we have that number or half that number."<sup>15</sup>

Rice held also that the whole object of requests from the departments seemed to be to "pay worthless men and to enable thieves to enrich themselves.... The Government is bled, the States are bled, the counties are bled, the cities are bled, and the citizens are bled, and in the name of God, for what?"<sup>16</sup>

The remainder of the debate centered around the necessity for an act of Congress to increase the ration allowance. Here again, Wilson felt that there was no other way to provide special items for the diet, while his opponents could see no justification for it whatsoever. Jacob Collamer, of Vermont, pointed out that the ration allowance was provided by Army Regulations and that the War Department could and should change these when necessary instead of running to Congress. Senator Wilson was of the opinion, however, that the Surgeon General in all probability could not have his diet table successfully adopted without an act of Congress.<sup>17</sup>

John Conover Ten Eyck of New Jersey opposed the proposed bill on the grounds that the treatment of the sick and wounded soldiers was poorly administered and that lavish quantities of goods sent from northern states were sold later at public auction. Wilson got in a telling point, however, in defense of his bill when he revealed that the conditions which Ten Eyck described were largely in convalescent camps which were under the military and not the Medical Department. He admitted, nevertheless, that large quantities of relief supplies were sold at public auction but insisted that it was largely due

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<sup>15</sup>Congressional Globe, January 22, 1863, p. 447, and January 23, 1863, p. 470. Sketch of Rice is in BDAC, p. 1733.

<sup>16</sup>Congressional Globe, January 22, 1863, pp. 446-451.

<sup>17</sup>Ibid., pp. 446-451.

to the lack of government agents to receive and pay the freight on these goods.<sup>18</sup>

Senator Rice then held that an appropriation of \$500,000 had already been made for dietary items. This was answered by Pomeroy who pointed out that soldiers in the field did not commute their rations and that the Surgeon General had, therefore, needed such a fund.<sup>19</sup>

The least debated parts of the bill at that time were those dealing with the new appointments and promotions. Wilson spoke of the necessity for more Army surgeons to replace civilians who generally were inferior and less responsible. Rice doubted seriously, however, if the 1,500 citizen surgeons or doctors would be reduced if Congress did authorize an increase in Army surgeons.<sup>20</sup>

On January 23 debated continued, and Senator Wilson reported that the ration of officers was commuted at thirty cents, also that the law provides what the ration of the men shall be, and that it cannot be changed by the medical director, Secretary of War, or by any rules and regulations of the War Department. He also repeated his previous testimony that the sick diet could only be provided by a hospital fund built from commutation of rations. This largely refuted the arguments of Senator Collamer, but then Morton Smith Wilkinson of Minnesota contended that many officers were plundering the government. Wilson agreed that there was indeed much evidence of this but that, at the same time, there were many officers of the Regular Army and the Volunteers who were men of integrity and character and devoted to their profession.<sup>21</sup>

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<sup>18</sup>Congressional Globe, January 22, 1863, pp. 446-451.

<sup>19</sup>Ibid., pp. 446-451.

<sup>20</sup>Ibid., pp. 446-451.

<sup>21</sup>Ibid., pp. 468-476.

Senator James Harlan of Iowa claimed that the suffering of sick and wounded troops was exaggerated. This was followed by an exposition upon what a comfortable bed could be made from brush. "Soft brush," said he, "covered with straw or blankets, makes an excellent couch, far more comfortable than we always find in city hotels..."<sup>22</sup> Ten Eyck, having witnessed conditions in the convalescent camps, could not agree. "I believe that within the last week, instead of only here and there a sick soldier being required to lie upon the brush, which the Senator from Iowa seems to prefer to any other kind of bed, or to regard as being equal to any other, many men have been required to do it...."<sup>23</sup>

Finally, the antagonists rambled into debate on the question of promoting assistant surgeons to the rank of surgeon and increasing the number of assistant surgeons. Fessenden asked, "Cannot an assistant surgeon cut off a leg? Cannot he administer a dose of medicine.....The Senator Wilson seems to take it for granted that unless you make him a surgeon he will not be able to do it...."<sup>24</sup> Actually, he continued, "They can perform their duty just as well with one shoulder strap as another, and, as a friend suggests, kill a man quite scientifically."<sup>25</sup>

The argument over the promotion of assistant surgeons continued with Wilson insisting that, "The Senator from Maine has repeated today the same idea that he has thrown out whenever we have had any bills in regard to promotions in the military service."<sup>26</sup> Fessenden replied that there are a

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<sup>22</sup>Congressional Globe, January 23, 1863, p. 470.

<sup>23</sup>Ibid., p. 470.

<sup>24</sup>Ibid., p. 473.

<sup>25</sup>Ibid., p. 474.

<sup>26</sup>Ibid., p. 474.

great many of them in the military service and maintained that Wilson's argument meant that a man who had served as a lieutenant for a year ought to be made a captain, "and I suppose he would make their wives and daughters captains too."<sup>27</sup>

The debate which followed on the addition of more medical cadets centered around the conflicting testimony of Harlan and Grimes. Both Harlan, speaking against the cadets, and Grimes, speaking for them, cited isolated cases in an attempt to prove their points of view. Wilson then spoke of his heart being made sick by the stories from all quarters, "and I shall thank God when we get through with it. It seems that we are living in an age, if not of total depravity, at least of universal slander."<sup>28</sup>

All this heated debate resulted, as was to be expected, in a defeat for Senator Wilson, and the bill for improving the efficiency of the Medical Department was passed in an emasculated form. The fourteenth section of the Act of 1861, giving the Surgeon General, with the approval of the Secretary of War, the right to prescribe all articles necessary for the proper diet and comfort of the sick and wounded, was enlarged. The section of the Wilson bill of 1863 calling for an increase in the voluntary force and the section of the same bill on the term of service for officers appointed under this act and for medical inspectors appointed under the Act of December 27, 1862, were also allowed. In this form, the bill was referred on January 26 to the Military Committee in the House and heard of no more.<sup>29</sup>

In a subsequent bill for promoting the efficiency of the Corps of Engineers on March 3, 1863, the officers of the Medical Department were required

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<sup>27</sup>Congressional Globe, January 23, 1863, p. 474.

<sup>28</sup>Ibid., p. 475.

<sup>29</sup>Ibid., p. 476. See also Brown, Medical Department, p. 232.

to unite with line officers of the Army in supervising the cooking of the food for the soldiers. This was properly regarded as an important sanitary measure, and it was only in this limited way, and on the eve of some of the most decisive battles of the war, that Congress responded to the needs of the Medical Department.<sup>30</sup>

In all the debate on improving the efficiency of the Medical Department, there was at least one very definite conclusion to be drawn, and that was that the long controversy over the relative powers of the executive and legislative departments was fully brought out into the open and not without disadvantage to the medical service. Congress was especially zealous in time of war that departments under the executive branch of the government not be given more power than was absolutely necessary, and the point of what was necessary was quite frequently labored. As a result, departments of government vitally concerned with the prosecution of the war were denied legislation which would have enabled them to carry through necessary reforms. This, at least, was the case in the Medical Department, of which the need for strengthening was little understood by most of the Solons on Capitol Hill.

During the winter of 1863-64, discipline throughout the Army of the Potomac was at a low ebb and with dire effects for the medical service. The ranks of the original volunteers were depleted, and the gaps were being filled with 'bounty jumpers.' Severe discipline was required, and the usual cordial relations between officers and enlisted men vanished. One man who was seized with the war fever in 1863 witnessed one of the worst examples of scraping the barrel of manpower. He went to Albany and enlisted in the Eleventh New York Battery, subsequently being sent out to the penitentiary building at that place. He found between eight hundred and a thousand ruffians who were

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<sup>30</sup>Congressional Globe, March 3, 1863, (37th Congress, 3d Session), p. 1524.

closely guarded by heavy lines of sentinels and who were heralded by politicians as patriots.<sup>31</sup>

Discipline was so relaxed that even medical officers were known to absent themselves without leave and without proper extension of leave. Hospital stimulants were being appropriated to personal use. Rigid observance of duty was becoming rare, and in some cases, surgeons were known to submit to company captains who dictated what men should be sent to general hospitals. Malingering was encouraged, and the regiments and corps were demoralized.<sup>32</sup>

Persons employed in the Quartermaster Department received bribes from sutlers and others, granted selling permits at Acquia Creek, and permitted seized or stolen goods to be passed on to Washington by government transport. Reports of these conditions may never have come to the attention of the Chief Quartermaster of the Army of the Potomac because of his incessant and laborious duties and unscrupulous subordinates who were in collusion with the profiteers. These facts were reported to the Quartermaster General in Washington, however, from which quarter it would not have been unreasonable to have expected a sound shaking up of the Potomac Quartermaster. Yet, nothing was forthcoming.<sup>33</sup>

Grave complaints were sent to Surgeon General Hammond that the personnel of general hospitals were frequently guilty of dereliction of duty in failing to secure identification of soldiers dying under their care, and

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<sup>31</sup> Frank Wilkeson, Recollection of a private soldier in the Army of the Potomac (New York and London: G. P. Putnam and Son, 1887), pp. 1, 14, 30.

<sup>32</sup> Charles F. Crehan to S. A. Holman, January 14, 1863, Order and Letter Book, U. S. A. Medical Department, Sixth Corps, Army of the Potomac, Division of Manuscripts, Library of Congress. See also Charles O'Leary to S. A. Holman, January 27, 1863, ibid.

<sup>33</sup> L. C. Baker to Montgomery Meigs, Washington, January 28, 1863, Quartermaster General, Letters Sent, 1863, No. 66, 441-443, War Records Division, National Archives.

this was ordered corrected. Secretary of War Stanton also directed that attention be given to the numerous instances in which men were returned to duty before they were well or whose condition warranted discharge.<sup>34</sup>

Reporting was irregular and inadequate. It was customary, from the beginning, for medical directors to forward lists of killed and wounded to the Surgeon General after each engagement. It was not until late in 1863, however, that this practice was made obligatory.<sup>35</sup>

It was this kind of an army which prepared in late April, 1863, to push through the Wilderness, and its ill effects were readily seen. A threat to Richmond was turned into a retreat at Chancellorsville, and the Eleventh Army Corps broke and fled precipitately. Soldiers threw away their guns, equipment, or anything which slowed them down. On April 30, 1863, confusion reigned at Dr. Chancellor's house. Since all of the large rooms were filled with furniture and locked, the wounded were lying on the verandah, in the halls, and wherever space could be found. Teamsters, orderlies, contrabands, and stragglers crowded everywhere. Losses in the battle were heavy, and many of necessity were left on the field. Some were lying in the brush between the lines. It was said that the brush caught fire, and neither side was able to aid the wounded.<sup>36</sup>

Although the Confederate medical supplies were anything but abundant, prisoners of war were well treated. This was well, for the major part of

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<sup>34</sup>Circular to Medical Directors, Surgeon General's Office, Washington, January 29, 1863, Surgeon General, Letters Sent, II, 527. See also Circular to Medical Directors, Surgeon General's Office, February 2, 1863, Surgeon General, Letters Sent, II, 561.

<sup>35</sup>Barnes, Medical and Surgical History, p. xviii.

<sup>36</sup>J. T. Calhoun, "The Hygienic Influence of Battle." See also J. T. Calhoun, "Narrative of Service," J. S. Billings, "Narrative of Service," and Benjamin Howard, "Notes for Medical and Surgical History of the War," War Records Division, National Archives.

the Union wounded became prisoners of war. The number of wounded left in Confederate hands was about 2,500, and they were severely wounded.<sup>37</sup>

Extensive and unusually severe shell wounds were experienced at Chancellorsville. In one case the abdominal wall of a soldier was entirely carried away. In another, Surgeon J. S. Billings removed the complete head of a three inch shell which passed through the abdomen and was impacted slightly in the lumbar vertebrae. Still another man was wounded between the third and fourth ribs and left as dead. He was later taken to Dr. Chancellor's house, where a Confederate surgeon ran a large caustic probe through his chest and drew it out on the other side. Amazingly, by July he was en route home on furlough.<sup>38</sup>

Arrangements were quickly made between Generals Hooker and Lee for the removal of both the dead and wounded. Nearly a thousand of the prisoners wounded at Chancellorsville must have died, and about fifteen hundred were paroled. The Confederates granted permission for General Hooker's army to construct a pontoon at the U. S. Ford for the ambulance train to cross, and friends of those who fell during the battle were also given every help in disinterring and removing their remains. General Lee cheerfully consented to the removal, remarking that "he did not want a single Yankee to remain on our soil, dead or alive!"<sup>39</sup>

The wounded were treated mainly in field corps hospitals in the neighborhood of Brooks Station. They were then sent to Washington as soon as they

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<sup>37</sup>Philip Adolphus, "Narrative of Service." See also Report of L. Guild, Medical Director, Army of Northern Virginia, May 22, 1863, Letter Book, Office of Medical Director, Army of Virginia, June 28, 1862, to August 29, 1863, Division of Manuscripts, Library of Congress.

<sup>38</sup>James Neil, "Report of Cases of Applicants for Pensions," War Records Division, National Archives.

<sup>39</sup>Report of L. Guild, Medical Director, Army of Northern Virginia, May 22, 1863, War Records Division, National Archives.

were able to endure railroad travel. The ambulance corps was very efficient. Hospital supplies, food, and water were abundant. Some of the medical officers detailed as recorders were thoroughly inefficient, but this was scarcely a discredit to them. It was impossible to dress wounds and record casualties at the same time.<sup>40</sup>

Shortly after Chancellorsville occurred the second battle of Fredericksburg, in which Lee waged a sham battle with Hooker while General Thomas Jonathan Jackson fell upon the latter's unsuspecting rear. Fortunately, Hooker was able to recross the Rappahannock, and the ambulance system worked with such dispatch that the wounded were under medical care in the hospitals within two hours after the engagement. Too, the wounds were less severe than in the other engagements, and the Confederates were especially considerate of the Union wounded. General Lee humanely directed that the Union wounded be transported to the river as soon as his own wounded were treated. In the meantime, they received the same kind of treatment as given to those of his command.<sup>41</sup>

In the summer of 1863, General Lee decided to carry the war into the North again, and a fearful battle, with long casualty lists, took place at Gettysburg, Pennsylvania. The wounded were neither as well nor as promptly cared for as might have been expected after the experience of three years of conflict.<sup>42</sup>

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<sup>40</sup>B. Howard, Notes. See also J. M. Foye, "Narrative of Service," P. Adolphus, "Narrative," J. S. Billings, "Narrative," War Records Division, National Archives.

<sup>41</sup>Milton, Conflict, pp. 225-228. See also Charles F. O'Leary, "Narrative of Service," War Records Division, National Archives, and Robert E. Lee to Joseph Hooker, May 7, 1863, George H. Stuart Collection, Division of Manuscripts, Library of Congress.

<sup>42</sup>George K. Johnson, "Report in relation to Medical Affairs Subsequent to Battle of Gettysburg," War Records Division, National Archives.

More than 14,000 Union and 8,000 Confederate soldiers were wounded at Gettysburg. This whole number included, however, those wounded in battles at Chambersburg and Carlisle, Pennsylvania, and Williamsport and Hagerstown, Maryland.<sup>43</sup>

Gettysburg was a scene of terror. Dead, dying, and wounded cumbered the field, and many were crushed under the heavy wheels of artillery being rushed across the field. Others were trampled by the feet of waves of charging infantry. "They lie in all attitudes," said Walt Whitman. "Some fall holding the gun in their hands just as they fired."<sup>44</sup>

At least one soldier had a unique experience. He lay on the ground with a shattered leg, with a Confederate officer standing on him. Pleading with the officer to get off of his wounded leg, the reply was: "You \_\_\_\_\_ Yankee, I will cut your heart out."<sup>45</sup> As the officer raised his sword, a ball from Little Round Top went through his throat.<sup>46</sup>

A field hospital was established in a stone house on a ridge near Little Round Top, about one-half mile to the left and one-quarter mile to the rear of the Union front. The officers who first moved in found only two stragglers, but they also discovered a large quantity of mixed dough and a blazing fire in the kitchen. Attendants were set to work immediately baking bread and heating water.<sup>47</sup>

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<sup>43</sup>Johnson, Report. See also Edward P. Vollum, Report on the Transportation of Wounded from Gettysburgh, Pa., War Records Division, National Archives.

<sup>44</sup>Felix Brannigan to Mrs. R. Hall, Brannigan Letters, Division of Manuscripts, Library of Congress. See also Walt Whitman, Notes, Whitman Manuscripts, Division of Manuscripts, Library of Congress.

<sup>45</sup>Cole, Under Five Commanders, pp. 202-203.

<sup>46</sup>Ibid.

<sup>47</sup>J. S. Billings, "Narrative of Service."

The wounded soon streamed to the hospital in great numbers, but circumstances prevented the continued use of this shelter. Working through the night, the surgeons performed many operations. Just before noon on July 2, however, a furious shelling of the hospital followed, and, in great haste the wounded were removed to some woods beside a creek about two miles farther to the rear. With this limited means of shelter, the wounded were exposed to an exceedingly heavy rain.<sup>48</sup>

The usual large number of grave cases were not removed from the field until the last, and even after their removal the treatment for many of these was unsatisfactory. In the Gettysburg churches, the patients were placed so thickly on the floors and rough board platforms across the pews that they touched each other. The wounded had to take their turn waiting for medical attention. To those who were waiting for treatment, the sight of amputated arms and legs piled outside the hospital for later burial was scarcely reassuring.<sup>49</sup>

A large number of Confederate wounded, said to have been neglected by their own surgeons, were left in Union hospitals, and attendants reported them as being in a revoltingly filthy condition. Confederate ladies from Baltimore and other places were allowed to come to these hospitals and care for their own wounded. Some Union soldiers subsequently protested that they enlisted to kill rebels and that they would not stay under the same roof with them.<sup>50</sup>

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<sup>48</sup>J. S. Billings, "Narrative of Service." See also B. Howard, "Notes for Medical and Surgical History."

<sup>49</sup>J. W. Lyman, "Incomplete Report of the First Division, Third Army Corps Hospitals at Gettysburg, Pa., with Surgical Cases," War Records Division, National Archives. See also Johnson, Report on Gettysburg, and Cole, *op. cit.*, p. 209.

<sup>50</sup>Holstein, Three Years in Field Hospitals, pp. 42-44.

Most of the wounds at Gettysburg were caused by conical bullets and a large proportion were in the lower extremities. There were but few wounds by buck shot or shell, and none by bayonet. There were some cases of gunshot fracture of the cranium, and all of these were accompanied by a "low muttering form of delirium with occasional paroxysms of furious mania." All such cases were fatal.<sup>51</sup>

A man from western Pennsylvania was wounded in both eyes, but his life was spared. He had been given up as dead, and his funeral service had been preached. Calling "mother" was his way of making known to the hospital attendants that he was hungry. He also asked, "What do the girls say about me now I have gone to the war? Does Jenny miss me?"<sup>52</sup> Eventually his mind was restored, but his sight was beyond repair.<sup>53</sup>

The wounded and their attendants received great shock on occasion. One of three men to be buried at Gettysburg raised his head from the stretcher and asked, "Boys, what are you doing?" The response was prompt: "We came to bury you, Whitey." He calmly replied, "I don't see it, boys, give me a drink of water and carry me back." As he glanced into the open grave, he said, "I won't be buried by this raw recruit."<sup>54</sup> The raw recruit was a lieutenant of his regiment. The men carried Whitey back, and he was later sent to Chestnut Hill Hospital in Philadelphia from which he wrote that the surgeon believed he would recover.<sup>55</sup>

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<sup>51</sup>J. S. Billings, Narrative. See also Z. E. Bliss, Narrative, War Records Division, National Archives.

<sup>52</sup>Holstein, Three Years in Field Hospitals, pp. 48-49.

<sup>53</sup>Ibid., pp. 48-49.

<sup>54</sup>Ibid., pp. 41-42. The soldier was Luther White, Company K, Twentieth Massachusetts, of Boston.

<sup>55</sup>Ibid., pp. 41-42.

A young lieutenant from Schuylkill County, Pennsylvania, whose thighs had been shattered, requested Holy Communion and then lay still. A Gettysburg glee club then passed through, singing "Rally Round the Flag." The man's spirit suddenly revived, and he sprang up, momentarily exclaiming, "Yes, boys, we did 'rally round the flag,' and you will rally oft again!"<sup>56</sup> He then sank exhausted to eternal rest.<sup>57</sup>

The effects of wounds varied, depending greatly upon the temperament and constitution of the individual. They were, nevertheless, striking. One officer at Gettysburg who insisted that he had not been struck and would walk to the hospital because of a sore side was amazed when told by a surgeon that a bullet had barely missed his lungs. There was the Colonel, on the other hand, whose uniform had been perforated by glancing bullets and who was borne upon a stretcher from the field, exhorting his men as he went to resist the foe boldly. He was later told by a surgeon that he was not even scratched.<sup>58</sup>

The wounded of Gettysburg were removed to various hospitals in the country, but most of them were sent to York, Philadelphia, and Baltimore. Some few wounded from Gettysburg were sent to Cincinnati. Minor cases and those of rapid recovery were sent at different periods to the military hospitals at York, Philadelphia, and Baltimore. Major operations, however, necessitated the retention of some of the wounded until the hospital was disbanded. These were then transferred to the U. S. General Hospital at Gettysburg.<sup>59</sup>

Each train of wounded was furnished with necessary supplies and placed under the command of a medical officer who was directed to telegraph the

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<sup>56</sup>Holstein, Three Years in Field Hospitals, p. 48.

<sup>57</sup>Ibid., p. 48.

<sup>58</sup>Blake, Three Years in the Army of the Potomac, p. 307.

<sup>59</sup>John T. Carpenter to Mrs. Sallie Washburn, Cincinnati, August 11, 1863, Carpenter Papers. See also C. Bacon, Jr., "Narrative of Service," War Records Division, National Archives.

authorities at the general hospital of his coming. Upon arrival, the train commander was also to report in person to the Medical Director. Each car was supplied with hay, and on the longer routes the Sanitary Commission furnished and guarded necessary hospital items for the physical comfort of the men. The Medical Department furnished some supplies, but the demand soon exceeded the capacity of the Purveyor to furnish them. Before the departure of the wounded, the Sanitary Commission furnished water and food, and those who lay over for a day or night were also cared for by agents of the commission. The Germantown Field Hospital Association gave valuable aid to the Sanitary Commission in this work. At Hanover Junction, the wounded were fed and refreshed by agents of the Christian Commission.<sup>60</sup>

Upon arrival at Baltimore, food was bountifully distributed to the men by agents of several benevolent societies. At Harrisburg, the Commissary Department made arrangements for feeding any number likely to pass that way.<sup>61</sup>

Surgeon Edward P. Vollum, who later reported on the transportation of the wounded from Gettysburg, praised the work of the individuals and societies who relieved the distress of the sick and wounded from Gettysburg. He gravely condemned the railroad companies, however, and said: "The period of ten days following the battle of Gettysburg was the occasion of the greatest amount of human suffering known to this nation since its birth....The railroad companies who got the only profit of the battle, who had the greatest opportunities of ameliorating the sufferings of the wounded, alone stood aloof and rendered no aid."<sup>62</sup>

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<sup>60</sup>E. P. Vollum, "Report on the Transportation of Wounded from Gettysburg." See also Holstein, Three Years in Field Hospitals, p. 39.

<sup>61</sup>E. P. Vollum, "Report on the Transportation of Wounded from Gettysburg." See also Holstein, op. cit., p. 39.

<sup>62</sup>E. P. Vollum, "Report on the Transportation of Wounded from Gettysburg."

Vollum's criticism, while justifiable up to a point, apparently did not take into consideration some relevant matters which he himself reported. The tragic fact was that three years after the war began, the Union Army had no adequate system for the transportation of the wounded. After Confederate raids, the railroads were also in a damaged condition. Except for the lightest locomotive, railroad bridges were too weak, and floods frequently carried them away. Engines and cars were deficient. Telegraph wires were down. The railroad authorities at Gettysburg were bewildered amid this confusion, and the obstructions to transportation were insurmountable until military control of the railroad to Hanover Junction was assumed.<sup>63</sup>

Even then the results for the wounded were far from desirable. As late as August 7, three thousand wounded still remained at Gettysburg. These were placed in the U. S. General Hospital on the York Turnpike, a tent hospital.<sup>64</sup>

There were not enough medical officers left behind for so many wounded, and apparently no steps were taken to supply the deficiency. Operations were accordingly delayed too long. Before these were completed, from five to eight days passed. In the hospital of the Second Corps, with two thousand Union and one thousand Confederate wounded, there were thirteen medical officers. Of these, possibly as many as three, or even more, were saddled with administrative duties and could give no time to the relief of the patients.<sup>65</sup>

The civilian physician put in his appearance again at Gettysburg, and at least one complaint was made of a doctor who ostensibly visited the battlefield for gratuitous service but who was said to have taken money from a

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<sup>63</sup>E. P. Vollum, "Report on the Transportation of Wounded from Gettysburg."

<sup>64</sup>Holstein, Three Years in the Field Hospitals, p. 43.

<sup>65</sup>George K. Johnson, "Report in relation to Medical Affairs Subsequent to Battle of Gettysburg."

wounded soldier "for dressing his stump."<sup>66</sup> Such civilian physicians, sometimes under contract with the Army, were not with the Medical Corps on the field. They lived at home, usually in large cities and were called into service only after great battles. It was impossible frequently for these physicians to reach the scene of battle for several days after their services were actually needed. They usually came from large metropolitan centers such as Washington and Philadelphia. The worst aspect of the entire situation, however, was that hired surgeons were not examined by a medical board.<sup>67</sup>

Nurses and hospital attendants of all kinds were urgently needed, and the services of intelligent and experienced stewards and dressers were especially required. Among the experienced nurses who responded to these needs was Anna Morris Holstein<sup>68</sup> who, for many weeks, was the only woman in a camp of seven hundred men.<sup>69</sup>

While individual surgeons and other persons complained that they could never get anything worth having, the Sanitary and Christian Commissions performed invaluable service before, during, and after the battle of Gettysburg. Even before the battle, the Christian agents gave assistance to the Pennsylvania militia which had been called to the colors for the emergency. At Camp Curtin, near Harrisburg, Governor A. Gregg Curtin personally visited the headquarters of the commission and thanked its agents for their aid. During the subsequent battle, the commission hastily dispatched appeals for financial aid and supplies. More than \$40,000 of unsolicited funds was

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<sup>66</sup>E. P. Vollum, "Report on Transportation of Wounded from Gettysburg."

<sup>67</sup>Congressional Globe, January 23, 1863, (37th Congress, 3d Session), pp. 470, 473.

<sup>68</sup>Her married name was Mrs. William H. Ellis.

<sup>69</sup>Holstein, Three Years in the Field Hospitals, p. 55.

received by C. S. Tobey and C. Demond through the Merchants Exchange of Boston alone. During this time, contributions were also received from England and from foreign missionaries.<sup>70</sup>

It was fortunate that the commissions and the untiring efforts of citizens of Gettysburg and York compensated in large measure for the deficiencies of the Army. As was true in the previous battle of Chancellorsville, one of the worst shortages was that of tools. Although some foraging parties had scoured the countryside, some military units did not even have a shovel or pick with which to do necessary work, including the burial of the dead. The commissions and farmers and town dwellers sent large quantities of supplies to the battlefield of Gettysburg, and the faculties of Pennsylvania College and the Lutheran Theological Seminary gave generous assistance.<sup>71</sup>

Inspector Edward P. Vollum tried to obtain the necessary medical supplies by telegraphing to Baltimore, but the demand was too great. Some articles, such as disinfectants, were purchased in Gettysburg and the bills sent to the Quartermaster.<sup>72</sup>

The supply of bedding for the many wounded who were temporarily left behind was meagre. There were a few blankets but no bed sacks, and some men lay on the bare ground for several days at the hospital rendezvous in the rear of the field. There was almost constant rain, and six or seven

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<sup>70</sup>"Report of Operations at Gettysburg," Christian Commission Reports, 1863-1865, Correspondence and Reports, Division of Manuscripts, Library of Congress. See also "Minutes of the Executive Committee of the Christian Commission," October 15, 1864, No. 7, (December 17, 1861--March 24, 1865), pp. 41-42, Correspondence and Reports.

<sup>71</sup>J. S. Billings, Narrative. See also "Report of Operations at Gettysburg," Christian Commission Reports.

<sup>72</sup>E. P. Vollum, "Report on the Transportation of Wounded from Gettysburg."

days passed before blankets and sacks arrived. Still others lay on the hard floors of the buildings in town.<sup>73</sup>

Among the first articles which were required after battle were bed pans for injuries of the lower extremities, but none were available until ten days after the battle. Tin cups were equally as scarce, since the wounded seldom remembered to bring theirs from the battlefield.<sup>74</sup>

Food was short for a few days after the battle, but abundant supplies were soon made available. Benevolent individuals and societies lavished contributions upon the sick and wounded. Indeed, people flocked to the hospitals in such droves with baskets and pails of food, both suitable and unsuitable, that confusion, disorder, and indiscriminate eating resulted.<sup>75</sup>

Thus, not even some of the major medical lessons of war had been learned in the three years before the battle of Gettysburg. The Medical Corps of the Union Army, for all its great strides in providing ambulance units and field hospitals, was a lumbering organization rather than one which responded with efficiency and dispatch. However well one might rationalize for its absence, there was no real esprit de corps. There was a definite lack of cooperation among the medical officers on the field of Gettysburg.

Whatever the cause, the sanitary condition of the Union armies was deplorable and inexcusable, and the events which transpired in August may well have been affected by this fact. On August 10, 1863, Thomas F. Perley, Medical Inspector General, resigned and was replaced by Medical Inspector Joseph K. Barnes. Shortly afterward, Secretary of War Stanton issued an order (General Order No. 308, September 12, 1863) relative to the duties of

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<sup>73</sup>G. K. Johnson, "Report in relation to Medical Affairs Subsequent to Battle of Gettysburg."

<sup>74</sup>Ibid.

<sup>75</sup>Ibid.

Medical Inspectors. The supervision of everything related to the sanitary condition of the Army was to be in the hands of the Medical Inspectors, and this included conditions in quarters, camps, or on transports. Hygiene, camp police, discipline, and the efficiency of general hospitals as well came within the purview of the inspectors.<sup>76</sup>

At this time, the Departments of the South and the Gulf required such special attention with respect to their sanitary condition that a special inspection tour was contemplated. During the latter part of August, Surgeon General Hammond was ordered to visit Hilton Head, Charleston Harbor, and other points along the southern coast and to observe personally the management of the medical service. Hammond was to make his headquarters in New Orleans and to make a report to the Secretary of War within ten days. At the same time, he was relieved of his duties as Surgeon General, and, on September 2, 1863, the War Department issued Special Order No. 396, placing Medical Inspector General J. K. Barnes in command of the Medical Department.<sup>77</sup>

Was this just a convenient way for Secretary of War Stanton to get Hammond out of the way? Their antagonism was growing more intense. There were military officers too who did not like Hammond's rather light regard for the customs and precedents of the military service. Hammond was known to be less tactful than his successor Barnes, and many orthodox medicos did not like some of his orders about medical supplies and techniques. He was notorious for his famous "calomel" order, for example, when he removed calomel from the Army table of supply. This drug had long been used for liver ailments, and most physicians were astounded and wrathful when they heard of Hammond's order.<sup>78</sup>

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<sup>76</sup>Brown, Medical Department of the U. S. Army, p. 233.

<sup>77</sup>Ibid., pp. 234-235.

<sup>78</sup>Packard, History of Medicine in the United States, I, 640-642; 644-645. See also B. A. Clements, Memoir of Jonathan Letterman, p. 7.

As was to be pointed up so well in subsequent events, the clash between Stanton and Hammond was primarily one of personalities. Barnes continued Hammond's policies generally as Surgeon General, and relations between the Surgeon General and the Secretary of War were not strained. The Medical Department operated smoothly.<sup>79</sup>

In the same month that the change in the Surgeon General's office occurred, the Medical Corps was to be put to a severe test. This came at Chickamauga where the Confederates won the battle, but, by delay and default, lost the vital war for the West. Surgeon Grover Perin, Medical Director of the Department of the Cumberland, in a report to the Surgeon General, held that at Chickamauga "the obstacles to be overcome in the successful care and treatment of wounded men were more formidable...than in any other of the great battles of the war."<sup>80</sup>

The estimated Union losses on the first day of battle at Chickamauga (September 19, 1863) were about 5,000 killed and wounded, and on September 20 both sides suffered heavy casualties. Probably about 5,500 Union troops were killed and wounded then.<sup>81</sup>

The ambulance corps had been reorganized, largely by the efforts of Medical Director Perin. All of the wounded who were accessible were picked up by midnight of the first day and transported to the hospital.<sup>82</sup>

At the hospital, the supply of bedding and blankets was insufficient. The night was chilly, and the best that could be done was to arrange the wounded in lines and build watch fires at their feet.<sup>83</sup>

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<sup>79</sup>Packard, op. cit., I, 645.

<sup>80</sup>Milton, Conflict, p. 260. See also John H. Brinton, Campaigns of Buell's Army, Brinton Manuscripts, War Records Division, National Archives.

<sup>81</sup>J. H. Brinton, "Campaigns of Buell's Army."

<sup>82</sup>Ibid.

<sup>83</sup>Ibid.

The changing military situation made the work of the surgeons precarious, but they carried on as best they could. The wounded were given food and stimulants, and operations admitting of no delay were performed in the afternoon and evening.<sup>84</sup>

On the second day, it became impossible to transport the wounded to the rear with speed and safety. The army had moved to the left, and temporary hospitals were now set up behind the left wing to adjust to the tactical situation. Just then the right of the army gave way, and all communications with the main depot at Crawfish Spring were shattered, making the Union position untenable. Surgeons Waterman and Griffiths, Medical Directors of the Twentieth and Twenty-First Army Corps quickly appropriated the empty supply trains and dispatched the wounded across Mission Ridge and up the Chattanooga Valley to the town.<sup>85</sup>

This transportation was found inadequate, and the 2,500 men left behind were left well supplied and with sufficient medical officers. When the army retired from the field, the men were loaded into any available vehicle, and the slightly injured marched with the retiring columns. Graver cases were left in the Chattanooga hospitals. The less seriously injured went on to Bridgeport, Stevenson, and to Stringer's Spring, on the north side of the Tennessee River, where a tent hospital had been established.<sup>86</sup>

The precipitate retreat prevented the performance of primary operations, with many cases of wounds proving fatal. The wounded who had been left upon the field, however, were brought in under a flag of truce as soon as the army was in position again in front of Chattanooga.<sup>87</sup>

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<sup>84</sup>J. H. Brinton, "Campaigns of Buell's Army."

<sup>85</sup>Ibid.

<sup>86</sup>Ibid.

<sup>87</sup>Ibid.

The battle of Chickamauga was fought at a long distance from the base of supplies in a region already destitute of resources, and this created a prodigious problem for an army whose losses were formidable. It was estimated that there were 1,800 killed, 9,500 wounded, and 2,500 missing. Chickamauga was difficult of access, and the Union armies were in a basin from which there was one circuitous outlet fifty miles in length. The discovery of a large quantity of cotton in Chattanooga was a boon, therefore, to the Union Medical Corps. Much-needed mattresses were made from it and great suffering prevented.<sup>88</sup>

It was no secret that the Union wounded were short of supplies at this time. Necessary diet items were especially scarce. Bacon, beef, sugar, coffee, hardbread, and softbread were in meagre supply. Stimulants also were so limited that they were reserved for graver cases only. The Sanitary Commission was helpful, but it was unable to supply satisfactory amounts to compensate for the deficiency of commissary stores.<sup>89</sup>

There was little improvement in supplies between the battle of Chickamauga and the subsequent battle of Missionary Ridge, but the men on the battlefield demonstrated much fortitude. The Third Division of the Fourth Army Corps, en route to Knoxville in November, 1863, showed even a remarkable improvement in their health, although they lacked necessary clothing and shelter and had to forage for food. The march to Knoxville was one of more than a hundred miles under trying conditions. Many men were without shoes, and some made moccasins from the skins of animals killed on the march.<sup>90</sup>

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<sup>88</sup> J. H. Brinton, "Campaigns of Buell's Army."

<sup>89</sup> A. McMahon, Report of the Surgical Cases after the battle of Chickamauga in the Field Hospital, Chattanooga, Tennessee, War Records Division, National Archives.

<sup>90</sup> William W. Blair to Abner J. Phelps, March 16, 1864, Report of Operations of the Medical Department at the Battle of Buzzard Roost, Georgia, February 24-25, 1864, War Records Division, National Archives.

The supply situation was about the same on November 25 at Missionary Ridge, where General George H. Thomas pursued the Confederates twenty miles beyond the ridge to Ringgold, Georgia, and sealed the fate of the South. The Union Army had only a limited amount of tentage, but fortunately the Medical Corps had prepared for such a contingency. The general hospital at Chattanooga was placed in readiness and operated with great efficiency. With the exception of the General Superintendant and the chief operating surgeons, the duties of the medical officers were successively alternated every day of the engagement.<sup>91</sup>

The value of such cooperation among medical officers was always emphasized by the more able medical directors, and the resignation of a distinguished military doctor in December, 1863, served to focus attention upon what he had to say about such matters. Jonathan Letterman, for reasons unknown, asked to be relieved of duty. Upon hearing of this, the medical officers of the Army of the Potomac presented a memorial to the Committee on Military Affairs of the Senate, asking for proper rank and emoluments for Letterman. Major Letterman was relieved of his duties, however, before any action was taken. In his departure, he called to mind an excellent criterion for an efficient medical service and army. In a circular which he issued on December 22, 1863, as Medical Director of the Army of the Potomac, he said: "It cannot be too constantly considered by Medical officers that the efficiency of an army in a very great degree depends upon the faithfulness and energy with which their duties are discharged and from the character of the officers of the army."<sup>92</sup>

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<sup>91</sup>Blair to Phelps, March 16, 1864, ibid.

<sup>92</sup>Clements, Memoir of Letterman, pp. 20-22. See also Circular, Medical Department, Sixth Corps, Army of the Potomac, December 22, 1863, in Order and Letter Book, Sixth Corps, Army of the Potomac, Division of Manuscripts, Library of Congress.

## THE SUPREME TEST, 1864

During 1864 the medical agencies were put to their supreme test in the care of the wounded, for the campaigns of Grant and Sherman resulted in an unprecedented number of casualties. Although in meeting this challenge the various medical services continued to have many deficiencies, it was apparent that in most aspects they were vastly improved over the situation in the previous years of the war. It was a period of contrasts between disgraceful performances and notable achievements--with the balance definitely tipped toward progress.

An especially hopeful note was struck early in 1864 when the War Department issued General Order No. 106, providing for a uniform ambulance system throughout the Union armies. Under the control of the medical director of the army, the corps medical director was to have complete direction and supervision of all ambulances, medicine wagons, and other such conveyances. Among all officers and men detailed to the ambulance corps, there were to be one captain, one first and one second lieutenant, together with non-commissioned officers and privates. All these were to be examined for fitness by a board of medical officers. The remaining sections of the order outlined in detail the respective duties of the various officers, the management of the ambulances and other corps property, and defined the relations to exist between the medical directors and officers detailed to ambulance duty. Ambulance flags were also provided for general hospitals, post and field hospitals, ambulances, and guidons.<sup>1</sup>

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<sup>1</sup>Brown, Medical Department of the U. S. Army, p. 236.

A notable improvement in 1864 was in the system of supply. No deficiencies occurred except in instances where it was impossible to obtain the supplies from the Purveyor in Washington. Most of these items were such things as iron bedsteads and cots. No complaints were heard respecting quantities of supplies or the promptness with which they were issued. Surgeon John H. Brinton, Medical Purveyor, Army of the Potomac, was praiseworthy for the forethought which he demonstrated in making timely requisitions for adequate amounts of supplies. Reserves for emergencies were built up in this manner. Thus was unfortunately not true of all Union armies, but conditions generally had much improved.<sup>2</sup>

Much progress was made as well in the procurement of ration items and special dietary foods and drinks for medical patients. Coffee was purchased mostly in New York, because the greater importation through that port and more efficient means of procurement made purchase in that market more economical. All of the items of the soldier's ration except coffee, tea, and black pepper were purchased by the Commissary Department in Cincinnati at this time. In issuing delicacies, the Medical Department rivaled the Sanitary Commission. These were purchased from the fund which accrued from the tax on newspapers and which had been entrusted to the care of the Medical Directors for the benefit of the sick and wounded. Peaches, tomatoes, jellies, lemons, oranges, Boston crackers, and cucumber pickles were eagerly sought by the soldiers and were now more abundantly supplied.<sup>3</sup>

Further advance was also shown by the Medical Corps in matters of transportation. The ambulance corps increased its efficiency in the collection

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<sup>2</sup>Thomas G. McKenzie, "Report of the Acting Assistant Medical Purveyor of the Army of the Potomac," War Records Division, National Archives.

<sup>3</sup>Ibid. See also Joseph P. Taylor to Edwin M. Stanton, February 19, 1864, Commissary General, Letters to the Secretary of War, 1854-66, War Records Division, National Archives.

of the wounded, and in March Congress gave it official status for every army in the field.<sup>4</sup>

The promotion of the best interests of the sick was especially marked in the Sixth Corps of the Army of the Potomac, where there were made better arrangements for the organization of division hospitals during the march and for an adequate nursing staff. On March 25 an order was issued, detailing one nurse to every ten sick in their removal, and on April 16 instructions were issued for division hospitals.<sup>5</sup>

Under the plan for division hospitals on the march, each division of the Sixth Corps was to establish a hospital under the immediate supervision of the Surgeon-in-Chief. Each Surgeon-in-Chief was to detail one surgeon, one assistant surgeon, one hospital steward, and ten nurses as his medical force. One medicine wagon was to be assigned and one hospital wagon with three tents, three dozen blankets, mess chest, hospital stores, and intrenching tools.<sup>6</sup>

At the end of each day's march, each Surgeon-in-Chief was to designate the location of his hospital. Each division ambulance officer was to detail from his train sufficient ambulances to be parked in the vicinity of the hospital. The hospital train and attendants were to follow the rear of their respective divisions, and the ambulances were to be under the command of a commissioned officer designated by the commanding officer of the ambulance

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<sup>4</sup>Congressional Globe, March 14, 1864 (38th Congress, 1st Session), p. 1082. U. S. Statutes-at-Large (1864-65), XIII, 20-22. See also Clements, Memoir of Letterman, p. 8.

<sup>5</sup>L. J. Allen to C. F. Crehare, March 24, 1864, Order and Letter Book, U. S. Army Medical Department, Sixth Corps, Army of the Potomac, Division of Manuscripts, Library of Congress. See also Circular from S. A. Holman, Medical Director, Sixth Corps, Army of the Potomac, to surgeons, April 16, 1864.

<sup>6</sup>Circular from Holman to surgeons, April 16, 1864.

corps. Each Surgeon-in-Chief was also to detail a medical officer to accompany the division train on the march to make frequent inspections and to insure that only those needing assistance rode in the ambulances.<sup>7</sup>

New instructions were likewise given in the Sixth Corps for the organization of division hospitals. Besides the Surgeon-in-Charge, there was to be an assistant surgeon who kept the records. One medical officer from each brigade was to perform operations, and each of these was to be assisted by two medical officers. One assistant surgeon from each brigade was to provide food and shelter for his respective brigade.<sup>8</sup>

The division hospital was to have a Chief Steward under the command of the Surgeon-in-Charge, and each brigade was to have a Chief Steward for the immediate care of the wounded on the field prior to removal to division hospital. Two hospitals were to be established in the rear of each brigade, and the medical force was to be composed of one medical officer and three nurses from each regiment. All remaining medical officers were to report to the Surgeon-in-Charge for duty in their own brigades at the division hospital.<sup>9</sup>

All hospital attendants were later instructed by their Surgeon-in-Chief to wear a chevron on their right arm. This was to be one inch wide and six inches long and to be composed of green and yellow, each one-half inch in width and placed transversely on the arm. This was in keeping with the growing practice of using some small patch of cloth of a conventional outline on ambulances, wagons, flags, officers, and men. On personnel, the patch was to be worn on the hat or coat. Various designs were adopted by the

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<sup>7</sup>Circular from Holman to surgeons, April 16, 1864.

<sup>8</sup>Ibid.

<sup>9</sup>Ibid.

divisions and corps. The Sixth Corps adopted the equilateral five square Greek cross. The men, flags, and wagons of the First Division bore red badges; those of the Second, white; and the Third, blue. The Fifth Corps adopted the Maltese cross. Countless other designs, such as the shamrock, star, square, circle, heart, and triangle, were used for corps badges.<sup>10</sup>

By 1864, the importance of accurate and prompt reports regarding the number and character of wounds of patients admitted to division field hospitals after battle was better understood. The existence of fragmentary and unreliable reports, and the non-existence of reports on occasion, showed that the recording of such statistics required a greater personnel and more devotion to accuracy and promptness. Again, the Army of the Potomac led the way. Thomas A. McParlin, Medical Director of that army, issued a special circular in April, 1864, to accomplish these ends. All operations performed after the Reports of Operations were sent forward were to be recorded and these records sent weekly to the office of the Medical Director. Whether specimens were obtained or not, there were to be no exceptions in the recording of operations. However, all specimens were to be preserved carefully until properly designated agents could collect them for the Army Medical Museum.<sup>11</sup>

At this stage of the war, greater effort was being made to collect all pathological specimens, making proper identification, and insure their preservation. All specimens were to be collected by specially designated agents

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<sup>10</sup>L. J. Allen, Surgeon-in-Chief, Second Division, Sixth Corps, Army of the Potomac, to surgeons of brigade, April 21, 1864, Order and Letter Book, U. S. Army, Medical Department, Sixth Corps, Army of the Potomac. See also Davis, The Sanitary Commission, p. 556.

<sup>11</sup>Circular No. 16 from T. A. McParlin, Medical Director, Army of the Potomac, to surgeons of army, April 18, 1864, Order and Letter Book, U. S. Army, Medical Department, Sixth Corps, Army of the Potomac, Division of Manuscripts, Library of Congress.

who were to forward them to the Army Medical Museum in Washington. The founding of this museum was due largely to the efforts of John H. Brinton, brigade surgeon in the United States Volunteers, who in Washington, in 1862, started the collection by placing on a small shelf above his inkstand three pathological specimens.<sup>12</sup>

The April 30, 1864, issue of the Medical Times summarized the medical advance being made in the medical service, especially that of the Army of the Potomac. "Whatever may be the future of the Army of the Potomac," it reported, "it has gained a reputation for perfection of organization which will secure it a commanding position in the armies of history."<sup>13</sup> The Medical Department, it continued, deserves the special plaudits of the country for the perfection of organization which it has attained and which has not been duplicated in any other army here or abroad. "The utility of the organization of the Medical Department of the Army of the Potomac," said the Times, "consists in reducing to harmony and concert of action every branch of the medical service..."<sup>14</sup> The complete medical staff of the Army of the Potomac became a unit, it was said, acting "with the deliberation and precision of a single person." The highest recommendation of the ambulance service, it concluded, was its extension by Act of Congress to all Union armies.<sup>15</sup>

While the Medical Department of the Army of the Potomac scarcely operated with "deliberation and precision" on every occasion, it did reach such a state of preparedness that it facilitated the plans of the military staff. Early in 1864, General Grant devoted himself to plans for the victory campaign.

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<sup>12</sup>Sam Morris, "Army's Medical Museum," Washington Sunday Star Pictorial Magazine, December 28, 1947.

<sup>13</sup>New York Medical Times, April 30, 1864.

<sup>14</sup>Ibid., April 30, 1864.

<sup>15</sup>Ibid., April 30, 1864.

Although discounted by General Lee, Grant decided to make a frontal attack upon Richmond through the swamps of the Wilderness.<sup>16</sup>

The ground was familiar to veterans. The numerous breastworks which were thrown up by both armies were grim reminders of the previous year--of familiar scenes of bloody struggle. Many of the Union dead had been exhumed, but many others still remained unburied. Arms, legs, and jaws, lying in profusion on the soil, were bleaching. Skulls were being used by wasps and moles for their nests.<sup>17</sup>

On May 5 and 6, savage fighting took place. Waves of Union and Confederate soldiers met each other in a desperate struggle of close rifle firing and bayonet thrusts. Grant could not break through the Wilderness and withdrew to count his losses and re-form his lines. Then he ordered the march around Lee's right towards Spottsylvania Court House, but the Confederate lines could still not be broken.<sup>18</sup>

In caring for the wounded from these battles, the Medical Corps was taxed to the limit by the aggravation of old conditions and the advent of the new. Before the severely wounded and dying could be carried upon stretchers to the hospitals in the rear, thieves plundered them of their clothing and rations. This was nothing new. Thieves almost always waited in the rear for hostilities to cease. Yet, the great influx of 'bounty jumpers' in 1864 put the situation almost completely out of hand. Extreme handicaps were also placed upon medical officers by the clogging of the evacuation system with the non-needy. The wounded who were able to walk, no matter how slight the wound, beat a hasty retreat. Even a bad scratch was regarded as a possible

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<sup>16</sup>Milton, Conflict, pp. 279-280.

<sup>17</sup>Blake, Three Years in the Army of the Potomac, p. 277.

<sup>18</sup>Milton, op. cit., p. 281.

means of escape from further fighting. Traveling in the same direction were the usual able-bodied skulkers seeking to avoid the perils of battle. Patriotic men had been largely replaced by substitutes, 'bounty jumpers,' and conscripts. Many enlisted under fictitious names like 'Abe Lincoln,' 'Johnny Boker,' and 'Jim Crow.' Sometimes they could not even remember their own adopted names and had to look in the bands of their hats. Some were formerly in the Confederate armies.<sup>19</sup>

Failing at Spottsylvania, Grant again pushed forward by the right flank at a frightful cost and came into the terrain of the McClellan campaign. At Cold Harbor, he committed his army to a useless attack and suffered 12,000 casualties. This brought his losses in killed, wounded, and captured between the Rapidan and the James Rivers to 55,000 men.<sup>20</sup>

Nothing but extreme hardship was the lot of the Union Army while it was entrenched at Cold Harbor. The ground on which the men were encamped was low and marshy and hence conducive to malaria. Unburied men lay between the lines. The reeking odor of dead men, horses, and mules permeated the air. Many men lay in cramped, narrow trenches without sufficient sleep and under a nerve-wracking strain. Exposed to extremes of heat during the day, there was nothing for them but muddy, polluted surface water to drink. Until June 12, it was almost impossible to get any cooked food. The fare then was chiefly hardtack and poor grade beef.<sup>21</sup>

The scene after the battle of Cold Harbor was appalling. Very few of the wounded were sheltered. The ground, for acres, was covered with the

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<sup>19</sup>Blake, Three Years in the Army of the Potomac, pp. 279, 281, 293. See also Wilkeson, Recollections, p. 201, and Goss, Recollections of a Private, p. 328.

<sup>20</sup>Milton, Conflict, p. 282.

<sup>21</sup>Goss, Recollections, p. 318.

wounded and dying. The surgeons were busy with dressings and amputations. Cries and groans of distress filled the air.<sup>22</sup>

Meantime, in keeping with Grant's plan to attack on all fronts, in May, 1864, General William T. Sherman advanced with an army of 100,000 men along the Chattanooga-Atlanta railroad line, and the troops were in comparatively good health when they entered upon this campaign. The experienced soldiers enjoyed excellent health, but the many unused to rough campaigns wilted quickly. During the previous winter the troops had been encamped in the vicinity of Chattanooga where there were few vegetables. Troops campaigning in East Tennessee during part of that winter were issued marching rations only. This was true of the Fourth Corps and a part of the Twentieth. The Third Division of the Twentieth Corps either had new troops or those from rear garrisons, for there was more sickness in it than any other division of the army.<sup>23</sup>

Practically all cooking utensils, with the exception of coffee pots and frying pans and an occasional mess pan or camp kettle, were left at Chattanooga, and the cooking which resulted was of the worst kind. The commissary supplies, which were furnished until the occupation of Marietta, Georgia, consisted largely of salt pork or bacon, fresh beef, hardbread, coffee, and sugar. Other small items, such as rice, beans, soup, or vinegar, were seldom seen.<sup>24</sup>

Fortunately, this situation was not duplicated in the field hospital. Ample supplies, including any delicacy obtainable, were supplied by an acting Commissary of Subsistence who was detailed to accompany the field hospital. These supplies, plus those furnished by the various sanitary

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<sup>22</sup>Denny, Diary Extracts of the War, p. 468.

<sup>23</sup>George E. Cooper, "Report of the Operations of the Medical Department in Northern Alabama," War Records Division, National Archives.

<sup>24</sup>Ibid.

commissions, enabled the surgeons to give the patients a diet comparable to that found in the rear at permanent hospitals. A supply train of thirty wagons was organized, and from May to September, 1864, the Department of the Cumberland did not want for medical stores.<sup>25</sup>

Medical and commissary supplies were not abundant during the three weeks that the army was in front of Dallas or New Hope Church, distant from the supply depôt, but they were sufficient. At no time did patients suffer from want of supplies.<sup>26</sup>

Since it was very difficult to procure forage on a line so far removed from base, the amount of transportation was reduced to the barest minimum and unnecessary articles were left behind. In June, after the battle of Marietta, the main depôt was established at that place. That troops were not supplied more freely than before was attributable to the ignorance or indolence of the commissaries.<sup>27</sup>

On June 10, the supply of medical stores in the Twentieth Corps was far from desirable, but there was no serious shortage. The lessening of supplies at this time was due to the condition of the roads leading to Ackworth, where the field Medical Purveyor was then located.<sup>28</sup>

While deficiencies remained, therefore, the condition of the medical units in the southern campaigns was generally satisfactory. Between July 22 and September 2, 1864, medical supplies were abundant. There were

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<sup>25</sup>George E. Cooper, "Report of the Operations of the Medical Department of the Army of the Cumberland," War Records Division, National Archives.

<sup>26</sup>J. T. Heard, "Report of the Operations of the Medical Department of the Fourth Army Corps.....Chattanooga to Atlanta," War Records Division, National Archives.

<sup>27</sup>G. E. Cooper, "Report of Army of Cumberland."

<sup>28</sup>Ibid.

sufficient hospital tents, surgical appliances, and stimulants. The various army corps were liberally supplied. The only item which ran short was whiskey, and this was subsequently furnished in ample amounts by the Subsistence Department. Its quality was said not to have been equal to that of the Medical Department but "good enough for all practicable purposes."<sup>29</sup> The ambulance corps had been organized and initiated under the new system authorized by Congress, but its first trial was not a fair one. It was the animals which were almost starved during the siege of Chattanooga that were turned over to the ambulance corps by the Quartermaster. Competent stretcher bearers were difficult to find. Company and regimental officers seemed to think that the sick, weak, and trifling were best suited for such a task. The men of the corps did their work faithfully, however, under the heaviest fire. The Medical Corps learned in previous campaigns of the importance of providing proper hospital facilities in advance of an expected battle, and ample accommodations for reception of the sick and wounded were provided in the rear.<sup>30</sup>

Considered individually, however, the condition of the medical departments of the armies operating in Georgia varied. The Army of the Middle Military Division was new and composed of small commands which were used to acting independently, and no staff department could claim even "an incipient organization...."<sup>31</sup> The only unit really prepared for a campaign was the veteran Sixth Corps, and its creditable condition was due mainly to Surgeon S. A. Holman, United States Volunteers, Medical Director of the command.<sup>32</sup>

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<sup>29</sup>G. E. Cooper, "Report of Army of Cumberland."

<sup>30</sup>Ibid.

<sup>31</sup>James T. Ghiselin, "Report of the Operations of the Medical Department of the Army of the Middle Military Division," War Records Division, National Archives.

<sup>32</sup>Ibid.

During part of the Atlanta campaign, the sick and wounded of the Fourteenth and Twentieth Corps were not as well cared for as was desirable. The change of directors and the lack of an organized system were primarily responsible for this situation. There were some exceptions, as in the First Division of the Fourteenth Corps under Surgeon Marks of the Tenth Wisconsin Volunteers. The hospital under Surgeon Lucius J. Dixon was also operated very efficiently. It was Surgeon J. Theodore Heard, United States Volunteers, Director of the Fourth Army Corps, ably assisted by his corps of surgeons, however, who made the Fourth Army Corps a model to be followed by other armies.<sup>33</sup>

When Atlanta was evacuated, the corps hospitals of the Army of the Cumberland were properly organized and equipped and were ready to move at a moment's notice. The General Field Hospital, under Surgeon W. O. Woodworth, was in fine condition and was prepared to receive all of the sick and wounded of the army who might require treatment when the division hospitals were disbanded.<sup>34</sup>

While many surgeons had a limited conception of what their duties were, medical officers performed their duties in the long and arduous Atlanta Campaign in a highly creditable manner and, in some cases, close to the front. The evils arising from surgeons treating only the wounded of their own regiments or brigades were mostly avoided by consolidating brigade hospitals. Field hospitals were kept well to the front, and, in time of action, the tents were pitched as close as the safety of the wounded would permit. Three years of experience in military medicine and surgery were at last paying off. A system designed for prompt and efficient medical service was evolving.<sup>35</sup>

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<sup>33</sup>G. E. Cooper, "Report of Army of Cumberland."

<sup>34</sup>Ibid.

<sup>35</sup>Ibid.

The troops wounded at and near Buzzard's Roost and Rocky Face Ridge were transferred by rail to the Chattanooga hospitals. Those wounded near Resaca were taken care of in the division hospitals for several days and then transferred to the general field hospitals. The most seriously wounded were then retained until they could be conveyed by hospital train to the hospitals in the rear.<sup>36</sup>

Following the first actions near Dallas, the wounded were brought by ambulance and wagons to Kingston and then by rail to Chattanooga. In the last actions near Dallas, wounded were carried in wagons to Ackworth where they were cared for in temporary hospitals which had been improvised until the Etowah River bridge could be rebuilt. Then the wounded were carried to the rear in freight cars.<sup>37</sup>

The wounded in the various assaults and skirmishes in and around Kennesaw were transferred from division hospitals to Ackworth and Big Shanty, then by rail to Chattanooga. Following the assault of the enemy's works at Kennesaw on June 27, orders for the removal of the wounded to the rear in twenty-four hours were given. The Army of the Cumberland hospitals were located at that time about six to nine miles from Big Shanty. This was the nearest point on the railroad, and the General Field Hospital was located there. Every means of transportation was called into use. Almost 2,000 wounded had to be transported over six to nine miles of rough and rain-inundated roads. Much suffering was caused by being detained on the road and the short supply of rations. The trip required thirty-six hours or more. The surgeons could only examine the sick and wounded when stops were made, and few of the wounds were properly dressed. The wants of the sick were almost

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<sup>36</sup>G. E. Cooper, "Report of Army of Cumberland."

<sup>37</sup>Ibid.

entirely disregarded. Surgeon George E. Cooper prevailed upon the Sanitary Commission to set up refreshment stations at Kingston, Resaca, and Dalton, and the commission readily complied. There was then no lack of food, coffee, or water. Yet, the condition of many who arrived at Chattanooga was saddening.<sup>38</sup>

The advance of the Union medical service was probably never better illustrated than in the treatment of the wounded in hospitals established in and near Atlanta. The wounded from the actions which took place between Marietta and Chattanooga were removed to the field hospital at Marietta and then to the rear. Those who received wounds in the actions in front of Atlanta were taken to the hospital at Vining's Station or were treated in the division hospital. Those from Jonesboro were brought to Atlanta in ambulances and were treated in division hospitals with a success, it was said, that "was seldom surpassed in the history of military surgery."<sup>39</sup> The wounded of the Second Division of the Fourteenth Army Corps were taken to the Atlanta Medical College which had been used by the Confederate armies as a hospital. It was large, well ventilated, and exceptionally suitable.<sup>40</sup>

Considering the extremely hard combat and the nature, number, and reporting of wounds, the accomplishments of the Medical Corps were all the more remarkable. Wounds in the Atlanta Campaign were caused by hand to hand combat, musketry, and artillery fire. Many of the wounds were caused by the rifled and smooth-bored artillery, and rifled musketry that threw elongated projectiles. Surgeon Charles W. Jones observed many bayonet wounds, the first and only ones which he saw during the war, at Jonesboro, Georgia,

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<sup>38</sup>G. E. Cooper, "Report of Army of Cumberland."

<sup>39</sup>Ibid.

<sup>40</sup>Ibid.

during September. The reporting of wounds was of such a nature also as to give no true picture of the magnitude of the Medical Corp's task. Surgeon George E. Cooper did not consider the reports of the wounded prior to June 27, 1864, as very reliable. He held responsible some of the medical officers in charge of division hospitals. These officers, however, were not solely to be blamed, since Surgeon Otterson, Medical Director of Corps, had informed them at the beginning of the campaign that no reports would be required. The reason given was that there was no transportation for desks provided. Too, some men apparently were treated in the hospitals for slight wounds and then left before their names were taken. Others who were slightly wounded or were treated by field surgeons never went to the hospitals. Still others who were seriously wounded left their commands and died before reaching the hospitals. In view of these conditions, the disparity between tabular and consolidated weekly reports was understandable. The number of wounds reported by tabular statements as received by brigade and division hospitals during the Atlanta Campaign (May-September, 1864) was 14,450; that by consolidated weekly reports, 15,559.<sup>41</sup>

The Medical Corps of the Army of the Cumberland stood up well also when it came to coping with the extensive sickness and disease. Dysentery, diarrhoea, malarial fevers, typho-malaria, and typhoid ravaged the army. During the early part of the campaign, scurvy broke out, and this was aggravated when the troops were in trenches before Kenesaw and Atlanta. The medicos were given some relief from the prevailing sickness, however, when the corn matured sufficiently.<sup>42</sup>

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<sup>41</sup>Charles W. Jones, "Report of the Operations of the Medical Department of the Fourteenth Army Corps," War Records Division, National Archives. See also G. E. Cooper, "Report of Army of Cumberland."

<sup>42</sup>G. E. Cooper, "Report of Army of Cumberland."

Most of the sick and wounded of the First Division, Twentieth Army Corps, were sent to the rear before withdrawal from Atlanta. This was partly attributable to work of Surgeon Kittoe, the Medical Inspector. The other men were in good condition generally, since they had received the advantages of foraging expeditions during the past several weeks. They were also well clothed before leaving Atlanta, having been given new issues.<sup>43</sup>

At about the same time that the Atlanta campaign was set in operation, efforts were being made to drive the Confederates out of western Virginia, and the condition of the wounded in that area was frequently distressing. Proper medicines at Staunton, after the battle of Piedmont, on June 5, 1864, were scarce. Stimulants and tonics were particularly in short supply. Apple brandy was available, but it was believed to have done more harm than good.<sup>44</sup>

The mortality rate at Piedmont was high. One hundred and twenty of the slightly wounded were sent to Martinsburg soon after the battle, and only the worst cases were left at Staunton. Recovery in some cases was impossible, however, where the men had been brought from the Valley by the Confederates in heavy lumber wagons.<sup>45</sup>

Among these extreme cases after Piedmont was one in which the soldier, though severely wounded, recovered remarkably. A private of Company I, Thirty-Fourth Pennsylvania Volunteers, was wounded by four balls and two bayonet wounds. "The balls passed respectively through the right shoulder, right wrist, right side and right thigh....the two bayonets were received in the

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<sup>43</sup>Henry Z. Gill, "Report of Operations of Medical Department, First Division, Twentieth Army Corps," War Records Division, National Archives.

<sup>44</sup>William Grumbein, "Report of Wounded in Rebel Hospital at Staunton, Virginia," War Records Division, National Archives.

<sup>45</sup>Ibid.

right hip,"<sup>46</sup> said the officer who witnessed this casualty. Most remarkable about this case was that the wounded man was always in good spirits and didn't miss "half a dozen meals during his entire confinement."<sup>47</sup>

A windfall at Staunton for the Medical Corps was the benevolence of the rich and influential Mrs. Hersh. Large amounts of milk, fruits, and desserts were sent by her to the Union wounded through the underground railway.<sup>48</sup>

While there was seldom a time throughout the entire Civil War when there was not acute suffering among the sick and wounded, sufficient progress was made in the medical service by 1864 to ease somewhat the fears of the patients, their relatives, and friends. Yet, many people viewed the army hospitals as nothing more than slaughtering establishments where inhuman surgeons performed amputations for the improvement of their surgical knowledge. Here was a combination of fact and fiction, and in the opening years of the war there was, of course, a strong element of truth in the assertion. The care of the wounded was by no means perfected in every respect by the closing years of the war, but there was much to give one heart.<sup>49</sup>

The agents of the Sanitary and Christian Commissions were also busier than before. Many comforts and luxuries were provided the sick and wounded that otherwise would have been unobtainable. Valuable reading material was given to the men, and, when convenient, public religious services were held on Sunday on the grounds of the camps and hospitals.<sup>50</sup>

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<sup>46</sup>William Grumbein, "Report of Wounded in Rebel Hospital at Staunton, Virginia," War Records Division, National Archives.

<sup>47</sup>Ibid.

<sup>48</sup>Ibid.

<sup>49</sup>Denny, Diary Extracts, p. 505.

<sup>50</sup>Ibid.

This benevolence was sometimes overdone. On occasion, wounded men, suffering already from oppressive heat and exhaustion, were provided with pails full of milk-punch, which surgeons were frequently heard to remark did them great harm. It was the opinion of some doctors that fevers, inflammations, and even death were the consequences of this overloading of the stomach.<sup>51</sup>

Men of the Army of the Potomac were visited by agents as well from Ohio, Maryland, and other states, who offered their services wherever they might be needed. The Maryland men in the Army of the Potomac were so impressed, indeed, by the services of the agents from Ohio that they issued a special call for agents to act as visitors and nurses.<sup>52</sup>

Patriotic citizens of Michigan, composing the Michigan Military Agency, sent medical students of the University of Michigan as dressers for the wounded on the front lines. Private institutions, such as St. Mary's Hospital, Detroit, Michigan, under the care of the Sisters of Charity, gave excellent treatment to many of the sick and wounded from the various fields of battle. The German Relief Association, headed by John Hitz, was active in September, 1864, in sending supplies to their agents at City Point, Virginia.<sup>53</sup>

By 1864, the Christian Commission was looking back upon several years of welfare work. It prided itself upon its conversions following Falmouth, Potomac Creek, and Chancellorsville, the care of the wounded at Gettysburg, the care of the sick and wounded in the Army of the Potomac during the winter of 1863-64, the rigors of the Wilderness campaign, the schools for the

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<sup>51</sup>Denny, Diary Extracts, p. 505.

<sup>52</sup>L. F. Streeter to J. K. Barnes, May 31, 1864, Voluntary Aid Corps Records, 1861-65, War Records Division, National Archives.

<sup>53</sup>J. Tunnicliff to Joseph K. Barnes, June 1, 1864, Voluntary Aid Corps Records, 1861-65. See also Joseph Anderson to Joseph K. Barnes, May 31, 1864, Chaplains' Reports, and request by John Hitz for pass and transportation to City Point, Virginia, September 9, 1864, Voluntary Aid Corps Papers, 1861-1865.

colored soldiers in the Twenty-Fifth Army Corps, and their work during the occupation of Richmond.<sup>54</sup>

In September, 1864, Mr. C. Demond reported that the Christian Commission was emphasizing its physical endeavors to the detriment of the religious and that too many stores were used with too little system. In view of the initial aims of the organization, it is understandable why it was felt that in many cases their religious work was being sacrificed to more worldly causes.<sup>55</sup>

On October 7, 1864, a request was submitted to the Christian Commission to investigate and report on the sufferings of Union prisoners. This was rejected, however, on the grounds that the Sanitary Commission had already made such an investigation, that the work was too great for the resources of the Christian Commission, and that a matter of such vast importance would justify an "independent separate commission."<sup>56</sup>

The Christian Commission evidently changed its decision on considering the sending of agents to inspect prisoners of war, for on December 19, 1864, General Grant sent to Colonel R. Ould, Confederate Agents of Exchanges, the names of representatives selected by the U. S. Christian Commission to visit the Union prisoners of war and asked that they be permitted to go south. Grant assured Ould that he would extend the same courtesy to visitors from the South.<sup>57</sup> Ould replied, however, that he had written to Major General C. M. Hitchcock, Union Commissioner of Exchanges, on January 4, 1864,

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<sup>54</sup>Resignation of the Reverend E. F. Williams, July 4, 1865, "Minutes of the Executive Committee of the U. S. Christian Commission," pp. 249-250, War Records Division, National Archives.

<sup>55</sup>Report of C. Demond, September 16, 1864, "Christian Commission Minutes," p. 102.

<sup>56</sup>"Minutes of the Christian Commission," October 7, 1864, pp. 115-116.

<sup>57</sup>U. S. Grant to R. Ould, December 19, 1864, Christian Commission Papers.

proposing that "a proper number of surgeons be selected by their own government to attend prisoners on each side respectively..."<sup>58</sup> for the purpose of dealing with matters related to the health and welfare of those under their care. He held further that although Christian Commission agents were perfectly respectable they were not as well qualified as surgeons. Concluding that the suffering of the Union prisoners was grave but that it was not by Confederate choice, Colonel Ould proposed as the best plan an exchange of "man for man and officer for officer."<sup>59</sup> An impasse was thus reached in improving the lot of prisoners of war.<sup>60</sup>

That even the Christian Commission was probably infiltrated by crooks seems apparent from the rumors, even though unconfirmed on every occasion, that some of their agents sold supplies destined for the soldiers to junk dealers in Washington. At least one dealer was reported to have confirmed this practice.<sup>61</sup>

Since the general expenses for September, 1864, alone exceeded \$180,000, the Christian Commission was asking for more contributions of money. More delegates were needed, and an extension of the newspaper distribution to 400,000 at a cost of \$12,000 per month was desired. Libraries for hospitals and gunboats were long needed, as were chapels. The expense of diet kitchens in operation in the West called for \$10,000 per month, and the demands of the Missouri campaign were great. It was also expected that diet kitchens might be introduced in the eastern armies.<sup>62</sup>

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<sup>58</sup>R. Ould to U. S. Grant, January 24, 1865, Christian Commission Papers.

<sup>59</sup>R. Ould to U. S. Grant, January 24, 1865, ibid.

<sup>60</sup>R. Ould to U. S. Grant, January 24, 1865, ibid.

<sup>61</sup>W. C. Stone to J. J. Abbott, April 4, 1865, "Christian Commission Reports, 1863, 1865," War Records Division, National Archives.

<sup>62</sup>George H. Stuart to Edward S. Tobery, October 27, 1864, Christian Commission Papers, Division of Manuscripts, Library of Congress.

The agents of the Sanitary Commission were very vigilant in checking the operations of rival organizations, so the Christian Commission was careful in its activities not to provoke an unusual amount of criticism. The extent of the services of the Christian Commission, however, was vouched for by many civil and military leaders. In speaking of the contributions of the Sanitary and Christian Commissioners, General Grant prefaced his remarks with the hope that no body of citizens would ever again have duties imposed upon them as the Christian Commission endured during the past four years. Surgeon General Barnes felt that by his own observation and that of medical officers generally, the Christian Commission had always been zealous and efficient in its cooperation with the governmental authorities. Montgomery Meigs, the Quartermaster General, testified to the good accomplished by the commission at Chattanooga and Belle Plain. General George G. Meade believed that invaluable services, both of a spiritual and physical nature, were performed by the agents of the Christian Commission in the Army of the Potomac, and Major General O. O. Howard found that their agents were faithful to the important trusts which had been committed to them.<sup>63</sup>

Some of the soldiers who benefited from the benevolence of the relief commissions were among those who had an unusual experience on July 10, 1864, when, in the later afternoon, it was announced in Washington that General Jubal A. Early was en route with his entire army to the capital via Rockville, Maryland. Washington was encircled with forts which were connected by rifle pits, and, in the evening of July 10, a motley group of Quartermaster employees, clerks from the War, Navy, and State Departments, and

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<sup>63</sup>Samuel B. Caldwell to George H. Stuart, May 18, 1865, Christian Commission Papers. See also U. S. Grant to George H. Stuart, January 12, 1866, Stuart Collection; Joseph K. Barnes to George H. Stuart, January 15, 1866, ibid.; Montgomery Meigs to George H. Stuart, January 16, 1866, ibid.; George G. Meade to George H. Stuart, January 17, 1866, ibid.; and O. O. Howard to George H. Stuart, January 20, 1866, ibid.

convalescents from the military hospitals and veteran reserves straggled out to man the pits. The Confederates called these reserves 'condemned Yankees,' but Early probably would have taken the capital had it not been for the delay of one day caused by the 'pretended' soldiers.<sup>64</sup>

During the following month the medical service made an advance on the highest level when the air was cleared by the end of the Stanton-Hammond controversy. The antagonism between Secretary of War Stanton and Surgeon General Hammond reached a white heat. Stanton had never liked the way in which Hammond seemed to disregard military precedent, and Hammond was equally contemptuous of persons who permitted any such barriers to stand in the way of vigorous action. Unfortunately, Hammond not only made an enemy of Stanton but of many medical officers as well—all this at a time when he needed friends most. Even many of his friends threw up their hands in horror and branded him a heretic when he struck calomel and tartar emetic from the table of supply. The controversy reached such proportions that Hammond was tried by a General Court Martial, and on August 20, 1864, he was dismissed from the service. In the meantime, Medical Inspector General Joseph K. Barnes had been appointed to the position of Surgeon General. In fact, he had already been serving in that capacity.<sup>65</sup>

Medical Inspector John M. Cuyler received temporary assignment as Medical Inspector General. On December 1, however, Surgeon Madison Mills was appointed Medical Inspector General and Lieutenant-Colonel Cuyler resumed his old duties before the sudden changes were made in the Surgeon General's office.<sup>66</sup>

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<sup>64</sup>Wilkeson, Recollections, pp. 212-213. See also Milton, Conflict, p. 302.

<sup>65</sup>Packard, Medical History, I, 645. See also Brown, Medical Department, p. 238.

<sup>66</sup>Brown, Medical Department, p. 238.

Actually, of course, the change in the person of the Surgeon General was not so sudden. Hammond had previously been removed as much as possible from the affairs of his office. In September, 1863, he had been sent on a tour of the Southern Department, and Barnes had been assigned to take charge of his duties as Surgeon General. Without definite evidence but in view of subsequent events, it is entirely possible that Stanton purposely sent Hammond off on the southern trip.

In 1878, the Senate and House Committees on Military Affairs reported on the court martial of Hammond and concluded that the single real charge, trifling if not frivolous, proved only that both Stanton and Hammond were such self-willed men that neither would yield when they converged upon what each believed to be "the path of mutual duty."<sup>67</sup>

In the meantime, in 1864 while Grant was busy with the siege of Petersburg and Richmond, Lee was making diversions for awhile in the Shenandoah Valley. General Phil Sheridan, under orders from Grant, put the quietus to that, however, and inflicted two defeats upon Early at Opequon Creek, on September 19, 1864, and at Cedar Creek a month later.<sup>68</sup>

During the latter part of the battle at Opequon Creek, it was impossible to collect all the wounded. The Army was pushing ahead too rapidly, and many wounded remained on the field that night and were concealed where they fell in the thick woods. When they were brought to the field hospital, they received good care and nourishing food generally. At 9 P. M., the Commanding General ordered all wounded taken to Winchester, and over 4,000 of the wounded were transferred to the hospitals of their respective corps.<sup>69</sup>

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<sup>67</sup>Packard, Medical History, I, 644-645.

<sup>68</sup>Milton, Conflict, p. 655.

<sup>69</sup>J. T. Ghiselin, "Report of the Operations of the Medical Department of the Middle Military Division."

Both subsistence and sanitary conditions at Winchester were none too satisfactory, but conditions at places such as Woodstock were even worse. On September 21, the wounded were almost destitute of food. No subsistence train had accompanied the army, and the commanding officer at Winchester, commandeered, therefore, 8,000 rations from an army supply train which was going to the front. The medical officers at Winchester seemed to have some regard for principles of hygiene, but everywhere else from Woodstock on, wherever the Confederate wounded were collected by their own surgeons, there was evidence of extreme filth and neglect.<sup>70</sup>

It was the division system, devised by Letterman, which made it possible to give quick attention to the care of the large number of wounded after the battles of Winchester, Middletown, or Cedar Creek. Prior to the instituting of this system, there had been much confusion in all units except the model Sixth Corps hospital.<sup>71</sup>

Not all medical units of the Union armies learned the valuable lessons of four years of war as well as those in Virginia. The 14,000 troops commanded by Major General Andrew J. Smith, ordered from Missouri to drive Sterling Price out of Tennessee, were deficient in November, 1864, in practically everything pertaining to a hospital department. They had no organized ambulance corps or trains, and there was no organization of hospitals either on the division or brigade level. Every improvement was in fact opposed as an unnecessary innovation. They had few medical supplies with which to alleviate the suffering of the wounded, and it was only the efficiency, energy,

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<sup>70</sup>J. T. Ghiselin, "Report of the Operations of the Medical Department of the Middle Military Division."

<sup>71</sup>Ibid.

and promptness of Surgeon Robert Fletcher which saved the lives of many of the wounded of this command.<sup>72</sup>

The pursuit of the enemy in December, 1864, meant greater work in the transportation of the wounded. The railroads were destroyed, and the wounded had to be conveyed by ambulance to the hospitals at Franklin, Columbia, and Pulaski. In these trying circumstances, it was the labor of Surgeon O. Q. Herrick which made possible the collection of both Union and Confederate wounded. The advance cavalry paid little attention to their wounded, and they were left in roadside houses for the surgeons of the infantry troops.<sup>73</sup>

The medical officer at Nashville ordered all necessities and available luxuries required by the Confederate wounded to be furnished. When the Commissary General of Prisoners arrived, however, the order for confinement to prison hospital rations was issued. Since prison hospitals were at a distance from the front, this meant suffering which could and should have been averted.<sup>74</sup>

The medical and ambulance officers at Nashville performed strenuous duties under fire, and without rest, for fifty hours. Surgeon George Cooper reported that he had never seen more prompt removal of the wounded from the battlefield nor better treatment in the division hospitals. The medical officers of the U. S. colored troops supplemented this extemporized corps which was so hastily thrown together in beleaguered Nashville. Every care was taken by these men to relieve the wounded, although they lacked field hospital equipment and supplies. It was their good fortune to have plentiful rations, medical and hospital supplies.<sup>75</sup>

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<sup>72</sup>G. E. Cooper, "Report of Army of Cumberland."

<sup>73</sup>Ibid.

<sup>74</sup>Ibid.

<sup>75</sup>Ibid.

It was impossible to bring a sufficient number of ambulances to Nashville because of the blockade of the Cumberland by the Confederate batteries. To compensate for this, every conveyance at hand was requisitioned and sent into the field.<sup>76</sup>

Some of the troops engaged in the action in front of Nashville, where General George H. Thomas ("The Rock of Chickamauga") defeated General John B. Hood in his scheme to make that city a base from which to reconquer Kentucky, had no organized medical department. The casualties suffered, therefore, could not be accurately determined. It is probable, however, that men never suffered more, especially from the inclement weather, during the month of December when Hood's army was retreating to the Tennessee River.<sup>77</sup>

On another front, conditions were much better. From Savannah, Georgia, on December 25, 1864, General Sherman assured the Quartermaster General that his armies had been "admirably supplied."<sup>78</sup> Indeed, Sherman was amazed by the magnitude of the Quartermaster Department's operations.<sup>79</sup>

In Washington, however, inquiries were being made as to the procurement of supplies. Too many goods were being bought abroad, it was said. Supplies were being imported which might possibly be competing with domestic producers. On December 22, Quartermaster General Meigs explained the policy of his department to Senator Wilson. The domestic supply of blankets, he explained, for example, was insufficient. Therefore, after procuring all possible at a reasonable price from domestic manufacturers, the necessary supply

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<sup>76</sup>G. E. Cooper, "Report of Army of Cumberland."

<sup>77</sup>Ibid.

<sup>78</sup>W. T. Sherman to Montgomery Meigs, December 25, 1864, Quartermaster General, Letters Sent, 1864-65, War Records Division, National Archives.

<sup>79</sup>Ibid.

was completed by purchases from abroad. Those expressly ordered for the United States and under orders from authorized officers were delivered in bond and were admitted duty free.<sup>80</sup>

Back on the war front, especially around Petersburg, observers said that the army fared better than at any other time in their experience. The Sanitary Commission was partly responsible, since it was furnishing vegetables and sometimes fruit and other luxuries. The morale of the army was good.<sup>81</sup>

The medical department of the Army of the Potomac was reported by Surgeon T. A. McParlin to be in excellent condition, largely from the previous labors of Jonathan Letterman. The ranks of the forces which carried on the fight during Grant's last campaign were rapidly being diminished, however, and reports were circulated that the Army of the Potomac did not fight as well at Petersburg as in the Wilderness. Stories of demoralization were prevalent, and one observer held these reports to be true. He attributed the decline not to the medical department but to the fact that the generals, by shirking hazardous work, disheartened and embittered the enlisted men. Not to be left unconsidered also, he held, was the low character of most of the recruits who were supplied to the army at that time.<sup>82</sup>

The increased tendency to lose interest in the fight was shown in one soldier's confession:

"I am not sorry to leave the front. Is that a strange admission for a patriotic man? The truth is, I am tired, worn out. In three years of service in the Army, I have lived over ten years and now pant for quiet rest, and a chance to recruit wasted energies and broken health."<sup>83</sup>

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<sup>80</sup>Montgomery Meigs to Henry Wilson, December 22, 1864, Quartermaster General, Letters Sent, 1864-65.

<sup>81</sup>Goss, Recollections, p. 331.

<sup>82</sup>Clements, Memoir of Letterman, p. 13. See also Wilkeson, Recollections, pp. 179, 185.

<sup>83</sup>Denny, Diary Extracts, p. 548.

As the year 1864 closed, the Medical Department scored a victory in the long struggle over the control of general hospitals. The friction between medical and non-medical officers had become so intense, leading in fact to the trial of an officer of the Medical Corps in late 1863, that a resolution was introduced in the Senate calling upon the War Department for a report. The Senate asked to be advised as to what independent authority subordinate military commanders had over general hospitals. Whereupon Major General Halleck wrote a long and tedious report which settled nothing in a positive manner. Halleck felt that the existing Army Regulations were sufficient. This explanation did not suffice, however, and by 1864 a board of officers consisting of Generals Hitchcock, Ketchum, and Delafield was directed to investigate the controversy over the control of general hospitals. It never did.<sup>84</sup>

With a view to settling the whole matter, Surgeon General Barnes, on September 13, 1864, wrote to the Secretary of War. Stanton took a decided interest in the matter and on December 27, 1864, issued General Order No. 306, confirming that general hospitals were not subject to the orders of local military commanders except in the case of geographical divisions or departments. General Hospitals were to be under the exclusive control of the Surgeon General and the medical officers which he assigned to administrative posts within them. Three years before, nothing would have seemed less possible to the Medical Department than such an order.<sup>85</sup>

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<sup>84</sup>Brown, Medical Department, p. 241.

<sup>85</sup>War Department, General Order No. 306, December 27, 1864. See also Brown, Medical Department, p. 242.

## CHAPTER XI

### THE MORALE OF VICTORY AND THE GAINS OF THE WAR

By the spring of 1865, the Union armies were closing in on the Confederacy. Victory was in the air, and even the sick and wounded on the battlefield and in the hospitals were inspired to a new lease on life. Medical treatment in some areas, especially around Nashville and Chattanooga, was still faulty, but it was generally much improved. In most instances, surgeons, nurses, and other attendants performed their duties with faithfulness and vigor. Medical and subsistence supplies were usually abundant. Soon to follow this buildup, however, was the Union victory and the almost simultaneous reduction of its medical service. Yet, the passing wartime Medical Corps made some valuable contributions to the future of military medicine and surgery.

The last battles of the Civil War were especially productive of an esprit de corps. In April, 1865, the march of the army from Burkesville to Richmond was very severe, but the soldiers were cheerful. Every man seemed to be rejoicing over the late victories. There was no straggling in the Twenty-Fourth Corps during any part of the march. The commanding officers not only took measures to prevent it, but the effect of victory on the men kept them in line.<sup>1</sup>

The upsurge in morale was likewise seen in the Carolinas Campaign between January and April, 1865, when the new system of ambulance organization had been put into effect and had proved its worth. Some inconvenience was felt, to be sure, from the use of ambulances which had been supplied during

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<sup>1</sup>T. Calhoun, "Hygienic Influences of Battle." See also Joseph B. Morrison, "Report of the Operations of the Medical Department of the Twenty-Fourth Army Corps from March 27, 1865, to April 30, 1865," War Records Division, National Archives.

the first year of the war and were worn out. The ambulance corps in Alabama and Georgia in 1865 operated as successfully in the cavalry, however, as the infantry corps.<sup>2</sup>

The sick and wounded of the General Hospital at Frederick, Maryland, experienced a very pleasant expression of the spirit of victory in bountiful dinners given to them jointly by the citizens of Frederick and vicinity and the Christian Commission. These were given in each of the hospital barracks and did much to improve the morale of the men.<sup>3</sup>

Yet, the victory campaign called for even greater exertions. Supplies in larger quantities were needed, and this called for increased transportation. The Commissary General estimated that not far from 100,000 rations more were required per day to be transported from the several points of purchase on the coast than before Sherman had reached the sea. The Senate was also inquiring if the ration should not be increased, but the Commissary General said that this would not be necessary.<sup>4</sup>

Varying reports about the quantity and quality of the ration were circulated, but, in general, it appeared to be satisfactory. The supply of fresh vegetables in the Army of the Potomac in March, 1865, was entirely sufficient. There were complaints, however, from various quarters about the quality and quantity of rations. It was especially felt by some that the quality of the food should be better. It is true that no luxuries could

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<sup>2</sup>John Moore, "Report of Operations of the Medical Department, Campaign Through the Carolinas," War Records Division, National Archives. See also Francis Salter, "Campaign of the Cavalry Corps in Alabama and Georgia," War Records Division, National Archives.

<sup>3</sup>B. H. Creever to A. B. Campbell, January 31, 1865, Chaplains' Reports, War Records Division, National Archives.

<sup>4</sup>Amos B. Eaton to Edwin M. Stanton, Washington, February 13, 1865, Commissary General, Letters to the Secretary of War, 1854-1866, War Records Division, National Archives.

be provided on the rather limited daily allowance. Chaplain R. McCurdy, stationed at Sickles Hospital, Alexandria, Virginia, said that he had never witnessed "more general contentment among patients, and certainly have never heard as few complaints about food and treatment."<sup>5</sup>

During the southern campaigns, the armies either had sufficient food supplies or were able to forage enough to subsist adequately. There were also, in most cases, adequate medical supplies. In the Carolinas campaign, only sugar, coffee, and salt from the regular ration were issued. Detailed foragers scoured the countryside five or ten miles from the road. They always returned with flour and meat, poultry and bacon especially. Much buried food was discovered. During the Mobile campaign, medical supplies and stimulants were abundant, as were food and water.<sup>6</sup>

The Army of the Potomac was in commendable condition, and this was not because of any supplies taken from the defeated Confederates. Little Confederate medical and hospital property was turned over to the Union armies. There was scarcely anything to transfer. The supplies which did exist were sent over in parcels at various times, and they were either lost or destroyed by the men before they could be collected. Yet, in view of the great demands made upon it in the treatment of both Union and Confederate soldiers, the Medical Department of the Army of the Potomac operated efficiently. The general sanitary condition of its depôt field hospital was invariably good, and there was an ample supply of hospital and medical stores.<sup>7</sup>

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<sup>5</sup>C. J. Crouch to Joseph K. Barnes, May 31, 1865, Chaplains' Reports. See also R. Gage to Joseph K. Barnes, May 25, 1865, ibid.

<sup>6</sup>J. Moore, "Report of Operations of the Medical Department, Campaign Through the Carolinas."

<sup>7</sup>Eugene H. Abadie, "Report of the Operations of the Medical Department during the Campaign of Mobile." See also George B. Parker, "Report of the Depot Field Hospital of the Army of the Potomac," War Records Division, National Archives.

If there was a greater degree of contentment in general among the troops, there were still conditions which disillusioned the sick and wounded. Dances of doubtful benefit for those in the hospitals were held, for example, at Hospital 14, in Nashville. The dances appear to have been attended by citizens of Nashville who slept and boarded in the hospital while many of the sick and wounded had to sleep on the floor. At General Hospitals 1 and 2 in Chattanooga, deaths occurred from the lack of fuel. Far more men would have been lost had it not been for the aid of Major General Steedman and teams of wood choppers which he organized. At Hospital 1, complaints were constantly made about a long list of grievances: scanty rations and supplies from the stores of the U. S. Sanitary and Christian Commissions, lack of clothing, absence of descriptive rolls, lack of fuel, need for prompt returns of the effects of deceased soldiers, and the need of female nurses.<sup>8</sup>

During the various southern campaigns, there was no serious neglect of duty by medical officers. The medical officers in the Thirteenth Army Corps at Blakeley and Spanish Fort, in the Mobile Campaign, did their work well. There was a generally high level of performance among the medical officers of the Carolinas campaign. Without exception, the medical officers of the Twenty-Fourth Army Corps, during the march from Burkesville to Richmond (April 22-25, 1865) were said to have performed their duties faithfully and to have done much in a short time with little confusion. General A. E. Burnside was especially impressed by the services of John E. MacDonald, Medical Director of the Ninth Corps, who "bore himself with distinction as a professional man, soldier, and kind hearted gentleman..."<sup>9</sup>

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<sup>8</sup>Chaplain Wallington to Joseph K. Barnes, January 21, 1865, Chaplains' Reports. See also Charles M. Blake to Joseph K. Barnes, January 31, 1865, ibid.

<sup>9</sup>J. Moore, "Report of Operations of the Medical Department, Campaign Through the Carolinas." See also Eugene H. Abadie, "Report of Mobile Campaign."

In most of the military units, there were not enough female nurses. Those at General Hospital 1 in Chattanooga were generally of excellent character and ability, but the pay was so inadequate that it was difficult to retain the best.<sup>10</sup>

With few exceptions, prompt medical attention was given to the wounded in the southern campaigns. All but one of the wounded of the Fifth Army Corps, Army of the Potomac, during the Wilderness campaign were removed promptly from the field. The one soldier undoubtedly would have died had he been sent to the depôt hospital, so he was left instead at the Moody House with supplies and subsequently taken to Petersburg. The wounded in the Mobile campaign were removed in ambulances to the steamship "Saint Mary's" at the landing below Spanish Fort. From there they were shipped to the U. S. General Hospitals at New Orleans.<sup>11</sup>

There was a noticeable increase in self-inflicted wounds among the soldiers in some areas. Most of the patients at General Hospital 1 in Chattanooga were there because of legitimate wounds, but there was an increase in 'accidental' ones. These were usually reported among new recruits, substitutes, 'bounty jumpers,' and drafted men. There were also quite a few malingerers.<sup>12</sup>

When the army cut itself loose from the rear in the Atlanta-Savannah campaign, one of the chief objections of officers and men was the thought

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of the Medical Department during the Campaign of Mobile," J. B. Morrison, "Report of Medical Department of Twenty-Fourth Corps," and A. E. Burnside to John E. MacDonald, July 29, 1865, in J. E. MacDonald, "Narrative of Service," War Records Division, National Archives.

<sup>10</sup> Charles Blake to Joseph K. Barnes, January 31, 1865, Chaplains' Reports.

<sup>11</sup> Charles K. Winne, "Memoranda of Operations of the Medical Department during campaign from March 29 to April 10, 1865," War Records Division, National Archives. See also E. H. Abadie, "Report of Mobile Campaign."

of being left as sick or wounded in the hands of the enemy. This did not happen, however, either in this campaign or in that of the Carolinas, except in the case of two men from the right wing who received compound fractures of the thigh and were left in friendly hands in Georgia.<sup>13</sup>

In his escape during the Confederate retreat after Nashville, Nathan Bedford Forrest and a force of one hundred men did capture an unguarded Union hospital at Slantersville, Georgia. All the nurses and the slightly wounded were paroled, however, and the surgeons and patients unmolested.<sup>14</sup>

Unusual incidents occurred among the sick and wounded, especially when on occasion the burial of the "dead" was rushed. N. Van Alstine, agent of the Christian Commission, reported on February 11, 1865, that he had witnessed the carrying out to a grave of a young man who was expected to die. Just then his nurse appeared and declared that the body had to be sent home. The soldier was thereupon returned to the hospital, and in half a day he awoke to conscious life. He was soon convalescent and ready to go to the front.<sup>15</sup>

In a properly administered hospital no one, of course, would have been taken out to be buried until he had already died. Efforts were being made to improve the direction of the medical service, from the regiment to the army. While it was impossible to prove that an increase in rank produced such improvement, it was well known that the best administrative leadership could not be obtained unless the rewards were greater. The Surgeon General repeatedly requested, for example, that the medical directors of McClellan's and Halleck's armies at least be given the temporary rank of colonel.

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<sup>13</sup>J. Moore, "Report of Medical Department, Carolinas Campaign."

<sup>14</sup>F. Salter, "Campaign of the Cavalry Corps in Alabama and Georgia from March 22 to April 20, 1865, War Records Division, National Archives.

<sup>15</sup>N. Van Alstine, "Delegate's Weekly Report to the Station, February 11, 1865," Christian Commission Papers, War Records Division, National Archives.

Nothing was done about these requests, however, until February 23, 1865, when Congress passed a bill permitting increased rank for medical directors. Congress itself had indeed procrastinated, for a bill had been passed previously on June 21, 1864, by the House, then referred to the Military Committee of the Senate. From there it had been sent back to the House without amendment, but Lazarus W. Powell made objection to it and caused it to be laid aside.<sup>16</sup>

Under this act, the rank, pay, and emoluments of a colonel of cavalry were to be given to the medical director of any army in the field which consisted of two or more army corps or anyone who was the medical director of a military department in which there was a U. S. General Hospital with 4,000 beds or upwards. In any army corps in the field or department in which there was a U. S. General Hospital with less than 4,000 beds, the medical director was to be given the rank, pay, and emoluments of a lieutenant-colonel of cavalry. This increased rank in any case was only to be held while directors were discharging such duties, and at least two-thirds of the assignments to directorships were to be given to surgeons and assistant surgeons of volunteers.<sup>17</sup>

By the spring of 1865 the stage was being set for the collapse of the Confederacy. Grant faced Lee with a large army, and Sherman was coming from the south. In Washington, preparations were being made for the Inaugural Ball. Walt Whitman went around to the Patent Office to see the lavishly appointed dance and supper rooms which were still fresh in his memory as the scene of

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<sup>16</sup>Congressional Globe, February 23, 1865 (38th Congress, 2d Session), pp. 1019-1020. See also Globe, June 21, 1864, p. 3126; June 22, 1864, p. 3165; July 2, 1864, p. 3498; U. S. Statutes-at-Large (1864-65) XIII, 437-438; and Brown, Medical Department, p. 238.

<sup>17</sup>U. S. Statutes-at-Large (1864-65) XIII, 437-438. See also Brown, Medical Department, p. 238.

the wounded and dying. In the same month, Grant began to extend his lines to the west from below Petersburg, and Petersburg and Richmond were abandoned by the Confederacy. By April 9, Grant's army was behind Lee and Sheridan was in front of him. The Appomattox conference followed, and five years of bloody, fratricidal war came to an end. The Union was preserved, but at what a cost! It was ironical that one of the last injuries of the war was that suffered by a soldier named Sindan on April 10 from a premature explosion of gunpowder during the firing of a salute in honor of Lee's surrender.<sup>18</sup>

The haphazard reporting of the Union armies made almost impossible any attempt at accuracy in estimating the number of men killed or wounded. Of the Union army, which Livermore estimates to have been the equivalent of 1,500,000 men serving for three years, there were between 334,656 and 359,000 deaths by sickness or wounds. The Livermore estimate of Confederate losses by death is about 258,000. Countless other thousands, however, were maimed for life or ruined in health.<sup>19</sup>

The amount of sickness in the Union armies was also great and pointed up the deficiencies of the medical service as well as some of the shortcomings of the Union government. The sick report admissions totaled 5,825,480 and they included cases of almost every conceivable kind of sickness or disease to which a soldier fighting in the United States was subject. The deaths from disease and accident were high, reaching a total of 249,458. Obviously then, far more soldiers died from disease than from wounds. With almost

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<sup>18</sup>Walt Whitman, Notes, March 6, 1865, Whitman Papers, Manuscripts Division, Library of Congress, and Aubright Strickland, Diary, Outsize Documents, Veterans Archives Division, National Archives.

<sup>19</sup>Thomas L. Livermore, Numbers and Losses in the Civil War in America, 1861-1865 (Boston and New York: Houghton, Mifflin and Company, 1901), pp. 1-10. The actual Union enlistments totaled 2,898,304. Of these, 230,000 served short terms. See also Packard, History of Medicine, I, 645-646.

twice as many soldiers dying from disease as from wounds, it is apparent that the Union armies fell down when it came to adequate sanitary measures, including all of the problems of camp police, clothing, shelter, and diet. The work of the Medical Department fell short as well when it came to preventive measures, although its shortcomings were partly attributable to the arrested stage of medical science in the United States. Then too, there was the undoubted responsibility of Washington authorities, including the President and the Secretary of War, for not insisting upon a better system of hospitals. Even considering the necessity for making political and military decisions of first importance, and recognizing that Congressional support was vital, it is no less true that more of the sick and wounded could have been treated a little more humanely. It was neither right nor farsighted to keep men in makeshift hospitals, especially in swampy regions, on the grounds that they would never return to the service if they were furloughed north. Conceivably, many of them might not have returned if they were just furloughed north to go to their homes. If they had been sent to northern hospitals, of which there was a great need, however, and every effort made to make them well again, there is reason to believe that, in the final analysis, the armies would have benefited. It is extremely doubtful if either the fighting strength or esprit de corps of the armies was improved one iota by keeping men in their misery down in the river hospitals.

Thousands of maimed and disease-ravaged soldiers were returned to civilian life to eke out the rest of their days and to make the best of a war-torn life. On July 27, 1866, the Secretary of War was authorized to furnish both discharged and non-discharged soldiers, disabled in the service, transportation to and from their homes to obtain artificial limbs. Congress also enacted a law on June 17, 1870, by which veterans were entitled to receive

a new limb or a money award in lieu of it. The compensation for legs was \$75.00, arms \$50.00, feet \$50.00, and apparatus for resection \$50.00.<sup>20</sup>

Following the surrender of the Confederate armies in April, 1865, the War Department issued orders to the Medical Department to reduce its operations and expenses immediately. A sudden reduction of armies, both in garrison and in the field, was contemplated, and all expenses were to be drastically reduced. The Surgeon General spent the next few months, therefore, in changing the Medical Department from a wartime to a peacetime footing. The army boards which were then in session at Philadelphia, Washington, Cincinnati, and Hilton Head, South Carolina, for the examination of candidates for the Volunteer Medical Corps were dissolved, as were those for acting assistant surgeons, medical cadets, and hospital stewards. All soldiers and all patients in hospitals except veteran volunteers, veterans of the First Army Corps, and soldiers of the regular army were to be discharged.<sup>21</sup>

A similar curtailment was called for in the purchasing of supplies and the maintenance of hospitals. The purchasing of medical and hospital supplies by medical purveyors was to be suspended, and only the principal purveying depots were retained. Medical Directors were notified to reduce the number and facilities of the general hospitals as quickly as possible. Wherever commands were being continued, post hospitals were to be substituted for general hospitals. All civilians, contract physicians, nurses, cooks, and other employees whose services were not needed were to be relieved of their duties.<sup>22</sup>

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<sup>20</sup>Livermore, op. cit., p. 8. Congressional Globe, July 27, 1866, (39th Congress, 1st Session), p. 4242. See also U. S. Statutes-at-Large, 1865-67, XIV, 342, and U. S. Statutes-at-Large, 1869-71, XVI, 153.

<sup>21</sup>Brown, Medical Department, p. 244.

<sup>22</sup>Ibid., p. 245.

In October, further reductions in the Medical Department were made. The Assistant Surgeon General, Medical Inspector General, and medical inspectors were mustered out of the service. Those not belonging to permanent army corps were also retired to private life.<sup>23</sup>

In his Annual Report of January 1, 1865, the Surgeon General had listed two hundred and one general hospitals, and three were subsequently added to that number. There were four first-class seagoing steamers, equipped for 5,000 beds, together with a large number of river hospital steamers, as well as hospital railway trains and ambulances. By October of the same year, however, one hundred and seventy general hospitals were discontinued. All hospital equipment and supplies were turned into purveying depots and sold, the proceeds going to the Treasury. In Washington, the only army hospitals remaining were Douglas and Harewood, where Walt Whitman was still seen frequently among the severely wounded from the battles before Richmond. In November, Harewood, situated about two and a half miles north of the capital in a setting of grassy slopes and woods of oaks, became the last military hospital. Only the worst cases and those without homes were found there.<sup>24</sup>

By the end of October, 1865, the Medical Department had practically gone on a peacetime footing. Many of the patients were discharged and sent home. Medical officers and attendants of all kinds were mustered out of the service. Three of the four seagoing hospital transports were given up, as were all of the hospital transports on the rivers.<sup>25</sup>

Besides those who entered the regular corps, during the war, there had been appointed five hundred and forty-seven surgeons and assistant surgeons

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<sup>23</sup>Brown, Medical Department, p. 245.

<sup>24</sup>Annual Report of the Surgeon General, 1865, War Records Division, National Archives. See also Brown, Medical Department, p. 245, and Whitman, Manuscripts and Clippings.

<sup>25</sup>Brown, op. cit., p. 245.

of volunteers. Between April, 1861, and the close of the war, there were also 2,109 regimental surgeons and 3,882 regimental assistant surgeons mustered into the service. Eighty-five civilians were employed as acting staff surgeons, and there were 5,532 acting assistant surgeons.<sup>26</sup>

Thirty-two medical officers were killed in battle by guerilla partisans and nine by accident. A total of eighty-three were wounded in action, and ten of these died. Four died in Confederate prisons, three of cholera, seven of yellow fever, and two hundred and seventy-one of other diseases.<sup>27</sup>

The Medical Corps treated a total of 1,057,423 cases of wounds and disease among white troops in general hospitals alone. There was also a vast number treated in regimental and post hospitals, and often many of these were never reported.<sup>28</sup>

The Medical Department, in keeping with its cautious approach to the needs of the rebellion, spent, exclusive of the salaries of commanding officers, only \$194,126.77 during the first year of the war. By 1862, this had been increased to \$2,371,113.19, and between 1862 and 1864 its expenditures were about five times as much. As would be expected, the peak was reached in the victory year when \$19,328,499.23 was spent for medical services. The expenditures of the Medical Department were reduced just about as quickly, however, as they had been increased at the start of the war. In 1866, the department was on a peacetime footing with expenditures of \$2,837,801.37.<sup>29</sup>

By an act of Congress, in July 1866, the Medical Corps was rapidly reduced. The Medical Department was thereafter to be headed by one surgeon-

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<sup>26</sup> Brown, Medical Department, p. 246.

<sup>27</sup> Ibid., p. 246.

<sup>28</sup> Ibid., p. 246.

<sup>29</sup> Ibid., p. 246. The expenditures for each year do not include the salaries of commanding officers.

general with the rank of brigadier-general, aided by one assistant surgeon-general with the rank of colonel. One chief and four assistant medical purveyors, with the rank of lieutenant-colonel, were allowed. This skeleton staff was to administer the medical services of the United States Army. The actual medical and surgical work was to be performed by sixty surgeons, with the rank of major, and one hundred and fifty assistant surgeons who were to be first-lieutenants until after three years of service.<sup>30</sup>

Thus, the usual drastic reductions were made following the termination of hostilities. Characteristic of non-militaristic nations, it did not necessarily follow that it was wise policy. The service would have to prepare belatedly for the needs of future wars as they occurred.

Yet, while many lessons still had to be learned, the medical service would have solid foundations on which to build because of the Civil War. There was at last an organized medical service with a system of field, general, and permanent hospitals. An efficient ambulance corps had been established. After requests over a long period of years, men were enlisted for the medical service. The initial movement for an organized Army Nurse Corps had been made. The Medical Department was guaranteed independent transportation facilities. An Army Medical Museum had been founded in Washington, as well as a central laboratory. Closely allied with these was the Army Medical School. An efficient medical supply system was instituted. Closely cooperating agencies also made their appearance, and a Civil War nurse named Clara Barton induced her country to establish the American Red Cross.

Surgery was given a great impetus by the Civil War. The general advance in medical education and the number of better educated physicians paved the

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<sup>30</sup>"An act to increase and fix the Military Peace Establishment of the United States," July 28, 1866, U. S. Statutes-at-Large, 1865-67, (39th Congress), XIV, 334-335. See also Packard, Medical History, I, 647.

way, but the general use of anesthesia was of great importance. During the war, hundreds of surgeons performed countless joint resections, ligations, and amputations, and many special operations as well. Little was attempted with respect to viscera and large cavities, but great surgical advance was in the making. The Civil War prepared surgery for the advent of antisepsis.

At the beginning of the war, the Medical Department had been a slow-moving organization without much plan. In four years of arduous service and experience, however, and with the assistance of all kinds of civilian workers, it had done a fairly creditable job in treating the wretched sick and wounded of the war. More important, from the long-range view, was the establishing of the basic structure of the United States Army medical service. Its medical officers, with scarcely an exception, said the Surgeon General in 1865, were prompted by the highest motives of professional and national pride.<sup>31</sup>

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<sup>31</sup>Brown, Medical Department, p. 245.

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Brief Analysis of Materials

Library of Congress

(Division of Manuscripts)

The Christian Commission Papers in the Library of Congress consist of miscellaneous papers, letters and pamphlets which reveal mostly that the Commission's president, George H. Stuart, was a great autograph hound. This penchant for autographs led, however, to the acquisition of letters from Stanton, Lincoln, O. C. Howard, Grant, and others dealing with the care of the soldier. Representative is the correspondence relative to General Grant's request for permission to send agents of the Christian Commission south to inspect prisons.

The General Orders and Circulars, Army of the Potomac, give insight into the administrative phase of the medical service.

While the McClellan Papers, an extensive source of Civil War materials, are largely of a strictly military nature, various aspects of the medical service are revealed--particularly with respect to the relationship between the military and the medical.

The Order and Letter Books, U. S. Army, are miscellaneous ones (such as the Medical Department of the Sixth Corps, Army of the Potomac) which have been acquired by the Library of Congress from time to time. They contain orders, letters, and circulars dealing with such subjects as the health of the troops, morale, sanitation, food and its preparation, hospitals, and care of the sick.

The Sanitary Commission Papers consist largely of scrapbooks of newspaper articles, programs, conference proceedings, letters, and pamphlets.

National Archives

The File "A" and "Bound MSS" contain many personal narratives of Civil War surgeons and assistant surgeons of the Medical Department of the Union Army. Also included are war tracts, medical journals, hospital registers, and miscellaneous items. Presumably, the personal narratives, written at the request of the Surgeon General in March, 1863, served as data for the Medical and Surgical History of the War of the Rebellion which was edited by Surgeon General Joseph K. Barnes in 1876.

The Brinton Manuscripts (1861-1865) indicate that Surgeon John H. Brinton collected data and prepared rough drafts for a history of the medical services

of the U. S. Army in the Civil War which he never wrote. These manuscripts include J. T. Calhoun's Narrative of Service, General Pope's Campaign in Northern Virginia, The Army in Virginia from Organization to the end of the Peninsular Campaign, 1862, and Campaign from Second Bull Run, Virginia, through Maryland to Fredericksburg.

The Chaplains' Reports reflect the tendency among many chaplains to say no more than consistent with orders. Some chaplains gave brief accounts, however, of conditions in various hospitals, but reluctance to report the grievances of the soldiers may easily be seen.

The Christian Commission Papers are of such a nature that their utility is practically nullified. Almost every item is permeated with so much laudatory testimony on behalf of the Christian Commission that one is left with the impression that the Christian Commission could do no wrong--which was far from the truth either of the Christian Commission or the United States Sanitary Commission. Admitting that much worthy work was done by the Christian Commission, it would not be inappropriate to say that its agents seemed more concerned with the saving of the soldier's soul than his life.

File "B" Records are reports on methods of treatment and the transportation of the wounded.

File "F" Records consist of lists of casualties in various engagements, operations, reports of medical directors, correspondence with Confederate authorities concerning the wounded, also extracts from Personal Narratives of Service (from the Brinton Manuscripts).

The Quartermaster General Records, 1861-1865, which were examined by the author were the Letters Received. An example of the information included in these letters is the correspondence relative to the necessity for purchasing foreign blankets and other supplies.

The Subsistence Department Records, 1861-1865, (Letters Received and Letters to the Secretary of War) indicate the ration situation on the eve of the war, relates Army policy, tells how food was purchased and where and how it was delivered to the troops. Failure of the soldier to get proper subsistence was frequently blamed on the Quartermaster Department which in turn blamed it on inadequate transportation facilities.

Surgeon General Records include Letters Sent and Letters Received, 1861-1865, and contain letters dealing with the entire services of the U. S. Army Medical Department.

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