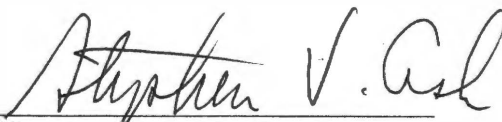
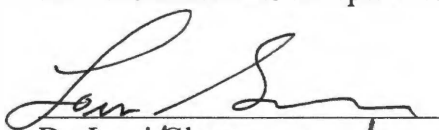


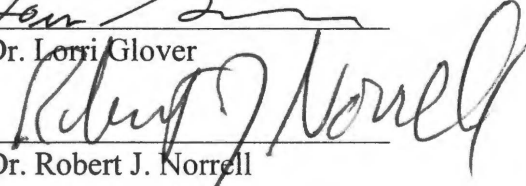
To the Graduate Council:

I am submitting herewith a dissertation written by Nancy Schurr entitled "Inside the Confederate Hospital: Community and Conflict during the Civil War." I have examined the final paper copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in History.


Stephen V. Ash, Major Professor

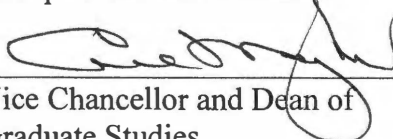
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Dr. Lorri Glover


Dr. Robert J. Norrell


Dr. Allison Ensor

Accepted for the Council:


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Graduate Studies

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INSIDE THE CONFEDERATE HOSPITAL:
COMMUNITY AND CONFLICT DURING THE CIVIL WAR

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Nancy Schurr
December 2004

Dedication

I dedicate this dissertation to my grandmother, Jean Martin, who is greatly loved and terribly missed.

Acknowledgments

The completion of this dissertation has been a journey and I have been helped, pushed, and prodded along the way by many people who deserve my eternal thanks. Dr. Stephen V. Ash epitomizes the word “mentor,” for he has provided encouragement, advice, and helpful criticism throughout. He never doubted my abilities as a historian or as a writer and this gave me the strength to push on. If I have conveyed the story of Confederate hospitals with half of his eloquence it is due to his guidance and his little red pen. Dr. Lorri Glover is one of the best people that I know, and I appreciate her contributions to this project. Her example has taught me much about the type of teacher and colleague that I aspire to be. I also appreciate the advice of committee members Dr. Robert J. Norrell and Dr. Allison Ensor, who are both gentlemen and scholars in the best sense of the term. Over the years, the departmental secretaries, Penny Hamilton and Kim Harrison, have helped me in countless ways, always with skill and humor. Thanks Penny and Kim. Dr. Lynn Champion gave me valued advice and support and she, along with Shelley Gentry, made my last year at UT a memorable one.

I have received financial support from several sources; these funds were vital to the completion of this project. Research and travel grants from the Department of History and from the University of Tennessee, particularly the Bernadotte Schmidt Graduate Research Award and the Arthur E. Yates Dissertation Fellowship, allowed me to travel to various archives and present findings at several professional conferences. An Andrew W.

Mellon Research Fellowship from the Virginia Historical Society provided a two-week foray into this important collection, and a dissertation research grant from Phi Alpha Theta also helped offset travel expenses.

Finally, without the support of friends and family, I would certainly have either given up or found myself in a mental hospital. My graduate student cohorts at UT, especially Kate Landdeck, Victoria Ott, and Arris Oakley, commiserated with me at our favorite watering hole (Cool Beans) and gave me hope when they finished and got real jobs. I would not have wanted to attend graduate school without them. My grandparents, Bill and Jean Martin, have always been an important part of my life, and I know that they are both very proud of me. My sister, Emily Stapf, is my very best friend in the world and has cheered me on the whole way, as have Kevin, Alex, and Nate (although the latter two are still too young to realize how much they have inspired me). My parents, Doug and Cindy Schurr, are my biggest role models because they taught me the value of hard work and perseverance. They have laughed and cried with me, encouraged me to look at the big picture, and wanted the best for me. My mother, especially, has listened to endless drafts of chapters over the telephone and has always managed to come up with the right advice. Thanks Mom and Dad for not giving up on me and for telling the rest of the family for the past three years that “Nancy will probably be done in just one more year.” And last, but certainly not least, my partner Andrea Anderson has loved, supported, and encouraged me in spite of my weird panic attacks and wild mood swings. Andrea, you are my muse.

Abstract

In September 1862, manpower shortages forced Confederate officials to hire civilian employees in military hospitals. The Hospital Act revolutionized Confederate medical care because henceforth, each general hospital was a microcosm of southern society. Inside the Confederate hospital were men and women, whites and blacks, slaves and free people, elites and plainfolk, soldiers and civilians, and medical professionals and amateurs. Medical officers faced the herculean task of organizing the labor of these diverse groups of people in an invaded and blockaded country. Aided by elite white female matrons, officers endeavored to create the sense that hospital inhabitants, both patients and workers, were an extended family. The use of familial language and the fact that they faced a common foe served to strengthen the hospital community. This “family,” however, failed to embrace slaves or free blacks despite the fact that African-Americans comprised the hospitals’ largest class of laborers. Yet slaves established their own community beyond white purview and some, taking advantage of the changing nature of slavery, were able to exercise a modicum of control over their daily lives. Thus, the study of Confederate hospitals reveals both the ferocity of war and the balm of human compassion.

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Introduction

No event has transformed the United States more fundamentally—or been studied more exhaustively—than the Civil War. Although the public still prefers to read about the military aspects of the struggle, many scholars have begun to explore the connections between war and society. The recent past has seen an explosion of books dealing with the homefront, both northern and southern. Civilians, especially women and slaves, have received considerable attention. Yet despite this proliferation of scholarship, few have focused their sights on the “middle ground” between the battlefield and the homefront—the general military hospital.¹

The Confederate Medical Department, created by the Provisional Congress of the Confederate States of America on February 26, 1861, oversaw the administration of

¹ The medical side of the Civil War, especially Confederate medicine, has not received as much serious historical attention as certain other aspects of the conflict. H. H. Cunningham’s Doctors in Gray: The Confederate Medical Service (Baton Rouge: Louisiana State University Press, 1958) is a detailed study of the inner-workings of the Confederate Medical Department. This monograph examines the organization and administration of the medical department, the establishment and administration of general, prison, and field hospitals, causes and treatment of disease, and medical procurement. Cunningham concludes that, despite the seemingly insurmountable odds faced by the Confederate Medical Department, military hospitals made significant contributions to the treatment of sick and wounded soldiers. Other works examining Confederate general hospitals are Carol Cranmer Green, “Chimborazo Hospital: A Description and Evaluation of the Confederacy’s Largest Hospital” (Ph.D. diss, Texas Tech University, 1999) and Charles F. Ballou, “Hospital Medicine in Richmond, Virginia, during the Civil War: A Study of Hospital No. 21, Howard’s Grove, and Winder Hospitals” (M.A. thesis, Virginia Polytechnic Institute and State University, 1992). The Confederate War Department designated permanent government-run hospitals as “general hospitals” because admission was open to soldiers from any state or unit. General military hospitals were often located in cities with railroad and supply depots. See Cunningham, Doctors in Gray, 3; and Frank R. Freeman, Gangrene and Glory: Medical Care during the American Civil War (Madison, NJ: Fairleigh Dickinson University Press, 1998), 49.

Confederate general hospitals. As originally established, however, the medical department was understaffed and unprepared for the enormous number of sick and wounded soldiers that it would treat during the Civil War.²

Several factors contributed to the inadequacy of Confederate military hospital planning. Many southerners, including prominent politicians Robert Barnwell Rhett and James Chesnut, believed that even if war erupted, which they thought unlikely, it would be short and painless. At the secession convention in South Carolina, Rhett promised to eat the bodies of everyone slain in the war, while Chesnut agreed to drink all of the blood shed. In this atmosphere, Confederate officials did not deem hospital planning a top priority.³

The state of antebellum southern medicine also affected Confederate military hospital planning. In 1860, hospitals were rare in the South and could be found only in large cities. Most hospital patients were poor and suffered from semi-chronic and long-term illnesses such as tuberculosis and yellow fever. Southern hospitals treated a very small proportion of the population and many southerners felt that receiving hospital treatment was futile and even dangerous. In creating an efficient military hospital program, Confederate officials had to struggle against society's aversion to hospital

² Journal of the Congress of the Confederate States of America: 1861-1865, 7 vols. (Washington: Government Printing Office, 1968), 1: 86; Cunningham, Doctors in Gray, 1; Joseph Jones, Medical and Surgical Memoirs: Containing Investigations on the Geographical Distribution, Causes, Nature, Relations, and Treatment of Various Diseases, 1855-1890, 3 vols. (New Orleans: Clark & Hofeline, 1876-1890), 1: 112. The "Act for the Establishment and Organization of a General Staff for the Army of the Confederate States of America," which created the medical department, provided for one surgeon general, four surgeons, and six assistant surgeons.

³ On Rhett's and Chesnut's boastful promises, see William C. Davis, Look Away! A History of the Confederate States of America (New York: Free Press, 2002), 31.

treatment and build a hospital infrastructure from the ground up.⁴

Finally, the Confederate Medical Department found it difficult to procure skilled medical officers who were trained in medical science and familiar with surgical techniques. As political tensions between the North and the South grew during the 1840s, southern medical colleges increased in number. By 1860 there were sixty-five medical schools in the United States, twenty-one of them in the South. Yet despite repeated attempts to raise professional standards, nearly half of all southern physicians in 1860 were products of apprenticeship rather than formal medical schooling. Physicians with both surgical and hospital experience were extremely rare.⁵

The prevalence of sickness in the Confederate army forced the medical department to increase the number of commissioned medical officers and create military hospitals. By March 6, 1861, two additional laws were passed that authorized commissioned medical officers for the provisional army and established a pay scale for these officers. Yet only a handful of the commissioned surgeons thus recruited had previous military experience: no more than three surgeons and twenty-one assistant surgeons resigned from the United States army to join the Confederate war effort. Moreover, many of these experienced medical officers never served in Confederate

⁴ Charles E. Rosenberg, "And Heal the Sick: The Hospital and the Patient in Nineteenth Century America," Journal of Social History 10 (1977): 429-31; Richard Harrison Shryock, Medicine and Society in America, 1660-1860 (New York: New York University Press, 1960), 123-32. Large hospitals in the antebellum South included those in Lexington, Kentucky, Columbia, South Carolina, Richmond, Virginia, and Mobile, Alabama.

⁵ Shryock, Medicine and Society, 123; Bureau of the Census, Historical Statistics of the United States, Colonial Times to 1970, 2 vols. (Washington: Government Printing Office, 1975), 1: 76; Cunningham, Doctors in Gray, 11. The American Medical Association, created in 1847, advocated medical licensing to improve professional medical standards.

general hospitals; instead, they were named field medical directors or received appointments to the surgeon general's staff. The vast majority of Confederate hospital surgeons and assistant surgeons, therefore, were unfamiliar with military hospital administration. Furthermore, because southern ports were blockaded, Confederate medical officers faced severe shortages of equipment and medicine.⁶

The first battle of Manassas in July 1861 exposed the medical department's problems; a movement to improve the Confederate general hospital system began shortly thereafter. The sheer number of sick and wounded men overwhelmed the medical department's officers. Dr. Edward Warren, a newly-commissioned surgeon in the Confederate army, observed that "the whole country from Manassas Junction to Richmond in one direction, and to Lynchburg in another, was one vast hospital, filled to repletion with the sick and wounded of Beauregard's victorious army." Disorganization and personnel shortages plagued the medical department, angering many southern patriots. L. M. Blackford charged the government with "the most criminal neglect" when he discovered only three commissioned surgeons treating the 1,500 patients at the Confederate States Military Hospital in Charlottesville; there was, he said, "much distress for surgical aid."⁷

The medical crisis engendered by First Manassas compelled medical department officials to accept civilian involvement in military hospitals. The standard procedure to

⁶ Journal of the Congress, 1: 97-100; Cunningham, Doctors in Gray, 31.

⁷ Edward Warren, A Doctor's Experiences in Three Continents (Baltimore: Cushings and Bailey, 1885), 270; L. M. Blackford to mother, 26 July 1861, quoted in Chalmers Gemmill, "The Charlottesville General Hospital," Magazine of Albemarle County History 22 (1963-1964): 115.

then had been to detail enlisted men for hospital duty, rotating them in and out every few days. The manifest inefficiency of this system led the Confederate Congress, on August 21, 1861, to authorize the employment of “nurses and cooks, other than enlisted men” in general hospitals. Persons so employed were “subject to military control.” The situation did not improve, however, and the War Department therefore issued General Orders No. 13 in mid-December 1861. This instructed surgeons in charge of general hospitals to “hire civilians and blacks as nurses instead of detailed enlisted men” and authorized post commandants to impress free blacks if necessary; all soldiers serving as nurses were ordered back to their commands.⁸

Despite these reforms, however, Confederate soldiers continued to suffer from inadequate hospital facilities and personnel. On January 29, 1862, the congressional committee appointed to examine the medical department’s problems noted the “inadequacy of the preparations and provisions for the comfort of the sick soldiers.” The committee suggested that the creation of a nursing corps would “mitigate the evils incident to the condition of the sick” because “good nursing is of equal value to medical attention.” Eight months later the Confederate Congress passed “An act to better provide for the sick and wounded of the Army in hospitals.” This act, implemented as General Orders No. 95 on November 25, 1862, dramatically changed the character of the Confederacy’s military hospitals because it authorized the employment of civilians—matrons, assistant matrons, ward masters, and additional nurses and cooks—as

⁸ Journal of the Congress, 1: 373, 793; U.S. War Department, The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies, 70 vols. in 128 serials (Washington: Government Printing Office, 1880-1901), Series Four, 1: 580 (hereafter cited as O. R.).

needed. Further, General Orders No. 95 officially acknowledged that civilian hospital workers were vital to the Confederate war effort.⁹

This dissertation argues that Confederate general military hospitals were a microcosm of southern society and that, over time, they evolved into complex institutions that often defied the intentions of their creators. After the issuance of General Orders No. 95, general hospitals utilized the labor of all the South's social groups: men and women, whites and blacks, rich and poor, slaves and free people, soldiers and civilians, medical professionals and amateurs. All were ostensibly working together to heal Confederate soldiers, yet a close look inside the Confederate hospital reveals that each group perceived the hospital differently and acted accordingly: contrasting motives, goals, duties, and responsibilities rendered each group's hospital experience distinct and at times incongruous.

Chapter one examines Confederate medical officers stationed in general hospitals. These men faced the herculean task of healing sick and wounded soldiers while at the same time organizing the labor of an exceedingly diverse work force in an invaded and blockaded country. Because the medical department's regulations did not provide answers to every question or solutions to every problem, over time these officers developed a pragmatic approach based on a mixture of military and civilian values.

Chapter two examines white female employees, whose labor proved vital to the Confederate hospital program. General hospitals employed thousands of white women as chief matrons, assistant matrons, ward matrons, nurses, laundresses, and cooks. Most

⁹ O. R., Series Four, 1:889, Series Four, 2: 209-10.

matrons were upper-class; white nurses, cooks, and laundresses generally came from the yeoman or poor-white class. Although the voices of the plain-folk hospital workers are not as strong in the historical record as those of their elite supervisors, the record is sufficient to document each group's distinctive wartime experience.

Chapter three looks at the white men who held non-supervisory positions: stewards, ward masters, cooks, nurses, guards, and chaplains. Many of these were detailed or disabled enlisted men who favored hospital work over field service. Because hospital positions were highly prized by draft-eligible men, white male hospital employees generally maintained amicable relationships with medical officers and elite matrons. They were loath to cause trouble because conflict might cost them their position and send them to the front. However, they frequently worked with blacks and plain-folk women, which sometimes generated friction in the hospital.

Chapter four examines the hospital experiences of slaves and free blacks. Although African-Americans comprised a large proportion of the general hospital work force, they are the least visible element in the historical record. Chief surgeons assigned black hospital workers the worst jobs and the worst quarters. Some of the slaves laboring in Confederate general hospitals were the property of white employees, a fact that worked against them. Few African-American hospital workers gained the respect of their white supervisors. Nevertheless, some gained a measure of independence in the Confederate hospital, while others even managed to achieve freedom.

The efforts of all general hospital workers were of course directed toward the patients, who are the subject of chapter five. Sick and wounded Confederate soldiers

comprised the majority of each institution's inmates, but some hospitals also treated Federal prisoners and black and white civilians. Furthermore, patients fell into two categories: those confined to bed and those listed as convalescents. These circumstances made patients' experiences in Confederate general hospitals quite diverse.

The Civil War brought medical officers, white female and male civilian employees, slave and free black laborers, and patients together in Confederate general hospitals, blurring the line between the battlefield and the homefront. The ways in which these men and women dealt with the challenges they faced and became part of a functioning Confederate general hospital is the subject of this dissertation.

Chapter One

“The whole country . . . was one vast hospital”: Medical Officers in Confederate General Hospitals

The summer of 1861 saw 8,617 soldiers in the Confederate Army of the Potomac—one out of seven in the command—sick with measles. During the same period 650 of the 3rd Tennessee Regiment’s 1,100 soldiers suffered from the same malady. The first major battles in the eastern and western theatres, First Manassas and Shiloh, wounded 1,582 and 8,012 Confederates respectively. The huge number of sick and wounded soldiers threatened to overwhelm the Confederate Medical Department; mounting casualties demanded the creation of an efficient hospital system to care for these men. The Confederate Congress took a modest first step in this process on May 16, 1861, by raising the number of commissioned medical officers from ten to thirty. Three months later Congress opened the flood gates and empowered President Jefferson Davis “to appoint in the provisional army as many surgeons and assistant surgeons for the various hospitals of the Confederacy, as may be necessary.” By the war’s end, approximately 3,000 men had been recommended by the surgeon general, nominated by the president, and confirmed by the Senate for duty in the Confederate Medical Department; about 1,000 of these officers served in general hospitals. Though located in every state, these hospitals were heavily concentrated in Virginia, Georgia, Alabama, and North Carolina.¹

¹ The Medical and Surgical History of the War of the Rebellion, 3 vols. (Washington: Government Printing Office, 1870-1888), 3: 649; S. H. Stout, “Outline of the Organization of the Medical Department of the Confederate Army and Department of Tennessee,” eds. Sam L. Clark and H. D. Riley, Jr., Tennessee

Passing the preliminary examination administered by medical examining boards was not the only hurdle these men faced. Indeed, Confederate medical officers faced challenges that army regulations could not solve. Consequently, in the course of their hospital duties many developed a pragmatic approach to hospital management that tended to conflate military and civilian values.

The fact that most Confederate medical officers had never seen the inside of a hospital and had never served in the military exposed them to numerous challenges. Of the 3,000 commissioned medical department officers, only twenty-four had previous military experience. One of these, Dr. St. George Peachy, was a Crimean War veteran who had served in the hospitals of the Allied Army at Scutari and elsewhere. Placed in charge of Richmond's General Hospital No. 1, Peachy was one of the few Confederate medical officers who had experience in military surgery. By April 1865, medical officers had staffed approximately 200 general hospitals and had treated roughly 3 million cases of disease or injury, an astonishing achievement given the medical department's

Historical Quarterly 16 (1957): 59; Thomas L. Livermore, Numbers and Losses in the Civil War in America, 1861-1865 (Boston: Houghton, Mifflin, and Co., 1900), 77, 80; Journal of the Congress, 1: 104, 192; Cunningham, Doctors in Gray, 32-37, 286-90. The surgeon general headed the medical department and was the Confederacy's highest-ranking medical officer. This position was held briefly by two men—David C. DeLeon and Charles H. Smith—before Samuel Preston Moore assumed the office on July 30, 1861. An able administrator, Moore served for the duration of the war and is credited with introducing the hut or one-story pavilion hospital, the forerunner of the modern general hospital. See Cunningham, Doctors in Gray, 27-30. Confederate medical regulations authorized the Secretary of War to appoint a board of officers to examine both applicants for appointments as surgeons and assistant surgeons and those assistant surgeons with sufficient tenure to qualify for promotion. Surgeons who passed the examination received commissions as majors of cavalry and were paid \$162 per month, while those qualified as assistant surgeons received captain of cavalry commissions and \$110 per month. See Cunningham, Doctors in Gray, 21, 32; and Freemon, Gangrene and Glory, 28-32.

inauspicious beginning.²

To familiarize themselves with their duties, medical officers consulted two sources: J. Julian Chisolm's Manual of Military Surgery and the medical department's regulations. Though both offered useful information on surgical techniques, hospital management, and other matters, neither provided instructions for creating a hospital from scratch. For this, surgeons were forced to rely on their own judgment, and many found it difficult.³

Medical officers commandeered or rented hotels, tobacco warehouses, churches, schools, and other such buildings for hospital space, and thus had facilities of varying sizes and configurations. The largest, Richmond's Chimborazo Hospital, had a capacity of over 8,000 patients, while the three general hospitals in Raleigh, North Carolina, were representative of smaller institutions—each held between 200 and 400 patients. Unlike a typical modern hospital, which occupies a single large building, a typical Confederate hospital accommodated patients in several smaller structures. Virginia's Liberty General Hospital, for example, had 800 beds distributed among four tobacco factories, two cabinet shops, a brick building that formerly housed the Piedmont Institute, and two new buildings erected by the surgeon in charge, Dr. Benjamin Blackford, specifically for hospital purposes. The general hospital in Newnan, Georgia, occupied the county

² Harris D. Riley, Jr., "Medicine in the Confederacy," Military Medicine 118 (1956): 53; Edwin D. Newton, "Reminiscences of the Medical Department, Confederate States Army and Field and Hospital Service, Army of Northern Virginia," Southern Practitioner 25 (1903): 40; Jones, Medical and Surgical Memoirs, 1: 650.

³ J. Julian Chisolm, A Manual of Military Surgery, for the Use of Surgeons in the Confederate Army; With an Appendix of the Rules and Regulations of the Medical Department of the Confederate Army (Charleston: Evans & Cogswell, 1861).

courthouse, a women's college, several churches, an entire square of stores, and a number of tents. It is little wonder, then, that former Confederate surgeon Edward Warren recalled that "The whole country . . . was one vast hospital."⁴

Finding buildings was the first of several steps necessary to open a general hospital. Former Confederate medical officer John Claiborne remembered that in early 1862 "I received my orders to secure a suitable building in Petersburg [Virginia] and open a hospital with 400 beds, and to purchase a large amount of ice, as much as could be had, and to house it." Claiborne "rented a large and comparatively new tobacco factory, known as Ragland's . . . at the corner of James Street and West Washington. . . . This I soon fixed up and put in commission." Because the quartermaster and commissary departments were unprepared to supply hospitals with food, clothing, sheets, and other necessary items, surgeons in charge of opening hospitals relied on the charity of benevolent associations and individual civilians. Charged with establishing a military hospital in Knoxville, James Murfree informed the Murfreesboro Ladies Hospital Association that he desperately needed "150 sheets, 150 pillow slips, 100 shirts, 200 towells, and 200 blankets or Quilts." The surgeon in charge of the Madison Hospital in Montgomery, Alabama, gratefully acknowledged in the local newspaper the contributions of seventeen "generous citizens of Montgomery to this Hospital."⁵

⁴ Cunningham, Doctors in Gray, 45, 51-54, 57; Warren, A Doctor's Experiences, 270.

⁵ John Herbert Claiborne, Seventy-Five Years in Old Virginia (New York: Neale Publishing Co., 1904), 200; Glenna R. Schroeder-Lein, Confederate Hospitals on the Move: Samuel H. Stout and the Army of Tennessee (Columbia: University of South Carolina Press, 1994), 45; J. B. Murfree to Mrs. F. B. Fogg, 12 October 1861, Folder 32, Box 10, James B. Murfree Letters, Civil War Collection, Tennessee State Library and Archives, Nashville (hereafter cited as TSLA); Montgomery Daily Advertiser, 20 May 1864, p. 4.

Sometimes, however, medical officers found civilian involvement in newly-established hospitals disruptive. In November 1861, General Albert Sidney Johnston ordered Dr. Samuel H. Stout to take charge of Nashville's Gordon Hospital. Shortly after arriving, Stout informed Johnston's medical director that "[o]wing to the unorganized condition of the hospital there is much confusion. . . . I am informed that a large number of the patients wandered off . . . last night." After the war, Stout remembered that when he "entered the hospital . . . I found no organization, no register, and no books of any kind required by the regulations." He observed that the hospital "seemed to be in charge of a committee of ladies of the Nashville Hospital Association." Because these women were "[u]nacquainted with the workings of the rules necessary to be observed in the management of a military hospital," Stout opined, "it was not astonishing to me that they at first were disposed to resist my efforts to remedy the prevalent confusion and to demonstrate the value of system and military discipline." Believing that as "a commissioned officer of the Confederate Army, I was bound in honor to observe and carry out the spirit of the regulations," Stout began to register and treat patients but found his "efforts antagonized by some members of the Ladies' Hospital Society" who resented his authority. Before Stout's arrival, the women of the hospital association had fed patients and had hired cooks and laundresses to work in the institution.⁶

The most frequent complaint lodged against female hospital volunteers was that

⁶ Schroeder-Lein, Confederate Hospitals on the Move, 46-47; S. H. Stout to D. W. Yandell, 13 November 1861, Folder 11, Box 1, Samuel H. Stout Papers, TSLA; Samuel H. Stout, "Some Facts of the History of the Organization of the Medical Service of the Confederate Armies and Hospitals," pt. 10, Southern Practitioner 24 (March 1902): 161-63.

they disregarded medical officers' directions. Though one medical officer acknowledged that women were "the kindest patriots that the country can produce," he lamented the fact that "in their desire to 'help out' their zeal often gets the advantage over their judgements." An officer serving at a general hospital in Ringgold, Georgia, complained that the president of the local ladies aid society was "one of the class of females . . . endeavoring to take the entire control of every department about a Hospital." He further charged that aid society volunteers "have abused some of the Surgeons here on many occasions to the soldiers, giving them advice which would if listened to been very injurious to the Service and very disgraceful." In Nashville, as we have seen, Dr. Stout battled the women of the aid society for control of the Gordon Hospital. Although his post-war reminiscences praised them as "kind, benevolent and self-sacrificing ladies" who were "overtaxed [and] over-worked," their opposition to Stout's authority caused turmoil. To solve the problem, Stout consulted medical regulations and then posted a list of rules. The first of these read: "All employees, visitors and inmates of the hospital will bear in mind that this is a military hospital. The surgeon is required to conduct it upon the principles and in accordance with the requirements of the 'regulations of the Army of the C. States.'" Particularly upsetting to some of these women was Stout's rule that "No food, medicine or luxuries are to be dispensed to the sick or convalescents except as ordered by the Medical Officers." Several hospital association volunteers quit because they were unwilling to follow the hospital's rules.⁷

⁷ E. H. Moren to Fannie, 31 August 1862, Folder 8, Box 1, Edward Moren Papers, Alabama Department of Archives and History, Montgomery (hereafter cited as ADAH); W. T. McAllister to A. J. Foard, 30 December 1862, Folder 14, Box 1, Stout Papers, TSLA; Stout, "Some Facts of the History," pt.

Despite these initial problems, Stout appears to have made a smooth transition from country doctor to Confederate medical officer. He not only had organizational skills but also studied assiduously the medical department's regulations, which outlined the responsibilities of a hospital's senior medical officer. He observed, however, that most medical officers were unprepared for the myriad problems they faced. "Many physicians and surgeons first entering the military service from civil life," he wrote in later years, "had not an adequate conception of the importance" of following medical department regulations. Further, the regulations failed to address many of the situations that confronted newly-appointed medical officers. Ordered to construct a general hospital in Greenville, Alabama, in the fall of 1861, Dr. Edward Moren arrived to find "everything in confusion and nothing being done here." Furious that construction was not yet underway, Moren fired the building foreman and hired another. Moren's transition from civilian to military life, however, was not easy. He confessed to his wife that "I am tired of being Subject to the orders of Army officers."⁸

Dr. Moren's wartime letters reveal how laborious was the task of opening of the Greenville General Hospital. Forced to "do the thinking for all the crowd," he supervised the hospital's construction and trained the "Cooks, Nurses, Laundresses, Druggist,

10, Southern Practitioner 24 (March 1902): 161; Regulations for the Medical Department of the C. S. Army (Richmond: Ritchie & Dunnivant, 1863), 8; S. H. Stout, "Rules and Regulations of the Gordon Hospital, Front Street, Nashville, Tennessee" (n.p., n.d.), Folder 14, Box 13, Samuel H. Stout Papers, Medical and Hospital Collection, Eleanor S. Brockenbrough Library, Museum of the Confederacy, Richmond, Virginia (hereafter cited as MOC); Schroeder-Lein, Confederate Hospitals on the Move, 49.

⁸ S. H. Stout, "Reminiscences of the Services of Medical Officers of the Confederate Army and Department of Tennessee," St. Louis Medical and Surgical Journal 64 (April 1893): 227; Regulations for the Medical Department, 8-9; Stout, "Some Facts of the History," pt. 15, Southern Practitioner 25 (January 1903): 26-27; E. H. Moren to Fannie, 13 October 1861, Folder 8, Box 1, Moren Papers, ADAH.

Steward, Superintendents, etc” to “understand their proper positions and learn to do each their own part of the business.” He bragged that since his arrival the hospital “has been brought out of chaos . . . and all had to be accomplished by me alone,” and predicted optimistically that “when each employee understands his part and ‘plays it,’ the work that I will have to do will be easy enough.” Yet problems with his employees soon soured Moren’s sunny disposition. One year after his arrival in Greenville, he declared: “I will forward my resignation to the War Department very soon. . . . There is neither honor, profit, patriotism or pleasure connected with my position, consequently I shall . . . let the war take care of itself in future.” Unable to control his employees, Moren resigned his commission on October 29, 1862.⁹

Medical officers faced more problems as newly-opened institutions began receiving patients, a major one being overcrowding. Scarcely one month after its opening, 460 patients crammed into Richmond’s General Hospital No. 8, most of them wounded at the battle of First Manassas. Mary Chesnut witnessed the conditions at this hospital. “Horrors upon horrors,” she wrote, “want of organization. Long rows of [patients] dead, dying. Awful smells, awful sights. . . . A man died in convulsions while we stood there. . . . I do not remember any more, for I fainted.” As battles and disease claimed more victims, hospital admissions soared. A surgeon assigned to Richmond’s Howard’s Grove Hospital in July 1862 remembered that the “tents and buildings were crowded with wounded soldiers from battle fields after [the] seven days’ fight below

⁹ E. H. Moren to darling, 17 August 1862, to Fannie, 24 August 1862, and to wife, 18 October 1862, all in Folder 8, Box 1, Moren Papers, ADAH.

Richmond.” Another medical officer claimed that this series of battles sent 20,000 patients to general hospitals in and around the Confederate capital. Overcrowding also exasperated medical officers in the western theatre. In the aftermath of the battle of Shiloh, three large Atlanta military hospitals met or exceeded their patient capacity.¹⁰

The crowded conditions in general hospitals across the Confederacy made the employment of stewards, ward-masters, nurses, cooks, and laundresses a top priority for medical officers. Until 1862, detailed soldiers filled most of these positions; the need for more military manpower in the field, however, prompted the Confederate Congress to change the procedure for securing hospital employees. “An act to better provide for the sick and wounded of the Army in hospitals,” issued to medical officers as General Orders No. 95 on November 25, 1862, revolutionized the Confederate general hospital system by authorizing civilian employment in military institutions. Specifically, General Orders No. 95 allowed each general hospital two chief matrons, two assistant matrons, two ward matrons, one ward-master per ward, and “such other nurses and cooks, male or female (giving preference to females when their services may best serve the purpose) . . . as may be necessary for the proper care of the sick.” Late November 1862, then, saw women

¹⁰ Robert W. Waitt, Jr., Confederate Military Hospitals in Richmond, Official Publication #22, Richmond Civil War Centennial Committee (Richmond: City of Richmond Printing Office, 1964), 12-13; C. Vann Woodward, ed., Mary Chesnut's Civil War (New Haven: Yale University Press, 1981), 158; J. L. Cabell to T. H. Williams, 17 September 1861, Letter Press Book, 1861-1862, General Hospital, Charlottesville, Virginia, Cabell Family Papers, Rare Book, Manuscript, and Special Collections Library, Duke University, Durham, North Carolina (hereafter cited as Duke); John R. Gildersleeve, “History of Chimborazo Hospital, Richmond, Virginia, and its Medical Officers during 1861-1865,” Virginia Medical Monthly 9 (July 1904): 153; Newton, “Reminiscences of the Medical Department,” 40; “Statement in regard to Hospitals in Atlanta, Georgia, 21 December 1862,” Folder 3, Box 13, Stout Papers, MOC.

gain official status as hospital employees.¹¹

Although women had served as hospital volunteers before the issuance of General Orders No. 95, some officers resisted their mandated presence. One matron experienced this opposition on her very first day at Chimborazo Hospital. Phoebe Pember recalled that while she sat outside the head surgeon's office, "many of his corps, who had expected in horror the advent of female supervision, walked in and out, evidently inspecting me," and that "there was no mistaking the stage-whisper which reached my ears from the open door of the office . . . that 'one of them had come.'" A hospital inspector reported that Surgeon G. M. Green, in charge of Richmond's General Hospital No. 9, employed "one female Cook and one female Nurse, but no Matron, and the Surgeon strongly insists that he will have none, considering them an incongruous element." Despite their initial reluctance, however, over time most medical officers accepted women as supervisors and caregivers. Matron Kate Cumming's visit to Mississippi's Okolona General Hospital in May 1862 convinced her that "Dr. Caldwell [the head surgeon] has improved much since my last visit . . . and has condescended to have one lady—Mrs. Woodall—in his hospital."¹²

Indeed, experience often trumped the widely-held sentiment expressed in The

¹¹ O. R., Series 4, 2: 209-10. For analysis of women's duties in Confederate general hospitals, see chapter two.

¹² Phoebe Yates Pember, A Southern Woman's Story: Life in Confederate Richmond (New York: G. W. Carleton, 1879; reprint, with an introduction by Bell I. Wiley, St. Simons Island, GA: Mockingbird Books, 1987), 17; W. A. Carrington to E. L. Gaillard, 7 December 1862, Letters Sent, Medical Director's Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department (ch. VI), War Department Collection of Confederate Records (Record Group 109), National Archives, Washington, D. C. (hereafter cited as NA); Kate Cumming, Kate: The Journal of a Confederate Nurse, ed. Richard Barksdale Harwell (Baton Rouge: Louisiana State University Press, 1987), 42.

Manual of Military Surgery that women were “altogether out of place in military hospitals.” One medical officer “who approves of ladies being in hospitals” told those employed at Chattanooga’s Newsom Hospital “that where they were the surgeons and nurses were more apt to attend to the patients than they would otherwise be.” Once convinced of their value and usefulness, head surgeons were loath to lose female employees. One told Matron Ada Bacot that he insisted “upon our staying here this Winter he declares if we go the hospital will go to the dogs, he really seems anxious to keep us.” Further, some medical officers requested the services of specific women. When Dr. G. W. Currey was transferred from a Memphis general hospital to Ringgold, Georgia, he sent a note to his former matron, Susan Smith, “requesting my services in his department,” explaining that “[t]here was no lady with him to render that assistance which was so much needed and too much neglected.” Delighted, Smith accepted. As we shall see, female employees often collaborated with medical officers to create a communal atmosphere inside Confederate general hospitals.¹³

Moreover, as the war progressed, medical officers had to face the loss of detailed ward-masters, nurses, and cooks. The experiences of Dr. J. L. Cabell, head surgeon of Charlottesville’s General Hospital, illustrate to what lengths medical officers would go to employ enough civilians to keep their hospitals running. As early as November 1861, Cabell reported that the “impossibility of finding an adequate number of hired nurses not

¹³ Chisolm, Manual of Military Surgery, 76; Cumming, Journal of a Confederate Nurse, 69-70; Jean V. Berlin, ed., A Confederate Nurse: The Diary of Ada W. Bacot, 1860-1863 (Columbia: University of South Carolina Press, 1994), 141; Joseph Jones, “Roster of the Medical Officers of the Army of Tennessee,” Southern Historical Society Papers 22 (1894): 189; Susan E. D. Smith, The Soldier’s Friend, ed. John Little (Memphis: Bulletin Publishing Co., 1867), 79.

connected with the Army compels me to ask for enlisted men to be detailed for this duty.”

Part of the problem, before the passage of the Hospital Act, was lack of adequate funds to attract civilian employees. In 1861, the Confederate Congress appropriated a meager \$130,000 to pay civilian cooks and nurses; in 1862 the expenditures decreased to \$96,000 for civilian cooks and nurses and \$10,000 for hospital laundresses. This forced Cabell to write to his congressman “in order to plead for more money for [hospital] attendants” and to beg for draft exemptions for civilian hospital employees. Cabell explained the dire situation thus: “Some months ago I was required by an imperative order of General Johnston to remand to their regiments all the enlisted men detailed for Hospital duty and to ‘employ civilians.’” He noted that he had hired slaves to perform some tasks but “the acting stewards, wardmasters etc must be intelligent & trustworthy educated men. In several instances I have employed persons exempt by age or some physical infirmity, but others are subject to draft if not exempted by their present employment.” Observing that his civilian employees “have just acquired a familiarity with their duties,” Cabell asked that Congress exempt them from field service. And although the Confederate Congress exempted men engaged in certain occupations, including “superintendents of the public hospitals, lunatic asylums and the regular nurses and attendants therein,” those employed in military hospitals remained liable to the draft throughout the war. Further, medical officers were under constant pressure to relinquish detailed hospital employees. A circular from the director of North Carolina general hospitals reminded medical officers of “the importance and necessity of returning to their commands all men fit for duty, excepting only those who have received appointments from the Secretary of War.” These

policies frequently left hospitals short-staffed. In August 1864, Kate Cumming lamented the fact that “Dr. Wellford has nearly all the wounded to attend” because “many of our best nurses have been sent to the front. . . . I think it is sinful to take such men away from these poor sufferers.”¹⁴

An imperfect chain of command often annoyed medical officers and exacerbated their confusion about proper procedure. Because general hospitals were usually located in towns designated as military posts, the War Department appointed a commandant or commanding officer to serve as the local military authority. Yet until October 28, 1862, the extent of the post commandant’s authority over hospitals within the limits of his post remained unclear. The War Department finally solved this problem with General Orders No. 78, which placed general hospitals under the authority of the local commander but required that hospital management be left to the surgeon in charge of each institution. Moreover, until the middle of the war, surgeons in charge of hospitals received orders from three different, sometimes contradictory sources: the surgeon general, medical directors of armies, and line officers in the field. Also, if a town had more than one military hospital, then the surgeon general appointed a post surgeon to serve as the town’s highest-ranking medical officer. The post surgeon was the medical department’s liaison

¹⁴ J. L. Cabell to General Johnston, 25 November 1861 and J. L. Cabell to S. P. Moore, 21 October 1861, Letter Press Book, 1861-1862, General Hospital, Charlottesville, Virginia, Cabell Family Papers, Duke; Freemon, Gangrene and Glory, 28-29; Cunningham, Doctors in Gray, 274; J. L. Cabell to Honorable P. Miles, 1 March 1862, Folder 49, Box 3, William Porcher Miles Papers, Southern Historical Collection, Wilson Library, University of North Carolina, Chapel Hill (hereafter cited as SHC); James M. Matthews, ed., The Statutes at Large of the Confederate States of America, Commencing with the First Session of the First Congress, 1862 (Richmond: R. A. Smith, 1862), 51-52; E. N. Covey, Circular, 1 August 1863, Confederate Imprints, no. 958; Cumming, Journal of a Confederate Nurse, 218. For more on enslaved hospital workers, see chapter four; on civilian hospital employees, see chapter three.

to the post commander; he also mediated conflicts between medical personnel and disseminated to his subordinates the general and special orders he received from the surgeon general and other officers. Sometimes post surgeons issued their own directives, adding another link to the already-cumbersome chain of command. Needless to say, such a system was hardly conducive to efficiency and, according to Samuel H. Stout, General Braxton Bragg inaugurated a more satisfactory method. In July 1862, Bragg appointed Stout Superintendent of Hospitals in the Department of Tennessee. This policy influenced the War Department to create a new position, medical director of hospitals, for each department or army in the field. On March 12, 1863, General Orders No. 28 instituted Bragg's policy, directing that hospitals' external chain of command run directly from the surgeon general to medical directors of hospitals, and from them to post surgeons and finally to surgeons in charge of hospitals.¹⁵

Although general hospitals' external chain of command was a work-in-progress until the middle of the war, several aspects of hospital service were uniform, providing medical officers across the Confederacy with consistency and routine. Officers enjoyed the advantages of a logical internal hospital chain of command and clearly-defined duties. Regardless of the institution's size, the ward was the basic unit inside the Confederate hospital. The surgeon in charge assigned about fifty patients to each ward (a typical ward

¹⁵ Cunningham, Doctors in Gray, 70-71; S. Cooper, General Orders No. 78, 28 October 1862, O. R., Series 4, 2: 149; Stout, "Outline of the Organization," 62-63; S. Cooper, General Orders No. 28, 12 March 1863, O. R., Series 4, 2: 424-25. In 1865, eight men held the title of medical director of hospitals. Their names and headquarters were: W. A. Carrington (Richmond, Virginia), F. A. Ramsey (Bristol, Tennessee), P. E. Hines (Raleigh, North Carolina), N. S. Crowell (Charleston, South Carolina), S. H. Stout (Macon, Georgia), S. A. Smith (Alexandria, Louisiana), J. F. Heustis (Mobile, Alabama), and P. B. Scott (Meridian, Mississippi). For more on Stout, see Glenna R. Schroeder-Lein, Confederate Hospitals on the Move.

measured eighty feet long by thirty feet wide). In hospitals containing fewer than 500 beds, the surgeon in charge named a division surgeon who was ultimately responsible for the health and welfare of all hospital patients; larger hospitals had multiple divisions and division surgeons. The division surgeon reported directly to the surgeon in charge and usually held the rank of surgeon. He supervised the ward surgeons, who occupied the lowest rung of the officers' ladder. Ward surgeons evaluated patients on a daily basis; although most held the rank of assistant surgeon, some were commissioned at the rank of surgeon.¹⁶

Everyone in these hierarchical hospital commands performed different duties. The surgeon in charge (or head surgeon) was the senior medical officer in each general hospital and, according to the head surgeon of a Griffin, Georgia, hospital, he had "highly responsible duties." All hospital personnel reported to the surgeon in charge and he "defined the duties of all officers" attached to the institution. The head surgeon established and enforced rules and regulations "necessary for the guidance of the attendants, and the order, cleanliness, and convenience of the patients." He also received and enforced the myriad general orders, special orders, and circulars issued by his superiors; military protocol dictated that he acknowledge, within one week, their receipt. Further, the head surgeon read aloud to his subordinates the contents of these

¹⁶ J. Julian Chisolm, A Manual of Military Surgery, for the Use of Surgeons in the Confederate States Army; with Explanatory Plates of All Useful Operations, 3d ed. (Columbia: Evans and Cogswell, 1864), 65 (all subsequent citations are to this edition); Pember, Southern Woman's Story, 18; Ballou, "Hospital Medicine in Richmond," 49. In extreme emergencies, hospitals employed contract physicians, or "acting assistant surgeons," to work in specific wards. Holding a monthly contract, acting assistant surgeons were paid \$80 per month. See Cunningham, Doctors in Gray, 254-55; and Freemon, Gangrene and Glory, 28.

communications and kept them “on file in his office, where his Assistants can have free access to them.” One hospital clerk recognized the enormous amount of correspondence that the surgeon in charge waded through, which included “orders from the Adjutant & Inspector General, Orders and Circulars from the Surgeon General . . . from the Medical Director . . . from the Senior Surgeon of the Post . . . from the Commandant of the Post . . . together with communications upon every subject that can be imagined by the brain of man.”¹⁷

One of the most important and challenging duties of the head surgeons was providing food for patients and employees. Surgeons in charge of hospitals requisitioned staples such as beef, pork, and flour from the commissary department, but used the hospital fund to procure chickens, eggs, butter, and fresh vegetables. Although each soldier was supposed to receive a daily ration, those confined to hospitals were usually unable to eat much, if any, of the standard army ration. General Orders No. 93, issued on September 27, 1862, fixed the “commutation value of rations of sick and disabled soldiers, in the hospitals of the Confederate States” at one dollar, which went into the hospital fund. The monetary value of uneaten rations was credited to the commissary and paid to the head surgeon at the end of each month, and he used this money to obtain hospital provisions. Military officials demanded that head surgeons keep both weekly and monthly records of hospital fund expenditures, “verified in every instance by

¹⁷ Christopher H. Tebault, “Hospitals of the Confederacy,” Southern Practitioner 24 (1902): 501; Chisolm, Manual of Military Surgery, 66-67; Regulations for the Medical Department, 8; P. E. Hines, Circular, 15 December 1863, Confederate Imprints, no. 990; George Stites to G. S. Barnsley, 6 September 1863, Folder 9, Box 1, George S. Barnsley Papers, SHC.

vouchers.” Typically, surgeons in charge of hospitals did not themselves buy goods with the hospital fund; however, they approved all of the stewards’ expenditures from the fund and were “held liable for a faithful application of it.” Moreover, the surgeon general instructed head surgeons to “make contracts with gardeners and farmers for the supply and delivery of . . . vegetables and other ordinary marketable produce . . . beyond what can be furnished from the Hospital gardens.”¹⁸

Surgeons in charge of military hospitals had many other duties besides procuring rations. Medical directors of hospitals expected head surgeons to complete seventeen different daily, weekly, monthly, and quarterly reports. Failure to complete these in a timely manner, warned one medical director, would “be deemed sufficient cause to prefer charges for inattention to duties.” To ensure proper performance by subordinate medical officers and hospital employees, medical regulations required surgeons in charge to “keep up a continued surveillance over all departments of the establishment, inspecting at such irregular times when he may be least looked for.” And although head surgeons did not usually treat sick or wounded soldiers, they examined all “convalescents and chronic cases in their Hospitals” twice each week and sent those fit for duty back to their commands.¹⁹

¹⁸ Cunningham, Doctors in Gray, 80; Schroeder-Lein, Confederate Hospitals on the Move, 72-73; S. Cooper, General Orders No. 93, 27 September 1862, O. R., Series 4, 2: 199-200; Regulations for the Medical Department, 8; S. P. Moore, Circular No. 15, 10 August 1864, Confederate Imprints, no. 1000-2.

¹⁹ S. H. Stout, Circular, 1 January 1864, Confederate Imprints, no. 990-1; E. N. Covey, Circular, 12 August 1863, Confederate Imprints, no. 965; Regulations for the Medical Department, 8-9; P. E. Hines, Circular, 15 December 1863, Confederate Imprints, no. 990. In his circular of 1 January 1864, Stout directed surgeons in charge of hospitals to complete the following reports: daily morning report, weekly consolidated report, daily list of patients received, weekly steward’s statement of hospital property, monthly report of sick and wounded, monthly return of medical officers, monthly return of hospital stewards, monthly return of detailed men, weekly account of hospital fund, weekly certificates of men furloughed,

Head surgeons, especially those unfamiliar with hospitals in general and military procedure in particular, found their duties as the hospital's senior administrator daunting. Mississippian James Holloway served as the surgeon in charge of Richmond's General Hospital No. 2. He reported to his wife that "the management of the whole concern falls upon me—and I assure you I have no small task," and he confessed that his "mind is constantly filled with anxiety about filth—cooking—nursing—etc." Yet he believed that success at the hospital might lead to a promotion, observing that a good inspection report "may be the means of procuring me a more pleasant position in the Army." In May 1863, however, Holloway received a less-than-stellar review from Virginia's Medical Director of Hospitals, W. A. Carrington, who wrote that Holloway was "very experienced as an operator, energetic and earnest in the discharge of most of his duties" but concluded that his hospital was "deficient in the discipline, neatness and order that . . . characterizes most of the Hospitals in this city." Finding Holloway "not disposed to take reproof in the proper spirit," Carrington "designated [him] to the Surg. General for exchange with a Surgeon now in the field." For his part, Surgeon General Moore seems to have had no sympathy for incapable hospital administrators and ordered them to be "relieved by more responsible medical officers & sent to the Field."²⁰

monthly statement of hospital fund, monthly report of surgical cases, monthly report of patients vaccinated, quarterly report of sick and wounded, daily notices of deaths, discharges, furloughs, desertions, and men returned to commands, receipts from quartermaster for effects of deceased soldiers, and daily report of Officer of the Day.

²⁰ J. M. Holloway to wife, 14 December 1861, Folder 2, Section 1, James Montgomery Holloway Papers, Virginia Historical Society, Richmond (hereafter cited as VHS); W. A. Carrington to Gen. S. Cooper, 14 May 1863, Letters Sent, Medical Director's Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA; S. P. Moore to S. H. Stout, 22 December 1863, Folder 6, Box 13, Stout Papers, MOC.

Substandard sanitation also drew the ire of medical department officials. When W. A. Carrington learned that patients routinely complained about filthy conditions at one Petersburg hospital, he ordered the post surgeon to transfer its surgeon in charge “to some other Hospital” and replace him with “an officer, firm and kind and courteous who will regulate every thing.” When Medical Director Stout inspected Atlanta’s Gate City Hospital he had “to tiptoe, to keep from stepping in filth, sputa, excrement, and urine” and found “fecal matter . . . a in the cellar and on the roof.” Horrified, he ordered the hospital’s head surgeon, Dr. Paul F. Eve, to have the entire hospital cleaned. When another inspector found that unsanitary conditions still existed, Stout applied to the surgeon general for Eve’s transfer to a “more innocuous position” (doing so quietly because he did not want to publicly humiliate Eve, a well-known Nashville physician). Stout suggested that Eve’s service on an army medical examining board might better suit his skills and personality; the surgeon general disagreed, however, and Eve retained his position.²¹

To assist them in management, surgeons in charge of military hospitals relied on division surgeons. The manual for medical officers specified that a division surgeon was

²¹ W. A. Carrington to P. E. Hines, 16 February 1863, Letters Sent, Medical Director’s Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA; Samuel H. Stout, Confidential Addendum to “Outline of the Organization of the Medical Department of the Confederate Army and Department of Tennessee, Especially of ‘The Hospitals’” (n.p., 1897), 85-88, MS I-A-5, TSLA; L. T. Pim to S. H. Stout, 5 July 1863, Folder 1, Box 6, Stout Papers, MOC; S. H. Stout to S. P. Moore, 6 July 1863, Folder 10, Box 1, Stout Papers, TSLA; Stout, “Outline of the Organization,” 57. Although the surgeon general allowed Eve to remain the surgeon in charge of the Gate City Hospital, the institution was turned into a receiving hospital. Eve served there until the end of the war. See S. P. Moore’s remarks on the reverse of L. T. Pim, “Report of Inspections of Hospitals at Atlanta, Georgia, November 8, 1863,” Folder 1, Box 6, Stout Papers, MOC, and Jones, “Roster of the Medical Officers,” 197. For more on Eve, see Evelyn Ward Gay, The Medical Profession in Georgia (Fulton, MO: Ovid Bell Press, 1983), 248-49.

“responsible . . . for the proper enforcement of all the rules and regulations of the hospital in his respective division, obeying all orders emanating from his chief.” Like the surgeon in charge, the division surgeon filled an administrative role; he did not treat patients on a daily basis, but rather visited the wards twice a day to ascertain if each patient’s “wants have been supplied.” He also granted convalescents passes to leave the hospital, made out the hospital pay roll, and served, along with the surgeon in charge, on the board of examiners whose duty it was to “investigate all cases of applicants for transfer, detail, furlough, or discharge.” Finally, medical regulations instructed the division surgeon to report to the surgeon in charge all incidents of neglect or insubordination by ward surgeons or other employees.²²

Ward surgeons usually held the rank of assistant surgeon. They were the hospital’s general medical practitioners and were in constant contact with sick and wounded patients. It was the ward surgeon’s duty to visit patients at least twice a day and to prescribe the medicine and food necessary for recovery. Every morning at 11:00, ward surgeons reported to the division surgeon the number of deaths, desertions, convalescents fit to return to their commands, and vacant beds in their ward. Moreover, the ward surgeon completed a weekly report giving the name, rank, company, regiment, bed, ward, division, and disease or injury of each patient under his care. In this report, he recommended patients eligible for furlough, transfer, or discharge; he was forbidden,

²² Chisolm, Manual of Military Surgery, 67-68; S. P. Moore, Circular No. 8, 24 May 1864, Folder 1, Section 16, Baylor Family Papers, VHS.

however, from sharing this information with anyone but the division surgeon.²³

Army medical regulations suggested that assistant surgeons “be between 21 and 25 years of age” and have outstanding “moral habits, professional acquirements, and physical qualifications.” Due to their age, however, many were in fact inexperienced. J. H. DeVotie, an assistant surgeon at a Danville, Virginia, general hospital, wrote that he had “only lately realized the fact that I am an M.D. full fledged, tail feathers and all.” He confessed that it made him “feel big to be saluted as Dr” and wrote in a letter to his father that “it would make your sides ache with laughter could you see me sitting by the bedside of a patient, examining him with as much dignity and solemnity as an old hand at the bellows could put on.” Perhaps feeling a little self-conscious around medical officers with considerably more experience, DeVotie wrote: “I am as careful as I can be not to make a false diagnosis as I don’t wish any of the old fogie surgeons in the hospital to catch me making blunders and errors.” “If I get a tight case and don’t know exactly what to call it or how to treat it,” he wrote, “I watch them [surgeons] or fly to my books.”²⁴

In addition to being inexperienced in diagnosis and treatment, assistant surgeons were novices in military hospital procedure and in the supervision of detailed soldiers and civilian employees. Medical Director Stout instructed a ward surgeon in a Griffin, Georgia, general hospital “that it is only a part of [your duty] to prescribe for the patient.” He ordered the man not to “permit dirty spit boxes to remain in the sick room” and to

²³ Chisolm, Manual of Military Surgery, 68.

²⁴ Regulations for the Medical Department, 13-14; J. H. DeVotie to father, 15, 22 June 1862, Folder 2, Box 1, James Hendricks DeVotie Papers, Duke.

“inspect the privies attached to the ward or wards” under his charge every day. Finally, Stout reminded the officer that he was “not expected to perform the manual labor necessary to keep everything in and about the wards . . . in good condition,” but it was his duty “to see that your subordinates perform the labor necessary to secure so desirable an end.” Treating sick and wounded soldiers while simultaneously managing hospital workers required long hours, hard work, and attention to detail. “Imagine how much time it would take to see each of these [patients] twice every day prescribe and answer the questions they ask make out the morning report and order diet for all of these men,” complained one assistant surgeon, “to say nothing of looking after my nurses and making them attend to their duties.” Exhausted from overwork, ward surgeons sometimes took out their frustration on employees. In early 1863, newly-commissioned Assistant Surgeon Richard Taylor received a reprimand “for cursing a ward master” under his supervision. At Chattanooga’s Newsom Hospital, a matron recorded that Dr. Nichol “was very cross,” criticizing her and a co-worker because they “did not visit his ward enough.”²⁵

According to one estimate, about 60 percent of all wounded Confederate soldiers were treated in Virginia’s general hospitals. Those facilities in and around Richmond remained especially busy; a consolidated morning report of the city’s hospitals filed on November 2, 1862, reveals that forty-two surgeons and 147 assistant surgeons were

²⁵ S. H. Stout to C. L. Herbert, 7 August 1863, Folder 11, Box 1, Stout Papers, TSLA; J. H. DeVotie to father, 30 July 1862, Folder 2, Box 1, DeVotie Papers, Duke; Ferdinand E. Daniel, Recollections of a Rebel Surgeon (and other Sketches); Or, In the Doctor’s Sappy Says (Austin, TX: Von Boeckmann, Schultz, and Co., 1899), 104-105; Jones, “Roster of the Medical Officers,” 262; Cumming, Journal of a Confederate Nurse, 113.

caring for 10,405 patients. Each non-administrative physician might have to treat seventy patients or even more at a time. “I am compelled to write you a Short note to-night (11 o’clk) because of extreme fatigue—after a hard days work,” penned one ward surgeon. He characterized his working hours at Richmond’s Howard’s Grove Hospital as slavishly long: “I arose at 5 o’clk and until 8 P. M. was not seated 15 minutes at any one time during the day. My cases are very complicated and interesting, but quite troublesome.” From a Danville, Virginia, military hospital, another assistant surgeon wrote that he was “hard at work . . . and have my hands full . . . as I now have to attend to about one hundred sick men.” Overwhelmed by his patient load, this doctor confessed that his work was “a hard berth . . . being a constant tax on the mind and body too sometimes. Last night for instance I was called out of bed three different times.” Three weeks later, the arrival of more patients prompted the same assistant surgeon to write: “I have [had] hard times all of the past week as a great many sick men have been sent here and we all have our hands full now.” Caring for his patients required “[p]lenty of hard work little sleep and constant anxiety of mind and great wear and tear of both mind & body. . . . I begin to feel a little used up.”²⁶

Medical officers assigned to patient care treated many horribly injured and desperately sick soldiers. At Richmond’s Winder Hospital, J. H. Kinyoun confessed that

²⁶ Wyndham B. Blanton, Medicine in Virginia in the Nineteenth Century (Richmond: Garrett & Massie, 1933), 273; W. A. Carrington to E. S. Gaillard, 2 November 1862, Roll 49, Compiled Service Records of Confederate General and Staff Officers and Non-Regimental Enlisted Men (hereafter cited as CSR); S. P. Moore, Circular, 6 July 1863, Confederate Imprints, no. 951; S. H. Stout, Circular, 1 January 1864, Confederate Imprints, no. 991; J. M. Holloway to wife, 1 June 1864, Folder 7, Section 1, Holloway Papers, VHS; J. H. DeVotie to father, 15 June 1862, and to mother, 6 July 1862, Folder 2, Box 1, DeVotie Papers, Duke.

he was “worn out in seeing so much suffering and death as is constantly before us here.” The arrival of “fathers, brothers, sister[s], and wives searching for the departed ones” especially haunted Kinyoun because he could not assuage their grief. J. H. DeVotie expressed a similar sentiment at a general hospital in Gordonsville, Virginia. Although he applauded the “great victories” won by the Army of Northern Virginia in the Seven Days battles and at Second Manassas, DeVotie remained troubled. “Alas could you but see the poor fellows as I see them every day mangled torn and bruised,” he wrote, “you would think the victory dearly bought. . . . Poor fellows how they suffer. . . . They are shot in every part of the body conceivable.” While he conscientiously conducted his examinations, noting that “I am kind to the men and try to cheer them and be cheerful myself. . . . I attend punctually and carefully to my duties,” this was not always easy. He confessed that “sometimes I have a heap of trouble with some [patients] who can not or will not appreciate my efforts to aid and assist them.” DeVotie remained discouraged because “[i]f I work hard to assist a man and after he is relieved and then he exhibits no gratitude it hurts me.” Another medical officer assigned to patient care lamented that he was “only appreciated when humanity is suffering.” Perhaps more experienced than DeVotie in the intricacies of the doctor-patient relationship, this surgeon declared that “I don’t feel guilty . . . if I am not very kind to the sick—still I show a willingness to cure them and make them comfortable and furlough them.”²⁷

In addition to emotionally wrenching and laborious care of patients, ward

²⁷ J. H. Kinyoun to wife, 24 August 1862, Folder 3, Box 1, John Hendricks Kinyoun Papers, Duke; J. H. DeVotie to father, 9 September, 23 June, 30 July 1862, Folder 2, Box 1, DeVotie Papers, Duke; J. M. Holloway to Annie, 26 August 1862, Folder 3, Section 1, Holloway Papers, VHS.

surgeons frequently performed onerous duties not specified in the manuals. Medical directors of hospitals assigned one assistant surgeon from each post “to the temporary and special duty of vaccinating gratis . . . all healthy children, white and black, who have not been previously vaccinated” against smallpox. These vaccinations were done with material taken from a lesion on the udder of a cow or calf infected with cowpox, which was caused by a virus similar enough to smallpox to confer immunity. The surgeon general emphasized “the importance of prosecuting [vaccinations] vigorously” because material obtained from the children’s lesions, called “lymph,” was used to vaccinate soldiers against the disease. Further, medical officers with surgical experience performed temporary service “on or near the field of battle” as members of the Reserve Surgical Corps. The surgeon general ordered officers so designated “to hold themselves in constant readiness to proceed with all possible dispatch” to the battlefield. Instructed not to “encumber themselves with anything not absolutely necessary,” corps members took surgical instruments, amputating cases, and other hospital stores to treat wounded soldiers housed in temporary field hospitals. Then, when the patients were ready for transfer, members of the corps accompanied them to general hospitals to receive protracted care.²⁸

More commonly a ward surgeon served as the officer of the day in his hospital. Drawn from the pool of ward surgeons and appointed by the division surgeon, the officer of the day inspected the hospital and noted any irregularities in his written report to the senior officer in charge. Essentially, the responsibilities of the officer of the day

²⁸ S. P. Moore, Circular No. 2, 6 February 1864, Confederate Imprints, no. 1017; Alfred Jay Bollet, Civil War Medicine: Challenges and Triumphs (Tuscon: Galen Press, 2002), 291; S. P. Moore, Circular No. 5, 15 March 1864, Confederate Imprints, no. 993.

resembled “those of a police Officer, in addition to his duties as Surgeon.” It was “his duty to see that proper order and discipline are maintained, and that the directions of the officer in charge and of the prescribing surgeon have been obeyed.” The officer of the day’s written report noted “any omission or defect in the attendance or condition of the wards, and any delay or failure in the administration of remedies or serving of diet.” Overseeing the food served to patients required him to “visit the kitchen, and note its condition as regards the sufficiency of utensils, etc., cleanliness, etc.” and to “be present at meal times, to be able to judge of the proper preparation and distribution of the food.” Finally, he had to “inspect all of the [diet] tables daily and report any abuses which may be attempted.”²⁹

Although there were widespread complaints about the food served in Confederate general hospitals, those emanating from the officer of the day occasionally led to conflict between medical officers. When the officer of the day found “deficiency in the quantity and quality of rations issued” to patients in Division No. 4, Danville General Hospital No. 1, he reported his findings to the division surgeon, Dr. G. B. Douglas. Following medical department protocol, Douglas took the problem to the hospital’s head surgeon, Dr. R. H. Dalton. Instead of personally investigating the food served in Douglas’s division, Dalton spoke with the steward, who claimed that “all [divisions] had equal shares.” Because no other division surgeon had complained about insufficient food, Dalton concluded that

²⁹ Chisolm, Manual of Military Surgery, 67; S. P. Moore, Circular, 6 July 1863, Confederate Imprints, no. 951; Tebault, “Hospitals of the Confederacy,” 501; E. B. Haywood, “Instructions to Officer of the Day” (n.p., n.d.), Folder 233, Box 24, Ernest Haywood Papers, SHC; F. H. Evans to S. H. Stout, 20 December 1864, Folder 9, Box 13, Stout Papers, MOC.

Douglas's complaints were unfounded and let the matter drop. Seeing no other course of action, Douglas contacted Dalton's superior, Medical Director W. A. Carrington.

Carrington sent an inspector to Danville, who found "just grounds of complaint on account of the insufficiency and infirmity of the food heretofore issued." Confronted by the inspector, Dalton charged "that the deficiency complained of probably results from the mismanagement of the [rations] after they are received [in] the Division" and argued that "the employees of that division [are] notorious for carelessness." In addition to criticizing the staff of Division No. 4, Dalton attempted to tarnish Douglas's professional reputation: "His efficiency in his present position has been impaired by the habit of using a very inferior article of Whisky, which is furnished for sick in Hospital." He went on to recommend that Douglas be transferred "to some place in Georgia where he would be near his family which is highly respectable."³⁰

Carrington recognized that the charge of intemperance against Douglas was motivated by revenge, but as a rule medical department officials took complaints of drunkenness very seriously. Medical Director Stout wrote: "Whenever I hear of a medical officer getting drunk, I notify him, that he must take his choice between a court-martial and resignation." Some officers thus charged did in fact resign rather than face a military tribunal. In October 1861, Dr. John S. Andrews was charged with "intemperance and neglect of duty"; instead of contesting the accusation he resigned his commission on February 1, 1862. At other times, however, medical officers fought to keep their position.

³⁰ W. A. Carrington to R. H. Dalton, n.d., and R. H. Dalton to W. A. Carrington, 29 April 1863, Letters Sent, Medical Director's Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA. On food from the patients' perspective, see chapter five.

The charge of intemperance against Assistant Surgeon Robert Campbell put him “in great perplexity . . . as to what course to pursue.” He explained his quandary thus: “I dislike to stand the disgrace of being cashiered & if I resign & go home I have not the means of commencing practice again.” He therefore begged for a second chance, stating that he had “a young wife & child & a father-in-law made helpless by paralysis all dependant upon me for a support. If I resign or am cashiered I have not the means or way of making a support.” He admitted his mistake: “I have acted indiscretely . . . it was on my part a thoughtless, foolish act, & one which has caused me many a bitter pang of regret & remorse.” He furthermore promised to “never indulge in intoxicating liquors in any shape or form” and pleaded for “a chance to reinstate myself upon the high moral ground where I once stood as both a gentleman & an officer.” Despite these pleas, however, Stout insisted on Campbell’s resignation.³¹

Intemperance among medical officers occasionally affected working relationships inside the Confederate hospital. The head surgeon of the general hospital in Macon, Georgia, was “very much annoyed by a full Surgeon (W. H. Whitehead) who was ordered here last Spring. He is intemperate, inefficient, indecorous & unreliable. I have applied for his removal.” In Virginia, the fall of 1862 saw a medical department official cancel the contracts of two acting assistant surgeons “because of intoxication.” In Charlottesville, matron Ada Bacot described how Assistant Surgeon J. B. Poellnitz’s

³¹ W. A. Carrington to R. H. Dalton, 2 May 1863, Letters Sent, Medical Director’s Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA; S. H. Stout to T. G. Richardson, 28 March 1864, quoted in Schroeder-Lein, Confederate Hospitals on the Move, 92; J. L. Cabell to S. P. Moore, 4 October 1861, Letter Press Book, 1861-1862, General Hospital, Charlottesville, Virginia, Cabell Family Papers, Duke; John S. Andrews, Roll 7, CSR; R. C. Campbell to S. H. Stout, 15 March 1864, Folder 4, Box 1, Stout Papers, TSLA.

drinking created conflict among the hospital's staff. When "some one told Dr. Rembert [the head surgeon] that he had been drinking again," Poellnitz became so angry that, according to Bacot, "he would scarcely speak to me. . . . He suspected Marie & myself of telling on him . . . though neither [of us] had." After Rembert ordered Poellnitz to stop drinking or "leave here immediately," Poellnitz confronted another assistant surgeon, Dr. McIntosh, claiming that the head surgeon had named him as the tattletale. According to Bacot, although McIntosh played no part in the affair, it created a "very serious misunderstanding" between Rembert and McIntosh: "From being the best of friends they have become almost enemies."³²

Personality clashes between medical officers also sparked contention in Confederate hospitals. Because the surgeon general and medical directors assigned officers to hospitals where they were most needed, officers were sometimes forced to work with men they did not get along with. From Lynchburg's General Hospital No. 3, a clerk reported that "we have been much exercised because of the hostility evinced by Dr. Owen . . . towards Dr. Fischer." Owen, angered by a reprimand from an inspector for neglecting his patients, directed his wrath toward the inspector's friend, Dr. Fischer, who worked in the same hospital. According to the clerk, "Owen tries his best to injure the Hospital by insidious remarks, sneers, etc, and by lowering himself to petty acts of meanness that I would hardly have believed him capable of, had I not seen and heard with

³² I. Parker to S. H. Stout, 6 November 1863, Folder 11, Box 1, Stout Papers, TSLA; T. H. Williams to S. P. Moore, 18 October 1862, Letters Sent by Surgeon Thomas H. Williams, Inspector of Various Hospitals in Virginia, 1862-1863 (vol. 461), Records of the Confederate Medical Department, NA; Berlin, Diary of Ada W. Bacot, 154, 156.

my own eyes and ears.” Further, Owen “swore he would whip [the inspector] if he ever [again] came to Lynchburg.” His hostility toward Fischer was so great that the latter requested and received a transfer to different hospital. When another surgeon faced a similar situation in a Covington, Georgia, hospital, his transfer “relieved [him] from the society of men who misunderstood me.” In Griffin, Georgia, the relationship between Surgeon C. L. Herbert and Head Surgeon R. C. Foster was so inimical that the medical director tried to mediate the conflict. He warned Herbert that “[i]nsubordination, which is the bane of the service, will not be permitted, but a full and cordial cooperation with superiors . . . is expected and the want of it will not be tolerated by me.” When Herbert ignored this directive, the medical director revoked his commission.³³

The conflict between Herbert and Foster did not stem solely from clashing personalities. Herbert argued that he actually outranked Foster because he was commissioned before him, and thus he refused to follow Foster’s orders. Such disputes over rank were not uncommon in hospitals. When E. A. Craighill, a newly-commissioned assistant surgeon, offered to step down as head of the Gordonsville, Virginia, general hospital because a higher-ranking assistant surgeon refused to follow his orders, the acting medical director replied: “I do not wish Dr. Chapman to take charge of the Hospital. If he is not willing to serve under you I will direct him to report to the Surgeon General as his services are not required in my District.” Indeed, rank did not

³³ G. W. Sites to G. S. Barnsley, 5 June 1863, Folder 9, Box 1, Barnsley Papers, SHC; Blanton, Medicine in Virginia, 401; J. M. Holloway to wife, 4 May 1864, Folder 6, Section 1, Holloway Papers, VHS; S. H. Stout to C. L. Herbert, 7 August 1863, Folder 11, Box 1, Stout Papers, TSLA; Jones, “Roster of the Medical Officers,” 212.

always translate into command authority inside the Confederate hospital. According to one medical director, “it was impracticable to strictly observe the technicality of the law in the organization of the hospital department. . . . We agreed to assign all officers of the medical corps with reference to their skill and probable efficiency in their respective positions,” regardless of their date of commission.³⁴

Discord among medical officers arose most commonly during the performance of their duties. When patients at Richmond’s General Hospital No. 1 complained of neglect by their attending physicians, the medical director investigated and concluded “that irregularities have occurred in the attendance of some of the assistant Surgeons.” Finding that several ward surgeons had skipped their rounds altogether, he ordered the head surgeon “to require each Medical officer to pay the morning and evening visit to his patients” and “to allow nothing but serious indisposition to interfere with his duties.” He furthermore instructed the head surgeon “to secure the execution of these orders” by keeping “an officer’s book . . . on the officer’s table and free to the inspection of all interested.” He also ordered that “a table should be prepared by the clerk each day—For the name of each medical officer present or absent with or without leave, and the hour of arriving and leaving the Hospital, for the morning and evening visit. . . . See that these

³⁴ T. H. Williams to E. A. Craighill, 14 December 1862, Letters Sent by Surgeon Thomas H. Williams, Inspector of Various Hospitals in Virginia, 1862-1863 (vol. 461), Records of the Confederate Medical Department, NA; Stout, “Some Facts of the History,” pt. 18 Southern Practitioner (April 1903): 217. Dr. Calvin L. Herbert received a surgeon’s commission on 20 August 1862 and Dr. Robert C. Foster passed the examination for promotion to surgeon on 18 April 1863. See Jones, “Roster of the Medical Officers,” 201, 212. Dr. W. D. Chapman received an assistant surgeon’s commission on 13 November 1861. See Blanton, Medicine in Virginia, 397. Dr. E. A. Craighill passed the examination for assistant surgeon in late November 1862. See Edward A. Craighill, Confederate Surgeon: The Personal Recollections of E. A. Craighill, ed. Peter W. Houck (Lynchburg, VA: H. E. Howard, 1989), 51.

rules are observed.” When Assistant Surgeon Ignatius D. Thompson left Lynchburg’s General Hospital No. 1 before completing his evening visit, the head surgeon charged him with “inattention to duties.” The post surgeon at Montgomery, Alabama, reported that Assistant Surgeon J. C. Calhoun devoted “more attention to ladies than to his business” and suggested that he be transferred to field duty. To insure that patients received timely medical attention, department officials admonished head surgeons to report “medical officers absenting themselves from their posts without properly authenticated permission. . . . Absence without leave for a single day is not allowable.” Moreover, the surgeon general instructed “Medical directors in future assignments, to station Medical Officers in such places as will not admit of neglect of official duties to give undue attention to their private business.”³⁵

Some medical officers also charged that colleagues were inept physicians or administrators. The surgeon in charge of the general hospital in Macon, Georgia, complained that “Assistant Surgeon G. G. Griffin is a person that I can say nothing in favor of—his principles are unsound & I cannot rely on him.” Atlanta’s post surgeon characterized Assistant Surgeon John Work as “a very worthy man” but one with “no high grade of professional qualifications.” The surgeon in charge of Virginia’s Buchanan General Hospital complained about the mediocre medical skills of Assistant Surgeon

³⁵ W. A. Carrington to C. B. Gibson, 20 April 1863, Letters Sent, Medical Director’s Office, Richmond, Virginia, 1862-1863 (vol 416); T. H. Williams to W. O. Owen, 28 November 1862, and T. H. Williams to S. P. Moore, 8 December 1862, Letters Sent by Surgeon Thomas H. Williams, Inspector of Various Hospitals in Virginia, 1862-1863 (vol. 461), Records of the Confederate Medical Department, NA; Blanton, Medicine in Virginia, 417; W. M. Gentry to S. H. Stout, n.d., Folder 11, Box 13, Stout Papers, MOC; S. H. Stout, Circular, 1 January 1864, Confederate Imprints, no. 991. For more on patient complaints against medical officers, see chapter five.

Albert Fairfax: “He is a young man and I suppose of not much experience.” The poor managerial skills of Surgeon Francis Thornton led Medical Director Stout to argue that “the good of the service would not be promoted by placing him in charge of [Chattanooga’s] Academy Hospital. . . . Recent occurrences at this post have embarrassed me exceedingly.” Stout’s superior noted that he was “strongly inclined to the opinion that you have some small nags for lead horses in some of your teams” and encouraged Stout to “watch them closely.”³⁶

Indeed, while officers were granted a good deal of autonomy inside Confederate hospitals, superiors did attempt to oversee their care of patients. The surgeon general ordered medical directors of hospitals to appoint a “Board of Medical Officers” at each post “to be consulted by the Surgeon in charge in all important surgical cases, or when an operation is deemed necessary.” The surgeon general mandated that “no important operation will be performed without the sanction of this Board.” In North Carolina general hospitals, the three senior medical officers on duty at each post constituted the surgical board; it is reasonable to assume that medical directors across the Confederacy followed this rule. Further, although ward surgeons recommended patients eligible for furloughs or medical discharge, they were precluded from officially granting these. General Orders No. 141 of October 29, 1863, stated that only the hospital medical board could grant them. One contract physician who exceeded his authority by issuing a

³⁶ I. Parker to S. H. Stout, 6 November 1863, Folder 11, Box 1, Stout Papers, TSLA; J. P. Logan to S. H. Stout, Confidential Report in Regard to Merits of Medical Officers, Atlanta, Georgia, April 1864, Folder 11, Box 13, Stout Papers, MOC; L. U. Mayo to W. A. Carrington, 2 May 1863, Letters Sent, Medical Director’s Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA; S. H. Stout to Surgeon Flewellen, 14 April 1863, Folder 11, Box 1, Stout Papers, TSLA; E. A. Flewellen to S. H. Stout, 12 March 1863, Folder 4, Box 13, Stout Papers, MOC.

furlough to a Winder General Hospital patient saw his contract immediately revoked, while an assistant surgeon who likewise disobeyed General Orders No. 141 lost his position in Gordonsville's general hospital and was ordered to report to the Army of Northern Virginia.³⁷

Moreover, the medical department's dwindling supply of medicines, especially stimulants like coffee and whiskey, demanded that officers regulate their use. In late 1863 the surgeon general instructed "surgeons in charge of Hospitals not to use Coffee as an article of ordinary diet for the sick. In consequence of the very limited supply it is essential that it be used solely for its medicinal effects." In late 1864, he sent a communique to medical officers in general hospitals complaining about the "frequent reports which reach this office relative to the abuse practiced by medical officers in the administration of alcoholic stimulants to patients . . . for trivial complaints." Noting the "difficulty of procuring a future supply," Moore demanded that medical officers exercise "a more judicious and economical expenditure of this class of remedies." To this end, he notified medical officers that they were "forbidden, hereafter, to prescribe [alcoholic stimulants], except in such cases as imperatively demand their administration." In the western theatre, one medical director "earnestly recommended . . . Medical officers to adhere to a strict sense of duty in prescribing [brandy], and never to make use of it except

³⁷ S. P. Moore, Circular, 15 August 1863, O. R., Series 4, 2: 723; E. N. Covey, Circular, 3 September 1863, Confederate Imprints, no. 968; S. Cooper, General Orders No. 141, 29 October 1863, O. R., Series 4, 2: 913; W. A. Carrington to G. A. Hammill, 12 March 1864, Letters Sent and Received, Medical Director's Office, Richmond, Virginia, 1864-1865 (vol. 364), Records of the Confederate Medical Department, NA; John K. McLean, Roll 173, CSR. Until mid-1863, surgeons in charge of general hospitals held sole authority to issue patients furloughs or medical discharges. General Orders No. 69, however, created a board of three examiners in an attempt to reduce the number of furloughed or discharged soldiers. See S. Cooper, General Orders No. 69, 28 May 1863, O. R., Series 4, 2: 570-71.

in cases of actual sickness.” Charging that “No small portion of the liquor furnished to the army for medicinal purposes has been injudiciously, and even, not unfrequently, culpably expended,” he challenged officers “to wipe off the stain which has thus become attached to the reputation of the [medical] corps.”³⁸

Shortages of supplies—especially food—sometimes strained the relationships between medical officers and patients. When convalescent patients scavenged for fruits and vegetables in the Farmville, Virginia, area, the head surgeon ruled that “[s]uch conduct is strictly prohibited and must be stopped,” and he advised convalescents that “disrespect or discourtesy to citizens, especially to ladies, or disorderly conduct of any kind will be promptly punished.” If “depredations on fruit trees, etc.” persisted, he would “restrict the patients to the limits of the town or their wards.” From a Newnan, Georgia, general hospital, Kate Cumming reported that “there is sly pilfering [of food] going on in the hospital. I have told Dr. Hughes, and he is trying to put a stop to the robbery. . . . He turned off [i.e., discharged] one man for dishonesty, but I believe he went to another hospital.” Indeed, convalescents’ mobility made them difficult for medical officers to control. Samuel Stout asserted that medical officers’ duties were often a balancing act: “To care for the great number of sick and wounded soldiers often found in the hospitals taxed the energy and ingenuity of all who served in them as medical officers.” He remembered that “it was often necessary to disregard the letter of the law, as expressed in

³⁸ S. P. Moore, Circular, 2 December 1863, O. R., Series 4, 2: 1021; S. P. Moore, Circular No. 10, 28 November 1864, Confederate Imprints, no. 1013; W. W. Anderson, Circular, 20 April 1863, Confederate Imprints, no. 939-3. On medicinal uses of alcohol, see Bollet, Civil War Medicine, 232. On the Confederate Medical Department’s efforts to procure whiskey and other alcoholic stimulants, see Cunningham, Doctors in Gray, 151-53. On matrons’ oversight of hospital whiskey stores, see chapter two.

the ‘Army Regulations’ that the patients might be made comfortable, while at the same time [maintaining the] discipline necessary to prevent demoralization and the diminution of effectives for service in the field.”³⁹

Sometimes general hospital patients were too comfortable. Medical officers frequently confronted malingerers—soldiers who hid the fact that they were healthy to avoid front-line duty. Head surgeons employed several strategies to rid their institutions of these “hospital rats.” Often these methods were inspired by medical department regulations or directives issued by the surgeon general. When Ferdinand Daniel, head surgeon of the Marietta, Georgia, general hospital, conducted his weekly examination of patients, he “found a great many soldiers . . . apparently well and able to do duty. . . . So I had a cleaning up, a sifting out, and thus recruited the ranks in the field considerably.” At other times, however, medical officers adopted unofficial means to convince malingerers to return to the ranks. Charlottesville’s general hospital housed several members of the Virginia militia, whom Matron Ada Bacot labeled “the hardest men to manage the most trifling & complaining, they all pretend to have rheumatism.” In his battle with these hospital rats, the head surgeon “ordered blisters for the most of them, they hate blisters worse than any thing[.] One man he had blistered on both knees because he complained of them.” Another head surgeon at a Richmond hospital received a reprimand for confining a suspected malingerer “in the Guard House, without preferring charges against

³⁹ H. D. Taliaferro, General Orders No. 2, 22 June 1863, quoted in Marie E. B. DeLaney, “A History of the Confederate Hospital and Cemetery at Farmville, Virginia,” typescript of speech delivered on 29 May 1989, VHS; Cumming, *Journal of a Confederate Nurse*, 203; Stout, “Some Facts of the History,” pt. 9 *Southern Practitioner* 24 (February 1902): 106. For more on H. D. Taliaferro, see James L. White, *History of the Confederate General Hospital Located at Farmville, Virginia, 1862-1865* (Farmville: Martin Printing Co., 1916), 4.

him.”⁴⁰

Whether they were convalescent or bed-ridden, patients frequently had visitors, and medical officers tried to regulate the presence and activities of these outsiders. “The doctors do not like the wives of the men to come and nurse them,” wrote one matron, “they say they invariably kill them with kindness.” The “insolent intrusion . . . of curiosity seekers, friends of the sick, (many claiming to be such) and faultfinders,” according to Stout, “were constant causes of inconvenience to medical officers and the nurses, and injurious to the sick.” Stout claimed that many “unwelcome visitors” smuggled pies, cakes, and fruit to patients “in violation of orders, and in many cases detrimental to the patients who often hid them under their bed clothes and ate them ‘on the sly.’” To safeguard their patients’ health, head surgeons established rules for visitors. At Atlanta’s Fair Ground Hospital No. 2, for example, visitors were “not permitted to eat or lodge in this Hospital, nor to furnish the sick with food or drink without the permission of the Medical Officer in charge of the Ward.” Visitors at Nashville’s Gordon Hospital had to apply to the head surgeon for a “Permit to visit the hospital” and visiting hours were limited to two hours in the morning. Moreover, Gordon Hospital rules stated: “Visitors to the hospital are forewarned against the encouragement of insubordination

⁴⁰ Daniel, Recollections of a Rebel Surgeon, 126-27; Berlin, Diary of Ada W. Bacot, 116-17; W. A. Carrington to W. C. Nichols, 2 March 1864, Letters Sent and Received, Medical Director’s Office, Richmond, Virginia, 1864-1865 (vol. 364), Records of the Confederate Medical Department, NA. According to Matron Phoebe Pember, hospital workers coined the term “hospital rats” to describe malingerers due to “the difficulty of getting rid of either species.” See Pember, Southern Woman’s Story, 18-19. Civil War doctors used the treatment of blistering to decrease tissue “excitability,” or the congestion of blood vessels which allegedly caused inflammation. The application of mustard plasters and turpentine wraps was supposed to induce “counter-irritation” by increasing blood flow to the skin, thereby reducing swelling. See Bollet, Civil War Medicine, 232.

with the arrangements or discipline of the hospital, under penalty of being expelled from the house.”⁴¹

Yet even these precautions did not entirely eliminate the conflict between officers and civilian visitors. An officer at Chimborazo Hospital claimed that “[o]ftentimes, in Hospital the over weening anxiety and afficiusness of relations & family aid very noticeably in hastening the Death of the patient.” Indeed, a patient’s death in a Montgomery general hospital unleashed a war of words between the hospital’s head surgeon, Dr. William M. Cole, and the patient’s mother, Nancy Dunnam. To refute the charge made by Dunnam in the local newspaper that her son had been neglected, Cole solicited statements from the patient’s attending physician, nurse, and ward matron. Each testified that Private Dunnam was admitted to the hospital on June 7, 1864 “with fever following diarrhea of some weeks duration.” The ward surgeon claimed that “[f]rom the time I took charge of him until the arrival of his mother . . . the patient improved, giving me reason to hope for his recovery.” Yet the “injudicious nursing and interference of Mrs. Dunnam . . . did much to thwart my efforts and the efforts of the matron to restore the patient to health.” The ward matron seconded Cole’s defense, arguing that Nancy Dunnam’s “constant interference with the diet, her almost incessant smoking around his bed, together with placing the stem of the pipe in his mouth, urging him to smoke . . . did nothing towards restoring him to health.” She said further “that Mrs. Dunnam did approach me . . . and stated that she intended taking the care of her son into her own

⁴¹ Cumming, Journal of a Confederate Nurse, 93; Stout, “Some Facts of the History,” pt. 11 Southern Practitioner 24 (April 1902): 215; “Regulations of Fair Ground Hospital No. 2” (n.p., n.d.), Confederate Imprints, no. 1062-1; Stout, “Rules and Regulations of the Gordon Hospital.”

hands” because “she felt certain of being able to cure him, having seen a nephew similarly diseased cured with certain remedies.” Cole testified that Dunnam approached him too, and “proposed prescribing for her son ‘very little small doses of calomel and opium,’” which Cole rejected immediately. Cole’s and Dunnam’s versions of the ensuing argument differed greatly. While Cole claimed that he urged Dunnam to stop interfering with the doctor’s treatment of her son or leave the hospital altogether, Dunnam asserted that Cole told her that “God Almighty is taking them (the soldiers) away every day, and I am glad of it, there is too many of them anyhow.” Finally, both Cole and Dunnam pleaded for public support. “Has the time arrived in this great revolution,” Cole demanded, “that a Confederate surgeon in charge of a hospital . . . who from the beginning of the war has served with acceptance to his superior officers . . . be arrayed before the public on charges false as hell?” He further proclaimed: “I have ever striven to be true to myself and perform with fidelity the duties assigned me. I shall not at this point be driven from that purpose.” Dunnam contradicted Cole’s statement, calling him “uncourteous, ungentlemanly, and unfeeling,” and defended her actions as “nothing more than any mother would have done under similar circumstances.” She called on “an impartial public” to “see and judge whether [Cole] was justifiable or not.” This battle between a commissioned medical officer and a dead hospital patient’s mother ended badly for the former—Cole was relieved from duty in July 1864.⁴²

As the Cole-Dunnam controversy illustrates, some southerners believed that

⁴² J. M. Holloway to wife, 14 June 1864, Folder 7, Section 1, Holloway Papers, VHS; Montgomery Daily Advertiser, 21, 28 June, 9 July 1864; Schroeder-Lein, Confederate Hospitals on the Move, 94.

medical officers and employees were incapable of caring for patients as well as family members could. Antebellum Americans did not envision the hospital as central to medical care; even the lower classes avoided hospital treatment unless it was their only option. Relatives or friends assisted people too sick or injured to care for themselves, and women, viewed by society as more loving, nurturing, and sensitive than men, usually took on the role of caregiver. Medical officers assigned to general hospitals, then, faced several challenges. Surgeons in charge of hospitals had to unite their diverse work force in the common cause of healing sick and wounded soldiers. Moreover, medical officers had to not only demonstrate their desire to heal, but also their competence and compassion. They had to convince skeptical patients—and patients' family members—that they would receive medical care comparable to that they could receive at home.⁴³

One obstacle confronting medical officers lay in the fact that general hospitals were not very home-like. To begin with, the exterior of most general hospitals was sterile and uninviting. Richmond's General Hospital No. 2, for example, was set up in a three-storied, A-roof building that had been a tobacco factory. Atlanta's Institute Hospital occupied a three-storied brick building on the grounds of the Female Academy. In these and other general hospitals, medical officers used outbuildings as guard houses and dead houses. And because general hospitals were military institutions, detailed guards

⁴³ Charles E. Rosenberg, The Care of Strangers: The Rise of America's Hospital System (New York: Basic Books, 1987), 18-21; Emily K. Abel, Hearts of Wisdom: American Women Caring for Kin, 1850-1940 (Cambridge: Harvard University Press, 2000), 43-52.

routinely patrolled the grounds to keep patients inside the hospitals' boundaries.⁴⁴

Yet most surgeons in charge wanted patients to feel comfortable. The regulations of Winder General Hospital reassured patients that medical officers' "first duty . . . will be the comfort and alleviation of the sufferings of the sick and wounded committed to their charge, and, if practicable, a safe and speedy cure." The hospital's head surgeon, A. G. Lane, testified that he "told every medical officer reporting to me for duty . . . that every official and attendant in it was there with a high purpose and a firm resolve to make for it a record—one harmonious whole in loving-kindness to its sick and suffering." Hospital matrons observed that medical officers desired a home-like atmosphere. One matron noted during the summer of 1863 that Richmond's Jackson General Hospital was "under the supervision of Surgeon Hancock, whose whole soul seems engaged in making it an attractive home to the sick and wounded." At Chattanooga's Newsom Hospital, Kate Cumming observed that "the surgeons wish to make the hospital as much like a home as possible." Matrons also testified that some head surgeons treated patients as if they were family members. In Cherokee Springs, Georgia, Cumming wrote that hospital matrons were "much pleased at the kind manner which Dr. Bemiss exhibited for all; he spoke to the men with as much feeling as a kind father would to his children." In nearby Covington, Susan Smith recalled that the head surgeon "watched over [patients] as a

⁴⁴ W. A. Carrington to General S. Cooper, 14 May 1863, Letters Sent, Medical Director's Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA; Waitt, Confederate Military Hospitals, 11; L. T. Pim to S. H. Stout, 24 November 1863, Folder 6, Box 3, Stout Papers, MOC; Alexander G. Lane, "The Winder Hospital of Richmond, Virginia," Southern Practitioner 26 (1904): 37; A. J. Foard to S. H. Stout, 14 December 1862, Folder 5, Box 1, Stout Papers, TSLA. For a discussion of patients' initial impressions of general hospitals, see chapter five.

father would over a beloved son. . . . A perfect gentleman.”⁴⁵

Indeed, the notion that they were southern gentlemen presiding over an extended household deeply affected medical officers’ actions and attitudes. At Winder Hospital, Lane informed subordinate officers that they were “required to treat [patients] and every attendant with the same courtesy and decorum that marks you to be a Southern gentleman.” The surgeon in charge of Howard’s Grove Hospital praised a subordinate officer for being “kind to his patients and gentlemanly in his intercourse with the officers.” Several medical officers stationed in Atlanta, including the post surgeon, petitioned the surgeon general to promote D. A. Maxwell despite “very moderate qualifications as physician or Surgeon” based “upon his merit as a man.” In his letter of recommendation for Dr. William Pettigrew, E. B. Haywood did not extol Pettigrew’s medical qualifications, but simply stated: “he is a gentleman in every sense of the word.”⁴⁶

⁴⁵ A.G. Lane, “Regulations of Winder Hospital” (n.p., n.d.), *Confederate Imprints*, no. 1064; Lane, “Winder Hospital of Richmond,” 38-39; Judith Brockenbrough McGuire, *Diary of a Southern Refugee during the War, by a Lady of Virginia*, 3d ed., (Richmond: J. W. Randolph & English, 1889), 237; Cumming, *Journal of a Confederate Nurse*, 95, 127; Smith, *Soldier’s Friend*, 118.

⁴⁶ Lane, “Winder Hospital of Richmond,” 39; James Bolton to W. A. Carrington, 14 July 1863, William A. Carrington Papers, Duke; J. P. Logan to S. H. Stout, Confidential Report in Regard to Merits of Medical Officers, Atlanta, Georgia, April 1864, Folder 11, Box 13, Stout Papers, MOC; E. B. Haywood to E. S. Roy, 3 December 1863, Haywood Papers, SHC. Historians generally characterize antebellum southern households as patriarchal; members were linked to the male household head by legal and customary dependence. Such households often contained non-nuclear family members who had age- and gender-specific roles, tasks, and obligations. Reciprocity played an important role in family relationships. See Orville Vernon Burton, *In My Father’s House Are Many Mansions: Family and Community in Edgefield, South Carolina* (Chapel Hill: University of North Carolina Press, 1985), 109-17; Joan E. Cashin, *A Family Venture: Men and Women on the Southern Frontier* (New York: Oxford University Press, 1991), 17; Steven Hahn, *The Roots of Southern Populism: Yeoman Farmers and the Transformation of the Georgia Upcountry, 1850-1890* (New York: Oxford University Press, 1983), 30-31; Stephanie McCurry, *Masters of Small Worlds: Yeoman Households, Gender Relations, and the Political Culture of the Antebellum South Carolina Lowcountry* (New York: Oxford University Press, 1995), 6, 123-25; and Steven M. Stowe, *Intimacy and Power in the Old South: Ritual in the Lives of the Planters* (Baltimore: Johns

The dual role of head surgeons as surrogate fathers and southern gentlemen affected their relationship not only with patients but also with junior officers and female hospital employees. Although head surgeons sometimes criticized their subordinates, they frequently praised them kindly and paternally. When asked to assess his medical staff, the surgeon in charge of Danville's General Hospital No. 1 responded that "Surgeon G. B. Carmichael . . . is my main dependence. . . . A sober faithful officer and a Surgeon of rare capacity. . . . He is troubled with no ambition, except to do his duty." The head surgeon of Dalton's general hospital nominated assistant surgeon H. T. Heard for promotion "because of an energetic and faithful discharge of his duties [, because] of excellent moral habits[,] and [because] of his capacity to conduct a Hospital or perform any other duties of a Surgeon." Junior officers in the general hospital in Augusta, Georgia, wrote to the medical director when they learned that the head surgeon had been relieved from duty: "As officers subject to his command, we have, at all times, been treated with great kindness and courtesy; and, in the management of this Hospital, we know that he has labored continuously and faithfully for its interests." Moreover, an

Hopkins University Press, 1987), 129. Several historians argue that antebellum white southern manhood was defined by honor, which included the public display of manners among other precepts. See Bertram Wyatt-Brown, Southern Honor: Ethics and Behavior in the Old South (New York: Oxford University Press, 1982); Bertram Wyatt-Brown, The Shaping of Southern Culture: Honor, Grace, and War, 1760s-1890s (Chapel Hill: University of North Carolina Press, 2001); and Kenneth S. Greenberg, Honor & Slavery: Lies, Duels, Noses, Masks, Dressing as Women, Gifts, Strangers, Humanitarianism, Death, Slave Rebellions, the Proslavery Argument, Baseball, Hunting, and Gambling in the Old South (Princeton: Princeton University Press, 1996). For scholarship on masculinity that goes beyond the honor thesis, see Stephen W. Berry, All that Makes a Man: Love and Ambition in the Civil War South (New York: Oxford University Press, 2003); Lorri Glover, "An Education in Southern Masculinity: The Ball Family of South Carolina in the New Republic," Journal of Southern History 69 (2003): 39-70; Anya Jabor, "Male Friendship and Masculinity in the Early National South: William Wirt and His Friends," Journal of the Early Republic 20 (2000): 83-111; and Daniel Kilbride, "Southern Medical Students in Philadelphia, 1800-1861: Science and Sociability in the 'Republic of Medicine,'" Journal of Southern History 65 (1999): 697-732.

assistant surgeon at a Danville general hospital treated his head surgeon with deference.

“When orders are issued,” he wrote, “I ask no questions, do not criticize complain or grumble but keep my own thoughts and opinions in my own head.”⁴⁷

Over time, head surgeons developed close working relationships with hospital matrons and often relied on them to help foster the sense that the hospital was an extended household. Surgeons in charge of hospitals appreciated matrons’ domestic skills. As she distributed food to patients in Cherokee Springs, Kate Cumming “came to one man who had been very sick, and Dr. Bemiss [the head surgeon] told us that he scarcely ate any thing, but there was a kind of corn-cake which he wished, and no one could make out what kind it was.” Further questioning revealed “that he wished corn meal batter-cakes; we had them made for him and he ate them with a great relish.” According to Cumming, “Dr. Bemiss was delighted, and said that after all there was no one like a woman to take care of the sick.” Cumming recorded that the head surgeon of a Griffin general hospital expressed a similar sentiment: “Dr. de Yampert told me I knew better what to do than he could tell me, he wished me to overlook all the domestic arrangements.” Moreover, some head surgeons treated matrons as full partners in the task of healing sick and wounded patients. When a matron brought a problem to the surgeon in charge of Richmond’s General Hospital No. 1, he told her not to worry: “It will be all right. Tomorrow we will lay our heads together and arrange a new plan.” Leaving a

⁴⁷ R. H. Dalton to W. A. Carrington, 29 April 1863, Letters Sent, Medical Director’s Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA; F. H. Evans to S. H. Stout, 21 March 1863, Folder 4, Box 13, and N. F. Howard, J. F. Wooten, and J.M. Turner to S. H. Stout, 24 April 1864, Folder 9, Box 13, Stout Papers, MOC; J. H. DeVotie to father, 17 August 1862, Folder 2, Box 1, DeVotie Papers, Duke.

Griffin hospital for a new assignment, Susan Smith recorded that “Many thanks are due Doctors Gibson, Richardson and Wright for their kind treatment to us as co-workers.”⁴⁸

Medical officers also encouraged matrons to develop “motherly” relationships with hospital patients. For their part, matrons appreciated the respect they received from medical officers. Transferred from Chattanooga to Tunnel Hill, Georgia, Susan Smith observed that she “was kindly received by the surgeons in attendance in the General Hospital.” Here, the head surgeon gave Smith “free access and privilege to distribute such diet to the patients as I thought best.” Of the medical officers in Tunnel Hill, Smith concluded that “the whole corps of surgeons were gentlemen, and treated me with a reverence and kindness due a mother.” In their roles as gentlemen and as “fathers,” medical officers sometimes displayed a protective attitude towards matrons. In Newnan, Fannie Beers labeled Dr. Hughes “a venerable and excellent gentleman, who constituted himself my mentor. He never failed to drop in every day, being always ready to smooth tangled threads for me.” Because Beers habitually “remained late by the bedside of dying patients, or going to the wards whenever summoned at night,” Hughes worried about her. “Daughter, it is not right, it is not safe,” he warned, “not only do you risk contagion by breathing the foul air of the wards at night, but some of these soldiers are mighty rough and might not always justify your confidence in them.”⁴⁹

Medical officers strengthened the sense that the hospital was an extended

⁴⁸ Cumming, Journal of a Confederate Nurse, 127, 264; Woodward, Mary Chesnut's Civil War, 158; Smith, Soldier's Friend, 92.

⁴⁹ Smith, Soldier's Friend, 68-69; Fannie A. Beers, Memories: A Record of Personal Experience and Adventure during Four Years of War (Philadelphia: J. B. Lippincott, 1889), 120-21.

household by excluding military items—most notably arms and accouterments—from hospital wards. The head surgeon of Winder General Hospital instructed patients “to deliver their arms to the Sergeant of the guard” and did not allow patients “to carry ammunition into . . . their wards.” In Griffin’s Catoosa General Hospital, patients relinquished their haversacks, arms, and ammunition to the ward-master for safe-keeping. Moreover, surgeons in charge spent a portion of the hospital fund on items typical of a household but rarely seen by soldiers in the field. An inventory of purchases for the Gordonsville General Hospital included “556 sheets, 490 pillow ticks, 400 pillow cases, 290 comfort[er]s, and 500 bed sacks.” The head surgeon of Charlottesville’s general hospital recorded the purchase of such domestic items as blankets, brooms, chairs, pillows, blankets, sheets, towels, wash bowls, chair pans, spittoons, a nutmeg grater, a stove, a shovel, and a wheelbarrow. An invoice of property in a Montgomery hospital listed knives, forks, spoons, pitchers, cups, saucers, a dining table, a salt cellar, a sugar bowl, and a strainer. Typically, medical officers deemed matrons responsible for the proper care and use of all “household” items.⁵⁰

Furthermore, certain structural features of general hospitals conveyed a home-like atmosphere. The large yard and portico surrounding Richmond’s General Hospital No. 3 gave patients an open-air place to relax and visit with friends and family members. This hospital also had wards with privies, one bathroom, a matron lounge, a kitchen, a linen

⁵⁰ Lane, “Regulations of Winder Hospital”; C. L. Herbert, “Rules and Regulations for Catoosa Hospital, Griffin, Georgia” (n.p., n.d.), Folder 14, Box 13, Stout Papers, MOC; B. Monroe Leiby, Roll 155, CSR; Account Book, General Hospital, Charlottesville, Virginia, pp. 17, 41, 56, Cabell Family Papers, Duke; “Invoice of Hospital Property turned over by Surgeon C. J. Clark to Assistant Surgeon Charles Hardee, in charge of No. 2 Hospital, Montgomery, Alabama” (n.d.), Folder 1, Section 5, Bemiss Family Papers, VHS; Chisolm, Manual of Military Surgery, 77.

room, and a mess room. Atlanta's Blackie and Winship Hospital featured a first-floor dining room that accommodated "fifty patients at table." Additionally, surgeons in charge of hospitals endeavored to produce their own food; thus hospitals usually had gardens, bakeries, and milk cows.⁵¹

Amiable working relationships often produced family-like bonds of unity and a close hospital community, although these generally took some time to develop. Letters written home by medical officers, especially newly assigned ones, reveal wide-spread homesickness. "You can form no idea of how great is my desire to get home again," wrote one officer, "I feel so lonely away from there." Another missed his wife terribly, writing that "to enjoy your company I would give any thing." Complaining that he saw "nothing but sick & wounded & Doctors," J.M. Holloway wrote to his wife: "I need you here—my darling—I need a companion & friend. I'm lonely. I feel like a bird without its mate." Yet despite their longing for home and loved ones, some medical officers acquired a sense of belonging and brotherhood in Confederate general hospitals. Officers frequently relied on each other for medical advice. A complicated case led one to assemble "quite a number of the faculty to consult with me" in the patient's treatment. The collegial relationship among medical officers was also evinced by the support they offered one another. When the quartermaster of Ringgold, Georgia, leveled "certain charges" against Dr. Francis Thornton, W. T. McAllister wrote in protest, stating that

⁵¹ W. A. Carrington to E. S. Gaillard, 16 October 1862, William A. Carrington, Roll 49, CSR; L. T. Pim to S. H. Stout, 24 November 1863, Folder 6, Box 13, Stout Papers, MOC; S. H. Stout, Circular, 25 March 1863, Folder 11, Box 1, Stout Papers, TSLA; Beers, Record of Personal Experience, 145; W. A. Carrington to E. S. Gaillard, 8 December 1862, Letters Sent, Medical Director's Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA.

“simple justice to a Brother Officer in the Army demands it of me.” When Dr. Mann saw “charges preferred against him for a military offense,” J. M. Holloway “repaired to the Medical Directors Office—to see Dr. Carrington” on Mann’s behalf. Holloway dubbed his action “an act of charity for a friend in distress.”⁵²

These feelings of brotherhood and unity were no doubt strengthened by the fact that medical officers not only worked but also lived with each other. When rooms in private homes were not available, officers usually lived in the hospital. Two of the assistant surgeons at Richmond’s South Carolina Hospital shared a room on the second floor; in Atlanta’s Empire General Hospital officers boarded together. When rooms were available outside the hospital, doctors frequently shared them with brother officers.

Surgeon J. M. Holloway and Assistant Surgeon John Clopton lived at a Mrs. Hutchinson’s, each paying “the moderate sum of \$75 per month” to do so. Seven of Winder General Hospital’s medical officers lived together in the Confederate capital; one of them described the room as “a perfect Batchelor’s Hall.” Apparently the officers split expenses equally because he noted that a single month’s rent “cost us just \$35.87 3/4 cts a piece.” While some officers’ living arrangements allowed them to form new friendships, others took the opportunity to renew old ones. “I am now rooming in the hospital with

⁵² J. H. DeVotie to father, 24 August 1862, Folder 2, Box 1, DeVotie Papers, Duke; J. H. Kinyoun to wife, 3 August 1862, Folder 3, Box 1, Kinyoun Papers, Duke; J. M. Holloway to wife, 27 July 1864, Folder 8, J. M. Holloway to Annie, 11 April 1863, Folder 4, and J. M. Holloway to wife, 29 May 1864, Folder 7, Section 1, Holloway Papers, VHS; W. T. McAllister to A. J. Foard, 30 December 1862, Folder 14, Box 1, Stout Papers, TSLA. Southern antebellum communities mostly revolved around rural neighborhoods, where kinship ties, networks of obligation and trade, and religion fostered feelings of cooperation, charity, and communal unity. See Stephen V. Ash, Middle Tennessee Society Transformed, 1860-1870: War and Peace in the Upper South (Baton Rouge: Louisiana State University Press, 1988), 22-37; Burton, In My Father’s House, 21, 47-59; McCurry, Masters of Small Worlds, 136, 154-72; and Robert C. Kenzer, Kinship and Neighborhood in a Southern Community: Orange County, North Carolina, 1849-1881 (Knoxville: University of Tennessee Press, 1987), 1-12, 40.

one of my old classmates at Jefferson College Philad[elphia],” wrote one assistant surgeon. “He is from Delaware. Right good fellow too.” Two other college chums, Ferdinand Daniel and Dick Taylor, shared a house in Covington, Georgia. Daniel remembered that his friend “was a rattler—full of fun as a kitten, and as chuck full of fight as a buzz saw. . . a. He was an impetuous, hot-headed little fellow, but . . . a most companionable one.”⁵³

Close relationships in the hospital served to assuage medical officers’ homesickness and contributed to the development of convivial hospital communities. Officers often spent their free time with co-workers. A rare March snowfall in Newnan, Georgia, found “[o]ld and young . . . out snow-balling each other.” Kate Cumming reported that “Drs. Hughes and Burks got up a very fine equipage in the way of a sleigh” and “took Miss Womack [a matron]” for a ride. In nicer weather, a medical officer and an employee named Jimmie often went fishing near their Lauderdale Springs, Mississippi, general hospital. An officer at Richmond’s General Hospital No. 11 reported that he spent his rare afternoons off “in a social way” with other officers and employees. Matron Ada Bacot’s diary entry of January 31, 1862, noted that “Esse, Dr. McIntosh, & myself had a funny talk tonight about marriage.” Moreover, a few medical officers found love inside the Confederate hospital. In Charlottesville, Assistant Surgeon John S.

⁵³ P. E. Hines, Circular, 15 December 1863, Confederate Imprints, no. 990; W. A. Carrington to E. S. Gaillard, 8 December 1862, Letters Sent, Medical Director’s Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA; L. T. Pim to S. H. Stout, 24 November 1863, Folder 6, Box 13, Stout Papers, MOC; J. M. Holloway to wife, 5 April 1863, Folder 4, Section 1, Holloway Papers, VHS; Blanton, Medicine in Virginia, 397; J. H. Kinyoun to wife, 3 August, 6 September 1862, Folder 3, Box 1, Kinyoun Papers, Duke; J. H. DeVotie to father, 28 September 1862, Folder 2, Box 1, DeVotie Papers, Duke; Daniel, Recollections of a Rebel Surgeon, 102, 106.

Andrews married co-worker Orianna R. Moon in November 1861. In Newnan, the head surgeon of the Gamble General Hospital wed a subordinate officer's eldest daughter.

While he was in charge of Richmond's General Hospital No. 9, C. W. P. Brock married Richmonder Elizabeth Tyler, a hospital volunteer. W. A. Evans's promotion to assistant medical director was bittersweet. Although he desired the position, it forced him to abandon "one of the sweetest lady friends here in the ward, Miss Josephine Wyatt. I hate to leave on that account."⁵⁴

Medical officers who served in Confederate general hospitals faced many problems and challenges. Most had never before worked in a hospital or served in the military; they were novices in hospital administration, patient care, and military protocol. This inexperience often compounded their frustration over confusing orders, crowded wards, inefficient hospital employees, and shortages of food and medicine. Necessity often forced officers to work with people they did not like, and personality clashes inevitably led to hurt feelings and turmoil. Yet the conflict that characterized many of their encounters with outsiders and each other was soothed by close relationships inside

⁵⁴ Cumming, Journal of a Confederate Nurse, 193, 196; Daniel, Recollections of a Rebel Surgeon, 173-74; C. E. Davidson to Ev, 25 September 1861, Section 1, Charles E. Davidson Papers, VHS; Berlin, Diary of Ada W. Bacot, 78; William L. Norford, Marriages of Albemarle County and Charlottesville, Virginia, 1781-1929 (Charlottesville: Jarman Printing Co., 1956), 3; Jones, "Roster of the Medical Officers," 182; Lyon G. Tyler, ed., Men of Mark in Virginia: A Collection of Biographies of the Leading Men in the State (Washington, D. C.: Men of Mark Publishing Co., 1906), 181; Gildersleeve, "History of Chimborazo Hospital," 153; W. A. Evans to sisters, 25 February [1864], quoted in Ann D. England, A Compilation of Documented Information about the Confederate Hospital in Marion, Alabama, May 20, 1863-May 20, 1865 (n.p., n.d.), 18. Dr. Orianna Moon was one of the first southern women to earn a medical degree. Born in Albemarle County, Virginia, in 1834, she graduated from the Female Medical College of Pennsylvania in 1857. Edward Warren described Moon as "a lady of high character and of fine intelligence. . . . Unfortunately for her professional prospects she fell in love with [John Andrews] and compromised matters by marrying him and devoting herself to the care of her own babies—like a sensible woman." See Warren, A Doctor's Experiences, 280. For more on Moon, see Ervin L. Jordan, Jr., Charlottesville and the University of Virginia in the Civil War (Lynchburg: H. E. Howard, 1988), 48.

the Confederate hospital. Officers developed friendships with co-workers and sometimes renewed old acquaintances. Many head surgeons embraced two roles: they were southern gentlemen performing the duties of “fathers” in their institution. Many officers acknowledged that female hospital employees—especially matrons—were essential to the hospital community; and it is to them that we turn our attention next.

Chapter Two

“It is heart-breaking to hear them groan”: Female Workers in Confederate General Hospitals

After walking through one ward of the Newnan, Georgia, general hospital in November 1863, Matron Kate Cumming recorded in her diary a moving account of the scene. The ward housed about fifty patients in a “large, low-roofed, white-washed room, roughly boarded, so that there are not a few openings where the daylight peeps through.” Cumming described one patient, fifty-year-old Mr. Robbins, as “one of the worst wounded men we have. His appearance is weak and languid, and there is very little hope of his recovery.” Next to Robbins lay Mr. McVay, whose leg was “amputated above the knee, and the bone is protruding about an inch, which is very painful.” To McVay’s left, Mr. Groover was horribly wounded in both knees by a cannon ball that tore “off the cap of one, and the under part of the other, and his back is one solid bed-sore.” Groover’s agony particularly troubled Cumming. “The very sight of his face is distressing,” she wrote, “and makes me feel as if I would sacrifice almost any thing to palliate his pain.” The ward’s smells sickened this seasoned hospital matron, and the sounds haunted her. “It is heart-breaking to hear them groan,” she lamented, because they “suffer so accutely.”¹

Thousands of Confederate women like Kate Cumming worked to alleviate the suffering of sick and wounded soldiers. Yet in one of the first historical accounts of southern women’s wartime activities, Francis Simkins and James Patton concluded in

¹ Cumming, Journal of a Confederate Nurse, 166-67.

1936 that except “in a very few instances there were no women in the South who might be compared even remotely with Florence Nightingale.” While acknowledging that southern women “labored for the Confederate cause with all the devotion of which women are capable,” Simkins and Patton argued that there was “little of the spectacular” associated with women’s hospital work. During the 1960s and 1970s, scholars shed new light on southern women’s wartime roles. Mary Elizabeth Massey analyzed the social prejudice that female nurses faced and praised the heroic efforts of Sally Tompkins, Kate Cumming, Phoebe Pember, and other well-known hospital workers. Massey concluded that the majority of nurses—North and South—were “motivated by patriotism, compassion, and the realization that they were needed.” Arguing that the Civil War “precipitated vast social change among southern women,” Anne Firor Scott asserted that “the care of sick and wounded men became a central focus of women’s concern.” Like Massey, Scott focused mainly on elite nurses and concluded that hospital work called women into new kinds and degrees of activities.²

More recent investigations have broadened our understanding of southern women’s hospital work. Historian George Rable argues that most southern women conformed to prescribed gender roles during the war. Because society celebrated women who were benevolent, kind, and tender, Rable finds, women’s hospital work “served to nurture conventional ideas about their own place and character.” Unlike Scott, however,

² Francis Butler Simkins and James Welch Patton, The Women of the Confederacy (Richmond: Garrett & Massie, Inc., 1936), vii, 82; Mary Elizabeth Massey, Bonnet Brigades: American Women and the Civil War (New York: Alfred A. Knopf, 1966), 43-64 (quotation on pg. 44); Anne Firor Scott, The Southern Lady: From Pedestal to Politics, 1830-1930 (Chicago: University of Chicago Press, 1970; reprint, Charlottesville: University Press of Virginia, 1995), 83-86, 102.

Rable concludes that women's newly-acquired skills and self-confidence, forged through four years of war, vanished when the guns fell silent at Appomattox. Drew Faust's study of slaveholding women identifies a growing sense of inadequacy among the few hospital workers from that class, arguing that most elite women "served intermittently or not at all." Like Rable, Faust concludes that women's hospital work proved more a "temporary extension of the domain of nurturant domesticity than a lasting transgression of conventional gender boundaries." Finally, Jane Schultz argues that hospital and relief work was the most significant wartime labor in which women directly engaged. Taken as a whole, northern and southern hospital workers "instituted greater change in public attitudes about women at work" than did the oft-celebrated female spies or cross-dressing soldiers.³

In early 1861, a vast influx of sick and wounded Confederate soldiers sparked fear that the government could not meet their needs, and many women involved themselves in the task. Some, feeling a keen interest in the success of the Confederate cause, formed voluntary associations and put their domestic skills to use by sewing uniforms, knitting socks, and rolling bandages. Such groups had wide-spread appeal; Drew Faust estimates that by the end of 1861 more than a thousand female voluntary associations across the South worked to supply soldiers' needs. Often women's initial forays into the war effort

³ George C. Rable, Civil Wars: Women and the Crisis of Southern Nationalism (Urbana: University of Illinois Press, 1991), 121, 128; Drew Gilpin Faust, Mothers of Invention: Women of the Slaveholding South in the American Civil War (Chapel Hill: University of North Carolina Press, 1996), 109; Drew Gilpin Faust, "'Ours as Well as That of the Men': Women and Gender in the Civil War," in James M. McPherson and William J. Cooper, Jr., eds., Writing the Civil War: The Quest to Understand (Columbia: University of South Carolina Press, 1998), 234; Jane E. Schultz, Women at the Front: Hospital Workers in Civil War America (Chapel Hill: University of North Carolina Press, 2004), 2-3.

replicated their pre-war gender roles. While several historians have convincingly argued that popular notions regarding the “proper” southern lady did not conform to the reality of their daily lives, southern society celebrated and idealized women who were submissive, self-denying, and nurturing. Because the mobilization for war compelled southern women to undertake new kinds of activities, many saw the care of sick and wounded men as a natural extension of their role as mothers.⁴

The Confederate government’s inadequate medical preparations convinced some southern women to move beyond sewing and knitting. Groups of elite women formed state and local hospital aid societies and sent food, blankets, and medicine to their state’s sick and wounded soldiers. Enormous casualties during and after the battle of First Manassas, however, led aid society volunteers in new directions. Women, fired with patriotism and the desire to be useful, saw medical care as an appropriate outlet for their zeal. One hospital aid society volunteer in Alabama claimed that it was a “woman’s mission . . . to soothe, to bind up and to heal . . . the soldiers of our Southern Army.” Other women agreed. Members of the South Carolina Hospital Aid Association, for

⁴ Catherine Clinton, Tara Revisited: Women, War, and the Plantation Legend (New York: Abbeville Press, 1995), 79-81; Patricia O’Brien D’Antonio, “The Legacy of Domesticity: Nursing in Early Nineteenth-Century America,” Nursing History Review 1 (1997): 229-31; Faust, Mothers of Invention, 24. On the precepts of southern womanhood, see Catherine Clinton, The Plantation Mistress: Woman’s World in the Old South (New York: Pantheon Books, 1982), 23-28, 88-101; Elizabeth Fox-Genovese, Within the Plantation Household: Black and White Women of the Old South (Chapel Hill: University of North Carolina Press, 1988), 30, 192-97; and Scott, The Southern Lady, 6, 83. Drew Faust argues that to persuade women to involve themselves in the war effort, influential southerners created a Confederate ideology that “construed women’s suffering . . . as an important and honored undertaking.” While this “suffering” initially entailed encouraging their men to enlist in the army, it evolved to encompass other forms of sacrifice, including the “glorious privileges” of offering up their men, luxuries, and necessities “to an abstract and intangible ‘Cause.’” See Drew Gilpin Faust, “Altars of Sacrifice: Confederate Women and the Narratives of War,” Journal of American History 76 (1990): 1200-28 (quotations on pp. 1207, 1209-10).

example, not only sent supplies but provided “houses, provisions and nurses” for the Palmetto State’s patients recovering in Richmond and Charlottesville after the battle. This marked a new departure in medical care because South Carolina Hospital Aid Association volunteers created the first state-sponsored institutions in the Confederacy: the South Carolina Hospital in the capital and the Midway Hospital in Charlottesville. Moreover, their intimate involvement in this phase of the war effort exposed the government’s shortcomings. The organizers of the South Carolina hospitals publicly criticized the medical department’s failure to provide patients with adequate food, complaining that “the Government makes no special provisions for the sick soldiers. It furnishes only the ordinary army rations: bacon, vinegar, salt, biscuit or bread, molasses and the like.” Further, the medical department’s staffing problems frustrated aid association volunteers; consequently, they “furnished [nurses] by private enterprise.” Indeed, the perception that the medical department could not handle the thousands of sick and wounded soldiers in and around Richmond convinced other women to follow the South Carolina Hospital Aid Association’s lead. By the end of 1861, women working under state hospital aid society auspices opened additional institutions in Virginia. The proliferation of state-run hospitals essentially usurped the medical department’s role of caring for sick and wounded soldiers.⁵

⁵ Mrs. C. E. Trueheart to Governor A. B. Moore, 20 June 1861, Folder 5, Box 3, Governor’s Executive Papers, ADAH; Richmond Daily Dispatch, 1 August 1861; Waitt, Confederate Military Hospitals, 10; Charleston Mercury, 29 August 1861. In addition to the South Carolina hospitals, the first year of the war saw aid associations from Alabama, Florida, North Carolina, and Virginia open hospitals in Richmond and other Virginia towns. For more on Alabama, Florida, and South Carolina state-run hospitals, see Lucille Griffith, “Mrs. Juliet Opie Hopkins and Alabama Military Hospitals,” Alabama Review 6 (1953): 99-120; C. D. Taylor, Mary Martha Reid, A Sketch of Her Life (Jacksonville, FL: Black Publishing, 1919); and Gemmill, “Charlottesville General Hospital,” 118-19. For a discussion of the

Women made important contributions to the nascent Confederate hospital program. The organizers of Charlottesville's Midway Hospital noted that they "were gladdened by the arrival of two ladies from [South] Carolina . . . who have consented to take rooms in the house and supervise the nurses." The women imparted "that air of home which is so rarely found in Military Hospitals. Dressing gowns, and slippers, and even a vase of flowers, have found their way into the Midway Hospital." Inundated with letters from prospective female nurses, the hospital's organizers issued a statement: "Until the hospitals are better organized, there is little opportunity for a lady's services." Yet they observed that "Persons . . . who are accustomed to hard labor and menial services, and will serve free of charge, are everywhere needed, and all such can find employment by application to us." The organizers' desire for lower-class workers stemmed from the nineteenth-century notion that hospital labor was demeaning and degrading. Because antebellum hospitals were charitable institutions that served indigent patients, most Americans associated them with squalor and moral debility, and thus avoided them. Yet with the medical emergency and Florence Nightingale's example before them, southern women claimed nursing as an appropriate outlet for their patriotic zeal.⁶

problems plaguing the medical department in 1861, see chapter one.

⁶ Charleston Mercury, 29 August 1861; Gemmill, "Charlottesville General Hospital," 92; Schultz, Women at the Front, 46-49; Faust, "Altars of Sacrifice," 1215. For more on how Florence Nightingale's nursing duties during the Crimean War influenced southern women, see Faust, Mothers of Invention, 92-95. The newspaper article published by the organizers of Midway Hospital identified a Mrs. McAlpine from Spartanburg, South Carolina, as one of the female supervisors. In 1860, forty-seven-year-old household head Mariah E. McAlpin, a native of Ireland, ran a boardinghouse in Spartanburg District with her seventeen-year-old son Bell; she claimed \$3,000 worth of real and personal property. See Mariah E. McAlpin, p. 306, Spartanburg District, South Carolina, Roll 1226, 1860 Federal Census of Free Population.

As more doctors received commissions, the medical department attempted to reassert governmental authority over the hospital system. The women already engaged in hospital work, however, proved valuable. In Charlottesville, the medical department sent newly-commissioned surgeon Dr. J. L. Cabell to replace the physician hired by the South Carolina Aid Association. Although Cabell tried to distance himself from the aid association's financial support he retained the female supervisors. "I have . . . engaged the services of several ladies previously tried & found to be efficient," he informed the surgeon general; "I have aimed to have one lady for each ward." Similarly, in 1861 P. E. Hines, the head surgeon of Petersburg's North Carolina Military Hospital, employed several women. Because he found them valuable, Hines urged another medical officer to hire female matrons and advised him to classify them as nurses so that they could earn more money. "If you designate your Matron and Assistant as Matrons," he wrote, "they can draw only \$6 a month according to the regulations." Hines also employed washerwomen at the North Carolina Military Hospital; he paid each \$6 per month and furnished one meal a day.⁷

A few elite southern women, backed by socially prominent husbands or fathers, became self-appointed hospital organizers. Letitia Tyler Semple, daughter of John Tyler, the only former president to serve in the Confederate Congress, is said to have established the first Confederate hospital. Tyler, on his daughter's behalf, reportedly petitioned Secretary of War Pope Walker for permission to open the institution, which was granted.

⁷ J. L. Cabell to S. P. Moore, 21 October 1861, Letter Press Book, 1861-1862, General Hospital, Charlottesville, Virginia, Cabell Family Papers, Duke; P. E. Hines to E. B. Haywood, 29 December 1861, Folder 227, Box 24, Ernest Haywood Papers, SHC.

Semple ran the hospital on the grounds of the Female Seminary in Williamsburg, Virginia. Mary Martha Reid, the forty-nine-year-old widow of Florida's former territorial governor, established a hospital in late 1861 for Florida soldiers recovering in the capital. After the battle of First Manassas, Sally Tompkins, the most famous female hospital organizer, used her family's considerable influence in Richmond to persuade Judge John Robertson to donate his home for hospital purposes. Located on the corner of Third and Main Streets, Tompkins's Robertson Hospital had a capacity of twenty-two patients and reportedly treated over 1,200 sick and wounded soldiers during the war. Several other elite Richmonders, including Mary Jones, wife of prominent attorney James Alfred Jones, and Martha Milledge Carter, widow of Dr. John Carter, assisted Tompkins at the Robertson Hospital.⁸

During the summer of 1861, Juliet Opie Hopkins and her husband, Judge Arthur Francis Hopkins, chief justice of the Alabama Supreme Court and a former United States senator, organized two hospitals in Richmond and others in Warrenton, Culpepper Court House, Yorktown, Bristoe Station, and Monterey, Virginia. As voluntary hospital organizers, Hopkins and her husband relied on civilian donations from various Alabama aid societies to equip these institutions. On November 23, 1861, however, the Alabama state legislature passed an act establishing the office of "hospital agent" and created a state-supported medical depot in Virginia. Governor John Gill Shorter appointed Judge Hopkins as agent and Juliet Hopkins as superintendent of all Alabama hospitals in

⁸ Alice Trueheart Buck, "Founder of the First Confederate Hospital," Confederate Veteran 2 (1894): 141; Taylor, Mary Martha Reid, 76-77; Waitt, Confederate Military Hospitals, 9, 13-14; Schultz, Women at the Front, 63; Clinton, Tara Revisited, 85; Woodward, Mary Chesnut's Civil War, 143.

Virginia. As superintendent, Hopkins operated the Alabama hospitals as independent, self-supporting institutions. In Richmond, she secured a “very excellent building . . . devoted to the sick and wounded from Alabama exclusively.” According to a member of the Confederate Congress, Hopkins gave “the institution her personal supervision and every appliance for comfort and care is provided which our wounded could have in their homes.” Moreover, the congressman praised the “motherly attentions of Mrs. Hopkins whose exertions are unremitting in [the patients’] behalf.”⁹

Women held important positions in the early hospital program. Elite female hospital organizers interviewed, hired, and paid hospital doctors and female employees. On September 16, 1861, for example, the ladies of Richmond’s Fourth Street Hospital resolved that “Doctors William H. Gwathmey and Albert Wortham be requested to attend the Hospital as Physicians.” Moreover, women desiring nursing positions were usually welcomed by state hospital organizers. When Fannie Beers volunteered her services at several government-controlled Richmond hospitals, her “timid advances . . . were condescendingly smiled down by the surgeons in charge.” Yet Beers found acceptance in one of the Alabama institutions. On her first day at the hospital, Beers remembered, “Mrs. Hopkins led me into the factory, introduced me to Dr. Clark, who has come [from Alabama] to take charge as surgeon, and placed me under him at the head of affairs as her deputy. A corps of nurses . . . were ordered to report to me.” Hopkins provided Beers with two rooms, “one as a bedroom for myself, and the other as a sitting-room and private

⁹ Griffith, “Alabama Military Hospitals,” 103-106; W. P. Chilton to Mary J. Petrie, (n.d.), in Johnston Family Scrapbook, ADAH.

office,” and assigned her a “female servant . . . whose duty it was to accompany me through the wards and render any special or personal service required.” In fact, several dozen nurses reported to Hopkins. One informed Hopkins that all of the patients at Culpepper Court House had “recovered sufficiently to allow of removal to their homes” and requested a new assignment.¹⁰

Yet despite the medical department’s need for civilians to meet the medical crisis in Richmond, the mixture of national and state authority created problems. For example, in June 1861 the Richmond quartermaster’s office attempted to supply the Alabama Hospital with two bales of lint cloth, enabling nurses to dress patients’ wounds. When the women of the hospital returned the lint and requested a sewing machine instead, the officer became incensed. “While I am perfectly willing to give my attention to the advancement of any scheme which the ladies may have in view,” he wrote, “I cannot have my time and attention thrown away by their whims.” The officer’s use of words like “scheme” and “whims” illustrate that some military officials did not deem hospitals and medical care to be within women’s purview. Sometimes the relationship between ladies’ aid associations and military officials was adversarial; each group saw the other as incompetent meddlers. Despite this conflict, however, the congressional committee formed in late 1861 to assess the medical department’s efficacy approved state-run hospitals. While the committee deemed the “shortage of nurses” one of “several evils” that the medical department needed to correct, they praised the “admirable manner” in

¹⁰ Jane I. Steward to Dr. W. H. Gwathmey, 17 September 1861, Folder 3, Box 1, Medical and Hospital Collection, MOC; Beers, Record of Personal Experience, 39, 43-45; M. F. Cary to Mrs. A. F. Hopkins, 10 September 1861, Folder 1, Monimia Fairfax Cary Papers, Duke.

which state hospitals were conducted and noted that “the same care on the part of the Confederate government” would improve the condition of sick and wounded soldiers. Finally, the committee lauded “the kindness and patriotism of our citizens at home” and found that women in particular had not only supplied hospital patients with food and clothing, but had “taken charge of the hospitals established by the States and, as matrons of those institutions, have carried cleanliness and comfort to the gallant soldiers far from home and kindred.”¹¹

In addition to the individual efforts of elites like Sally Tompkins and Juliet Opie Hopkins, women also engaged in collective activity. By creating ladies’ hospitals—institutions controlled by private citizens—women responded to the endemic confusion and crisis of Confederate medical care by inventing new roles. When it became evident that additional hospital space was badly needed in Lynchburg, Virginia, local women under the leadership of Mrs. Lucy Mina Otey formed a hospital association and opened the Ladies’ Relief Hospital in the former Union Hotel. One member of the hospital association explained the women’s motivations thus: “We felt we could alleviate in some degree the condition of these men away from home and the tender ministrations of loved ones.” Several prominent women, including Mrs. John M. Speed and Mrs. C. J. M. Jordan, comprised the hospital’s board of directors. These women proved willing to bypass the medical department bureaucracy to care for sick and wounded soldiers. According to one association volunteer, when Lynchburg’s post surgeon, Dr. William O.

¹¹ C. McRae Selphy to Mrs. A. F. Hopkins, 10 June 1861, Folder 1, Box 1, Alabama Hospitals in Richmond, Virginia, ADAH; Journal of the Congress, 1: 374, 726.

Owen, superciliously ordered that “no more women or flies were to be admitted” into the hospital, Otey went to Richmond and secured from President Jefferson Davis the “independence of her great institution with carte blanche to conduct it as she deemed best.” Indeed, it seems that Otey exercised considerable authority over the hospital’s daily operations. When Samuel B. Christian, the medical officer placed in charge of the Ladies’ Relief Hospital, proved unwilling to heed Otey’s advice, she wrote a letter of complaint to the surgeon general, who promptly ordered Virginia’s hospital inspector to solve the problem. When Otey suggested that Dr. Richard A. Payne—a surgeon who had resigned his commission on December 6, 1861—replace Christian, the hospital inspector agreed. Moreover, he promised to “invest [Dr. Payne] with ample power to secure the welfare of the sick” patients at Lynchburg’s Ladies’ Relief Hospital.¹²

Likewise sensing the need to supplement governmental medical care, numerous groups of women in the war’s western theatre organized private hospitals. The Southern Mothers’ Home in Memphis and ladies’ hospitals in Chattanooga, Tennessee, and Greenville and Montgomery, Alabama, are examples of such local efforts. Susan Smith, who acquired her first hospital position at the Southern Mothers’ Home, argued that the “sick room was the place where the ladies were most needed, and where they could accomplish the most good.” Indeed, Smith testified to the enthusiasm with which women embraced hospital work, remembering that “everyone seemed to vie with the other to see

¹² Clinton, Tara Revisited, 83; Faust, Mothers of Invention, 95; Fred Menagh, “Loyal Wives, Daughters Reveal Their Fortitude,” The News (Lynchburg, Virginia), 6 March 1960, B2; Mollie E. Forsberg, “Experiences and Recollections of Hospital Work,” 1-2, unpublished manuscript, MOC; Blanton, Medicine in Virginia, 306, 397, 412; T. H. Williams to Mrs. Lucy Otey, 27 June 1862, Letters Sent by Surgeon Thomas H. Williams, Inspector of Various Hospitals in Virginia, 1862 (vol. 366), Records of the Confederate Medical Department, NA.

who could do the most” for the patients at the Southern Mothers’ Home. In Montgomery, Sophia Gilmer Bibb organized and directed the ladies’ hospital with skill and acumen. As president of the Montgomery Ladies’ Aid Society, Bibb spearheaded the acquisition of a three-story hospital building and organized local women into nursing shifts. Bibb and other hospital volunteers apparently treated hospital patients like family members. After visiting the Montgomery Ladies’ Hospital, Alabama legislator E. H. Moren concluded: “many a poor fellow has yet a lease on life that . . . would have died . . . but for the motherly attention they received from the kind-hearted ladies that make it their business to wait on them as though they were their own children.” Patients reciprocated the familial feelings fostered in this ladies’ hospital by affectionately referring to Bibb as “Aunt Sophy.”¹³

Women also worked to meet medical emergencies when battles or skirmishes occurred near their homes. For some, the shock of seeing men torn apart by shot and shell was too much to bear. Wanting “to be useful” after the battle of Kernstown was fought near her Winchester, Virginia, home, Cornelia Peake McDonald went to a temporary hospital set up in the town’s courthouse. “Many, many poor sufferers were there,” she wrote, “some so dreadfully mutilated that I was completely overcome by the sight.” When a surgeon asked McDonald to wash a wounded man’s face, she

¹³ Mrs. Mary Garner Black, “Confederate Surgeons and Hospitals,” Confederate Veteran 36 (1928): 184; Smith, Soldier’s Friend, 47, 52; Mrs. E. P. Morrisette, “The Inauguration of Mr. Davis,” in Francis W. Dawson, ed., Our Women in the War: The Lives They Lived, The Deaths They Died (Charleston: News and Courier Book Presses, 1885), 259-61; E. H. Moren to wife, 20 January 1862, Folder 8, Box 1, Moren Papers, ADAH. For more on Bibb and the Montgomery Ladies’ Hospital, see Clinton, Tara Revisited, 83; W. J. Donald, “Alabama Confederate Hospitals,” Alabama Review 15 (1962): 274-75; and H. E. Sterkx, Partners in Rebellion: Alabama Women in the Civil War (Rutherford, NJ: Fairleigh Dickinson University Press, 1970), 112-15.

encountered a “frightful spectacle . . . a ball had struck him on the side of the face, taking away both eyes, and the bridge of his nose.” Although McDonald wanted to help, “the thought of it made me so faint that I could only stagger towards the door.” Similarly, when Sara Pryor saw a woman holding a pan beneath the stump of a patient’s amputated arm in a Richmond hospital, she fainted. Yet unlike McDonald, Pryor was determined to prove her mettle. Embarrassed that her reaction had interrupted “those who were really worth something,” Pryor resolved to “conquer my culpable weakness” and care for men wounded during the Seven Days battles of late June and early July 1862. Stimulated by the example of women who “never seemed to weary,” Pryor became increasingly absorbed in hospital work. She cooked bacon and corn bread, toted water, arranged beds, and shooed flies away from patients’ wounds. When these tasks failed to dampen her determination, she was “assigned to regular duty.”¹⁴

In April 1862, news of massive casualties from the battle of Shiloh sent scores of women to the scene. Kate Cumming, drawn by Reverend Benjamin M. Miller’s call for ladies to go to the front to nurse the wounded, left her comfortable Mobile home on April 7, 1862. Four days later, as her group approached Corinth, Mississippi, Cumming felt her “heart beat high with expectation.” Because she “had never seen a wounded man” she felt “a little nervous at the prospect.” At the Tishomingo Hotel Hospital, Cumming saw men “mutilated in every imaginable way, lying on the floor, just as they were taken from the battle-field.” Although another woman had tried to prepare Cumming “for the scenes

¹⁴ Mrs. Cornelia McDonald, A Diary with Reminiscences of the War and Refugee Life in the Shenandoah Valley, 1860-1865 (Nashville: Cullom & Ghertner, 1934), 342; Mrs. Roger A. Pryor, Reminiscences of Peace and War (New York: Macmillan Company, 1904), 183, 185, 187.

which I should witness upon entering the wards,” she had not the “faintest idea of the horrors witnessed here.” But because “there was work to do” she “went at it to do what I could.” She gave the patients food and sat up all night “bathing the men’s wounds, and giving them water.” Another volunteer at this hospital remembered that “the first thing one of the woman attendants had to do was to get some coffee and bread to revive the body a little so that the wounds could be dressed as soon as possible.” Then, nurses exchanged patients’ soiled uniforms for clean hospital clothing.¹⁵

These tasks brought women into contact with both patients and medical officers. Although Cumming vowed to “never forget the [patients’] gratitude,” she confessed that the “foul air from this mass of human beings at first made me giddy and sick, but I soon got over it.” Their first impressions of army surgeons, however, troubled some volunteer nurses. Convinced that the war was a “noble cause,” Susan Smith resolved “to let no opportunity pass in which I could give aid and comfort” to hospital patients. The reality of the situation in Corinth, however, gave her added incentive. With medical officers struggling to meet the needs of so many patients, she remembered, “[e]verything seemed to be in perfect confusion. . . . With a few exceptions, [the patients] were suffering much for want” of proper attention. In light of this personnel shortage, Kate Cumming was baffled by surgeons’ “prejudice against admitting ladies into the hospital in the capacity of nurses. . . . I only wish that the doctors would let us try and see what we can do!” But women’s occasional criticism of doctors’ methods may have affected officers’ attitudes

¹⁵ Cumming, *Journal of a Confederate Nurse*, 13-15; J. Fraise Richard, *The Florence Nightingale of the Southern Army: Experiences of Mrs. Ella K. Newsom, Confederate Nurse in the Great War of 1861-1865* (New York: Broadway Publishing Company, 1914), 43.

towards the fair sex. Finding all of her patients “sound asleep under the influence of morphine,” Cumming confronted a doctor with the opinion that he administered “more [morphine] than for their good, and [this] must injure them.” Meeting Cumming’s challenge, the doctor rejoined: “it was not as bad as to let them suffer.”¹⁶

The battle of Shiloh brought other women into direct contact with wounded soldiers. Crowded hospitals in and around Corinth forced medical department officials to send casualties east into Alabama by the Memphis & Charleston Railroad. In mid-April, fifty wounded soldiers arrived in Gainesville and were housed in a hospital set up in the buildings of the Gainesville Female Academy. While local women, accompanied by their slaves, appeared on the scene to help, Irish women recruited from Mobile arrived. Meanwhile, Fannie Beers, sojourning with Alabama relatives following her tour of duty in one of Richmond’s Alabama hospitals, read in a Selma newspaper a desperate appeal from Surgeon W. T. McAllister. According to Beers, McAllister’s letter described hundreds of sick and wounded men “huddled into hospital-quarters at Gainesville, Alabama.” Beers responded to McAllister’s plea for “a ‘lady’ to assist him in organizing, and in caring for the sick” and “proceeded without delay” to Gainesville’s Buckner Hospital. Wanting to keep her status as a “lady,” Beers requested and received one thing: to be “provided with a sleeping-room in some respectable private family, apart from the hospital.” When McAllister’s assistant, Dr. Minor, met Beers at the train station, he took

¹⁶ Cumming, Journal of a Confederate Nurse, 12, 15, 33; Smith, Soldier’s Friend, 36, 58. Several scholars argue that doctors opposed female nurses because they feared that a maternal-like bond between nurse and patient would supplant the doctor-patient relationship. See D’Antonio, “The Legacy of Domesticity,” 232-33; and Ann Douglas Wood, “The War within a War: Women Nurses in the Union Army,” Civil War History 18 (1972): 198, 206.

her “to a most comfortable-looking house. . . . The hostess was unmistakably a lady.” After a pleasant meal with several officers and their wives, Beers retired to her room, whereupon a “kind old lady came to me to beg that I would reconsider my determination to accept the position of matron, but, finding me firm and somewhat dignified, left me to my fate.”¹⁷

Conditions at the Buckner Hospital, however, caused Beers to briefly reconsider her decision. There she found “rooms crowded with . . . men whose gangrened wounds gave forth foul odors, which, mingled with the terrible effluvia from the mouths of patients ill with scurvy, sent a shuddering sickness through my frame.” “For the first time my heart utterly misgave me,” she recalled, “and I felt my courage was inadequate to the task before me.” Adding to Beers’s self-doubt was the fact that the Buckner “was not a State hospital, but under the direction of the Confederate Government,” and thus she found hospital supplies scarce. Moreover, the other female employees repulsed her. Beers remembered that “half a dozen women met us at the doors of different wards, jauntily dressed, airily ‘showing off’ their patients, and discoursing of their condition and probable chances of life.” While in the company of the medical officers, Beers noted, these women were “obsequious and eager to please,” yet she was convinced that “they meant mischief.” Indeed, Beers clashed with the lower-class Irish nurses several times. “If I called for a basin of water,” she wrote, “one of these women would laugh insultingly and say, ‘Perhaps ye’ll wait till I get a nagur to bring it to you [on] a silver waiter.’” As

¹⁷ Louis Roycraft Smith, Jr., “A History of Sumter County, Alabama, Through 1866” (Ph.D. diss, University of Alabama, Tuscaloosa, 1988), 144-46; Sterkx, Partners in Rebellion, 118-19; Beers, Record of Personal Experience, 58-59.

Beers worked furiously to save a dying Georgian by applying mustard plasters to his hands, arms, and legs, the “most disagreeable of the female nurses” sniped: “It seems to me ye’re taking great liberties for an honest woman.” Shocked and indignant, Beers fled to her room, vowed never to enter the hospital again, and wrote her letter of resignation. Only after McAllister fired the “obnoxious woman” and granted Beers “authority to be second only to that of the surgeon in charge in general matters” did she agree to continue her labors. Patriotism drove her to serve in the hospital, Beers insisted, but “this would have availed little had not my right to do so been officially acknowledged, had I not acquired power to follow out the dictates of reason and heart for the benefit of my patients.”¹⁸

Indeed, although the medical department soon found it expedient to replace state and private institutions with hospitals controlled by the government, personnel shortages and soaring hospital admissions demanded civilian involvement in Confederate medical care. The Hospital Act of September 27, 1862, gave women official status in military hospitals. Henceforth, most surgeons in charge of general hospitals employed two chief matrons, two assistant matrons, two ward matrons per hospital ward, and those nurses, cooks, and laundresses deemed “necessary for the proper care of the sick.” The law encouraged chief matrons “to exercise a superintendence over the entire domestic economy of the hospital,” to oversee the preparation of the patients’ food, and to perform “all such other duties as may be necessary.” Head surgeons usually assigned one chief matron to the culinary department (or kitchen) and one chief matron to the laundry

¹⁸ Beers, Record of Personal Experience, 61, 63, 65.

department (or linen room). Each woman earned \$40 per month. At a general hospital in Macon, Georgia, the duties of the chief matron of the kitchen included “the prompt and careful preparation of such diets as may be assigned to her Kitchen by the Steward” and the punctual delivery of same to the ward matrons. The surgeon in charge enjoined the chief matron of the kitchen to “respect the orders and instructions of the Medical Officer supervising her Kitchen, and of the Steward” and charged her “with the discipline of her assistant and all attendants reporting to her.” Meanwhile, the chief matron of the linen room oversaw the “washing, ironing and mending of all clothing of patients and attendants in Hospital” and had “charge of the Bath House [to] see that it is kept clean and in proper condition to furnish patients with warm or cold baths.” Entitled to the aid of one assistant matron, the chief matron of the linen room reported to the head surgeon any “negligence or misconduct on [the] part of any employees or others in her department.”¹⁹

Assistant matrons were usually the direct subordinates of the chief matrons of the kitchen and linen room. The head surgeon of Richmond’s Jackson General Hospital ordered that assistant matrons would “aid and assist the Chief Matron of their respective Departments in carrying out [their duties], and will be subject to their instructions.” Assistant matrons garnered \$35 per month, with rations and quarters included. Ward matrons cared for about fifty patients each and either performed or supervised the daily

¹⁹ Cunningham, Doctors in Gray, 50; S. Cooper, General Orders No. 95, 25 November 1862, O. R., Series 4, 2: 209-10; “Duties of the Chief Matron of Special Diet Kitchen” (Macon: Burke, Boykin & Company, n.d.), Confederate Imprints, no. 1034; “Duties of the Chief Matron of Laundry Department” (Macon: Burke, Boykin & Company, n.d.), Confederate Imprints, no. 1033.

task of washing patients' faces and hair. At the Jackson Hospital, the head surgeons instructed ward matrons to "devote their term to their respective wards, administering the Medicine and food when necessary, and giving their undivided attention to the cleanliness and comfort of the patients of their wards in every respect." At the Catoosa Hospital in Griffin, Georgia, ward matrons were encouraged "to make any suggestions they may deem proper to the wardmasters in regard to the neatness and comfort of the patients in the ward." For these tasks, ward matrons earned \$30 per month, while other female employees (nurses, cooks, and laundresses) received \$20 to \$25 per month.²⁰

After the war, several women remembered that they initially doubted their ability to perform the duties of chief matron. Thirty-nine-year-old Phoebe Yates Pember accepted a chief matron's position at Chimborazo Hospital to escape the "daily jealousies and rudeness" she endured under her father's roof. Reared in a prominent Charleston household, the recently-widowed Pember confessed to her sister that she was "frightened and nervous" when she considered the rigors of hospital work. In her post-war reminiscences, Pember added that the job was "rather a startling proposition to a woman used to all the comforts of luxurious life." Though she worried that hospital work "would be injurious to the delicacy and refinement of a lady," the reassurances of her friend, Mrs. George W. Randolph, of "the benefit [that] a good and determined woman's rule could effect in such a position settled the result in my mind." Shortly after her arrival at

²⁰ "Rules for Governing the Matrons of Jackson Hospital" (n.p., n.d.), Folder 8, Box 1, Medical and Hospital Collection, MOC; S. H. Stout to S. P. Moore, 19 March 1863, Folder 11, Box 1, Stout Papers, TSLA; C. L. Herbert, "Rules and Regulations for Catoosa Hospital, Griffin, Georgia" (n.p., n.d.), Folder 14, Box 13, Medical and Hospital Collection, MOC; S. Cooper, General Orders No. 62, 16 May 1863, Q. R., Series 4, 2: 555.

Chimborazo, however, Pember's intellect failed her. When she was placed in charge of the kitchen and ordered to prepare food for scores of patients, Pember remembered, her "mind could hardly grope through the darkness that clouded it . . . but one mental spectrum always presented itself—chicken soup." Aided by Jim, a young enslaved hospital laborer, Pember procured a pair of chickens and a skillet, kindled the stove, and made the soup. "For the first time I cut up with averted eyes a raw bird," she wrote, "and the Rubicon was passed." Annie Johns was another who questioned her qualifications as a chief matron. When the head surgeon of a Danville, Virginia, general hospital asked Johns to work at his institution, she felt that with "Florence Nightingale's example before one's eyes it seemed impossible to refuse a call like this." Johns, however, doubted her "fitness for the office and went down first on a tour of investigation." Assured by a chaplain that "the influence of woman would be that of an angel in the hospitals," Johns "chose the place of assistant matron [in the linen room] . . . as suiting my capacity better than the culinary department."²¹

During the early weeks of their employment, Johns and Pember fumbled through their assigned duties. Perplexed by the mysteries of soap-making, Johns was forced to ask the steward to do it for her. At Chimborazo, Pember struggled to find her niche, remarking that matrons ranked "even below stewards from a military point of view." Confused after reading the Hospital Act, Pember "could only understand that the office [of chief matron] was one that dovetailed the duties of housekeeper and cook, nothing

²¹ P. Y. Pember to sister, 29 November 1862, Folder 1, Phoebe Yates Pember Letters, SHC; Pember, Southern Woman's Story, 2, 16, 19; Annie E. Johns, "The Hospitals at Danville," in Dawson, Our Women in the War, 222. For more on Pember, see Faust, Mothers of Invention, 98-101.

more.” But she gained confidence “from familiarity with my position.” “Nature may not have intended me for a Florence Nightingale,” she recalled, “but a kitchen proved my worth. Frying pans, griddles, stewpans and coffee-pots soon became my household gods.” Other newly-hired matrons were probably relieved to find such familiar items under their control. The chief matron of Danville’s general hospital found griddles, preserving kettles, rolling pins, baking pans, and other items in her charge. Johns also steadily gained self-assurance. After a ward surgeon refused to acquiesce to her request for a furlough on behalf of a patient whose wife was dying, she contacted the post commandant, who granted it. Moreover, in March 1863 Johns and other female employees wrote a letter of complaint to a Richmond newspaper protesting the deplorable modes of transportation that sick and wounded soldiers endured to get to their hospital. “What woman’s heart,” asked Pember, “would not melt and make itself a home where so much [was] needed?”²²

Indeed, the fact that they were needed led some matrons to argue that their womanly attributes uniquely qualified them for hospital work. Kate Cumming envisioned her position at Chattanooga’s Newsom Hospital as “an opportunity . . . to exercise the greatest of all Christian virtues—charity,” which she regarded as “a sacred duty [women] owe to our own people and country.” Although Cumming initially “wavered about the propriety” of entering the realm of medical care, she “remembered the suffering I had witnessed, and the relief I had given, [and] my mind was made up.”

²² Johns, “Hospitals at Danville,” 222-24; Pember, Southern Woman’s Story, 15, 20; “A list of Property in charge of The Chief Matron, 1st Division, General Hospital, Danville, Virginia” (n.d.), Folder 2, Box 17, Medical and Hospital Collection, MOC.

She characterized hospital work as women's "right, and ours alone." When a co-worker, Miss Womack, received a letter from a cousin (a surgeon in the army) urging her to leave the hospital because it was "no place for a refined, modest young lady," Cumming seethed with anger. "I have perhaps made a mistake as regards the meaning of the word modesty," she wrote in her diary. "A lady who feels that her modesty would be compromised by going into a hospital," she insisted, "could not rightly lay claim to . . . that excellent virtue—modesty—which the wise tell us is ever the companion of sense. . . . There is no position in the world . . . for which I would exchange the one I have."

Countering the criticism that nursing was an unsuitable position for "ladies," Julia Morgan asked: "Where were our men? No, when duty led the southern women, we did not stop to consider if the thing necessary to be done was elegant or delicate." Phoebe Pember argued that her patients, far from home and loved ones, were "dependent upon a woman for help, care and sympathy In the midst of death . . . a woman must soar beyond the conventional modesty considered correct under different circumstances."²³

Armed with their womanly mandate, matrons quickly settled into the hospital routine. Many of their duties revolved around preparing the patients' food. At Chimborazo, Phoebe Pember served breakfast at 7:00, dinner at 2:00, and supper at 6:00. To plan these meals, she consulted the diet lists sent by the ward surgeons, noting any

²³ Cumming, *Journal of a Confederate Nurse*, 99, 65, 178-79; Mrs. Irby Morgan, *How It Was: Four Years Among the Rebels* (Nashville: Publishing House, Methodist Episcopal Church, South, 1892), 40; Pember, *Southern Woman's Story*, 105. Privately, Kate Cumming railed against women who refused to fill hospital positions because they saw the work as indelicate or unrefined. In her diary she wrote: "I have no patience with women whom I hear telling what wonders they would do if they were only men, when I see so much of their own legitimate work left undone. Ladies can be of service in hospitals All have not the gift of nursing, but they can do the housekeeping, and there is much of that in a hospital." See Cumming, *Journal of a Confederate Nurse*, 135.

special instructions contained therein. She remembered that the surgeons' orders "ran somewhat in this fashion: 'Chicken soup for twenty—beef tea for forty—tea and toast for fifty.'" If a patient "craved any particular dish the nurse mentioned the want, and if not contrary to the surgeon's orders," Pember instructed her cooks to make it. Fannie Beers described a slightly different routine at the Buckner Hospital. "Every morning," she explained, "I sent to each surgeon a list of such diet as I could command for the sick. With this in hand he was able to decide upon the proper food for each patient." Noting that she "made it a point to feed the very ill patients myself," Beers also oversaw the distribution of the rest of the patients' meals. Sitting at the end of a long table, she had "a pile of tin numbers before me corresponding to the numbers of the beds in the wards." While the steward held the plate, the head nurse called out the diet of a particular bed number. "As the plate was filled," Beers recalled, "I handed out the corresponding number, which was put upon the plate. The plates having been placed upon large wooden trays, were carried off to the ward."²⁴

Matrons at the Newsom Hospital found food preparation extremely time-consuming. "Unless we get up early," Kate Cumming observed, "we find it impossible to get through our duties." Cumming confessed that she and her assistant matron lived "like Sisters of Charity; we get up in the morning about 4 o'clock, and breakfast by candle-light . . . in our room." Then, while her assistant prepared "toddlies and egg-nogs," she saw that the patients' food was fixed properly. Over time, food scarcity became a major problem in general hospitals. While Phoebe Pember described a "regular dinner" as

²⁴ Pember, Southern Woman's Story, 23; Beers, Record of Personal Experience, 65-66.

consisting of poultry, beef, ham, fish, and vegetables, she qualified this with the observation: “after the first year our bill of fare decreased much in variety.” To raise money for the patients’ Christmas dinner in 1863, Pember sold surplus comforters and blankets and begged for donations from elite Richmonders. With the proceeds, she made “twenty four gallons of Egg-Nog inviting all in the whole Division to come and drink and gave each a good sized cake.” She also prepared a dozen turkeys and seven gallons of oysters. At other times, though, Pember roasted rats to satiate patients’ hunger, and in her post-war reminiscences even gave a recipe “for the best mode of cooking them.” By the summer of 1864, matrons in both theatres of the war complained of food shortages. “I do not begin to get enough to feed the patients,” Cumming lamented in May, while Pember recalled that “it was almost ludicrous to see with what painful solicitude [my assistant] and myself would count the rolls, or hold a council over the pans of corn-bread, measuring . . . how large we could afford to cut the squares.”²⁵

Unreliable kitchen equipment and other problems also affected matrons’ ability to provide patients with food. At the Newsom Hospital, Cumming recorded that matrons “have a good deal to try us,” not the least of which was the kitchen stove. According to Cumming, it “smokes badly . . . besides it is so small that we scarcely have room to cook on it what little we have.” Moreover, the head surgeon was unsympathetic because he was “totally ignorant of domestic arrangements. . . . The only consolation we get from

²⁵ Cumming, Journal of a Confederate Nurse, 94, 203; Pember, Southern Woman’s Story, 23, 62, 59-60; P. Y. Pember to sister, 30 December 1863, Folder 1, Pember Letters, SHC; Schroeder-Lein, Confederate Hospitals on the Move, 93. More on food scarcity and matrons’ efforts to give patients special treats is found in chapter five.

him is a fabulous tale about a woman . . . who cooked for five hundred people on the same kind of stove.” Likewise, Pember recalled that stoves “in any degree of newness or usefulness we did not have,” making the use of “light, soggy and decayed” wood more difficult.²⁶

While matrons were preoccupied with the task of nourishing their charges, they reported that the patients were obsessed by food. Imperfect conditions forced matrons to rely on “invention . . . and every available article in our pantry,” patients occasionally refused to eat the food they prepared. While convalescents subsisted on dried apples, rice, and spoiled bacon, Pember tried to make herb tea and arrowroot palatable for the very ill by “drenching it with whiskey.” She observed that many patients refused to eat “unless furnished with food to which they had been accustomed at home. . . . Liquids in the form of soups, tea or coffee they turned from with disgust.” Moreover, patients were furious when they failed to get enough to eat. Emily Mason reported that famished convalescents at Richmond’s Camp Winder General Hospital “stormed the bakery, [took] out the half-cooked bread and scattered it about the yard, beat the baker, and threatened to hang the steward.” Rushing to the scene, Mason found two hundred “excited men clamoring for the bread.” Only her harangue against the patients’ ingratitude quelled Camp Winder’s 1864 “bread riot.”²⁷

Though kitchen duties demanded considerable attention, matrons also engaged in

²⁶ Cumming, Journal of a Confederate Nurse, 67; Pember, Southern Woman’s Story, 60.

²⁷ Pember, Southern Woman’s Story, 60, 48; Emily V. Mason, “Memories of a Hospital Matron,” Atlantic Monthly 90 (1902): 477. For more on food from the patients’ perspective, see chapter five.

other hospital tasks. At Charlottesville's Midway Hospital, Mrs. Rion and her assistant made over 500 candles during a two-day stretch in October 1862. In December 1863, the linen room at a Newnan, Georgia, general hospital was a beehive of activity, keeping Mrs. Williamson and two young assistants "busy sewing all the time." Moreover, matrons dedicated themselves to the comfort and solace of their patients. Cumming observed that a Newsom Hospital co-worker was "up many a night till 12 o'clock, working for her 'dear boys,' as she calls them" by mending clothes or writing letters. Often these letters went to a patient's family, informing them of their loved one's condition. During the siege of Petersburg in June 1864, matron Julia Patterson wrote to a patient's mother: "I do not think the Lt quite so well this morning, he has been quite excited at . . . the shells [falling] in such close proximity to the Hospital." In a return letter, the mother urged her son to "thank your kind friend Miss Patterson for her letters and attention to you. I trust that the richest blessings of Heaven may rest upon her & hers for her kindness & I owe a debb of gratitude which I can never repay."²⁸

Many matrons reported that sick and wounded soldiers appreciated their presence in the hospital. Sometimes matrons received written accolades from their patients. "Little poetical effusions were often thrust under my cabin door," Phoebe Pember recalled, "and also notes of all kinds from my patients." She received several letters from discharged Marylanders, and was "overwhelmed by thanks for common services . . . this

²⁸ Chalmers L. Gemmill, ed., "Midway Hospital, 1861-1863: The Diary of Miss Clarke of South Carolina," Magazine of Albemarle County History 22 (1963-1964): 186; Cumming, Journal of a Confederate Nurse, 178, 94; Julia A. Patterson to Mrs. Phifer, 13 June [1864] and Elizabeth C. Phifer to son, 8 July [1864], Folder 4, Phifer Family Papers, SHC. For more on women's hospital duties, see Schultz, Women at the Front, 34, 74; and Rable, Civil Wars, 121-28.

has been very pleasant.” After the war, J. J. Coulter proclaimed that “Miss Annie Bell . . . saved my life by her kindness to me while sick in the Gordon Hospital at Nashville. A good Samaritan was she.” At other times, a welcome reception indicated patients’ satisfaction. Although the morning of October 28, 1863 found Kate Cumming “annoyed at something which happened,” when she entered the hospital ward “all of this vanished” because she “saw the smile with which I was greeted on every side.” Occasionally, patients expressed their appreciation of matrons’ labor by playfully teasing them. A Kentuckian advised Pember: “You will wear them little feet away . . . running around so much. They ar’n’t much to boast of anyway.” Another patient admired Pember’s comeliness, exclaiming that she was “as pretty as a pair of red shoes with green strings.” Two Lynchburg matrons turned the tables on a patient who expressed romantic interest in both by asking which he thought better looking. “You is both likely gals,” he replied, “but if I says you, she’ll get mad, if I says her, you’ll get mad, so I ain’t going to say.” He did, however, give each a ginger cake.²⁹

Matrons also reminded hospital inmates of absent loved ones. “The patients are delighted to have us,” Kate Cumming observed, “and say that we can cause them to think of the dearest places to them now—home.” In turn, several matrons developed surrogate mother-son relationships with patients by attempting to direct their moral and spiritual growth. Cumming distributed religious tracts among her patients and read to the

²⁹ Pember, Southern Woman’s Story, 49, 29-30; P. Y. Pember to Mrs. John F. Gilmer, 30 December 1863, Folder 1, Pember Letters, SHC; “Letters from Veterans,” Confederate Veteran 2 (1894): 341; Cumming, Journal of a Confederate Nurse, 164; Forsberg, “Experiences and Recollections,” 4. Jane Schultz argues that the teasing that matrons engaged in provided them with an outlet for expressing their sexuality. See Schultz, Women at the Front, 95.

illiterate. Reading material, however, failed to remedy some patients' behavior, and several matrons adopted a more direct approach. When Ada Bacot found a group of men playing cards at Charlottesville's Monticello Hospital she was "so shocked I could scarcely speak." Confronting them, she said, "Gentlemen sure[ly] you forget it is Sunday evening. . . . You will oblige me very much if you will put your cards up." Though one protested that they were not playing for money, they apologized and promptly quit their game. Several patients in the Cherokee Springs, Georgia, general hospital disappointed Kate Cumming because they chose to play checkers during morning worship services. She approached one with the opinion "that the war would not close until men gave God the homage which he demanded." Though he seemingly disagreed, Cumming "was gratified to see him attend the afternoon service." When two "rough-looking convalescent soldiers" at the Jackson General Hospital ignored Jefferson Davis's proclamation that March 27, 1863, be a national day of fasting, humiliation, and prayer, a matron "exhorted them to observe the day." Although the patients agreed to pray, they refused to fast because they doubted that "Marse Jeff fasted all day himself." Some matrons exercised considerable authority over patients' spirituality. One August Sunday in 1863 found Newsom Hospital's Susan Smith conducting a prayer meeting in an unoccupied ward. "I always encouraged the soldiers in holding religious meetings . . . whenever it was convenient, and was generally present myself," Smith wrote, "as they at all times seemed to appreciate my attendance and aid." On Ash Wednesday in March 1862, matrons at the general hospital in Warrenton Springs, Virginia, "read the service for the day in the hospital & sang the litany hymn." Mrs. Rion, chief matron of

Charlottesville's Midway Hospital, advised the chaplain to change his scheduled afternoon service because she "thought this evening at 7 Oclock was more fitted so we had a nice service at that hour."³⁰

As spiritual guides, matrons performed the duties of surrogate mothers for dying patients. At Charlottesville's Monticello Hospital, Ada Bacot begged a patient to ready himself for death. "I tryed to make him comprehend his state," she wrote, and "told him that he might die at any time & asked if he had been trying to prepare himself for another world." Other matrons counseled and performed important rituals for patients on their deathbeds. At the Newsom Hospital an assistant matron prayed with a Lieutenant Huntley and was "much gratified at the frame of mind in which he died." When Julia Morgan realized that a favorite patient in Marietta's general hospital was near death, she "stayed as long as I could with him, and went weeping home." At a nearby Madison institution, the chief matron and her two daughters "followed every poor fellow to his last resting place, carrying flowers and shedding tears for them." The chief matron also wrote a sympathy letter to the patients' families, enclosing a lock of hair and recording their last words. Similarly, as surgeons prepared to operate, Emily Mason wrote down a Lynchburg patient's last words to his family. When a fifteen-year-old Alabamian died in Richmond's Robertson Hospital, Judith McGuire closed his eyes and confessed: "It was sad to pack his knapsack, with his little gray suit, and coloured shirts, so neatly stitched

³⁰ Cumming, *Journal of a Confederate Nurse*, 39, 21, 91, 130; Berlin, *Diary of Ada W. Bacot*, 136; McGuire, *Diary of a Southern Refugee*, 201; Smith, *Soldier's Friend*, 83-84; Kate Mason Rowland *Diary*, 6 March 1862, vol. 2, MOC; Gemmill, "Midway Hospital, 1861-1863," 186. Jane Schultz argues that women's oversight of patients' morality situated them in the roles of peacemakers, not surrogate mothers. She Schultz, *Women at the Front*, 91-93.

by his poor mother.”³¹

Wrenching deaths such as these exacted an emotional toll on hospital matrons because they often viewed patients as surrogate family members. Devastated by Lieutenant Phifer’s death, Julia Patterson penned a letter of condolence to his brother. “I feel that few can sympathize with you more seriously than I,” she wrote, “though our acquaintance was so brief . . . our intercourse was . . . constant & confiding. . . . I felt as if I could have lavished my affections on him as I would on a younger brother, had he been spared.” In another Virginia general hospital, Emily Mason bitterly recalled that four diphtheria patients died in one hour on a winter’s day in 1862. As more patients succumbed, Mason “ran in vain from one to the other, trying to tear with my fingers the white, leathery substance which spread over the mouth, and even came out upon the lips.” Mason, unaccustomed to such intimate contact with wholesale death, was haunted by her inability to comfort each patient. “In this great family,” she wrote, “I saw eighteen die daily, and could not go fast enough from one to the other, to say a last prayer and hear a ‘last word.’” When one of Fannie Beers’s patients died, she observed that it “seemed to me like a personal bereavement.” When she tried to read or sing to dying patients, “uncontrollable tears and sobs would choke my voice. As I looked my last upon dead

³¹ Berlin, *Diary of Ada W. Bacot*, 116; Cumming, *Journal of a Confederate Nurse*, 70; Morgan, *How It Was*, 54; “Hospital Work in the Sixties,” *Confederate Veteran* 29 (1921): 86; Mason, “Memories of a Hospital Matron,” 316; McGuire, *Diary of a Southern Refugee*, 104. Drew Faust argues that the Civil War disrupted cultural notions of death, in part because soldiers died away from home and loved ones. According to Faust, the antebellum family played an important role in the ritual of the “Good Death” because they attended to the needs of the afflicted and because they served as important witnesses to the dying person’s state of mind at the moment of death. In the absence of family members, soldiers, chaplains, nurses, and doctors served as surrogate family members in the “Good Death” ritual. See Drew Gilpin Faust, “The Civil War Soldier and the Art of Dying,” *Journal of Southern History* 67 (2001): 12-14.

faces, I would turn away shuddering and sobbing, for a time unfit for duty.” Similarly, Phoebe Pember noted that in Chimborazo Hospital “scenes of pathos occurred daily—scenes that wrung the heart and forced the dew of pity from the eyes.”³²

Matrons also cared for horribly injured and desperately ill men inside the Confederate hospital. According to Pember, smallpox patients “were dreadfully afflicted objects, many of them with sores so deep and thick upon arms and legs that amputation had to be resorted to. . . . I was a daily witness to their agonies.” She also remembered a man shot twice in the face, a most sickening sight. His mouth was “filled with blood, matter, fragments of teeth from amidst all of which the maggots in countless numbers swarmed and writhed, while the smell generated by this putridity was unbearable.” Yet Pember did not abandon him; rather, she cleaned his wound with castile soap and soft sponges and later fed him by inserting a quill down his throat. At Atlanta’s Gate City Hotel Hospital in May 1864, Kate Cumming bandaged a man’s badly wounded hand and assisted others by removing their stiff bandages. Emily Mason reported that matrons at Camp Winder performed similar duties when the hospital received wounded patients. Over time, matrons enured themselves to the suffering and death that surrounded them by focusing on the needs of the living. In her post-war reminiscences, Phoebe Pember noted that she tried to suppress her emotions because “there was too much work to be done, too much active exertion required, to allow the mental or physical powers to succumb.” Moreover, Pember confessed to her sister that after the battle of Fredericksburg she

³² Julia A. Patterson to Captain [George S. Phifer], 22 July [1864], Folder 4, Phifer Family Papers, SHC; Mason, “Memories of a Hospital Matron,” 314; Beers, Record of Personal Experience, 150; Pember, Southern Woman’s Story, 31.

“stood by and saw men’s fingers and arms cut off and held the brandy to their lips, washing the wounds myself,” never considering “anything but [the] comfort of the living.” Experience also assuaged matrons’ grief when patients died; in effect, death became familiar. “Calmly I watched the dying patient,” Fannie Beers noted, “and saw (as I had seen a hundred times before) the gray shadow of death steal over [his] shrunken face.”³³

Though hospital matrons rarely shrank from their duties, anxiety and exhaustion sometimes affected them. In Richmond, Fannie Beers asserted that heavy responsibilities “murdered sleep” and caused a “severe attack of nervous fever.” Performing double duty while the assistant matron nursed her sick sister, Phoebe Pember complained of “chills and fevers that . . . left me with a stupid inert feeling that made me unfit for everything.” The assistant matron of a Newnan, Georgia, general hospital was forced to go to Mobile for “a change of air” because she was constantly ill. A Chimborazo matron, Mrs. Viles “fell victim to overexertion” and died of pneumonia after a ten-day illness. Ada Bacot was temporarily overwhelmed by her hospital duties, confessing in her diary: “I am thourely sick at the sight of men . . . but I know these are not the right feelings and will suppress them.”³⁴

³³ Pember, Southern Woman’s Story, 64, 63, 31; Cumming, Journal of a Confederate Nurse, 198; Mason, “Hospital Scenes,” in Dawson, Our Women in the War, 151; P. Y. Pember to sister, 30 January 1863, Folder 1, Pember Letters, SHC; Beers, Record of Personal Experience, 150. This evidence contradicts Drew Faust’s assertion that matrons “were not responsible for direct patient care.” See Faust, Mothers of Invention, 102.

³⁴ Beers, Record of Personal Experience, 50-51; P. Y. Pember to sister, 30 January 1863, Folder 1, Pember Letters, SHC; Cumming, Journal of a Confederate Nurse, 168; J. M. Holloway to wife, 23 June 1864, Folder 7, Section 1, Holloway Papers, VHS; Berlin, Diary of Ada W. Bacot, 76.

Despite dealing with patients' deaths and injuries, as well as their own sickness, matrons came to feel quite at home in hospital wards. At the Monticello Hospital in April 1862, Ada Bacot recorded: "I've been as busy & as happy as the day is long. . . . I really felt quite in my element." Close relationships between matrons and patients promoted a home-like hospital atmosphere. Although Phoebe Pember claimed that most patients left Chimborazo "without any curiosity as regarded my name, my whereabouts, or indeed any thing connected with me," she formed a strong attachment to Maryland patients. In February 1864 she wrote to a friend: "I have taken them all (I suppose I must not say to my bosom) under my protecting wing. For the first time I feel the sweets of gratitude." In addition to inviting convalescent Marylanders to dine with her, Pember procured a pair of boots for an eighteen-year-old private in the Maryland cavalry. Other matrons too had favorite patients. For Emily Mason, they were smallpox patients housed in tents a mile outside of Camp Winder. "Often in the night I would wake, thinking I heard their groans," she recalled. Packing food and "cooling salve for their blinded eyes and the sore and bleeding faces," Mason arrived to comfort and pray with them, often soothing them to sleep. When the Buckner Hospital moved from Gainesville, Alabama, to Ringgold, Georgia, in the fall of 1862, Fannie Beers took charge of "the nursery," whose inmates were referred to as "Mrs. Beers's babies" because they craved her special attention. Though matrons rejoiced when patients recovered, they were sometimes sorry to bid them adieu. When Miss Reynolds said goodbye to a particular favorite, Ada Bacot described the scene as "really affecting . . . she shuck his hand a long time while the tears filled her eyes, she said God bless & prosper you, then raising his hands to her lips she bade him

farewell.” Phoebe Pember observed that turnover in her wards left her unsettled, yet “there would always be enough men left to whom I was known, to make me feel at home.”³⁵

Indeed, matrons’ attachment to hospital patients made them hesitant to leave their posts. A transfer from Tunnel Hill to Ringgold, Georgia, proved a severe trial for Susan Smith, who sadly recalled: “It was like parting with those of my own household.” Later, when she abandoned her position in a Covington, Georgia, general hospital to serve in Atlanta, Smith felt as if she “was leaving home, and dear, kind friends.” Though Phoebe Pember realized that her duties at Chimborazo “had broken me down completely,” she was reluctant to take a leave of absence. Though she knew that fragile health demanded a little time off, making the decision was “like tearing body and soul apart.” When Pember communicated the news of her intended departure to one patient, he “burst into a passion of tears, and . . . request[ed] me to kill him at once, for he would certainly die if [I] left.” Despite the protestations of other patients, Pember took a three-week furlough to Georgia in October 1864. When Ada Bacot left Charlottesville to help her sister through childbirth, she felt “that my duty is in Va. now. I am more anxious to go back than I care to confess[.]” Leaving Kingston for an assignment in Cherokee Springs, Georgia, Kate Cumming noted that she and her assistants “regretted leaving Dr. Hopping, as a brother could not have been kinder than he has been, and every one of his nurses were as kind as

³⁵ Berlin, Diary of Ada W. Bacot, 101, 91; Pember, Southern Woman’s Story, 73-74, 45, 89; P. Y. Pember to Mrs. Gilmer, 19 February 1864, Folder 1, Pember Letters, SHC; Mason, “Memories of a Hospital Matron,” 479; Beers, Record of Personal Experience, 74.

himself.”³⁶

Indeed, as Cumming’s diary entry illustrates, matrons also forged close relationships with medical officers and other white male employees. Phoebe Pember characterized Dr. J. B. McCaw, Chimborazo Hospital’s head surgeon, as a “man with ready oil to pour upon troubled waters. Difficulties melted away . . . and mountains sank into mole-hills when his quick comprehension had surmounted and leveled them.” Moreover, Pember asserted that McCaw was “an unfailing refuge in times of distress, and whenever broken down by fatigue and small miseries I sought his advise and assistance.” Pember’s relationship with Division Surgeon S. E. Habersham was also amiable. Though they had “pleasant little difficulties,” Pember appreciated the fact that Habersham “sustained my authority during sore trials as ably as he could.” Fannie Beers respected Dr. W. T. McAllister, the head surgeon of a Newnan, Georgia, general hospital because he “was kind-hearted, generous, [and] ready to do or sacrifice anything for the real good of his patients.” Apparently McAllister trusted Beers, for he gave her complete control over the hospital’s female employees. If a woman failed to adequately perform her duties, Beers had the authority to discharge her. At another hospital in nearby Tunnel Hill, Susan Smith praised the medical officers for allowing her to care for “the patients as I thought best—they relying on me with the utmost confidence.” Some medical officers valued their matrons’ opinions. When the surgeon in charge of Chattanooga’s Newsom Hospital asked if the matrons knew anything of a prospective female employee, they

³⁶ Smith, Soldier’s Friend, 80, 137; Pember, Southern Woman’s Story, 78-79; Berlin, Diary of Ada W. Bacot, 167; Cumming, Journal of a Confederate Nurse, 125.

discouraged him from hiring her, and he heeded this advice. Phoebe Pember observed that there were many sensible, kind-hearted surgeons who “would let me work hand in hand with them, the nurse with the doctor, and listen kindly and respectfully to my suggestions.”³⁷

Matrons occasionally disagreed with doctors’ medical opinions, and this created varying degrees of conflict inside the Confederate hospital. In March 1862, a ward surgeon at the Monticello Hospital ordered Ada Bacot to prepare custard for a patient recovering from a serious illness. Although she privately questioned this course of action, she obeyed. “I think it rather early to begin to give it,” Bacot confided to her diary, “but [I] will make it & if [the patient] likes it he can have a little.” Phoebe Pember noted that ward surgeons habitually insisted on “particular kinds of diet, irrespective of the patient’s tastes,” which troubled her. When one patient, annoyed by the surgeon’s continued insistence that he take tea and toast, called the doctor a fool, Pember agreed. When the nurse told the surgeon what Pember had said, he was livid, and sent the matron a “recriminating note.” In the following weeks the two engaged in a series of battles over patient diets. Some matrons ignored surgeons’ orders altogether. At Camp Winder, Emily Mason found two men on the floor whose injuries, according to their attending surgeon, were fatal. When the surgeon ordered that the two be taken to the dead house, Mason protested. Arguing that neither “had the rigidity of death in the limbs,” she

³⁷ Pember, Southern Woman’s Story, 17, 57; Beers, Record of Personal Experience, 145; Smith, Soldier’s Friend, 75; Cumming, Journal of a Confederate Nurse, 69. Jane Schultz argues that due to their civilian status, female hospital workers “had little influence with surgeons” and were often at odds with them. See Schultz, Women at the Front, 97.

begged for a chance to save them. Although the doctor ordered Mason to focus her energies on the living, she kept her “dead men” and one eventually recovered. On May 27, 1864, J. N. Thompson was wounded in the head and sent to the Floyd General Hospital in Macon, Georgia. Given up for dead by the surgeons, Thompson credited the vigilance of a Miss K. P. for his subsequent recovery. “I shall ever believe that but for the kind attention I received at the hands of the good ladies of Macon, I would not be here to-day.” When a surgeon proclaimed that there was no hope for a Marylander shot “right through the body,” Phoebe Pember struggled for five days and nights against this decree. She fed the patient, gave him brandy, and tried to cheer him with kind words and smiles. When he took a turn for the worse, Pember opened her Bible and “read to him without comment the ever-living promises of his Maker.”³⁸

Despite occasional disagreements over medical diagnoses, matrons, medical officers, and white male employees had a common goal: to heal sick and wounded hospital patients. The focus on patient care led, over time, to a close-knit hospital community, especially among matrons and medical officers. Each group generally respected the other’s skill and dedication, and this provided the foundation for a family-like hospital atmosphere. In July 1863, for example, Kate Cumming observed that the assistant surgeons at the Newsom Hospital “do all in their power to have the men well

³⁸ Berlin, Diary of Ada W. Bacot, 88; Pember, Southern Woman’s Story, 23-27, 39; Mason, “Memories of a Hospital Matron,” 317; J. N. Thompson, “The Gallant Old Forty-Fourth Mississippi,” Confederate Veteran 28 (1920): 407. Several scholars have examined this type of matron-doctor conflict. Ann Douglas Wood explains disagreements over patient care by arguing that Union doctors and nurses competed with each other for medical pre-eminence. Jane Schultz asserts that discord between officers and female workers resulted from the hierarchical nature of military hospitals: women, frustrated by bureaucratic policies and procedures, challenged doctors’ methods of patient care as a way to exert their authority. See Wood, “War within a War,” 206-207; and Schultz, Women at the Front, 108-110.

cared for, and they could not be more attentive than they are.” She praised Dr. Hopping as “one of the kindest and best of men . . . much beloved by all.” Dr. Burt was “always in good humor, and leads one to believe that there is such a thing in the world as constant sunshine. His patients have many a time told me, that the sight of him almost makes them well.” By March 1865, Confederate defeats in the western theatre had left Cumming “completely demoralized,” yet she admired her head surgeon’s enthusiasm and perseverance, which provided an example for other employees to follow. Likewise, medical officers and officials acknowledged the important contributions that women made in general hospitals. Louis A. Bryan, the surgeon in charge of the Auburn, Alabama, general hospital, wrote a letter thanking six women for their hospital service, which was published in a Montgomery newspaper. A hospital inspector praised Mrs. Webb, chief matron of Richmond’s General Hospital No. 4, because she managed the kitchen with “the greatest skill and assurity.” When he was the head surgeon of Richmond’s General Hospital No. 2, J.M. Holloway vehemently protested against the medical director’s order to dismiss all but two of his matrons, arguing that they provided invaluable services. Later, when Holloway transferred to Covington, Georgia, he offered one of these Richmond matrons—a Mrs. Dana—a hospital position because he knew that she was efficient.³⁹

Matrons not only worked but also mingled with officers and other employees.

³⁹ Cumming, Journal of a Confederate Nurse, 112, 263-64; Montgomery Daily Advertiser, 10 June 1864; W. A. Carrington to T. H. Williams, 29 December 1862, Letters Sent, Medical Director’s Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA; J.M. Holloway to wife, 21 April 1863, Folder 4, and 2 December 1863, Folder 5, Section 1, Holloway Papers, VHS. For more on the mutual admiration expressed by matrons and medical officers, see chapter one.

These social interactions strengthened the hospital community forged by white workers. Eating meals together enabled matrons to know their co-workers on a more personal level. In October 1862, Ada Bacot and her assistant matron invited two ward surgeons to dine in their room at the Monticello Hospital. The four engaged in pleasant conversation and, according to Bacot, had a wonderful time. “Dr. Harrold is very pleasant & full of fun,” she wrote in her diary. “Dr. Hamner . . . seems pleasant & affable in his manner.” Phoebe Pember recalled that staff meals at Chimborazo were lively affairs. Three times a day, ward-masters, nurses, and matrons gathered around Pember’s kitchen and ate family-style. Matrons frequently spent their free time with co-workers. Fannie Beers fondly recalled that the linen-room in Ringgold’s Buckner Hospital “was a cheerful place” because surgeons sat in front of the fire between rounds. Beers noted: “I seldom entered [the linen-room] without finding one or more visitors, especially in the morning, when the surgeons always met there, and their wives generally joined them.” A lovely spring day in April 1864 found Kate Cumming, Fannie Beers, Head Surgeon Hughes, and several assistant matrons walking in the woods outside their Newnan hospital. Meandering among the wild flowers distracted the group from “the cares and strife with which we are surrounded.” Sitting on logs and singing hymns, the group talked about their hospital experiences.⁴⁰

Indeed, members of the hospital community rejoiced in good times and supported each other through bad. On November 25, 1863, Susan Smith and several co-workers

⁴⁰ Berlin, Diary of Ada W. Bacot, 153; Pember, Southern Woman’s Story, 23; Beers, Record of Personal Experience, 74-75; Cumming, Journal of a Confederate Nurse, 194.

watched the battle of Missionary Ridge unfold atop a hill near their Ringgold hospital. That night, when rumors (which later proved false) of a Confederate victory reached hospital workers, Smith noted: "Joy was beyond expression. . . . The news flew from one department to another, until all caught it as if it had come by magic." On the second anniversary of South Carolina's secession, the matrons at Charlottesville's Midway Hospital invited seven co-workers to a celebratory dinner which "passed off very pleasantly." Yet fun and conviviality inevitably gave way to more somber tasks. When an assistant surgeon of a Charlottesville hospital contracted erysipelas, Ada Bacot took care of him. "I of course cant leave my friend," she wrote, "I only wish I didnt know he was so very ill." In December 1863, Kate Cumming and two other matrons from a Newnan hospital attended the funeral of a detailed nurse who had died from an unspecified disease contracted in the course of his duties.⁴¹

Reflecting on the relationships she forged with her co-workers, Ada Bacot observed that "we all live here just as one family so very pleasantly together." Yet invariably, disagreements, misunderstandings, and class conflict disrupted the hospital community. Phoebe Pember was frequently irritated by the ward surgeons and nurses who covered for each other during unauthorized absences. Pember also described several battles in a war waged between her and the ward surgeons for control of the hospital's whiskey barrel. Moreover, in a letter to a friend in December 1863, Pember noted that a quarrel between two medical officers "has been visited on the matron as [Dr. Seabrooke]

⁴¹ Smith, Soldier's Friend, 105; Gemmill, "Midway Hospital, 1861-1863," 188; Berlin, Diary of Ada W. Bacot, 87; Cumming, Journal of a Confederate Nurse, 180.

ignores my existense.” Kate Cumming had several serious disagreements with the Kingston, Georgia, post surgeon, Dr. B. W. Avent, over the need for additional employees. Concluding that Avent was “a real Pharaoh” because he expected “brick without straw,” Cumming and her assistants sought and received a new assignment. The head surgeon dismissed Susan Smith from the chief matron position at the general hospital in Griffin, Georgia, because he found fault with the way she distributed patients’ food.⁴²

Romance inside the Confederate hospital also led to trouble between co-workers. According to several matrons, women vied with each other for men’s attention. In Richmond, a volunteer hospital worker observed that a Dr. Conway was “the greatest beau in Camp Winder,” and piqued several women’s interest. Ada Bacot recorded that her besotted co-worker, Esse Habersham, was “deeply in love with Dr. McIntosh & she knows he is engaged.” The knowledge of Habersham’s infatuation left Bacot “in constant dread lest she will betray herself to him or [head surgeon] Dr. Rembert. . . . She acts very strangely.” When Dr. McIntosh favored Bacot with an invitation to attend church services, she accepted despite the fact that Habersham “had set her heart upon going with him. She got almost vexed with me.” A few months before her interest in McIntosh developed, Habersham had pursued “young Franklin,” a detailed nurse, and gave him “little dainties.” When Habersham accepted a present from Franklin, Bacot and the chief

⁴² Berlin, Diary of Ada W. Bacot, 107-108; Pember, Southern Woman’s Story, 26, 28, 32, 52-54; P. Y. Pember to Mrs. John F. Gilmer, 30 December 1863, Folder 1, Pember Letters, SHC; Cumming, Journal of a Confederate Nurse, 120-24 (quotation on pg. 124); Smith, Soldier’s Friend, 90-92. For more on the conflict between Cumming and Avent, see Schroeder-Lein, Confederate Hospitals on the Move, 88.

matron of the Monticello Hospital, Mrs. Lesesne, “scolded her for her imprudence, she is in great trouble.” Indeed, Monticello’s head surgeon saw Habersham’s behavior as disruptive; Bacot replaced her as assistant matron in August 1862. Yet even Bacot was not invulnerable to Cupid’s arrows. She met her future husband, Thomas A. G. Clarke, when he was admitted to the hospital following the battle of Second Manassas. She left Charlottesville in November 1863 and married Clarke shortly thereafter. Kate Cumming was shocked “to hear a very pretty widow say that she had never enjoyed herself so much as she had since she had been here; that, when she left home, she was told that she must try to catch a beau—and she had succeeded.” An infuriated Phoebe Pember wrote that a budding love affair distracted Dr. Habersham from his hospital duties. When the doctor brought the special woman to the matron’s kitchen to “ask a blessing upon my undertaking,” Pember “responded by spilling a cup of cream over her new black bombazine dress.”⁴³

Female hospital workers occasionally quarreled over food. At Richmond’s General Hospital No. 5, Sara Pryor discovered that one Miss Deborah was “affronted because I had not shared my offerings of jelly and fruit with her, for her special patients.” When Pryor asked Miss Deborah to borrow a pan, she replied: “I must keep them for the nurses who understand reciprocity.” Pryor returned to Miss Deborah’s good graces only by offering “the entire contents of a basket the landlord of the Spotswood [Hotel] had given me.” When a co-worker confronted Ada Bacot to determine “why I would not send

⁴³ Maria Smith Peek to friend, 13 August 1864, Folder 2, Section 2, Marrow Family Papers, VHS; Berlin, Diary of Ada W. Bacot, 84, 113, 68-69, 9, 15; Cumming, Journal of a Confederate Nurse, 26; P. Y. Pember to Mrs. J. F. Gilmer, 16 April 1864, Folder 1, Pember Letters, SHC.

them the rashons,” she countered that “I have my own dutys to attend to & did not meddle in any one elses.” Bacot instructed the angry woman to consult the steward if her food supply was short. At the Newsom Hospital, Kate Cumming had a more serious problem with the steward and his wife, an assistant matron at the same institution. According to Cumming, the steward disliked and annoyed her, but his wife proved absolutely insufferable. In late September 1862, Cumming discovered that the steward’s wife had (perhaps intentionally) ruined food Cumming had cooked by adding handfuls of salt; “the next thing she does,” Cumming suspected, “will be to attempt my life.” With the support of several ward surgeons, Cumming asked the head surgeon to “put an end to these persecutions,” and two months later he fired the steward’s wife. In the meantime, Cumming’s food troubles continued. At the end of October, she dismissed her head cook—an unnamed white woman—because she was habitually drunk.⁴⁴

Newly-hired employees could also upset the hospital community’s delicate balance. In Charlottesville, the arrival of two older women—Mrs. Becaes and Mrs. Bremer—brought discord. According to Ada Bacot, the “Mrs. B’s” criticized Esse Habersham’s skill, and in turn, Habersham “vent[ed] her spleen upon Mrs. Lesesne & myself without the least foundation acusing us very unjustly, & all together showing a good’al more temper than was agreable.” When the head surgeon stepped in, Bacot took Habersham’s side. “I fear [Becaes and Bremer] will yet cause some disturbance in our peaceful household,” Bacot confided in her diary. In early 1863, three newly-hired

⁴⁴ Pryor, Reminiscences of Peace and War, 186-87; Berlin, Diary of Ada W. Bacot, 157; Cumming, Journal of a Confederate Nurse, 69, 79, 74.

matrons at Chimborazo Hospital threw Phoebe Pember into a tizzy. After Pember had carefully prepared each patient's meal, one of the matrons stuck her fingers in the food and threw "anything therein [that] displeased her" on the floor, to the infinite amusement of the patients. Discovering that the woman was drunk, Pember promptly fired her.⁴⁵

Sometimes work-related problems stemmed from class differences among female employees. Although Phoebe Pember certainly had cause to dismiss the intoxicated matron, her complaints about the other two originated in the conviction that they were her social inferiors. In her post-war reminiscence, Pember noted that "a few, very few ladies, and a great many inefficient and uneducated women, hardly above the laboring classes" filled matrons positions. The elite Pember condescended to these women and failed to extend them social courtesies. According to Pember, the new matrons were upset because "I had not invited them to call upon me . . . and they considered themselves quite as much ladies as I was." To prove their status, the matrons invited Pember to visit their quarters. When she arrived, however, she was appalled to find them "sitting around a sociable spittoon, with a friendly box of snuff-dipping!" Though Pember described them as "composed, vigilant and attentive," she was repelled by their unladylike behavior. In December 1863, a frustrated Pember wrote: "The Virginia women are annoying me again and absolutely came into my sanctum with their pipes. I remonstrated with one who expressed surprise that I should object to a Pipe" and "told her to go." While it is impossible to know the identities of these "Virginia women," Chimborazo's pay roll lists a Mrs. Tignor as assistant matron and William J. Tignor and James Tignor as nurses.

⁴⁵ Berlin, Diary of Ada W. Bacot, 74, 77; Pember, Southern Woman's Story, 35-36.

Census records reveal that William J. Tignor lived with his wife Sarah and son James in Henrico County, Virginia. In 1860, the fifty-year-old farmer reported a net worth of \$1,365. The family had seven children between the ages of fifteen and five months; therefore, Sarah Tignor probably sought employment at Chimborazo to help support her family. Aside from work, she and Pember undoubtedly had little in common. The aloof Pember admitted that she had spent most of her life “away from all intercourse with my own sex” and “it was better that no intimacies should be formed” with her female co-workers.⁴⁶

Medical officers tended to appoint upper-class women to the positions of authority. Although incomplete pay roll records and common surnames preclude a complete analysis of female employees, it is clear that many matrons numbered among the antebellum elite. Mrs. Fannie Chancellor, chief matron of Charlottesville General Hospital’s Division No. 2, owned \$30,000 in real and personal property in 1860 and claimed farming as her occupation. The thirty-eight-year-old Chancellor had nine dependents in her household (two of whom worked at the same hospital). Mrs. M. L. Cochran, a ward matron in the same hospital, was the wife of prominent farmer John Cochran, who held \$105,000 in assets in 1860. Yet some matrons came from more

⁴⁶ Pember, Southern Woman’s Story, 16, 34, 33, 52; P. Y. Pember to Mrs. John F. Gilmer, 30 December 1863, Folder 1, Pember Letters, SHC; Chimborazo Hospital, Division No. 2, Richmond, Virginia, 1 March-1 May 1863, Box 9, Hospital Muster and Pay Rolls (entry 28), Records of the Confederate Medical Department, NA; William J. Tignor, p. 753, Henrico County, Virginia, Roll 1353, 1860 Federal Census of Free Population. Jane Schultz argues that women from different social classes clashed with one another and asserts that medical officers assigned “lower-class women to lower-status jobs.” While this is generally accurate, Schultz offers no evidence to support this argument; she consulted neither pay rolls nor census returns to reach this very general conclusion. See Schultz, Women at the Front, 99-102.

humble backgrounds. Another ward matron at Charlottesville General, Mrs. Anne Smythe, lived in her parents' household with her three adolescent children in 1860. Perhaps recently widowed, Smith probably sought hospital employment due to financial need. Assistant Matron Mrs. C. J. Driskill worked alongside her husband, Steward W. A. Driskill, at the Shorter General Hospital in Eufaula, Alabama; he was a grocer who owned real estate worth \$700 and personalty worth \$1,500. The Bavarian-born Margaret Rolls, assistant matron of Ross General Hospital in Mobile, kept four boarders in her family's home in 1860. Her husband, a steamboatman, reported no real or personal property. Finally, Elizabeth M. Keplinger and her daughter Genevieve worked as assistant matrons at Mobile's Quarles General Hospital. Elizabeth, a domestic servant before the war, was married to John Keplinger, a farmer with a net worth of \$1,100.⁴⁷

As a rule, white nurses, cooks, and laundresses were plain folk women who had engaged in remunerative labor before the war. Twenty-eight-year-old Englishwoman Mary McGrath had been a servant in cutter captain James Morrison's household in 1860; a wartime nurse at the Mobile General Hospital, she could neither read nor write. Margaret Doran and Margaret Wise were cooks employed at the Montgomery General Hospital. Hailing from Mobile, Doran lived with eight-year-old Margaret Maker and claimed no occupation in 1860. Twenty-year-old Ireland native Margaret Wise was a

⁴⁷ General Hospital, Division No. 2, Charlottesville, Virginia, 31 August-31 October 1863 and 1 March-30 April 1863, Box 18, Shorter General Hospital, Eufaula, Alabama, 1 June-30 June 1864, Box 1, Ross General Hospital, Mobile, Alabama, 1 March-30 April 1863, Box 1, and Quarles General Hospital, Mobile, Alabama, 1 November-18 December 1863, Box 1, Hospital Muster and Pay Rolls (entry 28), Records of the Confederate Medical Department, NA; Fannie Chancellor, p. 365, Spotsylvania County, Virginia, Roll 1380, John Cochran, p. 385, and A. E. Smythe, p. 392, Albemarle County, Virginia, Roll 1331, Jacob Rolls, p. 652, Mobile County, Alabama, Roll 17, and John Keplinger, p. 708, Marion County, Alabama, Roll 16, 1860 Federal Census of Free Population.

servant in A. P. Watt's Montgomery hotel before she sought hospital employment.

Similarly, Mary Schantz, laundress at Alabama's Shelby Springs General Hospital, was a servant in Mobile's Battle House in 1860. Finally, Mrs. Bernard (Agnes Ann) Wilson was a laundress in Chimborazo's Division No. 1; this twenty-five-year-old tinner's wife worked alongside her slave Sally in the linen-room. Both earned \$8 per month.⁴⁸

Like Phoebe Pember, many upper-class and yeomen women regarded lower-class employees with suspicion. At Gainesville's Buckner Hospital, Fannie Beers clashed with several lower-class nurses from Mobile. "Nothing was left undone by the women . . . to thwart and annoy me," Beers wrote. "I had ample evidence that they were neglectful and unscrupulous in their dealings with the patients." Yet female nurses, cooks, and laundresses—those positions filled almost exclusively by lower-class whites and slave and free blacks—were indispensable to proper patient care. To heal soldiers, then, women had to work together, regardless of their social position. Although some medical officers endeavored to attract efficient lower-class workers (especially laundresses) by lobbying for pay increases, these positions were unappealing and dangerous. In June 1863, for example, Kate Cumming described an outbreak of erysipelas among Newsom Hospital's white laundresses, noting that one woman's "face is so swollen that her eyes are closed, and part of her hair has had to be cut off." It is little wonder that medical officers, like

⁴⁸ Mary McGrath, p. 193, Baldwin County, Alabama, Roll 1, Margaret Doran, p. 563, Mobile County, Alabama, Roll 17, Margaret Wise, p. 192, Montgomery County, Alabama, Roll 19, Mary Schantz, p. 319, Mobile County, Alabama, Roll 17, and Bernard Wilson, p. 771, Henrico County, Virginia, Roll 1353, 1860 Federal Census of Free Population; General Hospital, Mobile, Alabama, 30 June-31 August 1862, Box 1, General Hospital, Montgomery, Alabama, 1 April-31 July 1862, Box 1, General Hospital, Shelby Springs, Alabama, 29 February-30 June 1864, Box 1, and Chimborazo Hospital, Richmond, Virginia, 1 March-1 May 1862, Box 8, Hospital Muster and Pay Rolls (entry 28), Records of the Confederate Medical Department, NA.

those at the Newsom Hospital, found it “almost impossible to get people to do washing.” Once hired, matrons and medical officers worked to keep them. When three white laundresses balked at their Newsom Hospital accommodations, Cumming promised improvement. “It is so difficult to get servants,” she noted, “that we are thankful to do any thing for them.”⁴⁹

In some instances, the bonds of race—the shared privilege of white skin—helped smooth over class fissures among white female employees. When Newsom Hospital’s head surgeon dismissed three white laundresses for “dancing with some negroes” and accompanying them to a nearby graveyard, Kate Cumming protested. “I feel confident, from what I have seen of them,” she told the head surgeon, “they would not knowingly do a wrong of that kind.” Based on Cumming’s character reference, the head surgeon re-hired the trio. Towards her Covington, Georgia, white co-workers, Susan Smith “felt as though I was with my own old friends and fellow citizens. . . . All came forward, in one common cause, as sisters, and all were diligent to the end.” Several women testified that hospital work forged strong, sister-like bonds among them. When wounded soldiers flooded a Ringgold hospital in the summer of 1864, Fannie Beers and a female co-worker sprang to action. “Together we labored through that long night,” Beers wrote. “Soon after daylight next morning, passing into the church porch, we stood for a few moments silently, hand in hand, for, although both hearts were too full for speech, our labor of love

⁴⁹ Beers, Record of Personal Experience, 62; S. H. Stout to S. P. Moore, 19 March 1863, Folder 11, Box 1, Stout Papers, TSLA; T. H. Williams to George W. Randolph, 17 November 1862, Letters Sent by Surgeon Thomas H. Williams, Inspector of Various Hospitals in Virginia, 1862-1863 (vol. 461), Records of the Confederate Medical Department, NA; Cumming, Journal of a Confederate Nurse, 110, 95, 92. For more on African-American hospital workers, see chapter four.

had drawn us very near together.” In November 1862, Kate Cumming and Ella King Newsom commiserated “over our hospital trials.” In July 1864, Cumming and her assistant matron made a pact to share clothes if either party were to lose theirs to the Yankees. When Mrs. Rion, Midway Hospital’s chief matron, fell desperately ill in December 1862, an assistant matron nursed her through the ordeal. Confederate defeat led Kate Cumming to reflect on the relationships she forged with other women during four years of war. Leaving Griffin, Georgia, for her Mobile home, Cumming wrote: “I felt sad at bidding . . . my friends good-by. We had been associated with each other through much tribulation.”⁵⁰

Indeed, whether built by a sense of common cause, patriotism, or notions of white supremacy, the bonds among white female hospital workers proved strong. Drawn to medical care in 1861, many women argued that their roles as caregivers and as mothers particularly suited them to hospital work. Overcoming the prejudices of family members, acquaintances, and medical officers, women lent a sense of home to hospital wards. Matrons forged close relationships with sick and wounded soldiers, dispensing motherly advice along with food and medicine. Most envisioned their charges as surrogate sons and the use of familial language gave voice to their affection. Although disagreements over food and medical treatment sometimes led to conflict with medical officers and other female employees, their central focus—patient care—enabled the hospital community

⁵⁰ Cumming, Journal of a Confederate Nurse, 99-100, 79, 211, 282; Smith, Soldier’s Friend, 116; Beers, Record of Personal Experience, 82; Gemmill, “Midway Hospital, 1861-1863,” 189. Jane Schultz’s conclusion that racial differences compromised female hospital workers’ relationships is based solely on her analysis of Union hospitals. See Schultz, Women at the Front, 102-105, 141.

to overcome these quarrels. As hospital workers, women daily witnessed horrific scenes, but as their skills and confidence increased many found a sense of belonging and home inside the Confederate hospital.

Chapter Three

“It would be a violation of duty to leave them”: White Male Employees in Confederate General Hospitals

The men employed in Confederate hospitals as nurses, cooks, ward-masters, stewards, and chaplains were a disparate lot. They were soldiers and civilians of different ages and from various regions and backgrounds, and they held differing world views. They performed a multitude of tasks with varying degrees of skill and experience. Yet they had several things in common. They were all men and they were all white, and these characteristics placed them at the top of the southern social order. Further, they had a common purpose: to comfort and heal sick and wounded soldiers. Hospital service challenged some of these men with new tasks and new roles, making their hospital experiences distinct from those of medical officers and white women.

Hospital chaplains, of all the non-professional staff members, had the clearest mission: to guard and guide the spiritual well-being of sick, wounded, and dying soldiers. A Confederate congressional act of April 1862 provided for the appointment of chaplains to military hospitals, yet their appointment came with neither officially prescribed duties nor authorized uniforms or insignia. Chaplains held the rank of captain and earned \$80 per month, but they had no command authority. Yet medical officers valued chaplains' contributions because spiritual guidance improved patients' morale and “the order, discipline & good morals” of the hospital. To accomplish this, chaplains often forged individual relationships with hospital patients. In Griffin, Georgia, for example, the head surgeon expected the hospital's chaplain “to visit the different wards, and administer such

consolation and advice as is becoming his position.” In Cherokee Springs, Georgia, a matron noted that Chaplain Green was “very attentive” and “constantly visiting the men.” This personal contact allowed some chaplains to become fatherly figures to the patients, kindly but firmly admonishing and encouraging them. J. H. M’Neilly, a chaplain assigned to a Mobile general hospital, remembered profanity “as one of the most common vices of the men.” The chaplain discovered that when he played a game of marbles with several convalescent patients, it “almost broke up the habit of swearing among them” and noted that he “gained great influence with the men by mingling with them in their innocent sports. . . . They would not allow [swearing] when I was around.”¹

Chaplains also used their daily visits to the wards as an opportunity to distribute religious tracts. Pamphlets ranging between four and eight pages in length, these tracts warned soldiers about the evils of swearing and playing cards. One denounced “the awful imprecations, damn and damnation” because “swearers” would be “deprived of eternal happiness” and “plunged into eternal misery. . . . The more oaths, the more misery, and, perhaps, the sooner thou mayest be in hell.” Another tract condemned card playing because it would “ruin the soul” and argued that “religion and card playing are . . . inconsistent with each other.” Because card playing invariably led to “profane swearing and intemperate drinking,” the tract’s author urged readers to “burn your cards, and buy a

¹ Steven E. Woodworth, While God is Marching On: The Religious World of Civil War Soldiers (Lawrence: University Press of Kansas, 2001), 145; Herman Norton, Rebel Religion: The Story of Confederate Chaplains (St. Louis: Bethany Press, 1961), 22; Matthews, Statutes at Large, 42; W. A. Carrington to E. Gaillard, 2 November 1862, Roll 49, CSR; C. L. Herbert, “Rules and Regulations for Catoosa Hospital, Griffin, Georgia” (n.p., n.d.), Folder 14, Box 13, Medical and Hospital Collection, MOC; Cumming, Journal of a Confederate Nurse, 130; Rev. J. H. M’Neilly, “End of Vicksburg Campaign,” Confederate Veteran 28 (1920): 98.

copy of the New Testament.” Hospital chaplains also used religious tracts as vehicles to guide patients’ spiritual growth, hoping to turn their attention from worldly suffering to heavenly rewards. One, entitled “In the Hospital,” urged patients to “consider . . . that you are where you are, and as you are, by the will of God. . . . You are then bound, as a creature and subject, to submit cheerfully to the will of your Creator and Sovereign.” Chaplains urged patients to reflect on their sinful lives and to realize that they were not alone in their sufferings.²

Most general hospital chaplains realized that patients welcomed the solace that religion provided, and many devoted considerable time to preaching, sensing that their listeners were ripe for conversion or spiritual rebirth. A matron described one such religious service: “The ward was filled with men dressed in all kinds of uniforms, and some, unable to be up, are in their bunks. The ward is dimly lit, but not too dim to prevent us distinguishing the faces of the men and see the eagerness with which they listen to the expounding of the word of God.” Another matron remarked that she “never saw a more attentive congregation” than the one gathered at Richmond’s Jackson Hospital in August 1863 to hear a fast-day sermon. In addition to proselytizing, in larger general hospitals, the head surgeons put chaplains in charge of institutional libraries and

² “The Swearer’s Prayer, Or, His Oath Explained,” Tract No. 72 (Richmond: Presbyterian Committee of Publication, n.d.), 2-3, Confederate Imprints, no. 4877; “Don’t Play Cards, Boys,” Tract No. 17 (Richmond: Presbyterian Committee of Publication, n.d.), 5, Confederate Imprints, no. 4641; Rev. G. B. Taylor, “In the Hospital,” (n.p., n.d.), 3-4, Conf. 4883, Rare Book Collection, Wilson Library, University of North Carolina, Chapel Hill. For examples of tracts dedicated to hospital patients’ spiritual welfare, see “A Word of Comfort for the Sick Soldier,” Tract No. 86 (Richmond: Presbyterian Committee of Publication, n.d.), Confederate Imprints, no. 4937; and “The Wounded; Or, A Time to Think,” Tract No. 25 (Richmond: Presbyterian Committee of Publication, n.d.), Confederate Imprints, no. 4943. An analysis of the content of religious tracts from the patients point of view can be found in chapter five.

reading rooms. Chaplains often wrote letters home for sick patients. Elizabeth Phifer received one such letter, written by the Rev. William L. Lacy for her son, a patient in a Petersburg general hospital. In a return letter, Phifer expressed her happiness that the boy “felt himself in the hands of God & willing to be dealt with as He sees fit.” Finally, hospital chaplains frequently counseled and comforted soldiers on their death beds. Kate Cumming reported that Chaplain Moore established a relationship with one John Patterson, speaking “to him on the subject of religion” and asking him whether he had “made up his mind to live for God.” When Patterson lay dying in his Newnan, Georgia, hospital bed, he asked for Moore, who “prayed and talked with him” until the end. Few chaplains, on entering hospital service, could have been fully prepared for the suffering and death that they would witness every day. For one, these bedside visits were wrenching experiences because he “never felt I knew before how awful was the responsibility, how hard the work of directing the thoughts of the sick and dying.” Chaplains also performed graveside services for those who died in military hospitals. In Newnan, Georgia, Chaplain Moore conducted short services for “all the men” of the hospital and saw that “head-boards [with] the occupant’s name and regiment” were inscribed and placed on each grave.³

In addition to the chaplains, white male nurses, cooks, ward-masters, and stewards

³ Cumming, Journal of a Confederate Nurse, 179, 187-88, 206-207; McGuire, Diary of a Southern Refugee, 237; Drury Lacy to daughter, 8 May 1864, Folder 16, Drury Lacy Papers, SHC; Elizabeth C. Phifer to son, 9 July [1864], Folder 4, Phifer Family Papers, SHC; Woodworth, While God is Marching On, 153; Norton, Rebel Religion, 60; W. L. Lacy to Bess, 13 March 1863, Folder 15B, Drury Lacy Papers, SHC.

cared for sick and wounded soldiers. The Confederate Medical Department, however, was unprepared for the huge influx of sick and wounded soldiers following the war's initial battles in the eastern and western theatres, and thus these male employees were often in short supply and almost always inexperienced. An observer at a Charlottesville, Virginia, military hospital was horrified to learn that not a "single nurse or attendant" had been sent to care for those soldiers wounded at First Manassas. Kate Cumming observed in the aftermath of the battle of Shiloh that even when soldiers were assigned to the hospital as nurses they were generally useless because they were "detailed from the different regiments. . . . We have a new set every few hours."⁴

During the first two years of the war, detailed soldiers served as stewards, ward-masters, nurses, and cooks in most Confederate military hospitals. George Washington Miley, a private in the 10th Virginia Infantry, was detailed to accompany the wounded from the battle of Second Manassas to a Charlottesville general hospital. Although he longed to "share the trials of [his] comrades" in the field, Miley acknowledged that his assignment was important, for if he left the hospital, "then no one would be here to nurse those who are now under my charge, and it would be a violation of duty to leave them." Military personnel were used as hospital workers in both the eastern and western theatres. Mid- to late-1862 saw detailed soldiers serving as stewards and ward-masters in Richmond's Chimborazo Hospital and as nurses in Atlanta's General Hospital No. 1, to

⁴ L. M. Blackford to mother, 26 July 1861, in Gemmill, "Charlottesville General Hospital," 115; Cumming, Journal of a Confederate Nurse, 16.

cite just two examples.⁵

Yet as Kate Cumming observed, the practice of detailing soldiers to serve as temporary hospital workers was inefficient. Medical officers were exasperated by the soldiers' inexperience and coarseness. Dr. James DeVotie, head surgeon of a Danville, Virginia, general hospital, arrested and sent one nurse back to the field for cursing at a patient and condemned the rest as "rough country crackers who have not enough sense to be kind." Several months later, the same officer complained that he had "miserable nurses" who did not "know castor oil from a gun rod nor laudanum from a hole in the ground." While DeVotie and other medical officers struggled, members of the special congressional committee appointed to examine the medical department wrote in early 1862 that they were "deeply impressed with the inadequacy of the preparations and provisions for the comfort of the sick soldiers." This dissatisfaction led to the passage, on September 27, 1862, of "An act to better provide for the sick and wounded of the Army in hospitals." Army General Orders No. 95, which subsequently implemented the act, mandated the employment of one ward-master for each ward of 100 patients at a salary not to exceed \$25 per month and as many nurses and cooks as "necessary for the proper care of the sick" at the same salary, with preference given to females "when their services may best serve the purpose." If the hospital's head surgeon could not secure enough civilian employees, he was authorized to permanently detail "skillful and competent"

⁵ G. W. Miley to Tirzah, 8 September 1862, Folder 1, Section 1, George Washington Miley Papers, VHS; Chimborazo Hospital No. 1, Richmond, Virginia, 1 July-1 September 1862, Box 8, General Hospital No. 1, Atlanta, Georgia, 22 September-1 October 1862, Box 3, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA.

soldiers. As noted in previous chapters, General Orders No. 95 began the effort to improve Confederate hospital care. Although it revolutionized Confederate military hospitals by granting women official status as hospital workers, it did not initially solve staffing difficulties.⁶

The problem was that although General Orders No. 95 attracted hundreds of female employees to general hospitals, it did not entice many white men. This was due in part to the dearth of available men. The Conscription Act of April 1862 made those between the ages of 18 and 35 liable for military service, and many or most of those not subject to the act had pressing obligations at home. As a result, medical officers were forced to rely on detailed soldiers and slaves to fill general hospital positions. The Cannon General Hospital in Dalton, Georgia, for example, employed eight detailed nurses, eight slave nurses, and no civilians. Even the large Chimborazo Hospital No. 2, located in the heart of the Confederate capital, attracted the services of only nine white male civilians, forcing the head surgeon to employ seven detailed and forty-seven African-American nurses.⁷

In response to the continuing military manpower shortage, Confederate officials took steps to increase the number of men in the field. In September 1862 the surgeon general issued a circular ordering “competent Medical Officers” to conduct an

⁶ J. H. DeVotie to mother, 6 July 1862 and J. H. DeVotie to father, 28 September 1862, Folder 2, Box 1, DeVotie Papers, Duke; O. R., Series 4, 1: 887 and Series 4, 2: 209-10.

⁷ Matthews, Statutes at Large, 30; Cannon General Hospital, Dalton, Georgia, 1 June-31 June 1863, Box 2, Chimborazo Hospital No. 2, Richmond, Virginia, 1 September-1 November 1862, Box 9, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA.

“immediate and thorough examination of all nurses, ward-masters, cooks, clerks, and employees” serving in military hospitals. Employees fit for service in the field were supposed to be replaced by “conscripts incapacitated for active military service.” Reluctance on the part of head surgeons to follow this order prompted a similar directive from the office of the adjutant and inspector general. Issued on July 8, 1863, General Orders No. 96 stated that “as far as practicable” detailed soldiers fit for field service should be relieved by men unfit for such duty. The surgeon general issued several more directives to implement General Orders No. 96 in military hospitals. One required that all enlisted men detailed for hospital duty be examined by a board of surgeons; those “not positively disqualified” for field service were to return to their commands. Another decreed that, except for hospital stewards, no able-bodied white male civilian or detailed soldier between the ages of 17 and 45 “will be retained in any capacity in or about hospitals, but will return to their commands if soldiers, or [be] turned over to Conscript Officers if liable to conscription.” Finally, to prevent soldiers from falsifying official documents, the surgeon general instructed head surgeons to destroy each soldier’s order of detail on his return to the field.⁸

Some head surgeons worried that these new directives would upset the routine and discipline established in their hospitals. Dr. E. B. Haywood complained to the surgeon general that it would be “impossible to keep a hospital in fine order and the patients well

⁸ S. P. Moore, Circular, 24 September 1862, Confederate Imprints, no. 931R; O. R., Series 4, 2: 618-19, 669, 712-13; S. P. Moore, Circular, 22 September 1863, Confederate Imprints, no. 978. Factors leading to Confederate military personnel shortages include the expiration of one-year terms of service and an incomplete sense of Confederate nationalism. See Davis, Look Away, 225-26; and Emory M. Thomas, The Confederate Nation: 1861-1865 (New York: Harper & Row, 1979), 152-55.

cared for with broken down disabled men.” Their infirmities, according to Haywood, were only part of the problem. Those assigned to hospitals due to permanent disability “know that they are not likely to be returned to the field, and therefore do not exert themselves to please.” Detailed soldiers, on the other hand, were “much more easily managed and ten times as efficient” because the threat of being returned to the field kept them active and obedient. In fact, Dr. Haywood fought desperately to keep those employees he deemed irreplaceable. When Private R. E. Moffitt was ordered to rejoin his command, Haywood appealed to the medical director of North Carolina hospitals, begging him for a reprieve: “I particularly desire [Moffitt’s] services here, where he has proved himself to be a faithful and energetic attendant and has discharged his duties with skill and industry, and to my entire satisfaction.” For Haywood and other medical officers, however, military needs deprived them of valued hospital employees. Yet despite their unhappiness, most medical officers complied with the surgeon general’s orders. In October 1862, for example, Virginia’s hospital inspector sent the surgeon general a list of able-bodied men employed in hospitals “whose places can be filled with Conscripts not fit for field service.”⁹

W. W. Pitts, a nurse in a Columbus, Georgia, hospital, and T. A. Johnson, a ward-master in Charlottesville’s General Hospital No. 1, were two of the scores of conscripts employed in military hospitals. They received room and board and wages of \$18.50 per

⁹ E. B. Haywood to S. P. Moore, 8 October 1863, Section A, John and Edmund Burke Haywood Papers, Duke; E. B. Haywood to P. E. Hines, 17 February 1865, Order and Letter Book, General Hospital No. 7, Raleigh, Folder 355, Box 30, Haywood Papers, SHC; T. H. Williams to S. P. Moore, 13 October 1862, Letters Sent by Surgeon Thomas H. Williams, Inspector of Various Hospitals in Virginia, 1862 (vol. 366), Records of the Confederate Medical Department, NA.

month. In order to obtain the services of Pitts, Johnson, and other conscripts, the head surgeon of each institution usually contacted the local conscription officer and requested that the number of men he needed be sent to his hospital. This request was supposed to specify “the nature of the duty, in order that assignment may be made from the class of conscripts” most suitable for the job. Whenever practicable, head surgeons applied for conscripts “of known capacity and integrity.” Sometimes medical officers resorted to other means to get men they wanted. The head surgeon of a Macon, Georgia, general hospital needed a gardener. A man by the name of Milne, a pre-war friend of the surgeon’s, expressed his willingness to supply the plot and to “devote all his labor to raise vegetables for the Hospital.” However, Milne was currently a conscript laborer at a local armory and could be released from that duty only if he was replaced by another worker. Undaunted, the head surgeon came up with a solution. In his hospital was a Yankee deserter named Cole who, “in a moment of inebriation enlisted in Co. A 66 Ga. Regt.” Because he was “fearful of going to the front and of being taken by the Yankees,” Cole agreed to swap places with Milne, thereby giving the general hospital a gardener.¹⁰

After the army severely limited the number of soldiers released by medical discharges, most military employees in general hospitals were disabled soldiers detailed to permanent hospital duty. Joseph Terry, for example, a soldier in the 47th North Carolina, was retired by a medical examining board, recommended for hospital duty, and

¹⁰ Cairns General Hospital, Columbus, Georgia, 1 August-3d August 1864, Box 2, General Hospital No. 2, Charlottesville, Virginia, 31 August-31 October 1863, Box 18, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; S. P. Moore, Circular No. 13, 4 August 1864, Confederate Imprints, no. 999-1; J. dM. Green to S. H. Stout, 9 February 1864, Folder 7, Box 13, Stout Papers, MOC.

ordered to report to the Raleigh, North Carolina, general hospital. Some hospital staff members, it seems, were declared disabled and then employed at the same hospital. A matron in Richmond described how one man, whom she referred to as “our old Irishman,” came to her hospital as a patient and then, after being pronounced disabled, was employed as a “gardener and marketman.” J. A. Snead, a ward-master in a Lynchburg, Virginia, hospital, received a certificate of disability from the very medical officer who oversaw his subsequent hospital duties.¹¹

The disability of so many of the hospitals’ non-professional male staff must certainly have affected hospital routine. At St. Mary’s Hospital in Dalton, Georgia, eight out of the twenty white non-professional staff members suffered from bullet wounds to the extremities. Four of the eight at Richmond’s Chimborazo Hospital No. 1 were detailed on a surgeon’s certificate of disability as a result of unspecified medical ailments. Kate Cumming, in Ringgold, Georgia, aiding the wounded from the battle of Chickamauga, was assisted by a young Kentuckian “who was disabled by being wounded in one of his arms.” Many of these sorts of men must have found their duties very difficult. Hospital cooks, especially, needed considerable strength and dexterity to properly perform their duties. A medical department recipe for stewed beef for one hundred men, for example, directed hospital cooks (who were limited in number by regulations to one for every thirty patients) to fill a large pot with sixteen gallons of

¹¹ E. B. Haywood to W. A. Carrington, 9 January 1865, Order and Letter Book, Folder 355, Box 30, Haywood Papers, SHC; McGuire, Diary of a Southern Refugee, 334-35; W. A. Carrington to W. H. Taylor, 31 May 1863, Letters Sent, Medical Director’s Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA.

water, sixty pounds of meat, twelve pounds of mixed vegetables, nine pounds of rice, and various other ingredients. Thus cooks routinely carried large quantities of water from the well to the kitchen, carted meat from the meat-house and vegetables, rice, and other items from the pantry to the kitchen, and used knives and cleavers to cut and chop the meat and vegetables needed for each meal.¹²

White cooks were supervised by a chief matron and worked closely with slave laborers. After Lewis Gross received a medical discharge from the 10th Louisiana Infantry, he worked as a cook at a Richmond general hospital. Gross's co-workers were one female and six male slaves, each of whom earned \$25 per month for their masters, compared to the \$7.37 Gross earned. Similarly, at the general hospital in Mobile three disabled soldiers worked as cooks for \$11 per month while their nine slave counterparts garnered \$25 each. It is not known if these white cooks resisted working alongside slaves, or if they resented their inferior wages. It is clear, however, that at least one chief matron appreciated her ex-soldiers' dedication and sacrifice and recognized their humanity. Kate Cumming testified that the cooks in her Newnan, Georgia, general hospital hated bad weather. Rain, especially, kept them "up all night, trying to keep the water out of the stoves" because the kitchen had "no chimneys, and the stove pipes are put through the roof without an elbow or any covering." Apparently, the cooks triumphed over adversity, for according to Cumming "no matter what happens, the breakfast is

¹² St. Mary's Hospital, Dalton, Georgia, 31 December 1862-31 January 1863, Box 2, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; Chimborazo Hospital No. 1, Richmond, Virginia, Return of Civil and Military Officers on Duty, 23 November 1864, Box 8, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; Cumming, Journal of a Confederate Nurse, 146-47; Chisolm, Manual of Military Surgery, 66, 77; Regulations for the Medical Department, 73.

always ready at the right time.”¹³

Hospital nurses, too, needed strength and stamina to do their jobs. Most general hospital head surgeons appointed one chief nurse to exercise “supervision and general responsibility” over the patients and nurses in each ward. Primarily an administrator, the chief nurse was held accountable by the ward-master for the “order, discipline, and cleanliness of the ward.” Reveille began the chief nurse’s day at 5:00 A.M. in the summer and 6:00 A.M. in the winter. Fifteen minutes later he reported for morning roll call and immediately thereafter he and the ward-master supervised the “general cleansing of the hospital.” The top of the next hour saw the chief nurse inspecting his ward and making sure that the ward nurses fed those patients too ill to take breakfast in the mess-hall. After breakfast, the assistant surgeon expected the chief nurse to accompany him on morning rounds in order to note any changes needed in patients’ diets or medicines. At 1:00 P.M. dinner was served, with supper following at 6:00. Tattoo sounded at 8:00, signaling hospital inmates to prepare for taps at 9:00, when “all unnecessary lights are extinguished and all patients must be in bed.” One chief nurse was assigned to “visit every ward every hour in the night, to inspect the fires and lights, and to see that the nurses attend to their respective duties.”¹⁴

Chief nurses had other duties besides those that were tied to the clock. According

¹³ Record of Employees and Accounts, General Hospital No. 9, Richmond, Virginia (vol. 339), pp. 15, 40, Records of the Confederate Medical Department, NA; Mobile General Hospital, Mobile, Alabama, 1 November-18 December 1863, Box 1, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; Cumming, Journal of a Confederate Nurse, 178.

¹⁴ Chisolm, Manual of Military Surgery, 74-81.

to the manual for Confederate medical officers, the chief nurse saw “that the beds [were] kept constantly arranged” and that all “chamber utensils” were cleaned immediately after each use. He also made sure that the prescriptions ordered by the assistant surgeons were taken to the dispensary, filled by the apothecary steward, and administered to the patient at the proper time. To insure that each patient received the correct prescription, the chief nurse of each ward labeled the medicines “with the dose, periods for administration, and the name of the patient for whom it is intended” and placed it in “a proper receptacle.” He also posted the army’s standard “Time Table of the Hours at which Medicines are to be given” and made sure that the nurses under his charge adhered to this schedule. As was the case with other hospital employees, the occurrence of a battle increased chief nurses’ responsibilities. During the Atlanta campaign, W. N. Tucker, the chief nurse at one general hospital, claimed to have “dressed the wounds of four hundred men” during one twenty-four-hour period. Tucker, medically discharged from the 5th Georgia Infantry, received \$7.50 per month in his capacity as chief nurse; his civilian subordinates—ward nurses like A. J. Denton and Daniel O’Neal—earned \$18.50. Despite the difference in pay between military personnel and civilian employees, the chief nurse wielded considerable power in the ward, and medical regulations recommended that he be “sober, honest, industrious, intelligent, and take an interest in his duties.” He not only “defined the duties of his assistants,” but also had the authority to “report every neglect of duty and disobedience of orders” to the medical officer in charge of the ward.¹⁵

¹⁵ Chisolm, Manual of Military Surgery, 74-75; S. P. Moore, Circular, 6 July 1863, Confederate Imprints, no. 951; Cumming, Journal of a Confederate Nurse, 197; Gate City Hotel Hospital, Atlanta, Georgia, 1 August-1 September 1863, Box 3, Hospital Muster and Pay Rolls (Entry 28), Records of the

Ward nurses answered directly to the chief nurse and were responsible for meeting the basic needs of ten patients at a time. Of all hospital workers, ward nurses had the most daily contact with sick and wounded soldiers. Disabled military personnel and civilians whose age exempted them from conscription comprised a small portion of each hospital's nursing corps. The general hospital in Augusta, Georgia, for example, employed Edmund Flynn and Patrick Gleason. Flynn, a native of Ireland, was wounded in action at Santa Rosa, Florida, and detailed for hospital work after his recovery. Gleason, a resident of Augusta, was a fifty-two-year-old porter who probably sought hospital employment out of financial necessity. Nursing was perhaps the least desirable job for whites inside the Confederate hospital because some tasks demanded brute strength. General duties included "sweeping, scrubbing, [and] cleaning of windows," jobs made more difficult in the aftermath of battle, when nurses pulverized charcoal to treat the wounded. When hospitals had more patients than beds, nurses were forced to treat their patients in tents. One matron reported that on windy nights, the nurses were "compelled to sit up and hold on to the tent-poles to prevent their being blown down." When gangrene spread into the circulatory system of a young Texan, his nurses had to apply constant pressure to an artery in order "to save him from instant death." Yet strength alone did not heal all patients; in some cases, it was detrimental. When one nurse attempted to put a female victim from Richmond's ammunition factory explosion into a "more comfortable position," he jerked her so hard that her "head dislocated from

Confederate Medical Department, NA.

her neck,” an injury that proved fatal.¹⁶

Nursing was a less-than-desirable position also because it placed men in unfamiliar roles. Indeed, the nurse-patient relationship resembled that of mother and child, especially if the patient was bed-ridden. Because nurses were “responsible for the cleanliness of their patients,” they bathed them once a week and washed their face and hands and combed their hair daily. When a non-ambulatory patient needed to urinate or defecate, the nurse helped him use a bed-pan, getting rid of its contents immediately. If a patient soiled his clothing or bedding, then the nurse changed it “without delay.” Further, nurses administered medicine according to the doctor’s instructions and fed those patients unable to walk to the mess-hall. Yet even in the performance of these simple tasks, nurses risked drawing the ire of their superiors. One medical officer, for example, threatened to send a nurse “to the guard house” if he continued to supply his patients with food “not approved by the ward surgeon.” Finally, in addition to exacting medical officers, nurses dealt intimately and daily with suffering and death. When Alabamian John Munroe died in a Newnan hospital, his nurse wrote to give his wife the sad news. Several weeks later, the nursing corps of this same hospital contended with the deaths of two of their own who died from the effects of double pneumonia and a sore throat,

¹⁶ General Hospital, Augusta, Georgia, 14 April-1 June 1862, Box 2, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; Edmund Flynn, p.104, Chatham County, Georgia, Roll 115, 1860 Federal Census of Free Population; Lillian Henderson, Roster of the Confederate Soldiers of Georgia, 1861-1865, 5 vols. (Hapeville, GA: Longing & Porter, Inc., n.d.), 1: 665; Patrick Gleason, p. 812, Richmond County, Georgia, Roll 135, 1860 Federal Census of Free Population; Chisolm, Manual of Military Surgery, 75-76; Cumming, Journal of a Confederate Nurse, 182, 173-74; J. M. Holloway to Annie, 11 April 1863, Folder 4, Section 1, Holloway Papers, VHS.

respectively.¹⁷

Hospital nurses were supposed to “obey strictly” the orders of the ward-master who in turn was “required to obey all orders of the Surgeon in Charge of his ward and the Hospital Steward.” The ward-master position entailed mainly clerical and supervisory duties. One ward-master explained his position to his wife thus: “I just have to superintend the Ward and see that every thing is done in order.” The typical ward-master began his day by “having all the wards and the grounds surrounding the buildings swept, and the dirt collected in piles ready for removal.” One ward-master in the Petersburg General Hospital made sure that the floor in his ward was “rubbed with dry sand every mornin” and swept “four and five times a day.”¹⁸

Ward-masters also accompanied the assistant surgeons on their morning rounds in order “to carry the Prescrip[tion] book to the drug store [to] get the medicines and then order the nurses to give it and see that it is done.” They kept a record of the furniture, bedding, and cooking utensils distributed to the ward by the steward and gave him a weekly written statement detailing their condition and use. From this supply he equipped the matrons with the articles that “the comfort of the sick” required. When the head

¹⁷ Chisolm, Manual of Military Surgery, 74-75; S. H. Stout, “Some Facts of the History,” pt. 10 Southern Practitioner 24 (March 1902): 162-63; Cumming, Journal of a Confederate Nurse, 170, 179-80. Many historians have noted how race and gender determined the type of labor performed by nineteenth-century southerners. White men focused on labor outside the home while women devoted themselves to domestic tasks like cooking, child care, and washing clothes. See, for example, Clinton, The Plantation Mistress, 7, 14-15, 17-22; Fox-Genovese, Within the Plantation Household, 113, 159-60, 171; and McCurry, Masters of Small Worlds, vii-viii.

¹⁸ Herbert, “Rules and Regulations for Catoosa Hospital,” MOC; W. A. Roberts to wife, 15 December 1863, Folder 3, Box 1, William Anderson Roberts Papers, Duke; Chisolm, Manual of Military Surgery, 72; G. K. Briggs to sister, 27 August 1864, George K. Briggs Papers, Duke.

surgeon assigned a new patient to the ward, the ward-master escorted him to the proper bed and collected and stored the patient's personal effects. He kept track of the number of vacant beds in the ward by keeping a register of the patients' names. Further, the ward-master usually had the last contact with patients when they left the hospital—whether alive or dead. Soldiers returning to their regiments gathered at the hospital's office, whereupon the ward-master conducted them to the nearest train depot; those returning home surrendered to the ward-master "all government property." If a patient died in his ward, the ward-master pinned his name, rank, company, regiment, and the number of his hospital bed, ward, and division to his chest before having him removed to the dead-house. At one Georgia hospital it was the ward-masters' duty "to attend the burial of all soldiers who die in their wards." At the Winder General Hospital in Richmond, a North Carolinian who witnessed his nephew's final hours observed that "the ward master appeared to give him all the attention he could in his circumstances. He promised me the spot where he was laid should be marked."¹⁹

Although in some respects unpleasant, ward-master duties were fairly easy compared to those of cooks and nurses, and many hospital employees undoubtedly aspired to the position. It is likely that head surgeons dangled ward-master positions like carrots to encourage good working habits among the nursing corps. Evidence suggests that most hospital ward-masters were disabled soldiers who originally worked as hospital

¹⁹ J. H. DeVotie to father, 9 September 1862, Folder 2, Box 1, DeVotie Papers, Duke; Schroeder-Lein, *Confederate Hospitals on the Move*, 74; Chisolm, *Manual of Military Surgery*, 73; Herbert, "Rules and Regulations for Catoosa Hospital," MOC; N. Mendenhall to brother, 29 August 1862, Folder 21, Leonidas Chalmers Glenn Papers, SHC.

nurses. Charles Schade, a forty-one-year-old member of the 11th Virginia Infantry, was detailed as a hospital nurse in September 1862. By 1863, he had risen to a ward-master position at Richmond's General Hospital No. 9. A medical officer serving in Lynchburg, Virginia, explained to his superior that he had moved a hospital nurse to the ward-master position because he was "efficient and perfectly reliable." Another disabled nurse exclaimed, "I must tell you that I am promoted to Ward Master. I now have charge of a ward." This notion of being "promoted" to ward-master seems to have enticed men to accept the positions, which had more responsibility than, but the same pay as, nursing. To be sure, some agreed to fill ward-master vacancies because it meant the end of hard physical labor. Others no doubt gained a sense of importance from their supervisory role, for ward-masters insured that "the nurses attend to their business," that the patients obeyed hospital rules, and that "the servants . . . perform any duty that may be required."²⁰

The steward's job, however, was the most prestigious of all non-professional hospital staff positions. The steward exercised more authority over daily hospital operations than anyone else except commissioned medical officers. All stewards, be they soldiers or civilians, received commissions from the Confederate Secretary of War after passing written and oral examinations. Once commissioned, stewards were "entitled to obedience from all enlisted men in hospitals—both patients, ward-masters, and

²⁰ Charles H. Schade, p. 888, Henrico County, Virginia, Roll 1353, 1860 Federal Census of Free Population; Robert T. Bell, *11th Virginia Infantry* (Lynchburg: H. E. Howard, 1985), 92; Record of Employees and Accounts, General Hospital No. 9, Richmond, Virginia (vol. 339), p. 40, Records of the Confederate Medical Department, NA; W. A. Carrington to W. H. Taylor, 31 May 1863, Letters Sent, Medical Director's Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA; G. K. Briggs to sister, 27 August 1864, Briggs Papers, Duke; J. H. DeVotie to father, 9 September 1862, Folder 2, Box 1, DeVotie Papers, Duke; H. C. Summerville to W. A. Roberts, 4 February 1864, Folder 4, Box 1, Roberts Papers, Duke.

employees.” According to medical department regulations, only men “known to be temperate, honest, and in every way reliable, as well as sufficiently intelligent” attained stewards’ commissions. Those who disobeyed the orders of the head surgeon or neglected their duties were liable to face court martial.²¹

General hospitals usually employed at least two stewards—one apothecary steward (or druggist) and one mess steward. The apothecary steward supervised the dispensary and took charge of the hospital’s medicine. His duties were relatively straight-forward: he “put up only such prescriptions as . . . written out by a medical officer” and issued “nothing unless so directed.” The head surgeon required the apothecary steward to use the dispensary’s scales and measuring devices to fill each prescription and expected him to keep the dispensary clean and orderly. On rare occasions, most often when the hospital received a large influx of battlefield casualties, medical officers asked apothecary stewards to help treat wounded soldiers.²²

The position of mess steward, on the other hand, was neither glorious nor easy. Mess stewards did not directly heal sick or wounded soldiers nor save patients’ lives; rather, they functioned mainly as hospital administrators. Mess stewards were expected to create and maintain an efficient domestic economy and thus they performed vital tasks and shouldered important responsibilities. In hospitals with more than one hundred beds, the mess steward was “responsible to the surgeon for the general administration of the hospital.” In the course of their duties, mess stewards regulated hospital lighting,

²¹ Chisolm, Manual of Military Surgery, 70; Regulations for the Medical Department, 14-15.

²² Chisolm, Manual of Military Surgery, 66, 70-71.

ventilation, and heat, kept track of hospital stores and supplies, managed the hospital fund, made all hospital purchases, received and distributed rations, and supervised kitchen and mess-hall employees as well as the hospital guard. Mess stewards' responsibilities also included the preparation of each patient's meal ticket, which they completed under the direction of the assistant surgeons. The mess steward was also expected to "visit every portion of the establishment three times every day . . . and see that everything is kept in perfect order." Finally, at sunrise and sunset, he compiled the names of absent patients and employees and reported them directly to the head surgeon.²³

While all of these duties were important, the stewards' most vital task was purchasing food and other essential items with the hospital fund. When he was the head surgeon of Nashville's Gordon Hospital, S. H. Stout sent his steward to the public market "every morning, with orders to purchase abundant supplies of vegetables, butter, eggs, and other articles for the use of the sick and convalescent." The second week of February 1863 saw a Petersburg steward buy from local farmers ten bushels of turnips, ten chickens, six bushels of sweet potatoes, twelve heads of cabbage, and thirty-three dozen eggs. When stewards could not obtain enough locally, they often sent foragers to scour the countryside for essential items like eggs, butter, and vegetables. Yet when food simply could not be found, those inside the Confederate hospital blamed the steward. One matron referred to the steward as "the man who holds the provisions" and the one "held responsible for every shortcoming by both surgeons and matrons, and more especially, by the men [patients]." Indeed, she described a "deadly antagonism" between

²³ Ibid., 70-72.

the steward and “those hungry fellows,” who saw the steward as “a cheat,” believing that he was “withholding from them the rations given out by the Government. . . . [A]nd it is his fault alone when the bread rations are ‘short.’” Given such responsibilities and potential criticism, duty as a steward could hardly be described as a sinecure.²⁴

Steward positions did, however, afford several very desirable benefits and opportunities, the most important being exemption from field duty. In fact, according to the surgeon general’s Circular No. 11 issued July 8, 1864, stewards were the only able-bodied white male hospital employees between the ages of seventeen and forty-five who were so exempt. James Collier was one steward who wanted the job for this very reason. Disillusioned after his regiment was “completely cut up” at Gettysburg, Collier tried to persuade an acquaintance to recommend him for a steward’s position. One steward at Richmond’s Camp Winder General Hospital remarked that his “situation . . . is more pleasant than any I have occupied since my connexion with the army—I have very comfortable sleeping quarters & fare exceedingly well so far as eating is concerned.” Some stewards were either bona fide or aspiring physicians. Cornelius W. Drake, steward at Chimborazo Hospital No. 1, was listed as a physician in the 1860 census. Other stewards appreciated the medical experience that their hospital positions afforded. While he was a steward in Lauderdale Springs, Mississippi, Newt Swain studied medicine under the hospital’s head surgeon. Looking toward the future, Lundsford Yandell set his sights on “the practice of medicine” and decided that a steward’s position

²⁴ Stout, “Some Facts of the History,” pt. 11 Southern Practitioner 24 (April 1902): 213-14; Adam Given Bradley, Roll 30, CSR; Tebault, “Hospitals of the Confederacy,” 501; Mason, “Hospital Scenes,” 152-53.

would help him attain that goal. According to Surgeon General Moore, students attending the Medical College of Virginia received unprecedented on-the-job training as stewards in Richmond's military hospitals.²⁵

Hospital stewards also reaped certain financial rewards from their service. Those commissioned by the Secretary of War earned \$24 per month, plus room and board. Even though his duties prevented him from enjoying "the company of the young ladies," Lucien Barnsley held onto his job in Savannah because it provided "financial benefits." Scores of hospital stewards supplemented their monthly income by placing their slaves on the payroll. At Chimborazo Hospital, for example, Steward N. G. Turnley collected an extra \$16 per month for Lucy's and Hannah's labor in the hospital wash-house while L. E. Waring pocketed \$50 in exchange for Ben's and Mosses's nursing duties. In Charlottesville, F. C. Tebbs garnered \$228.82 each month "for the hire of his servants" and Steward J. B. Slaton collected the proceeds of his bondsmen's labor in a Georgia military hospital. Yet perhaps even more important than monetary gain was being close to loved ones, and several stewards benefitted in this regard. W. A. Driskill, a steward at Shorter Hospital in Eufaula, Alabama, worked with his wife, an assistant matron. Ada Bacot complained that the presence of the steward's wife in a Charlottesville general

²⁵ S. P. Moore, Circular No. 11, 8 July 1864, O. R., Series 4, 3: 224; J. M. Collier to J. S. Wellford, 20 July 1863, Section 106, B. R. Wellford Collection, VHS; W. H. Caffee to mother, 20 September 1862, Folder 7, Box 1, Medical and Hospital Collection, MOC; Chimborazo Hospital No. 1, Richmond, Virginia, 1 July-1 September 1862, Box 8, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; Cornelius W. Drake, p. 124, Dinwiddie County, Virginia, Roll 1342, 1860 Federal Census of Free Population; Daniel, Recollections of a Rebel Surgeon, 192; L. P. Yandell to J. B. Murfree, 5 May 1863, Folder 32, Box 10, Murfree Letters, Civil War Collection, TSLA; S. P. Moore quoted in Cunningham, Doctors in Gray, 36.

hospital so distracted the man that “there are many things Marie & myself find we must direct.”²⁶

Disabled white male nurses and cooks, unlike stewards, rarely enjoyed the privilege of choosing hospital employment, but many of them came to appreciate its advantages. One nurse characterized his “appointment for Hospital duty” as “good luck,” and noted a similar sentiment on the part of a colleague, who was “afraid of having his cranium varked again, and prefers not having any more martial music made by balls.” Another nurse admitted that hospital work was “a hard and confinin business,” but concluded that it was preferable to field service because he had “the pleasure of going to meeting every Sunday and once or twice through the week.” In a similar vein, A. F. Samuels pronounced himself “pleasantly situated” in Macon, Georgia, because “among other privileges, I enjoy that of attending divine worship and listening to sacred music.” Moreover, like stewards, some disabled soldiers had the opportunity to work with their wives. When General Joseph E. Johnston sent E. D. Cozart to nurse troops in Marion, Alabama, his wife, V. E. Cozart, took an assistant matron position there. Kate Cumming recorded that the hospital in Cherokee Springs, Georgia, contained several sets of spouses, including Mr. Love and wife who managed the linen-room and Chaplain Green

²⁶ Lucien Barnsley to George, 4 June 1863, Folder 9, Box 1, Barnsley Papers, SHC; Chimborazo Hospital No. 1, Richmond, Virginia, 1 March-1 May 1862 and 1 March-1 May 1864, Box 8, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; Account Book, 1861-1862, General Hospital, Charlottesville, Virginia, p. 7, Cabell Family Papers, Duke; Cairns Hospital, Columbus, Georgia, 1 August-31 August 1864, Box 2, Shorter Hospital, Eufaula, Alabama, 1 June-30 June 1864, Box 1, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; Berlin, Diary of Ada W. Bacot, 169.

and his wife.²⁷

Along with the realization that hospital service offered some benefits, there was a sense of shared identity among these men and other hospital employees and patients. Inside the Confederate hospital they worked and ate together, lived under the same roof, and confronted sickness, injury, suffering, and death every day. Their own words reveal that medical officers, employees, and patients found common ground and professed mutual admiration. One nurse praised the moral habits of his female co-workers; he observed that they were “all married and rank among the first in the village” and that they were “very pious, and meet to pray daily.” More commonly, matrons and medical officers complimented the hospital staff’s skill, dedication, and patriotism. When Charlottesville’s Monticello Hospital was particularly crowded during the spring of 1862, the staff remained undaunted. During this period, one matron remarked that she had “never seen kinder & more attentive nurses than some of the men have proved themselves.” She singled out two in particular who had “done their duty faithfully” and observed that the head surgeon told one that “he deserved a medal.” Later, after receiving an unexpected influx of sick soldiers, the matron pronounced the hospital’s ward-master “indefatigable” because “he arranged every thing in the shortest time & most approved way.” Head surgeon E. B. Haywood routinely praised his detailed nurses as “intelligent,

²⁷ G. W. Miley to Tirzah, 23 August 1863, Folder 2, Section 1, G. W. Miley to Tirzah, 10 November 1862, Folder 1, Section 1, Miley Papers, VHS; J. H. Fryar to Rebecca, 19 July 1862, Folder 3, Box 17, Medical and Hospital Collection, MOC; A. F. Samuels to grandma, 22 October 1864, quoted in Smith, Soldier’s Friend, 279; Marion Hospital, Marion, Alabama, 1 January-31 January 1864, Box 1, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; E. D. Cozart, p. 197, Drew County, Arkansas, Roll 41, 1860 Federal Census of Free Population; Cumming, Journal of a Confederate Nurse, 128-31.

well trained, and faithful” and told the surgeon general that “their good nursing has saved many a valuable life during the war.” When one nurse was permanently discharged from hospital duty because of illness, the doctor assuaged the man’s guilt by reminding him that he had “acted the true patriot’s part and have done what you could to serve the defenders of your Country.”²⁸

The sense of community among white male staff members and other employees was manifested not only in their words but also in their deeds. During a lull in hospital admissions, the staff of Richmond’s General Hospital No. 2 socialized with one another, played cards, and speculated “about the possibility of [the hospital] being broken up.” E. S. Smith, the steward at a Petersburg general hospital, wrote a letter of recommendation for a ward matron, noting that he had known the woman “for nearly two years” and that she “has given good satisfaction.” When Susan Smith left the general hospital in Tunnel Hill, Georgia, the stewards and ward-master expressed their “regret . . . to have to bid you adieu, after so many months of pleasant association together.” The chaplain at a Danville, Virginia, hospital felt close enough to one assistant matron that he asked her to act as “sponsor at the baptism of [his] baby,” which she did. Another chaplain’s wife reported that the head surgeon at General Hospital No. 2 in Wilson, North Carolina, was “quite overpowering in his kindness and he will have any thing done for us. . . . He helps us in a hundred little ways.” Even when threatened with losing his place in the hospital, a

²⁸ G. W. Miley to friend, 23 September 1862, Folder 1, Section 1, Miley Papers, VHS; Berlin, Diary of Ada W. Bacot, 103, 115; E. B. Haywood to S. P. Moore, 8 October 1863, Order and Letter Book, General Hospital No. 7, Raleigh, North Carolina, Folder 355, Box 30, and E. B. Haywood to Samuel Hunter, 16 September 1863, Folder 234, Box 24, Haywood Papers, SHC.

ward-master accused of drinking whiskey set aside for medicinal use refused to reveal the true culprit—the assistant surgeon in charge of the ward.²⁹

White male hospital employees also manifested deep concern for their patients' welfare. When a member of the staff at a Ringgold, Georgia, hospital found out that an "Irishman was fast passing away, and earnestly desired to see a priest," he jumped on a horse and rode twelve miles through the snow to fetch one. A ward-master from the same hospital volunteered to play the violin and the piano at a "concert given by the ladies of [the community] for the benefit of the wounded."³⁰

Not a few male employees forged good friendships as a result of their hospital service. Shortly before his death, a patient in Chattanooga's Newsom Hospital "gave his watch to his nurse" to express his appreciation for the nurse's companionship and kindness. A nurse at a general hospital in Mt. Jackson, Virginia, sadly recorded the death of Assistant Surgeon John A. Nelson, whom he described as "an intimate friend of mine." After the war, one ward-master at a Ringgold hospital secured a music professorship as a result of the head surgeon's recommendation.³¹

The bonds established inside the Confederate hospital were illustrated also by the use of nicknames, which expressed a sense of common experience and shared identity

²⁹ J.M. Holloway to Annie, 17 February 1863, Folder 4, Section 1, Holloway Papers, VHS; E. S. Smith to P. E. Hines, 11 September 1864, Folder 238, Box 25, Ernest Haywood Papers, SHC; C. O. Sissions, W. O. Crocker, and W. C. Singletary to Mrs. Smith, 23 February 1863, quoted in Smith, Soldier's Friend, 219-20; Johns, "Hospitals at Danville," 227; M. R. Lacy to Bessie, 9 March 1864, Folder 16, Box 1, Lacy Papers, SHC; Pember, Southern Woman's Story, 53.

³⁰ Beers, Record of Personal Experience, 85; Cumming, Journal of a Confederate Nurse, 194-95.

³¹ Cumming, Journal of a Confederate Nurse, 110, 182; G. W. Miley to Tirzah, 15 October 1863, Folder 2, Section 1, Miley Papers, VHS.

because the appellation's meaning was clear only to those associated with the hospital. The staff and patients of a Newnan general hospital referred to one nurse as "rough diamond" because he was "so rough-looking, and seems to have such a kind heart. He thinks nothing a trouble which he has to do for the wounded." The patients at this hospital were also fond of a nurse named Harper; they told the matron "that it annoyed them to see him work as much as he does." Fanny Beers remembered that the man placed in charge of the linen room in Ringgold—a disabled soldier named Blandner—"was dubbed by the surgeons General Blandner" because he was very organized and methodical. Further, the "laundresses, with whom he was always in 'hot water'" were known as "Blandner's Brigade."³²

Hospital employees exhibited their sense of common purpose especially in times of trial. Hospital unity was particularly evident in the wake of battle or when the hospital was threatened by the approach of Union soldiers. The battle of Murfreesboro in early January 1863 threw the employees of Chattanooga's Newsom Hospital into a flurry of activity. As the wounded arrived in droves, one employee recorded that "every corner of the hospital is filled with patients." The place became so crowded that "the attendants had to give up their beds for them." Employees labored day and night to ease the patients' suffering, resulting in long hours for all. The hospital cooks toiled "for two or three nights in succession; the surgeons and nurses the same." Fighting near Dalton, Georgia, in the spring of 1864 drove the employees of Atlanta's Gate City Hospital to

³² Beers, Record of Personal Experience, 75-76.

exhaustion. There, Kate Cumming observed that “every one in [the hospital] looked wearied and worn out with the constant work which they had to do.” Hospitals in close proximity to military operations were dangerous places, causing employees fear and anxiety. During the battle of Mobile Bay, one nurse at Point Clear Hospital was killed when a cannon ball ripped through the building.³³

The presence of federal troops upset hospital routine and sparked panic and chaos, yet hospital employees worked together to meet the crisis. During the Atlanta campaign, hospital workers in Newnan, Georgia, “all went to work to prepare for the enemy’s reception.” To prevent the capture of valuable hospital supplies and personnel, medical officers typically ordered their removal. In Newnan, “the first thing done was to send into the woods the negroes, poultry, cattle, convalescents, and all the nurses, excepting those actually needed to take care of the sick.” Employees loaded medical supplies on a wagon that was “sent to parts unknown.” The hospital’s large supply of whiskey particularly troubled the staff because “if the enemy should get it they would act worse than without it,” so employees hid it in the woods. Meanwhile, assistant surgeons, stewards, and other employees armed themselves to meet the foe until “joyful tidings arrived that General Johnston had sent cavalry and driven them back.” Not all hospital employees, however, escaped the federal onslaught during the campaign. Yankees captured the steward of a Rome, Georgia, general hospital and sent him to a military prison at Camp Chase, Ohio, where he remained until the end of the war. The ward-master and nurses at a Covington,

³³ Cumming Journal of a Confederate Nurse, 84, 199; Donald, “Alabama Confederate Hospitals,” 67.

Georgia, hospital met a similar fate. Only one employee escaped capture because he “was smart enough to play off as a patient.” These and other nurses and convalescent patients who fell into Union hands were sent to “Camp Morton, Indianapolis, as prisoners of war.”³⁴

Yet this sense of common purpose and group identity forged through close working relationships and by confronting a common foe did not entirely eliminate conflict between military hospital employees or between them and their superiors. For one thing, some male employees had a hard time reconciling themselves to hospital matrons’ authority. Kate Cumming had a “slight quarrel” with a ward-master because he objected to her rearranging the patients’ beds without his permission. In Charlottesville, another ward-master was annoyed because “the Ladies have imposed upon me the duty of performing a good share of the work in the clothez room.”³⁵

Such conflicts sometimes provoked the threat of a court martial or other punishments. When hospital steward M. C. Wilson refused to perform his duties and was “disrespectful to the lady officers” at a Lynchburg hospital, he was informed “that a continuance on his part of such conduct will render him amenable to trial by Court-Martial.” One week in April 1864 saw both hospital stewards at the general hospital in Harrisonburg, Virginia, threatened with military tribunals: one because he had “not been

³⁴ Cumming, Journal of a Confederate Nurse, 210-11; Beers, Record of Personal Experience, 141; J. A. Rogers to Papa, 28 April 1864, Folder 14, Box 11, James A. Rogers Letters, Civil War Collection, TSLA; Smith, Soldier's Friend, 122; James R. Maxwell, “Service of Dr. James Thomas Searcy,” Confederate Veteran 28 (1920): 250.

³⁵ Cumming, Journal of a Confederate Nurse, 33; G. W. Miley to friend, 23 September 1862, Folder 1, Section 1, Miley Papers, VHS.

at all times entirely temperate” and the other for forging a letter purportedly from two medical officers charging the head surgeon with dereliction of duty. As military personnel, hospital employees were subject to military discipline. Ruff Hicks, a nurse in Winder General Hospital, received a stiff punishment for leaving the grounds without a permit and visiting a “Whore House”: he was “taken up and lojed in the gard house and has to walk before a sentinal 16 hours in every 24 for 2 days and nights.” A co-worker reached the obvious conclusion that Hicks’s disobedience, although an adventure, “was not a very pleasant trip for him after all.”³⁶

Not all conflicts inside the Confederate hospital, however, found resolution through court martial or confinement in the guard house. The very nature of male employees’ hospital work—that of nurses and cooks especially—conflicted with their vision of who they were as men. Their daily chores must have struck them as more feminine than masculine. While nurses swept floors and bathed and fed patients, cooks carved up chickens and chopped vegetables—all tasks that were considered women’s work before the war. In her journal, Kate Cumming implicitly acknowledged that the war upset traditional gender roles and at the same time suggested how male employees adjusted: “men in the kitchen act as if that was their place,” she wrote, “and always had been.” Further, she described the emotional response she witnessed when one cook received a letter from home, which caused “tears to trickle down his cheeks.” Yet, affirming her

³⁶ T. H. Williams to R. S. Payne, 19 August 1862, Letters Sent by Surgeon Thomas H. Williams, Inspector of Various Hospitals in Virginia, 1862 (vol. 366), Records of the Confederate Medical Department, NA; W. A. Carrington to A. R. Meen, 9 April and 15 April 1864, Letters Sent and Received, Medical Director’s Office, Richmond, Virginia, 1864-1865 (vol. 364), Records of the Confederate Medical Department, NA; J. H. Kinyoun to wife, 24 August 1862, Folder 3, Box 1, Kinyoun Papers, Duke.

cooks' masculinity, she concluded that they "were manly ones, and will never disgrace the bravest and best."³⁷

Moreover, with the exception of hospital chaplains, many of the white male staff undoubtedly had trouble adjusting to their roles within the hospitals' command structure. The hierarchical nature of military hospital administration demanded that officers—not enlisted men or civilians—control each institution. Most white male employees, however, were not accustomed to following the orders of others. Thus, hospital employment challenged white male workers' manhood not only because it entailed "feminine" tasks but also because it robbed them of self-mastery. As a result, some employees directly or indirectly challenged medical officers' authority over them. Lacking the "motherly" authority of hospital matrons, male employees did not quarrel with officers' medical knowledge; rather, they questioned medical officers' patriotism and attacked their moral habits. The experience of one nurse—George Washington Miley—is a case in point.

A private in the 10th Virginia Infantry, Miley was detailed to the general hospital in Mt. Jackson, Virginia, following the battle of Second Manassas. After several months of service, he began to find fault with the hospital's medical officers. "I'm sorry to say that our officers here are not worthy of commendation," he wrote. "I really think many of them would take more pleasure in surrounding the card table, or visiting whisky saloons, than doing their country's service." He pointed out that medical officers had "the honor to occupy a high position, and one which is az absolutely necessary az that filled by officers in the field," yet on one occasion, when over one hundred sick and wounded

³⁷ Cumming, Journal of a Confederate Nurse, 98-99.

soldiers arrived at the hospital late at night, “not a single Surgeon” would leave his room to offer medical assistance. A few days later Miley charged that “some of our Surgeons would nearly as soon hear of their patients dieing as growing better. I don’t expect anything better from a set of boys that offered their service merely to escape the field.” In addition to questioning the officers’ dedication to the southern cause, Miley attacked a superior’s moral habits. The doctor in charge of the small pox patients, he noted with disgust, “doez not hesitate to pay his addresses to some of the fair sex . . . aand next I guess we will hear of their having it.”³⁸

With the exception of chaplains, who were often seen as “fatherly” figures, most white male employees did not fit easily into the familial setting created inside the Confederate hospital by medical officers and matrons. Yet nurses, cooks, ward-masters, and stewards performed tasks vital to healing sick and wounded soldiers, and thus were valued members of the hospital community. There was among all white hospital officers and staff a common identity and sense of purpose, based partially on race and partially on shared experience, that eased the frictions generated in the unique and challenging world of the Confederate general hospital.

³⁸ G. W. Miley to Tirzah, 2, 10 November, 13 December 1862, Folder 1, Section 1, Miley Papers, VHS.

Chapter Four

“A negro is a negro at best, and nothing more”: African-American General Hospital Workers

African-American hospital laborers—slaves and free blacks—provided invaluable service in Confederate general hospitals. They comprised a large proportion of the work force and performed most of the hard labor required to keep hospitals running: they worked as nurses, cooks, and laundresses and, through their labor, increased the likelihood that general hospital patients would return to health. Unfortunately, African-Americans as a group remain the most obscure of all hospital workers.¹

Most of the slaves who worked in Confederate general hospitals were not there by choice; they were either impressed by the government or placed there by their owners, who then collected the proceeds of their slaves' backbreaking labor. From the slaves' perspective, hospital work represented a major life change, for most were removed from their homes and kinship networks, placed in strange environments, and assigned difficult tasks by unfamiliar whites. For their part, whites—especially medical officers and

¹ James H. Brewer, in The Confederate Negro: Virginia's Craftsmen and Military Laborers, 1861-1865 (Durham: Duke University Press, 1969), argues that in Virginia, African-American hospital workers were an integral part of the war effort. Clarence L. Mohr, in his examination of Civil War Georgia, found that the Confederate Medical Department hired hundreds of black Georgians to work in military hospitals and argues that they “became the mainstays of daily hospital operations.” Mohr compiled data from nineteen Georgia general hospitals and calculated that blacks comprised 46 percent of workers and 80 percent of hired attendants, making them the largest single component of the hospital work force. See Clarence L. Mohr, On the Threshold of Freedom: Masters and Slaves in Civil War Georgia (Athens: University of Georgia Press, 1986), 128-29. General hospital muster and pay rolls reveal that in Alabama 337 of 460 civilian workers, or 73 percent, were slaves. See Hospital Muster and Pay Rolls (Entry 28), Box 1 and 2, Records of the Confederate Medical Department (ch. VI), War Department Collection of Confederate Records (Record Group 109), NA. Blacks remain the most obscure group of general hospital employees because none left any personal account of his or her hospital experiences that has so far been discovered.

matrons—attempted to replicate the antebellum social structure by relegating slaves to the bottom of the hospital hierarchy. Almost without exception, head surgeons assigned African-Americans the worst jobs and the worst living quarters. Matrons, who often served as the direct supervisors of black workers, generally ruled over their charges with an iron fist. As the war progressed, however, slavery gradually disintegrated, and slaves used this to their advantage. Despite the omnipresent white authority that characterized Confederate general hospitals and the fact that most slaves were not a part of the hospital community created by white workers and patients, evidence suggests that some black hospital laborers established their own community.

Free blacks experienced hospital work differently than slaves, primarily because most sought hospital employment by choice. White supervisors assigned free blacks, like slaves, difficult and unpleasant tasks, but the money that free blacks earned through hospital work was their own. Such work probably allowed them to earn more money than their pre-war occupations had, and thus hospital jobs were desirable positions. Although some free blacks were doubtlessly acquainted with their slave co-workers, on the whole free black hospital workers comprised an anomalous group: they were neither white nor slave, and thus many found themselves excluded from both the white and slave hospital communities.

There were several ways in which slaves became general hospital workers. The alarming increase of Confederate sick and wounded, combined with the critical shortage of civilian nurses and the need to release soldiers detailed in hospitals, accelerated the trend to use black labor in military hospitals. On August 21, 1861, the Confederate

Congress authorized the “employment of nurses and cooks, other than enlisted men” in Confederate general hospitals. Persons so employed were “subject to military control.” By mid-December 1861, Thomas H. Williams, medical director of the Army of the Potomac (later renamed the Army of Northern Virginia) took steps to enforce this congressional directive, which the Confederate army issued as General Order No. 13e Williams urged surgeons in charge of general hospitals “to hire civilians and Negroes as nurses” and authorized post commandants to impress free blacks if necessary. As a result, head surgeons in Virginia hospitals hired hundreds of slaves and scores of free blacks. Once the Army of Tennessee established hospitals in the war’s western theater, hospital administrators adopted a similar procedure.²

The hiring out of slaves was not a new phenomenon. One historian estimates that between 5 and 10 percent of slaves were hired out during the late antebellum period. To attract the large numbers of slaves necessary to run their hospitals, head surgeons often contracted with slave owners to hire slaves. These contracts stipulated the wage that the master would receive for his bondsman’s labor and delineated the type of hospital work the slave would perform and any other agreements between the owner and employer, such as the party held responsible in the event of the slave’s illness or injury. As one legal scholar notes, the hiring out of slaves “often generated the same rights and responsibilities as hiring a work animal like a horse or mule.” Antebellum courts held that employers should care for hired-out slaves as if they were their own property.

² O. R., Series 4, 1: 580; Brewer, Confederate Negro, 96; Schroeder-Lein, Confederate Hospitals on the Move, 77.

Common law required that employers who violated the contract reimburse owners for any injuries thereby incurred by slave employees. If a slave was injured, killed, or became sick during the performance of contractually agreed upon tasks, however, the owner usually did not recover damages. Although it was rare, some slaveowners purchased life insurance policies for their hired-out slaves. According to one historian, slave insurance companies in Virginia and North Carolina limited the amount a slave could be insured for, usually to two-thirds or three-quarters of the slave's value, not to exceed \$800. The North Carolina Mutual Life Insurance Company of Raleigh, for example, insured the lives of 969 slaves in 1863 and 819 slaves in 1864, and paid slaveowners \$24,933 for deaths during those years. It is reasonable to assume that some of the slaves thus insured worked in Confederate general hospitals.³

In larger cities like Richmond, Raleigh, Atlanta, and Mobile, it was not uncommon for slave brokers to supply slaves for hospital employment. Under this system, a slave broker would scour the area to find owners willing to hire out their slaves and, when he secured enough, would arrange for their employment *en masse*. The broker usually deducted a 7.5 percent fee from the slaves' wages to compensate him for his efforts, which included finding the slaves' employment, collecting slaves' pay and delivering it to the owner, and making sure the slaves' physical needs were met by their employer while they were hired out. Francis Gillam, for example, served as W. T.

³ Eugene D. Genovese, Roll, Jordan, Roll: The World the Slaves Made (New York: Pantheon Books, 1974), 392; Jenny Bourne Wahl, The Bondsman's Burden: An Economic Analysis of the Common Law of Southern Slavery (New York: Cambridge University Press, 1998), 50, 54-71; Todd L. Savitt, "Slave Life Insurance in Virginia and North Carolina," Journal of Southern History 43 (1977): 583-87, 594.

Sutton's slave broker during January 1863. In this capacity, Gillam delivered four of Sutton's slaves to a Raleigh general hospital and collected the \$106 due Sutton for their labor.⁴

General hospital head surgeons who failed to secure enough black laborers through contracts with slave owners or brokers sometimes placed advertisements in local newspapers. In Montgomery, Alabama, head surgeon C. J. Clark used a newspaper advertisement to try to convince slave owners to hire their bondsmen to the Madison General Hospital, emphasizing that he would pay extra for "house women," presumably because female house slaves were accustomed to close white supervision and were used to the kinds of domestic chores useful in the hospital. When the profit motive failed to convince owners to hire out their slaves, Surgeon J. H. Watters used a different strategy. Addressing a public letter to "those who desire to assist the sick and wounded soldiers," Watters begged for sixteen slaves—eight men and eight women—in order to "properly provide for those in our hospital." Appealing to the public's loyalty, he asked: "Will not the patriotic citizens assist us?" Yet Surgeon Watters and other medical officers across the Confederacy realized that impressment was necessary to keep their institutions functioning. In July 1862, when an acute labor shortage hit Virginia general hospitals, Medical Director T. H. Williams reported the situation to Surgeon General S. P. Moore thus: "it is impossible to hire nurses, and unless authority is given . . . to impress the negroes of the tobacco planters . . . I will be unable to make the necessary arrangements

⁴ Mohr, Threshold of Freedom, 103, 113; Teri Ann Finder, "Beyond Belles: Confederate Women in Hospital Work" (M.A. thesis, Florida Atlantic University, 1997), 81; Brewer, Confederate Negro, 4-5; Receipt, 12 January 1863, Folder 231, Box 24, Haywood Papers, SHC.

for the accommodation of the . . . patients.” A little over a year later, a surgeon serving in Tunnel Hill, Georgia, reported a similar situation, noting that he “could not hire cooks this morning and I pressed four negroes.”⁵

Impressment of black labor, therefore, was vital to hospital survival. From the war’s beginning, military authorities impressed slaves to serve as nurses, cooks, and laundresses in general hospitals. Until early 1863, local military authorities administered impressment according to state law. In Mississippi, for example, head surgeons were “authorized to call on Commanders of Stations and Provost Marshals to aid in the procurement of servants from masters of Slaves”; owners received compensation determined by a “Board of Survey, to consist of three disinterested and competent persons selected by the respective parties.” The need for more manpower prompted the Confederate Congress to enact an impressment law on March 26, 1863, which authorized and regulated the impressment of private property for the army’s use. The law stipulated that slaves should be impressed only when “absolutely necessary” and that “no impressment of slaves shall be made when they can be hired or procured by the consent of the owner or agent.” Further, the law ordered that owners whose property was “lost or destroyed” would receive “a just compensation.” These measures became necessary, in part, because some owners feared that lax hospital supervision or the proximity of the Union army might encourage their hired-out slaves to run away. The struggle of J. B.

⁵ Montgomery Daily Advertiser, 15 May, 15 June 1864; T. H. Williams to S. P. Moore, 1 July 1862, Letters Sent by Surgeon Thomas H. Williams, Inspector of Various Hospitals in Virginia, 1862 (vol. 366), Records of the Confederate Medical Department, NA; W. J. Burt to S. H. Stout, 12 September 1863, Folder 5, Box 13, Stout Papers, MOC.

McCaw, head surgeon of Richmond's immense Chimborazo Hospital, is a case in point. In May 1862, as a Union army approached Richmond, McCaw complained to Surgeon General Moore that he had "two hundred and fifty-six cooks & nurses in my Hospitals . . . and the owners of these slaves are threatening to remove them to the interior of the country to avoid losing them." McCaw proposed that "these servants, with as many others as may be needed, be immediately impressed, as it will be entirely impossible to continue the hospital without them. This subject requires immediate attention." Furthermore, although it was rare, general hospitals could gain black workers by re-capture from the Union army. The Conti General Hospital in Mobile listed fifteen slave laborers who were "captured from the enemy."⁶

Whether the black hospital workers were hired out by their masters or impressed by military authorities, white supervisors assigned most of them to unpleasant jobs that replicated pre-war gender roles. As a rule, black men and women performed hospital labor in sex-segregated groups. Black men were routinely assigned jobs that required considerable physical strength, such as lifting and carrying patients, digging graves, and chopping wood. For example, in Newnan, Georgia, Fannie Beers observed that black men were "constantly bearing into different wards fresh victims from the operating rooms" while others "carried off a bloody leg or arm to bury it." Dr. Edward Warren remembered that slaves in Charlottesville's general hospitals buried patients who died

⁶ F. M. Hereford, Circular, 27 May 1862, Confederate Imprints, no. 929-5; Journal of the Congress, 3: 189-91; J.B. McCaw to S. P. Moore, 17 May 1862, Letters Sent, Chimborazo Hospital, 1862 (vol. 707), Records of the Confederate Medical Department, NA; Donald, "Alabama Confederate Hospitals," 276.

from wounds sustained at the battle of First Manassas. According to the account book from that city's General Hospital No. 1, slaves earned \$.75 per day for their masters by digging graves in the aftermath of that battle. In April 1863, Kate Cumming watched a gang of slave men procuring firewood, observing that this was no easy chore because the men had to work without the benefit of saws; they labored for hours at the task, chopping down huge trees with only the aid of axes supplied by the hospital. After the logs were burned for cooking or for heating the wards, slaves gathered the ashes to make soap. Slaves assigned to the hospital soap-house placed these ashes into large kettles of lye and boiling water and stoked the fire under the kettles until the mixture hardened. Then they lifted the kettles and poured the contents onto wire racks for drying, after which they cut the slabs of soap into smaller pieces and delivered them to the wards. When the hospital's supply of wood ashes was insufficient, slaves collected and burned straw no longer fit for hospital use. In large general hospitals, especially those in and around Richmond, slave men also worked in bakeries, dairies, and ice-houses. The Chimborazo Hospital, for example, had five soap-houses and a large bakery that kept about fifty bakers busy producing 7,000 to 10,000 loaves of bread each day. Slave men at Chimborazo also cared for the hospital's 200 cows and 400 goats and farmed several acres of land surrounding the site.⁷

⁷ Beers, Record of Personal Experience, 157-58; Warren, Doctor's Experience, 273; entry of 20 September 1861, Account Book, 1861-1862, General Hospital, Charlottesville, Virginia, Cabell Family Papers, Duke; Cumming, Journal of a Confederate Nurse, 98; S. P. Moore, Circular, 26 September 1864, Confederate Imprints, no. 1050; Brewer, Confederate Negro, 97. Historians of the antebellum South have written extensively on the sexually-segregated nature of slave labor. See especially John W. Blassingame, The Slave Community: Plantation Life in the Old South, 2d ed. (New York: Oxford University Press, 1979), 179-81, 238-42; Fox-Genovese, Within the Plantation Household, 111, 142-60; Genovese, Roll, Jordan, Roll, 74, 313-21, 489-91, 495-96, 540-41; and Deborah Gray White, Ar'n't I A Woman? Female

Additionally, medical officers commonly assigned black men to serve as hospital nurses. The duties of slave nurses also demanded considerable strength. When new patients arrived, slaves carried those unable to walk from the train to wagons waiting to transport them to the hospital. Soon after arrival, slave nurses bathed each patient with a sponge or wet cloth. Every day thereafter, nurses washed the patient's face, neck, chest, arms, legs, and feet. Slave nurses were also responsible for the disposal of human waste. At one general hospital in Atlanta, nurses emptied and cleaned the privies daily. Slave nurses usually delivered the patients' daily rations. Clement Saussy remembered that in a Raleigh general hospital, a "darky" nurse delivered breakfast that consisted of "a corn pone with a slice of very fat bacon in sandwich form." White employees also required slave nurses to change the straw in the beds at least once each month. The task of scrubbing floors with sand each morning also fell primarily on slave nurses. Former medical officer Christopher Tebault remembered that in general hospitals "it was the daily custom when the weather permitted to remove all bedding from the building and expose it to the sun and air. Those too ill to leave their beds were carried out in their bunks" and placed outside by slave nurses. After the patients were removed, whites supervised the nurses as they cleaned and, occasionally, whitewashed the wards.⁸

Black men performed these nursing duties under close white scrutiny because

Slaves in the Plantation South (New York: W.W. Norton & Co., 1985), 15-17, 44, 63-79.

⁸ F. M. Hereford, Circular, 27 May 1862, Confederate Imprints, no. 929-5; Brewer, Confederate Negro, 97-98; L. T. Pim to S. H. Stout, 24 November 1863, Folder 6, Box 13, Stout Papers, MOC; Clement Saussy, "Then and Now—A Comparison," Confederate Veteran 28 (1920): 424; S. P. Moore, Circular, 6 July 1863, Confederate Imprints, no. 951; Tebault, "Hospitals of the Confederacy," 501; J. M. Holloway to Annie, 9 April 1863, Folder 4, Section 1, Holloway Papers, VHS; Smith, Soldier's Friend, 182.

neither medical officers nor the general public trusted them to care properly for patients. The head surgeon at Charlottesville's General Hospital No. 1, for example, warned the surgeon general that "servants hired as nurses. . . . are actually not reliable without supervision." A mid-1864 newspaper article echoed this concern, observing that "the servants or waiters who are left to watch and wait upon the patients need watching themselves," and suggesting that this issue "ought to be stirred up." To allay public fears that unsupervised nurses might neglect or harm sick and wounded soldiers, medical department officials urged their officers to adhere strictly to hospital regulations concerning civilian nurses. These regulations stipulated that one nurse be assigned to every ten patients. A head nurse, who was usually a disabled soldier or a civilian too old for conscription, presided over black nurses. Medical officers instructed head nurses to keep their wards orderly and clean and to report immediately "every neglect of duty and disobedience of orders" by their black charges. The head surgeon of a Griffin, Georgia, general hospital directed that "cases of neglectful conduct of any of the nurses of this Hospital towards its patients, will be reported to the Surgeon in charge of the ward, that the proper punishment be inflicted." It is not completely clear, however, what consequences neglectful or disobedient slave nurses faced. Clarence Mohr argues that Georgia's male hospital slaves were rarely whipped because labor shortages encouraged leniency. Especially in the case of male slaves, medical officers realized that the threat of punishment could make desertion an attractive option.⁹

⁹ J. L. Cabell to S. P. Moore, 21 October 1861, Letter Press Book, 1861-1862, General Hospital, Charlottesville, Virginia, Cabell Family Papers, SHC; "Report from N.C. Hospital, Petersburg," Wilmington [North Carolina] Journal, 9 June 1864; Chisolm, Manual of Military Surgery, 74; C. L.

Black men must have found hospital working conditions unsettling, to say the least. It is probable that many of the slaves working as hospital nurses had been field hands before the war and thus were accustomed to an agricultural work rhythm and routine. Moreover, while their labor before the war had demanded unquestioning obedience, many had, over time, come to know their masters' and overseers' weaknesses and discovered ways to circumvent white authority. Whether they toiled under the task or gang system, they had been able, at certain times, to escape white authority altogether. At the end of the work day, and especially on Sundays, slaves had a modicum of control over their time—they could hunt, fish, work in their garden, or slip off to the woods to worship God or engage in a friendly game of cards. Inside the Confederate hospital, however, there were no Sundays off, virtually no escape from white supervision, and, for many slaves, no family to provide comfort and solace. Male slaves, then, must have found labor in Confederate general hospitals unfamiliar, constricting, and degrading. Yet at the same time, as we shall see, slaves working in military hospitals were not simply passive victims of white oppression; over time, some found ways to exploit the transformation of slavery brought about by the war, enabling them to forge a community of their own.¹⁰

Herbert, "Rules and Regulations for Catoosa Hospital, Griffin, Georgia," Folder 14, Box 13, Medical and Hospital Collection, MOC; Mohr, Threshold of Freedom, 184.

¹⁰ Several historians argue that the Civil War eroded the master-slave relationship even behind Confederate lines. James Roark asserts that the war wrought enormous changes in plantation slavery and that impressment in particular weakened owners' mastery over their bondsmen, resulting in more theft and malingering and less diligence and deference on the part of slaves. See James L. Roark, Masters Without Slaves: Southern Planters in the Civil War and Reconstruction (New York: W.W. Norton & Co., 1977), 70-81. Clarence Mohr argues that Confederate impressment laws were one factor in the changes that slavery underwent behind the lines during the war and that although whites ultimately maintained control of the labor system, their mastery was not absolute. Slavery slowly deteriorated because the war made the self-contained plantation community and its carefully prescribed daily routine obsolete. The transfer of plantation slaves to nonagricultural jobs destabilized slavery, prompting slaves to look after their own

Although they worked just as hard as their male counterparts, female slaves in military hospitals generally performed tasks that head surgeons deemed appropriate for women—primarily cooking and laundry. Jane, Julia, and Mary were cooks at the Oliver General Hospital in Dalton, Georgia, for example, while Lucy, Hannah, and Nancy washed clothes and bedding in Chimborazo’s Division No. 1. Slave cooks like Jane and Julia toiled day after day, rising very early each morning to prepare the patients’ breakfasts, usually served between 7:00 and 7:30. Lifting huge cast-iron kettles of grits and baking great quantities of cornbread, however, were not the only physically demanding tasks that cooks performed. Under the direction of head matrons, slave cooks went to great lengths to preserve the food essential to patient care. Storing sweet potatoes, for example, was a laborious process. After finding a “high dry spot” on hospital grounds, slave women dug a hole four or five feet deep and lined the bottom with pine tags. Before putting the potatoes in the hole, they “rubbed each one with the hand, taking off all dirt and roots.” As the cooks filled the hole to within one foot of the surface, they lined the sides and top with more pine tags, then laid a wooden plank over the hole. Finally, the cooks erected a shelter “made of top fodder and corn stalks” to protect the potatoes from rain and snow. Slave laundresses, too, completed arduous tasks inside the Confederate hospital. Every day they built fires, toted water and large kettles, soaked and scrubbed filthy garments and bedding, and hefted wet clothes out of washing tubs and onto drying lines. The coming of spring only added to laundresses’ duties

interests. Some slaves, including those working in military hospitals, ignored rules and regulations and tested the limits of white mastery by slowing the pace of their work or by engaging in prohibited activities. See Mohr, Threshold of Freedom, 113, 120, 161-71, 183-85.

because that was the time to wash the blankets soiled during the winter. When these “became saturated with animal effluvia,” matrons required laundresses to rip the blankets open and remove the infected padding. Slave laundresses washed the calico and cloth and fashioned them into “light coverlets suitable for the sick during the warm season.”¹¹

Toiling summer, fall, winter, and spring, slave women worked in anonymity until they provoked the ire of their white supervisor—only then do they appear in the historical record. July 1863 saw Kate Cumming exasperated with the black cooks under her charge. In her diary she lamented that “all our cooks are negroes and I find I have much more to do than when we had our soldiers in that capacity. A negro is a negro at best, and nothing more. They have to be told the same thing every day, and watched to see if they do it then.” Such sentiments were common among white supervisors. Cumming’s attitude seems to have mellowed over time, however, perhaps as a result of working closely with black cooks in Kingston, Georgia, and elsewhere. April 1865 found her spending “an hour or two every evening trying to teach our negro women to read.”¹²

But not all such stories had happy endings. Inside the Confederate hospital, whites generally seem to have regarded their slave workers as little more than chattel. This was especially evident in cases where black hospital laborers were the legal property of white hospital employees. The experience of Savary, a black woman owned by Ada

¹¹ Oliver General Hospital, Dalton, Georgia, 31 December 1862-January 31, 1863, Box 2, Chimborazo Hospital, Division No. 1, Richmond, Virginia, 1 March-1 May 1862, Box 8, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; P. E. Hines, Circular, 2 October 1863, Confederate Imprints, no. 979; E. N. Covey, Circular, 2 May 1863, Confederate Imprints, no. 940.

¹² Cumming, Journal of a Confederate Nurse, 121, 270.

Bacot, a matron at Charlottesville's Monticello Hospital, is a case in point. During the fall of 1862, Savary's attitude toward hospital work tested her mistress's patience. Bacot complained in her diary that "Savary has been giving me trouble," and considered selling her. Although Savary's fate is unclear, Bacot continued to have problems with the slaves under her supervision. Two days later, she wrote that "the Servants are so bad & give so much trouble" that she was "much inclined" to quit the hospital. The next day, Bacot experienced "nothing but worry, worry all the morning." This time Lavinia, a slave owned by a hospital clerk, tried "to see how much trouble she could give me." When Bacot voiced her frustration to the head surgeon, he informed Lavinia's owner, who promptly "had her well whip[p]ed."¹³

The examples of Savary and Lavinia illustrate an important point: whether by actions, attitudes, or a combination of both, some slaves challenged white mastery in Confederate military hospitals. There is evidence from several hospitals across the Confederacy that slaves engaged in theft to improve their standard of living. At the Buckner Hospital in Gainesville, Alabama, Fannie Beers reported that theft of patients' clothing was rampant. After some investigation, she discovered that the slave laundresses had stolen "clothing embracing almost every article of men's apparel." After visiting the Ferguson Hospital in Lynchburg, Virginia, a hospital inspector reported cases of "dishonesty on the part of some of the negro cooks" who had "concealed rations" in their clothing. Whites were quick to label slaves not only dishonest but also negligent, and many of the incidents they described could well have been deliberate sabotage. When

¹³ Berlin, Diary of Ada W. Bacot, 142, 158.

part of a Newnan, Georgia, general hospital was destroyed by fire, the blame fell on “the negligence of a negro servant.” The matron at a Danville, Virginia, hospital reported that careless servants had broken a looking glass, a steamer, and two saucers.¹⁴

There is evidence, then, that some slaves were not contented workers or the sort whom Kate Cumming, on seeing the wood cutters described earlier, characterized as “much at home.” Although most slaves quietly carried out the tasks demanded by white hospital supervisors, anger and resentment often boiled just below the surface. A low standard of living and degrading, sometimes dangerous work undoubtedly fostered a sense of alienation among some slaves. One matron confessed that blacks at a Griffin, Georgia, general hospital “do not get near enough of such food as we have” and were forced to “dine on less than an ounce of bacon and a piece of corn-bread half an inch thick and about six inches square”— which might explain why some black cooks hid rations in their clothing. When they were not emptying privies or carting off amputated limbs or doing their other distasteful chores, slaves slept in crowded rooms that afforded little privacy. In Richmond’s General Hospital No. 4, the “colored employees” lived in “a few rooms of low pitch” in the hospital’s attic. Few whites were willing to share their better accommodations with blacks. When a ward-master “fixed a screen on [Ada Bacot’s] ward for a servant to sleep behind,” Bacot vehemently objected to “having my

¹⁴ Beers, Record of Personal Experience, 66-67; T. H. Williams to S. P. Moore, 17 October 1862, Letters Sent by Surgeon Thomas H. Williams, Inspector of Various Hospitals in Virginia, 1862-1863 (vol. 461), Records of the Confederate Medical Department, NA; Cumming, Journal of a Confederate Nurse, 185-86; “A list of Property in charge of the Chief Matron, 1st Division, General Hospital, Danville, Virginia,” Folder 2, Box 17, Medical and Hospital Collection, MOC.

ward turned into a negro house.”¹⁵

Slave workers in Confederate general hospitals sometimes got sick, and many who did undoubtedly resented the treatment they received from whites. At Richmond’s Engineering Bureau Hospital, which accommodated the city’s sick and injured “slaves impressed into service,” the medical inspector charged that the “persons and clothing of patients are very uncleanly; there being no Hospl. clothing, they are generally in their working garments. . . . I saw 3 negroes lying moribund in this condition, without beds. . . . There has been great suffering and great mortality here from these influences.” The inspector also noted that, despite the hospital’s capacity of 120 beds, the medical staff remained small—one acting assistant surgeon, one white steward, and sixteen black workers, three of whom served as cooks. Of the 861 slaves admitted to the hospital, the inspector reported, fifty-seven died, and, taking into account patients remaining there under treatment, he calculated the hospital’s mortality rate to be 10.9 percent. Considering that the mortality rate in Confederate general hospitals was 14.2 percent and that the Engineering Bureau Hospital treated cases “of disease alone,” the inspector concluded that “want of comfort and nostalgia, have increased the mortality.” He argued that slaveowners would hire out slaves more frequently if slaves’ medical treatment improved. Better hospital accommodations for sick slaves, he opined, required regulation and “skillful Commissioned Medical Officers of the regular service.” Apparently,

¹⁵ Cumming, *Journal of a Confederate Nurse*, 98, 269; W. A. Carrington to T. H. Williams, 29 December 1862, Letters Sent, Medical Director’s Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA; Berlin, *Diary of Ada W. Bacot*, 176.

medical department officials agreed. The first week of September 1864 saw four blacks under medical care at Richmond's General Hospital No. 13, and the next month, the surgeon general issued a circular directing that "certain buildings attached to general hospitals . . . be appropriated for the treatment of negroes." Although medical department regulations stated that "medical officers, where on duty, will attend the officers and enlisted men, and the laundresses authorized by law," they did not specifically address the medical treatment of slave cooks and nurses. It is likely that head surgeons sent sick slaves back to their owners, the practice commonly adopted by antebellum employees of hired-out slaves.¹⁶

The perception that they were being exploited by whites no doubt exacerbated slaves' alienation from their hospital supervisors and white co-workers. One gets the sense, from examining the available evidence, that some whites regarded slave workers as expendable. When a matron at Chattanooga's Newsom Hospital contracted typhoid fever, "a negro girl" was assigned to care for her, which was "a relief" to another matron. When a smallpox epidemic hit a Danville, Virginia, general hospital, the clothing and bedding of infected patients, rather than being burned, was "washed by slaves . . . and used as before." When there was a lull in hospital patient admissions, four slaves at Richmond's Jackson General Hospital were sent to work on the city's fortifications.

¹⁶ Waitt, Confederate Military Hospitals, 6; W. A. Carrington to T. H. Williams, 9 January 1863, Letters Sent, Medical Director's Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA; Black, "Confederate Surgeons and Hospitals," 183; Morning Report, 1 September 1864, Morning Report of Patients and Attendants, General Hospitals No. 1-4, 7-8, 10-20, 22-23, and 25-27, Richmond, Virginia (vol. 714), Records of the Confederate Medical Department, NA; S. P. Moore, Circular No. 13, 26 December 1864, Confederate Imprints, no. 1018; Regulations for the Medical Department, 11; Wahl, Bondsman's Burden, 62.

When military officials mobilized the Reserve Surgical Corps, a black “attendant selected for his efficiency” accompanied each medical officer to the battlefield. Even if their work was not dangerous, to the slaves it must have appeared never-ending. Christmas Eve, 1861, found Jake ministering to the needs of his sleepless master, Surgeon J. M. Holloway, who demanded that Jake rekindle his fire and draw his bath.¹⁷

It appears, however, that being the legal property of a hospital employee could be both a curse and a blessing for slaves. To be sure, Lavinia’s experience shows that punishment for disobedience could be swift and severe, while Jake’s illustrates that owners could be demanding and impatient task-masters. Yet the slaves who were owned by hospital personnel knew their masters and vice versa, which proved a benefit to some slaves. A few seem to have been so trusted by their owners that they gained a modicum of control over their daily lives, sometimes escaping white supervision altogether. For example, at the general hospital in Marion, Alabama, head surgeon W. A. Evans employed six of his slaves—Bob, Fred, Isham, Jim, Monroe, and Sam—in his hospital. During the fall of 1863, Dr. Evans granted Bob a brief respite from his nursing duties and sent him to roam the surrounding countryside for two days to “gather chestnuts.” Julius, Dr. J. M. Holloway’s slave, scoured the Greensboro, North Carolina, area for food in his position as a hospital forager, a task he performed without white supervision. In late 1861, Ned, the slave of hospital ward-master Robert Harllee, was sent by his master to

¹⁷ Cumming, *Journal of a Confederate Nurse*, 74; Johns, “Hospitals at Danville,” 225; F. W. Hancock to W. A. Carrington, 9 October 1864, Section 2, Folder 1, Charles Tayloe Mason Papers, VHS; W. A. Carrington, Circular, 8 May 1864, *Confederate Imprints*, no. 993; J. M. Holloway to wife, 25 December 1861, Folder 2, Section 1, Holloway Papers, VHS.

nurse one of Harllee's friends in another hospital. Ned traveled from Manassas to Richmond unaccompanied and, when he returned to Manassas, reported that Harllee's friend's "death was owing entirely to neglect, and if proper treatment had been shown him he would certainly have survived." Although it is unclear whether Ned's medical knowledge was sufficient to draw such a conclusion, at least two slaves were experienced nurses who received special positions in their respective hospitals. Violet, who was owned by a Dr. Mason, served as a ward matron in a Kingston, Georgia, general hospital, and (assuming the hospital followed Confederate medical regulations) was thus in charge of the distribution of food and medicine to patients in her ward. Willie, the property of a Dr. Kent, was trained by her master "as a nurse for his patients" and apparently served as the head nurse of one ward in the Marion, Alabama, general hospital.¹⁸

It is likely that some slave women occasionally left hospital grounds to gather herbs and plants for hospital use. Most antebellum slave women, according to historian Sharla Fett, used herbal remedies to cure the black community's sickness and injuries. Women often acquired from their elders knowledge of the healing properties and other uses of herbs, roots, barks, and leaves. Some undoubtedly put this knowledge to use in Confederate general hospitals. As discussed previously, many medicines, including chloroform, opium, and quinine, and stimulants such as coffee and alcohol remained in

¹⁸ Marion General Hospital, Marion, Alabama, 1-31 January 1864, Box 1, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; W. A. Evans to sisters, 31 October 1863, in England, Compilation of Documented Information, 17; J. M. Holloway to wife, 6 May 1864, Folder 6, Section 1, Holloway Papers, VHS; R. A. Harllee to mother, 4 December 1861, Folder 5, William C. Harllee Papers, SHC; Kingston General Hospital, Kingston, Georgia, 22 February-1 April 1863, Box 2, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; Chisolm, Manual of Military Surgery, 77; England, Compilation of Documented Information, 26.

short supply, and medical officers frequently employed substitutes. The medical director of the Department of Mississippi and East Louisiana, for example, instructed hospital head surgeons “to cause the attendants . . . to gather all useful remedies which may be found growing in the vicinity of the Hospitals . . . and employ them in the treatment of the sick.” Familiar with herbal remedies and knowledgeable about the local flora, slave women were highly useful for this important activity. In their own homes, slave women used crushed peach tree leaves to relieve upset stomachs, boiled fence grass tea to reduce fever, gathered branch elder twigs and dogwood berries for chills, and used collard leaves to cure headaches. These and other herbal remedies were listed in a supply table issued by the Confederate Medical Department in 1863, which required them to be gathered and kept in the hospital’s apothecary. Additionally, slave women probably helped gather leaves of the common elder shrub, reputed to expel “the maggot infesting wounds,” and “the herb of the Life Everlasting . . . and the leaves of Indian Corn” as substitutes for hops.¹⁹

In addition to special work assignments and duties, some slaves of hospital personnel and a few slaves of private citizens were able to negotiate with white supervisors for special favors. Brief visits home were one such favor. Bob and Matthew, two slave nurses at an Atlanta general hospital, were given twenty-four-hour passes to see their wives in early 1864, perhaps a reward for faithful service. Surgeon W. A. Evans

¹⁹ Sharla M. Fett, Working Cures: Healing, Health, and Power on Southern Slave Plantations (Chapel Hill: University of North Carolina Press, 2002), 65-72; W.eW. Anderson, Circular, 7 May 1863, Confederate Imprints, no. 941-1; Fox-Genovese, Within the Plantation Household, 169-71; Standard Supply Table of the Indigenous Remedies for Field Service and the Sick in General Hospitals (n.p., 1863), Confederate Imprints, no. 1065; E. N. Covey, Circular, 26 May 1863, Confederate Imprints, no. 942; S. P. Moore, Circular, 5 October 1863, Confederate Imprints, no. 982.

reported in mid-December 1863 that his slaves Bob and Isham were “both very anxious to come home for Christmas.” Their constant importuning finally persuaded Evans to “let them both go home” for the holiday. Sarah was “continually after” her master J. M. Holloway for a new bonnet; she eventually wore down Holloway’s resistance and he asked his wife to “make Sarah a nice” one. Surgeon Ferdinand Daniel’s slave Jim received “permission to open a barber shop on his own account” near a Covington, Georgia, general hospital. Daniel allowed the entrepreneurial Jim to keep the money he earned in this venture.²⁰

These examples reveal that white mastery inside the Confederate hospital was not absolute. As the war progressed, some slave hospital workers appear to have sensed the transformation of slavery, and a took advantage of it to increase their bargaining power. The war brought a lucky few the chance to reap the ultimate reward: freedom. Some, like Cyrus Hill, James Richardson, Samuel Jackson, Laura Holmes, and the eight unnamed slaves who ran away from Danville and Charlottesville general hospitals, deserted in groups. Although it is impossible to determine what provoked these particular slaves to leave, others are known to have made their escape when medical officers transferred them to another hospital. The head surgeon at Richmond’s General Hospital No. 2 immediately put to work the twelve slaves he received “from a hospital that has just been broken up.” The slaves, however, appear to have been dissatisfied with their new

²⁰ Medical College Hospital, Atlanta, Georgia, 31 January-30 April 1864, Box 3, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; W. A. Evans to sisters, 18 December 1863, in England, Compilation of Documented Information, 18; J. M. Holloway to Annie, 7 April 1863, Folder 4, Section 1, Holloway Papers, VHS; Daniel, Recollections of a Rebel Surgeon, 106.

assignment. Two escaped from the Richmond hospital shortly after their arrival, and the surgeon feared that “others will soon follow.”²¹

The approach of Union forces prompted some slaves to flee to freedom. As federal raiders neared Covington, Georgia, in July 1864, all but one of the hospital’s black workers ran away. But in some cases the slaves did all they could to avoid the Yankees. Those at a Newnan, Georgia, hospital took to the woods and, as one matron observed, “carried all their clothes with them, as they hear the Federals rob black as well as white.” After the Yankees left the area, the matron noted, the male slaves returned “very much exhausted” and the “negro women are nearly all sick, and vowing they will never run again.” In other cases, slaves were forced into hiding. The chaplain of a Wilson, North Carolina, general hospital reported that when Union troops approached, the head surgeon sent “every negro (except three old women) off into the woods.”²²

The fear that such raids engendered and the fact that blacks and whites faced a common foe might have served as a bond, however briefly, between black and white hospital workers. The summer of 1864 brought heavy fighting to the Atlanta area, and the hospital in Newnan, Georgia, did not escape the resulting tumult. Kate Cumming reported that “some of the negro men from the Gamble Hospital have been telling us that there was quite an exciting scene there yesterday morning when the raiders came in.” The

²¹ Mohr, Threshold of Freedom, 179-82; Roark, Masters Without Slaves, 77-81; T. H. Williams to H. D. Taliaferro, 30 July 1862, Letters Sent by Surgeon Thomas H. Williams, Inspector of Various Hospitals in Virginia, 1862 (vol. 366), Records of the Confederate Medical Department, NA; Berlin, Diary of Ada W. Bacot, 109; J. M. Holloway to Annie, 9 April 1863, Folder 4, Section 1, Holloway Papers, VHS.

²² Smith, Soldier’s Friend, 122; Cumming, Journal of a Confederate Nurse, 211; M. R. Lacy to Bessie, 24 July 1863, Folder 15-B, Lacy Papers, SHC.

black workers explained that they were eating breakfast when the Yankees “fired right into the hospital, at the same time shouting and yelling at a terrific rate.” Cumming did not blame blacks for running and getting “out of [the Yankees’] way as quickly as they could.” In this example, it appears that the black workers were eating as a group, and perhaps were unsupervised. It is also significant that the men fled and returned to the hospital as a group, which might point to the existence of a black community inside this Confederate hospital. Another tantalizing piece of evidence likewise suggests that black workers were able to form some sort of community while working in general hospitals. Early 1865 saw “a number of negro women . . . at work quilting comforts” at one Georgia general hospital. As one historian of slavery has noted, spinning, weaving, sewing, and washing were common tasks that cemented female slave relationships.²³

Although they shared the bond of race with slave workers, free blacks as a group experienced hospital labor differently than bondsmen. The Third Conscription Act, passed by the Confederate Congress on February 17, 1864, stated that all free black males between the ages of eighteen and fifty were liable “to service in war manufactories, in erecting defensive works, and in military hospitals.” In fact, however, scores of free African-Americans worked in general hospitals before that date. James Fox, a free black nurse, earned \$13 per month working in Division 2 of Chimborazo Hospital in 1861, while Flaney Baker and Eliza Mickens received \$8 per month in their laundress positions in Division No. 1 during 1862. Betsey Barnett collected \$20 for two months of nursing

²³ John S. Bowman, ed., *The Civil War Almanac* (New York: Bison Books, 1983), 216-18; Cumming, *Journal of a Confederate Nurse*, 217, 265; White, *Ar’n’t I A Woman*, 122.

service in Charlottesville's general hospital during August and September 1861. These workers earned the same pay as their slave co-workers but, unlike the slaves, were able to keep the proceeds of their labor. When housing and daily rations are figured into their earnings, the pay of free black hospital workers equaled or exceeded the average antebellum wage for unskilled free blacks (\$10 per month).²⁴

It appears that most free blacks who worked in hospitals were there by choice—unlike slaves, who were sent there by their masters. At least a few free blacks worked with family members. Patsy and Robert Goings earned a combined \$25 per month as hospital employees in Charlottesville. Forty-nine-year old Patsy, listed in the 1860 Census as a washerwoman, worked as a laundress while Robert, a forty-five-year-old carpenter in 1860, performed nursing duties. The Goings's neighbors, free blacks John, Priscilla, and Elizabeth Coles and Carolina and Lucy Woodson, also worked at the hospital. At Richmond's General Hospital No. 3, Elizabeth and Ann Pittman collected \$12 each as laundresses while Lucy Wilson and her daughter Eveline earned a total of \$16 per month for nursing and laundry duties. Some free blacks worked in hospitals near their homes. For example, the Palmyra General Hospital near Charlottesville employed washerwomen described as "free negroes of the neighborhood." They received \$10 a

²⁴ James M. Matthews, ed., The Statutes at Large of the Confederate States of America, Passed at the First Session of the Second Congress, 1864 (Richmond: R. M. Smith, 1864), 264; Chimborazo Hospital, Division No. 2, Richmond, Virginia, 30 November-31 December 1861, Box 9 and Chimborazo Hospital, Division No. 1, Richmond, Virginia, 1 March-1 May 1862, Box 8, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; account book, General Hospital, Charlottesville Virginia, 1861-1862, p. 7, Cabell Family Papers, Duke; John Hope Franklin, The Free Negro in North Carolina, 1790-1860 (Chapel Hill: University of North Carolina Press, 1943; New York: Russell & Russell, 1969), 136.

week due to the shortage of laundresses.²⁵

Although they were probably assigned the same unpleasant tasks as their slave counterparts, it appears that some free blacks earned the respect of their white supervisors. Matilda Harris gave matron Ada Bacot “real pleasure” because she “finished up her [ward] & swept up all clean & nice.” Later, Bacot concluded that Matilda was a “nice servant” because the matron could “trust her with the cleaning up of the chambers.” Another matron remembered that “efficient, kindly colored women” worked at Richmond’s General Hospital No. 5, and that their “motherly manner soothed the prostrate soldier, whom they always addressed as ‘son.’”²⁶

Although some earned the esteem of their white supervisors, free blacks comprised an anomalous group of general hospital workers. First, their standing as free people of color made them a minority in the South. Even in Virginia, the Confederate state with the highest proportion of free blacks, only 58,042 people, or 10.6 percent of all African-Americans in the state, were free in 1860. Moreover, many free blacks were mulattoes, the offspring of illicit white-black liaisons. Historian H. E. Sterkx argues that free blacks were “too proud to identify with slaves and stigmatized by whites for being

²⁵ Charlottesville General Hospital, Charlottesville, Virginia, 31 August-3d October 1863, Box 18, General Hospital No. 3, Richmond, Virginia, 31 August-3d October 1862, Box 18, and Charlottesville General Hospital, Charlottesville, Virginia, 1 March-30 April 1863, Box 18, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; Robert Goings, Caroline Woodson, and John Coles, p. 675, Albemarle County, Virginia, Roll 331, 1860 Federal Census of Free Population; E. S. Gaillard to S. P. Moore, 29 January 1863, Letters Sent, Medical Director’s Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA.

²⁶ Charlottesville General Hospital, Charlottesville, Virginia, 1 March-30 April 1863, Box 18, Hospital Muster and Pay Rolls (Entry 28), Records of the Confederate Medical Department, NA; Berlin, Diary of Ada W. Bacot, 79, 82; Pryor, Reminiscences of Peace and War, 185.

black.” Another historian argues that mulattoes held themselves aloof from the black masses to protect their quasi-independent status as free people of color. One matron’s diary entry suggests that slaves in Confederate general hospitals might have shunned free blacks because they had no place in the South’s rigid social hierarchy. In September 1862, Kate Cumming observed that the slaves in Chattanooga’s Newsom Hospital “seem to have great contempt for the free negroes. The other day I heard the doctor’s servant indignantly say that some one had spoken to her as if she was free, and had no master to care for her.”²⁷

To be sure, the experiences of African-American hospital workers were quite diverse. Some slaves, like the eight men and women owned by Sarah Coleman of Madison County, Mississippi, toiled dutifully until the war’s end, while others, like the black cooks in Chimborazo Hospital, sought freedom at the first opportunity. For blacks—slave and free—life inside the Confederate hospital could not have been easy. Strenuous and disgusting tasks, cramped living quarters, inadequate food, and strict white supervision were just some of the hardships they encountered. Yet some slaves were able, within narrow limits, to test the boundaries of white mastery and exert a little control over their daily lives. In some hospitals, slaves forged friendships with co-workers and perhaps succeeded in creating a community beyond white purview. Free blacks, for their part, served in the hospitals voluntarily, kept the proceeds of their labor,

²⁷ Ira Berlin, Slaves Without Masters: The Free Negro in the Antebellum South (New York: Pantheon Books, 1975), 136-37; H. E. Sterkx, The Free Negro in Ante-bellum Louisiana (Rutherford, NJ: Fairleigh Dickinson University Press, 1972), 8-9; Marina Wikramanayake, A World in Shadow: The Free Black in Antebellum South Carolina (Columbia: University of South Carolina Press, 1973), 8; Cumming, Journal of a Confederate Nurse, 70.

and sometimes earned the respect of their white supervisors.²⁸

²⁸ Memorandum, 5 May 1865, Scott Hospital, Marion, Alabama, Folder 1, Box 17, Medical and Hospital Collection, MOC; Pember, Southern Woman's Story, 98.

Chapter Five

“Almost our only thought is home”: Confederate General Hospital Patients

In September 1862, Private William A. Roberts informed his wife that sickness confined him “in a miserable Hospital” in Winchester, Virginia. The crowded general hospital ran out of beds, forcing Roberts “to lie on the floor upon my overcoat.” Moreover, the hospital’s food was awful, according to Roberts, who griped about the “sour-loaf bread, [and] beef with not half enough salt on it. Coffee slops in the morning without sweetening or milk and two tablespoonfuls of molasses once a week to the men with beef soup and rice once a day.” Miserable with fever and surrounded by strangers, Roberts wished he could “get home if it was but for one hour. Almost our only thought is home and the loved ones at Home.”¹

William Roberts’s letter exemplifies the feelings of Confederate hospital patients. Almost to a man, they would rather have been elsewhere. Many patients struggling with sickness or wounds doubted the medical staff’s ability to heal them. Most were extremely homesick. Furthermore, hospital patients were unfamiliar with hospital procedures and staff, which exacerbated their loneliness and fear. Many endured long, torturous journeys to the hospital and, on arrival, they expected good food, a comfortable bed, and kind and competent medical attention. Yet they soon discovered the harsh reality: miserable food, uncomfortable conditions, and strict and occasionally incompetent hospital workers.

¹ W. A. Roberts to wife, 20 September 1862, Folder 2, Box 1, Roberts Papers, Duke.

At the same time, most hospital employees—professionals and amateurs—worked hard to heal their sick and wounded patients. Consequently, they expected patients to follow medical orders, observe hospital rules, treat the staff with respect, and behave like southern gentlemen. The different expectations held by general hospital patients and employees sparked conflicts inside the Confederate hospital, but ultimately most hospitals ran smoothly because, over time, the staff and patients forged communal bonds based on shared experience, common purpose, and a family-like spirit of unity.

During the Civil War, sickness and wounds confined hundreds of thousands of Confederate soldiers in general hospitals. According to Confederate medical officer Joseph Jones, the average Confederate soldier fell victim to diseases or wounds six times during the war. There were several ways by which Confederate soldiers ended up in general hospitals. Sick soldiers in camp answered the regimental surgeon's morning sick call and then, if they were sick enough, were sent to the field hospital. After a thorough physical examination, the attending medical officer at the field hospital either treated the soldier there or, in severe cases, sent him to a general hospital for protracted care. The Confederate soldier wounded in battle had a more difficult journey to the general hospital. Seriously wounded men remained on the battlefield until medical aid arrived, usually in the form of members of the infirmiry corps. These medical personnel transported the wounded soldier on a litter to a horse-drawn ambulance that delivered him to the field hospital. There, a brigade or division surgeon examined his wound, performed an amputation or other operation when necessary, and sent him to the nearest

general hospital.²

The wounded soldiers' trip to the general hospital was a harrowing experience. Lying on their own blankets or overcoats, they were loaded into wagons by careless teamsters who often treated them like baggage. The wagons transported the wounded men to railroad depots, steamer landings, or, in rare instances, to the hospital's front door. Wagon travel was particularly unpleasant because roads rutted by artillery and supply trains made for a rough ride, intensifying the men's pain and discomfort. A train trip was not much better: patients endured a bumpy ride in dirty cars without medical attention, food, or water. Regardless of the wounded soldiers' means of transportation, by the time they arrived at the general hospital, they usually were suffering terribly.³

Unfamiliar with military hospital procedure, most patients thought that their arrival at the hospital would end their nightmare; they expected to be given a bed, food and water, and prompt medical treatment. Instead, they were plunged into a strange and inhospitable environment that initially alienated them. This was the result of the bureaucratic hospital admission procedure and the general chaos that accompanied large-scale hospital admissions.

Whether he was ambulatory or bed-ridden, the general hospital patient's first task was to register in the institution's central office. There the chief surgeon or his clerk gave

² Joseph Jones, Medical and Surgical Memoirs, 1: 650; Cunningham, Doctors in Gray, 68-71, 111-12.

³ Cunningham, Doctors in Gray, 118-23. On medical treatment from the soldiers' point of view, see Larry J. Daniel, Soldiering in the Army of Tennessee: A Portrait of Life in a Confederate Army (Chapel Hill: University of North Carolina Press, 1991), 64-82, and James I. Robertson, Jr., Soldiers Blue and Gray (Columbia: University of South Carolina Press, 1988), 145-69.

the patient a ticket inscribed with his ward number and bed assignment. The chief surgeon kept the patient's money and other valuables while the ward master took the patient's clothes, arms, and accouterments and gave him clean hospital clothing. While the ward master delivered the dirty clothes to the laundry, the patient received a bath. Finally, the head surgeon administered smallpox vaccinations to those who had not received them in the field.⁴

Once these initial tasks were completed, the patient found his assigned hospital ward and presented his bed ticket to the ward matron or head nurse. After being shown to his bed, he was examined by an assistant surgeon who prescribed medicine and placed him on a specific diet. The hospital steward filled the prescriptions, which were subsequently administered by a ward nurse. Meanwhile, the cooks, supervised by the chief matron, prepared the patient's food.⁵

Although from the beginning of the admission process the hospital staff worked together to try to make the patient comfortable, often these initial encounters between patient and staff did just the opposite. Many general hospital patients became upset because they found hospital procedure to be impersonal, inconvenient, and confusing. For example, the ward master at Richmond's Chimborazo Hospital annoyed patient Charles Douglas by storing his knapsack, thereby preventing Douglas from writing a letter to his wife. When the ward master refused to retrieve the knapsack because its

⁴ Chisolm, Manual of Military Surgery, 73-78; Tebault, "Hospitals of the Confederacy," 500; S. P. Moore, Circular No. 49, 21 September 1862, Confederate Imprints, no. 1017.

⁵ Chisolm, Manual of Military Surgery, 68-71.

presence in the ward violated hospital regulations, Douglas denounced him as “a very objectionable man . . . extremely wicked and [a] blackguard.” Although the man was simply following hospital rules, Douglas interpreted the incident as a personal insult, and decided that “this place [is] not a pleasant one by any means.”⁶

William A. Curtis of the 2nd North Carolina Cavalry was another who had an unhappy experience. Sick with intermittent fever, he arrived at a Richmond general hospital in February 1863. His initial impression of the hospital was negative: it “was in an old tobacco factory building as cold and cheerless as could well be imagined.” The hospital’s admission procedure aggravated Curtis’s discontent. He was “compelled to sit in a cold room on the ground floor a considerable time before the fancy clerks could wait upon me and register my name and assign me to the ward they wished.” Curtis’s use of the disparaging term “fancy clerks” is revealing. Many patients resented the fact that some male hospital staff members were exempt from military service.⁷

Curtis’s resentment increased at dinner time, when the “Irish ward master . . . ordered me to go down to the dining room on the ground floor to dinner, informing me that I could not get dinner unless I did so.” Too sick to walk downstairs, Curtis was forced to go without food. Later, when an assistant surgeon examined him, he vented his anger at “how the ward master was treating me.” Although the surgeon rectified the problem, Curtis concluded “that I had to do one of two things: either submit and die, or determine to get well without much aid from the hospital authorities.” After less than a

⁶ Charles A. Douglas to Cattie, 2 March 1865, Section 1, Charles Achilles Douglas Papers, VHS.

⁷ William A. Curtis Memoir, pp. 125-27, Folder 5, Box C27, Civil War Collection, TSLA.

day as a hospital patient, William Curtis had determined that the relationship between patients and hospital staff was adversarial.⁸

Especially troubling to hospital patients was the fear that they were receiving inadequate medical care. One soldier, wounded at the battle of Resaca in May 1864, was so outraged by the lack of prompt medical attention at his hospital that he sent a letter of complaint to a newspaper. “I was here [for] three days,” he wrote, “before a Hospital Surgeon asked me what was the matter with me; this was also the case with two lieutenants of my regiment, who received gun shot wounds at the same time I did—so much for medical treatment.” When James Searcy’s younger brother Reuben was severely wounded at the battle of Murfreesboro in early 1863, he was sent to a nearby general hospital. Here, Searcy was shocked to discover that Reuben had received no medical attention aside from a heavy dose of morphine, under “the effects of which he was lying in his torn uniform soaked with blood.” The outraged Searcy bitterly noted that those whom medical officers deemed “impossible to save” were drugged with morphine “merely to ease their passage to the ‘great beyond.’” Some hospital patients questioned the skill or the compassion of general hospital surgeons. One patient at General Hospital No. 2, Danville, Virginia, wrote that “the head Surg[eon] is one of the meanest men that ever lived . . . and it does me good to know that God will do justice with him one day. . . . I am determined he will do no more with my arm. . . . Savage West (for that is the mean

⁸ Ibid., 126-27.

doctor's name).”⁹

Patients expressed frequent dissatisfaction with hospital food; most did not realize that medical officers considered the state of their patients' health when ordering specific meals. For example, doctors usually placed severely ill or injured patients on a “tea diet” consisting of eight ounces of bread, one-half ounce of tea, two and one-half ounces of sugar, and six ounces of milk. Those on the road to recovery received a “half diet,” and ate tea and toast for breakfast and supper and fifteen ounces of soup, eight ounces of meat, four ounces of bread, and eight ounces of potatoes or rice for their mid-day dinner. Although the surgeon general ordered matrons to post the prescribed diet lists in a conspicuous place for all to see, patients failed to grasp the medical significance of their restricted food allowance. One at Charlottesville's general hospital grumbled that his daily ration consisted of “tea and toast, and soup for dinner and sometimes a little hominy and butter. . . . I got so hungry a few days ago that I could hardly see my way. I wanted sausages. I thought I could eat one fifty yards long.” Another at the same hospital griped that his food consisted solely of “a small pease of corn bread and a litel syrup and for dinner we get some rice and a small pease of bread and meat.” Patients at Lynchburg, Virginia's General Hospital No. 1 were so dissatisfied that they composed a letter of complaint to the Surgeon General, noting that the hospital staff did “not give them enough to eat, and what they have is of the coursest kind, and indifferently cooked at that.” A Tennessee Confederate veteran bitterly recalled that his hospital food “was the

⁹ “Letter from a Wounded Soldier,” Montgomery Daily Advertiser, 1 June 1864; Maxwell, “Service of Dr. James Thomas Searcy,” 250; W. A. Roberts to wife, 29 August 1863, Folder 3, Box 1, Roberts Papers, Duke.

best to starve one to death . . . one cracker, two tablespoonfulls of chicken water, and one gill [of] coffee water twice a day.”¹⁰

At other times, however, patients’ hunger stemmed from food shortages, which troubled hospital staff members. In the fall of 1862, one hospital matron noted in her diary that “we are in despair for diet for the men. . . . We have nothing but beef, bread, and coffee. . . . I hope there will be a change for the better soon.” Matrons often tried to appease patients who complained about food by varying their diets as much as possible. Emily Mason, for example, recalled that “as the war went on . . . only peas, dried peas, seemed plenty, and these were old, often musty, and generally filled with worms.” Dealing with the situation as best they could, Mason wrote, hospital cooks “made them up in every variety of form of which dried peas are capable. . . . In soup they appeared one day, cold peas the second, then they were fried, (when we had grease); baked peas came on the fourth day, and then began again the soup.”¹¹

When the patients in Mason’s hospital refused to eat their peas, the matron quashed the rebellion with motherly authority. “Like naughty school boys,” she wrote, “I found these men throwing my boiled peas at each other, pewter plates and spoons flying

¹⁰ S. P. Moore, Circular, 6 July 1863, Confederate Imprints, no. 951; Stewart Brooks, Civil War Medicine (Springfield, IL: Charles C. Thomas, Publisher, 1966), 59; “Bill of Fare for the Sick and Wounded Soldiers, General Hospital No. 7, [Richmond, Virginia],” Scrapbook, Section 19, Levin Smith Joynes Papers, VHS; Andrew T. Harllee to brother, 9 January 1862, Folder 5, Harllee Papers, SHC; Isaac L. McIntosh to niece, 9 April 1865, Folder 4, Hattie McIntosh Papers, SHC; T. H. Williams to W. O. Owen, 14 October 1862, Letters Sent by Surgeon Thomas H. Williams, Inspector of Various Hospitals in Virginia, 1862 (vol. 366), Records of the Confederate Medical Department, NA; Harrison W. Farrell, in The Tennessee Civil War Veterans Questionnaires, 5 vols., ed. Colleen Morse Elliott and Louise Armstrong Moxley (Easley, SC: Southern Historical Press, 1985), 2: 798.

¹¹ Cumming, Journal of a Confederate Nurse, 73; Mason, “Hospital Scenes,” 150.

about, and the walls and floor covered with fragments of the offensive viand.” Sternly, Mason reminded the unhappy patients that on a diet of peas the Confederate army had prevented General George McClellan’s Union army from capturing Richmond during the Seven Days battles. This motherly rebuke, according to Mason, caused “the patients’ good humor to return, and they ate their peas and cleaned up the mess.”¹²

Because many matrons envisaged their patients as surrogate sons, they tried to assuage patients’ frustrations with something resembling maternal care. This resulted in the formation of a family-like bond between some patients and matrons, which helped to defuse conflict and fostered the sense that the hospital was an extended household. Most general hospital patients appreciated the female staff’s motherly devotion to them. One patient at a Notasulga, Alabama, general hospital expressed his gratitude “for the great and almost unexampled kindness and attention of the ladies . . . to the sick and wounded soldiers in the hospital. Day and night have they been engaged in relieving our wants and administering to our comfort.” The soldier lauded this attentiveness as the main factor in his “restoration to returning health.” Another soldier wrote a letter of thanks to the matron who cared for him, praising her for “the great care and attention I experienced at your hands.” Another patient in a Charlottesville general hospital characterized his hospital stay as “happy” due to “the prompt attention and innumerable services” of female hospital workers; he regarded them as “angels.”¹³

¹² Mason, “Hospital Scenes,” 150.

¹³ “Letter to the Editor,” 15 June 1864, Montgomery Daily Advertiser; Henry T. Sharp to Miss Sally, 18 February 1864, Sally Tompkins Letters and Papers, MOC; John S. Dea to Miss Maggie, 4 July 1864, Folder 1, Marguerite E. Williams Papers, SHC. For more on matron-patient relationships, see

Many patients came to believe that the medical care they received in the hospital was comparable to that they might have received at home. A patient in Knoxville's General Hospital No. 1 applauded the female staff for "wait[ing] on me as good as my home folks could." Many hospital patients in fact characterized their relationships with female hospital workers in familial language. One lovingly referred to Susan Smith, an Army of Tennessee matron, as "old Grandma." The idea that female hospital workers were their surrogate family compelled some patients to protect the women's honor. Fannie Beers, for example, remembered that "Old Peter . . . deeply resented any seeming disrespect towards me." Matrons reinforced the familial feeling between patients and staff by infusing sterile hospital buildings with a home-like atmosphere. One matron decorated her ward with flowers and reported that her patients were "very fond of them." Because many patients were especially homesick during Christmas, they often received special treats prepared by the matrons. General hospital patients in Newnan, Georgia, drank eggnog, while those at Charlottesville's Midway Hospital ate special Christmas pies.¹⁴

In many cases, the relationships forged between patients and female staff members created a sense of a shared identity, often resulting in a close-knit hospital community. When snow covered the grounds of Charlottesville's Monticello Hospital,

chapter two.

¹⁴ James B. Thompson to wife, 12 September 1862, Folder 29, Box 11, James B. Thompson Letters, Civil War Collection, TSLA; R. D. Compton to Grandma, 24 February 1865, in Smith, Soldier's Friend, 295; Beers, Record of Personal Experience, 78; Cumming, Journal of a Confederate Nurse, 196, 181; Gemmill, "Midway Hospital, 1861-1863," 188.

the patients and matrons participated in a “grand snow ball” fight. The ambulatory patients at Chattanooga’s Newsom Hospital lightened the matrons’ workload by gathering wood, making fires, and toting water. Some of the friendships between patients and matrons continued even after the patients’ discharge. For example, several former patients invited Phoebe Pember to “dine with them as they had stolen a Pig and two Hens. . . . We had a very pleasant time.” Sometimes the relationships between patients and female staff were so strong that love blossomed. Matron Mollie Forsberg asserted that one of the “brightest spots in . . . Hospital life” was “the little ‘god of love.’” She knew of “at least one woman who learned to know that the way to a soldier’s heart lay in ministering to his wounds. . . . Today she is the happy wife of the man whose wound she dressed for four short months.” Robert Culps, a Tennessee soldier wounded in May 1864, married the Tuscaloosa woman who was his hospital nurse.¹⁵

Participation in patriotic and religious rituals served to reinforce the bonds between patients and female hospital workers. President Jefferson Davis declared national days of fasting, humiliation, and prayer nine times during the war. On one such occasion, a patient reported that hospital “business was generally suspended” so that “divine service [could be] held . . . morning and evening.” A subsequent fast day enabled patients and staff at a Petersburg general hospital to hear a sermon from the chaplain of the Twentieth Virginia Regiment. These occasions also served to build morale and uplift

¹⁵ Berlin, *Diary of Ada W. Bacot*, 79; Cumming, *Journal of a Confederate Nurse*, 94; Phoebe Pember to Mrs. John F. Gilmer, 19 February 1864, Folder 1, Phoebe Yates Pember Letters, SHC; Mollie E. Forsberg, “Experiences and Recollections of Hospital Work,” 8, unpublished manuscript, MOC; Robert Lewis Culps, in *Tennessee Veterans Questionnaires*, 2: 605.

spirits. Patients at the General Military Hospital, Wilson, North Carolina, for example, heard a sermon that proclaimed that “our cause is founded upon the immutable laws of God, and is so righteous that we can carry it to Him, and leave it under the shadow of His throne.” Patients should not despair at military setbacks, argued Chaplain Drury Lacy, because “we have army enough, if we have only patriotism and prayer enough.”¹⁶

In part because patient morale was hurt by the increasingly bad news from the front, many welcomed the solace that religion provided. In July 1864, a hospital matron in Newnan, Georgia, reported that the decision to replace General Joseph Johnston with General John Bell Hood met with universal disapproval: “the whole post seemed as if stricken by some terrible calamity. Convalescents walked about with lagging steps and gloomy faces. In every ward lay men who wept bitterly or groaned aloud or, covering their faces, refused to speak or eat.” According to this matron, the patients’ “hopeful spirit seemed to die out.” In such times of despair, another witness reported, patients “eagerly [drank] in the words of comfort” that religion provided. During religious services, patients would pray and “sing with a great deal of spirit,” and most “appeared to enjoy the services.” One reported that he was comforted during his hospital stay because “daily prayer meetings [were] held where petitions [were] offered to the God of Battles for the protection of our army and the success of our glorious cause.” Religious fervor also seemed to bind patients together. One at Richmond’s Chimborazo Hospital reported

¹⁶ W. A. Roberts to wife, 20 September 1862, Folder 2, Box 1, Roberts Papers, Duke; Allie S. Clack to Carrie, 10 March 1865, Folder 1, Carrie H. Clack Papers, SHC; Drury Lacy, Address Delivered at the General Military Hospital, Wilson, N.C., on the Day Appointed by the President as a Day of Fasting, Humiliation, and Prayer (Columbia: Evans and Cogswell, 1863), 11-12 (Confederate Imprints, no. 4162).

that there was “considerable religious interest being awakened up in this Hospital. There is preaching every night in the Chapel, and prayer meeting about every other day at 11 o'clock. There are a number of Mourners at the alter. . . . Tracts are circulated about twice a week through the wards.”¹⁷

Patients read religious tracts designed to direct their attention from worldly suffering and vice to more heavenly concerns. One such tract, entitled “The Wounded; Or, A Time to Think,” urged patients to acknowledge the Lord’s protection over them by becoming “a soldier of Jesus Christ.” By renouncing the devil and overcoming personal sin, the patient would be “welcomed as a glorious conqueror in the presence of the King of Kings.” Another tract addressed to sick patients observed: “it is God who sends your sickness, and he knows how long it ought to last.” While doctors addressed their symptoms, the pamphlet advised patients to focus on Jesus: “Do you love Him? Do you believe in Him? . . . If it is really good for you, God will take your sickness away in the right manner, and at the right time.” A tract addressed to card players urged hospital inmates to “find some better employment” because “time is too precious to be wasted in a

¹⁷ Beers, Record of Personal Experience, 138; Cumming, Journal of a Confederate Nurse, 179; Gemmill, “Midway Hospital, 1861-1863,” 183; “Letter to the Editor,” 22 July 1864, Montgomery Daily Advertiser; W. A. Roberts to wife, 8 December 1862, Folder 2, Box 1, Roberts Papers, Duke. According to one historian, by the mid-nineteenth century, evangelical Protestantism and its values of personal holiness and self-discipline became dominant in southern society. Southern evangelicals celebrated community, fraternal bonds, and social responsibility, and sought order and discipline through self-control and behavioral rules. See Donald G. Mathews, Religion in the Old South (Chicago: University of Chicago Press, 1977), 39-83. See also Anne C. Loveland, Southern Evangelicals and the Social Order, 1800-1860 (Baton Rouge: Louisiana State University Press, 1980). For a discussion of religious revivalism, see Drew Gilpin Faust, “Christian Soldiers: The Meaning of Revivalism in the Confederate Army,” Journal of Southern History 53 (February 1987): 63-90.

manner so unprofitable.”¹⁸

Larger general hospitals employed chaplains to meet patients’ spiritual needs, but in smaller hospitals the patients looked to matrons for religious guidance. Serving at a hospital without a chaplain compelled Kate Cumming to “read the Bible and other books to the men, and they are much pleased to have me do it. I have met with none who have not respect for religion.” Sometimes matrons used religion to correct patients’ improper behavior. Walking through a hospital ward, one matron heard “a profane exclamation from a soldier” and made up her mind “to try and bring him to a better state of things.” When the opportunity presented itself, she approached him and, noting that he had a Bible, told him, “You should not talk so with your best friend here at your side.” Other factors also served to unite patients and hospital staff into a close community. One Richmond hospital matron observed that Stonewall Jackson’s success in the Shenandoah Valley in the spring of 1862 suffused patients and staff with “a flush of victory.” She found the patients “rejoicing amid their pain and anguish.”¹⁹

Matrons were not the only staff members with whom patients might develop close relationships. The vision of the hospital as an extended household sometimes influenced the doctor-patient relationship. Because assistant surgeons were the hospitals’ medical

¹⁸ “The Wounded; Or, A Time to Think,” Tract No. 25 (Richmond: Presbyterian Committee of Publication, n.d.), 4, Confederate Imprints, no. 4943; “How Long Have You Been Sick? The Soldier’s Legacy,” Tract No. 48, South Carolina Tract Society (Charleston: Evans and Cogswell, n.d.), 3, 5, Confederate Imprints, no. 4705; “Don’t Play Cards, Boys,” Tract No. 17 (Richmond: Presbyterian Committee of Publication, n.d.), 1, Confederate Imprints, no. 4641. For more on religious tracts, see chapter three.

¹⁹ Cumming, Journal of a Confederate Nurse, 27; Johns, “Hospitals at Danville,” 224; McGuire, Diary of a Southern Refugee, 120.

practitioners, they came into contact with patients on a daily basis; many patients came to admire their surgeons' competence, dedication, and empathy. One confessed that he "did not like to stay in [the] hospital" but would do so willingly because "Dr. Wible and Dr. Crow have done everything in their power for my comfort and my cure." Another wounded soldier wrote a letter to a newspaper praising his surgeon's "activity and energy . . . undoubted skill and ability." Susan Smith observed the two assistant surgeons in her ward "always at their post, ready to mingle in social conversation with their patients, as well as to administer medicine and give medical advice. . . . I do not suppose they had an enemy among the inmates of the hospital." A patient at Richmond's Howard's Grove General Hospital pronounced his hospital stay "nice" because "the M.D. was very attentive."²⁰

Hospital patients occasionally formed friendships with their attending physicians. The experiences of patient William Roberts are illustrative. From Richmond's Moore General Hospital, Roberts wrote: "I have formed a very pleasant and intimate acquaintance with a very intelligent Physician (Dr. Page). . . . He is very kind and interesting. A man that looks at the world as it is." Apparently, Dr. Page reciprocated Roberts's feelings of friendship. Page advised his patient "to use every exertion to get off [find a substitute] for it was like buying my life, for he did not think my delicate

²⁰ S. M. Bemiss to Harrie, 5 August 1864, Folder 1, Section 4, Bemiss Family Papers, VHS; "Letter to the Editor," Montgomery Daily Advertiser, 10 June 1864; Smith, Soldier's Friend, 83; John C. Ussery to sister, 28 July 1863, Section 1, Mary L. Ussery Papers, VHS.

[constitution] could stand the hardships of the winter in the Army.”²¹

When Roberts found himself in another hospital, he again struck up friendships with his physicians, Dr. Hinton and Dr. Hunter. Roberts, who was an artist, used his hospital contacts to put his skills to pecuniary use. In October 1863, he reported to his wife that he had “commenced three Portraits [of] Drs. Hinton and Hunter. . . eI am succeeding as well as I could wish, and they are perfectly delighted with them already.” Roberts received certain advantages from his hospital-forged friendships. He noted that Dr. Hinton was “going to write to Petersburg for some paints for me, and he says it shall not cost me a cent.” Dr. Hunter offered Roberts a more valuable opportunity, telling his patient “that he was going to have me transferred to his Ward and keep me with him and do all he could for me in way of getting portraits for me to paint.”²²

The bonds of friendship proved valuable to other patients as well. Once they regained their health, some were able to secure hospital jobs that freed them from service in the field. One patient at General Hospital No. 3 in Lynchburg, Virginia, reported that “Dr. Fisher seized upon me as soon as I was able to sit at a desk, and confined his books and papers to my care.” A medical officer summoned William Trahern “to a conference . . . and told me he very much desired my service as assistant Clerk in his office, and would petition the Captain of my company to allow me to remain [at the hospital] the remainder of the season.” In return for his services, Trahern received his usual army pay and

²¹ W. A. Roberts to wife, 5 October 1862, Folder 3, Box 1, Roberts Papers, Duke.

²² W. A. Roberts to wife, 20 October 1862, *ibid.*

“pleasant quarters in a house not far from the Surgeon’s office.” Ex-patient Trahern also established friendships with the other hospital clerks, whom he “always remembered as my loving friends.”²³

Medical officers also tried to improve their patients’ diets. In Newnan, Georgia, according to Kate Cumming, Dr. Bemiss frequently visited with his patients, “inquiring if they get enough to eat and is using every means to get plenty for them. We get quantities of buttermilk, which is a great treat [for the patients].” To provide his patients with more food, Dr. McIntosh in Charlottesville gave the matrons \$10 “to furnish extra’s.”²⁴

Visitors, especially friends and family members, helped to lift patients’ spirits. A Gordonsville, Virginia, patient told his mother that he was “doing very well[.] I am better satisfied then if I was at home. . . aJohn Johnson is hear staying in the same ward.” A matron at Richmond’s Camp Winder General Hospital observed that one patient was “doing very well” because “his sisters are with him.” Another of her patients benefitted from his mother’s care. At the same hospital, medical officers allowed a Mrs. Edwards to stay with her sick husband. Hospital workers understood that their patients were comforted by family visits and some actively encouraged them. The surgeon in charge of Raleigh’s General Hospital No. 7 requested that a Richmond patient be transferred to his facility because “his friends reside near here, and his brother is steward of this hospital; he will therefore be able here to receive attention from them.” A ward master at Atlanta’s

²³ George W. Sites to George S. Barnsley, 5 June 1863, Folder 9, Box 1, Barnsley Papers, SHC; William Eustace Trahern Memoirs, p. 23, VHS.

²⁴ Cumming, Journal of a Confederate Nurse, 163; Gemmill, “Midway Hospital, 1861-1863,” 188.

Empire General Hospital encouraged a patient's wife "to come or send some one here to your husband as he is not doing well."²⁵

The presence of family members at their loved ones' bedsides grew even more significant in the event of the patients' death. Kate Cumming told of a Mrs. Rally, who secured a position at Chattanooga's Newsom Hospital in order to be with her wounded husband. When he died, although she was "almost heart-broken," she "had the consolation of being with him in his last moments—one that many women would give worlds to have." Another woman, who nursed her sick husband during his last days in a Georgia general hospital, was "much consoled that she has had the privilege of ministering to his last wants." The wife of a North Carolina patient, who witnessed his death from typhoid fever, was able to arrange his burial and take charge of his personal effects.²⁶

Yet sometimes even the bonds forged among patients, family members, and hospital staff did not improve patients' spirits. One matron reported that, despite the presence of "a sister, brother, and two servants," a young patient committed suicide "by jumping out of a window at the head of his bed." A medical officer tried to console "a boyhood friend" who was "shot through the right lung with a minie ball." Despite the

²⁵ Alexander D. Harlow to mother, 20 July 1864, Folder 1, Section 3, Harlow Family Papers, VHS; Maria Smith Peek to friend, 6 June 1864, Folder 2, Section 2, Morrow Family Papers, VHS; William H. Caffee to mother, 20 September 1862, Folder 7, Box 1, Medical and Hospital Collection, MOC; E. Burke Haywood to William A. Carrington, 23 February 1865, Order and Letter Book, General Hospital No. 7, Raleigh, North Carolina, Folder 355, Box 30, Haywood Papers, SHC; Lt. F. L. Boothby to Mrs. Ann E. Coggin, 23 October 1863, Ebenezer Coggin Papers, ADAH.

²⁶ Cumming, Journal of a Confederate Nurse, 78, 170; E. Burke Haywood to N. H. J. Taylor, 14 February 1865, Order and Letter Book, Folder 355, Box 30, Haywood Papers, SHC. A discussion of how matrons dealt with death is found in chapter two.

officer's best efforts, the patient remained deeply depressed; when he took his leave, the patient shot himself with a concealed pistol.²⁷

Although quite unlike the positive, unifying factors of patriotic rituals, victory, and religion, the patients' shared experiences of sickness, suffering, and death provided them with common ground. The fear of contracting hospital gangrene particularly terrified patients. At the Lauderdale Springs, Mississippi, general hospital, one patient protected himself during an outbreak of this vicious disease by buying for his sole use a sponge, a pan, and several towels. Although this foresight enabled him to escape the disease's wrath, others were not as lucky, and epidemics raged through many wards. After July 1863, those afflicted with contagious diseases such as hospital gangrene, erysipelas, and pyaemia were segregated in special wards. Here, men in various stages of disease lived in close quarters, encountered horrific sights, sounds, and smells, and suffered through excruciating medical treatments.²⁸

Hospital gangrene and erysipelas—both streptococcal infections—were unbearably painful and visually shocking diseases. Usually, gangrene attacked the stump of an amputated limb and produced a burning pain, cold sweats, vomiting, and a weak, languid pulse. Extending from the site of infection in a circular pattern, gangrene consumed skin and tissue, leaving “the ends of the bones laid bare.” The black patches where skin used to be exuded “a particular stench, which can never be mistaken” and spread “with a

²⁷ McGuire, Diary of a Southern Refugee, 316; Daniel, Recollections of a Rebel Surgeon, 136-37.

²⁸ M'Neilly, “End of Vicksburg Campaign,” 97; S. P. Moore, Circular, 6 July 1863, Confederate Imprints, no. 95d.

rapidity quite awful to contemplate.” To treat hospital gangrene, medical officers poured nitric acid onto bandages and applied these directly to every portion of the diseased surface. One patient remembered the nightmarish treatment: “Every morning for several days the nurse came and poured nitric acid into our wounds which it seemed that live coals of blazing fire couldn’t be more painful.” He knew that he was not alone in his agony, however, because he heard “the loud cry of pain” throughout his ward. Because flies deposited their eggs under moist dressings, maggots usually appeared in gangrenous wounds. To kill them, surgeons poured turpentine, petroleum, kerosene, tobacco, or chloroform directly into the wound, intensifying the patient’s agony.²⁹

Erysipelas usually attacked patients with pre-existing wounds. Characterized by redness, tenderness, and constipation, the disease spread rapidly beneath the skin, wantonly destroying tissue along the way. If topical antiseptics such as creosote, acetate of lead, tincture of iron, or mercury failed, surgeons lanced the area with “numerous minute punctures . . . from 1/4 to 1/5 of an inch in depth.” If this failed to arrest the disease, then surgeons amputated the afflicted extremity to halt the deadly progression. Erysipelas patients, whose feverish delirium caused constant muttering and groaning, were often dosed with morphine or opium. If gangrene or erysipelas attacked the lymph nodes, it spread into the bloodstream and became pyaemia. Characterized by “severe rigors or shiverings which may last an hour or more,” shallow breathing, jaundiced skin, dry-mouth, and pus-filled sores on the tongue and lips, pyaemia proved fatal to 92 percent

²⁹ Bollet, Civil War Medicine, 201, 212, 236; Manual of Military Surgery, 30-32; David S. M. Bodenhamer Memoirs, Folder 3, Box 12, Civil War Collection, TSLA.

of patients with the disease.³⁰

Patients also struggled to come to terms with the death that surrounded them. Some thought that the hospital staff was indifferent to a patient's death. When a patient in Andrew Harllee's room died during the night, two male nurses "laid him out on a stretcher and carried him out in the passage as they do all who die. If a soldier dies in the early part of the night they carry him in the passage and leave his body there alone untill time to bury it." Another patient observed that his friend's death was marked by no special ceremony except that he "was buried in the burying ground where the soldiers in [the] Hospital are interred." Death also served, however, to reinforce the idea that the hospital was a kind of family. At the deathbed of one of her patients, Ada Bacot recorded, she was "standing by the bed weeping. . . . [The patient] thanked all who had done any thing for him, his eyes rested on me all the time, he told [a civilian minister] that I had done for him as if he were my son." Bacot wrote also of how a matron's death touched hospital patients: "it was a sad, sad sight to see the Hurse moving slowly along followed by all the men from our . . . hospital who were able to be out. She had nursed many of them through severe illness, and now they were paying her their last respects."³¹

Yet despite the sense of community that some patients and hospital staff

³⁰ Manual of Military Surgery, 13-15, 18-19, 25; Bollet, Civil War Medicine, 207, 201-203, 197.

³¹ Andrew T. Harllee to brother, 9 January 1862, Folder 5, Box 1, Harllee Papers, SHC; N. Mendenhall to brother, 29 August 1862, Folder 21, Box 2, Glenn Papers, SHC; Berlin, Diary of Ada W. Bacot, 118, 175. From the available statistics it seems that roughly one-third of general hospital patients were wounded and two-thirds were sick. See Daniel, Army of Tennessee, 78. In the Union army, 35.1 percent of all wounds were to the arms, 35.7 percent to the legs, 18.4 percent to the trunk, and 10.7 percent to the head. About 90 percent of penetrating gunshot wounds of the head and abdomen were fatal, while those of the chest had a mortality rate of approximately 60 percent. It is reasonable to assume that Confederate statistics were similar. See Brooks, Civil War Medicine, 74-75.

established, Confederate general hospitals also experienced conflict. Sometimes disputes broke out between the patients themselves. One matron observed that, although the patients were fighting under the same national flag, some insisted on their state's superiority over all others: "the Virginians are not kind in feeling and act [toward the patients of] their sister state [Maryland]." In fact, the "jealousy is so great that there is a constant fuss. If I show kindness to a man who is a Marylander the Virginians stir up some complaint and vice versa." Although the medical officer tried to mediate the conflict, he only exacerbated the situation by "making foolish rules that annoy everybody." Class issues, too, sometimes created distrust in hospital wards. A disdainful Chimborazo patient griped that he was "shut up in a perfect prison with all sorts of men. I was afraid they would steal my shoes at night, so I put them under my head."³²

Even more disruptive to hospital wards was the presence of Union patients. It was probably inevitable that sectional arguments would erupt in wards that contained both Confederate and Union soldiers. One matron remembered an argument turning violent: "two fiery spirits, one minus a leg and another with a broken arm . . . abecame greatly excited and proceded from angry words to blows, throwing pillows, medicine bottles, hard tack, or any convenient missiles at each other, to the infinite amusement of their cool-headed companions." The battle ended when "several of the other patients called loudly for nurses and doctors, who soon appeared and separated the wrathful

³² Phoebe Pember to Mrs. John F. Gilmer, 19 February, 22 June 1864, Folder 1, Pember Letters, SHC; Charles A. Douglas to Cattie, 4 March 1865, Section 1, Douglas Papers, VHS. For a discussion of how the Civil War fostered feelings of class resentment in one Confederate state, see Fred Arthur Bailey, Class and Tennessee's Confederate Generation (Chapel Hill: University of North Carolina Press, 1987), 19, 76-85.

patriots, already well-nigh exhausted by their efforts.” A patient at Charlottesville’s Monticello Hospital named “Old Burns” hated his fellow Yankee patients so much that he could not “help abusing them.”³³

On rare occasions, Union army raids near their hospital compelled patients to turn their hatred of Yankees into action. When a Union cavalry company threatened a general hospital in Newnan, Georgia, “all the men from the hospital who were able for duty . . . a [were sent] to meet the foe.” Similarly, when Yankees threatened a Shuqualak, Mississippi, hospital in 1863, the post surgeon was determined to fight back. He ordered a medical officer “to visit the various wards and ascertain who were well enough to walk and carry a gun” and amassed a regiment of “several hundred sick men.” This kind of excitement, however, was extremely rare, and patients, especially those who were ambulatory, constantly fought boredom.³⁴

A general hospital patient reached convalescent status when his attending physician pronounced him well enough to move about, whereupon his bed ticket was changed to reflect his new status. Although recovery times varied widely depending on the severity of the wound or illness, most patients became convalescent after four to six weeks of hospital treatment. At the Lauderdale Springs general hospital, J. H. M’Neilly observed two types of convalescents. He claimed that those who had recovered from wounds were “full of energy and eager to get back to their regiments,” while those cured

³³ Orra Langhorne, “Hospital Memories,” in Dawson, Our Women in the War, 250; Berlin, Diary of Ada W. Bacot, 134.

³⁴ Cumming, Journal of a Confederate Nurse, 210; James A. Stevens, “‘Hospital Rats’ in Danger,” Confederate Veteran 27 (1919): 318.

from sickness “would sit about and talk of their symptoms and whine over their condition.” Yet convalescent patients posed a threat to hospital discipline; those who were not bed-ridden proved most difficult for medical officers to control. During their free time, some convalescent patients were content to remain on hospital grounds. One patient observed convalescents “standing around the stoves, some lounging on their beds, some playing Chess, some playing Cards and some reading.” Patients at Savannah’s General Hospital No. 2 sat outside and listened to piano music. A convalescent at a general hospital in Mobile remembered that playing marbles and “the manufacture of grapevine news” occupied most of their free time. “Imagination ran riot over the movements of General Lee in Virginia or General Bragg in Tennessee,” he recalled. “Military critics abounded, and they would point out the purpose of such movements, only to find next day that it was a hoax.” At Chimborazo Hospital, Phoebe Pember described convalescents’ affinity for red shoes, produced by dying white canvas hospital shoes with pokeberries. Pember observed “long rows of unshod men . . . sit[ting] under the eaves of the wards, all diligently employed in the same labor and up to their elbows in red juice.” She also noted that one talented whittler carved pipes from ivy root, inscribing on the bowls the mottoes of various Confederate states. This entrepreneur “would charge and easily get a hundred and fifty dollars for a pipe.”³⁵

Other patients, however, reveled in their new-found freedom of movement, which

³⁵ M’Neilly, “End of Vicksburg Campaign,” 97-98; Chisolm, Manual of Military Surgery, 75-76; Daniel, Army of Tennessee, 69; Robertson, Soldiers Blue and Gray, 164; William R. Chisholm Diary, 20 February 1864, Folder 4, Box C27, Civil War Collection, TSLA; Josephine C. Habersham Diary, 13 July 1863, SHC; Pember, Southern Woman’s Story, 75, 74. In addition to canvas shoes, the Quartermaster Department issued “shirts, pantaloons, and drawers . . . for the use of the sick while in the hospitals.” See S. Cooper, General Orders No. 93, 27 September 1862, O. R., Series 4, 2: 199.

upset the hospital community's delicate balance. Convalescents' mobility and relative autonomy sometimes provoked the resentment of bed-ridden patients. One soldier, confined to his bed with typhoid fever, complained to his father that "T.J. Wallace is able to runn about through Town and go where he pleases." From the convalescents' point of view, moving about was a way to ease the monotony of long hospital confinement. I. G. Bradwell, bed-ridden with intermittent fever at Richmond's Camp Jackson General Hospital for three weeks in 1864, rejoiced when his nurse advised him to get some exercise. "I took advantage of this to go to the spring near by," he remembered. Others passed the time by visiting friends. J. R. Kilby, for example, wrote that he had "just returned from a short visit at my friend Mr. Brown's who lives a short distance out of town, & had a very pleasant time." Convalescents also eased the tedium of hospital life by exploring the surrounding countryside. A Charlottesville general hospital patient walked to Thomas Jefferson's home, Monticello, and made a sketch of Jefferson's tomb, which he sent to a friend. Two Alabama general hospital patients took in some fresh air during their "walk out into the country." Still other convalescents occupied their time by attending local religious services.³⁶

A few convalescent patients used their mobility to procure luxury items. One, for example, sold his hospital rations to another patient in order to get the money he needed to buy writing paper, while another did the same and "bought some sider at 25 cts a

³⁶ Leonidas Torrence to Pa, 15 April 1862, Folder 21, Box 2, Glenn Papers, SHC; I. G. Bradwell, "Cold Harbor, Lynchburg, Valley Campaign, Etc., 1864," Confederate Veteran 28 (1920): 138; J. R. Kilby to Annie, 30 July 1864, Folder 19-B, Box 8, John Richardson Kilby Papers, Duke; E. E. Jackson to friend, 19 March 1862, Folder 1, Job Johnston Papers, Duke; Roland William Perry Diary, 24 July 1864, in England, Compilation of Documented Information, 11; Jared C. Frazier Diary, 24 July 1864, Folder 2, Box C26, Civil War Collection, TSLA; James E. Green Diary, 3 July 1864, SHC.

quart.” Sometimes convalescent patients annoyed local civilians by begging for or stealing food to supplement their hospital rations. One matron reported that citizens around her Newnan, Georgia, hospital complained to the head surgeon because convalescents were baiting fish hooks with kernels of corn and snagging their chickens. Another hospital matron observed “many of the convalescent soldiers go[ing] round to the citizens begging for milk.” Some convalescents’ affinity for alcohol forced local authorities to act. The decrees of A. J. Noble, provost marshal in Montgomery, Alabama, are a case in point. Due to the “large number of cases of drunkenness among the soldiers” he “determined to prohibit [the sale of liquor] except when prescribed as a medicine by some respectable Physician.” Furthermore, in an attempt to limit the convalescents’ indulgence in unsavory pastimes, the provost marshal closed down the city’s “Gambling Houses, Drinking Houses . . . Bar Rooms, and Brothels.”³⁷

Malingers, those patients who concealed the fact that they were fully healed in order to avoid front-line duty, particularly troubled the hospital staff. Matron Phoebe Pember explained that malingers were known as “hospital rats. . . . from the difficulty of getting rid of either species.” Some patients went to great lengths to avoid field service. Kate Cumming observed that one, “rather than be returned to duty, cut three of his fingers off with an ax.” One matron tried to shame hospital rats back to the field using a unique method. Emily Mason recalled that “Mrs. [Robert E.] Lee . . . gave me . . . several pair[s] of Gen. Lee’s old socks, so darned that we saw they had been well worn by

³⁷ J.C. Franklin to wife, 5 August 1862, Section A, James C. Franklin Papers, Duke; George K. Briggs to mother, 31 August 1862, Briggs Papers, Duke; Beers, Record of Personal Experience, 115-16; Cumming, Journal of a Confederate Nurse, 183; Montgomery Daily Advertiser, 16 April, 20 May 1862.

our hero.” Placing these socks on the feet of malingerers “had the effect of sending a man to his regiment who had been lingering months in inactivity.” Hospital officials, however, took a more forceful approach to malingerers. Samuel Stout ordered one patient’s “winter clothing taken away from him” and “put [him] on [a] low diet.” Another hospital official ordered “all obvious cases of malingering to the prison Hospital (Castle Thunder) to be returned to their regiments under guard, and suspected cases to the prison Hospital for rigid observation under guard.”³⁸

Hospital medical officers also tried to regulate convalescents’ behavior in two ways: by establishing strict hospital discipline and by assigning convalescents daily hospital chores. Controlling convalescents was a herculean task for, in the words of one medical officer, they “were simply everywhere.” Limiting their freedom of movement was imperative. Samuel H. Stout ordered surgeons-in-charge of general hospitals to make sure “that no patient be allowed to absent himself from [the] Hospital without a written paper signed by the surgeon in charge of the hospital. . . . Notify inmates . . . that all absent . . . without papers will be arrested by the provost Marshal’s guard.” The surgeons-in-charge of general hospitals in Virginia received a similar directive from that state’s medical director, who decreed that “every patient . . . absent from their beds . . . between 8 o’clock P.M and daylight every morning . . . will be called upon for his excuse

³⁸ Pember, Southern Woman’s Story, 18-19; Cumming, Journal of a Confederate Nurse, 213; Mason, “Hospital Scenes,” 150; Samuel H. Stout, “Some Facts of the History,” pt. 11 Southern Practitioner 24 (April 1902): 215; William A. Carrington to General Cooper, 14 May 1863, Letters Sent, Medical Director’s Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA.

and punished if it is not satisfactory.”³⁹

Convalescents apprehended off hospital grounds without a pass spent a day or two in the hospital guard house. The guard house at Chimborazo Hospital, for example, was “erected separate[ly] from [the] other buildings” in order to contain “unruly patients.” If the hospital did not have a guard house, then the surgeon-in-charge improvised. Surgeon G.M. Green, for instance, was heard to say that when convalescents “offended against the law, he put them in the dead house and he never heard anything more from them.” Dr. Hawthorn, the surgeon-in-charge of Chattanooga’s Academy Hospital, was notorious for his punishment of convalescents, which consisted of “bucking and gagging . . . he puts a bayonet in their mouth . . . and ties it so tightly that the blood gushes out. Many a time he has made the men stay in this position for twenty-four hours, giving them neither food nor water.”⁴⁰

A more humane and somewhat more effective way in which medical officers dealt with the convalescents’ unruliness was by assigning them hospital duties. Sometimes these duties included guarding other convalescents confined in the guard house. Over time, however, medical officers realized that this was a bad idea because “convalescents bargain with each other, when detailed as guards, to great indulgence.” Detailing

³⁹ Daniel, Recollections of a Rebel Surgeon, 120; S. H. Stout to Surgeons Green and Mullins, 29 July 1864, Folder 6, Box 1, Stout Papers, TSLA; P. E. Hines to E. Burke Haywood, 4 August 1864, Order and Letter Book, Box 30, Folder 355, Haywood Papers, SHC.

⁴⁰ T. H. Williams to J. L. Davis, 13 August 1862, Letters Sent by Surgeon Thomas H. Williams, Inspector of Various Hospitals in Virginia, 1862 (vol. 366), Records of the Confederate Medical Department, NA; Gildersleeve, “History of Chimborazo Hospital,” 150; William A. Carrington to E. S. Gaillard, 7 December 1862, Letters Sent, Medical Director’s Office, Richmond, Virginia, 1862-1863 (vol. 416), Records of the Confederate Medical Department, NA; Cumming, Journal of a Confederate Nurse, 105.

convalescents to work in the kitchen was another solution that was tried and rejected, mainly because “as soon as they are initiated into the mysteries of the culinary art they take sick [again].”⁴¹

The most effective convalescent assignments were gardening, tending patients, and daily military drill. Gardening served a dual purpose: it occupied the convalescents’ free time, thereby reducing rule violations, and it provided the hospital with food. Samuel Stout regarded gardening as “wholesome recreation for the Convalescents,” while another medical officer noted with satisfaction that convalescent gardens provided “fresh vegetables” for the benefit of the sick and wounded. Convalescents also served as hospital nurses and attendants; in assigning these duties, medical officers hoped to curb convalescents’ “idleness and vice.” Finally, some convalescents were required to “drill thirty minutes morning and evening” which not only benefitted them by providing “healthful and regular exercise” but also aided the war effort by “keeping the patients refreshed in the tactics.”⁴²

Yet despite medical officers’ best efforts to control and nurture them, some convalescents refused to submit. Some in fact deserted while in the hospital, a desperate act encouraged by the Confederate War Department’s decision to severely limit soldiers’

⁴¹ Isaac L. McIntosh to niece, 9 April 1865, Folder 4, McIntosh Papers, SHC; S. H. Stout to A. J. Foard, 10 December 1862, Folder 11, Box 1, Stout Papers, TSLA; Cumming, Journal of a Confederate Nurse, 72.

⁴² Circular, 25 March 1863, Folder 11, Box 1, Stout Papers, TSLA; Tebault, “Hospitals of the Confederacy,” 502; T. H. Williams to B. M. Leiby, 13 July 1862, Letters Sent by Surgeon Thomas H. Williams, Inspector of Various Hospitals in Virginia, 1862 (vol. 366), Records of the Confederate Medical Department, NA; S. P. Moore, Circular, 6 July 1863, Confederate Imprints, no. 954; S. H. Stout to G. W. Brent, 3 February 1864, Folder 7, Box 13, and F. H. Evans to S. H. Stout, Folder 4, Box 13, Stout Papers, MOC.

furloughs. After the war, one Tennessee veteran remarked that he “was in [a] hospital for some time but got away and made my way home.” Four patients were so desperate to reach home that they jumped from the train that was transferring them from a Danville, Virginia, general hospital to Richmond. Another patient, in a Raleigh hospital, cut through the floor of the guard house in which he was confined, and thus attained his freedom. One historian estimates that at least “5000 men deserted from Virginia hospitals every year between 1862 and 1864.”⁴³

Confederate general hospital patients faced many hardships. On their arrival, many were disconcerted by the impersonal nature of the hospital’s admittance procedure. Subsequently they had to deal not only with pain and sickness but also with fear, loneliness, and boredom. Although most would have preferred to recover from sickness or wounds at home, many acknowledged that the hospital staff did everything in their power to heal them. Over time, patients established rewarding relationships with those around them, which served to comfort them. They formed especially strong bonds with female workers, a process encouraged by the use of familial language and the attempt to create a home-like atmosphere in hospital wards. And although there were frequent conflicts inside the Confederate hospital, many patients became part of the hospital community.

⁴³ John C. Ussery to Mary L. Robertson, 1 September 1863, Ussery Papers, VHS; F. B. Gause, in Tennessee Veterans Questionnaires, 3: 891; J. H. DeVotie to father, 24 August 1862, Folder 2, Box 1, DeVotie Papers, Duke; E. Burke Haywood to Col. Evans, 17 March 1864, Order and Letter Book, Folder 355, Box 30, Haywood Papers, SHC; Jordan, Charlottesville and the University of Virginia, 57. On the Confederate War Department’s decision to limit soldiers’ furloughs, see O. R., Series Four, 2: 4.

Conclusion

For many, the words “Civil War hospital” conjure up distinctive images. In our mind’s eye, we see soldiers wasting away with ghastly wounds and horrible diseases. We see battlefield survivors crowded around makeshift hospital tents waiting for harried, overworked surgeons to dress their wounds or amputate their shattered limbs. We see the dutiful surgeon’s assistant shove a stick between a suffering soldier’s teeth because chloroform and ether are not available to deaden his pain. We hear their groans, we see their agony. Often these images are reinforced by wartime photographs and modern films. Foremost among these portrayals are compelling scenes from “Gone with the Wind,” the quintessential “moonlight and magnolias” version of the war and its aftermath. In Atlanta, Melanie (Ashley’s wife) indefatigably nurses soldiers in a military hospital because “they could all be Ashley.” Scarlett, however, works in the hospital for a while but eventually leaves because she cannot endure the horror. Later, after heavy fighting around Atlanta, Scarlett ventures to the hospital to fetch Dr. Mead because Melanie is in the throes of childbirth. Reacting with revulsion as she wanders past hundreds of wounded soldiers, she finds Mead; he is an island in the midst of a sea of suffering. Thinking that she is there to help, the doctor welcomes her, but the self-interested Scarlett quickly dashes this notion, enjoining him to come to her rescue. Mead rejects Scarlett’s plea for help, gesturing around the room saying: “Are you crazy? I can’t leave these men for a baby. They’re dying, hundreds of ‘em! Get some woman to help

you.” The doctor makes his departure to answer the call of an off-camera patient, and two assistants--a small black boy and what appears to be a detailed soldier--follow.

Yet neither photographs nor Hollywood movies capture the nuances of Civil War medicine in general or of Confederate hospitals in particular. Like the Atlanta hospital portrayed in “Gone with the Wind,” they were often crowded and understaffed, and at times medical officers faced severe shortages of medicine, food, and other necessities. Yet a broad array of people--both soldiers and civilians--were brought together inside Confederate hospitals, some by choice and others by compulsion or necessity. Photographic representations or cinematic portrayals never entirely capture their thoughts, feelings, and experiences.

This study of Confederate general hospitals illustrates both the ferocity of war and the balm of human compassion. General hospital workers, amateurs as well as professionals, treated hundreds of thousands of maimed and sick soldiers. Inside the Confederate hospital, patients were not statistics but human beings, and hospital workers exhibited a range of emotions when they confronted their suffering and death. The hospital community rallied around the common cause of healing sick and wounded soldiers and succeeded, for the most part, in this endeavor. Forced to call on civilians to meet the medical crisis, the Confederate government passed the Hospital Act of September 27, 1862, which revolutionized the hospital program. Fomented largely by those at the top of the southern social structure, this revolution, to a large degree, conformed to their view of themselves and the way their society was supposed to be.

The structure of Confederate general hospitals mimicked the hierarchical nature of

southern society. As the leaders of their respective institutions, head surgeons valued subordinate officers who were not only knowledgeable about medicine but who also showed themselves to be southern gentlemen. Moreover, head surgeons voiced a preference for upper-class “ladies” to fill matron positions, while more undesirable or physically demanding tasks fell to detailed or disabled soldiers, lower-class whites, slaves, and free blacks. To focus the labor of their diverse work force, officers, with the aid of white female supervisors, strove to forge a hospital atmosphere of common cause and unity. They used familial language and metaphor to gain the loyalty and cooperation of their peers and patients. Those employees whose status left them outside of the hospital “family” did not, however, always respond positively to such efforts.

Finding a place for white plainfolk, slaves, and free blacks inside the Confederate hospital proved problematic because, despite the rhetoric, the hospital was hardly a family. It was a military institution, and everyone in it was required to follow orders or face the consequences of disobedience. Aside from the lucky few who worked with actual family members, most had no preexisting ties with their co-workers; therefore, they had no immediate source of camaraderie. Many people inside the Confederate hospital had attitudes that contrasted sharply with those of officers and matrons. There were patients who would rather have been elsewhere, slaves whose masters (or impressment officials) had forced them to be there, and civilians who were attracted to hospital work not by humanitarian concern but out of financial need. Quarrels arose as matrons demanded obedience from lower-class women and as slaves resisted their roles as lackeys. White men, whose skin color placed them at the top of the pre-war pecking

order, found their independence and self-mastery challenged inside the Confederate hospital, both as employees and as patients. While officers and matrons usually embraced their roles as surrogate fathers and mothers, they had to find a way to integrate everyone else into a hierarchy that did not allow them much, if any, control over their daily lives.

Over time, common ground allowed whites to establish working relationships and even friendships with each other. While the central focus of patient care often provided the foundation for these relationships, notions of white supremacy and the struggle against a common foe served to deepen these ties. Whites worked and lived together, spent their free time with co-workers, and supported each other through good times and bad. Most realized that their labor, whether performed in wards or kitchens or linen-rooms, played an important role in healing hospital patients. For their part, patients implicitly and explicitly expressed their appreciation of the care they received from whites. Although there were a few occasions when whites and African-Americans found common ground, slaves resisted--in large and small ways--white oppression and established a community beyond white purview. Free blacks, shunned by both the slave and white communities, nevertheless had the ability to take hospital jobs, which allowed some to earn more money than their pre-war occupations had afforded. While hospital communities were not all-inclusive, they did prove to be a cohesive force, especially among officers, matrons, and patients. The Confederate hospital was both a revealing microcosm of southern society and a crucial link between the battlefield and the homefront.

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Vita

Nancy Schurr was born on June 17, 1971 in Sidney, Ohio. She attended Longfellow Elementary School and Sidney High School. After graduating in 1989, Schurr attended Wright State University for an undergraduate degree in Political Science and a Master's degree in History. She began the Ph.D. program at the University of Tennessee, Knoxville in the Fall semester of 1998, earning a doctorate degree in History in the Fall of 2004.

Currently, Schurr is an Adjunct Professor of History at Chattanooga State Technical and Community College in Chattanooga, Tennessee.