The Civil War as a Catalyst for the Professionalization of Nursing

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THE CIVIL WAR AS A CATALYST FOR THE PROFESSIONALIZATION OF NURSING

by

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B.A. June 1990, Virginia Wesleyan College

A Thesis Submitted to the Faculty of Old Dominion University in Partial Fullfillment of the Requirement for the Degree of

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Approved by:

__________________________
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ABSTRACT

THE CIVIL WAR AS A CATALYST FOR THE PROFESSIONALIZATION OF NURSING

ROSEMARY PLUM
OLD DOMINION UNIVERSITY, 1995
DIRECTOR: DR. MARTHA BROWN

The Civil War played a major role in the transformation of nursing from a domestic service to a genuine profession for women. Thousands of women moved into the public space of the battlefield to care for the sick and wounded, transferring their domestic skills to the administration of military hospitals and the gathering and distribution of sanitary supplies. The United States Sanitary Commission, an organization formed by women such as Dr. Elizabeth Blackwell, promoted the training of women as skilled nurses. Drawing on the techniques and experience of Florence Nightingale, American women elevated nursing, a previously domestic duty, into a specialized profession.

Memoirs and personal correspondence provide an insight into the lives of the remarkable women of the Sanitary Commission. Published works by many of these women as well as other authors reveal that the roles women played established a momentum for moving nursing into the public domain.
ACKNOWLEDGMENTS

Completing this thesis would been impossible if not for the support of my family. My husband, Dave, provided hot meals, cold drinks and encouragement as I researched, wrote and rewrote. Computer malfunctions were not infrequent. When I chose to panic, Dave remained calm, solved the problem and put me back on track.

My son, Scott, offered words of wisdom and bits of trivia from the Civil War classes he was taking at Virginia Tech. Both he and my husband endured countless hours of walking around hot battlefields in the middle of the summer, as I searched for “just one more piece of information.” To both of them, I am forever grateful.

I would also like to thank my advisor, Dr. Martha Brown, for the time and effort she expended to make this thesis possible. The insight and suggestions provided by Dr. Brown and my thesis committee played a major role in my success.
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CHAPTER 1
INTRODUCTION

In time of war, Americans have accepted women leaving the home to work as a national necessity rather than as a social aberration. The Civil War was no exception. The associational and humanitarian work of middle--and upper--class women vastly expanded during the mobilization for war. In the antebellum years, urban women, responding to their personal needs and the social demands of the city, established an extensive network of voluntary associations. Through these organizations, women learned diverse skills from coordinating their own activities and dealing with the public arena. Shortly after the first shots were fired at Fort Sumter, northern women put their acquired skills to work by establishing associations to aid the Union Army. Women organized to raise money, purchase and distribute supplies and to enter hospitals to nurse sick and wounded soldiers.

During the Civil War, the old restrictions and conventions relating to women's activities were lifted as a matter of expediency, to meet the unusual demands of the
war. The lifting of constraints on civilians in general occurs in any war large enough to require their participation. However, the suspension of the old order is usually temporary. The assumption is that peace will bring a return to the status quo. It was assumed during the Civil War that at the end of the emergency women would quietly return to their former place in society. But those who have benefited by the opportunities of war do not readily relinquish their gains when war is at an end.

The nature of the freedom which women found they possessed when men marched away to war was the opportunity to work--outside the home and for a cause. They were free to create their own standards for their work and to a large extent they were free to define its scope. Within this freedom, the foundation was laid for the professionalization of nursing.

Prior to the Civil War, every woman could call herself a nurse, for at least once in her life she would find herself in charge of someone else's health--a parent, a husband, a child. The care of that person would take place at home, as an extension of the woman's natural functions of maintaining a clean, orderly, healthy household. To nurse, was to nurture--a feminine characteristic, certainly not indicative of strength and stamina.

Nurses in a hospital setting were characterized quite
differently. Unlike the nurse who became a household member only for the duration of a patient's illness, the hospital nurse both lived and worked in an institution. Many were partially recovered patients who were pressed into nursing duties. Before the 1870's, no nurses received any formal training or schooling for the work. Hospital nurses, considered the dregs of female society, are described as women who drank themselves into oblivion to endure their seemingly thankless and wretched labors of cleaning, feeding and watching over the hospital's inmates. In the words of Florence Nightingale, hospital nurses were women "who were too old, too weak, too drunken, too dirty, too stolid, or too bad to do anything else."^1

This perception of nursing changed as women demonstrated that the art and science of nursing was much more than a domestic task, but rather a profession requiring intelligence, skill and medical knowledge. The lessons of the war—the necessity for organized private benevolence in the systematization of hospital care and for organized training of respectable women in nursing—would be remembered after the war when the attention of reformers turned to civilian hospitals.

More than 3,000 women served as nurses during the Civil War. In hospitals, on battlefields and transport ships, women cared for the wounded, organized and supervised hospitals and coordinated the provision of medical supplies. Women became the backbone of the massive private system of relief and medical aid, setting up an efficient national distribution network to support the men in the field.

The most widely acclaimed relief agency, the United States Sanitary Commission, formed to systematically organize the efforts of the women of the country. While only one of the Commission's many functions, the training of skilled nurses was of paramount importance. Women trained in hospitals in New York and Philadelphia were dispatched to the battle fronts where they proved to be able administrators and gentle, yet strong workers, capable of enduring the hardships associated with any war effort.

Although women worked in many settings, I have chosen to focus primarily on those who served in the hospital transport system during General George McClellan's Virginia Peninsula campaign. The experience of these women demonstrates the female nurse's ability to function under horrific conditions while developing the autonomy, confidence and abilities which led to the professionalization of nursing. In addition, the middle--
reinforced the notion that an educated and intelligent class of women nurses made a difference in the care of the sick and wounded.²

Kristie Ross, in her work, "Arranging a Doll's House: Refined Women as Union Nurses" notes that, through perseverance, hard work and a willingness to discard the fastidiosness of a Bourgeois society, these women (of the transport system) had managed to carve out a respected place for themselves in a world usually reserved for men.³

Ross also alludes that the women "began to resist the guidance and protection due a lady in favor of collaboration and congeniality."⁴ I would suggest that these women were not merely resisting guidance, but developing confidence in their ability to handle the demands and challenges confronting them in their new roles. They were defining the scope of nursing in relation to the events unfolding around them. Collaboration was necessary to the success of their task. As the ladies moved away from housekeeping and into nursing sick and wounded soldiers, they displayed the


⁴Ibid., 107.
attributes so necessary to the profession of nursing.

The administrative abilities of these women is documented in their journals as well as in the correspondence of the men they worked with and cared for. On many occasions, the women worked near miracles as they turned grains and hardtack into nourishment for the wounded and the sick. From fitting up an entire ship to accommodate casualties to "borrowing" kitchen equipment from local residents, the women proved capable of any task set before them.

Despite their accomplishments, the women were the first to admit the disorder of Civil War nursing. Jane Woolsey wrote in her memoirs of the conflict: "Was the system of women-nurses in hospitals a failure? There never was a system." Similarly, Katharine Wormeley believed that a more orderly system for the recruitment and training of nurses, along with firm discipline, could have overcome the surgeon's suspicions of gentlewomen nurses. In a tract written for the Sanitary Commission in 1863, she urged other women to understand that they would find their "true work" in nursing and "gain the power of benevolence" only through

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5Jane Stuart Woolsey, Hospital Days (New York: Van Nostrand, 1868, 41.
obedience and discipline.\textsuperscript{6} Ross, interprets Wormeley's writing as a statement that "skill and judgement had dissolved into obedience; and stress and conflict were buried beneath a blanket of cooperation."\textsuperscript{7} I, on the other hand, see "obedience" as a method of structure. There must be an obedience to the principles of medicine and sanitary practice if nursing is to be seen as a profession in collaboration with physicians. The obedience is to skill and judgement.

Strict discipline was the basis of Nightingale's system of moral training and nursing education. Individual ideas on order and method were to be replaced by those dictated by the medical educators. Calmness, self-control and reconciliation to duty, would come through self-discipline exercised by the nurse at all times, both on and off the wards. Later, Lavinia Dock (a leader in nursing education) argued that "absolute obedience" must be the foundation of the nurse's work.\textsuperscript{8}

Through their experience with the new class of women who entered Bellevue and New York Hospital for training

\textsuperscript{6}Katherine Wormeley, \textit{The United States Sanitary Commission: A Sketch of Its Purposes and Its Works} (Boston: Little, Brown, 1863), 24.

\textsuperscript{7}Ross, 113.

\textsuperscript{8}Reverby, 53.
during the Civil War, doctors realized the difference that an educated and intelligent class of women nurses could make in a hospital. In an 1862 report to the Board of Governors of New York Hospital, Dr. W. Griscom was most complimentary:

I can speak in no other terms than of unqualified respect and admiration, for their untiring devotion and care, presenting as these ladies have, examples, . . . of the great value of educated intelligence in the care of the sick, both moral and professional, as adjuvants of the medical staff. 

Several of the women involved in the transport system went on after the war to actively advocate professional training for nurses. The efforts of these women proved that nursing was more than an extension of their domestic sphere. Indeed, it was a profession with a need for skilled techniques, medical knowledge and administrative abilities.

Georgeanna and Abby Woolsey published one of the first texts used in nursing schools. Modeled in many ways on the teachings of Florence Nightingale, this publication found its way, not only into nursing schools, but the homes of many families. In addition to their publishing efforts, the Woolsey sisters played an active role in the founding of two of the first schools of nursing, Bellevue Hospital in New York City and the Connecticut Training School in New Haven, Connecticut.

The Bellevue school was a joint effort of Abby

Mottus, 34.
Woolsey and another former Sanitary Commission worker, Louisa Schuyler. They drafted the plan of organization for the school which recognized the need for a better class of women as nurses. Based on the ideas of Florence Nightingale, the plan provided innovative ideas on the administration of the school and the staffing of the hospital. Nursing achieved its place as an educated and honorable profession.

As a nurse myself, researching this thesis invoked feelings of nostalgia, pride and a kinship with the women who staffed the transport ships and field hospitals. It was their efforts which paved the way for all of us who have chosen to enter the profession. As they proved that women were capable of providing more than just nurturing, nurses today must remember that in the midst of technology nurturing should never be ignored. It is a balance of knowledge and caring which distinguishes nursing as a profession.
CHAPTER 2

BEYOND THEIR SPHERES: NURSES ON THE BATTLEFIELD

The Civil War brought women changes of staggering proportion. Public arenas in which women had only token representation before the firing on Fort Sumter brimmed with their gender during war time. At the same time, the temporary shortage of manpower created new opportunities for women. War, the great catalyst for change among men, also brought enormous transformations for female activities as well.¹

Perhaps the most important effect of the Civil War on women's work was the recognition of women's administrative abilities and the professionalization of nursing for women.² Thousands of women in the fields of Civil War nursing and soldiers' aide ultimately succeeded in shifting some of the boundaries of acceptable middle-class

¹Catherine Clinton, The Other Civil War (New York: Hill and Wang, 1984), 81.


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behavior between women and men, although the shifts were hard won, painful and fraught with resistance.

At the beginning of the nineteenth century with the development of a market economy, men moved outside of the home to pursue their occupations. Once craftsmen and farmers, they became tradesmen and manufacturers. Women assumed control of the "domestic sphere" with the opportunity to "rise in the home." The home became a place of feminine values, piety, morality, affection and self sacrifice. According to the doctrine of spheres, men and women differed in character traits. Women possessed qualities described as nurturing and benevolent with a firm grip on morals and religion. Men on the other hand could be characterized as competitive, individualistic and materialistic.

Female benevolence associations spawned from church groups and women's societies formed during the Second Great Awakening. Voluntary benevolence activities promoted visitation to private and public institutions such as almshouses, asylums, hospitals and jails. The evolving social space welcomed benevolent women. This benevolence capitalized on the gender consciousness associated with

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women's sphere. 

The cult of domesticity enhanced the evolution of women's professions. Catherine Beecher, an avid proponent of education for her sex, fought for the professional development of women. This development brought women out of the home into seminaries and colleges, eventually emerging into paid vocations, particularly teaching. At the same time, nursing emerged as a women's profession. The American Women's Education Association in 1852, called the "care of the human body in infancy and sickness" part of the appropriate profession for women. The Association supported the development of nursing schools to professionalize what had previously been a part of untrained domestic service. This process moved slowly, however, until after the American Civil War.

Prior to the Civil War, the few attempts by physicians, often women physicians, to educate secular women in the art of nursing met with little public recognition or lasting success. The first training school for nurses was started in New York in 1798 by an attending physician at New York Hospital, Valentine Seaman. Seaman organized a course of lectures for nurses that ranged from anatomy and

\[\text{Ibid., 168-170.}\]

\[\text{Julie A. Matthaei, An Economic History of Women in America (New York: Schocken Books, 1982), 181-82.}\]
physiology to midwifery and child care. Philadelphian physician Joseph Warrington, with the help of the Quaker community, began to train nurses when he founded the Philadelphia Lying-In Charity in 1828. In hopes of attracting students and combating a shortage of applicants, Warrington in 1839 and again in 1855, published leaflets describing his courses. Six years later, in 1861, also in Philadelphia, physician Ann Preston founded the Woman's Hospital and opened a nurse training school. In this school, female physicians gave lectures to the nursing students. However, because of the Civil War, Preston's school did not fully develop until 1872 when the school reorganized.

The training of nurses was considered essential by agencies such as the Sanitary Commission. Noting that the heat of the battle was not the time to introduce a novice, training and organization became essential. The Women's Central Association for Relief in New York began by selecting the best qualified women and familiarizing them with medical and nursing procedures through a course of

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practical hospital work and theoretical lectures.  

The Civil War forced females to undertake new activities and responsibilities. Tens of thousands of middle class women left the familiar contexts of their home and community for the alien and very public space of the battlefield. Similarly, the war compelled adjustments by men whose desire to guard the physical territory of war yielded out of raw necessity. Prewar judgments about middle-class women's frailty and emotional instability, and about the impropriety of their dealing with blood, wounds, ailing bodies, and death outside of the family gave way to increasingly positive evaluations of women's various strengths. Slowly, society began to accept the potential benefits to the sick and wounded that exposure to women's "natural" caretaking talents offered. This required women to transfer their domestic skills to the efficient accomplishments of local benevolent activities as well as to apply those skills in the administration of military hospitals and the gathering and distribution of sanitary supplies. In addition the war forced the men to accept middle class women in expanded roles beyond their circumscribed prewar contexts. Skills acquired in the operation of benevolent activities were called into play. 

\[\text{Mottus, 35}\]
As women assumed new and various civic responsibilities, their aspirations grew for concrete recognition in the form of professional status. Women formerly satisfied with praise and recognition as voluntary servants of Christ began to expect and sometimes simply demand the benefits of professionalization. This meant the granting of titles, training, and salaries. The generation that undertook the enormous task of providing Civil War relief replaced the language of gender identity--and of female moral superiority--with that of war. Civil War philanthropy aspired to a more "masculine" ideal, as the new generation of benevolent women and men proposed that scientific rather than moral principles characterize social welfare.\(^9\)

Women mobilized on behalf of the war effort in the North and South. When hostilities broke out the Union government drew on women's talents and experiences to assist in war relief efforts. In April 1861, over 3,000 New Yorkers turned out at Cooper Union to rally to the Northern cause. Out of this massive response, the Women's Central Association for Relief (WCAR) evolved with twelve women on the twenty-five member board. This group, in addition to

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collecting and distributing supplies trained nurses for work in hospitals and on the battlefields. The New York group was but one of 7,000 local societies which constituted the United States Sanitary Commission, the most effective and important institution developed by women during the war. Its functions proved virtually endless. Supplies worth millions of dollars went out to needy soldiers, widows, and orphans. It sent sanitary inspectors to army camps and hospitals and published medical reports and treatises. It created the first battlefield soup kitchens, the first hospital railroad car, and the first hospital transport ships. A pension agency and back pay agency assisted soldiers in securing their rightful wages. By the end of the war, the network included a coordinated plan of emergency battlefield relief designed to bring food, ambulances, surgeons and supplies to the site before the battle ended--and often before the Army Medical Department could respond.10

The money and supplies to fuel this operation came from donations from over ten thousand local aid societies,

10Mary A. Livermore, My Story of the War: A Woman's Narrative of Four Years Personal Experience as Nurse in the Union Army and In Relief Work At Home In Hospitals, Camps, and At The Front, During the War of the Rebellion (Hartford: A.D. Worthington and Company, 1896), 130-134; Charles Rosenberg, ed., The Sanitary Commission of the United States Army: A Succinct Narrative of Its Works and Purposes (New York: Arno Press, 1864), 10-16.
usually run by women. Women used many of their benevolent innovations, such as the sponsoring of fairs and bazaars to raise money. In 1863, the northwest branch of the Sanitary Commission sponsored a two-week fund raising fair in Chicago, which netted over $100,000. The women were encouraged to solicit donations from stores, farmers and citizens in general. For their efforts, they received the gratitude of not only the army, but the sick and wounded soldiers, as well as dying men.

After supply, the task of nursing in military settings was embraced by women. Some 3,200 Northern women worked as nurses in the war. The WCAR proposed the establishment of a centralized system of recruiting, training and deploying nurses if appropriate nursing candidates were to be identified and put into service.

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General discussion by several speakers at the Cooper Union meeting delineated the characteristics of those women best suited to the position of "nurse." Dr. Valentine Mott, a distinguished New York surgeon declared that "not every women could do for a nurse, some were born for nurses; they were naturally fitted for it; others never could be fitted for its duties." An intelligent, competent woman in the hands of a competent doctor, however, "could soon be fitted for the sick room." Women "of discreet manners with strong constitutions" resided and trained at Bellevue Hospital in preparation for their arduous duties.\(^{14}\)

Nursing was a woman's province and Florence Nightingale assisted in transforming it from housework into a specialized profession, endowing it with importance in the social scheme and with a highly skilled technique. Nightingale's work in the Crimean War, exemplified the influence a women could exert in a male dominated environment. Her reform efforts resulted in the saving of thousands of soldier's lives and a new awareness of the relationship between sanitary conditions and survival. Nightingale's book, *Notes on Nursing* published in England in 1859 and in Boston in 1860, proved widely influential. Her


\(^{15}\)Ibid.
work emphasized the same points repeatedly: that the good nurse was a product of talent and training, not of merely being a woman. Proper nursing, defined as the "use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet" was essential to recovery. Those female "ink bottles" as she called woman writers, would be more useful if they stopped extolling woman's special mission and started demanding a right to medical knowledge and the abolition of the crinoline.\textsuperscript{16}

Women all over America read Nightingale's work, conscious of the prestige it gave their ambitions. Women waiting for nursing appointments in war hospitals read the little volume and carried it to the front in their carpet bags. The nursing techniques of the war were founded on it. Throughout the war years, Nightingale corresponded with the Secretary of War and the officers of the Sanitary Commissions. Her tenets permeated all women's activities in the war, and her belief that women, organized as nurses, laundresses and cooks, should be with the troops in the field validated the efforts of the American women.\textsuperscript{17}


In some cases women gained official rank. In June 1861, Dorothea Dix was appointed Superintendent of Nurses for the Union Army. She set up strict regulations for the training of women, establishing a minimum age of thirty for her corps. Her stipulation that nurses be "plain in appearance" drew considerable criticism from pretty applicants and male patients. Dix and other women pioneers in medicine were aware of the prejudice many men harbored against unmarried women participating in immodest activities. She wanted to insure that her nurses would be above reproach. But as the war wore on, the forty cents a day appealed to many more than just widowed or married women with husbands away at war. Many women did not merely want to make themselves useful, but also needed the extra income. Younger women, deprived of social activities as well as

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18Four days after the attack on Fort Sumter, four members of the Sixth Massachusetts Volunteers were killed and several others wounded by Confederate sympathizers as they passed through Baltimore on their way to defend the Capital. In response to news of the attack, reformer Dorothea Lynde Dix of Massachusetts, already famous for her vigorous work in the nation's insane asylums, boarded a train for Washington. Upon her arrival she went to the War Department and volunteered her services in the organization of military hospitals for the care of sick and wounded soldiers, and in the supply of female nurses. On June 10, 1861, Secretary of War Simon Cameron conferred upon Dix an official military commission naming her the Union Army's first Superintendent of women nurses. Leonard, 7; Brockett, 100-101; Sylvia G. L. Dannett, Noble Women of the North (New York: Thomas Yoseloff, 1959), 57-61; Young, 55-61.

19Mary Elizabeth Massey, Women in the Civil War (Lincoln: University of Nebraska Press, 1966), 43-45; Young, 61.
beaux wanted to serve patriotic and personal needs by nursing. Many wartime romances blossomed in hospital wards, with consequent marriages often crossing political boundaries.20

Women not only cared for soldiers in hospital wards, but earned praise for their tours on the battlefields. Mary Ann Bickerdyke, an accomplished nurse, spent much of her time at the Union's military hospital in Cairo, Illinois. But Mother Bickerdyke, as she was affectionately known to the troops, also tended to wounded on nineteen battle sites. The efficient Quaker woman became a welcome sight to the wounded in the field.21 Despite her excellent performance, Mother Bickerdyke's efforts are generally described in terms of her maternal characteristics, rather than her professional performance. Given the opportunity to work beside her, Mrs. Eliza Porter, a Sanitary Commission nurse provided the following insight,

No one who has not seen the immediate effects of a battle can have any idea of its horrors. Mother Bickerdyke has followed the wounded with a mother's self-sacrificing devotion, and the high patriotism and benevolence which exist in her nature... Like a true mother she is ready for it.22

20Clinton, 82.


22U.S. Sanitary Commission "Diary of Mrs. E. C. Porter (agent of the Sanitary Commission in the Army of the Cumberland)," The Sanitary Commission Bulletin, (New York,
Bickerdyke's reports on the filth, malnutrition, and disease at the Cairo military installation led General Ulysses S. Grant to designate her organizer and chief of nursing, hospital and welfare services for the western armies. She later made extensive and careful preparations for General William T. Sherman's march through Georgia. In addition, Bickerdyke supervised the building, staffing and equipping of approximately 300 field hospitals.\(^{23}\)

As with Florence Nightingale in the Crimea, American nurses in the Civil War faced resentment from the male medical establishment. Georgeanna Woolsey, one of a family of four sisters who became nurses, wrote that women nurses endured much opposition.

> Hardly a surgeon of whom I can think received or treated them with even common courtesy. Government had decided that women should be employed and the army surgeons--unable, therefore, to close the hospitals against them, determined to make their lives so unbearable that they should be forced in self-defense to leave.\(^{24}\)

Part of the problem lay in the fact that the surgeons themselves proved incompetent. Fearful that their incompetence would be revealed, they made life miserable for the nurses.

Mary Phinney von Onlhausen reported to the Mansion

1864), 1:659.

\(^{23}\)Baker, 120-130; Bullough, 112.

\(^{24}\)Georgeanna Muirson Woolsey, *Letters of a Family During the War for the Union 1861-65*, (Printed for Private Distribution, 1899), 1:142-146.
House Hospital in Alexandria, Virginia as a sort of advance

guard of Dix's corps of nurses. The surgeon in charge told
her he had no place for her, and refused to assign her a
room of her own. Another nurse told Mary that the surgeon
had declared, "he would make the house so hot for me I would
not stay long." She persevered, but it proved hard for her
to acquire the knowledge she needed. One assistant surgeon
was discharged abruptly, and the other too drunk to be of
any help. Mary declared the men the most brutal she had
ever known. Nonetheless, they were also the authorities,
there was no one to whom she could complain—particularly as
Dix grimly told her to bear everything and stick it out.25

The Army Medical Department used its own regulations
against the nurses—what Georgeanna Woolsey called the
"Bogie of Professional Etiquette."26 Surgeons took it upon
themselves to invent complex hospital rules to frustrate
what they saw as excessive independence and meddling from
the nurses, or to enforce rules arbitrarily and unequally.
The plans of the surgeons failed as the women realized what
they were trying to do. The nurses upon seeing the attitude
assumed by the surgeons and the wall against which they were

25 Dannett, 289-90.

26 Nina Bennett Smith, "The Women Who Went to War: The
Union Army Nurse in the Civil War" (Ph.D. diss., Columbia
University, 1981), 66.
expected to break and scatter, set themselves to undermine the entire scheme.

In her memoirs, Sophronia Bucklin, recalls instances of mistreatment and abuse. Her anger, however is counterbalanced by her growing sense of self reliance and professionalism. Her first formal assignment was to the 13th Street Hospital in Washington. There she heard a constant litany of comments from officers that "women were a nuisance in war"--this after her just completely reorganizing the hospital laundry from a total loss to a functioning department.27

Bucklin found another unpleasant situation at her next assignment, Point Lookout, Maryland in November, 1862. The hospital, a converted resort hotel surrounded by cottage held 3,000 patients. When winter arrived, there were no stoves: "one drunken inefficient man (the Quartermaster) was the means of withholding from us what the government was willing to supply for our comfort while doing its work." Her ward did not have a fire until the first of March, 1863.28

This experience, coupled with the influx of 1100 additional wounded after Fredericksburg, prompted her to think about

27 Sophronia E. Bucklin, In Hospital and Camp: A Woman's Record of Thrilling Incidents Among the Wounded in the Late War (Philadelphia: John E. Potter & Co., 1869), 66-71.

28 Ibid., 83, 74-85.
the men in power over her. She concluded that the fault lay in the fact that the surgeon and the wardmaster exercised large, absolute, and arbitrary powers. When they happened to be good, efficient men, everything went on splendidly; when they were drunken, dishonest and inefficient, chaos and disaster reigned. A nurse had no control over who would fill these positions, despite their vital importance to the performance of her duties. A wardmaster like hers, for instance, could not only refuse heat; if that were his whim, he could refuse to issue government minimum rations--and did, causing her boys to starve for days at a time.²⁹

Sophronia offered her services at Gettysburg, where despite the overwhelming amount of work she ran into yet another administrative stupidity. A new order forbade a nurse to pick up more than one kind of milk at a time from the milk depot tent--either hot or cold, but not both at once. The surgeon prescribed both kinds for the men of her ward. Unaware of the order she tried to obtain both simultaneously, logically enough. A surgeon who happened to be in the tent ordered her to leave and informed her that she was fired. To her surprise, she discovered that this would hold unless she appealed to the surgeon-in-charge. She explained her ignorance of the order to this official

²⁹Ibid., 87-95.
who admonished her to be more careful in the future. She had her job back along with the understanding that she was at the bottom of the heap.30

Woolsey describes her fellow nurses as those of the "truest refinement and culture," yet day after day they quietly and patiently carried out surgeons' orders, many of which were not usually required of such women. The nurses scrubbed floors, washed windows and performed all sorts of menial tasks dictated by the surgeons in hope of driving away all women from their hospitals.31 Sophronia Bucklin and her roommate were unaware that their administrative rank was equal to that of a ward surgeon. When their male supervisor had them doing the dishes, they didn't know enough to object to such menial work.32

When the Civil War nurse perceived the surgeon as cold, rough, impersonal, and arbitrary, she was in fact partly right. Without an adequate theory of disease or of trauma, and with no means or knowledge to perform extensive or delicate surgery, the doctor was forced to isolate the patient's problem from the patient's physiologic status.

30Ibid., 184-86.


32Bucklin, 61-63.
This limited the physician to amputation, stitching, bandaging or dosing, without antisepsis and with no certain knowledge of cure. During the War, he worked under conditions of great pressure and poor supply, facing massive numbers of wounded without even the most common and available instruments.\textsuperscript{33} He endured constant threats to his professional integrity, both from members of competing sects and from second-rate members of his own kind, all of whom seemed to have signed up to be contract rather than army surgeons\textsuperscript{34}

Sophronia Bucklin, in the midst of her anger, also noted one case in which a hospital cook simply refused to make the food a doctor had prescribed, so the surgeon had to do it himself.\textsuperscript{35} The overworked, frustrated surgeon, threatened on all sides by claimants to his professional authority, perceived the nurse as yet another threat. The last thing he had anticipated was to have to deal with independent ladies who disapproved of his habits, his language, and his methods, and who would try to defy him.

The uncivil behavior on the part of the army surgeons only served to strengthen the determination of the women,

\textsuperscript{33}Smith, 72.

\textsuperscript{34}Jane Stuart Woolsey, \textit{Hospital Days}, 56-57.

\textsuperscript{35}Bucklin, 173-176.
who realized their role as pioneers and fought to maintain their position in the hospitals. This realization along with their dedication to comforting sick and dying men carried them through the hardest of times. Sophronia Bucklin relates an incident where at one point the surgeon-in-charge of the hospital she was assigned to considered releasing her from duty. It took a vigorous apology on her part for whatever she was believed to have done to convince her to keep her on. "I smothered my pride of spirit," she wrote with obvious distaste, "believing it would hurt me less to make the humiliating statement than it would to go, and thereby leave the boys to other hands." Bucklin's words displayed her resolve to continue with the army, as well as her firm belief that the "boys" belonged in her own and the other women nurses' hands. In contrast to those who claimed that women's caretaking abilities should be confined to the members of their households, Bucklin argued for women's rightful presence wherever human suffering demanded it. Finally, the surgeons silently acknowledged that the faithful, gentle care of the female nurses saved the lives of many of their patients and scaled back their overt resistance to the female presence. They could not do without the women nurses; physicians knew it and the women

36 Ibid., 186.
knew that they knew it.

Interestingly, the surgeons offered little resistance to the employ of Catholic Sisters as nurses. Doctors, especially in the north, did not favor female volunteer nurses because they felt the women had little or no experience or were too regulated by Dorothea Dix. Thus they felt that female nurses tended to mother the men and disregard orders regarding diet and medicine. The Sisters, not under the direction of Dix, worked directly with the doctors and were regarded as obedient and cooperative. The most famous comment came from Dr. John Brinton, whose attitude toward female lay nurses was direct and negative because of their "inexperienced and troublesome presence." Yet he decided to replace female lay nurses in his Mound City, Illinois hospital with the Sisters of the Holy Cross (a non-nursing order) because he believed they would be better nurses for his sick men.37

Both Mary Ann Hoge and Mary Livermore, U.S. Sanitary Commission leaders who inspected the Union hospitals and transport boats serviced by the Commission, referred to the prejudice against the "Protestant" nurses and the preference

for the Catholic Sisters. Livermore found everywhere the greatest prejudice against Protestant women nurses. Medical directors, surgeons, and even ward masters openly declared they would not have them in the service and that only the "sisters" of the Catholic church should receive appointments.\(^{38}\)

Finding it futile to combat the prejudice of the doctors, Livermore contented herself with refusing to fill the hospitals and boats with Catholic sisters as she had been asked. Furthermore, Livermore refused to discourage the assignment of Protestant nurses. The Protestant nurses declared Livermore are all "women of experience, carefully examined and properly detailed by Dix." According to Livermore, the Protestant nurses carried the day, chiefly because of their good sense. Hundreds went to the front before the end of the war, welcome by both surgeons and patients while rendering valuable service.\(^{39}\)

Whether on battlefields, transport ships, or in temporary or permanent hospitals, women took on a multitude of duties under the title "nurse." During the Civil War, the word "nurse" for both the lay woman and the sister encompassed different activities than the common

\(^{38}\)Livermore, 224.

\(^{39}\)Livermore, 224-226; Maher, 133.
understanding of the word does today. In general the women provided services in the areas of administration, direct nursing, housekeeping, cooking and other support staff functions. For example, nurses at times took charge of the whole hospital, assigning others to various duties within the hospitals, including wards, kitchens, and laundry facilities. More often, the women nursed in the wards with a doctor, under the direction of a matron. In their nursing duties, women dressed wounds, gave medicines, tended contagious diseases and sometimes assisted with surgery. Cleanliness and nutrition, key elements in preventing disease, kept infection from spreading and helped the soldiers regain their strength. Nurses functioned as housekeepers, laundresses, dietitians and cooks. The ladies served functions that are now considered essential in health care; they listened and made each man feel someone really cared about him. They soothed loneliness, homesickness, doubt and dread. Many more men might well have died without their touch.

Some of the most demanding work--and some of the least publicized--was undertaken by the nurses on the hospital transport ships that in the East plied the Atlantic

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and in the West sailed the Mississippi and other Midwestern Rivers. These steamers, converted into hospital ships to transport the sick and wounded soldiers from southern battlefields to well-equipped hospitals in more healthy northern climates, literally proved to be "life-preservers" for thousands of men who would otherwise have perished from heat and disease.\footnote{Charles J. Stille, History of the United States Sanitary Commission (Philadelphia: J. B. Lippincott, 1866), 153-60.} The floating hospitals, staffed with surgeons and nurses, and funded by the Sanitary Commission during McClellan's Peninsula campaign of 1862 exemplified the work of the Sanitary Commission. Surgeon-General William Hammond, impressed by the Sanitary Commission nurses who staffed the hospital ships, issued an order in July of 1862 requiring at least one third of the army nurses in all general hospitals to be women.\footnote{James McPherson, Battle Cry of Freedom: The Civil War Era (New York: Oxford University Press, 1988), 483.} The women of the transport system are characteristic of the many women who dedicated their time and efforts to the nursing care and welfare of the Union soldier.
CHAPTER 3
THE UNITED STATES SANITARY COMMISSION

The shelling of Fort Sumter by Confederate troops on April 14, 1861 transformed America into a land divided by social, economic and ideological differences. No one could predict the events which were to follow. Consequently, when Lincoln issued a call for 75,000 troops to defend the Union, several questions demanded immediate answers. Who would supply food, shelter and medical attention to thousands of men away from home? What provisions were in place for transportation of troops, supplies and casualties? And finally, who would coordinate these efforts, as vital to achieving victory as arming military troops?

Across the country, thousands of women formed soldier's aid societies in order to provide support, clothing, food and comfort to the men going off to war. The first organization of this kind appeared in Bridgeport, Connecticut on April 15, the day after the attack. Similar groups sprang up at Lowell and Charleston, Massachusetts. Cleveland, Ohio, established the groundwork for what became
a large and flourishing aid society on April 19.¹

The Soldier's Aid Societies developed quickly for the framework existed throughout the country in sewing circles, church societies and town meetings. "Soldiers Aid Society" often became a new name for an existing group. These organizations formed skeletons for new structure since many women already had long worked together for a common cause.

On April 25, 1861 Dr. Elizabeth Blackwell called a meeting of managers of the New York Woman's Infirmary to discuss the need for women nurses to actively participated in the war and to organize the work of the numerous aide societies into a concerted nationwide plan.² Blackwell invited women from many of New York's leading upper-class and Unitarian families, including Mrs. William Cullen Bryant, Mrs. Peter Cooper, Mrs. George Schuyler and her daughter Louisa Lee Schuyler. She also extended an invitation to Reverend Henry Bellows. Blackwell a licensed physician and the first deegree woman doctor in the United States, had no intention of opening the meeting to the


²Young, 72; Marjorie Barstow Greenbie, Lincoln's Daughters of Mercy (New York: G. P. Putnam's Sons, 1944), 52.
public, but Henry Raymond, a patriotic reporter for the New York Times, put a notice of it in the paper. As a result, the infirmary filled to capacity with a large crowd overflowing into the streets.³

Doctor Blackwell knew all too well, the jealousy men physicians harbored for women who entered their profession. Choosing to keep herself in the background, she deferred the chair of this meeting to Dr. Henry Whitney Bellows.⁴ Bellows, a Unitarian minister and champion of many causes, possessed boundless energy and an interest in human affairs which afforded him experience in such fields as sociology, sanitation and various reform movements. Experienced in coordinating efforts involving people and resources, he easily assessed the scope of the work, identified areas of weakness and instituted solution to achieve identified goals.⁵

From this meeting at the infirmary an "Address to the Women of New York, and Especially to Those Already Engaged in Preparing Against the Time of Wounds and Sickness in the Army," appeared in all the principal newspapers of New York City calling a public meeting in the Cooper Institute on the

³Greenbie, 52; Moore, 574; Young, 73.
⁴Maxwell, 3.
⁵Young, 73; Maxwell, 2; Greenbie, 60.
morning of April 29, 1861. The notice identified the object of the meeting as the "concentration and systemizing of the spontaneous and earnest efforts of the women of the land for the supply of extra medical aid to the army." Furthermore, the form which woman's benevolence took, "was first, the contribution of labor, skill and money in the preparation of lint, bandages and other stores, in aid of the wants of the Medical Staff; second, the offer of personal service as nurses." Official information concerning army supplies and an outline of the qualifications for nurses was essential to the success of the project. This information obtained by a central association would be circulated throughout the country. The appeal, signed by 91 "Most Respected Gentlewomen" asked women, doctors and ministers to meet at The Cooper Institute the following Monday.

Two to three thousand women and many of New York's most prominent benevolent men attended the founding of the Woman's Central Association of Relief (WCAR). Dr. Bellows explained the object of the meeting, followed by a

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6Strong, 3; U.S. Sanitary Commission, Documents, 1:40-42.

7Ibid., 1:8.

8Ibid., 1:9; Ginzberg, 141.

9U.S. Sanitary Commission, Documents 1:10.
presentation by Vice President of the United States, Hannibal Hamlin. The Articles of Organization united the women of New York in a society, whose objectives encompassed many areas of war relief efforts.

The association was to be directed by a board of managers composed of twelve women and twelve men, who would also be responsible for the selection of officers. Though men held overriding authority, the association's structure provided a number of well-known, upper-class women with important positions as well. Mrs. Eliza L. Schuyler and Miss Ellen Collins, occupied positions on the eight member Executive Committee. Dr. Elizabeth Blackwell assumed the chair of the Registration Committee, charged with examining and registering women volunteering as nurses. Louisa Lee Schuyler accepted the position of Corresponding Secretary of the WCAR.¹⁰

As war work developed, Louisa Schuyler assumed an increasingly important role. She established an efficient distribution service as an intermediary between the local women's groups that sent supplies to the central office and the soldiers in hospitals and army camps who finally received them. In addition, she spearheaded a public

information campaign which stimulated the formation of a large network of additional local women's groups. Through the central office, she supervised the work of the local communities.11

The women planned to systematically evaluate the needs of the army and work hand in hand with other agencies to meet those needs. They would work as an auxiliary to the medical staff of federal and state troops and supply lint, bandages, etc. in concert with the New York Medical Association.12 New York City was chosen as the central depot for the collection and distribution of supplies from the volunteer societies. As the war work broadened, the plan for one central depot changed with the need for storage and distributing centers nearer the widespread battle scenes.

The Woman's Central Association of Relief addressed the recruitment and training of female nurses, a project led from mid-April until mid-June by Dr. Blackwell. The physician hoped by virtue of her professional status to influence the Union Army to allow women chosen by the WCAR to serve as military nurses. For the women selectees, she

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12Strong, 3.
offered to design and implement nursing training programs since no formal medical training existed for female nurses. Women and men perceived nursing not as a profession, but as an extension of women’s domestic responsibilities. Dr. Blackwell sought to combine women’s innate ability to nurse with the concept of nursing as a "health science" described by Florence Nightingale after the Crimean War of the 1850s.

Nightingale, an accomplished statistician, used statistics to demonstrate the need for improvements in sanitation and health care. Highly intelligent, her ability to use scientific research to demonstrate the need for reforms assisted her in a mission to improve people’s lives. She accomplished reforms in health and sanitation in the British Army, in civilian hospitals, workhouses and homes in England and other parts of the World. She worked to change the laws in England and India to improve the health of their populations, while establishing the nursing profession.

Nightingale recognized a crucial need for educated nurses both committed to serving others and qualified to perform that service. In 1860, she established the first

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13 Smith, 7-8.
14 Ibid., 6.
15 Constance B. Schuyler, “Commentary” in Nightingale, Notes, 4-5.
professional nursing school at St. Thomas Hospital in England.\textsuperscript{16} In light of Nightingale's experience, Dr. Blackwell considered formally trained female nurses more useful to the troops, and more acceptable to the public and military medical community resistant to the idea of women at the front.\textsuperscript{17}

With their mission outlined, the women agreed that their first step should be to establish working relations with the medical branch of the Army. Bellows representing the Women's Central Relief Association, called on the Medical Purveyor of the Medical Department of New York. The Purveyor, Dr. R. C. Satterlee, an old soldier thoroughly encrusted with army tradition, regarded any interference from civilians as unwanted meddling.\textsuperscript{18}

Bellows and Satterlee did not have a productive meeting. Satterlee made it clear that he thought the zeal of the women and the activity of the men assisting them,  

\textsuperscript{16}Nightingale's school was founded to educate nurses who could act intelligently to prevent illness as well as speed the recovery of the patients. She gave her students a solid background in the sciences to enable them to understand the theory behind their care. Believing that nurses should never stop learning, she wrote to her students, "To nurse is a field of which one may safely say there is no end in what we may be learning every day." Ibid., 10-11.

\textsuperscript{17}Leonard, 10.

\textsuperscript{18}Young, 76.
"superfluous, obtrusive and likely to grow troublesome." 19

The women of the society, unwilling to accept Satterlee's opinion, sent a convoy of men which included Bellows and Dr. Elisha Harris, a physician deeply interested in sanitation issues, to appeal to the surgeon in Washington.

Well aware of the problems of army sanitation and possible dire consequences, Harris sought to prevent the tragedies of the Crimean War. 20 Dr. William H. VanBuren, of the Physicians and Surgeons of the New York Hospitals, and Dr. Jacob Hansen, of the Lint and Bandage Association accompanied Bellows and Harris on their mission. The delegation's charge was not merely to effectuate the work of Northern women, but to begin operations of an American Sanitary Commission. The organization, similar to the British Sanitary Commission formed during the Crimean War, defined its mission as the prevention or reduction of illness and hardship among troops—to care for a soldier in health as well as in illness.

The Crimean War (1854-56) disclosed the horrors attending inadequate preparation. During the winter of 1854-55 the British and French troops in the Crimea suffered so terribly from disease and neglect that the death rate

19 Ibid., 77.

20 Ibid., 73; Greenbie, 59.
stood at 293 per 1000 men. Unwanted mortality ran unchecked as soldiers succumbed to defective diets and dreadful sanitation conditions. At one time more soldiers languished in the hospitals than served on duty.21

Great Britain met this disaster with measures of reform. The secretary of state gave broad scope in his instructions to the British Sanitary Commission. The mere issuance of orders proved ineffective; the point being to see them carried out. To accomplish this task, Florence Nightingale and her unit of thirty-eight nurses established a new kind of war hospital at Balaclava and Scutari.

Nightingale’s reform of the nursing care of the British soldiers during the Crimean War is probably her best known achievement. In addition to nursing the sick and wounded, she accomplished the enormous task of cleaning up the grossly unsanitary conditions in the military hospitals of the Crimean Theater.22

Upon Nightingale’s arrival at the Barrack Hospital in Scutari, she discovered rows of mattresses with sick and wounded men lying on them. Liquid filth from clogged sewers pooled on the floors, no doubt a major causative factor of

21Maxwell, 5.

the high number of typhoid and cholera cases.\textsuperscript{23} Despite hostile doctors and hospital administrators, Nightingale established sanitary measures and gave the soldiers necessary nursing care. Realizing these measures did not address the entire problem, she urged government officials in London to investigate the structure and plumbing of the hospitals. Her pressures resulted in the formation of a Sanitary Commission which went on to find major defects in the system of health care and sanitation in the hospitals. The British Sanitary Commission produced astonishing results. With the establishment of sanitary operations in Crimea, the death rate dropped drastically. By January of 1856, only 25 out of every 1,000 men were lost.\textsuperscript{24}

A situation not unlike the Crimean festered in the United States. During April, May and June in 1861, regiment after regiment arrived in the Washington area under conditions which presented a real emergency. Frequently they made their journey in cattle-cars, dirty, crowded and lacking food and drink. After long waits on sidings, many

\textsuperscript{23}Schuyler, "Commentary" in Nightingale, Notes, 5.

\textsuperscript{24}The Crimean War dramatized the problem of sanitation; the public seemed ready to profit from its experiences. The Crimean experience illuminated other factors, such as military inflexibility, helplessness in the medical corps and obstacles created by official jealousy. Schuyler, 5; Maxwell, 7; Vern L. Bullough and Bonnie Bullough, History, Trends and Politics of Nursing (Connecticut: Appleton-Century Crofts, 1984), 20-21.
arrived in Washington sick and exhausted. There, they found little or no preparation for their arrival, often standing for hours in a broiling sun or a drenching rain while quartermasters made ineffectual efforts to assist them. Once in camp, they ate unpalatable and unwholesome rations, while sleeping on bundles of rotten straw, covered with thin shoddy blankets. As one woman pointed out, 

Such fearful misery contrasted sadly with the cheerful scenes they had left and if it did not cool their enthusiasm for the national cause, it developed an alarming prevalence of camp diseases, which might have been prevented, if efficient military discipline had prevailed. 

Despite the presence of miserable troop conditions in the nation’s capital, the delegation from New York met with opposition from all quarters in Washington including Surgeon General Robert Wood and Secretary of War Simon Cameron. The men pointed out that no plans existed to care for the soldier’s health, only for his sickness. The delegation continued to put pressure on the administration and eventually reached an agreement. The government, convinced that a Sanitary Commission could do no good intended to see that it should do no harm. The authority which the delegation thought essential to the work of the Commission remained denied. This limited the Commission’s activities to

\[\textsuperscript{25}\text{Nevins, 131; Livermore, 124.}\]

\[\textsuperscript{26}\text{Livermore, 124.}\]
inspection and advice among volunteer troops with no responsibilities to soldiers of the regular Army.

After much discussion and disagreement, Dr. Wood addressed a letter to Secretary Cameron, calling for a "Commission of Inquiry and Advice in Respect of the Sanitary Interest of the United States Forces," on May 22, 1861. It would act as an adviser to the government. Finally, on June 9, Secretary of War Cameron wrote out an order sanctioning the creation of the United States Sanitary Commission and naming the men selected as Commissioners. Reluctantly, President Lincoln approved the order, believing that civilian involvement in the affairs of the Army might become a cumbersome "fifth wheel to the coach."

The formation of the Commission approved, Bellows needed someone with organizational skills and drive to head up the enormous project of overseeing the activities of the Commission. For this job, he selected Frederick Law Olmsted. Olmsted, one of the landscape architects of Central Park contacted Bellows in June, 1861 to gain his endorsement for a position as superintendent of contraband labor. Bellows, envisioned a different role for Olmsted to play in the War, however, and invited him to become the

27Maxwell, 8; Young, 80.

28Maxwell, 8.
Commission's secretary and chief executive officer in Washington.\textsuperscript{29}

Olmsted assumed leadership of a skeletal organization consisting only of a board of commissioners. In addition to the founders--Bellows, Harris and Van Buren--the other original members included: Alexander Dallas Bache, a long time director of the U.S. Coast Survey, wise in the ways of official Washington; noted reformer Samuel Gridley Howe of Boston; three New Yorkers -- physician, Cornelius Agnew, lawyer, George Templeton Strong, and chemist, Oliver Wolcott Gibbs, as well as the scientist and physician John S. Newberry. As a conciliatory gesture to the Medical Bureau, three army officers--George W. Cullum, Robert C. Wood, and Alexander Shiras--joined the board.\textsuperscript{30}

Olmsted brought experiences and convictions to the position of secretary that enormously influenced the organization and direction of the Sanitary Commission. Training and practice as a scientific farmer and later as superintendent of Central Park sparked his interest in applied sciences, particularly those related to public health. Administratively, Olmsted's experience included the


\textsuperscript{30}Stille, 76-80.
supervision of 4,000 laborers and a department expending millions of dollars during the creation of Central Park. His commitment to the Sanitary Commission fulfilled his sense of patriotic duty. He believed that service on the Commission strengthened the fighting power of the nation by assuring the health of the soldiers while making the best use of goods and money contributed by the public.31

In late June and early July of 1861, Olmsted and Elisha Harris conducted the Sanitary Commission’s first inspections of conditions in the camps of the volunteer soldiers around Washington. The soldiers rarely swept their crowded, poorly ventilated tents; their latrines frequently became disgustingly filthy. Olmsted reserved his strongest criticisms for the personal habits and grooming of the soldiers, whom he described as “really much dirtier than it can be believed they have been accustomed to in their civil life.” Finding the army in danger of epidemic and contagious disease, Olmsted blamed the officers and their ignorance of military regulations. To remedy the problems, he proposed using inspectors of the Sanitary Commission to survey the situations and make appropriate recommendations.32

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32Censer, 4:12; Stille, 85-87; R. C. Wood, Acting Surgeon General to E. M. Stanton, Secretary of War, April
As a result, inspectors (many graduates of prestigious medical schools) chosen to study the sanitary conditions of army camps and hospitals worked in concert with military doctors in the distribution of donated supplies. Olmsted and the other commissioners believed these graduates well qualified to instruct army surgeons on the best medical and hygienic practices.\textsuperscript{33}

Under Olmsted's direction, the Sanitary Commission functioned as a great machine running side by side with the Medical Bureau wherever the armies went; an authorized power fitted to seek out and relieve suffering wherever and however the government failed in doing so. Despite earlier apprehension on the part of the government, the Sanitary Commission proved itself a vital arm of the military medical bureau, winning their thanks and approval.\textsuperscript{34}

In the weeks following Bull Run, the Commission turned its hand to a number of problems outside the scope of


its original plan. It extended its sanitary inspection to camps and hospitals throughout the army, selecting its agents for their diplomacy as well as their professional knowledge, since without enforcement powers, they could get their recommendations carried out only by persuasion. It set up a statistical bureau, later to be known as the Bureau of Vital Statistics. It inaugurated a burial register and secured permission to have its printing done by the Government Printing Office. To aid surgeons in the field, out of reach of medical libraries and faced with illnesses and injuries of which they had little knowledge, it had specialists prepare a series of monographs on medicine, surgery, hygiene and anesthesia. In a spontaneous response to an emergency, one of its most effective agents, Frederick Knapp, improvised the Special Relief Service, which operated forty soldiers' homes and lodges throughout the Union-held territory. Soldiers who were sick, but not sick enough to be hospitalized or those with personal problems could receive free care and assistance.  

Branching out the Commission decided to do something about the hospitals around Washington crowded with wounded from Bull Run. It was not enough to remedy, as it did the deficiency of supplies and services. The Commission

[35]Stille, 200-294; Roper 171.
routinely supplied such necessities as nursing, bedding, nightshirts, medicines and nourishing foods, which the Army Medical Bureau failed to produce. The hospitals themselves were makeshifts—seminaries, hotels, warehouses—ill adapted to their new use, incapable of accommodating any great influx of wounded, and very often, badly run. The hospitals in the Washington area were inspected in preparation for drawing up plans to replace them with new pavilion hospitals for fifteen thousand patients.\(^{36}\)

As the Commission’s business expanded, its policy of being both supplemental and national crystallized. It was not staying within its self-imposed limits as a supplement to the Medical Bureau. Because of the Bureau’s inertia, the Commission often supplanted it.\(^{37}\)

Much of the success of the Commission can be attributed to the generosity of the men and women of the Union. During its existence, the Commission received nearly $5,000,000 in cash and $15,000,000 in supplies.\(^{38}\) The supplies and proceeds of the great “Sanitary Fairs” (amounting to almost $3,000,000) came chiefly from the women

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\(^{36}\)Stille, 93-94.

\(^{37}\)Roper, 173.

\(^{38}\)Katherine Prescott Wormeley, *The Cruel Side of the War With the Army of the Potomac* (Boston: Roberts Brothers, 1898), 10.
of the country, increased in value by the labor which they
gave in making up materials. Branches of the Sanitary
Commission, under the direction of women, sprang up in
several of the large cities throughout the North, drawing
supplies from districts surrounding them. The work
performed by women in the offices and storehouses of the
Commission branches resembled an immense shipping business.
Every article received required examining, sorting and
marking with the U.S. Sanitary Commission stamp in order to
be repacked in separate cases. All stock was inventoried
and ready for shipping instantly to any location should the
need arise. In the West at Gauley Bridge, Fort Donelson,
and Pittsburg Landing; in the South at New Orleans, New
Berne and Beaufort; in the East at Balls' Bluff and
Drainesville, the Commission performed admirably during the
first year of the War. During the winter of 1861-62,
while the Army of the Potomac encamped around Washington,
the condition of each regiment underwent examination by the
inspectors of the Commission. Based on their
recommendations, the standards of health and sanitary
practice of the soldiers greatly improved.

39Ibid., 11.

40Ibid., 12; Wormeley, The United States Sanitary
Commission, 61-63.

41Roper, 177.
Inspectors offered suggestions and assistance in relation to campsites, ventilation, drinking water, rations and cooking. They explained causes and rate of sickness and mortalities among troops, and the relationship of hospital accommodations to successful recovery. To make up for hospital supply shortages, inspectors drew on the Sanitary stockpile. By coaxing and urging changes for the better, the inspector frequently taught the medical officer the importance of his duties.42

When the Peninsular campaign in Virginia opened in 1862, the Medical Department of the Army voiced concern about its ability to meet the needs of troops actively employed in a low, swampy and malarious region. The Sanitary Commission, under the personal leadership of Frederick Olmsted, applied to the Secretary of War for the use of some large steamers to be fitted up for the reception and conveyance of the sick and wounded. This Hospital Transport division and the women who served with it would play a key role in the delivery of medical care to the Union troops on the Virginia Peninsula during the summer of 1862.43

42Maxwell, 305.

43Wormeley, The Cruel Side of the War, 14; Wormeley, The United States Sanitary Commission, 63.
CHAPTER 4
THE WOMEN OF THE TRANSPORT SYSTEM

As General McClellan moved the Army of the Potomac to the Virginia Peninsula in the spring of 1862 for an attack upon Richmond, Olmsted and the Sanitary Commission acquired a new responsibility—the transportation of the sick and wounded soldiers to Northern hospitals. Although not the first floating hospitals of the war, the Peninsula campaign marked their first use in the war on a daily basis.\(^1\) Drawing on the experiences of the Cincinnati Branch of the Sanitary Commission, Olmsted began to make his plans.

Military operations calling for the services of the Commission began in the Western states in the early part of February, 1862. The battle of Fort Donelson resulted in the death of 446 Federal soldiers and the wounding of two thousand men. The Army Medical Department did not have the resources to handle the casualties. Beside the ordinary

\(^1\)Censor, 4:314; Dannett, 146-147; United States Sanitary Commission, Western Dept., The U.S. Sanitary Commission in the Valley of the Mississippi During the War of the Rebellion, 1861-1866, Final Report of Dr. J. S. Newberry (Cleveland: Fairbanks, Benedict and Co., 1871), 41, 484-492.
difficulties of lack of experience, defective organization and limited supplies, it proved impossible to establish hospitals near the scene of conflict. ²

The Cincinnati branch of the Sanitary Commission chartered the steamboat, Allen Collier, loaded it with hospital stores and a full complement of surgeons and nurses and proceeded down the Ohio to Fort Donelson. Government steamers, supposedly hospital transports, the City of Memphis and the Fanny Bullitt, run by the Army Medical Bureau, were on hand but without hospital furnishings or medical supplies proved totally unprepared to provide care for the wounded.

The Commission steamer loaded with supplies and medical personnel, was not warmly welcomed by the Army Medical Director. Over his protests, however, the Commission gained access to the government ships and provided supplies and nursing care to the wounded. Among the Sanitary workers awaiting the wounded as they came upon the ships was Mary Ann Bickerdyke.

Bickerdyke took charge sponging blood and frozen mire from the wounded then dressing each man in clean hospital garments. Nourishment was provided for all. She moved about with a decisive air, giving directions in a tone which

²Stille, 138-140.
ensured obedience. In the words of one surgeon, "There was really nothing left for the surgeons to do but dress wounds."³

The Battle of Shiloh in April of 1862, again required the services of the Sanitary Commission steamers. Two first class steamers, the Tycoon and the Monarch were dispatched to the battle site by the Cincinnati branch of the Sanitary Commission. In addition, Dr. Newberry chartered the steamer, Lancaster, converted it into a hospital vessel and made six trips over a two month period to Shiloh and Hamburg, carrying large supplies of hospital stores.⁴

During this time period 1500 sick and wounded were transported to hospitals on the Ohio River. The log of the Lancaster fails to list the medical problems of the men brought aboard. Rapid loading of the soldiers precluded the keeping of concise records.⁵ Despite the contributions of the Sanitary steamers, the needs of the Army were not met. In a letter to Fred Olmsted, in May of 1862, Dr. Newberry noted that more than 7,000 patients were transported by voluntary efforts on the part of the people. To his dismay, many sick and wounded wishing to leave Hamburg could not be

³Baker, 83-84.

⁴Newberry, 484-85.

⁵U.S. Medical Department, HA Register 7, "Register of Sick and Wounded, SHS Lancaster, June 1 - July 30, 1862," Record Group 58, National Archives, Washington D.C.
accommodated. Newberry recounted to Olmsted, "I never had a more sad and painful duty to perform than to say to the throng of eager applicants, 'I cannot take you'."\(^6\)

In the East, Olmsted assembled the staff that would perform the Sanitary Commission's work on the (Virginia) Peninsula. He chose as his primary assistant, Frederick Knapp. The Commission employed physicians, female superintendents of nursing, male and female nurses, quartermasters, apothecaries and servants. Wound dressers, usually medical students, completed the staff. No one denied women's aptitude for nursing, gained from tending their families and friends. Many, however, doubted the propriety of women nursing in military settings. Refined, modest ladies, said the critics, had no business caring for strange men and certainly not rough, crude soldiers from all walks of life. They would be exposing themselves to embarrassing situations, and the mere thought of what could happen seemed appalling. While impropriety presented the most compelling argument, opponents also declared the demanding and exhausting work and its pressures too great for delicate women to undertake. The nurses acknowledged grueling hospital duties but refused to concede the "improper" argument.\(^7\)

Turnover of personnel proved problematic from the

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\(^6\)Newberry, 487-90.

\(^7\)Massey, 43-44; Greenbie, 124.
outset among both hired and volunteer workers. Olmsted, who thoroughly disapproved of short term service, finally assembled a dedicated staff which stayed on the Peninsula through much of McClellan's campaign. The most steadfast workers came from a somewhat unlikely group, the genteel women who volunteered their services as superintendents of nursing. Despite their generally sheltered and privileged backgrounds, women such as Katherine P. Wormeley, Georgeanna Woolsey, Eliza Howland and Caroline Kean Griffin worked long hours to provide comfortable quarters, clean clothing and nourishing food for sick and wounded soldiers. The women possessed the ability to perform any task put before them. The organizational skills of the ladies impressed Olmsted, who said of them, "They beat the doctors all to pieces, I should have sunk the ships in despair before this if it had not been for their handiness and good nature."  

8The Woolsey sisters of New York are widely known for their Civil War relief efforts and hospital nursing. The most active during the War, Georgeanna Muirson, Eliza Howland, Abby Howland and Jane Stuart spent their early years in Boston, daughters of a prominent merchant. Educated at Rutgers Female Institute, followed by a year of finishing school, the Woolseys were firm abolitionists. Katherine Wormeley, the daughter of a British Rear Admiral, lived in England and Paris for most of her childhood, arriving in The United States in 1847. At the outbreak of the Civil War, Wormeley was among the first to participate in relief work in Newport, Rhode Island. Caroline Griffin, the wife of a prominent N.Y. banker, was also the chairman of the Registration Committee of the Woman's Central Association for Relief. Anne L. Austin, The Woolsey Sisters of New York (Philadelphia: American Philosophical Society,
Each ship carried a staff of women whose duties consisted of nursing, preparing food, providing comfort for the sick and wounded, and dressing wounds. The women accepted full responsibility of the wards and of the primarily male nursing staff. Several of the women superintendents received their training by physicians in Boston, New York, and Philadelphia, supporting plans of Ladies' Aide Societies for mass production of Florence Nightingales. The transport system accepted any woman who could qualify, but the service tended to be distinctly upper class, manned by the well to do and the well known. These women who previously devoted their managerial skills to the proper maintenance of a household and to the efficient accomplishment of local benevolent activities now applied those talents in the administration of military medical care.

The Daniel Webster, a former troop transport, claimed distinction as the first vessel assigned to the Commission. A Pacific coast steamer of small capacity, she had been

1971), 54; Censer, 4:28; Greenbie, 125; James, 2:666-67, 674.

9 Brockett, 301; Greenbie, 131; Wormeley, The Other Side of the War, 17.

10 Brockett, 301; Greenbie, 130.

11 Leonard, xxiv.
"stripped of everything movable but dirt." On this vessel, Mr. Olmsted and his staff transported 90 convalescent soldiers and eight officers down the Potomac River to Fortress Monroe. The group (minus Miss Wormeley, who would join them later) set forth on April 25, 1862 with the monumental task of readying the ship for the sick and wounded. Working alternately in two groups on a 24 hour schedule, the two men, three ladies, medical students and Negro laborers scraped and cleaned the outside and rebuilt the interior of the ship.

The journey required five days during which they received medical supplies and equipment from the Sanitary Commission stores. Arriving at their destination, gleaming white and clean, with fresh, well-made bunks, an impeccable dispensary and operating room and "smelling faintly of cologne water," the Daniel Webster appeared among the forage boats and troop transports on the York River.

Upon arrival on the Peninsula, Olmsted discovered the difficulties of cooperating with the various branches of government. On May 4, the Sanitary Commission acquired the Ocean Queen, a large spacious steamship ideally suited to

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12Frederick Law Olmsted, *Hospital Transports* (Boston: Ticknor and Fields, 1863), xiv; Stille, 154.


14Greenbie, 129.
transport up to one thousand patients. Only two days later, the quartermaster reclaimed the Queen in order to provide stores to Benjamin Butler's troops in New Orleans.

The S. R. Spaulding, a former cavalry transport ship replaced the Queen and served as a reserve hospital for the gravest cases.

Olmsted soon assembled a small fleet equipped and manned by Sanitary Commission workers. In addition to the Webster, he received the Elizabeth, a small storeboat, and the Wilson Small, which served as headquarters for Commission workers remaining on the Peninsula. On occasion, the Sanitary Commission also staffed river steamers such as the Knickerbocker, Elm City, State of Maine, and the Daniel Webster No. 2. Later in the summer of 1862, it equipped two sailing vessels, the Euterpe and the St. Mark, to be used as receiving hospitals. All of these vessels carried sick and wounded soldiers to locations, usually Fortress Monroe, Annapolis or Washington as specified by the Medical Director.

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15Report of Surgeon Charles S. Tripler, U.S. Army Medical Director, Army of the Potomac of Operations From March 17 to July 13, 1862, QR, series 1, 3:181-84.

16Censer, 4:28; Stille 157-158.

17Maxwell, 150.

18Censer, 4:41; Maxwell, 150.
The hospital transports plowed back and forth up and down the rivers carrying their human cargo from the battlefield to the bases nearest the hospitals in Washington. Yorktown, White House, and Harrison's Landing became the successive bases on the Potomac.¹⁹ When freight or hospital cars from the battlefields or ambulances and stretchers from the nearby hospitals arrived at the wharves, the transports awaited them. Stretchers were carried up the companionway or elevated and then lowered to the cabins by pulleys and the men hoisted to berths or placed on cots. Often these terrible processions came so thick and fast that every berth was filled and the men packed in so closely that there was hardly room enough to go around them. Often the boats were directly in the line of shell and gunfire, and the Commission surgeons and nurses aboard risked their own lives as they stood by prepared to minister to the critically injured. Hospital boats usually sat anchored alongside each other, gangways connected, with the nurses running through four or five boats at a time.

Olmsted wrote that life on a transport called for a gentlewoman of delicacy and refinement. "She saved worry and time by making haste slowly; she stood for severe order in the thick of confusion." The women of the Sanitary

¹⁹Dannett, 148.
transports served as housekeepers—cleaning, setting up mattresses, filling closets with linen, hospital clothing, socks, bandages, lint and rags. They went to strange places with medications; on stormy nights they groped their way by lantern carrying spirits and ice water, restoring the exhausted and catching the last whispers of the dying.\textsuperscript{20} Organized, intelligent and versatile, these women from upper class backgrounds proved that educated women were capable of handling the multi-faceted aspects of nursing.

Katherine Wormeley wrote home of an adventure that she and Mrs. Howland experienced. Twenty-five men needed transport from Cumberland to West Point for severe medical problems. Defying the wind and the rain, as well as the darkness of night, the women accompanied by two physicians sailed off on the \textit{Wissahickon} to search for the sick men. Locating them, the crew brought the men aboard and transported them safely back to the \textit{Spaulding}.\textsuperscript{21}

The tasks of the nurses, doctors, and helpers followed a familiar routine. The patients traveled by rail from the Yorktown battlefield to temporary shelters. Here, Dr. Foster Jenkins, and Dr. Robert Ware, surgeons assigned to the Sanitary Commission, pitched a large number of tents

\textsuperscript{20}Olmsted to Bellows, June 3, 1862, Censer, 4:365.

\textsuperscript{21}Wormeley, \textit{The Cruel Side of the War}, 35.
to shelter and feed the men. One, designated a kitchen and pantry, offered the ladies a site from which to prepare beef tea, milk punch and other foods needed to fortify the sick and wounded. The *Knickerbocker*, an old steamer made ready for 450 patients with beds and a corps of surgeons, dressers, nurses and litter bearers, lay at the end of the railway in the Pamunkey River. The *Elizabeth*, a boat of light draft, lay alongside, loaded with supplies. On the arrival of the train from the battlefield, the doctors went through the coaches selecting the sick according to the degree of their illness, the ladies following, giving what nursing care they could.\(^{22}\)

They placed the moderately sick in the tents, and carried those more seriously ill to the upper salon of the *Knickerbocker*, where they fed them and dressed their wounds. Georgeanna Woolsey's journal dated June, 1862, described the arrangements in the tent hospitals on shore, the long trench fire, the camp kettles and pans and the personnel. "Two cooks and four or five black boys to fetch and carry."\(^{23}\) The food consisted of coffee, milk, soup, soft bread and crackers, as well as oranges and lemons. At night, candles

\(^{22}\) Austin, 58.

\(^{23}\) Ibid.
stuck in the ground along the road between the tents and the
transports provided the light needed to see their way in the
darkness.

Life in the Transport System proved arduous but
rewarding. Katherine Wormeley vividly described the
unfolding day to day events in letters to her mother and a
friend back home in Rhode Island. A representative day
began by getting the wounded and ill men "washed, freshened
up and breakfasted." Surgeons and dressers made rounds,
opened wounds, applied remedies and replaced bandages.
Described as "an awful hour," Wormeley frequently sat with
her fingers in her ears to block out the screams and
moaning.24 After dressing changes the women put the wards
in order and began the task of constantly sponging the
bandages over the wounds.

Reading to the men, writing letters, giving medicine
and brandy according to orders took up a great deal of the
day. The women worked in shifts, "keeping the watch"
providing care 24 hours a day. To Wormeley and her fellow
nurses, the work produced many rewards. "I admit painfulness
but no one can tell how sweet it is to be the drop of
comfort to so much agony," she wrote.25

25Ibid.
Fitting up new ships assigned to the Sanitary Commission continuously fell to the women. A monumental task, Mrs. Wormeley and her associates regarded it as routine. The S. R. Spaulding, a large ocean steamer required readying for service. Wormeley describes the efficiency of the women in readying the ship with food and supplies. "It is not the doing it, but the knowing how it should be done, and handling the whole affair with as much ease as if they were arranging a doll's house, that delights me," she wrote. 26

The women of the Transport System, as with all women in war relief efforts, demonstrated their capacity for professional leadership. Perhaps the most outstanding group of women front-line workers the war produced, they can be described as educated women, with wide cosmopolitan experiences. "This is life," wrote Katherine Wormeley to a friend. "Nothing is too much with such efficiency as we have on board, order calmness, promptitude. . . "27 A few days later she continued,

As for the ladies among whom my luck has thrown me, they are just what they should be efficient, wise, active as cats, merry, lighthearted, thoroughbred and without the fearful tone of self devotion which sad experience makes one expect from benevolent women. We all know in our hearts that it is thorough enjoyment to be here, it is

26Ibid., 32.

27Ibid., 35.
life, in short; and we wouldn't be anywhere else for anything in the world.\textsuperscript{28}

The right of women to the sphere which includes housekeeping, cooking and nursing has never been disputed. The proper administration of these three departments make the internal arrangements for a hospital complete and are only secondary in importance to the skill of surgeons.\textsuperscript{29}

The ladies of the Transport System, as part of their housekeeping duties supplied and reordered their steamers before every trip. This involved setting up a stove, stocking a kitchen, filling linen closets, making up beds for hundreds and arranging a locked storeroom for more expensive items such as brandy and oranges.

The transport system was in complete working order when McClellan marched up the Peninsula with his Army of the Potomac. Leaving his elaborate defenses at Yorktown to go in pursuit of the retreating Confederates, he finally pushed his pickets to within four miles of Richmond.

On May 30, 1862 when things were beginning to look up for McClellan, there was a torrential storm. The Chickahominy overflowed, threatening to sweep away McClellan's bridges.\textsuperscript{30} McClellan's advance forces that had

\textsuperscript{28}Ibid., 43-44.

\textsuperscript{29}Smith, 60.

crossed the river earlier found themselves separated from the bulk of the Army by the swollen Chickahominy. The Rebels took advantage of the desperate plight of the bluecoats and made a violent attack upon Casey's division, followed by an equally formidable one on General Couch in the vicinity of Fair Oaks Station.

Total annihilation of the Federals seemed to be the enemy's goal and it looked very much as if they would be successful in driving the Yankees into the Chickahominy unless reinforcements arrived.31 General Heintzelman quickly ordered two brigades of Kearney's division to move a quarter of a mile in front of Savage's Station in support of Casey, and the enemy was held until they were reinforced by Generals Sedgwick and Richardson. The Battle of Fair Oaks (or Seven Pines) was the largest fought in the Eastern theater of the War up to this time.

The Rebels driven back, McClellan retained his position. The enemy attempted to renew the fight on Sunday morning but again met defeat. With heavy losses on both sides, the efficiency of the transport system was put to a crucial test.32

The wounded came several hundred at a time, packed


32Dannett, 149.
tightly in the train cars, many with no initial treatment of their wounds and all of them hungry and exhausted from the ordeal. "They arrived dead and alive together, in the same close boxcar, many with awful wounds festering and alive with maggots," reported Olmsted. With the field hospitals filled with sick, the casualties were carried aboard the steamers.\textsuperscript{33}

The \textit{Elm City} transported 470 wounded from the battle of Fair Oaks to Fortress Monroe. Wormeley wrote of being up to the elbows in beef tea, lemonade and other strengthening drinks during one long night of passage. The surgeons on the \textit{Elm City} decided to let the men sleep before operating, but not so on the neighboring \textit{State of Maine} where operations proceeded. The night was filled with "hideous sounds" which the ladies could not avoid even in the press of work.\textsuperscript{34}

The wounded taken aboard Sanitary Commission transports were fortunate; the ships were well stocked and well staffed. The government-operated transports were a different matter. The \textit{Daniel Webster II} had no medical officer in charge; The \textit{Vanderbilt}, which had lain idle at


\textsuperscript{34}Dannett, 159-167.
her wharf for a week before the battle with surgeons and a large detail of soldiers aboard was found, as soon as the wounded began to be carried aboard, to have neither commissary nor medical supplies.35

Eliza Harris faced no less than 800 wounded on her ship, the Vanderbilt. Most had nothing to eat for 24 hours, and there were no army rations available. "For God's sake, give us bread," they cried. The ladies rummaged in their private hordes and came up with tea, crackers, cornmeal, dried fruit, jelly and pickles. They bought 25 loaves of bread from nearby families and borrowed the cooking equipment of the households. With this and pails of sweetened milk, they fed the suffering wounded. The hold of the ship alone housed 150 men, with no ventilation or natural light. They devoured anything offered. The ladies were followed with mingling cries of, "Give us a piece, oh please!" and "For mercies sake don't touch my arm!"

Finally, Eliza slept from sheer exhaustion, "the last sounds falling upon my ear being groans from the operating room."36

The ladies learned to call on self reliance, strength and courage. Georgeanna Woolsey wrote to her family at the beginning of her Transport career that she had her traveling

35Olmsted, 104.

36Dannett, 185-187.
wardrobe all planned. She selected two gray skirts and two Zouave jackets, so one outfit could always be in the wash. Along with this would go four large white aprons, two washable petticoats (instead of hoops), one warm flannel dressing gown and one nice black street dress with a matching straw bonnet. She also decided to take a trunk full of towels, clean rags, soap and sponges, her own portable camp cooking outfit and a two foot square lamp. 37 Woolsey took to nursing like a duck to water. She cheerfully adopted men's flannel shirts when her own blouses wore out and became used to issuing orders to contraband helpers and recovering soldiers serving as nurse's aides alike. 38

Her stay in the transports "toughened her"; no more the genteel lady of culture, she could amuse herself by noting how many euphemisms doctors could use to simply inquire if the patient had diarrhea. 39 Courage came naturally as Woolsey faced missions unheard of for most women. One night, she set off in a small boat to rescue soldiers whose transport had run aground at midnight in the middle of a large thunderstorm. Somehow she managed to

37Ibid., 66-67.
38Austin, 54-68.
39Dannett, 159.
clamber up ship's ladders and in and out of rocking rowboats, ferrying men from the grounded vessel back to her little steamboat. The first transfer completed, the vessel commenced underway when it suddenly lost power and had to be slowly towed to the nearby Elm City. While all this unfolded, three of the men became very ill and she had nothing to give them before reaching the hospital ship but her comforting presence.40

The women of the Sanitary transports believed each man should have the essentials of medical attention, a place in which to sleep, and a daily allowance of warm food; but events generally canceled their plans. Without warning, officers might overwhelm them with new patients. The twenty or thirty buckets of soup from the subsistence corps rarely came on time. Shortages in pots and pans complicated the preparation of special diets. Over on the government transports lack of preparation was chronic; when they had enough supplies, no one apparently knew where the stores were kept or whether they had been unpacked. Very likely the surgeon in charge planned poorly and shrugged off offers of food and stimulants, but quickly cried for help when his patient was sinking.41

40Wormeley, The United States Sanitary Commission, 79.

41Maxwell, 153.
The women of the transports laughed when they felt like weeping. Katherine Wormeley wrote to her mother, "But we must either laugh or cry; and this work teaches us that we had better laugh, if we mean to be good for anything." Work was better than rest for those who longed for home. Olmsted marveled at their industry and self-possession. The neat white uniform had no place in this setting. Dresses were "yellow with lemon juice, sticky with sugar, greasy with beef tea, and pasted with milk and porridge." From the Battle of Fair Oaks at the end of May to the great Seven Days' Battle that began on June 25, more and more women became involved in hospital duty on the Peninsula. At Mechanicsville, Gaine's Mill, Savage's Station, White Oak and Malvern Hill the women of the North were under gunfire on the shore and on the waterways.

Mrs. Henry Bellows made an excursion with nineteen other women. Soldiers at Yorktown welcomed ladies most politely, but showed contempt for charitable errands. Sent to the Wilson Small, Mrs. Bellows and two intelligent and experienced friends proved invaluable helpers. That most of

\[\text{\textsuperscript{42}}\text{Wormeley, The Cruel Side of the War, 159.}\]
\[\text{\textsuperscript{43}}\text{Maxwell, 154}\]
\[\text{\textsuperscript{44}}\text{Dannett, 150.}\]
the patients came from New York made Mrs. Bellows feel more at home. Only her Irish servants failed to appreciate the "glorious privileges" of helping the sick and wounded; they did less work than anybody else in proportion to their strength. Enjoying the breeze at Fortress Monroe, Mrs. Bellows forgot her delicate health. For the first time in her life she did not know where to pass the night.  

George Templeton Strong sent his wife Ellie off to serve on the Commission transports with "sore misgivings and at her own earnest request." Receiving news of her activities, he wrote, "Ellie enjoys her Bohemian life, works hard sleeps profoundly, finds coarse fare appetizing, and has a good time generally. I have brilliant reports of her energy and efficiency in arrangement, of her cordial acquiescence in drudgery." Supportive of her efforts, yet still not convinced of her strength to sustain such a mission, Strong panicked upon learning that the ship his wife served on might be endangered by fever patients. He "telegraphed her at once directly and also through Alfred Bloor at Washington. Wrote her by mail and also by the

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45 Maxwell, 154.

46 Nevins, 3:224.

47 Ibid., 225.
Spaulding, which returned this afternoon, entreating, conjuring, and commanding her to quit the St Mark and come straight home."\textsuperscript{48} Ellie Strong, buoyed by her new found confidence and love of the work she performed, ignored her husband's pleas and remained with the transport system. Of her work, Frederick Olmsted wrote, "Mrs. Strong's tact and energy has saved the poor souls on the Elm City from the direct consequences and the narrow incompetence of the surgeons--not as surgeons, but as hotel keepers. Mrs. Strong can keep a hotel." Olmsted went on to praise the efforts of other women in the transport service, "So can Mrs. Griffin and Miss Woolsey and Miss Wormeley and perhaps some of the others. They beat the doctors all to pieces. I should have sunk the ships in despair before this if it hadn't been for their handiness and good nature."\textsuperscript{49}

Harriet Douglas Whetten's, service in the hospital transport service commenced during the spring and summer of 1862. Well bred, well educated, and sensitive to the scenes of misery and desolation which she witnessed during General McClellan's campaign against Richmond, she chronicled her experiences in a series of letters sent to relatives back

\textsuperscript{48}Ibid., 233.

\textsuperscript{49}Olmsted to John Foster Jenkins, May 25, 1862, Censer, 4:349-351.
home. Her correspondence reveals neither the girlish romanticism nor the sentimentality common to so many women's accounts of the war. She saw people and events as they were, and recorded them in spare, unadorned prose. Accompanied by Mrs. George Strong, Whetten arrived on the Virginia Peninsula in May of 1862.50

Whetten, described by Wormeley as a "tall symmetrical woman," found herself placed in charge of the Woman's department on the Spaulding, where she remained until the vessel was given up by the Sanitary Commission. Whetten remained on board the ship for two or three voyages after the vessel became a Government hospital transport.51 Describing her experiences, to family at home, Whetten reiterated many of the sentiments of her women coworkers.

It is a busy life, not much time for smoothing hair, or using cologne water . . . What a strange life it is, under orders all the time, and not knowing what number of poor suffering men we are to be sent to next . . . I sometimes wonder at God's goodness in having allowed me a share in this blessed work.52

Thankful, but exhausted, Whetten described the miserable conditions of the men she attended.

Yesterday afternoon Mrs. Howland and I were ordered on board the Daniel Webster to take 200 men wounded at


51Brockett, 317.

52Hass, 138-139.
Williamsburg last Monday, to the hospitals at Fortress Monroe. There were no other women. The men lay about five or six inches apart all over the decks, upper and lower, and on the bulwarks. . . . we washed the face and hand of almost every man on board -- never while I live shall I forget the uncomplaining fortitude of these men, lying in filth and blood in a state you cannot conceive. 

McClellan failed to take Richmond. Instead, at the end of seven days of battle, White House Landing on the York River, where the Sanitary Commission had a large hospital center and supply base, had to be abandoned, and a quick getaway managed under Rebel shot and shell. The Commission fleet, on advance warning of the army's plan, made a neat and skillful get away. The ladies carefully gathered the sick and wounded from tents and hospitals before the boats sailed down the river in the wake of McClellan's retreating army. The Commission established a new base at Harrison's Landing on the James River. 

Wormeley and the other ladies remained behind on the Wilson Small to be sure that everything was done, "lingering as long as possible, till the telegraph wires had been out, and the enemy was announced by mounted messengers to be at Tunstall's . . . and that the enemy was about to march into

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53 Hass, 138

54 Webb, 153; Young, 187-189; Report of Jonathan Letterman, U.S. Army Medical Director, Army of the Potomac, of Operations From July 4 to Sept. 2, 1862, OR, series 1, 11:212.
our deserted places."\(^{55}\) All night they sat on the deck of the Small,

watching the constantly increasing cloud and the fireflashes over the trees toward the Peninsular "White House"; watching the fading out of what had been to us, through these strange weeks, a sort of home, sacred to some of us now for its intense living remembrances.\(^{56}\)

Thousands of soldiers were ill with malaria from the Chickahominy swamps, and these men with the wounded who accumulated more rapidly than the transports could carry them away kept the ladies well occupied throughout July and August. At Harrison's Landing, the condition of the sick and wounded was pitiful. Pasty adhesive mud lay everywhere, and the hospital tents, old, mildewed and leaky, were pitched on it, with no floors provided. Military issue tents such as the "wedge" pattern or the bivouacking kind of black cloth provided no protection against the hot Virginia sun. Many of the patients had to be put into cabins and miserable shanties in the vicinity. The Medical Department of the Army proved unprepared to handle the situation and it fell to the Sanitary Commission to provide food and drink for the thousands of soldiers.\(^{57}\)

Meanwhile, the whole country rang with the praises of

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\(^{56}\)Ibid., 200.

\(^{57}\)Dannett, 150; Wormeley, *The Cruel Side of the War*, 198; Stille, 475.
the heroines of the transports. Ten thousand men who would have died, had been borne back to their northern homes by women on the transports. Every one of these men praised the Sanitary Commission to their families and communities. Stories reached as far as California, and miners there, rough men who knew what it was to feed themselves and nurse each other without women, took up a collection and sent the Commission a gift of $100,000.00 - the largest gift that it had received. 58

In July, 1862, the War Department assumed responsibility for the transports and the Sanitary Commission felt its work, in this respect, over. It turned over its fleet to the army, with its staffs of medical students and trained Negro workers. Three physicians, Commission inspectors of camps on the Peninsula joined the Army, to carry on the reform from the inside.

Katherine Wormeley described the final days of the Transports in her letter of July 25, 1862.

The Hospital Transport Service is ended, Georgy and Mr. Olmsted and I sat up the greatest part of our last night on the Webster, talking as people who know that on the morrow they are to separate widely. . . We worked together under the deepest feelings and to the extent of our powers, helping each other to the best of our ability. From first to last there has been perfect accord among us; and I can never look back to these months without feeling that God has been very good to let me share in them and see human nature under such

58Greenbie, 142.
aspects.59

The Hospital Transport Service ended, but the women continued on in their work of nursing the sick and wounded. The outreach of their wartime services will be discussed at length in the following chapter. The lady nurses won the admiration and respect of the American public, proving that women were indeed suited to the task of nursing. This task went beyond the realm of simply providing warmth and comfort and encompassed the organization, delegation of tasks and attention to medical details that the profession of nursing is based upon. The women nurses paved the way for the future, establishing a new system of nursing care which would break through the wall of prejudice and set a new precedent. The experiences and contributions of these women led to the acceptance of women as professional nurses in the years following the Civil War.

59Wormeley, The Cruel Side of the War, 204-206.
Within a few days of Katherine Wormeley's return home from serving on the hospital transports, the Surgeon-General, passing through Newport, Rhode Island called upon her to request that she take charge of the Woman's Department of the Lowell General Hospital, being organized at Portsmouth Grove, Rhode Island. After a brief hesitation, Wormeley agreed to the proposal, and on September 1, 1862 reported to the hospital. With the title of "Lady Superintendent," her duties proved general and consisted less of actual nursing than the organization and superintendence of her department. She supervised the female nurses, the diet kitchens, special diets, linen department and the laundry. The experience gained during her transport service transferred easily to her new responsibilities which Wormeley handled with great success.¹

Joining Wormeley at her request in Newport, Georgeanna, Jane and Sarah Woolsey along with Harriet Whetten, assumed supervisory roles in the hospital. Charged

¹Brockett, 318; Dannett, 195-196.
with overseeing seven wards each, the women were responsible to the surgeons for the nursing and diet of the sick men. The abilities exhibited by these nurses elicited a professional respect from the physicians they worked with. This was the first time that "ladies" served as professional nurses in a U.S. General Hospital and they regarded it as a rare opportunity.²

This experience provided the basis for Wormeley's assertion in 1863 that,

... if a lady, by which is meant a gentlewoman holding a certain social position), and one fitted for the work, could be placed in charge of what may be called the Woman's Department in a hospital,--namely, the nursing of the very sick men, the special diet and the linen department, with a body of her nurses under her charge--a benefit to the hospital would follow, and the surgeons, far from complaining about it, would in the end welcome it with sincerity.³

In recounting the Sanitary Commission's outstanding work, author Frank Moore in 1866 reported that for every soldier who died on the battlefield, two died from disease. This statistic he wrote, demonstrated an improvement over the mortality rate of the Crimean War, in which seven-eighths died from disease and one-eighth died from battle wounds. Moore attributed to the "labor and sacrifices by our loyal women" a saving of more than 184,000 men who would

²Austin, 92.
³Wormeley, The United States Sanitary Commission, 247.
have died as a result of malaria, exposure to the filth of the camps, infection from the hospital conditions and depression.⁴

At the close of the Civil War, the experiences of the untrained volunteer nurses on the battlefields influenced many social activists to consider education for nurses essential.⁵ America witnessed Florence Nightingale’s early success in nursing education at her newly established training school which opened in London’s St. Thomas Hospital in 1860. The first class at St. Thomas consisted of fifteen women who lived, worked and studied together at the hospital. The students received instruction in the art and science of nursing from the experienced nurses at St. Thomas Hospital (called sisters), as well as lectures on disease from the medical staff. As part of their training, students worked as assistant nurses and were graded according to technical ability and moral character. Thirteen of the first fifteen probationers completed the program at St. Thomas, establishing the model for future schools of nursing throughout the world.⁶ In the post Civil War period in the

⁴Moore, 592-93.
⁵Lewenson, 20.
United States, the impetus to open nurse training schools for women based on the Nightingale model came from public-minded women, many of whom had volunteered during the Civil War in hospitals and in activities of the United States Sanitary Commission. One such woman was Georgeanna Woolsey.

Her work at Portsmouth with Wromeley complete, Georgeanna Woolsey accompanied her sister Jane to the Fairfax Theological Seminary Hospital in Alexandria, where she took charge of the nursing and dietary departments. In 1863, having heard erroneously that her brother was wounded, Georgeanna proceeded to Gettysburg, arriving the day after the battle. Accompanied by her mother, she quickly organized the care of the wounded as well as overseeing a feeding station and lodge for the wounded soldiers slowly being transported to Baltimore. Having an understanding with the Sanitary Commission that she "was to be called on at any time for hospital service at the front," she organized four more hospitals. Her Civil War hospital nursing ended in the fall of 1864 after she helped to organize a regular army hospital at Beverly, New Jersey.

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7Georgeanna Woolsey, 2:582.

8James, 3:666.
After the War, Georgeanna married Frank Bacon, Professor of Surgery at the Yale Medical School, and moved to New Haven, Connecticut, where she continued her work with hospitals and charitable institutions. In 1873, Woolsey was active in setting up and managing the Connecticut Training School for Nurses at the New Haven Hospital, one of the first three Nightingale model schools opened in the United States. In 1878, at the request of the Board of Managers, Woolsey wrote *A Handbook of Nursing for Family and General Use*. This was only the second such book published in the United States and was widely used by other schools, hospitals and the public.

Georgeanna was a pioneer in establishing a new system of nursing care and a new system of nursing education in the United States. A perfectionist with organizational ability, she used the experiences gained in the Civil War to make needed changed in the postwar years.  

Georgeanna was not the only Woolsey sister to participate in nursing reform. Abby Woolsey, an active member of the Women's Central Association of Relief, stayed at home during the war to gather supplies needed by her sisters and the Sanitary Commission. The Woolsey house

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gained the reputation of an important information center and supply receiving depot. In 1872, Abby became a member of the organizing committee, gathered together by Louisa Lee Schuyler to start the New York State Charities Aid Association. The association promoted interest in institutions of public charity and stimulated their improvement and reform. Abby chose a membership on the Committee on Hospitals. After a Bellevue Hospital visitation, Abby became a member of the special committee to prepare a plan for organizing a school of nursing at Bellevue Hospital. Abby drafted the plan of organization for the school which recognized the need for a better class of women as nurses. Based on the ideas of Florence Nightingale, the plan provided innovative ideas on the administration of the school and the staffing of the hospital. The opening of the Bellevue school on May 1, 1873, revolutionized the care of the sick in the United States. Credited with making nursing an educated and honorable profession, Abby opened avenues of professional and public service for women. She advocated keeping the standards and the quality of education high and believed that schools of nursing should seek funds as educational institutions, not charitable ones.

\[^{10}\text{Trattner, 805; Austin, 134-137; James, 3:667.}\]
Not only did Civil War women help establish nursing as a profession for "refined" young ladies, but they also laid the groundwork for the development of modern health care and social welfare. Several wartime nurses went on to medical schools and obtained medical degrees, while other women who labored for the Sanitary Commission, as nurses or administrators, devoted themselves to working for the downtrodden in the slums, providing health care and social assistance. Returning home after the war, Katherine Wormeley turned her attention to charity work in Newport. She was the principal founder of the Newport Charity Organization Society. In connection with the society she maintained classes in sewing and domestic work for the city's poor women.\textsuperscript{11} Mary Jane Safford, trained by Mary Ann Bickerdyke in Cairo, served on the hospital transports, but collapsed with exhaustion after Shiloh and went abroad to recuperate. Once recovered, she made the decision to become a doctor and graduated from the New York Medical College for Women in 1869. A distinguished surgeon and specialist in women's diseases, she joined the faculty of Boston University's School of Medicine in 1873. Later, she studied and practiced extensively in Europe.\textsuperscript{12}

\textsuperscript{11}Young, 382-83; James, 3:674-675.

\textsuperscript{12}Baker, 51; Brockett, 360; Smith, 27;
Louisa Schuyler, actively involved during the war with the WCAR, turned her energies to the reform of public charitable institutions--the almshouses, hospitals and asylums--as a goal for organized volunteer effort. She began by inspecting the Westchester County poorhouse near her home. Appalled by the barbarous conditions there, she organized a visiting committee of neighbors to view the neglect and abuse of the pauper inmates and to make recommendations for change.\(^\text{13}\)

Schuyler gathered a group of prominent men and women who represented a cross-section of the social, business and government elite of New York City to serve as an independent citizen watchdog group to oversee the public charities throughout the state of New York--the New York State Charities Aid Association (SCAA). A number of young women associated with Schuyler in her war work began to work again under her direction in the SCAA. Under Schuyler's guidance the SCAA achieved outstanding legislative reforms. In 1875, it could take credit for the state law which mandated the removal of all normal children over the age of three from county almshouses. In 1890, as a result of Schuyler's efforts, New York State began building state institutions for the care of the mentally ill. The SCAA continued to

expand its influence, helping to create new facilities, and shape state legislation for child care, mental hygiene and public health for many years.\textsuperscript{14}

The members of the SCAA, the Local Visiting Committee to Bellevue Hospital and the Committee on the Training School attached to Bellevue Hospital were multi-talented women recruited by Schuyler to lead and staff these organizations. Through this work, several women gained an education in charity work which opened their eyes to the problems and struggles of the working class. For the women who remained on the Committee for the Training School year after year, their major concerns were to improve the nursing care and conditions at Bellevue and to establish nursing as a profession for respectable women.\textsuperscript{15}

Civil War nurses and women involved in soldier relief during the war trespassed en masse into the public sphere, claiming for themselves new professional territory in wartime relief and nursing, including titles and wages. In doing so, women became wielders of institutional power previously owned only by men. Although the vote and true equality were a long way in the future, women associated with the U.S. Sanitary Commission found themselves in the

\textsuperscript{14}James, 3:666-67; Ginzberg, 190-196.

\textsuperscript{15}Mottus, 47.
unique position of working with men as equals.\textsuperscript{16}

Patriotism helped to liberate these women. They dedicated their individual wills and loyalty to it with the security of righteousness, and drew strength from that faith. Katharine Wormeley repeatedly emphasized in her history of the Sanitary Commission that men and women worked together, and that the work itself was not organized by sex roles but by the impartial dictates of efficiency.\textsuperscript{17}

Wormeley tied together efficiency, patriotism, and the value of women's work, praising the importance of female efforts and how much of the war they had shared with men, including the field, even as she reassured her readers that women considered themselves under male guidance.\textsuperscript{18} Although, not wholly consistent, this set of ideas offered a strong defense to any attack that might be mounted on public service for women. Opponents could not attack women's work in the Civil War without attacking the Union cause and the elements that made it triumphant.

The nursing profession simultaneously afforded American women a means of fulfilling their designated role of service to society and an opportunity to be self-

\textsuperscript{16}Maxwell, 303.

\textsuperscript{17}Wormeley, \textit{United States Sanitary Commission}, 104.

\textsuperscript{18}Ibid., 106.
supporting. Both fit within the acceptable woman’s sphere. Just as women’s work in the home was glorified and the wife was considered an auxiliary to her husband, nursing offered a parallel professional role to the practice of medicine.

On July 7, 1865, the Woman’s Central Relief Association, which had spearheaded the relief work among women throughout the country in that April four years before, held its last meeting. It was 92 degrees in New York City, but no one stayed away, despite the heat. Drs. Elizabeth and Emily Blackwell, Georgeanna Woolsey and her sisters, Eliza and Abby were among the many who had come from near and far. Dr. Henry Bellows presided over the meeting. After the regular business had been disposed of, he spoke a few sentimental words of farewell, and moved that the meeting “be adjourned sine die.”

The relief work associated with the war came to an end, but for many of these women, it was in reality a beginning. In the process of winning the confidence of others, women gained confidence in themselves, establishing a momentum for moving into a more public domain where the characteristics attributed to femininity such as nurturing and compassion formed a basis for their professions.

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19 Dannett, 373.
WORKS CONSULTED

Primary Sources

Unpublished Documents

U.S. Medical Department. HA Register 7. *Register of Sick and Wounded, SHS Lancaster*, June 1-July 30, 1862, Record Group 58, National Archives, Washington, D.C.

Published Documents


Published Memoirs


Bucklin, Sophronia. *In Hospital and Camp; A Woman’s Record of Thrilling Incidents Among the Wounded in the Late War*. Philadelphia: John E. Potter and Co., 1869.


Livermore, Mary. *My Story of the War: A Woman's Narrative of Four Years Personal Experience as Nurse in the Union Army and in Relief Work at Home, in Hospitals, Camps and at the Front. During the War of the Rebellion*. Hartford: A. D. Worthington and Company, 1896.


**Secondary Sources**

**Unpublished Books, Articles, Dissertations**


**Published Books, Articles, Dissertations**


Feigenbaum, Janice Cooke. "*Students Wanted: Women Need Not Apply: A Historical Review of Ideas on Women's Place in Higher Education During the Nightingale Era.*" In *Nightingale and Her Era*, ed. Vern Bullough and Bonnie Bullough, 189-205.


**Miscellaneous Works**


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