CHAPTER I

Organization

As viewed from the James River, Richmond in 1860 could be seen stretching along the curved banks of the river. Beyond the river, seven gently rolling hills rose against a landscape bordered by woods. The manufacturing centers hugged the river banks—flour, cotton, and iron mills, tobacco factories, and warehouses all within easy reach of the port at Rocketts Landing. Behind them were the commercial and residential districts which stretched along the cobbled streets of Main and Franklin. It was here that the upper classes lived, in view of the capitol building at the center of the city that boasted Thomas Jefferson as its architect.

Richmond was the major center of trade between the Eastern Shore of Virginia and the Appalachian Mountains. Most of her manufacturers utilized crops such as tobacco, cotton, and grain from outlying areas. There were fifty-two tobacco manufacturers and the Gallego Flour Mill was the largest flour mill in the world.[1] But it was iron that was Richmond's greatest economic asset. There were four rolling mills, fourteen foundries and machine shops, six works for iron railing, a nail works, and fifty iron and metal works.[2] Tredegar Iron Works was the largest and most diversified and would come to play a major role in the history of the Confederacy. The transportation of goods into and out of the city was handled by five railroads: The Richmond, Fredericksburg & Potomac to the north; The Richmond & Petersburg to the south; The Richmond & Danville to the southwest; The Virginia Central to the Shenandoah Valley; and The Richmond & York River to the east.[3] Within a year,

the area near the railroads would be crowded with wartime hospitals. One newspaper reported, "Because of the proximity of the Virginia Central station at Seventeenth and Broad, the area directly to the southward and thence down Main Street contained no less than eight hospitals"[4] with approximately one thousand beds total.

Managing the financial assets of these and many other smaller industries (blacksmiths, cobblers, saddlers, carriage makers, coopers, bookbinders, etc.) were four major banks with a combined capital of over $10 million.[5] Reflecting the importance of education to upper class Southerners, Richmond had six public schools, twenty-three private primaries and academies as well as the Medical College of Virginia, Richmond College (now the University of Richmond), and the Richmond Female Institute to serve a population of about 38,000. There were thirty-three churches, including three Roman Catholic, three Jewish synagogues, and one Quaker meeting house.[6] Richmond in 1860 could be described as an "emerging, urban metropolis whose mills and market places had not yet overshadowed the taste and natural beauty of their provincial setting."[7] The Civil War would spell doom for some of these industries; others would thrive and expand. But the war introduced a new industry to Richmond—the care of the sick and wounded. All of Richmond's industries and institutions would in some way be affected by this one overwhelming concern. In fact, caring for Confederate soldiers became Richmond's biggest industry in that it directly affected more people in the city than any other concern.[8]

The first hospital in America was organized in 1612 at Henricopolis, Virginia (not far from present-day Richmond), and was known as "Mount Malady."[9] Yet, in 1800 there were only two hospitals in America.[10] At the outbreak of the Civil War, there were five in Richmond alone, but Richmond was a major city in the South at that time, trailing only behind the port cities of New Orleans and Charleston. In order of establishment, those hospitals were: Richmond City Hospital, Fourth Street; Main Street Hospital, Twenty-Sixth Street

between Main and Cary; Medical College of Virginia Infirmary, Marshall Street between Twelfth and Thirteenth; St. Francis de Sales Infirmary, Brook Avenue; and the Bellevue Hospital on Church Street.[11] All were relatively small, caring for more patients on an outpatient rather than inpatient basis.

On May 20, 1861, scarcely one month after the Civil War began, Richmond became the capital of the newly formed Confederate States of America. As the war progressed it also became the chief medical center of the Confederacy, caring for hundreds of thousands of cases of illness and injury during the course of the war. Headed by Surgeon General Samuel P. Moore, the department would be beset by unavoidable and insurmountable difficulties that even its able and competent administrators were not always capable of overcoming despite their best efforts.

The mortality rates in the Civil War were astounding as the chart below indicates[12]:

	Union	Confederate	Total
Wounds	110,000	94,000	204,000
Disease	250,000	164,000	414,000
Total	360,000	258,000	618,000

In fact, more Americans died during the Civil War than in all other American wars combined, up until Vietnam. More than twice as many deaths occurred from disease than from wounds sustained on the battlefield. Early in the war, disease in the army was rampant among the men who were the first to volunteer. Most were from rural areas where exposure to childhood diseases was uncommon. Some were incapable of enduring the hardships of camp life and forced marches and were also unaccustomed to attending to their own personal care. The high incidence of disease was exacerbated by poor hygiene, exposure, and malnutrition. Even when food was abundant, the inexperienced soldiers turned them into meals that were unfit even for the healthiest among them.

For the nine-month period from July 1861 to March 1862, the Army of Northern Virginia had an average strength of 49,394. During this time, there were 149,148 cases of illness reported for these men.[13] Diarrhea and dysentery were the most common maladies; one Confederate surgeon claimed that nine-tenths of the Confederate army had diarrhea. While most soldiers undoubtedly accepted it as a matter of course, it carried with it a mortality rate of 10 percent,[14] especially among those whose conditions were already compromised. Other common diseases included typhoid fever, malaria, pneumonia, tuberculosis, various pulmonary diseases, rheumatism, measles, mumps, smallpox, venereal disease, alcoholism, and mental illness. The wounded fared little better than the sick. The overall mortality rate for the wounded was high since most wounds became infected. Aseptic procedures (measures taken under sterile conditions) were unheard of, and antiseptic procedures (measures taken to counteract the growth of bacteria) were rare. Bandages, sponges and dressings were usually in short supply and were often reused. Blood and pus were simply rinsed out in cold water without being sterilized in any way. Surgical instruments and the surgeon's hands were dealt with in much the same manner. Those sick and wounded who could withstand the journey from camp or battlefield were transported to the general hospitals where they usually arrived in very dirty clothes, covered with body lice, and suffering from fever and chronic diarrhea.[15]

It did not take long after the first major engagement of the war for the Confederate government to realize the need for hospital facilities. That battle took place at Manassas on July 21, 1861, and two weeks later, large numbers of wounded soldiers were still being sent to Richmond hospitals from the field. One doctor recalled that many new arrivals were in a "dying state from want of operations which should have been performed immediately."[16] Exactly one month after the battle the Confederate Congress resolved to appropriate $50,000 for the support of military hospitals.[17] The amount proved

woefully inadequate and the legislature was undoubtedly aware that much more would be needed, but given the nature of States' Rights philosophy and a general opposition to big government, their actions are not surprising. It did, however, mark the beginning of a process of organization and reorganization of hospitals that continued until the middle of 1864 in an effort to keep the supply of hospital beds in line with the demand.

This process followed a predictable pattern with two distinctive features. The Confederate government revealed its preference for large hospitals when it ordered the construction of two huge hospital complexes on either end of town. Chimborazo Hospital, to the east of the city, was established in October 1861. It covered forty acres, had five divisions (each a smaller hospital in itself), and a total capacity of approximately three thousand patients. Five months later, in March 1862, Winder Hospital was established on 125 acres of land in the western outskirts. It had six divisions and a total capacity of about 4,300 patients. These two hospitals also exemplified the strong feelings of localism common to most Southerners. An act of Congress provided that Confederate hospitals be designated as hospitals of a particular state. The official records specified that, "hospitals will be known and numbered as hospitals of a different state . . . the sick and wounded not injurious to themselves or greatly inconvenienced to the service, will be sent to the hospital representing the respective states and to private or state hospitals representing the same."[18] The importance of state loyalty in the South cannot be overstated. Localistic attitudes prevailed even within individual states and occasionally ended in interstate and intersectional squabbles, such as upcountry versus lowcountry, for example.[19]

The quarrels did not stop with the patients. Dr. J.D. Morgan, a surgeon at one of the Alabama hospitals, wrote to a benefactor back home regarding the need for a surgeon-in-charge. "If an Alabamian is not sent on soon to take charge of the hospital, I think Dr. Moore will appoint some *foreigner*

to fill the place."[20] The state organization not only alleviated jealousy but also served a practical purpose—it made it easier to find a particular patient, especially when a state sent supplies for use by their wounded troops, and it made publishing lists of wounded soldiers easier and faster. Several other military hospitals were eventually constructed in Richmond's suburbs, all relatively large and all designated by state. However, the circumstances of war would necessitate more expedient measures.

In late June 1862, the armies fought a series of bloody battles around Richmond. The Union army's "On To Richmond" campaign culminated in the Seven Days' Battles which left Richmond in the hands of the Confederates and the thousands of Confederate (and Union) wounded in the hands of Richmond. Private homes, warehouses, hotels, factories, churches, stores, and schools were hastily converted into hospitals to accommodate the incoming wounded. Concerns of organizing patients and hospitals by state were secondary to the immediate concern of finding shelter for the victorious but crippled defenders.

Lists of sick and wounded revealed that more wounded than sick were allowed to remain in private quarters despite the fact that the latter outnumbered the former two to one.[21] This was probably due to the fact that such arrangements only became necessary after major engagements and that transmitting contagious disease to inhabitants was less likely in the wounded than the sick. Also, the Confederate government needed less control over recovered wounded from private quarters than recovered sick from the hospitals who were more likely to be fit for active duty again. Desertions from the hospitals was a serious problem throughout the war. In December of 1862 there were 132 patients reported as missing from Richmond hospitals. However, 1,223 were unaccounted for and presumed deserted. Inspector William A. Carrington admitted to the medical director that the figures showed "a serious error in the management of our hospitals."[22] Patients in private homes were still subject to hospital

rules, entitled to rations from a general hospital and were supposed to either report to the hospital or be visited by a doctor daily.[23] This almost never took place. While surgeons were assigned to those in private quarters, they rarely, if ever, actually had time to visit those patients.[24] If absolutely necessary, a doctor would have to be taken from his assigned hospital where the medical staff was already short.[25] Still, these were the lucky ones. Unlike most sick and wounded in the city, those housed in private homes usually got consistent care, regular meals, and enjoyed a clean environment.

Of the thirty-three churches in Richmond in 1860, at least half, perhaps more, were used as hospitals at some time during the war. The *Richmond Daily Dispatch* suggested that all churches be given up as hospitals, "or at least one from each denomination." Planks could be laid across every two pews for beds and pew cushions could be utilized as bedding. The newspaper even suggested that the city could reimburse the churches if any property damage resulted from such use.[26] The *Richmond Daily Examiner* was more generous with praise than with the city's money. Its editor stated that churches used as hospitals were "twice consecrated" and that "it will be regarded and remembered hereafter with a double veneration."[27] Many of the first wartime hospitals were housed in churches, but they were soon replaced by larger buildings that were better suited to hospital use. This is a reflection of the prevailing social climate in which the community churches bore the burden of responsibility for the poor, the sick, the hungry, and the indigent who did not otherwise have family members to depend upon in times of crisis.

In addition to private homes and churches, the sick and wounded in Richmond were cared for in twenty-eight general hospitals (most of which were converted tobacco factories, warehouses, and hotels), a handful of small private hospitals, and six military hospital encampments, including Chimborazo and Winder. The establishment of these huge hospital complexes was based upon facilities used by the British in the Crimean War. They typically consisted of a

number of separate single-story buildings, each measuring approximately one hundred by thirty feet with forty beds arranged along two aisles. Each was designated as a ward; fifteen wards made up a division with three or more divisions in a hospital.[28] Each could accommodate thousands of patients, but even with this capacity, the wounded that arrived in Richmond after the Seven Days' Battles taxed these resources. Consequently, some of the overflow had to be transferred to hospitals in outlying areas such as Charlottesville, Danville, and Lynchburg.[29] Most likely, the first to go were convalescents who were better able to withstand the journey.

In September 1862, when the emergency had abated somewhat, the Confederate government began the process of reorganization. Of the forty-five hospitals that were open at that time, thirty-three were closed within two years.[30] Only one of the small, private home hospitals escaped this fate. The Robertson Hospital, at the corner of Third and Main Streets, was operated by Miss Sally Tompkins. She used the captain's commission she had obtained from Confederate President Jefferson Davis a year earlier to have the Robertson Hospital declared a military post and it therefore remained open despite the reorganization plan.[31]

In 1862, the Confederate Congress set up a three-member committee that rotated on a yearly basis, to inspect hospitals throughout the Confederacy. Guidelines set for inspectors included requests for much quantitative data on the buildings, supplies, staff, and patients. Inspectors were to assess compliance with rules and regulations, describe hospital conditions in detail, record the extent to which women were being employed and note any economic or scientific improvements including remarkable statistics on prophylaxis, treatment, or mortality of disease.[32] The committee was responsible for collecting reports, consolidating them, and reporting to the Congress periodically.

Regular appropriations by Congress provided the funds necessary to establish the hospitals initially. Thereafter, each

was supposed to operate on what was known as the "hospital fund." This fund consisted of the income from the commutation value of rations which was initially set at $1 per day, per man. The Subsistence Department was to transfer the commuted portion of the fund to the hospital which then used the money to purchase supplies not furnished by the government. If, at the end of the month, the amount exceeded $5,000, the excess was to be transferred back to the CSA Treasury or applied to the following month's allowance.[33] The actual dollar amount of a ration progressed from $1 to $2.50 by war's end—dismally low considering the rampant inflation of the time, but there were instances when the Commissary Department failed to provide the allotted funds and patients suffered from lack of food and supplies.[34] Shortfalls were often made up through donations, both solicited and unsolicited. Some exemplary hospitals, like Chimborazo, were self-supporting and under excellent financial management.

Much has been written on prisons in the Confederacy. All had infirmaries, but Richmond did have several separate prison hospitals.[35] Most of these were housed in converted tobacco warehouses and were staffed largely by captured Federal physicians. There are an abundance of reports, both Confederate and Union, of adequate care and good treatment of Federal prisoners. The mortality rate in Confederate prison hospitals was claimed to be lower than that in Federal prisons; 8.3 percent compared to 12 percent respectively.[36] Reports from Federals, however, are more reliable. A Lieutenant W.G. Robinson, 34th Illinois Infantry, served as the clerk for a Richmond hospital. His quarterly report ended with the following notation: "A very large proportion of the deaths occur within forty-eight hours after being brought to the hospital. In many instances the patients were too far gone to be able to tell their names or the number of their regiments."[37] A Libby Prison Hospital report stated that "food was abundant and of good quality and medicines and medical instruments were being supplied."[38] And a Northern female physician who visited Libby Prison admitted that she

had a "vague notion of a vast dungeon made up of filthy cells" but instead found "a great open room—cheerless and barren enough but roomy—whose walls had been whitewashed, floors cleaned and in both the lower and upper rooms, partitions put up making comfortable rooms."[39]

During the latter half of the war, however, conditions deteriorated rapidly, causing the surgeons in charge of the prison hospitals to complain that their facilities were in worse condition than other hospitals in the city. That the conditions were even marginally acceptable is remarkable in view of the fact that President Lincoln's suspension of prisoner exchanges in early 1863 resulted in vast overcrowding and eventually necessitated the establishment of prisons further South such as the ones in Salisbury, North Carolina, and Andersonville, Georgia.

The Confederate Medical Department was under the administration of competent, devoted, patriotic, and able men. At the outset of the war however, the department suffered from blatant inefficiency. It was deficient in organization and unprepared for the demands placed upon it. There were no set rules and regulations and the relationships between state and national governments were yet to be defined as far as the Medical Department was concerned. Those relationships would continue to be a problem throughout the war and throughout the Confederacy as States' Rights issues competed with the necessity of building a strong enough national government capable of carrying on a war. In addition, there were questions of rank, scope of duty, and obligations that remained unanswered.[40] The man responsible for administering the Confederate Medical Department was Surgeon General Samuel Preston Moore. A native of South Carolina, he had seen service in the Mexican War and was acting as a medical purveyor or supplier in New Orleans when the Civil War began. His experience and talents proved him a most capable administrator throughout the war. In addition to his immediate staff, he was assisted by medical inspectors and medical directors both in the field and in the hospitals.

From 1863, the medical director of hospitals in Richmond was William A. Carrington. He had seen duty as a regimental surgeon in the first year of the war and then served in a Richmond hospital that was hastily pressed into service during and after the Seven Days' Battles.[41] He was subsequently appointed medical inspector of hospitals and promoted to medical director early in 1863. Carrington used the knowledge and experience he had gained as inspector to help him manage the overwhelming task of caring for thousands of sick and wounded soldiers with severely limited resources.

The first and most pressing problem that the Medical Department faced was organizing a corps of physicians to care for the growing Confederate army. To this end, an Examining Board was created to certify physicians without military experience. Only three surgeons and twenty-one assistant surgeons had resigned from the United States Army and entered Confederate service at the beginning of 1861.[42] The Board had a daunting task ahead of them and yet they were accused of being incompetent, inconsistent, prejudiced, and lax. Some members were too old to serve in the field and others owed their promotion to nepotism. One matron claimed that the board "often rejected good practitioners, and gave appointments to apothecary boys."[43] Finding enough physicians to care for the sick and wounded was just one of many long-term problems facing the Confederacy.

A post-war association of Confederate medical officers estimated that 3,237 Army physicians and 107 Navy physicians served during the war.[44] Most of them had limited training and specialization in surgery was practically unknown at that time. The experiences of war provided the training necessary so that almost all became surgeons, although the scope of nineteenth century surgery was limited. One observer commented that the Medical Department was made up of " . . . competent, devoted and patriotic men . . . " who were " . . . small in number, deficient in organization and unsupplied with such materials as the exigencies of the situation demanded . . . "[45]

There did exist the occasional incompetent surgeon, like

the doctor at Chimborazo Hospital who, taken by the medicinal whiskey, became inebriated and set a patient's unhurt leg rather than the fractured one.[46] There were other complaints as well. The *Richmond Daily Enquirer* printed a letter from a wounded soldier who claimed the surgeons were more used to "keeping themselves easy than to attending assiduously to the welfare of their patients." The editor added that he had received other letters that were "too bitter to publish."[47]

By and large however, most surgeons gave good service, above and beyond the call of duty.[48] The Civil War surgeon's responsibilities were relatively simple and yet were a heavy burden for even the strongest shoulders. He had to decide who needed to be cared for promptly, who should have an amputation, and who should be left to die. With few diagnostic tools available, save his own senses, decisions usually were made quickly, sometimes aided by intuition. The treatment he recommended often depended upon which drugs were available at the time. He was on call twenty-four hours a day during periods when the hospitals were full, for there was a shortage of surgeons throughout the war. Those appointed surgeon-in-charge had the additional duties of conducting personal inspections of the hospital or hospitals under their charge, dividing the wards and patients among the assistant surgeons, supervising the stewards and wardmasters, filling out morning reports every day, numbering the beds, and enforcing hygienic rules.[49]

Not surprisingly, there were no female medical colleges in the South at this time. Like later wars, the Civil War is not only a pivotal event in our nation's history but it laid the foundations for dramatic social change. One of those changes concerned the role of women in society. The first woman to graduate from an American medical school was Elizabeth Blackwell in New York in 1847.[50] One of her fellow female physicians found her way to Richmond during the latter part of the war and apparently not by choice. The *Richmond Daily Dispatch* reported a Dr. Mary E. Walker, a prisoner of war in Castle Thunder, accused of wearing men's clothing. She

replied that she was wearing a "bloomer" or "reform dress" which she claimed was "shorter and more physiological."[51] Another newspaper vituperatively referred to her as "the Yankee Surgeoness, Miss Doctress, Miscegenation, Philosophical Walker . . ."[52] One can only assume that she served her fellow countrymen well, regardless of her attire or her sobriquet. There was one female physician practicing in Virginia during the war. Miss Moon, a graduate of the Women's Medical College of Philadelphia, was employed in a general hospital in Charlottesville. One of her colleagues remarked that, "she was of high character and fine intelligence" (not high intelligence and fine character) but "failed to distinguish herself as a doctor"; however, "she was a good nurse."[53]

Even as a nurse Miss Moon would have been somewhat of an anomaly. Before the Civil War, few respectable women would be seen visiting a hospital, much less working in one. This was particularly true in times of war when wounds were ghastly, diseases were contagious, and the patients were males. At the beginning of the war, the patients were nursed chiefly by other soldiers detailed from the ranks. It soon became apparent that soldiers were needed more in the field than in the hospitals. Accordingly, the Confederate Congress passed an act enabling surgeons to hire paid nurses. Initially, most of these were Negroes who were hired from their owners for periods of one month or more. Eventually, it became necessary to hire convalescents and even women for this job. The September 1862 Hospital Act not only changed the status of women in the South but made a political statement about the policy of the government regarding women in society.[54] A nurse's duties included cleaning, limited bedside care, and distribution of food and medicines.[55] Like the surgeons, most nurses were hard-working and devoted but there were cases of negligence reported. Stealing patients' food and supplies for use by themselves, their families, and their friends seemed to be a problem among nurses, especially those from the lower classes who were pressed closer to the bread line by

the exigencies of war. There was also a report of a nurse who smothered a dying man. She claimed she wanted the bed for someone whose life could be saved.[56]

Although the first school of nursing did not open its doors until after the Civil War, there was a small contingent of trained female nurses in 1860. Four orders of Catholic nuns either worked as nurses or cared for orphans during the war. The Sisters of Charity, a religious order based in Emmitsburg, Maryland, sent nuns to hospitals in both Washington, D.C., and Richmond.[57] In some cases, such as St. Francis de Sales Hospital, they comprised the entire nursing staff. There were eight Sisters of Charity in residence at the Louisiana Hospital under the direction of Sister Anna Louisa O'Connell. They drew rations but no pay and were described as "more than equal to the ordinary nurses." Furthermore, "the kitchen and pantries where they superintended, are models of cleanliness and excel the cabins and kitchens even of ships of war." The surgeon-in-charge summed it up, "They are invaluable for their influence in the sick ward, in the kitchen, and on the cleanliness and order of the *whole establishment.*"[58] The Sisters also worked at the Alms House Hospital, one of the prison hospitals, and any others who called for their help. Those in Richmond were given a priest and a place to celebrate Mass four times a week. They stayed in Richmond until all the sick and wounded under their care were transferred to other hospitals after the fall of the city.[59] A Richmond citizen described their curious garb: "They wear a homespun dress without any hoopskirt with a cape hanging halfway down to the waist. The bonnet is the most odd looking piece of furniture—a piece of homespun starched very stiff and twisted into about forty-six shapes."[60] Their unusual habits aside, the Sisters were said to make the best nurses as they were both experienced and possessed female compassion.[61]

The typical Civil War hospital had a wide variety of employees in addition to surgeons and nurses. Other hospital personnel included matrons, stewards, cooks, orderlies, clerks, quartermasters, apothecaries, baggage-masters, wagon-masters,

forage-masters, gardeners, bakers, ward-masters, carpenters, cobblers, dairy workers, ambulance drivers, and laundresses (mostly female slaves rented from their owners).[62] If the hospital was a military encampment or prison facility, guards were also included on employee lists. Often, one person performed the duties and responsibilities of two or more of these positions. Convalescents filled many of these jobs, almost all by the end of the war when the Confederate army had dwindled down to a precious few and no healthy man could be spared. An act of the Confederate Congress assigned those soldiers who proved to be especially skilled at hospital work to their positions on a permanent basis. Otherwise, healthy young men could not escape military service with hospital employment. There seemed to be jobs for even the severely disabled convalescents. At Winder Hospital an asthmatic, one-armed, and one-legged soldier played the bugle and lowered the national flag in the evening.[63] These convalescents also worked on fortifications and formed military companies when necessary.

Hospital stewards held important positions in the menagerie of hospital personnel. Their duties seemed to overlap somewhat with those of both the matrons and the nurses. The steward was responsible for mixing the medicines, procuring rations, and for the cleanliness of the ward, the kitchen and the patients. The steward was also an all-purpose errand boy but most importantly, he was in charge of receiving and distributing the rations.[64] One hospital matron described the steward as one who must give the patients plenty to eat whether he had the food or not: "There is antagonism between him and the patients who have starved in camp and are now recovering. To them he is a cheat who withholds rations from the government for his own good. He must have meat, even when not furnished him by the quartermaster."[65] Oftentimes, the position of hospital steward was filled by students from the Medical College of Virginia. A separate maintenance staff was not generally provided with the exception of General Hospital #1 (the Alms House),

where former residents were gainfully employed in that capacity.

By September 1862, the Confederate government began to realize the value of employing females to fill some of these essential positions. Congress approved an act that provided for hospital matrons whose duty it was to "superintend the entire domestic economy of the hospital."[66] She was the cook, the housekeeper, and the laundress. And, of course, she ended up taking over many nursing responsibilities. But to the patients, her most important job was that of "keeper and distributor of the medicinal whiskey." Apparently some surgeons felt that the whiskey was safest in the hands of a woman. She had to keep the demanded commodity under lock and key; the key she kept on her person in a safe place. One matron complained bitterly of the constant dispute over its fair distribution.

But perhaps a matron's most valuable and important responsibility was comforting her sick and wounded and sometimes dying patients. Their families were often far away and did not know their brave soldier was suffering. Like the army nurse of later wars, the Civil War hospital matron was there to wipe the fevered brow of her patient, to hold his hand, to write to his mother, and to whisper tender words of encouragement in his ear. The matron's duties seemed endless and by the end of the war surgeon and matron often worked side by side with few other staff members to assist.

Before (and often after) official rules and regulations were set forth to govern these positions, the hospitals experienced that *sine qua non* of every administration—red tape. Normally just a frustration, red tape in hospitals could be fatal. One observer noted that, "The visiting nurses consult the head nurse before they dare act. The head nurse must see the steward, and the steward must speak to the doctors. All this complicated machinery takes time. They consult among themselves and waste time. The poor wounded soldier consults nobody, and dies, meanwhile."[67] Although intentions undoubtedly were good, the Confederacy suddenly faced the

task of establishing a government and making it run smoothly in a time of war. Inadequacies, shortcomings, mismanagement, and inefficiency were inevitable in every department. The Medical Department was no exception.

There was one hospital position that was not subject to red tape. This position carried with it no specific job description, no pay, no set hours, and yet it seldom went unfilled. The women who held these positions were described as "convoys of ministering Angels on errands of love."[68] They were the ladies of Richmond, hospital volunteers who gathered at the doors of the hospitals every morning, even in the rain, laden with food from their own pantries and prepared to spend all the time they could possibly spare attending to the needs of the sick and wounded. Often they held government jobs, attended to their homemaking duties, and nursed sick family members and friends in addition to their work at the hospitals. They came for different reasons—some were beset by a philanthropic activism, some felt that God was calling them to work for a holy cause, others were motivated by a patriotic spirit. President Jefferson Davis was reported to have told one woman, "Remember, if you save the lives of a hundred men, you will have done more for your country than if you had fought a hundred battles."[69]

A hospital volunteer's work was unending and her duties were varied. She helped distribute meals and feed those patients unable to do so themselves; she distributed books and read the Bible aloud; she served as an amanuensis, writing letters to loved ones back home, or telling a mother of her son's dying moments. She made up beds, ran errands, bathed hands and faces, cooled fevered brows, and, of course, she talked to her patients, often speaking to them "in words of sweetness, of his mother and home."[70] The hospital volunteer needed no job description, for as one surgeon told a volunteer, "I give you no detailed instructions. A mother necessarily is a nurse."[71] She often shared her knowledge with the regular nurses, the detailed men, who frequently knew nothing about nursing.

Whether volunteer, matron, nurse, or even physician, every woman in Confederate hospitals had one thing in common. They all had to come to terms with the idea that up to that time, a hospital—especially a military hospital—was no place for a reputable lady. Although Florence Nightingale saw the nurse's role as "multifaceted, indispensable and completely moral,"[72] this way of thinking was not easily accepted in Southern culture. Assistant Provost Marshal Alexander's order governing the hospitals under his supervision exemplified this attitude: "No young misses to be admitted. This needs no comment—it is right."[73] Alexander undoubtedly referred to unmarried women; however, his philosophy was common in Southern society and applied to all women regardless of marital status. Phoebe Yates Pember, matron of the Second Division of Chimborazo Hospital, was quite outspoken on the supposed impropriety of women nursing men. She believed that "the circumstances of war hallow and clear the atmosphere in which she labors."[74] But even after the government passed a law providing for matrons, she noticed that the positions were often filled by women of the lower classes. She felt that the "idea that such a life would be injurious to the delicacy and refinement of a lady—that her nature would become deteriorated and her sensibilities blunted" was ridiculous.[75] Still, most were torn between the desperate need for their services and the acceptable parameters of propriety. Those that ignored social convention "undertook perhaps their most dramatic and frightening departure from traditional female roles."[76]

Opposition to women in hospitals was widespread. Mrs. Pember was welcomed to her job as matron with remarks such as, "one of them has come."[77] The chief surgeon at Stuart Hospital shut out the ladies of Richmond because he felt that "they worry the patients, many of whom are fearfully reduced, and wounded, and did not like to be inspected by the ladies."[78] Even a woman herself, a matron, took exception when her nurses reported to duty "dressed in angel sleeves, displaying their white arms, shoulders, and throats."[79] She felt

this was not the proper dress for a nurse and wished her nurses could leave their beauty, like their cloaks, at the door.[80]

If they overcame social taboo and outright opposition, these women still faced circumstances which they had never before encountered. Those delicately reared ladies who would have paled at the slightest show of blood were eventually "bathing the most frightful gashes, while others were placing the bandages."[81] And of course they, like their modern counterparts, no doubt had to struggle to suppress the instinctive emotions attendant with the circumstances that might otherwise greatly impair their usefulness as nurses. Despite the fervor of their patriotism, some were unable to overcome such overwhelming factors. Mary Chesnut, diarist and wife of Senator James Chesnut of South Carolina, promptly fainted on her first visit to a hospital. She knew that she was not cut out for nursing and instead took her carriage around the marketplace, almost on a daily basis, to buy up available delicacies for delivery to various Richmond hospitals. She finally overcame her weakness and in the final months of the war bravely devoted herself to nursing soldiers. Other women formed relief agencies and local hospital societies in an effort to provide the hospitals with much needed food and supplies.

The Confederate government was forced to operate in the face of innumerable difficulties and disadvantages. There was not a single department that did not have to overcome seemingly insurmountable problems. Any attempt to evaluate the work of the Medical Department must be conducted with these facts in mind. Ultimately, however, the Medical Department did not labor alone. The care of the sick and wounded was shared by three other groups of individuals.

Indirectly, the Confederate Congress took responsibility for the welfare of the sick and wounded through a body of legislation born of communications between the Medical Department, hospital administrators, and hospital inspectors. These laws were aimed at the organization of a hospital system, monitoring conditions therein, and providing a staff,

provisions, supplies, and transportation for patients. The Congress' efforts were unfortunately limited by shortages of the financial and material means necessary to carry out the legislation, but they were nevertheless made in good faith. The primary responsibility for the sick and wounded was in the hands of the hospital staff—surgeons and soldiers, and eventually women, slaves, and convalescents. The greatest contribution, however, came from individual citizens who volunteered in the hospitals, turned their parlors into hospital wards, and took provisions to the hospitals every day. They made room when there were two families already occupying one small home; they took food from their own tables and went hungry in order to put food in the mouths of their fallen defenders; and they selflessly gave valued heirlooms that the sick and wounded should not want for any comfort. Their sacrifices were explained very simply, "Property without liberty is valueless."[82] It was these volunteers, these women, and these slaves that would ultimately bear the greatest responsibility for the care of the sick and wounded. Their contributions cannot be overstated.