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By Rebecca Barbour Calcutt

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For Robert E. Lee Krick, whose dedication to Richmond's wartime hospitals is unsurpassed, and to the intrepid Confederate soldiers who endured them.

"If our historians would only teach the horrors of war, instead of the glory of a few conquering heroes in glorious victories won by the Generals, men would soon realize that battles are won by the thousands of mute white faces on the battlefields gazing into the blistering sun, dead and forgotten by all save the good old mother at home waiting to welcome her boy with a mother's love, but alas!—only a wagon comes back bearing a windowless box, and a broken body. There is no glory in war, only ruin, desolation and death."

—Captain B. H. Wilkins
War Boy—A True Story of the Civil War and Reconstruction

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Introduction

War inherently brings about social upheaval, economic turmoil, and often political reorganization. A nation's urban centers seem to be most adversely affected. Richmond, Virginia, the capital of the Confederacy, was no exception. It took Federal troops four years to capture the city after the outbreak of the Civil War[1] and during that time Richmond suffered more than its share of hardships. A look at Richmond in 1860 and the state of hospitals and medical science in the mid-nineteenth century will provide insight as to why the Confederacy was so unprepared to face its coming trials. As the war progressed, the hospitals came to exemplify the Confederacy's difficulties not only in reconciling States' Rights with the need for a central government strong enough to wage war, but as the ultimate reason why the South lost the war—an exhaustion of almost all available resources.

In 1860, Richmond was the third largest city in the South with a population of approximately 38,000.[2] By the spring of 1864 this figure swelled to nearly 150,000.[3] This sudden fourfold increase was initially due to the influx of appointees to all levels of the Confederate government and their families when Richmond became the capital of the Confederacy in May of 1861. Other newcomers to Richmond included employees of war-related industries, visitors to the city, soldiers, large numbers of sick and wounded, Federal prisoners, and thousands of refugees. Of course, speculators, con men, and "camp followers" felt it expedient to take financial advantage of the prevailing wartime conditions. All of these people would, at some time, have to contend with overcrowding,

unhealthy conditions, rampant inflation, martial law, and severe shortages of housing, food, and all manner of commodities, including fuel and medicines. Although the citizens used every means at their disposal to prevent it, the sick and wounded in Richmond hospitals felt the sting of these shortages most acutely. Compounding all the external problematic conditions was the fact that the Civil War was fought at the very end of the "medical Middle Ages." This intrinsic condition affected soldiers both North and South but high mortality rates would hasten the demise of the Confederacy as its manpower dwindled. Rudimentary diagnoses were made and basic treatments were applied but Civil War medicine was characterized by "technology and therapeutics that maimed and mutilated but rarely cured."[4] Significant technological advances did not occur until after the war.

If the Civil War had occurred in the 1870s rather than the 1860s, mortality statistics would have been dramatically different. As it was, tens of thousands of wounded soldiers lost their lives to infections that might have been prevented with antiseptic techniques. Knowledge that bacteria were the cause of infection was as yet unknown. In fact, the whole of medical knowledge was so limited that the mid-nineteenth century medical student was deemed adequately prepared to practice medicine after only a two-year course of study, the second year of which was a repeat of the first.[5] Medical schools had few clinical resources, no laboratories, and few diagnostic tools beyond the senses of the physician himself.[6] Older surgeons had been trained by the apprenticeship system, which did not begin to decline until the 1840s.[7]

Dr. Joseph Jones, one of the Confederacy's most outstanding medical officers, believed that "thousands of valuable lives were sacrificed by the suicidal policy instituted upon an immense scale in the earlier periods of the war of using hotels, warehouses, stores, churches and colleges, in the heart of the cities and towns, for military hospitals."[8] Jones suspected that the crowded conditions in the hospitals were largely to blame for deadly diseases such as erysipelas (an

infectious disease of the skin), pyemia (acute metastatic septicemia or infection in the bloodstream), and gangrene. He felt that isolation, good ventilation, and a nutritious diet were the best treatments for these maladies. Astute as these observations were, he nevertheless regarded "laudable pus" as a good sign of healing.

Jones, like most physicians of his day, subscribed to the miasmic theory[9] and was therefore unable to connect infectious bacteria with disease. Although he was one of the very few Confederate physicians to use either a thermometer or a microscope, he still believed that infections were caused by the poisonous atmosphere.[10] Other physicians thought that noxious, disease-producing effluvium could be controlled with disinfectants and ventilation.[11] Some Civil War doctors were using bromine and chloride solutions as antiseptics in hospitals,[12] but their use was limited and they were unable to counteract overwhelmingly bacteria-laden practices such as scalpels sharpened on surgeon's boots, unwashed hands, and reused bandages. While the basis of the miasmic theory was scientifically incorrect, at least the proposed treatment was not harmful, unlike bloodletting and purging for example, which were still being practiced in 1860 by some physicians. Although the extent to which these treatments were used varied from physician to physician and from time to time, major changes in medical practice during the nineteenth century were slow to take place. The treatment for typhoid fever, for example, prevalent in the early years of the war, was often more harmful than the disease itself. This disease was usually treated with calomel, which sometimes resulted in mercury poisoning.

As the century progressed, a few people began to question the accepted practices of the medical establishment. Cleanliness, ventilation, and orderliness had proven important for disease control to Florence Nightingale in the Crimean War in the 1850s.[13] She knew nothing of germs or bacteria; instinct, personal observation, and deductive reasoning told her that cleaner was healthier. In fact, the Civil

War was well under way in 1862 when Louis Pasteur disproved spontaneous generation. Joseph Lister applied Pasteur's germ theory to antiseptic surgery in 1867 and by the early 1870s a handful of American surgeons had assimilated the new procedures.[14] By the 1880s very few physicians still rejected germ theory for miasmic theory, but there was still some middle ground. E.R. Squibb, for example, had used carbolic acid as a disinfectant in Civil War hospitals and yet regretted that "Lister had complicated his procedures."[15] Keeping in mind that the Civil War ended in 1865, one can readily understand why mortality rates were so high. Secondary infections, or "surgical fevers" as they were known, were common. They included erysipelas, pyemia and gangrene and were often fatal.

Before the nineteenth century, physicians tended to focus on a patient's entire system. They felt that attentive nursing care by a family member and a fortifying diet were as important to the patient's well-being as anything they could do. With limited medical and pharmacological resources this hardly could be helped. These were the only "treatments" available. By the Civil War however, there was a new emphasis on specificity—specific diseases and injuries were being treated with specific drugs and treatment regimens.[16]

Medicines in use in the Civil War era could be grouped into a few major categories. Cathartics and emetics were popular for purging unhealthy systems. Morphine and opium had long been known to be potent painkillers but were in short supply since they were available to any customer at the local apothecary shop. Quinine was recognized as useful as an antimalarial prophylaxis and treatment. The South's need for this drug proved great, for much of the Confederacy was in damp, temperate climates where the mosquito that spread malaria bred prolifically. While many of the drugs used were in fact effective, they were often unreliable due to improper dosage and storage. Testing was done strictly by trial and error without the benefit of laboratory equipment and scientific knowledge.

To the Civil War soldier facing surgery, the most important advance in the field of medicine was the introduction of anesthesia in 1846. Both ether and chloroform were used in the Civil War, the latter being preferred in the South due to ease of access. Although shortages undoubtedly did exist, there is little evidence that surgeons went about their work without benefit of anesthesia. "Biting the bullet" may have happened on occasion, but this situation is largely myth. Without the sensation of pain, more patients in need of surgery were willing to face the surgeon's knife, and longer, more complex operations could be performed without the surgeon having to fight a struggling subject. Moreover, longer operations resulted in an increase of medical knowledge with surgeons able to observe the internal physiology of the living human body. But while anesthesia did change the nature of surgery, without asepsis surgery was still a dangerous procedure—gangrene followed many operations, and post-surgical infection was practically guaranteed. The mid-nineteenth century world of medicine was closer to that of the eighteenth century than that of the twentieth century.[17] This is true for both medical knowledge in general and for nineteenth century hospitals specifically.

Moreover, the mid-nineteenth century hospital was viewed by society as a lower-class institution. Most were attached to the local almshouse and were in deplorable condition. The special circumstances of the Civil War would change both the hospitals themselves and how society viewed them. In fact, a reform movement in the late 1840s aimed at improving and expanding hospitals played an important role in the organization and administration of Civil War military hospitals.[18] Up to that time, only the truly indigent would voluntarily enter a hospital, for even the working poor would rather employ the services of a physician, whether private or one associated with a dispensary, than submit themselves to the hazards of hospitalization. No decent member of society would consider hospitalization unless he was unfortunate enough to be stricken with the plague or became a victim of an accident while away

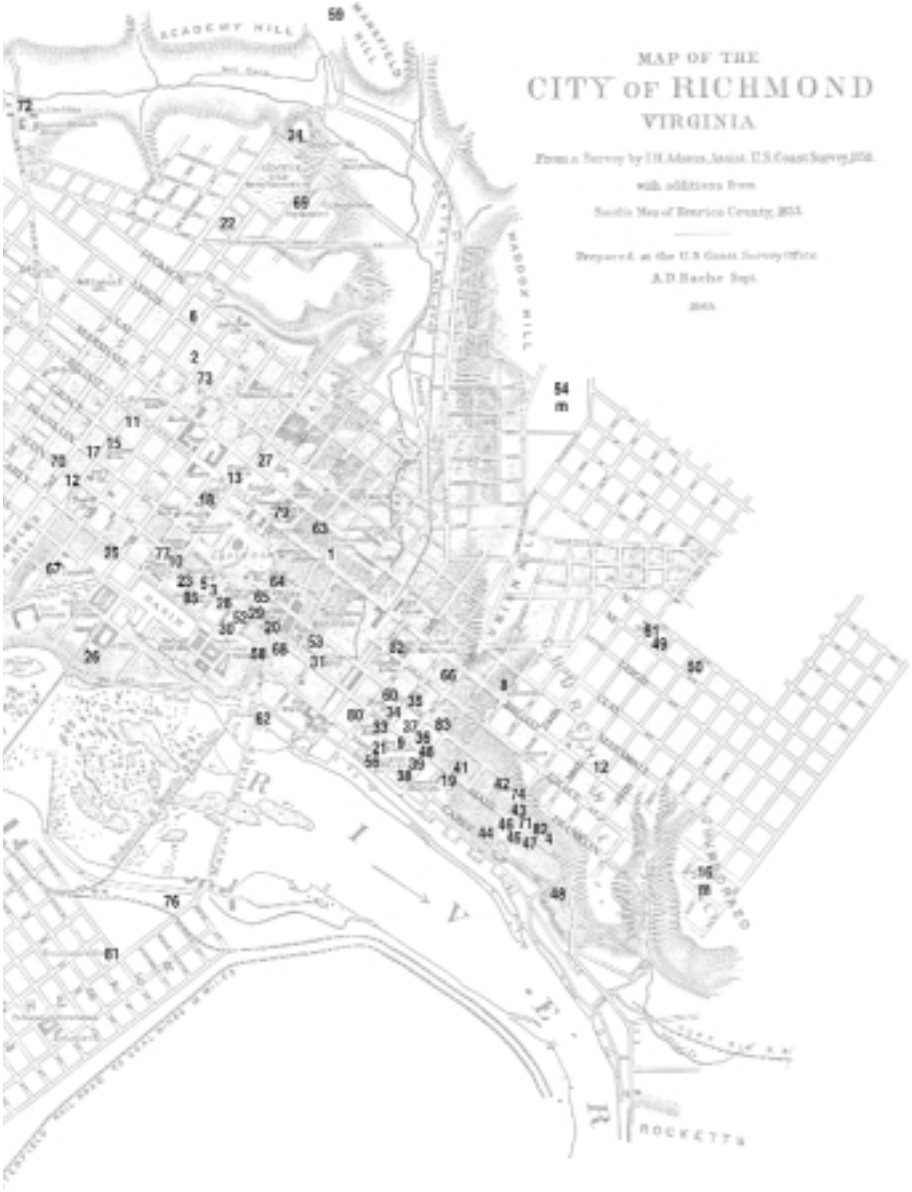
from home.[19] Hospitalization was an evil to be tolerated by society, not a benefit; there was nothing that a doctor could do for a patient in a hospital that he could not do in the patient's home. Antebellum hospitals were neither "structured by medical priorities nor defined by medical needs."[20]

Though few in number, the typical 1850s hospital was overcrowded, unsanitary, and germ-laden. It was poorly ventilated and sparse in furnishings other than beds. There were no areas set aside for admissions or emergencies, no treatment or examining rooms, no labs or radiology equipment, no operating theaters, and no morgue. Laboratories were occasionally seen in European hospitals but Americans were "hard pressed to pay the costs of patient care much less scientific frills."[21] Nursing was a casual arrangement and was provided only between the hours of 5 A.M. and 9 P.M. Watchers were employed at night for the seriously ill but during the day the nurse-to-patient ratio was as low as one to seventy-five.[22] A hospital was no place for any respectable member of nineteenth century society.

The care of the sick and wounded in Richmond has heretofore been ascribed to the Confederate Medical Department and the surgeons-in-charge of the hospitals in the city. This study will examine conditions in Richmond hospitals and substantiate the theory that women, blacks (both free and slave, male and female), and Richmond's citizens made an equal and perhaps greater contribution to the care and sustenance of those men. While it is not possible to obtain an accurate count of how many volunteers worked in the hospitals, there is no doubt that as the war progressed, the Confederacy was increasingly more dependent upon their labor as well as the labor of blacks. One contemporary historian notes, "In December 1861 the medical director of the Army of Northern Virginia, Thomas H. Williams, ordered military general hospitals to hire or draft slaves and free blacks if not enough white men were available." By 1863, 445 blacks were employed at Chimborazo Hospital and another 280 at Winder Hospital, the Confederacy's two largest hospitals.[23]

Few secondary sources consolidate primary materials to evaluate the conditions and everyday routine of hospital life in the Confederate capital. Soldiers' memoirs and letters rarely devote more than a few pages to hospital experiences and only one of the women's diaries and memoirs is solely about a matron's experiences in a Richmond hospital.[24] While many historians discuss the administration of the Medical Department and include comments on hospital life in general, few address issues such as the interrelationship between the Confederate government and the state governments regarding hospitals and patients; the interrelationship between personnel in a socially, economically, and racially diverse hospital staff; use of available resources including facilities, foodstuffs, fuel, and personnel; hospital routines and conditions; and the extent to which non-salaried volunteers contributed to the care of hospital patients. What follows is a study of those issues and how the Civil War changed both the hospitals themselves and how society viewed those institutions. Chapters are arranged chronologically and demonstrate how dwindling resources—men, money, material, and morale, in the South in general and in the hospitals specifically—ultimately contributed to the downfall of the Confederacy. Women were a great untapped resource and many realized they would make better nurses than men. Social taboos had to be broken down to take advantage of their labor and by the fall of 1862 the Confederate government enacted legislation providing for the use of female matrons in the hospitals. The use of women and blacks in the hospitals freed up men to fight in the Confederate Army but ultimately they were no match for the better prepared, industrial war machine invading from the North. The South put forth a Herculean effort but the problems in the hospitals were symptomatic of the problems besetting the Confederacy—problems that eventually lead to her demise.

Part I



Richmond Hospitals 1861-1865

1. African Church
2. Alabama
3. American Hotel
4. Atkinson's Factory
5. Bank of Virginia
6. Baptist Church
7. Belle Isle
8. Bellevue
9. Bethel
10. Bosher's Carriage Factory
11. Breeden & Fox Store
12. Briggs
13. Broad Street Hotel
14. Camp Lee Military
15. Centenary Methodist
16. Chimborazo Military
17. Clopton
18. Cones School House
19. Dibrell's Warehouse
20. Dooley & Richardson's
21. Engineer's Bureau
22. Epp's
23. Ezell's
24. General Hospital #1
25. General Hospital #2
26. General Hospital #3
27. General Hospital #4
28. General Hospital #5
29. General Hospital #6
30. General Hospital #7
31. General Hospital #8
32. General Hospital #9
33. General Hospital #10
34. General Hospital #11
35. General Hospital #12
36. General Hospital #13
37. General Hospital #14
38. General Hospital #15
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44. General Hospital #21
45. General Hospital #22
46. General Hospital #23
47. General Hospital #24
48. General Hospital #25
49. General Hospital #26
50. General Hospital #27
51. General Hospital #28
52. Ginter, Alvey & Arents
53. Henningsen
54. Howard's Grove Military
55. Jackson Military
56. Libby Prison
57. Louisiana General
58. Manchester Barracks
59. Marshall Springs
60. Masonic Hall
61. Mason's Hall
62. Mayo's Warehouse
63. Medical College
64. Metropolitan Hall
65. Naval/Marine
66. Parker House
67. Public Guard
68. Richardson's
69. Richmond City
70. Robertson's
71. Ross Factory
72. St. Francis de Sales
73. Samaritan
74. Second Alabama
75. Soldier's Home
76. South Carolina
77. Spotswood Hotel
78. Stuart Military
79. Sycamore Church
80. Talbott & Bonn's
81. Temperance Hotel
82. Texas
83. Third Alabama
84. Winder Military
85. YMCA