The opening months of the Civil War went on in the midst of confusion and improvisation. This was especially true of the field medical services of both armies which were disorganized and understaffed—and hence not in position to cope with the vast number of wounded soldiers nor treat them properly. Moreover, the ambulance services were woefully inadequate, and the wounded men had to find their way back to the hospitals where overworked surgeons operated around the clock under extraordinarily trying conditions.

After the first battle of Bull Run both sides made attempts to reorganize their medical staffs, and after the second battle at Manassas it was obvious that further improvements were necessary. The Union army set about creating a medical service which could cope with a long war, but the Confederacy failed to foresee a similar need, having just won a major victory.

In comparing the efforts of both armies to establish efficient medical services, Horace H. Cunningham brings to light an important aspect of this war of attrition.

Horace H. Cunningham was a professor of history at the University of Georgia. He is also the author of Doctors in Gray: The Confederate Medical Service.
FIELD MEDICAL SERVICES
AT THE
BATTLES OF MANASSAS
(Bull Run)
Field Medical Services
at the
Battles of Manassas
(Bull Run)

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Contents

Preface .................................................................................................................. xi

I The Early Ordeal: Union Field Service
   at First Manassas ......................................................................................... 1

II The Early Ordeal: Confederate Field
   Service at First Manassas ........................................................................... 23

III Union Field Service from First Through
   Second Manassas ............................................................................................ 42

IV Confederate Field Service from First
   Through Second Manassas ............................................................................. 69

Epilogue ............................................................................................................... 92

Notes .................................................................................................................... 94

Index ................................................................................................................. 109
LEGEND

MAP SHOWS SITUATION ABOUT 4 P.M. AUGUST 30, 1862

Federal Troops in Attack

Federal Troops on Defense

Federal Troops in Reserve

Confederate Troops in Attack

Confederate Troops on Defense

Trenches

Forest Cover

SCALE

0 2,000 4,000 6,000 8,000 10
THE BATTLE OF SECOND MANASSAS
AUGUST 29-30, 1862

CENTREVILLE

WARRENTON

LEWIS FORD

BALL'S FORD

BLACKBURN'S FORD

MITCHELL'S FORD

McLEAN'S FORD

ISLAND FORD

BULL RUN

TURNPIKE

CUB RUN BRIDGE

STONE BRIDGE

STONE CHURCH

FRAN LIN

14,000 FEET
Preface

*The Improvised War, 1861-1862* is the apt title of Allan Nevins’ first volume on the Civil War, one of a projected ten-volume survey of American history from the war with Mexico through the era of Reconstruction. While Professor Nevins concerns himself almost entirely with the Union war effort, the period was no less one of improvisation for the newly-born Confederate States of America. Both Northern and Southern governments, girding themselves for the struggle ahead, spent weary months in an effort to achieve the strength and stability necessary for victory.

The primary emphasis of this study is upon the attempts made by the opposing medical departments in the East to organize effective field ambulance systems during the period of “the improvised war” from First through Second Manassas. Historians have long understood the military importance of the two battles which occurred at Manassas. Each engagement has a distinct and perhaps crucial significance in the history of the Civil War. Confederate victory at First Manassas proved in the long run more detrimental to the Southern cause than defeat could possibly have been. On the other hand, the Federal setback in this major clash, together with lurid accounts in Union newspapers of Confederate atrocities, awakened the Northern people to a realization of the task before them and stiffened their resolution to suppress that which they termed rebellion.

Second Manassas may well be regarded as the high noon of the Southern military effort. “Never again,” as Bruce Catton points out, “were Confederate chances of success
as bright as they had been at the end of August, 1862. The real Confederate high-water mark was . . . here on the field of Bull Run, . . . ” Thereafter the sands began to run out—albeit slowly—for the South.

These engagements also loom large in the war’s medical history; consequently, careful attention has been accorded medical developments associated therewith. It is hoped, however, that such attention will not divert the reader from the general concern with Northern and Southern efforts to organize effective ambulance services in the field. A fuller understanding of these endeavors should add needed dimension to our knowledge of “the improvised war.”

Americans of the Civil War era were a highly emotional people, and the times were almost unbelievably tense. The age was one of romanticism, with the dominant mood often reflected in the written word. Much contemporary commentary has been quoted in this study, so the expression may occasionally appear stilted and overdrawn. If so, this is the result of using such material rather than the design of the writer.

It should be pointed out that a large part of the research for this account stemmed from a project conducted by the writer for the Interior Department, and I am sincerely grateful to authorities in Manassas and Washington for permission to present the result in this manner. Much research was done at the Manassas National Battlefield Park, near Manassas, Virginia, where historian Francis F. Wilshin and his efficient staff extended every possible courtesy, and I am much indebted to all at that outstanding site. I recall with particular pleasure a hot Sunday afternoon near the old battleground area when Francis Wilshin and I joined forces in combat of a much different kind on the Sudley Club tennis courts. My wife has offered inspiration, encouragement, and substantial assistance throughout; as the dedication suggests, her role has been indispensable. And the research assistance given by Mr. Gerald Asher, graduate student, proved most helpful.
CHAPTER I

The Early Ordeal:
Union Field Services at
First Manassas

Ordered by the Northern high command to launch an offensive against the Confederate forces around Manassas, Brigadier General Irvin McDowell led his Grand Army of the United States eastward from Washington on July 16, 1861. As this force of some 35,000 men, green recruits for the most part, marched toward its objective, those in the United States who had been clamoring impatiently for an offensive movement confidently predicted an early and decisive Union victory. Our columns "are now advancing upon Richmond," proclaimed a New York journal, and "they will enfold that centre of rebellion in a deadly entourage of rifle and cannon, and reduce its obdurant temper to the peaceful and prosperous rule of the Republic." It was also anticipated that "this result may be reached without much bloodshed" since "each day's development tells of an enemy weak, disheartened and demoralized."1

Such prognostication was illustrative of the prevailing emotional climate, and General McDowell's more realistic appraisal of the circumstances counted for little. Understanding the situation confronting him far better than most, the commanding general was fully aware of the army's need for better organization, more drill, and longer seasoning. His attempts to lengthen the training period were unsuccessful, however, and he was compelled to issue marching orders.

One matter of concern was the Army Medical Department. Like all else military, it was woefully unprepared to cope with the demands which a major battle would make
upon it. At its head was the octogenarian Colonel Thomas Lawson, a veteran of the War of 1812 who in more recent years had done little other than prune the budget. As 1861 began Surgeon General Lawson’s staff consisted of thirty surgeons and eighty-three assistant surgeons; it was weakened by the loss of twenty-one assistant surgeons from the South who followed their states and three assistant surgeons who were removed for disloyalty.2

Some two hundred medical officers were added to the Regular Army Corps before the end of the summer, but surgeons for the volunteers called by Lincoln during April and May were supplied by the states in ways that led to the commissioning of many unqualified appointees. Some were not even required to appear before examining boards, and commissions were occasionally given to men who did not hold medical degrees. Most of the appointees were required to undergo examinations of one kind or another, however, and the greater number of those selected acquitted themselves at least reasonably well.3

If examinations of men seeking commissions in the medical service left something to be desired, medical examinations of the recruits were ordinarily so perfunctory as to be almost absurd. Surgeon William S. King, medical director of McDowell’s army, asserted that “many of the men had never been examined by medical officers, and were inferior to those in the regular army, where the physical defects are more carefully regarded.”4 Discharge after discharge was granted to men with diseases and defects—including epilepsy, syphilis, and hernia—which they had before entering the service. More than one-third of New York’s Garibaldi Guards appeared to be permanently unfit for service even before taking the field.5 General McClellan’s efforts to remedy problems of this nature resulted in War Department orders which required regimental surgeons to examine their men and threatened punishment for those who neglected such duty. Meantime, hospitals needed for the wounded were filled with “three-months men” who should never have been accepted into the service.6

New troops would have fallen victim to disease in the 1860’s even with the most thorough physical examinations,
and thousands of recruits were attacked by the intestinal infections, typhoid fever, malaria, mumps, measles, and numerous other ailments. Neglect of personal and camp cleanliness was undoubtedly an important cause of elevation in disease statistics, but when Surgeon King attempted to point out the importance of camp hygiene, he encountered much difficulty in persuading those in authority to act upon his advice. "It is while engaged in the labor of introducing sanitary reforms," King complained, "that the want of substantial rank is most sensibly felt by the medical officer, and more or less paralyzes all his efforts." 7 Months were yet to pass before the lesson was learned that "the best men in camp are the best in the field." 8 And the observation of Colonel William Tecumseh Sherman that the troops about Washington "were far from being soldiers" 9 was soon to be underscored under very grim circumstances.

The army's march from the Washington encampment was a leisurely one which covered only the six miles to Fairfax Court House on the first day. This slow pace could in no way be attributed to the ambulance train. The medical director had been furnished only a limited number of ambulances, and despite his requisition for twenty wagons, not a one had been sent; consequently, as many medical supplies as possible were carried in ambulances and forage wagons. 10

Ambulances to carry the sick and wounded constituted a recent development in the history of American warfare. Never before had the army been supplied with such vehicles in conflict, and only one type of ambulance, the four-wheeled vehicle, had been tested in the field. While it had been given a favorable report, the two-wheeled ambulance was mistakenly adjudged better for moving the badly wounded, and the Quartermaster Corps issued four of this kind to one of the other. As yet, of course, there was no organized army ambulance corps.

Still proceeding at a snail's pace, on July 18 the Grand Army of the United States reached the position at Centreville from which it hoped to overwhelm the entrenched enemy. Here McDowell faced Brigadier General Pierre G. T. Beauregard's command of 22,000 troops, who occupied positions at Manassas Junction and along some eight miles of the
southern side of Bull Run, an unimpressive stream flowing southeastwardly. That morning the Union general ordered Colonel Israel B. Richardson’s brigade southward to test Beauregard’s right, and a rather sharp clash occurred about noon near Blackburn’s Ford between the brigades of Richardson and Confederate Brigadier General James Longstreet. Longstreet, skillfully using the woods and terrain to his advantage, drew the enemy into ambush and cut them down with volley after volley of blazing musketry. Union losses totaled eighty-three officers and men, with the Twelfth New York and the First Massachusetts bearing the brunt of the casualties. Some of the New Yorkers were overcome by sunstroke; all suffered from the day’s heat and lack of food and drink.

The wounded from Blackburn’s Ford were carried to a ravine located on the left of the Federal battery by members of an improvised ambulance corps—two soldiers from each company—but it soon became necessary for surgeons and those who were assisting to move their charges some two hundred yards to the rear to administer to them at a greater distance from the battle area. Here primary dressings were applied and the wounded placed in ambulances headed for Centreville, where Surgeon King had made arrangements for the use of a hotel, a church, and a large dwelling.

There was a nightmarish quality about the almost utter chaos which followed the little clash at Blackburn’s Ford. Across the road from one Centreville hospital, two ambulances loaded with wounded were compelled to wait for several hours before their occupants could be removed while Brigadier Daniel Tyler’s entire division filed by. Water, obtained with difficulty and intended for the wounded, was appropriated by thirsty stragglers as they passed. Still others crowded into the hospital buildings, some looking for food and others for missing friends and relatives. Matters were made even more difficult when the surgeon in charge of one hospital refused to receive any disabled men who were not members of his own regiment. Order was finally established only after General Tyler posted a guard around the hospitals; Surgeon King was able to retire shortly before midnight.
During the next several days medical personnel were engaged in repairing their ambulances, awaiting the arrival of supplies, and caring for the wounded. On July 20 the disabled whose condition was sufficiently satisfactory to allow removal from the Centreville hospitals were taken by ambulance to Fairfax Court House and there sent on by rail to a hospital established for their reception in Alexandria.\(^{16}\)

The Medical Department received its first major test the next day on the plains of Manassas. Here, on an unforgettable day in American history, a day which many foolishly impatient people in the North thought might end the war, Union medical organization, like that of the army generally, proved itself to be sadly inadequate for the task at hand.

Weaknesses in medical organization and other circumstances which contributed so much to the disaster are revealed quite graphically in reports prepared for the United States Sanitary Commission by various regiments that participated in the battle. Among those only slightly engaged was the First Connecticut, one of the volunteer regiments in Brigadier General Tyler's First Division. This unit's regimental surgeon designated a four-room house for hospital use and ordered members of the band—who had been detailed as an ambulance corps—to follow the regiment, recover its fallen, and bring them to the hospital. Inasmuch as the wounds suffered by regimental members were slight, those hit were able to leave the field without assistance. Many from other units were not as fortunate, and some of these were placed upon blankets fastened to poles and carried to the improvised hospital. The First Connecticut had one four-wheeled ambulance, but its use in transporting the wounded was precluded by the rough terrain. The only tents available for hospital purposes were two simple wall tents, and, while water was plentiful, there was no food of any kind to sustain the disabled. An abundance of medical and hospital stores was reported by the surgeon\(^{17}\) although, according to another account, the hospital steward lost all of the regiment's "trappings, clothes and all, besides the hospital stores."\(^{18}\)

The Third Connecticut was engaged much more actively and suffered heavier losses. Its rations on the morning of battle consisted of crackers and salt beef, and, following a lengthy
march, this regiment of seven hundred men fought from noon until five o'clock. Without food and drink, except for muddy water, exhausted by the heat of an unusually hot summer day—during which much equipment was thrown away—and compelled to march one full mile at double quick time during the contest, 25 per cent of the men gave out completely and were no longer able or willing to obey orders. Battle losses included thirteen killed and twenty-two wounded or taken prisoner. The regiment engaged the enemy without either ambulances or an ambulance corps; the few casualties recovered were moved "by hand." 19

The Second New York was marched to the field so hurriedly that its men had no time to cook their rations. Weakened by long marching and the lack of good food and water, the regiment was exposed to whistling musket balls and shells most of the day and suffered heavy losses. An estimated 25 were killed, 16 wounded, and 125 taken prisoner. Three ambulances belonging to the Second New York were manned by band members, and the wounded were carried to these vehicles by hand and on stretchers. Near the day's end most of the disabled and two surgeons fell into enemy hands; another surgeon was killed during the battle. The regiment itself broke up in hopeless confusion. 20

Colonel William T. Sherman commanded the Third Brigade in Tyler's division, a command which comprised the Thirteenth, Sixty-ninth, and Seventy-ninth New York regiments, the Second Wisconsin, and an artillery company of regulars. All of these units were heavily engaged at First Manassas.

The Thirteenth New York had no supper—only crackers with water—the night before the battle, and the men had crackers again the next morning. Leaving its Centreville camp at 2:30 A.M., the regiment reached the field about four and a half hours later. Almost a third of the distance was marched at double quick time after which the unit fought over six hours. Nearly exhausted, the troops threw away blankets, haversacks, canteens, and other equipment, but they remained in fairly good order until seized by panic during retreat. The band served as an ambulance corps, and, together with friends of the wounded, attempted to carry all disabled men
from the field. Ambulances belonging to the regiment were captured by enemy forces, but both of the regimental surgeons performed courageously in the face of defeat and heavy casualties: eleven killed, twenty wounded, and over one hundred missing. Panic among the men, however, was followed by frustration and demoralization.21

Sherman’s other New York regiments also experienced a most trying day. Attended by only one ambulance—another having broken down—the Sixty-ninth arrived on the field “greatly fatigued and harassed,” to use the words of its captain, “and but for their high sense of duty and military spirit would not have been adequate to the terrible duties of the day.”22 Sent into the battle without an ambulance corps, the Seventy-ninth, commonly referred to as the “Highlanders,” was on the move at 1:30 A.M. and remained active throughout the long day. Giving a good account of itself until the retreat, the regiment removed its wounded from the field “on muskets and stretchers.” Sixty-two of its 860 men were killed, 50 suffered wounds, and 86, including the regimental surgeons, were taken prisoner. Thoroughly disorganized, the others straggled back into camp Sunday night and Monday.23

Reveille for the Second Wisconsin sounded at 2:00 A.M. on the 21st, but the regiment did not move out until nearly daylight. Breakfast was a coffeeless affair, consisting mainly of crackers. Following a march of approximately seven miles, and part of that at double quick time, the unit reached the field and was heavily engaged from 11:00 A.M. until about 4:00 P.M. in the afternoon. According to its adjutant, the wounded removed from the field were those whose friends came to their relief; there was no trained ambulance corps. Losses of the regiment were twenty-four killed, sixty-five wounded, and twenty-three missing.25

Brigaded under the command of Colonel Andrew Porter in Colonel David Hunter’s Second Division were the Eighth, Fourteenth, and Twenty-seventh New York regiments plus a number of regular units. Porter’s brigade encountered some of the day’s hottest action, and he himself commanded both division and brigade when Hunter was wounded soon after the fight’s beginning.
Although surgeons of the Fourteenth New York were credited with having executed their duties “admirably,” the regiment had neither ambulances nor an ambulance corps. Before the general retreat commenced, regimental wounded were brought from the field by hand or by the use of muskets. When the regiment retired, those who could not make their way were left where they lay—some on the field, others along the road, and still others in hospitals captured by the enemy. Altogether this unit reported over one hundred men missing, including two of its three medical officers. Much of the regiment’s misfortune was ascribed to a generally weakened condition of the men following arduous activity under a blazing sun.  

The experience of the Twenty-seventh New York was similar to that of the Fourteenth. Fortunately, the regiment found two ambulances on the field which were used to good advantage, but it had no ambulance corps and the wounded were left to the enemy’s mercy at day’s end. All surgeons were reported to have “done their duty.” Three medical officers of the Eighth New York remained with their wounded and were taken prisoner.

Major George Sykes’ eight companies of regular infantry attached to Porter’s brigade had an ambulance corps headed by a hospital steward and composed of two attendants from each company. This group removed the wounded from the field “as fast as they fell”; all were left in the enemy’s care. United States cavalry with Porter operated without ambulance wagons and depended upon infantry units to supply all essential medical services.

The Second Rhode Island, commanded by Colonel John S. Slocum, who lost his life during the day, led the advance of Colonel Ambrose E. Burnside’s Second Brigade in the army’s right wing. Although partaking of good food on the evening of July 20, the Rhode Islanders breakfasted on crackers and water after being called at 2:00 A.M. the next morning and had nothing else to eat during the day. Six ambulances attached to the unit were destroyed or captured.

Regimental band members served as an ambulance corps under the direction of one of the surgeons. Subjected to a galling fire from 10:00 A.M. until late afternoon, the Second
Rhode Island’s casualties numbered twenty-seven killed, fifty-nine wounded, and thirty-one missing. No regimental wounded recrossed the Potomac at day’s end other than those who were able to make it under their own power. While the regiment’s retreat was for a time effected in rather good order, the men were caught in another withering attack after reaching Bull Run and lost all semblance of discipline. Later they complained “of the general confusion of the commands and counter commands” and attributed their panic not to fatigue or lack of food “but to causes involving the whole command.”

Volunteer regiments assigned to the Third Division’s First Brigade, commanded by Colonel William B. Franklin, were the Fifth and Eleventh Massachusetts and the First Minnesota. Leaving camp at 2:30 A.M. on July 21, Franklin’s Brigade led the division toward Manassas through the woods from Centreville and Sudley Springs.

Surgeons of the Fifth Massachusetts ministered attentively to their wounded, but were handicapped by lack of ambulances in attempting to move them from a makeshift hospital on the Warrenton Turnpike, a two-and-one-half story structure of native stone known as the Stone or Matthews House, which became an important landmark of the Manassas battlefield. The disabled were carried by hand and on muskets to the Stone House; from that point surgeons were not able to obtain ambulances in which to send them back to Centreville and Washington. It was during the retreat between the hospital and the bridge over Bull Run, where the regiment encountered a murderous crossfire, that the men panicked and threw away much of their equipment. Many were quite lame by the time they reached their old camp, and most suffered from badly blistered feet, shock, exposure, and exhaustion. Altogether, regimental casualties were listed as five killed, twenty-four wounded, and twenty-three missing.

Attired in handsome new gray uniforms sent by state committees, the Eleventh Massachusetts was fired upon by other Union troops at one stage of the fight. Altogether, it suffered some 150 casualties.

The First Minnesota started from Centreville at 2:30 A.M. on July 21, and, following a hurried march to the field
executed in quick and double quick time on the hot day, many of its troops cast aside nearly all of their equipment. Reaching the brink of Henry Hill the regiment “passed a small stream flowing in a shallow valley and as they ascended saw the dead bodies of a few Zouaves that had been killed a few minutes before, their gaudy uniforms now dabbed with blood, their forms and faces distorted by an agonizing death, and their glassy eyes staring up into the sky. The spectacle was not encouraging or inspiring.” An ambulance corps of twenty band members had been detailed to help surgeons care for the disabled, but this group seemed to vanish after the first blistering fire left some forty dead and sixty wounded. Two litters were procured by the regimental chaplain, but calls made by medical officers for ambulances went unanswered. In addition to caring for their own wounded, surgeons of the First Minnesota also attended a number of Zouaves who had been left on the field. One medical officer, C. W. Le Boutillier, was apprehended by Confederate cavalry and taken to Manassas Junction.

Franklin’s brigade was followed by that of Colonel O. B. Willcox, comprised of the Eleventh and Thirty-eighth New York, the First Michigan, and a battery of artillery. It went into action shortly after noon near the junction of the Warrenton and Sudley roads.

No regiment in the Army of the Potomac was more demoralized by the affray at Manassas than Colonel Elmer E. Ellsworth’s brilliantly costumed Eleventh New York, the ill-fated Fire Zouaves. Its misfortune was undoubtedly due in part to its lack of effective medical organization. Sustained only by a breakfast of coffee and hard biscuits, the men arrived on the field in a fatigued condition and discarded haversacks and overcoats before going into battle. The sole ambulance belonging to the unit was utilized by able-bodied troops fleeing the field, and regimental surgeons were nowhere to be seen. Most of the wounded were carried off the field to a hospital nearby, but many others were left on the field and along the roadside. Only three hundred of the regiment’s original complement of one thousand men ultimately returned to their old camp. A sizable number deserted.
The early ordeal: Union

Hard-hit also were the Thirty-eighth New York and the First Michigan. The former, following “a fatiguing march over dusty roads, and at times through dense woods, the men suffering greatly from the intense heat and a great lack of water,” enjoyed only a brief rest before taking the field. There were no regimental ambulances, but surgeons did attempt to succor the fallen; Assistant Surgeon Stephen Griswold even remained with his captive wounded, and removal from the field was either by muskets or hand. Also rushed into action after a hard march from Centreville, the First Michigan men threw away their haversacks containing food and endeavored to support the Fire Zouaves in a position which exposed them to an extremely destructive fire; many wounded were left on the field. Those who could make their way to the hospital risked further disability as “balls of all kinds were flying thick as hail from every direction.” A member of the Second Dragoons, First Michigan, serving as a teamster, was later arrested “for cutting his traces . . . and abandoning to the enemy eleven of our wounded.” Threats to shoot them unless they moved their ambulances onto the field were necessary to persuade other drivers to do their duty.

Brigaded together in the Third Division and marching in the rear of Willcox’s troops were the Third, Fourth, and Fifth Maine and the Second Vermont. These regiments took the field under command of Colonel Oliver O. Howard.

Before leaving camp with his company, Captain Frank S. Hesseltine of the Third Maine communed with his Maker through prayer after which he told his men to “Trust in God, stand by the flag, and you will know no fear.” Captain Hesseltine’s troops acquitted themselves very well, but they were not acclimated to the oppressive heat which was made even more unbearable by a heavy cloud of dust that blanketed much of their route. Many were exhausted by the time they reached their field position, and there was time for a rest of about fifteen minutes behind a wooded area. Shortly after 2:00 P.M., however, the regiment marched into a terrible fire and soon its wounded were staggering from the field. Captain Hesseltine himself helped care for his fallen and later led some back to camp. The regimental
surgeon remained with his wounded after the retreat.\footnote{48} Twenty of the Third Maine men were killed and wounded; thirty were missing.\footnote{49} The other Maine regiments underwent a similar experience. Ambulance work was ineffective, and many disabled were left on the field.\footnote{50} Medical personnel of the Fifth Maine, a surgeon and hospital stewards remained with their captive wounded.\footnote{51}

The Second Vermont, made up also of men accustomed to a cooler climate, wilted badly during the gruelling Sunday march. Haversacks containing food were thrown away as the men moved alongside the Fourth Maine, and spirits were not heightened by the sight of “many ambulances and litters with the dying and wounded.” The Vermonters were met also by “crowds of returning stragglers, telling us to hurry on.”\footnote{52} Engaged in some sharp action, the regiment had a loss of seventy-nine killed and wounded, and it was missing many more.\footnote{53}

The Forty-first New York (De Kalb Regiment) a reserve unit, remained in the woods near Centreville until shortly after midnight following the battle. From the standpoint of medical organization, it was no doubt fortunate that this regiment did not see action. Although an ambulance corps of fifteen men had been organized by the surgeon, no ambulances had been received, despite repeated requisitions, and regimental equipment to transport the disabled consisted of exactly three litters. Twenty-five men collapsed from exhaustion during the march back to Washington, and the wild flight of the main army from Manassas, witnessed by the regiment, did much to demoralize the entire unit. “Bad strategy and want of discipline” were mentioned by its staff and company officers as major causes for the setback.\footnote{54}

During the battle itself, while each regiment was endeavoring as best it could to care for its disabled, Medical Director King was riding over the field with General McDowell and visiting “those places where the contest raged fiercest.” In following the day’s action in this way, the medical director was able to coordinate some field medical activity. It did not take him long to conclude, however, that he had misjudged rather badly the kind of engagement this was to be.\footnote{55} Statistics showing 460 killed, 1,124 wounded, and 1,312 captured
and missing—a total casualty list of 2,896—confirm the extent of his miscalculation.

“My impression at the commencement of the battle,” explained the medical director, “was, that there would be a brisk skirmish, and then the rebels would most probably fall back and take up a new position. I thought it would be a small task, therefore, to make out a list of the killed and wounded, and with notebook in hand I began to count the number of each. . . . Soon I became convinced that a most desperate engagement was at hand, and I directed Assistant Surgeon [D. L.] Magruder, who had thus far remained at the headquarters, to proceed to Sedley [Sudley] Church, which was near by, yet out of the line of fire, and to prepare it, and if necessary, a couple of houses close to the church, for the reception of our wounded, and to send forward the ambulances as rapidly as possible.”56 Thereafter King busied himself in assisting field surgeons administer to their wounded with the use of instruments, dressings, and stimulants which he carried in his saddlebags.57

So certain were Northern newspapers of a smashing victory by General McDowell's mighty army over a weak and demoralized enemy, they joyously announced the anticipated victory on the basis of information obtained during the day, but before its final, dramatic course had been run. Readers of a New York paper on the following morning saw glorious and exciting headlines: "CRUSHING REBELLION. THE GREATEST BATTLE EVER FOUGHT ON THIS CONTINENT. . . . THE REBELS ROUTED AND DRIVEN BEHIND THE MANASSAS LINES."58 And, editorialized this same paper, "The trust reposed by the country in its heroic Army has not been misplaced. . . . The glorious flag that fell at Sumter is now fully avenged. The folds that hid its bright stars when it was lowered in Charleston harbor, under Beauregard's guns, as a conquered ensign, flamed out again in the smoke and fire of the Bull Run batteries, and sent dismay to the hearts of the ingrates that had shouted impiously over its former brief humiliation."59

Readers were no doubt honestly bewildered by the next morning's headline: "DISASTER TO THE NATIONAL ARMY, RETREAT OF GENERAL McDOWELL'S COMMAND FROM MANASSAS."60
Retreat was out of the question for the Union dead and for most of the badly wounded; hundreds of the latter were thus compelled to face the dangers and horrors of makeshift hospitals which had been rigged up near the battlefield. At day’s end, of course, these hospitals fell into Confederate hands, a circumstance which rendered the future of those who had fallen even more uncertain.

A number of wounded were brought to Sudley Church, located just beyond an unfinished railroad line on the northern part of the field. As soon as Assistant Surgeon D. L. Magruder took possession, he had the seats removed, attempted to find enough blankets to cover the floor, obtained water, placed instruments and dressings where they would most likely be needed, improvised an operating table, and sent out a detail to procure hay for bedding. “Very soon after the work of fitting up the building had begun,” reported the medical officer, “the ambulances commenced returning from the field loaded with wounded men. In about two hours the church, both upon the main floor and in the gallery, was completely filled, and I was obliged to take possession of three other unoccupied buildings, which are situated about seventy-five paces further down and on the opposite side of the road towards the creek. So soon as I could get them cleared out, wounded men were carried into them until they were filled also. For want of other buildings, I was obliged to order many of the wounded to be laid under the trees, in the grove immediately around the church.” Magruder estimated that some 250 wounded men were brought to Sudley Church.

One eye-witness of the Sudley scene recalled that, as the wounded were brought in, “blood trickled from the ambulances like water from an ice cart, and directly in front of the church door was a large puddle of blood.” Magruder was assisted by numerous regimental surgeons, both regulars and volunteers. They helped remove the wounded from the ambulances and rendered all surgical aid within their power.

Surgical intervention at Sudley Church was bold, if not reckless, and a number of capital operations were performed both before and after that period of time when all work was brought to a halt by the mad rushing and crowding of the
retreating army. Removal of the badly wounded was out of the question, and some surgeons remained behind with them. 63 “The pulpit was appropriated for a surgeon’s room,” according to one account, “and the communion table, baptized in willing blood, and consecrated to the holy uses of Liberty and Law.” 64 Edward P. Doherty, of New York’s Seventy-first Regiment, assigned to assist medical officers at Sudley Church after he became a captive, stated that thirty-two soldiers died there while undergoing surgery, including John P. Morrissey and George Sayne of his own unit. 65 Assistant Surgeon W. W. Keen of the Fifth Massachusetts, who also helped care for the Sudley Church wounded, reported that the operations seen by him “were all amputations or extractions of balls, but the main thing done was to apply primary water dressings.” 66

As an improvised hospital during “The Improvised War,” Sudley Church was long remembered. A visitor on the morning of July 22 saw dead Union soldiers lying in “piles of three and four,” the “mangled bodies and shattered limbs” covering the ground. 67 Four days after the battle a Methodist minister found nearly 300 Federal wounded there: “Some with death upon their faces spoke of wives & children whom they were no more to see. . . . I talked with many. I spent more time with them than with our own as they were far from home & friends & I now regret . . . I did not stay with them longer.” 68

Another makeshift hospital was the Stone House. Located on the north side of the Warrenton Turnpike, near its junction with the Manassas-Sudley Road, this building stood near much of the day’s most exciting action. Shells, some of which remain to this day, smashed into its walls as surgeons worked desperately over their fallen. Colonel John S. Slocum, wounded mortally as he led the Second Rhode Island, was carried here and treated by Surgeon James Harris of the First Rhode Island. Slocum was then borne to a waiting ambulance on a door removed from its hinges and carried to Sudley Church. 69

Dr. Harris remained on duty at the Stone House after the retreat and was found there with twenty-one Union wounded. Next day, according to an informant, the scene remained a
In this building were thirty-two wounded, many of them dreadfully mangled by cannon shot. There was but a single Surgeon, and he was young and apparently inefficient. Men lay on the floor with their clotted wounds still undressed. Some had died and not been removed. . . .”

Other hospitals near the field presented scenes equally as shocking to a people unaccustomed to war's bloody toll. Conditions observed at one were described quite graphically: “Men, dying and just dead, covered the floor, and filled the rear yard with frightful misery. Civilians and soldiers had turned surgeons, and were amputating and binding up the limbs of the wounded. . . . That ghastly picture of carnage will be ever present before my eyes, and those half-smothered sobs and groans, and those death-appeals will always ring their solemn chorus in my ears.” No doubt those who wrote of such matters allowed themselves some license, but only the most callous onlooker would fail to be shaken by confrontations of this kind with suffering and death.

A volunteer staff officer, passing another hospital, was appalled by the conditions which existed there. “The rooms were crowded,” he wrote, “and all around on the green sward were men mortally wounded. . . . They lay so thick around that I could hardly step between them, and every step was in blood. . . . I gave them what little assistance I could, until becoming faint and sick I was compelled to leave. . . .”

This same individual, a Massachusetts man, related that some of the wounded had begged him “to kill them and put an end to their agony; some were just gasping,” he remembered, “and some had died since they had been brought there, and the dying convulsions of these strong men were agonizing in the extreme.”

Some wounded reached the Stone Church hospital in Centreville. It was here that a medical officer destined to become one of the most distinguished representatives of his profession, Surgeon Frank H. Hamilton of New York’s Thirty-first Regiment, “dressed the wounds of over two hundred men.” A correspondent with the Army of the Potomac described efforts made to care for the Stone Church wounded as follows: “Two high-backed seats were united, front to front, and straw put in, making, with a pillow—
of bags, a place as comfortable as could be expected under the circumstances. One ambulance—litter was kept there for a bed. The sick were all speedily attended to, and by the next morning seemed very well. . . . The worst feature was that tea and convenience for cooking were not at hand. Men from the hospital were hunting through the village the next day for kettles, and other things for the sick, and at six, some of them had not yet drank or eaten anything. They were mostly wounded in the arms, I think not severely. View the picture painted by this account may have been too roseate, but the lot of those who received treatment in Centreville was happy indeed when contrasted with that of those who were left uncared for throughout various parts of the field or on the roadside.

After the retreat commenced in earnest, the wounded, related a witness, “appealed with raised hands to those who rode horses, begging to be lifted behind, but few regarded such petitions.” Ambulances, according to British observer William Howard Russell, “were crowded with soldiers, but it did not look as if there were many wounded.” The rout became more frenzied as the blue tide swept back toward Washington and was described by an eyewitness as “horrible to look upon. Congressmen and gentlemen politicians hurrying from the scene of danger; ambulances, wagons, wagon and artillery horses, with harness and from one to three men on their backs; the worn out and fatigued soldiers, many having lost or thrown away their guns and knapsacks, bare footed, bare headed, and some nearly naked, having their clothes literally torn off from them in hand to hand fights, with hands torn to pieces, arms broken, and any quantity of flesh wounds, all winding their way, with heads down and as silent as mutes; none with comrades.” A chaplain riding in an ambulance surrounded by the seething mass of terrified men sought to safeguard his charges against possible enemy attack by taking a flannel shirt from a disabled soldier and hanging it outside the ambulance on a saber. It appears, however, that even clearly identifiable ambulances were not altogether immune from attack or seizure. One of the Third Division’s ambulances loaded with wounded was seized, according to Colonel Samuel P. Heintzelman, by a Confederate cavalry company.
Ambulances to transport the wounded were scarce, however, if not altogether invisible; a few disabled were loaded into ordinary army wagons for a jolting ride toward Washington.82 Some wounded, determined if at all possible to avoid capture by the enemy, exhibited almost incredible endurance in making their way to safety. His arm amputated above the elbow, one soldier walked all the way to the capital, twenty-five miles from his starting point.83 Another walked the same distance “with a large hole through both thighs and the scrotum”; while yet another was able to make it with “a hole through both cheeks, a broken jaw and his tongue nearly off.”84

For days after the battle, ambulances and other type wagons carrying the wounded, those who had escaped capture but could not return alone, could be heard clattering over the capital’s cobblestone streets. “The wagons were engaged during all of yesterday and to-day bringing the wounded to this city,” it was noted on July 24. “Many of them [the wounded] have been taken care of by our citizens, while the others are being taken to the various hospitals.”85

The suffering of many was intensified by a cold rain which began falling early on the morning of July 22 and continued for two days.86

Civil War musketry was to prove more deadly than that displayed in earlier wars, and it was observed by Assistant Surgeon Charles C. Gray, United States Army, that most of the wounds suffered by Federal troops at First Manassas were caused by round musket balls. Operative surgery, whether radical or conservative, was generally performed while the subject was in complete anesthesia, and the anesthetic agent usually administered was chloroform. Whether resort was to amputation or conservative treatment, fractures of the thigh almost always terminated fatally. In cases involving penetration of a single lung, prognosis was more favorable—about half the cases recovering. Gray observed no cases of tetanus, gangrene, or erysipelas.87

Union medical supplies at First Manassas were abundant “but inaccessible”; the wounded may have suffered even more from lack of food and stimulants. As a result of the days’ unhappy ending, they experienced also acute mental de-
pression. Even before the mad scramble toward Washington, Confederate wounded lying almost side by side with their Union counterparts taunted them with the information that General Joseph E. Johnston’s Army of the Shenandoah was arriving to reinforce Beauregard. The final debacle simply made matters all the worse. Broken in body, they were now compelled to swallow the bitter dregs of defeat while their very lives still hung in the balance.

The suffering of those already dead, however, was ended. All that remained for them was burial, and, because of the summer season, it was desirable to complete the task as soon as possible. The survivors of the dead and dying were deprived for the most part of those things which serve to assuage the heartbreak which comes with the loss of those who are loved—burial among friends and relatives after a fitting service during which comfort may be found from old hymns and consoling words.

Confederate details joined Union captives in the work of interment, but the task was a difficult one and proceeded rather slowly. “They are still berring the ded,” scribbled a witness of the scene three days after the fight, while another who wrote following another three days was sure that less than half the dead had been buried; he saw one road “almost blocked up with dead men & horses.”

Later, there were to be many reports of shallow graves and exposed remains. Some, like the following, were no doubt embellished for credulous readers: “Most of the Yankee dead had been covered up in shallow trenches, and from these broken mounds black and putrefied limbs stretched out to the sight. Here was a head partially uncovered, with the hair dropping off at the touch of a finger—there a bunch of ghastly and putrefied fingers clenched over the shallow earth of its grave. The stench was almost intolerable, even in the morning air. An army surgeon, who accompanied us in our visit to the field, says that on visiting it but a day after the battle, he found the corpses with which it was strewn black as negroes.”

In somewhat similar vein, one who visited the field over a month later asserted that most of the bodies were exposed, “having been rooted up by the pigs”; there was “not a scull
to be found” since, according to his explanation, “there are so many doctors and medical students that they have carried them all off, even digging up some graves for that purpose.”

Less sensational and no doubt much closer to historical truth was an account written about four weeks after the battle which noted that “no human corpse, and not even a mangled limb, was to be seen.” Many graves, it observed, “gave evidence of the pious care of the surviving comrades. Enclosures were built around the graves, and branches of evergreens cover the spot. Sometimes boards marked the head and foot, on which were carved or painted the name and fellowship of the deceased. Sometimes boards nailed to a neighboring tree told that the ground adjacent contained the fallen of a certain regiment or company.”

While Manassas battlefield became the final resting place for many, those who lived on needed to take stock of their situation, lift themselves from the ground, and join forces with all elements in whatever effort might be necessary to overcome their rebellious enemy. Perhaps First Manassas had not been a total loss. It might even prove to be the matrix for subsequent success and final victory. Increasing perspective would reveal the engagement of July 21 to have been merely an initial setback rather than a catastrophe.

As to the weak medical performance, there were several contributory factors. One of these was the absence of a general plan for coordinating medical services rendered on the field. Although the medical director of McDowell’s army made an attempt to articulate relief work, the magnitude of the effort actually needed proved to be so great that his contribution was made to appear feeble and even rather ridiculous.

Another important cause of medical failure was the shortage of ambulances and the glaring lack of any organized ambulance system. The Quartermaster Corps failed to furnish ambulances needed in many instances, and some that were supplied either broke down or were used for other purposes in defiance of army regulations. Furthermore, ambulance crews belonged to the Quartermaster Corps, and the inability of medical personnel to exert authority over them undoubtedly helped explain their weak performance. As a matter of
record, not one wounded man appears to have reached Washington directly from the field in an ambulance. 96

The general lack of experience in all that confronted those engaged at First Manassas was, of course, partially responsible for their difficulties, and inexperience was surely a factor in the medical problem. Assistant Surgeon W. W. Keen of the Fifth Massachusetts, in summarizing the medical aspects of the battle, stated “in extenuation of the faults observed, that they were mostly,” in his opinion, “due to the utter lack of experience on the part of medical officers . . . of both the mode of obtaining supplies and the proper persons to apply to. In the time of peace and order it is difficult at first,” Keen explained, “to understand the forms of the regulations; but in the excitement of such times as July, 1861, and in the urgency of battle, with no books at command among officers, to most of whom army regulations were a myth, many defects may be excused.” 97 The experience gained at Manassas was dearly bought, but it proved useful to those who took part in later battles.

Despite their shortcomings, a good many surgeons were cited for outstanding field service. Included among these were the following: Surgeon Foster Swift and Assistant Surgeons C. S. De Graw and G. A. Winston of the Eighth New York; 98 Surgeon William Crandall and Surgeon’s Mate John E. Moore of the Sixteenth New York; 99 Surgeon Frank H. Hamilton of the Thirty-first New York; 100 Assistant Surgeon Stephen Griswold of the Thirty-eighth New York; 101 Surgeon James Harris of the First Rhode Island, who “treated the enemy’s wounded with the same kindness and consideration as those of our own troops”; 102 and Surgeon Charles C. Keeney of Colonel Andrew Porter’s Second Division. 103

Difficulties experienced by medical personnel were not lessened by the general condition of the troops themselves, the subject of a careful inquiry made following the battle by the United States Sanitary Commission. The Commission reached perceptive and comprehensive conclusions:

From these investigations, combined with information derived from official reports of the generals commanding; from published statements in rebel as well as loyal journals; from previous investigations of the inspectors of the Sanitary Commission as
to the condition of the troops, and from other sources, it is manifest that our army, previous to and at the time of the engagement, was suffering from want of sufficient regularly-provided, and suitable food, from thirst, from want (in certain cases) of refreshing sleep, and from the exhausting effects of a long, hot, and rapid march, the more exhausting because of the diminution of vital force of the troops due to the causes above enumerated. They entered the field of battle with no pretence of any but the most elementary and imperfect military organization, and, in respect of discipline, little better than a mob, which does not know its leaders. The majority of the officers had, three months before, known nothing more of their duties than the privates whom they should have been able to lead, instruct, and protect. Nor had they, in many cases, in the meantime, been gaining materially, for they had been generally permitted, and many had been disposed, to spend much time away from their men, in indolence or frivolous amusement, or dissipation.

Much of the explanation for the day’s shortcomings, medical and otherwise, is to be found in the Sanitary Commission’s penetrating analysis. A seasoned and disciplined army ready for combat and led by competent officers could, for the most part, have stood up under the Manassas challenge without great difficulty. As it was, however, one wonders how the men fought as well as they did.

“It is now generally admitted,” wrote Sherman in later years, “that it [First Manassas] was one of the best-planned battles of the war, but one of the worst-fought. . . . We had good organization, good men, but no cohesion, no respect for authority, no real knowledge of war.” Except for organization, his observations described in part the medical situation, but they only underscored truths set forth by the Commission.

Better medical organization and arrangements, improved field equipment, a well-coordinated ambulance system, experience and training, military discipline—all were essential if men wounded in future battles were to receive effective treatment. The matter was urgent.
CHAPTER II

The Early Ordeal:
Confederate Field Services
at First Manassas

Colonel William T. Sherman’s fitting observation that the troops encamped about Washington following Lincoln’s call to arms “were far from being soldiers” applied with equal force to those men of the Confederacy who bore the brunt of Brigadier General Irvin McDowell’s attacking army. They too—green volunteers from inefficient militia organizations for the most part—would have benefited from better army organization, more drill, and longer seasoning generally. Also, like its counterpart in the opposing forces, the Confederate Medical Department was ill-prepared to perform the primary mission of any medical service: keeping the soldier ready for battle and returning him to duty at the earliest possible time after illness or injury.

At the time of First Manassas the Surgeon General’s office in Richmond was administered by a temporary officer in one small room. Not until July 30, 1861, was Dr. Samuel Preston Moore, the official who was to preside over the Confederate medical service for the war’s duration, ordered to duty as “acting Surgeon General.” A native of Charleston, Moore was a graduate of the Medical College of South Carolina and had served for twenty-five years in the regular army. When South Carolina enacted its secession ordinance, Moore resigned his commission and began the practice of medicine in Little Rock.¹

The nucleus of medical officer personnel for both the Confederate army and navy was formed by those who re-
signed from the medical staffs of the United States army and navy: twenty-four from the Union army and twenty-eight from its naval service. The Confederate Congress was perhaps understandably slow in sensing the need for a large medical staff, but in August President Jefferson Davis was authorized "to appoint in the provisional army as many surgeons and assistant surgeons for the various hospitals of the Confederacy, as may be necessary."2 Each regiment in the field was allowed two medical officers: a surgeon and an assistant surgeon.

The increasing need for medical officers coincident with the assembling of large armies and the extensive amount of disease early in the war led to the appointment of many incompetents; valuable time was consumed later in the effort required to bring about their removal. It was not until the year 1861 was drawing to a close that Judah P. Benjamin, the Secretary of War, could advise President Davis that the ignorant and incompetent had been weeded out. "Quite a number who had been appointed on the recommendation of the men themselves," reported Benjamin, "have proven unequal to the duties of their station; others were found incompetent from carelessness and neglect, while in some instances there was gross ignorance of the very elements of the profession. The efficiency of the corps has been greatly increased by the purgation it has undergone."3 Professional skill would be difficult, perhaps impossible, to maintain throughout the service during the trying times ahead.

An unfortunate development during the war's first months—and one related to the appointment of incompetent medical officers—was the induction of many recruits who were unfit for military service. Inadequate physical examinations were clearly responsible for extensive sickness among the new troops. Medical regulations prepared in 1861 directed surgeons to strip and screen out those men who were not physically and mentally fit,4 but many who were unable to meet the demands of army life were accepted by examiners. The volunteer system, asserted a leading newspaper, "brings to the field the most patriotic, but the most excitable and nervous portion of the population. These people, however gallant in the field, have rarely the constitution to stand the real burden of war."5
Green troops in the South were as prone to disease as their Northern opponents. Surgeon General Moore explained to the Secretary of War in the fall of 1861 “that while there has perhaps been much sickness which could have been avoided, yet the experience of all military life shows that new troops, whether regulars or volunteers, are sick in vast numbers during the early period of their service.” The amount of sickness around Manassas and other camps in 1861 was staggering. On August 17, 1861, General Joseph E. Johnston reported 4,809 sick of the 18,178 men present at Manassas. Recruits fell such easy victim to disease that General Robert E. Lee, asserting that conscripts were proving burdensome rather than advantageous to his army, requested that they “be assembled in camps of instruction, so that they may pass through these inevitable diseases, and become a little inured to camp life.”

Another important lesson taught by the war was that men from rural and up-country districts suffered more from disease than did those with urban backgrounds. Since most Southerners were rural residents, they were particularly susceptible to ailments of all descriptions. Surgeon Paul Fitzsimmons Eve, who in 1831 had practiced military surgery in Warsaw, Poland, and who served as surgeon general of Tennessee and in Atlanta’s Gate City Hospital during the Civil War, concluded that “at the organization of the army, one town regiment was more efficient than two or even three from the country.” Many recruits from rural districts, unlike those from cities, had never experienced the infantile diseases so prevalent in camp, and most had never been vaccinated. The various irregularities in living to which townspeople become accustomed must also have helped urban recruits adjust more easily than those from the country to the exigencies of army life.

The lack of formal education was another factor that handicapped large numbers of Southern soldiers in their struggle to stay well. “A company of soldiers, who made their signatures to the pay-roll largely with cross-marks,” opined one surgeon, “was sure to suffer much disease.” Thousands of illiterate individualists contributed to the elevation in disease statistics. Such persons were almost always phlegmatic
souls, it was contended, who could not be made to comprehend "the dangers of dirt and filth, or the importance of cleanliness in all things pertaining to health and life." Needless to say, they failed to understand why one method of preparing their food should be more conducive to digestion and health than another. They burned their bread, fried their food with large quantities of grease, and had numerous bouts with indigestion and diarrhea. John Julian Chisolm, Confederate medical officer, claimed that occasionally men who had been in the service as long as six months received their first army bath upon admission to a hospital. "They are worse than children," General Lee noted sadly, "for the latter can be forced." Henry W. Bellows, President of the United States Sanitary Commission, reported that Southern prisoners on Governor's Island had to be compelled to wash and exercise, and he thought they were extremely careless about personal cleanliness.

Disregard of personal hygiene and neglect of camp cleanliness were Siamese twins, and the choice of camp sites, disposal of excrementitious matter, and location of latrines left much to be desired, particularly during early months when civilians were learning to become soldiers. The consequence was a considerable amount of disease, and sanitary arrangements in camps were given more and more attention as the conflict progressed.

The outlook of the Confederate medical service in July 1861, then, was anything but encouraging. From an administrative standpoint, there was little or no organization since the service was in charge of an official appointed on a temporary basis. Numerous medical appointees were incompetent, an amazingly porous recruiting system permitted the enlistment of thousands who were in no way qualified for the rigors of army life, disease ran rampant, and appropriations for the medical establishment were pathetically small. This was the situation which prevailed when General McDowell launched his movement against Manassas. On July 18 the Union commander sent a strong force led by Brigadier General Daniel Tyler to test the Confederate defensive position at Blackburn's Ford and to create the impression of a general movement in that direction. Contrary to McDowell's orders, how-
ever, Tyler brought on an engagement with the defending Confederates.

The object of the poorly-managed Federal attack at the ford, which began around mid-day, were troops of the Fourth and Sixth Brigades, commanded by Brigadier General James Longstreet and Colonel Jubal A. Early, respectively. Both contending forces used trees, brush, and slopes along the run to advantage in a lively duel involving both infantry and artillery. During part of the fray enemy artillery centered such effective fire from its rifled guns on a makeshift hospital in the McLean barn that Surgeon J. S. D. Cullen of Longstreet’s brigade withdrew the wounded to a safer refuge. Since a hospital flag was flying over the barn, General Beauregard expressed the hope that it “was ignorantly mistaken for a Confederate flag.” Altogether, the defending units suffered sixty-eight casualties. Pleased with the medical staff’s work, the commander observed that regimental surgeons “were at their proper posts and discharged their duties with satisfactory skill and zeal.”

No real test of the Confederate field service was presented by this engagement, however, inasmuch as casualties were relatively light and its fighting arm remained in possession of the battleground.

The first genuine baptism by fire for the Southern medical corps came the following Sunday in the heat and dust of Manassas when General McDowell attempted to turn the Confederate left in a full-scale assault. Fortunately for the defenders, Brigadier General Joseph E. Johnston had been moving his Army of the Shenandoah to Manassas, although compelled to leave nearly 1,700 of his sick in Winchester. Any precise determination of numbers engaged at Manassas is difficult, and it is a matter of record that a sizable portion of Beauregard’s entire army were convalescing from measles, mumps, and various other ailments and were below par physically at the battle’s outset—as were many of McDowell’s men.

General preparations for the care of wounded “were very imperfect.” No provision for a trained ambulance service was made, there was a shortage of ambulances of any description, and to make the outlook even less promising, Surgeon Thomas H. Williams, medical director of Beauregard’s army,
suddenly became ill and relinquished his duties to Surgeon R. L. Brodie, a medical purveyor.23

McDowell's right wing pressed its attack with considerable resolution, and the ensuing action had terrifying aspects for boys inclined to more peaceful pursuits. "I never herd [sic] such firing in my life," recalled a member of the "Albemarle Rifles" [Nineteenth Virginia], "nor do I ever expect to or wish to again. . . . The balls whistled round and about us thick as hail."24 The Fourth Alabama, at whose head fell Brigadier General Bernard E. Bee, commanding Johnston's Third Brigade, engaged in some of the most bruising action and was punished severely. Arriving on the field in a state of near exhaustion following a hurried march from camp, most of it made in double quick time, the Alabamians enjoyed little respite throughout the day.25 Heavy losses were also experienced by the Seventh and Eighth Georgia, in Colonel Francis S. Bartow's Brigade, and by Colonel Thomas J. Jackson's Fourth, Twenty-seventh, and Thirty-third Virginia regiments.26 Major Roberdeau Wheat, commander of the Louisiana Tigers, was wounded while "gallantly leading his men in a charge, shot through both lungs," but he refused to die.27

"The musketry had not been going on long," wrote a Virginian to his mother, "when we saw the ambulances bearing off the wounded and dying from the field. That was a sight to make the blood run cold in the stoutest heart. Some with their arms shot, some with a ball through the leg and some with their heads torn nearly off. . . ."28 Most of the seriously wounded received attention and were brought off the field in ambulances or by solicitous comrades. A Tarheel remembered seeing the dead body of Colonel Charles F. Fisher, who commanded the Sixth North Carolina, lying over the pommel of a saddle with "head on one side and feet on the other."29 Increasing numbers of the dead—those on the field and others along the roadside—crowded into the picture that many of this battle's survivors would long remember. It "was a horrible sight," wrote one, "to see men cut almost in two by the sabre and ball."30

In view of such grim scenes, it was not surprising that some, perhaps most, in this first encounter with foes who
wished to kill them, were on the lookout for any honorable way to strengthen their chances of foiling such desires. That way for a good many, it appears, was assistance to the wounded. A Maryland soldier recalled, for example, that occasionally “a man with no greater injury than a finger hurt would be supported by a comrade or two on either side.”31 Those willing to look after the wounded were so plentiful that directives were issued which restricted such duty to members of a specially designated group, but at Manassas the temptation was simply too strong for many to resist. Volunteers had not as yet become disciplined soldiers. A similar lack of training was manifested when two companies of infantry, at the sight of a luxuriant blackberry patch, “stopped with one accord and the charging line of battle resolve itself into a crowd of blackberry pickers. Officers swore or exhorted, according to their different principles, and presently succeeded in getting the line to move on.”32

Since no genuine ambulance service had been organized, some wounded were required to shift for themselves. One of these, youthful Charles Hutson, member of the Hampton Legion, penned a detailed review of the ordeal which he underwent after suffering a painful head wound. He placed a white handkerchief on the injury and tied a silk one around his hat. He related:

I then made my way to the clump of trees, whence we had advanced... I now made my way to the shelter of the house on the hill, the shell & shot of the enemy ploughing up the ground at every step I took, & the musketry rattling like hail around me. I lay behind the house quite exhausted, & much pained by the sight of some of my comrades badly wounded. Dr. Taylor examined my wound here, & charged me to use all my strength to reach the hospital. ... I remained at this place, until the companies there began to retreat yet farther back; when, seizing my smashed gun I hurried along by the gullies & other protecting places to a field beyond the line of the missiles, which before flew so thick & fast around me. At the extremity of this field was a house used as a temporary hospital. This place I reached, & after resting awhile, walked to the wagons in the yard used to convey the wounded to the Camp. The ride in was a long & tedious one, & I very soon became aware that had I ventured to remain longer on the field, I should soon have dropped & been
only a burden to retreating friends, or else have run the risk of falling into the enemy’s hands. . . . When I reached the Camp, I found many wounded comrades there, who were under treatment. As the Hospital was crowded with groaning men, some undergoing the agonies of amputation, I very gladly accepted the kind attention of a gentleman named Lamotte, who soon proved that he understood well the art of dressing wounds. He trimmed closely the hair around mine, washed out the clotting blood, bathed the wound, ascertained that there was no split in the portion of the skull exposed, & bound up my head nicely for me, strengthening me also with a glass of excellent whiskey. I felt much more comfortably, when this was done, & the encrusted blood, which stuck like a black to my face was washed. . . . After getting a little supper & having deliberated on what would be our wisest course, most of us wounded who were safe in camp concluded, that, as no tents were pitched & we could not be cared for properly there, it would be best to go down on the evening train to Culpepper C. [ourt] H. [ouse] where the hospitals are. The cars were crowded with the wounded. At Culpepper we found that accommodations could not be had for all: & some of us came on to Charlottesville, where we already perceive that we shall not want for gentle tending. I am writing now on a marble table in a hall of the University, where the wounded are lodged. . . .33

This graphic and revealing account was followed two days later by a letter in which Hutson wrote: “We have been very kindly treated here. . . . I entertain a better opinion of Virginia than ever before.”34

Even more vivid were descriptions of field hospitals written by other perceptive observers caught up in this battle of amateur soldiers, although some undoubtedly and understandably allowed fancy to impinge upon fact; perhaps in retrospect they were not altogether able to draw a clear line of demarcation between the two. An officer in Stuart’s command recalled the following hospital scene:

Along a shady little valley . . . the surgeons had been plying their vocation all the morning upon the wounded. Tables about breast high had been erected upon which screaming victims were having legs and arms cut off. The surgeons and their assistants, stripped to the waist and all bespattered with blood, stood around, some holding the poor fellows while others, armed with long bloody knives and saws, cut and sawed away with a fright-
ful rapidity, throwing the mangled limbs on a pile near by as soon as removed. Many were stretched on the ground awaiting their turn, many more were arriving continually, either limping along or borne on stretchers, while those upon whom operations had already been performed calmly fanned the flies from their wounds. But among these last, alas! some moved not—for them the surgeon’s skill had not availed. The battle roared in front—a sound calculated to arouse the sublimest emotions in the breast of the soldier, but the prayers, the curses, the screams, the blood, the flies, the sickening stench of this horrid little valley were too much for the stomachs of the men, and all along the column, leaning over the pommels of their saddles, they could be seen in ecstasies of protest. 35

Observations on the field hospital of the Seventh and Eighth Georgia regiments are perhaps of unusual significance in view of the shattering losses endured by these battered units. After noting that regimental surgeons J. F. Alexander and H. V. M. Miller, along with their assistants, had “nobly and efficiently performed the painful duties of their office,” a newspaper correspondent heaped additional praise upon both them and their subjects:

I was with them for half an hour during the battle, and saw our wounded and crippled friends as they were brought back to a little clump of trees where they had established a temporary hospital. Never did men labor more successfully or indefatigably, and never did martyr endure the torture of the stake with more patience and fortitude than our suffering men exhibited under the painful operations to which they submitted. I saw legs and feet taken off, arms and hands amputated, deep wounds probed, and ghastly gashes sewed up rapidly and set skillfully, and that too almost upon the very border of the battle field; and yet scarcely a groan escaped the lips of the heroic sufferers. I arrived at the conclusion from what passed before my eyes that next to [a] skillful field officer the most important man on the day of battle is the surgeon. 36

Even at this late date many who have written extensively about the Civil War continue to overlook the field surgeon’s importance “on the day of battle.”

A drenching rain that fell the day after the battle magnified the horror felt by many soldiers as they viewed the field where contending forces had met and bled. “I wandered over
the hotly-contested grounds,” related a private in the Nineteenth Virginia, “and when informed by a knowing comrade that this great victory would secure our independence I rejoiced in the thought that no more scenes of death and destruction were to offend my vision, and no more such suffering as the hospital display would curdle my blood. ‘Where ignorance is bliss,’ etc.”37 Doubtless such scenes of battle’s aftermath left ineffable impressions on those who witnessed them, and among these were men who regarded Monday’s sights as more “terrible and more heartrending than those of the day before.”38

Most of the dead of both armies and a number of Union wounded were still lying on the field. A soldier diarist noted that some were “shot in one place and some in another. Some with their heads shot off and others there legs [and] arms & some of the wounded were sufering a great deal and others seemed to bare it quite patiently.” He observed that “they did not get all of the wounded in untill nearly night and they did not buery all the dead.” On the following day he reported that “they are still burering the dead.”39 Soon the odor from decaying bodies became a problem. “As to the dead,” wrote a minister, “they were being buried this Monday & Tuesday,—piled up in waggons—some carried to long trenches, some to ravines—wh[ich] from their numbers & the heat of [the] weather was all that e[ould] be done. So late as the fifth day I rode among [the] dead—some dis-embowelled. Some had crawled into the fence corners, some into the bushes—lying in every posture of agony, among horses & broken gun carriages covered with flies, black & festering in the sun. . . . These were mostly the fire Zouaves & have since been buried.”40

An officer riding over the field on Monday, touched by the piteous cries of Federal wounded for water, collected a number of canteens and filled them for the erstwhile enemy. When several who thought themselves near death asked him to write letters for them, however, he declined with the explanation that he had neither time nor inclination to do so. “I recognized the claims of humanity,” he averred, “and was willing to minister to the sufferings of a wounded soldier, but writing to friends they had left to come as invaders of our soil was going a little too far. I drew the line at letters.”41
In addition to the makeshift hospitals or aid stations on the battlefield, many dwelling places, barns, out buildings, and churches nearby became Confederate hospitals during and after the fight. Among these was Portici, a brick-gabled mansion that served also as General Johnston’s headquarters; the outer kitchen of the house was employed as an operating room. Another was the spacious Chinn House. Scenes of anguish in these improvised medical quarters were sometimes recounted with unrestrained sentimentalism in the manner of that time. Following his visit to “one of the numerous hospitals,” a preacher of the Methodist persuasion described the distress witnessed therein:

I found acting Lieut Col. Lee with a mortal wound in the breast his young & beautiful wife lying by him almost as much prostrated as himself. He was a communicant of my church. In the room above was a cousin of my wife Lucian Page dying in great agony from a wound in the bowels. In the hall lay several more, one a venerable Georgian 65 years old pierced with many wounds, but cheerful and full of heart for his cause. Another noble looking man from the same state was so exhausted from a shot thro the lungs that he could not speak above a whisper. . . . Some with death upon their faces spoke of wives & children whom they were no more to see. . . .

An historic structure used for hospital purposes during both of the Manassas bloodlettings was that of St. Paul’s Church at nearby Haymarket. Sought by Confederate officials the day after the battle, its floor was soon covered with straw on which was placed pieces of carpeting and matting to serve temporarily as cots. Pleas to the surrounding country folk brought in sheets, blankets, pillows, and generous quantities of food. Many in gray died here, and some were buried in common graves near the church.

The Manassas wounded, and those who were disabled for other causes, were cared for over a wide expanse of the Old Dominion. “In fact, from what I could gather,” wrote a North Carolina surgeon, “the whole country, from Manassas Junction to Richmond in one direction, and to Lynchburg in another, was one vast hospital, filled to repletion with the sick and wounded of Beauregard’s victorious army.”
numbers of men were received in private homes and accorded much sympathetic attention. Reported a South Carolinian in Warrenton:

Its citizens are good specimens of Old Virginia manners and customs, and nowhere have I seen more courtesy and hospitality exhibited towards the soldier, or a deeper interest felt in our great struggle for independence. . . . Let it be said, to the everlasting praise of the people of Virginia, particularly those of Prince William, Fauquier, Culpeper, Orange, Albemarle and Henrico Counties—that what the Government has left undone, they have nobly done; and, in giving up their homes to the Southern soldier, they have earned the gratitude of the whole Confederacy. The good work of looking after the sick and disabled is still going on; hundreds are still here; the ladies of the place visit them daily, and we hear of a weekly meeting, which has for its object the mending of soldiers' clothing. . . .

The citizenry of Charlottesville also cared for its share and more of disabled men. In late July some twelve hundred sick and wounded soldiers were receiving attention at that place. Apparently, after an expression of willingness by medical professors at the University of Virginia to accept a limited number of disabled men in the dormitories, more were sent than could be satisfactorily accommodated. Hundreds of these arrived unexpectedly, it was charged, and as a result had to lie at the station in a driving rain. "A carriage, a few open wagons and an omnibus were the only means of conveyance," it was related, and the responsibility of getting the sufferers to the university devolved upon a few available volunteers. Although space was already crowded to the limit, more and more men continued to be sent despite protests of authorities in Charlottesville. As a consequence, the dormitories, halls, chapel, lecture rooms, and private accommodations were soon overflowing. Despite the unexpected deluge, the people of Charlottesville and countryside thereabout appear to have responded patriotically. Physicians volunteered their services, clothes and bedding were supplied, lint and bandages made their appearance, food was supplied in such abundance that the danger of want disappeared, and needed medical stores finally arrived from Richmond. According to a witness:
The professors nursed and watched the sick, and aided in making lists and reports. The cadets—nearly 125 in number—cheerfully gave up their mattresses, bringing them in great glee slung on their backs, and numerous instances might be mentioned where men and women denied themselves not the luxuries only, but the necessities of life, to minister to the wants of the poor soldier. The ladies, as usual, set the example of self-sacrifice, and young and old may now be seen soothing the sufferer, watching by the sleepless and praying with those to whom Heaven’s consolations are granted. From far and near they come, day by day, to perform their sacred duty. . . .

Men from the Fourth Alabama apparently comprised the bulk of the wounded, and most of the sick were measles victims. Several Union soldiers were among those who were cared for at Charlottesville. 47

In treating and observing the Manassas wounded, Alabamian Dr. E. F. Bouchelie noted that two-thirds of the men had been hit below the hips, a high number in the knees. “Those that have been early operated on by timely amputations,” he contended, “have done best.” Bolder use of the knife, in his opinion, might have insured more favorable prognosis and saved life. 48 Bouchelie’s judgment was shared by other better known medical officers. According to Surgeon Edward Warren, the movement of wounded from the field had been too slow, and many of the men “were actually in a dying state from the want of operations which should have been performed immediately.” 49 Surgeon Thomas H. Williams, Medical Director of the Army of the Potomac, enunciated opinion of a more official nature on this matter by directing surgeons of that army, in the event of another engagement, to “perform their amputations and other surgical operations upon the field, and not as was the case in the battles of the 18th and 21st July, send their wounded to Manassas, and other places distant from the field, for operations to be performed, thus causing unnecessary suffering and increasing the mortality.” 50 Bold surgery was generally more beneficial than that of a conservative character, but medical officers who practiced the former were sometimes condemned for “butchery.” Such name-calling became more common as the war wore on and casualties mounted.
A need for rapid resort to the knife by Confederate field surgeons may have been delineated by a discerning doctor in blue after First Manassas who saw that while most of the wounds borne by Union fighting men were caused by round musket balls, those "inflicted on the Confederates were of a graver character, a large proportion of them being from conoidal rifle balls and canister shot." The conoidal or minié ball was accorded much emphasis in the military journals of the day and was seen as a relatively new element in modern warfare, one which created new surgical problems. Fired from a rifled musket, the minié ball was conical in shape, heavier than the round ball, and of increased velocity. There was general—though not unanimous—agreement that the conical projectile caused greater splintering of bone and likelihood of infection than had been produced by bullets fired from smooth-bore muskets. In other words, prognosis and treatment of this class of wounds underwent considerable modification when the minié ball was involved. Speedy amputation to prevent infection and preserve life was regarded by many as the only proper surgical course.

A heavy and unexpected responsibility that fell upon the Confederate medical service as a result of the battle was the large number of Federal wounded left on or near the field after the headlong flight toward Washington. Inadequately prepared to care for their own disabled warriors, Southern officials, assisted by a score or so of Union medical officers, found themselves burdened with the obligation of rendering all aid within their power to those in blue. Under these unhappy circumstances they were powerless to prevent much tragic suffering.

A number of enemy wounded in the care of a surgeon and assistant surgeon remained in the famous Stone (Matthews) House after it fell to troops of the Twenty-eighth Virginia. Placed on parole, the Union medical officers on duty there were instructed to assume responsibility for all Federal disabled in that sector.

The largest group of Union wounded in any one hospital—between two and three hundred—was that in Sudley Church, located just beyond an unfinished railroad line on the northern part of the field. As Confederates took possession, the
Union surgeons here were allowed to choose attendants from among the prisoners and continue their ministrations after accepting parole stipulations. Since the church was not commodious enough to accommodate all who had been left behind, Assistant Surgeon George M. Sternberg, United States Army, secured a detail from the Confederate officer in charge and erected a frame shelter covered with rubber blankets, many of which had been discarded by the retreating soldiers, outside the church. Nourishment for the men was scarce for a time; on Monday gruel was made from corn meal obtained from a nearby house. As the needs of the wounded became generally known, however, residents of the countryside began supplying eggs, butter, chickens, soup, and other nourishing foods. Fortunately, water in abundance flowed from a good spring in the vicinity. On Monday evening the Union officers were ordered to Manassas but most were permitted to return the following Wednesday. The lack of surgical attendance from Monday until Wednesday caused much distress and appears to have been inexcusable.

On Thursday, July 25, the Sudley wounded were transferred to Richmond and other hospital centers; such movement was effected by August 2, but it was carried out so hastily, according to one of the Union surgeons, that many died en route to their destinations. After Sudley Church was cleared of wounded, the medical officers were soon on their way to Fortress Monroe via Richmond under a flag of truce.

An extremely valuable account of the trying circumstances experienced by Federal personnel who fell into Confederate hands was recorded by Surgeon Charles C. Gray, United States Army. Uncommonly perceptive, Gray possessed a somewhat puckish sense of humor which no doubt helped to make his period of captivity more bearable than it might otherwise have been. One of those surgeons who chose to remain with his wounded, Gray received orders after the battle to report to General Beauregard's medical director at Manassas. Arriving there in the black of night just as it started to rain, Gray was barely able to see the wounded stretched out in large number over the ground. "The wounds of many," he opined, "had ceased troubling [them] as I
found when stumbling along. A dead man never groans when you kick him, accidentally or otherwise.”

Setting out the next morning to collect the Union wounded thereabouts, Gray’s sole “appliances consisted of a sad looking emaciated old horse . . . and one of those cunningly devised instruments of torture, a two wheeled ambulance, captured from us. . . . No dressings, no instruments, no medicines, not even opiates, no supplies of any kind. Clearly,” he surmised, “we are not likely to do any harm.”

By nightfall a spacious farm house, known as the Phillips House and shared with wounded in gray, had been filled, and there were still a good many on the field. Progress was maddeningly slow on the following day as well, but Gray’s outlook improved when he found a bureau which he broke open and “gutted it of everything textile, from window-curtains to diapers—it was a lucky find.” Without buckets, appliances, utensils—food was served on shingles—and the like, his task was a formidable one, but Gray reported four days after the fight that the men were doing better than could be expected, and he acknowledged that Confederate troops in the same hospital, which he called a “chateau,” were not much better off than his own disabled.

The next several days were spent in moving survivors to the depot at Manassas from whence they were taken by rail to Richmond. Gray assisted Medical Director Thomas H. Williams in this travail, during which he was exposed to still more scenes of acute suffering. “Our wounded arriving from the field,” he related, “from which they came crowded in rough army wagons, and under a scorching sun, had to be thrust into freight cars, in which they were obliged to lie on the bare floor. Often they had been a whole day without food, and time was barely allowed us to furnish them with water. These railroad trains, having no right of track, were sometimes two days in reaching Richmond. Numbers died on the road.” Gray held no one personally responsible for this situation and was not at all sure it could have been prevented, but two of sixty privates he accompanied to Richmond died from exhaustion on the way—the trip requiring twenty-four hours. One other prisoner on this particular train was Colonel O. B. Willcox, commanding officer of the Second Brigade, Third Division, who had been wounded.
Much harsher in tone than Gray's observations concerning the removal of Union wounded from Manassas were those voiced by the First Minnesota's Surgeon C. W. Le Boutillier, who contended that the men in blue had been thrown into cattle cars, without straw or hay for bedding—those with broken and amputated limbs must have suffered most terribly. The fractured limbs had not been placed in splints in the majority of cases, and the bones generally had worked their way through the wound and protruded through. The cases of amputation was [sic] still worse. The sutures had cut through the flesh leaving the muscles and bones bare, and the majority of wounds were alive with maggots—almost every case of amputation resulted fatally.

Le Boutillier also charged that enemy cavalry had attacked the surgeons and their hospital during the battle, "screaming all the while, 'shoot the d—d sons of b—s.'" 63

Whereas most Confederate wounded sent to Richmond were ministered to in private homes, those of the Union army were taken to a former tobacco warehouse that became known as Libby Prison, the city almshouse, and certain other buildings converted into hospitals. Accounts differ about their treatment in the Confederate capital. Surgeon Le Boutillier complained that the men under his care were furnished very little medicine and no blankets or clothing. At one time, he stated, 120 men ill with fever lay on the bare floor. Their misery would have been far greater, asserted the Minnesotan, had it not been "for the timely aid of kind friends whom we met in the city." 64 Another Union surgeon, Dr. William H. Wilson of the Second New York, cited the prevailing high prices of medicines as the reason for their scarcity in the hospitals and as an obstacle to more effective treatment of the sick and wounded. 65

Surgeon Gray, on the other hand, thought that the disabled prisoners received adequate care except for some who were rather badly crowded. "The few medicines we needed," he declared, "were at command. Water was abundant, a bath tub on each floor; dressings were, generally plentiful; and food, though coarse and lacking in variety, was supplied in sufficient quantity." 66 Occasionally, complaints were voiced in Richmond that the enemy was treated too well. "If a
little more regard was paid to the comfort of our own poor soldiers,” insisted one individual, “and less thought of the Yankees, it would not only be more honourable for us, but more consistent with the dictates of common sense and common humanity.” Isolated instances could, of course, be cited to support highly divergent generalizations about the situation in which these prisoners found themselves. Whatever the exact truth, their lot was at best an unenviable one.

While the Confederacy’s leadership fully understood the indecisive result of First Manassas, the battle’s triumphant outcome quite understandably was seen by thousands of Southerners as confirmation of their belief in the superiority of their fighting men over those of the North. Even before this first encounter, men in gray were confidently predicting an easy victory. “The magnitude, the peril, the hardship, blood and strife incident to our enlistment,” recalled an ardent member of the Ninth Georgia Regiment, “was not in the slightest anticipated. We all anticipated a short campaign. We had no thought of the disposition of our opponent and the bitterness and bloodshed that would be engendered.”

The Southern cause could have benefited from a thorough investigation of every aspect of First Manassas, including the kind of inquiry instituted by the United States Sanitary Commission concerning Federal troops and their care throughout the engagement. Altogether, it was eventually determined that the Confederacy’s losses numbered 387 killed, 1,582 wounded, and 13 captured or missing. Fortunately for the Confederacy’s green troops, the field remained in their hands at day’s end. Had the tide of battle turned in favor of the men in blue and had the Southern army been caught up in the kind of wild retreat which had transformed its adversaries into a panic-stricken mob, Confederate losses would no doubt have been much heavier. Under the circumstances, however, the medical officers of the victorious army acquitted themselves well. Surgeon R. L. Brodie, who took over for ailing Medical Director Thomas H. Williams, and “the entire medical corps of the Army” were praised by General Beauregard; all, according to the general, “did high honor to their profession.”

Brigadier General Thomas J. Jackson, now possessor of the nom de guerre “Stonewall” which he would carry with
him into immortality, praised Surgeon Hunter Holmes McGuire, obviously a person of unusual ability and promise in his chosen profession, and judged him to be "eminently qualified" for the brigade medical director's post. In a similar vein, Brigadier General Longstreet paid tribute to the humanity and efficiency displayed by Surgeon J. S. D. Cullen, destined to become "Old Pete's" corps medical director, and the other medical officers of his brigade.

Accolades were also received by other medical men, and doubtless they were well-deserved. Nonetheless, it was clear to perceptive observers that the Confederates had displayed the same basic deficiencies and weaknesses which plagued the opposing army. The lack of army organization, for example, was a major fact of the Manassas story, although, in view of the outcome, it was naturally grasped more readily by the enemy than by the victor. Perhaps the full importance of a well-articulated ambulance system could not be fully appreciated in the South until Confederate forces were overwhelmed and their disabled left to enemy care on bloodstained fields. At any rate, the challenge that confronted the newly-appointed surgeon general, Samuel Preston Moore, was formidable indeed.
CHAPTER III

Union Field Service from First through Second Manassas

Following its investigations of Union medical organization and the arrangements made to care for the wounded at Manassas, the United States Sanitary Commission wasted little time in launching a campaign to reform the Medical Department. Remedial legislation and a competent replacement for Surgeon General Clement A. Finley, who had superceded Thomas Lawson earlier, were regarded by the Commission as particularly essential. Although stubborn resistance was encountered, champions of medical reform were pleased generally with the progress that had been made by the spring of 1862. A reorganization bill received the President's signature on April 16, 1862, and nine days later William Alexander Hammond, an assistant surgeon with eleven years of outstanding service in the Regular Army, was appointed to succeed Surgeon General Finley. Each of these developments contributed to improved administration of the Medical Department.

Meantime, on August 12, 1861, Surgeon Charles S. Tripler had replaced Surgeon William S. King as medical director of the Army of the Potomac. Many problems had confronted the new medical director, but he had established a reasonably satisfactory administrative system by the time the Peninsular campaign began in March 1862. Brigade surgeons were charged with making sanitary inspections of their camps, maintaining brigade medical supplies, and drilling the bandmen and regimental hospital details for field service; they were also held responsible for organizing field hospitals and their
attendant surgical personnel when a battle was imminent. Furthermore, medical directors had been appointed to the staffs of all division commanders, while at the apex of the medical pyramid the Surgeon General exerted his authority through orders to medical directors of armies or military departments. Reports from these officers kept him advised of pertinent developments, and he used medical inspectors authorized by the legislation of April 16, 1862, to check on them.¹

Despite repeated outbreaks of measles throughout the army, sickness tended to diminish as the months passed. "There was a constant improvement in the health of the whole army as the season progressed," reported Surgeon Tripler, "and at the time the march to Fairfax Court-House was ordered, with a very few exceptions, every regiment in it was in the most satisfactory condition."² All things considered, Tripler thought his army the most healthy the world had yet seen.³ Disease was not to become a major factor even during the Peninsular warfare although the medical director found it impossible to obtain accurate statistical data about his sick troops.⁴ An unusually large number of malaria and scurvy cases appeared in the wake of that campaign and were undoubtedly attributable in some part to its vicissitudes.⁵

The Peninsular struggle, launched by Major General George B. McClellan in March 1862 after he had spent almost nine months in reorganizing and training the Union army, should not have proved embarrassing to the Medical Department. "But," writes the medical historian of the blue force, "bad teamwork, poor preparations and dearth of ambulances, food, tents, and supplies made the medical work a mess."⁶ Medical Director Tripler made the mistake of keeping his sick with the army and neglecting to prepare suitable base hospitals. As a consequence, field hospitals were already crowded before battle casualties from Fair Oaks and other engagements descended upon them. Evacuation hospitals were poorly planned, and embarkation arrangements at White House and Harrison’s Landings exposed the Quartermaster Corps’ failure to provide well-equipped and sanitary hospital ships for transporting the disabled. Rendering the
circumstances somewhat less desperate was the relief work of the Sanitary Commission.⁷

At best, however, the medical service on the Peninsula was hopelessly inadequate. The medical corps, asserts a modern critic,

seemed caught between two worlds, one dead and the other too slow to be born. Authority was ill defined and divided. A medical director and his men could take their battle stations and set up field hospitals; he could command surgeons, hospital stewards, and nurses, but not provision base hospitals. The law, moreover, assumed that he had powers which it did not define. Many officers of the line failed to cooperate with the surgeons. Difficulties overwhelmed many surgeons, who knew nothing of actual conditions of warfare; they wasted time and effort looking for the men of their own regiments.⁸

Sanitary commissioners deemed Tripler a poor administrator, but they believed that Secretary of War Edwin M. Stanton and Surgeon General Hammond also deserved censure for the ineptness of the medical performance. Stanton had been slow to appoint medical inspectors, and Hammond was tardy in outlining new policy. Blaming each other for the muddle, Hammond and Tripler engaged in almost continuous wrangling. Replacement of the latter appeared inevitable, but Hammond feared that Stanton would fill the post with one of his favorites.⁹

Since the failures of the ambulance corps had been glaringly revealed at Manassas, it might have been expected that this facet of the medical work would have been handled more effectively on the peninsula. Such was not the case; despite numerous isolated instances of efficiency and heroism the faulty showing generally could have led an uninformed observer to the conclusion that little or nothing had been done to correct the flaws exposed during the first battle. Actually, however, Tripler and other medical officials were clearly cognizant of the need for an organized ambulance corps, and early in 1862 Tripler emphasized the importance of having ambulance wagons placed under the control of the Medical Department.¹⁰

The medical director had been successful in obtaining the issuance of a general order, dated October 3, 1861, which
provided for the drilling of the bandsmen and ten men detailed from each regiment in stretcher work under supervision of the brigade surgeons. Such field attendants were to "be drilled one hour each day, except Sunday, by the regimental medical officers, in setting up and dismantling the hand-stretchers, litters, and ambulances; in handling men carefully; placing them upon the litters and ambulance beds; putting them into the ambulances, taking them out, etc.; . . . in short, in everything that can render this service effective and the most comfortable for the wounded who are to be transported." While a complete ambulance system had not been devised, compliance with the order would have insured reasonably effective field work.

Tripler's difficulties were compounded by the chronic shortage of ambulances. Requesting less than half the number of vehicles allotted his army, he found that the Quartermaster Corps could not furnish even that amount. Moreover, many that were issued either broke down or disappeared. The two-wheelers were so bad about breaking down that the medical director returned most of them to the issuing service. Fewer vehicles disappeared after Major General McClellan issued special orders forbidding their use as cabs and light trucks.

It is to Tripler's credit that he was responsible for establishing the first brigade hospitals in the East. Attachment to the regimental hospital was slow to give way, but American battle experience—like that of the British army in the Crimean War—proved beyond much doubt that regimental hospitals could not meet the requirements of caring for wounded men in modern warfare. While engagements such as those fought at Williamsburg and West Point presented no unusual problems, later contests on the peninsula exposed inadequacies of the regimental system. Movement of the wounded to their own hospitals often proved almost impossible, the supply problem became more complicated, and medical officers were widely scattered at times when concentration of such personnel might have improved markedly the field services rendered. Nevertheless, regimental hospitals remained important units of medical treatment and hospitalization in the Army of the Potomac throughout 1862.
As a rule, the performance of those who handled the nursing and stretcher work on the battlefield pointed up quite graphically the need for a trained hospital corps. Regimental bandsmen were required to double as medical attendants, and there was no particular correlation between beating a drum or blowing a horn and removing wounded men from the field of battle. Numerous complaints were voiced of attendants' worthlessness and cowardice, and, before the war's end, some divisions of the Army of the Potomac were sending their musicians to the front. It was learned, however, that men detailed from the line for hospital duties were little more satisfactory than band members. Usually incompetent, they sometimes drank too much or deserted to avoid capture just when needed most. Convalescents were no better; they lacked skill, interest, and strength. 14

The anticipated removal of Medical Director Tripler from his post in the Army of the Potomac came on July 4, 1862, immediately following the desperate struggles known as the Seven Days (June 25-July 1, 1862). The heroic conduct of one medical officer during these engagements elicited the following praise from his regimental commander: "Neither shot nor shell can deter him from his duty, which he has always performed . . . with untiring zeal." 15 Others also ministered faithfully to their charges, but when Tripler's successor, Surgeon Jonathan Letterman, assumed his duties, hospital conditions generally were frightful. Some of Tripler's failures were not of his own making, and while he was by no means an impartial judge of his administration one may accept his view that it "was neither a complete success nor a very decided failure." 16 The sarcasm and arrogance clearly evident in the following passage of his official report, however, underscore qualities which must have antagonized his associates:

Some capital plans were suggested to me for the comfort of the sick and wounded while on the Peninsula. The difficulty in the way of adopting them was that the Yorktown road was not a Broadway, nor the railway to White House the New York Central. Cars might have been fitted up for the hospital department while we were upon the Chickahominy if we had the cars; if we had had the time and means to fit them up; if the
road had not been required for the transportation of ammunition, subsistence, and forage. The army was, perhaps, unfortunate in having a medical director who supposed it was assembled to make war, and that cartridges were more indispensable than bed-quilts.17

Medical Director Letterman was to render significant contributions and replace chaos with order, but it would take a good many weeks. Meanwhile, he had an exhausted army at Harrison’s Landing which required the attention of medical officers who administered to the troops day and night in relay fashion. Nearly seven thousand were sent north on transports, leaving approximately thirteen thousand to care for at Harrison’s Landing under conditions which were anything but promising. Nonetheless, the army’s health there improved steadily and early in August a general order was issued which provided for a more effective ambulance corps. This measure, an important step toward a system which was eventually to be adopted by all the Union armies, laid the groundwork for the establishment of a carefully selected and trained detail of officers and enlisted men who would wear a distinctive uniform, drill regularly, and be solely responsible for removing disabled men from the field during battle. As Letterman explained the need for improved ambulance work, “Neither the kind nor the number of ambulances required were in the army at that time, but it nevertheless was necessary to devise a system that would render as available as possible the material upon the spot, particularly as the army might move at any time, and not wait for the arrival of such as had been asked for, only a portion of which ever came.”18 Letterman’s further observation that “no little labor was required” to implement the new order may be regarded as something of an understatement.19 Unfortunately, the interval between campaigns was brief, and the war moved on through a bloody summer as public attention shifted to the newly-created “Army of Virginia,” commanded by Major General John Pope.

Pope’s army, actually a misnomer since it was comprised of troops thrown together in something of a hodgepodge, consisted chiefly of the three army corps led by Major Generals Franz Sigel, Nathaniel P. Banks, and Irvin Mc-
Dowell. McDowell was undoubtedly the ablest of the three, and his troops were among the army’s finest. Pope also received two good corps—those of Major Generals Samuel P. Heintzelman and Jesse L. Reno—from the Army of the Potomac.

Pope’s objective was the Confederate capital, and, after issuing a bombastic address to his troops on July 14, 1862, he commenced his operations by crossing the Rappahannock River and moving in the direction of Culpeper Court House. In anticipation of this course, General Robert E. Lee, commanding the Army of Northern Virginia, had ordered Major General Stonewall Jackson to challenge Pope’s advance. After learning on August 13 that Major General McClellan had embarked from Harrison’s Landing to strengthen the Army of Virginia, Lee attempted to “suppress” Pope before such aid arrived. Effective strengths of Lee’s and Pope’s forces at this point in the campaign were approximately 55,000 and 47,000, respectively.

Learning of Lee’s contemplated action against him Pope retreated to a strong position behind the Rappahannock, his front protected by the broad swift-moving stream. Jackson, accompanied by Major General Jeb Stuart’s cavalry, then set out on the most daring of all his marches: a wide flanking operation on the left to destroy Pope’s communications with Washington. Just before midnight of August 26, Stuart and two regiments—the Twenty-first Georgia and the Twenty-first North Carolina—captured Manassas Junction, great supply depot of the Union Army. After a wild revel there, Jackson withdrew to a sheltered area in the woods near Groveton, just a few miles west of Manassas. Somewhat mystified by the maneuvering of his elusive opponent, Pope, moving eastward from his position at Warrenton, sought to smash the presumptuous Jackson once and for all. The result was the Second Battle of Manassas, one of the major engagements of the entire war.  

Neither the Army of Virginia nor the supporting force from the Army of the Potomac was prepared to provide adequate care for large numbers of wounded. Brigadier General John Reynolds’ division of Pennsylvanians in McDowell’s Third Corps took the field without a single ambulance.
Brigadier General George G. Meade, commanding the First Brigade in Reynolds’ division, reported that when the command moved out of Fredericksburg on August 21 it “was compelled to leave everything on the ground, including the hospital tents and all medical supplies, except the proportion that could be carried in two wagons furnished the whole for this purpose.”22 Major General Fitz-John Porter, in command of the Army of the Potomac’s Fifth Corps and just reaching Pope from the Peninsula, indicated his “great need” for both ambulances and medicines, “which, for want of transportation, were left behind.”23 Letterman, the Army of the Potomac’s new medical head, spent a good part of July and August in attempting to organize an effective ambulance system. He was not present at Second Manassas, however, and those trained by him comprised only a part of the ambulance force on the field.24

Many of the troops themselves were below par physically. The historians of the Pennsylvania Reserves, McDowell’s Corps, described vividly this unit’s condition:

During the Seven Days’ Retreat the various regiments had been reduced through disease, wounds and death to mere skeletons. Now strengthened only by those who had been released from Confederate prisons, where amid unhealthy surroundings they had been supplied with scanty and unwholesome food, and by those who had either recovered from illnesses or wounds, they were called upon to perform the tasks generally allotted to men of the prime of physical condition. Staggering along at the utmost speed of which they were capable, men slipped from the ranks to drink from stagnant pools, not even waiting to remove the scum from the surface. . . .25

Intensive summer campaigning and prison life had taken its toll generally.

The first clash between the forces of Pope and Jackson occurred about four miles west of Bristoe Station on August 27. Although only a brief encounter, the fight was a severe one and left each side with several hundred casualties. The Confederate enemy, Major General Richard S. Ewell’s division, was driven back upon Bristoe and compelled to leave some of its wounded and parole its wounded captives.26 Orders were issued next morning by Pope “to hunt up the
wounded of the enemy, and to provide for them as for our own soldiers.”

Assistant Surgeon J. Theodore Calhoun, United States Army, reported that his regiment, the Fifth Excelsior, suffered heavily in the Bristoe action: a third of the men and eight of thirteen officers on the casualty list. He “dispatched the wounded to the rear as fast as possible, and, after the action, repaired to the hospital, about one-fourth of a mile distant, and aided in performing the necessary operations.”

Major General Pope arrived at Manassas Junction at noon on August 28 only to learn that Jackson had departed early that morning. He was informed later in the day that Confederate troops had been observed in Centreville. Under the impression that Jackson’s entire army corps was in that vicinity, Pope ordered an immediate concentration of his forces on the heights thereabout. The second clash between Pope’s command and that of Jackson took place near evening in the beautiful Groveton valley as a result of this order.

Marching in the direction of Centreville on the Warrenton Pike was Brigadier General Rufus King’s First Division, McDowell’s Corps, blissfully unaware that Jackson had massed his corps just north of King’s line of march. Trees were casting their shadows across the dusty road, and a regimental band was playing a gay quickstep when the Confederate warriors attacked from a nearby ridge. Jackson’s primary purpose in bringing on the fight was to prevent the Union concentration at Centreville and attempt to draw Pope’s army upon himself within striking distance of a crusher attack by the combined army of General Lee.

The opposing lines were unbelievably close as Brigadier General John Gibbons’ Black Hat Brigade of Westerners, bearing the brunt of Jackson’s attack, held its ground and returned volley for volley until the battle ended about nine in the evening. Of its 2,000 men the Black Hat unit lost 750, including 7 of 12 field officers, and there were approximately 400 additional Union casualties. One of the regiments in the Black Hat Brigade was the Second Wisconsin, a participant also in the battle of First Manassas; it had been hit hard then too and was destined to suffer the heaviest loss of any regiment in the entire army.
Some of King’s wounded had made their way into the woods during the battle, and others were helped from the field after its end. Following a council of war, it was decided that King’s division should move out toward Manassas—since Jackson still blocked the road to Centreville—and his men resumed their march sometime after midnight, leaving behind their dead and many of the disabled. As the command headed back through the woods toward the turnpike, some stumbled over wounded and dying comrades in the pitchblack darkness. An officer of the Black Hatters, Major Rufus R. Dawes, related that as they turned toward Manassas “there sifted from the marching column numbers of wounded men, who were struggling to keep with their comrades and to avoid falling into the hands of the enemy.” He recalled that E. E. Williams, of the Second Wisconsin, “whose leg was later amputated, in some manner crawled over the nine miles, and another man of that regiment, Hugh Lewis, went over the road on that fearful night, to have his arm amputated in the morning.” When Dawes saw Captain John F. Marsh fall behind, he dismounted from his horse, and lifted Marsh up to the saddle, and marched on foot the rest of the way. “My steady old mare,” wrote Dawes, “did the service of a good Samaritan. Each stirrup strap and even her tail were an aid to help along the weak and weary.”

The wounded who remained behind faced a searing ordeal. The Second Wisconsin’s Sheldon E. Judson, hit in the shin, was carried on a stretcher into the woods and there bound a handkerchief around his left thigh to slow the bleeding. Soon he was placed in an ambulance belonging to the Twenty-sixth New York and taken to a point in the woods with others who needed attention. Upon removal from the ambulance he was propped up with his back against a tree and “complimented with a poultice of live hornets that seemed likely to prove more fatal than the rebel bullit [sic] that disabled me.” Following a long night, Judson and the other wounded were taken prisoners by a commander of enemy pickets and then abandoned to their fate. That afternoon a Union battery shelled the field where they lay and almost killed them. After hailing without success Confederate soldiers and ambulance drivers passing on the turnpike, Judson
was finally gathered up by enemy troops and deposited alongside a few hundred other Union soldiers. There he remained for "seven days without treatment and with but one cracker a day for subsistence, lying in a pool of water two days and a night and with no protection but the dear old uniform." Three more miserable days were to pass before a truce made possible Judson's removal to Washington. Some of the Groveton wounded were found by their own troops on the day following the battle and given medical attention.

Regular Army Surgeon Thomas A. McParlin, Medical Director of the Army of Virginia, was in charge of the medical service at Second Manassas, and he was responsible for the care of the Groveton wounded who reached Manassas. According to McParlin's own report of medical department operations, these men were given prompt attention. To take care of the larger number of casualties expected momentarily a large hospital depot or field hospital was established near Bull Run to receive the wounded from regimental hospitals. McParlin explained:

I had to locate the depot near the bridge or ford north of Bull Run, which was on the road from Manassas Junction to Centreville, and near the main body of our army. At the same time, it was accessible by a branch railroad from Centreville to Manassas Junction. Should we remain there long enough to have the bridge repaired, we could afterwards transport supplies and wounded by railroad in any direction.

A purveying depot was located in the same vicinity.

As the major phase of Second Manassas approached, Jackson's divisions which had been engaged in the terrible Groveton melee moved north of the tiny hamlet and took a position to the right of A. P. Hill's Light Division. Jackson's other division commanders, Richard S. Ewell and William B. Taliaferro, had been struck down by the fire of the Black Hat Brigade; Ewell's Division was now led by Brigadier General A. R. Lawton, Taliaferro's by Brigadier General William E. Starke. Altogether, Jackson had some eighteen thousand troops strongly placed along a three thousand yard front on a long, wooded ridge which extended in a southwesterly direction from near Sudley Springs to Groveton. About five hundred yards below the crest of the ridge ran an unfinished railroad
Jackson’s perceptive eye for position was never better, and Stuart’s cavalry protected the flanks of this natural fortress. 35

Meantime, Pope seemed to have misinterpreted the circumstances of the Groveton clash in his surmise that Jackson, attempting to elude his foes following the raid on Manassas Junction, had been intercepted by King’s division and might be overwhelmed while yet cut off from Lee. To that end, Pope ordered an immediate concentration of some fifty thousand Federal troops for the knockout blow. Anxious to achieve a decisive victory, he launched a vigorous assault against Jackson from the foot of Henry Hill at dawn on August 29. 36 The main battle had begun.

Fighting continued throughout the day, but the heaviest attacks were made in the afternoon. Federal troops led in uncoordinated action by Sigel, Hooker, Kearney, Reynolds, Hatch, and others fought gallantly. As Hooker’s men advanced, shortly after noon, they received a deadly volley from Hill’s riflemen. “The storm of bullets, shredding leaves and twigs, stripped the trees of their verdure, and the long dry grass, ignited by the powder sparks, burst into flames between the opposing lines.” 37 Brigade after brigade was thrown back in the piece-meal assault, and corpses piled up on the railroad. Men struggled, perspired, and bled as they fought in clouds of musket smoke. When their ammunition gave out, they continued the struggle with bayonets, musket stocks, and even rocks. There were many heroes. William Rauschmuller, second color bearer of the Fifty-fourth New York, seeing the first color bearer fall, “instantly seized the flag, and at the same time cared for his wounded comrade, took him to the rear, and immediately returned again to his proper place.” 38 Colonel James Cantwell, of the Eighty-second Ohio, “was shot through the brain and instantly killed while trying to rally his regiment during the thickest of the fight.” 39 And there was Eli E. Peck, a member of the Seventy-Sixth New York, who, in a field hospital captured by the enemy, submitted without a murmur to major surgery without anesthesia. 40 A Rhode Island chaplain found the sight of the fallen “appalling to overtaxed nerves.” 41

An officer on Pope’s staff recalled in later years that the
battle on the 29th reached its height about sunset. "Along the high ground of Stony Mountain," he wrote

the heights above the Douglas Hill & Stuart’s Hill & from the higher ground on Hazel Plains the rebel batteries, with converging fire, sent a storm of shot and shell everywhere upon & within our lines. Though their infantry pressed us at every point, our batteries from Sudley to Newmarket equally were engaged, but their efforts were directed mostly upon the enemy’s lines of infantry & before our batteries our lines of infantry stood up everywhere unbroken, in hot & set resistance. The wind of a few hours earlier had died away & . . . rifted clouds of powder smoke collected & darkened over the field. Few cries now rose from the combatants, too deep in their work for these, but the artillery’s voice of many thunders burdened heavily all the air, which again was pierced & rent in incessant crash by the deadly strokes of musketery, while everywhere sounded the hurting of cannon shot, the hum or wail of flying shells & their exploding blast & the swift hiss of bullets. Never were two armies more fully engaged. 42

And it seemed to those who were locked in combat that the sun had never set more slowly. 43

Medical Director McParlin had not been idle. Informing the Surgeon General of the state of affairs, he asked that additional surgeons, medical stores, and ambulances be sent out from Washington. Ascertaining that a short road ran from the turnpike near the battlefield directly to his hospital depot, McParlin notified corps medical directors where to send the wounded and posted several mounted men on the turnpike to serve as guides for the ambulances and for those disabled men who were walking to the depot. McParlin urged that the wounded be removed from the field hospitals “as rapidly as possible,” and a sincere effort was made to comply with his instructions. The medical director’s task was not a simple one, and it was made less so by the destruction of bridges and the increasing need for provisions. “It became a constant care to find and obtain provisions for the wounded,” he reported. “The supply trains were with Banks [Major General Nathaniel P. Banks, commander of the Second Army Corps, Army of Virginia], in the rear, the railroad was inoperative, and little was received by wagons from Alexandria.” 44
A number of field hospitals dotted the battle area. That of the Fifth Excelsior, for example, was located first along the banks of a Bull Run tributary and moved later to a position on Bull Run itself. Most of this regiment's losses were suffered on the 29th. Surgeon N. R. Mosely, a regimental medical officer in Brigadier General James B. Ricketts' Second Division, placed his hospital near the Stone House initially but when enemy artillery began to reach this area Mosely "took the few wounded who had arrived in an ambulance to a spot about a mile and a half to the right of the battle-field, near a stream of water." Here he met several medical officers, including Medical Director McParlin, and he was instructed to send his wounded to the hospital depot and proceed there himself for the purpose of assisting those already engaged at that point in caring for the disabled.

Practically every building in the vicinity of the field became a hospital, including the Stone House itself, and in many instances days passed before the wounded therein were removed. Others who were able to walk attempted to make their way to hospitals near the capital. Twenty-five New Jersey wounded, for example, were reported to have reached Alexandria on foot the morning of August 30. The battle of Second Manassas was over for these men.

Occupants of the field hospitals were an unhappy lot. An officer of the Sixth New Hampshire described with feeling the anguish shared by all in a hospital which he called "The Camp of the Dead and Wounded":

While the writer was lying under the oak trees near Bull Run creek on the night of August 29, with the wounded and the dead scattered all around, sights were seen and sounds were heard, the remembrance of which makes him shudder even to this day. Such terrible wounds! Though there was not so much shrieking and groaning among the hundreds of wounded men as might, perhaps, have been expected, yet there was enough to disturb fearfully the nerves of the hearer. The brave ones would shut their teeth, and try hard to smother their groans; but some of the poor fellows were so terribly mutilated that they could not help crying out occasionally in their awful pain. Scarcely a wink of sleep was obtained that night by any one in or near the place where the wounded were lying. The surgeons and waiters labored diligently, trying to alleviate suf-
ferring. Towards morning camp of the dead and wounded became more quiet, for many of the latter had been removed. . . .

For those who had not fallen, however, the drama of Second Manassas entered its next phase. At five o’clock on the morning of August 30, Pope sent Major General Henry W. Halleck, General-in-Chief of the Union forces, an exuberant report of the preceding day’s action. “Our troops behaved splendidly,” stated the commander. “The battle was fought on the identical battle-field of Bull Run, which greatly increased the enthusiasm of our men. The news just reaches me from the front that the enemy is retreating toward the mountains. I go forward at once to see.”

Less effusive communications were also being sent on August 30. To make room for the expected influx of the Army of Virginia’s wounded, Surgeon General Hammond was requesting the transfer of some three thousand convalescent troops from the Alexandria and Washington hospitals to those in Philadelphia, New York, and Portsmouth Grove. In addition, he asked for five hundred hospital tents. Secretary of War Stanton ordered the Quartermaster General to see that both requests were granted. The medical authorities called upon Washington’s citizens to open their homes to convalescents, and capital newspapers urged the benevolent to “respond at once to this call in behalf of humanity.”

There was a desperate need for lint, and women and children were entreated to help replenish an almost depleted supply. “There is scarcely a woman or child who cannot scrape lint,” it was pointed out, “and there is no way in which their assistance can be more usefully given than furnishing us the means to dress the wounds of those who fall in the defense of their rights and their homes.” Too, as the casualty lists began to reach Washington from the blood-soaked field, a hurried plea went out for volunteer nurses and surgeons.

Despite the fact that the accounts of Jackson’s retreat were based upon rather fragmentary and negative evidence, Pope, at noon on August 30, issued an order announcing that the enemy would be pursued and pressed “vigorously during the whole day.” McDowell was placed in charge of the pursuing operation. Destined to be quite brief, it began on the Groveton-Bull Run front shortly thereafter as twenty thou-
sand men in blue, supported by twice that number in the rear, swarmed toward the railway embankment. Just when the way seemed clear before them, the whole ridge suddenly came to life and spewed a venemous fire over all the attacking legions. The broken blue lines were quickly replenished, however, and a resolute assault was made upon the entrenched men in gray, now sure of success because they knew (unlike Pope) that Major General James Longstreet's corps was in line south of the Warrenton Turnpike. Throughout the morning, as they rested in the woods, they had gotten off sally after sally at Pope's expense. Just at the opportune moment, Lee sent Longstreet's fresh troops against the exposed Federal flank in one of the most spectacular and successful counter-blows of the entire war. The Rebel yell was heard all over the field as Union divisions, giving ground sullenly, were gradually pushed back in the direction of the Stone Bridge. As happened in the battle of First Manassas, Henry Hill became the scene of a fierce struggle, and it was held long enough to cover the flight of Pope's harried forces over the Stone Bridge and other fords. Morning found them encamped once more on the heights of Centreville.

The day's bitter fighting took its toll of those engaged. Among the numerous officers who fell was Brigadier General Robert C. Schenck, commanding the First Division of Sigel's Corps. "He had been in the thickest of the fight, cheering and rallying the men, and at the moment he received the wound he was gallantly leading on a regiment of Pennsylvania troops to the support of McLean." Men in blue "dropped like tenpins before an expert player," recalled one soldier in describing the late afternoon counter-attack.

Ten feet to my left the tall sergeant of Company F sank down in a heap, shot squarely through the head. I saw the brain ooze out. My left hand mate whirled, shot through the shoulder. F. went down with a bullet through the face. S. was swearing 'like mad,' shot through the thigh. A man I did not recognize dropped just in front. I heard the bullets chug into his body; it seemed half a dozen struck him. I shall never forget the look on his face as he turned over and died.

Both of the Fifth New York's color bearers were shot down, and all but four of its sergeants were either killed or
wounded. The Fifth (Duryea’s Zouaves), according to its historian, “stood in line receiving the murderous fire only about seven minutes, yet in that short space of time one hundred and thirteen were killed or mortally wounded; four missing, who were never heard of, and one hundred and eighty wounded; a total of two hundred and ninety-seven, out of the four hundred and ninety engaged. Many of the wounded were struck more than once. . . . No other regiment,” he asserted, “suffered an equal loss in so short a space of time, on the Union side during the war.”

Of its 130 men, the Fourth New York Cavalry, in a desperate saber attack, lost 64, including an officer, as the left side of the army gave way before Longstreet’s onslaught. Another New York regiment, the Ninety-seventh, exposed to a withering cross fire of cannon in late afternoon, reported 7 killed, 42 wounded, and 61 missing. Only 148 of the Seventy-third Ohio’s 312 men were able to bear arms after the day’s action. The Sixth New Hampshire, the Twenty-eighth Massachusetts, the Twenty-fourth and Eightieth New York, and the Eleventh and Eighty-third Pennsylvania were hit hard; cited publicly by McClellan as “one of the very best regiments in the army,” the Eighty-third Pennsylvania experienced losses throughout the war exceeded only by the Second Wisconsin. The sanguinary encounter was not devoid of humorous incidents. One soldier, bleeding profusely from a shot in the buttocks and ordered to the rear by a member of the field corps, “cursing loud . . . swore he would not until he received a more honorable wound.”

Once again the Stone House and other field hospitals were crowded with those suffering from wounds of all descriptions. The grounds around the Robinson house, a Negro home located on a ridge near the turnpike, just east of the Stone House, provided a sanctuary for many. A friend reported seeing Lieutenant Jacob Schenkelberger, a member of Captain Michael Wiedrich’s First New York Light Artillery, on the morning of August 30 “stretched out on Robinson’s lawn, pale and wan, but cheery and hopeful, notwithstanding he had suffered amputation of a leg during the night.” Struggling to reach a farm house employed as a field hospital, a soldier saw a shot whack into the gable end of the building
and decided that it was "safer to keep on." 

Brigadier General Carl Schurz, commanding Sigel's Third Division, remembered stretcher coming in dreadful procession from the bloody field, their bloodstained burdens to be unloaded at the places where the surgeons stand with their medicine chests and bandages, and their knives and uprolled sleeves and blood-smeared aprons, and by their sides ghastly heaps of cut-off legs and arms—and oh! the shrieks and wailings of the wounded men as they are handled by the attendants, and the beseeching eyes of the dying boy who, recognizing me, says with his broken voice: 'Oh, General! can you not do something for me?'—and I can do nothing. . . .68

Despite the determined resistance of Pope's fighting men, the vigor of the blow struck by Longstreet and the complete coordination of the offensive thrust produced much confusion within their ranks. "The field everywhere presented to us, at least," wrote a participant,

one of the worst pictures of the chances of war. The wounded reeled about from one place to another, some of them groaning with pain; infantry and artillery flying, the horses galloping as if they were mad, with drivers bewildered; officers with drawn swords and revolvers, shouting, cursing, threatening in the confusion, striving in vain to rally their commands; . . . 69

Amidst the wreckage and retreat there was little opportunity to remove the wounded, most of whom fell into enemy hands as hostages of the battlefield. Some of these were to die lingering deaths from lack of attention. 70

Throughout the day on the 30th, Medical Director McParlin, assisted by two officers of the ambulance corps which had recently been organized in Heintzelman's Third Corps of the Army of the Potomac, attempted to oversee the reception and care of the wounded at the hospital depot near Bull Run. Here cooking arrangements had been made, and nourishing food was ready for the disabled when they reached the depot. Around four O'clock, hoping to obtain an improved view of the field medical work generally, McParlin joined other high brass at general headquarters. Apparently some wounded had been removed from the hospital depot before the Federal withdrawal to Centreville. 71
pressed division asserted that he reached the hospital depot just as “the last of the wounded were being removed, the enemy’s shells tearing up the earth in every direction around the tents.” Shortly thereafter, as the armies became locked in the most furious phase of the struggle, McParlin seemed to sense the overwhelming magnitude of the medical task before him. “I had made the best arrangements which, in my judgment, I could effect with the means at my disposal,” he reported, “but as I looked over the scene, I felt impressed with a sense of how little could be accomplished at that hour.”

The medical director estimated that some fifteen hundred disabled men had been “received and fed” during the day, and it appears that they did not want for food, hospital stores, tents, and other articles. Because laborers were scarce, however, few tents were pitched, and on the night after the battle and throughout the following day quite a number of wounded lay on the ground exposed to a cold, steady rain. Many primary amputations—no exact figures are available—were performed here, with chloroform employed as the anesthetic agent; no deaths were ascribed to its use.

Meantime, with the retreat of the army to Centreville, all available buildings there—including houses and churches—were packed with Federal wounded. One medical officer, swept along in the mass of humanity heading toward Centreville, came upon a house and its yard overrun with disabled men. There he spent the night, “extracting balls, applying water dressings and distributing morphine.” Locating some loose boards, he was able to erect shelters that afforded those in the yard partial protection from the rain.

One phase in the Manassas blood-letting remained. Lee, hoping to strike at Pope’s rear and drive his exhausted army farther, sent Jackson across Sudley Ford in an audacious flanking maneuver. Despite the inclement weather and bottomless roads, by nightfall on August 31 Jackson had reached a position on the Little River Turnpike just five miles northwest of Centreville—bringing on a violent fight in a driving rain near a gutted mansion called Chantilly between Jackson and two of the best combat divisions in the Union army, those of Brigadier Generals Philip Kearney and Isaac I. Stevens. The result was a draw, but Jackson’s design was blocked. Both
Kearney and Stevens were killed, deepening the depression and gloom that pervaded the blue ranks.\textsuperscript{76}

Union forces at Chantilly reported a thousand casualties. A field hospital was set up right at the junction of the Little River and Warrenton turnpikes in an area shaded by a large willow tree with a spring nearby. Due to the army's withdrawal, it soon became necessary to move the hospital to a church in the vicinity of Fairfax Court House. There Pope's wounded were received throughout the dreary night. Many of the disabled, most with wounds in "the upper extremity and head," reached the hospital on foot. After obtaining surgical attention, they walked on back to rejoin their regiments. Those who could not walk were carried in ambulances to Alexandria or Washington hospitals.\textsuperscript{77}

The butcher's bill for the hard-fought engagements around Manassas was high. Battle statistics show 1,747 killed, 8,452 wounded, including the mortally wounded, and 4,263 captured or missing—a total casualty list of 14,462, or about five times the number in the battle of First Manassas. Strategically, the results of the battle were not unlike those of the first. Once again Virginia had been cleared of invading troops. Confederate hopes were high while those of the Union had once again been dashed. And, as before, Washington stood in fear of an impending movement against it.\textsuperscript{78}

Despite the faulty medical work—made all the more apparent by the forced withdrawal of the army—commanders paid tribute to a number of medical officers for outstanding service. Medical Director McParlin was cited by Major General Pope himself as one to whom he owed "much gratitude and many thanks."\textsuperscript{79} Brigadier General Philip Kearney, in a report which remained unsigned because of his death at Chantilly, thought that Surgeon George L. Pancoast, division medical chief, "not only insured the promptness of his department, but with heroism and aptitude carried for me my orders."\textsuperscript{80} Brigadier General Robert H. Milroy found his brigade surgeon, Daniel Meeker, to be "always at his post, whether in field of danger, camp, or hospital. His superior science, skill, and patient industry," he added, "have proved the greatest blessing to our sick and wounded soldiers."\textsuperscript{81} Lieutenant Colonel William Chapman, United States Infantry,
“especially noticed Assistant Surgeons W. R. Ramsey and Alfred A. Woodhull, U. S. Army, untiring in their exertions to the wounded of the brigade.” And another brigade commander, Colonel Joseph B. Carr, praised his chaplain and “each and every surgeon of the brigade for their faithfulness on this as well as on many other occasions.”

The Union wounded who remained on the field were at the mercy of the victor, and accounts indicate that the latter occasionally availed themselves of the opportunity to take shoes or articles of clothing from their fallen foe. Instances of cruel treatment, however, were no doubt the exception rather than the rule. A Northern soldier, himself wounded and lying on the field, reported that he heard Stonewall Jackson say to his men: “Be careful not to hurt any of the enemy’s wounded, as they must be regarded as our friends.” Another, whose plea to a comrade to fill his canteen from a brook just a few feet away met with refusal because the stream was under enemy fire, had the canteen filled and his wounds bathed by a Confederate who happened to pass. An interesting reflection on this matter generally was made by a Union soldier who fought at Second Manassas in Ricketts’ division. “There is one thing . . . which I mention with pleasure,” he told his father, “and that is the treatment of the wounded who fall into the hands of the enemy. There has not been an instance among those I have seen and conversed with where they were unkindly treated, and I have known of many where noble and generous actions have been performed that would do honor to the soldiers of any country.” He thought it unfortunate that newspapers gave little or no attention to actions of this kind while “dwelling at length upon any instances of inhumanity that may come to their ears.”

The suffering of the Federal wounded who were left at Second Manassas could have been alleviated only by a very great many “noble and generous actions.” Well over a thousand civilians answered the War Department’s call for volunteer nurses on August 30, but this well-intentioned effort to aid ended in something of a fiasco. A train scheduled to leave Washington Saturday at five in the afternoon pulled out four hours later with those volunteers—even some of them drunk—who had not already given up and returned to their homes. Thir—
teen hours later the train reached Fairfax Station. Then, with the rain pouring down, they were told that they would have to walk the remainder of the way, a distance of some twelve to fifteen miles. A small number started out on foot only to be stopped by guards and ordered back to Fairfax. Following telegraphic communication with Washington, the volunteers were then directed to return to the capital. 87

Another volunteer group headed for the field late Saturday afternoon in a long ambulance train made up in part of vehicles that had been impressed temporarily into government service. In charge of civilian teamsters and wagon masters, many of whom had imbibed freely in preparation for the journey, the train lost its way after crossing the Potomac River. About two o’clock the next morning, under the impression that they were finally reaching Centreville, the volunteers were astounded and disgusted to learn that they were no farther than Alexandria. An order that this group also return to Washington was received without complaint. 88

Meantime, Medical Inspector Richard H. Coolidge received instructions from Surgeon General Hammond to take over the work of removing the casualties from Manassas battlefield. Coolidge arrived in Centreville on Sunday morning, August 31, at six o’clock; there he reported to Major General Pope and informed him of his mission. 89

Faced with a formidable task, Coolidge determined that he would first transfer the wounded in the Bull Run hospitals and as many of those in the overcrowded Centreville hospitals as possible by ambulances to Fairfax Station, where they were to receive food and medical attention, and thence by train to Washington hospitals. Medical Inspector Edward P. Vollum superintended the removal of the Bull Run wounded, a number estimated at twelve hundred, along with surgeons, nurses, cooks, cooking equipment, and medical stores. Those transferred from the Centreville hospitals were placed in charge of Assistant Surgeon J. Cooper McKee. He was ordered to supervise their removal to the cars at Fairfax Station. After discharging their wounded, it was expected that ambulances would return immediately to Centreville. 90

Much suffering was occasioned by the movement to Washington. Since few, if any, new casualties were expected
in the Bull Run hospitals, it would appear that the disabled in those institutions should have been cared for there and spared the long, jolting trip to the capital. On August 31, according to a Union trooper, “Great numbers of ambulances . . . were passing to and from the gory field in front of us. In one line we counted near fifty double horse ambulances heavily loaded with the utterly helpless, while on each side of them were lines of wounded men who could command their feet.” Another soldier took notice of a movement on the same day of “25 wagon loads of wounded [Ricketts’ division] from a hospital within sight of the Weir House” to Alexandria and Washington by the wagon train of the Ninety-seventh New York. Seemingly independent of those wounded under Coolidge’s supervision, the train “drove all night” and reached the capital late the next morning. There, the train was “surrounded with crowds of decent well dressed women and children, with baskets of refreshments, . . . for the wounded and the drivers.” Mention was also made of “many wounded men on the road moving toward Washington” under their own power.

Coolidge next turned to reports of those who were still on the battlefield. Apprised that the number was large, he was successful in obtaining permission to send ambulances within Confederate lines for the purpose of recovering these men. The next morning—Monday, September 1—Medical Director McParlin reached the field with a train of ambulances and wagons accompanied by a detail of surgeons and medical assistants. Sent by the Surgeon General, the wagons, thirty-seven in all, had arrived in Centreville late Sunday night full of medical and hospital supplies. The supplies were unloaded, and McParlin took to the field only those stores which he thought might be needed. On Monday evening the ambulances began to return from the field and that same night the Union army, in the face of Jackson’s menacing movements, withdrew from Centreville. Those in the ambulances were fed soup, hard bread, and coffee, provided with blankets, and sent on toward Fairfax Station. On Tuesday morning Centreville and all of Coolidge’s medical and hospital supplies fell into Confederate hands. Almost simultaneously, Coolidge received from McParlin a requisition to sup-
ply subsistence for fifteen hundred men and the disquieting report that the number still on the field was greater, and the condition of these men more critical, than had been anticipated. While four thousand blankets captured by the Confederates were shared almost equally, such stores as Coolidge had access to in Centreville were hardly sufficient to care for the wounded there. Furthermore, he had no means of sending supplies to the field. General Lee ordered his medical director to provide as much subsistence as he could for Union wounded, but the Confederate food supply was limited.94

The wounded underwent a harrowing experience. The ambulances that removed a portion of the casualties on Monday did not return until Thursday. Something of the problem faced by medical personnel in caring for sick and wounded is illustrated by the fact that all of the ninety soldiers who came with the ambulance train to assist in removing the wounded disappeared during the day. A hard rain Monday evening was followed by a cold night. "We passed the greater part of the night," related Assistant Surgeon A. H. Smith, "in carrying rails to build fires, and in distributing soup, brandy, and morphine. . . . A few blankets had been brought with the ambulances, but they were immediately distributed to the wounded near the centre of the field, and we were unable to procure any for the more distant point at which we were occupied."95 Bread soon gave out and nothing was left to eat but an essence of concentrated beef "which was so flavored that the enfeebled stomachs of the wounded rebelled against it, even when greatly diluted." They did have tea,96 but inspectors of the United States Sanitary Commission were to tell of extensive suffering from lack of both food and drink.97 Tuesday evening brought heavy thunder showers, and for the next several days drenching rains alternated with the hot sun in making the lot of the wounded thoroughly disagreeable. The "most painful consideration," however, asserted an attending surgeon, "was how to appease their hunger and save them and ourselves from starvation."98

On Wednesday morning, after doing all within his power to obtain subsistence, Coolidge accompanied McParlin and Lee's medical director to the field where three thousand men
still awaited removal. Upon reaching the central infirmary, Coolidge located two ambulances and sent them promptly to Centreville for blankets and hospital stores. He then rode over the entire area to learn as much as he could about the true state of affairs. “At this time,” he noted, “our wounded had been collected in field infirmaries, most of them in and near houses; others were collected in groups at selected sites on the field, but without shelter other than their blankets. Only two of these infirmaries were without medical officers. They had been visited by the surgeons at the central station, and had a few nurses. There were about thirty wounded in each.” Coolidge appeared to feel that the reports of suffering were somewhat exaggerated since surgeons caring for wounded in the vicinity of houses had been able, he thought, to acquire provisions of some kind. In the old Van Pelt house, which had been damaged considerably by shell fire during the battle of First Manassas, medical officers “found coffee, sugar, cider, wine, and were able to procure meal.” That afternoon Lee’s medical director secured for Coolidge’s use two ambulance loads of blankets and hospital stores and three small beeves. Medical Director McParlin observed that “Confederate officers and soldiers shared with our wounded their scanty store.”

Practically all of the wounded required surgical attention, and a special surgical corps was appointed to operate at the central depot and various field infirmaries. An Autenrieth medical wagon and ambulances served as sources of supply for dressings and other needed items. Many amputations, both circular and flap, and even resections were performed by the surgeons. Because of the uncertain situation concerning food, removal from the field, and medical stores, the doctors became reluctant to engage in bold surgery. As one expressed it: “I amputated a thigh on Monday, expecting that the patient would be sent to Washington the same day, but afterwards, in view of the privation which had preceded and seemed likely to follow, I refrained from anything causing a further tax upon the vital powers of the wounded.” The patient died on Friday. A witness noted that the surgeons were “assiduous in their attentions, and certainly did not manifest any of that inhumanity and barbarity which we have heard of upon such occasions.”
Despite the torment endured by the wounded, there was little evidence of bitterness toward higher authority. "I once thought the ambulances . . . should have reached us sooner," wrote one, "but . . . there was a great deal for the Medical Corps to take care of."\textsuperscript{106} Coolidge himself commented on the amazing fortitude displayed: "All appreciated the difficulties of their situation, and uncomplainingly awaited that relief which they were confident their Government would provide. The relief came at the moment when hope had almost deserted them."\textsuperscript{107} These men somehow faced death without groans and complaints. "The Spartans [sic] of old if still living," asserted one who saw death on many fields, "could take lessons from them in fortitude and patient endurance of sufferings."\textsuperscript{108}

The relief spoken of by Coolidge began to arrive on Thursday in the form of ambulances bringing an abundant supply of hospital stores and food. That same day in Washington, a company of cavalry, acting in behalf of the Surgeon General, commandeered as many vehicles as possible and turned them over to Assistant Surgeon J. J. Woodward. Late that night this train of vehicles, consisting of about a hundred hacks, forty omnibuses, various kinds of other conveyances, and some army wagons filled with cooked food and other supplies, started for the battlefield. Reaching its destination the next afternoon, the train was loaded with wounded, "some six or seven hundred in number," and headed back toward Washington, where it arrived early Sunday morning.\textsuperscript{109}

With ambulance trains now arriving steadily, Coolidge was able to remove the last of the wounded on the following Tuesday—September 9—ten days after the main battle had ended. "Each train of ambulances," Coolidge pointed out in his official report:

was furnished with an abundant supply of mutton broth, extracts of beef and coffee, can milk, and bread and water, for the journey. All the wounded were fed first, before starting, and directions given to feed them on the road—the train to be halted, so that water could be boiled wherewith to make soup and coffee, from the prepared essences and extracts. One soldier, whom it was impossible otherwise to move, was brought to this city under the influence of chloroform. . . .\textsuperscript{110}
There were about 250 wounded in the last train from the field, and these were cared for in Washington and Alexandria hospitals. Altogether, it has been estimated that over 5,000 men wounded at Second Manassas were received in the hospitals of Washington and its vicinity.\textsuperscript{111} Georgetown Seminary Hospital was taken over, and, in Alexandria, homes owned by "absent secessionists" were converted into hospitals.\textsuperscript{112} Some 700 sick and wounded reached Newport Grove, Rhode Island, from Washington on September 3, thus making room for that many more of Coolidge’s disabled.\textsuperscript{113} On September 17, it was reported that over 1,000 hospital patients had been transferred to New York, Philadelphia, and Point Lookout during the preceding week, leaving a total of 13,769 men in the Washington institutions.\textsuperscript{114}

Even with abundant transportation, the long-delayed removal of wounded from the battlefield proved much more difficult than it should have been because of the shocking behavior displayed by civilian drivers of the vehicles. Coolidge found it almost impossible to keep them from stealing food, blankets, and other hospital stores; when apprehended with stolen goods, they surrendered them only when forcibly compelled to do so. Some drank the alcoholic stimulants intended for the wounded; at times they became insubordinate, insolent, and unruly. Most exhibited little concern about their helpless charges; they neither helped place them in the ambulances nor assisted in giving them food and drink. Furthermore, drivers loaded ambulances with their own personal luggage, kettles, and other articles—thereby appropriating much-needed space. Such disgraceful conduct, together with untrained medical attendants, lack of system, and scarcity of ambulance vehicles, led Coolidge to conclude with feeling that "a well organized ambulance corps" was a vital need of the medical service.\textsuperscript{115}

The costly experience of Second Manassas had proved conclusively the need for such an ambulance corps, and it was not long before Jonathan Letterman’s field-relief system became the model for the world’s leading nations. A distinct improvement in the field medical service was apparent at Antietam, just eighteen days after the disaster of Second Manassas,\textsuperscript{116} and the ambulance corps’ efficiency would shine clearly through the gloom of Fredericksburg.\textsuperscript{117}
CHAPTER IV

Confederate Field Services First through Second Manassas

Some idea of the confused situation in Richmond during Dr. Samuel Preston Moore’s first days as “acting Surgeon General” is conveyed by his protest that it was “impossible to transact the business of this bureau (connected most intimately with the welfare of the Army in the field) in one single room, crowded to overflowing with employees, soldiers, and visitors on business.” The new appointee’s professional skill in administration carried him through this trying period, however, and, late in November 1861, the Senate voted overwhelmingly in favor of his appointment as Surgeon General, the position he held for the war’s duration. A professional had taken charge, and his example undoubtedly did much to build and maintain morale among a corps of men untrained in military medicine and extremely individualistic in outlook.

Meantime, all was not well with the troops encamped near the late battlefield. There disease was taking its toll. “The saddest of all things connected with soldier life,” wrote a correspondent from Camp Bartow late in the summer, are the deaths and burials in camp. This afternoon, while enjoying my pipe and newspaper in a shady nook, I counted the volleys fired over the graves of three fellows. Nor is this an unusual occurrence. Every day we hear the muffled drums, and see the solemn march, with reversed arms, and hear the rattling musketry. Disease is by long odds too common and too fatal in our camps. . . . A painful degree of mortality has prevailed, especially among the troops from North Carolina, Georgia, Alabama, and Mississippi. On Sunday I visited the
‘Junction’ to procure a coffin, and found thirteen orders ahead of me. This is sad, but it is one of the incidents of war.³

The causes of disease and death were both numerous and complex, and some, of course, were beyond the comprehension of Civil War medical corpsmen. All were aware, however, that careless camp sanitation, poor food, exposure, and boredom were related to the high incidence of sickness and mortality among those who entered the service physically qualified for field life. Commanders worthy of their charge were quick to detect the relationship between disease statistics and morale.

Stirring band music often helped to maintain the spirits of “Lee’s Miserables,” as many of these men were later to call themselves. When the Eighth Louisiana was engaged in general picket and police duty at Manassas, its “excellent band,” noted a correspondent, played both night and morning, “and we while away many a twilight hour in listening to the sweet songs of home or gems from Mozart and Rossini mingled with the soul-stirring music of Strauss.”⁴ Music of a different description was heard on a late October morning as the troops struggled to get out from under their covers with the temperature hovering near the freezing mark. A number of bands were blaring out with “Dixie” for reveille, although—as reported by one thoroughly numb listener—there was only “a little of ‘Dixie,’ and a good deal of drums; but,” he added, “it was a relief, after a wakeful night.”⁵

The health of troops around Manassas improved steadily with the coming of fall. Now fully recovered, many who had been cared for in various farm houses returned to regiments that once again began to reach their full complements. “I stepped into the general hospital this morning,” wrote a soldier, “and was gratified to find two or three of the rooms entirely empty. Concerning the crowded state in which I saw them for a month after the battle, the changed appearance was very pleasing. A few cases only are now under treatment, and they are all convalescents.”⁶

Confederate officials had also made encouraging headway in their efforts to ameliorate the hospital situation in Richmond, and the new capital was rapidly becoming the hospital center of the South. Reporting on April 21, 1862, a
special hospital investigating committee created by the House of Representatives itemized the existing state of affairs: twenty hospitals—Confederate and state—capable of receiving from five to six thousand patients, a scarcity of medicines, commendable sanitary conditions, and good food. Furthermore, so far as the committee could ascertain, “the sick are kindly treated, and do not suffer for want of attention.” Its analysis contained no reference to a shortage of adequate space for hospital purposes, but Surgeon General Moore himself directed attention to this problem on the same date of the House report and warned that it “must occur until the buildings being fitted are completed.”

One of the thorniest problems which faced medical personnel at Manassas—and elsewhere in the Confederacy—was the continuing ambulance shortage. While Southern manufacturing showed surprising promise during the late antebellum years, wagon manufactories had not become sufficiently numerous to supply the abnormal wartime demand for vehicles of all kinds. To make matters worse, those issued by the military were often appropriated by unauthorized personnel for miscellaneous purposes; even litters were obtained by line officers and used as beds. Richmond officials were apprised over two months after First Manassas that ambulances on the Peninsula were “extremely limited”—some regiments “having none whatever—and in case of a severe action, would not be sufficient for one-half the army.” The medical director of the Army of the Potomac added to his statement of the army’s need for additional ambulances a strong complaint of the poor materials which had been employed in the few furnished previously. Just “a few trips over the rough roads in this section,” he averred, “serves to render them comparatively useless, many of them breaking down at the first attempt to transport sick in them.” A special committee appointed to investigate the Quartermaster, Commissary, and Medical Departments, underscored the lack of sufficient ambulance transportation and spoke of the misery and even loss of life occasioned thereby. As the enemy advanced, explained the committee, the sick “are crowded into common wagons and ambulances, moved rapidly over bad roads, jolted and rendered uncomfortable, their maladies aggravated, and, in many instances,
dying in the removal.” All in all, the ambulance shortage was extremely serious, and it persisted throughout the war.

Medical officers themselves were in rather short supply at times. Medical Director Williams, for example, alluded repeatedly to such deficiency during the fall and winter months of 1861-1862.

As the year began to lengthen, increased numbers of Southern troops were ordered to positions on the Peninsula for the purpose of checking Major General George B. McClellan’s movement from Fortress Monroe. Accompanying the Union commander’s mighty force of 105,000 strong as it crept over poor roads rendered nearly impassable by recent rains was a naval squadron on the James River and an observation balloon, the latter a recent innovation in warfare. Meantime General Joseph E. Johnston had been transferred from Northern Virginia to assume command of the 60,000 Confederates who stood in McClellan’s path. Both generals conducted their operations with extreme caution.

The Confederate medical problem on the Peninsula was made particularly rigorous by the large number of men who became ill during the spring season from exposure and fatigue. In mid-April Major General Daniel Harvey Hill, a division commander at besieged Yorktown, advised the War Department of his need for 2,000 tents and asserted that army strength was “diminishing most fearfully” from sickness. Unit commanders on the Peninsula were authorized to take over buildings for hospitals pursuant to a clear priority system: first, vacant houses or those temporarily unoccupied; second, houses occupied solely by men; and third, public offices.

Hill’s sick list continued to increase. Two-thirds of his men lacked tents, and hundreds, he said, were sent to the rear each day. “It is true that but few are killed daily,” he wrote, “but our men are kept in the wet trenches and are harassed day and night. Disease will destroy a hundred fold more than the Yankee artillery.” Just eight days later, Major General John Bankhead Magruder—“Prince John”—reported that his men had “been working in the rain, have stood in the trenches and rifle pits in mud and water almost knee-deep, without shelter, fire, or sufficient food.” “I often heard people speak of soldiers suffering in the winter,”
opined a wearer of the gray, "but it is nothing to be compared to spring and summer. In the winter we were just as comfortable as we could be fixed in a camp, but now we are not allowed to have a tent or anything to keep the rain off of us except our bed clothes." Under such circumstances, it is perhaps not surprising that some attempted to seek cover in Richmond. In early May, Hill reported that several thousand of his men, officers included, had fled to the capital feigning illness. It was his opinion that these fugitives should be arrested, returned to their regiments, and, after having their heads shaved, drummed out of the army. Genuine sickness, however, was a factor on the Peninsula throughout the summer. On June 16, Brigadier General Henry A. Wise notified Hill that nearly 25 per cent of his entire command of some 1,700 men were ill. Concurrently, three entire brigades—those of Hampton, Pender, and Archer—were scheduled for reserve status because of their extensive sick lists.

General Johnston's army numbering approximately 57,000 effectives, withdrew from the Yorktown-Warwick lines on May 3, 1862, and headed toward Williamsburg, the old colonial capital. The sharp engagement fought there, in a cold drizzle on May 5—during which Major General James Longstreet's rear guard disrupted McClellan's strategy to smash the main Confederate force—revealed that little had been done to improve the field ambulance service. There is no evidence that details were detached to remove wounded from the field, and Longstreet himself, proud that not a single soldier left the field without authorization, related that the wounded who could walk made their way to brigade field hospitals without assistance, "preferring to go alone rather than take a soldier from his post." Fighting ended at dark, and several hours were spent in removing from the sodden field wounded men of both armies and placing some who could not bear movement and others for whom no transportation was available in a number of Williamsburg residences appropriated for hospital use. According to General Johnston, about four hundred of his wounded were left behind as he continued his retreat.

"I felt very reluctant to abandon a house full of wounded men near the battle field, having amputated four legs . . . .," admitted Surgeon James McFadden Gaston, of Longstreet's
Corps, “but the order came to march, and all were left behind to the mercy of the Yankees and the kindness of the citizens.” As to specific operations, Gaston mentioned that “two cases of trephining for injuries of the skull which have been attended with favorable results, give me more satisfaction than all the other surgery I have performed.” General Longstreet learned after the departure from Williamsburg that some of his wounded had received no medical attention at all. The dead, of course, were beyond mortal care. Although not a particularly bloody encounter, two of the most promising colonels in Longstreet’s division lost their lives: Chris. H. Mott, commander of the Nineteenth Mississippi, and George T. Ward, who commanded the Second Florida.

The Confederacy’s gold braid apparently believed that medical corpsmen engaged at Williamsburg performed their duties efficiently. Longstreet praised Surgeon J. S. D. Cullen, his medical chief, and thought all deserved thanks “for their assiduous labors day and night in the arduous duties of their department.” Brigade commanders Cadmus M. Wilcox and Micah Jenkins also commended their surgeons for skillful ministrations to the wounded under fire.

In addition to the field service provided by medical officers in the Williamsburg engagement, succor of the most unselfish kind was given by a volunteer group of civilians known as the Richmond Ambulance Corps. Headed by John Enders and John Dooley, its membership of nearly a hundred well known citizens, exempt from military duty for the most part, organized themselves into a quasi military company and attempted, at their own expense, to attend, feed, and transport wounded from the field to general hospitals. This group had thirty-nine ambulances at Williamsburg and performed such valuable service that General Johnston personally expressed his thanks to Mr. Enders. The Richmond Ambulance Corps became a familiar and comforting sight on many Virginia battlefields. Seven thousand disabled men passed through its hands at the battle of Chancellorsville alone.

Immediately after the battle of Williamsburg, the Surgeon General issued a directive aimed at providing “more systematically and effectually for the necessities of the wounded, during and subsequent to engagements with the enemy.” This
order stands as a significant milestone along the bloody way of battle and as one which pointed in the direction of more effective field relief work. Brigade field infirmaries were to be established before impending battles, and their exact whereabouts were to be disclosed in orders of the day so that each corps would know where to send its wounded. When practicable, such infirmaries—identifiable by the hospital flags flying over them—would be set up in “villages, farm houses or barns, without the range of projectiles—but in all cases, so that free communication may be maintained with the front which is in action, and with the rear, whence is to be derived the ambulance wagons and carts to transport the wounded to some fixed hospital in the interior, at a distance from the theatre of war.” Each brigade would have its own hospital equipage, “consisting of ambulance wagons, transportation wagons and carts, tents, stretchers, bedding, bandages, lints, medicines, instruments—the whole to be under the immediate supervision of the Senior Surgeon of Brigade.” Should it be deemed advisable by medical directors, division infirmaries might be formed by combining personnel and supplies of brigades. Men detailed from the ranks [usually about thirty from each regiment under the direction of the assistant surgeon] “armed only with revolvers,” and wearing “some distinctive badge of office,” were charged with caring for the wounded and removing from the field those not able to walk. This “infirmary corps” was to be outfitted with “a suitable number of stretchers, and knapsacks containing dressings, stimulants, tourniquets, &c.” Meanwhile, the regimental surgeons would remain at the infirmaries and minister to those who required attention there; these were to “operate without delay” when necessary, see that proper nourishment was provided by the cooks, and direct “the removal of the more serious cases, and those just operated upon, in spring wagons and carts summoned for that purpose from the rear to the fixed hospitals, rail road depot, or steamer landing previously determined upon. This movement,” it was hopefully asserted, “if regularly maintained from the line of battle to the infirmaries, and thence to the hospitals, or other determined points in the rear, will obviate all confusion and secure for the wounded prompt and speedy removal from the field.”
A general order issued from Lee’s headquarters on August 11, 1862, stipulated clearly that the infirmary corps would be comprised of two soldiers from each company. Detailed by company commanders, the corpsmen were to be furnished with authority countersigned by commanding officers of their regiments as evidence of their assignment to such duty. No other troops were to be permitted to care for the wounded or remove them from the field.32 Men who broke ranks for such purposes risked severe disciplinary action.33 While these promising steps to improve the field ambulance system were being taken in the Army of Northern Virginia, Surgeon Hunter Holmes McGuire, medical director of Stonewall Jackson’s Valley command, was attempting to improve the ambulance work in that army.34

Following the action at Williamsburg, minor engagements were fought on the Peninsula at West Point on May 7 and Hanover Court House on May 27. The only Confederate division involved at West Point was that of Major General William Henry Chase Whiting, and its casualties were light. After caring for those who had fallen, Whiting’s ambulance corps removed and treated a number of Federal wounded who had been left on the field.55 Hanover Court House, where Union Major General Fitz-John Porter’s Fifth Army Corps clashed with the brigade commanded by Brigadier General L. O’B Branch, was another story. Heavily outnumbered—and possessing only one ambulance and a wagon—Branch’s force was badly mauled and, in retreating to Ashland, left several hundred dead and wounded grayclads to the mercy of the enemy. Medical officers Robert Gibbon and R. G. Barham, Twenty-eighth North Carolina, remained with their disabled and became prisoners, although Gibbon later managed to escape.36 Some Confederate captives assisted in the removal of their own casualties from the field.37 Branch, incidentally, accused Porter’s troops of deliberately firing on his hospital. “The senior surgeon,” he claimed, “established his hospital in a house on which the hospital flag was conspicuously displayed. It was not in nor near the line of fire. I saw many shells thrown by the enemy explode immediately over and around the house. It could not have been undesigned.”38
As the Union column entered Hanover Court House, it took possession of at least one Confederate hospital filled with men felled by disease. Still other men in gray were too exhausted to withdraw before the enemy. The prostrate condition of the Twenty-eighth North Carolina was described poignantly by its commander:

Exposed all the previous night to a drenching rain without tents, deprived of food, having marched over a horribly muddy road with unusually heavy knapsacks, and having fought bravely and willingly for three hours in anticipation of being reenforced, we were not in a condition to retreat. Many of my brave men fell from exhaustion on the road-side, and . . . many of them are still missing, . . .

Branch’s brigade had fought well, however, and received warm commendation from General Lee for its “heroism and patriotic devotion.”

The first major engagement on the Peninsula was fought at Seven Pines (May 31-June 1), seven miles from Richmond, when General Johnston ordered an attack on the exposed Federal flank north of the Chickahominy River, then a raging torrent as a result of a storm on the evening of May 30. Although Johnston’s troops were repulsed smartly on the second day, and he himself wounded, there was no pursuit because of the heavy footing and the weakening of important bridges by flooding. The wounded were brought off the field in good order, and Richmond’s hospitals prepared for their reception. Among the critically wounded in this red drama was Surgeon Edwin S. Gaillard, Medical Director of Major General Gustavus W. Smith’s Left Wing. Shortly after attending a wound suffered by Brigadier General Wade Hampton, Gaillard’s own right arm was mangled so badly that it had to be amputated. Smith’s praise for his medical director is worth noting: “With acknowledged skill of the very highest order in his profession, he has few, if any, equals as an administrative and executive medical officer. His perfect self-possession, coolness, manly bearing, and efficiency upon the immediate field of action encouraged and cheered all who saw him. I earnestly recommend him to the General commanding the Army and to the Government for their highest consideration.” General Smith also commended Sur-
geon John T. Darby, chief surgeon of the former’s division, and his corpsmen, while General Longstreet again paid tribute to Surgeon J. S. D. Cullen, Right Wing medical chief, and his medical associates in gray for their kind and untiring devotion to the disabled. “They have none of the chances of distinction of other officers,” stated Longstreet, “but discharge the most important duties.”

Existing hospital accommodations in the capital did not suffice to house the casualties from the abatis, mud, and woods of Seven Pines. “By afternoon of the day following the battle,” recalled a Richmond resident, the streets were one vast hospital. To find shelter for the sufferers a number of unused buildings were thrown open. I remember, especially, the St. Charles Hotel, a gloomy place. . . . Men in every stage of mutilation lying on the bare boards, with perhaps a haversack or an army blanket beneath their heads, some dying, all suffering keenly, while waiting their turn to be attended to. . . . The condition of things at this and other improvised hospitals was improved next day by the offerings from many churches of pew-cushions, which, sewn together, served as comfortable beds; and for the remainder of the war their owners thanked God upon bare benches for every ‘misery missed’ that was ‘mercy gained.’ To supply food for the hospitals the contents of larders all over town were emptied into baskets; while cellars long sealed and cobwebbed, belonging to the old Virginia gentry who knew good Port and Madeira, were opened by the Ithuriel’s spear of universal sympathy. . . .

A truly major effort was necessary.

Some churches were used as hospitals, and learning of objections voiced by several ministers, one newspaper in the capital asserted that a church so utilized “is twice consecrated. It will be regarded and remembered hereafter with a double veneration.” Tobacco warehouses were also adapted to shelter the fallen, and to help compensate for the shortage of attendants, both men and women, in large numbers, volunteered for service in the hospitals. Even children could be seen amidst the hospital stench “carrying ice and water, and distributing the beverages to the wounded. . . .”

The numerous private hospitals were makeshift arrangements at best, but they fulfilled a need that could not other-
wise have been met. A visit to several such institutions two
days after Seven Pines revealed that while the accommoda-
tions were "not perfect, yet between three and four hundred
of the wounded . . . are comfortably quartered therein on
mattresses and stretchers, and are receiving the best of atten-
tion from the citizens." Richmond’s citizenry, from this
time on, became fully accustomed to congested hospitals,
creaking ambulances, the pungent smell of wounds, and the
suffering of wounded as blue forces launched campaign after
campaign against the Southern capital.

At this stage of the Peninsular warfare Confederate
strength in front of Richmond was about 85,000. General
McClellan had approximately 100,000 troops on the Peninsula
and some 40,000 elsewhere in the Old Dominion. Now in
command of the men in gray who confronted McClellan was
General Robert E. Lee, and almost coincidental with the
latter’s appointment, which was occasioned by General John-
ston’s wound, was that of Surgeon David C. DeLeon as
medical director of Lee’s forces. There has been continuing
controversy concerning the real condition of the army when
Lee took command. Some thought they detected almost im-
mediately after Lee took over a salutary change in its spirit,
health, discipline, and battle-readiness. The shell that hit
Johnston, contended a contemporary Northern journalist,
"was the saddest shot for Federal success that has been fired
during the war.” His wounding “was one of the best things
for the enemy which had ever happened.” Whether or not
an exaggeration, all of the new general’s competence was
sorely needed during the bloody days just ahead when the
fate of Richmond hung in the balance.

The newly-organized infirmary or ambulance corps re-
ceived its baptism of fire during the Seven Days (June 25-
July 1, 1862) and performed so effectively that commanding
officers in their battle reports expressed heartfelt praise for
the services rendered. Although congestion in field and city
hospitals once more presented problems of some magnitude, the
wounded were removed from the field with remarkable dis-
patch. “The ambulance corps and drivers,” recounted Major
General Ambrose P. Hill, “deserve special mention for their
active and untiring exertions in bringing off the wounded.”
Division commander Major General Benjamin Huger also commented on the prompt care bestowed on the wounded and the transportation of them to the hospitals, and Brigadier General Joseph R. Anderson, leading a brigade, pronounced the “infirmary corps system . . . wisely conceived, and . . . faithfully executed by the several details.” Expressing his “unmeasured approbation of the fidelity of the surgeons of this brigade,” Anderson lauded them highly for devoting “their skill and sleepless energies to the alleviation of the sufferings of our brave men.” Another brigade commander, Colonel William Barksdale of the Thirteenth Mississippi, commended Surgeon John T. Gilmore and his assistants for “having the wounded borne from the field as rapidly as they could be found” and spoke of Gilmore as one “who, by his skill as a surgeon and ability as a physician, is eminently entitled to its [Medical Department] favorable consideration.”

“My surgeon, James N. McAlpine, and assistant surgeon, T. W. White,” averred the Thirty-eighth Virginia’s Colonel E. C. Edmonds, in his report on Malvern Hill, “are deserving the highest praise for their unremitting attentions to the wounded; the one for the faithful manner he followed his regiment, bearing off the wounded amid the leaden hail, the other for the scientific and untiring manner he performed his duties.” This team of medical men was so diligent and persevering, he continued “that the wounded were moved from the field, their wounds dressed and cared for, and all sent to the hospitals in the early morning. The one snatched them from the mouth of the cannon, the other from the jaws of death. Each proved themselves with hearts to sympathize with the wounded and hands ready and willing to offer every assistance.”

Malvern Hill, the last of the Seven Days’ battles, was one of the most terrible of the entire war. Approaching the field through a forest after dark, one of Major General Jeb Stuart’s officers witnessed the horrors behind the lines at first hand. They were possibly made more ghastly, he wrote, “by the glare of the torches and lanterns around the amputating tables of the surgeons on either side of the road. Illuminated in this way, the forest looked like a vast hall into whose corridors poured lines of ambulances and stretchers borne on the shoul-
ders of men, all loaded with mutilated humanity, while limping along in great numbers came those whose wounds were less serious."\(^5\) The scene next morning was just as repugnant. "I have never seen a battlefield," observed the same officer, "where there was such frightful mutilation of bodies as there was at Malvern Hill, owing to so much artillery having been used by the enemy. Many were cut entirely in two. Some were headless, while fragments of bodies and limbs were strewn about in every direction."\(^5\) With little or no molestation by either side, details from both armies mingled on the field for the purpose of removing the dead and wounded who remained.\(^6\)

Meanwhile, nearly 17,000 wounded men overflowed field hospitals for necessary surgical attention before their removal to Richmond. "The most saddening sight," according to a South Carolina surgeon, "was the wounded at the hospitals, which were in various places on the battlefield. Not only are the houses full, but even the yards are covered with them."\(^6\) At such times, those who were merely ill commanded scant attention. A number of Georgia sick needing general hospital treatment discovered that they would have to make their way to Richmond on foot. Leaving camp after the battle of Gaines Mill on June 27, many required two days for the journey, and it was reported that some died before reaching the capital.\(^6\)

Among the salutes accorded the medical service after the Seven Days was one from General Lee himself: "To the whole medical corps of the army, I return my thanks for the care and attention bestowed on the wounded."\(^6\) In addition to such general approbation and to the accolades heaped on the infirmary corps, numerous individuals—including Surgeons Hunter Holmes McGuire and J. S. D. Cullen, medical directors of Jackson's and Longstreet's commands, respectively—were singled out for special praise.\(^6\) Nonetheless, Surgeon Lafayette Guild, chosen to succeed Surgeon David DeLeon as medical director of Lee's army on the date of the Gaines Mill struggle, while expressing general satisfaction with the work of the medical service, did not fail to point out several weaknesses in its operation.

First of all, casualty reports of the recent battles were
described as both incomplete and inaccurate. Reports had not even been received from Longstreet’s and Jackson’s chief surgeons. Furthermore, complained Guild, medical officers had failed to take advantage of the opportunity before these engagements to establish at field hospitals a systematic method of registering their wounded; hence record materials were unsatisfactory. At the same time, Guild indicated an awareness of problems which had confronted his field staff: rapid movements of the army over a wide area, the swift succession of battles, and fighting on night-shrouded fields; necessity often demanded that wounded be carried to the nearest hospitals, thereby complicating the task of record keeping. Guild commented on the efforts which had been made to improve the ambulance work, but he believed that the field system was still of an “impromptu” character and required “radical changes.” The new medical director was particularly concerned about the shortage of ambulances and the existing allotment of only one assistant surgeon to each regiment; he held that regimental organization should be modified to allow for at least two assistant surgeons and favored the attachment of more assistant surgeons to each brigade as supernumeraries. “Yet,” he concluded, “notwithstanding the insufficiency of medical officers and the limited ambulance facilities and other hospital resources at our command, nearly all the necessary operations were performed in the field infirmaries and the wounded rapidly conveyed to the general hospitals. I cannot commend too highly the zeal and efficiency of the medical corps in the performance of their arduous and responsible duties during the late bloody battles.”

Like so many other engagements fought during the Civil War, those of the Seven Days were followed by a heavy downpour. Some of the cold and dripping warriors began to suspect that battles somehow produced rain, although others theorized that perhaps marching was responsible. But the rain itself was not so bad; it was the sticky, reddish-colored mud, that ancestral foe from which a marching man could hardly extricate himself, that made matters so difficult. At any rate, rain and mud contributed to the bewildered condition in which the Army of Northern Virginia found itself the morning after Malvern Hill. Major General Isaac R. Trimble, a
brigade commander, noted “thousands of straggling men asking every passer-by for their regiments; ambulances, wagons, and artillery obstructing every road, and altogether, in a drenching rain, presenting a scene of the most woful [sic] and disheartening confusion.”

The medical service’s woes were compounded by the large number of Federal wounded who remained on the field following McClellan’s withdrawal. “I understand,” wrote General Lee, three days after the fighting ended, “that many of the enemy’s wounded . . . are still on the field; they must have suffered greatly, and every effort should be made to remove all of them where they will be comfortable.” Asisted by some thirty Union medical officers who had remained with their disabled comrades, Medical Director Guild arranged for the casualties in blue to be concentrated at Savage Station, on the York Railroad, and, in the interest of humanity, urged higher authority to provide transportation northward as speedily and comfortably “as possible.” Although the Northern medical officers had not requested surgical supplies, Guild reported, they had asked for food, “and having been accustomed to such luxuries as coffee, tea, arrowroot, sago, jellies, &c., were disappointed in getting nothing but flour or hard bread and bacon.” Nevertheless, Surgeon John Swinburne, who was in charge of the blue contingent, expressed sincere gratitude for the assistance extended. “Your surgeons,” he told General Lee, “have performed miracles in the way of kind attention both to us surgeons as well as the wounded.” Such attention was characteristic of medical personnel on both sides. “Humanity teaches us,” explained Union Surgeon Jonathan Letterman, “that a wounded and prostrate foe is not then our enemy.”

Shortly after the Seven Days, public attention was drawn once again to Northern Virginia by Abraham Lincoln’s announcement of the newly-created “Army of Virginia,” commanded by Major General John Pope. As Pope crossed the Rappahannock River and moved in the direction of Culpeper Court House, he was challenged by Stonewall Jackson’s veterans. On August 9, 1862, a fierce, indecisive battle was fought at Cedar Mountain between the latter and the corps of Pope’s army led by Major General Nathaniel P. Banks.
Medical Director Guild noted 229 killed and 1,047 wounded in this engagement, and, while poorly reported from a medical standpoint, it appears that Jackson was satisfied with the care which his wounded received since he alluded in his battle report to the "special attention" accorded them by Surgeon Hunter Holmes McGuire. Nevertheless, many were undoubtedly affected by the oppressive heat; Jackson had mentioned several cases of sunstroke the previous day.

On August 13, Lee learned that McClellan had embarked from the Peninsula to strengthen the Union Army of Virginia, and he determined to crush Pope before such aid could arrive. Hence began that series of developments which led both mighty armies to a repeat performance on the plains of Manassas. It was Jackson who precipitated the Second Battle of Manassas by attacking Major General Rufus King's First Division of McDowell's Corps as it marched eastward over the Warrenton Turnpike, near the old battlefield, to join other elements of Pope's army at Centreville. As previously indicated, Jackson's motive in attacking King was to prevent the concentration of Union forces at Centreville which had been ordered by Pope and to lure the latter into an assault upon the grayclads near Groveton and hold him there until Lee's combined army could deliver the knockout blow.

Beginning at nearly dusk and ending several hours later, the clash at Groveton is almost unequaled as an exhibition of courageous action and bitter, obstinate combat as blue and gray slugged it out at close quarters. "In a moment," related a member of the attacking force,

everything on the field was wrapped in smoke. The musketry became a roar, the individual shots merging into one continuous sound, broken upon by the rapid booming of the artillery accompaniment. In a few moments wounded men made their appearance, limping back as best they could, some still bearing their arms but some scarcely able to drag their bodies along. The stream of wounded became greater and greater, and then an officer of rank, slung in a blanket and borne by men, would be brought out, all seeking the place the surgeons had selected for their field hospital where immediate assistance could be rendered to enable the patient to reach the regularly established hospitals further removed from the dangers of the field.

Among the casualties—struck down while leading a charge
near the battle’s close—was Lieutenant General Richard S. Ewell who had commanded one of Jackson’s three divisions; litter bearers found him on the field after the fight, his knee shattered by a minie ball, and surgeons amputated his leg after consultation. A distressing number of officers lost their lives, and the ranks of the already reduced Stonewall Brigade were further depleted before the crash of combat died away.\textsuperscript{76}

Infirmary corpsmen were busily engaged at Groveton, and after the battle close friends of those who had fallen could also be seen “ministering to their wants, or taking last messages sent by those who were expecting to die.”\textsuperscript{77} Once again, as at First Manassas, Sudley Church, located on the northern part of the field, became a hospital. Taken over by order of Surgeon Hunter Holmes McGuire, Jackson’s medical chief, it would soon be overflowing with casualties of the next day’s action.\textsuperscript{78} Union wounded left on the field of Groveton were cared for by Confederate surgeons only after the latter ministered to their own disabled men. Meantime, some of the more sympathetic Southerners filled canteens belonging to enemy wounded and tried to make their lot easier.\textsuperscript{79}

Such kindness ended when fighting was renewed, and the most sanguinary phase of Second Manassas was at hand. As Jackson waited, Pope, thinking that King had intercepted his wily adversary in retreat, called excitedly for a concentration of his forces to deliver the \textit{coup de grace}. At dawn, August 29, Pope attacked.\textsuperscript{80}

Soon afterward, wrote a surgeon who was on the field, “the wounded who could walk began to come back, and those who could not were brought to me on litters. I did all I could for them until the ambulances could carry them to the field infirmary, and this continued until late in the afternoon. I saw an Irishman from South Carolina bringing a wounded Irishman from Pennsylvania back and at the same time scolding him for fighting us. Colonel [Samuel] McGowan came limping back, shot through the thigh, but he refused to ride.”\textsuperscript{81} Returning to his brigade infirmary, this same surgeon saw “large numbers of wounded lying on the ground as thick as a drove of hogs in a lot. They were,” he said, “groaning and crying out with pain, and those shot in the bowels were crying for water.” His remaining observations
and activities that day were just as harrowing and no doubt much like those of other medical officers. "Jake Fellers," he observed, "had his arm amputated without chloroform. I held the artery and Dr. Huot cut it off by candle light. We continued to operate until late at night and attended to all our wounded. I was very tired and slept on the ground." The soft broomsedge grass of Virginia was a welcome carpet for those who had to sleep in the open.

Another who retained vivid recollections of that August 29, a day many who survived must have thought would never end, was Frank Mixson, a member of the First South Carolina. Mixson assisted Surgeon Martin Bellinger in one of the field infirmaries. During the day, he recalled, "many a poor fellow did I hold while his leg or arm was taken off. I was shocked at the number of our regiment brought back killed and wounded. . . . Gus Hagood was shot through the body, and Dr. Bellinger passed a silk handkerchief entirely through his body, taking hold of each end and wiping out the blood." Although some surgery was rather crude, surgical attention was preferable to inattention. Wounded prisoners learned, however, that surgeons ministered to their own wounded before turning to those of the opposing army.

Night provided a moment's respite from further conflict. Then, before all those who had been slain could be interred, the struggle was resumed. The grass had been parched to a crisp by the burning August sun, and bursting shells frequently caused it to catch on fire. Flames sometimes burned the clothes off the silent figures and roasted their bodies. "Such spectacles," remembered a participant, "made little or no impression at the time, and we moved to and fro over the field, scarcely heeding them."

The attacks on the second day were pressed by Pope's veterans with determination, and there was no lack of gallantry on either side. Colonel Bradley T. Johnson, commanding Jackson's Second Brigade, described part of the action:

Before the railroad cut the fight was most obstinate. I saw a Federal flag hold its position for half an hour within 10 yards of a flag of one of the regiments in the cut and go down six or eight times, and after the fight 100 dead were lying 20 yards from the cut, some of them within 2 feet of it. The men fought
CONFEDERATE FIELD SERVICE

until their ammunition was exhausted and then threw stones. Lieut. Lewis Randolph, of the battalion, killed one with a stone, and I saw him after the fight with his skull fractured. . . . As line after line surged up the hill time after time, led by their officers, they were dashed back on one another until the whole field was covered with a confused mass of struggling, running, routed Yankees. 

Prior to the Federal withdrawal, itself by no means the rout suggested in Johnson’s account, the earth seemed to explode on various parts of the field as the attacking columns were torn and blasted by the defenders. “Brains, fractured skulls, broken arms and legs, and the human form mangled in every conceivable and inconceivable manner,” exclaimed a Virginian as he rendered his account of an enemy charge. “At every step they take they see the piles of wounded and slain and their feet are slipping in the blood and brains of their comrades. Shells burst among them and a desultory musketry fire helps to thin their ranks; but still on they press, closing up steadily, splendidly.” 

Rifle barrels became too hot to handle, and after two hours of the contest, the ground in front of Jackson’s corps was “so thickly covered with the fallen that it looked like one vast blue carpet.” 

Finally, the powerful counterstroke delivered by Longstreet on the blue army’s left flank, to the accompaniment of the rebel yell from thousands of throats, wrought a complete transformation of the battle. Staggered by the vigor of the onslaught, Pope’s fighters fell back doggedly toward the Stone Bridge. Lee’s entire might was driven against their shattered ranks, and the Southerners, keyed to a high pitch of excitement, never fought with greater spirit and abandon. Over one hundred troops of the Twentieth Georgia “were barefoot, many of whom left bloody foot-prints among the thorns and briars through which they rushed, with Spartan courage and really jubilant impetuosity, upon the serried ranks of the foe.” 

Meanwhile, as battle ended, jubilation of the victors was short-lived. Once more the time had come to count the cost of an encounter won, and the gods of war had demanded an unusually heavy toll in blood. “As the soldiers returned from the field, the day’s work over, picking their way with
care,” wrote a youth in gray, “the excitement died away and
the reaction came. The cries and groans of this vast horde of
wounded were borne on the breeze from every side.” Removed
from the field as soon as possible, the wounded received treatment in hospitals that stretched almost a half mile
along the Warrenton Turnpike.

As darkness fell over the fresh battlefield, surgeons and
their attendants worked by torchlight over their unfortunate
subjects. Care of the latter at Lieutenant General John B.
Hood’s division hospital was pictured vividly by a corre-
respondent:

The poor fellows were lying upon the ground awaiting
their turn with patience, some dead and some dying, but the
great majority with only painful wounds in the extremities.
The operating tables consisted of a pile of rails, covered with a
few rough boards, and these were slimy with blood. Arms and
legs were lying around the half dozen surgical altars in profusion,
and as fast as one patient was removed another took his place to
be anesthetized by the merciful chloroform and undergo the neces-
sary surgical treatment. The men all appeared to bear their
wounds cheerfully, and it was only now and then when the
knife cut deep that a smothered groan revealed the sharp pang
of pain.

A number of wounded were “mere boys,” noted the corre-
respondent, while others were “advanced in years, gray
haired and wrinkled. Some thought they had seen enough of
war, but there were others again, hot, fiery fellows who
‘ached’ to return to the field.”

Most of the Federal wounded were left behind with little
hope of proper attention and early return to their own lines.
Among these were nearly a hundred in and around the Robin-
son House, a Negro home located on a ridge near the turn-
pike, just east of the Stone House. Finding them packed
“as thick as sardines,” the same correspondent, struck by their
miserable bloodspattered appearance and their uncared for
wounds, concluded that they “were the most horrible set of
beings” he had ever encountered. “Evidently,” he decided,
“the Yankee Surgeons are above their business, or obstinately
refuse to attend to it for the purpose of throwing the labor
upon the Confederates.” Many Union dead were buried by
men in gray especially detailed for such duty. "We gathered up the dead by wagon loads," a member of the Stonewall Brigade recalled, "and threw them into a cut in the railroad—hundreds together."

Pursuant to Lee's orders, Medical Director Guild remained on the field and superintended the treatment of Confederate wounded and their subsequent removal to Warrenton, Gordonsville, and other towns in the area. All possible means of transportation were turned over to Guild for the jolting trip westward. "I fear there was much suffering among the wounded," wrote Lee, "but it was impossible to prevent it."

The destruction of railroad track and bridges in an area extending from the Rapidan River northward to Fairfax Court House precluded the movement of Confederate wounded by rail to Richmond and that of Federal casualties by such means northward.

One scene yet remained in the sanguinary drama of Second Manassas—the bizarre and racking clash which took place on September 1 at Chantilly—and it was staged in the now familiar background of heavy rain, high streams, and bottomless roads. As the embattled troops struggled for advantage, rain began to fall "in torrents; heavy peals of thunder, crashing through the forest, drowned the discharges of the two guns which Jackson had brought up through the woods, and the red flash of musketry paled before the vivid lightning."

Measured against advantages gained, Chantilly proved costly to both armies. Shortly thereafter, Pope withdrew to Washington.

Although records are fragmentary, one may conclude that the medical performance at Chantilly was not impressive. The hardly surprising inability of medical officers and stores to keep pace with the swift movement conducted by Jackson—some surgeons and their supplies not arriving until the next morning—accounted for some of the suffering and death experienced by the wounded. After establishing a field infirmary in a horse lot, Surgeon Spencer Glasgow Welch, of the Thirteenth South Carolina, cared for the fallen as best he could while waiting for his medical wagon to reach the battle area. "We filled the carriage house, barn and stable with our wounded," Welch related, "but I could do but little
for them. Colonel [O. E.] Edwards was furious, and told me to tell the other doctors ‘for God’s sake to keep with their command.’” Welch had morphine to ease the pain of those who were badly injured, but many of these died. “I found one helpless man,” he wrote, “lying under a blanket between two men who were dead.”100 Among those who assisted, ministering to the spiritual needs of the wounded and burying the dead, was Father James B. Sheeran, Catholic chaplain of the Fourteenth Louisiana.101

Confederate losses in the battles of Second Manassas numbered 9,197 of approximately 55,000 men who were engaged. A breakdown of the casualty figures shows 1,481 killed, 7,627 wounded, including the mortally wounded, and 89 missing.102 The deadliness of the fighting is attested by the fact that seven Southern regiments suffered losses exceeding 50 per cent of the men who went into action. Of these seven the heaviest loss was that sustained by the Twenty-first Georgia, which entered the fight with 242 effectives and had 76 per cent of its complement killed or wounded. Only one regiment in gray lost a greater percentage of its men in a single engagement throughout the entire war: the loss of the First Texas at Sharpsburg (Antietam) was 82.3 per cent. At Second Manassas, the other six regiments whose killed and wounded surpassed 50 per cent were, in the order of casualties suffered, the Seventeenth, Twenty-third, and Twelfth South Carolina, the Fourth Virginia, the First South Carolina, and the Seventeenth Georgia.103 The unit that sustained the greatest numerical loss, however, was the Fifth Texas, with its 15 killed, 224 wounded, and 1 missing—a total of 240.104

As commanding officers filed their reports of Second Manassas, medical officers were not forgotten. The beplumed and dashing Jeb Stuart noted that Talcott Eliason, his division surgeon, “besides being an adept in his profession, exhibited on this, as on former occasions, the attributes of a cavalry commander.”105 Jackson’s wounded “were skillfully cared for” by Medical Director Hunter Holmes McGuire, and Longstreet’s medical men, “in charge of Surgeon Cullen, were active and unremitting in the care of the wounded,” and had his gratitude “for their humane efforts.”106

Although the medical performance at Chantilly left some-
thing to be desired, it is clear that by the time of Second
Manassas the Confederacy had made a creditable start toward
organizing an effective field ambulance system. The brigade,
or division, was the unit in the field hospital organization,
and two men from each company were detailed to help
assistant surgeons bring the wounded from the field. After
receiving necessary surgical attention in field infirmaries,
all disabled troops who could bear removal were transported
to general hospitals, located at some distance from the fight-
ing area, when ambulances were available. Had the medical
staff been allowed authority to select and train members
of the infirmary corps—and been blessed with more resources
generally—the work of this group would undoubtedly have
become much more efficient. Once again, however, final
victory obscured the genuine need for further improvement
in the field system. And, while the South rejoiced over its
smashing triumph, Lee headed his legions northward.
The history of the field ambulance services from Second Manassas to Appomattox reflects to a striking degree the war’s general evolution. It is somewhat coincidental, of course, that a modern command system for the Union army was announced just two days before the Ambulance Corps Act affecting that same army became law on March 11, 1864. Nonetheless, there would appear to be a clear relationship between these important events, both of which aimed at greater efficiency and order in conducting a gigantic war. General Ulysses S. Grant became the army’s general-in-chief, and Jonathan Letterman’s ambulance system, which had proved itself on such fields as those of Antietam, Fredericksburg, Chancellorsville, and Gettysburg, was extended throughout the entire Northern army. The new command system was perhaps superior to any then existing; the Letterman principles and the 1864 legislation became the nucleus of Germany’s ambulance system and that of most other modern armies in the years before World War I.\(^1\) While not conclusive in themselves, such developments support the thesis of Professor Nevins’ significant volumes concerning the great struggle of the 1860’s that the war “measurably transformed an inchoate nation, individualistic in temper and wedded to improvisation, into a shaped and disciplined nation, increasingly aware of the importance of plan and control.”\(^2\) Both systems succeeded, although each was aided by seemingly bottomless stockpiles of manpower, supplies, ambulance vehicles, and the like.

On the other hand, in the Confederacy one fails to discern leadership or developments which had the effect of “measurably” transforming the South during four years of
war. It is no doubt possible to exaggerate the individualism and separateness which prevailed there, but provincialism was a formidable fact of Southern life. "The cause may have been lost," suggests one of the Confederacy's ablest historians, "because there was not wisdom enough to recognize the beginning of a new era and not enough understanding of total war to evolve a command and logistical system adequate to the job at hand." Unified command of a sort finally came on February 6, 1865, much too late, and, while other trends toward centralized administration may be discovered, they failed to effect important transformation. It may surely be noted that the Confederate medical service improved its organization and acquitted itself reasonably well on numerous battlefields, but there was no full and complete development of an ambulance system with a statutory basis. So, in this respect—as was true generally—the war fought by the embattled Southern Confederacy was an "improvised war" throughout.
Notes

PREFACE


CHAPTER I


5. "Papers Relating to the First Battle of Bull Run, July 21st, 1861, including notices of the advance and retreat and the engagement at Blackburn's Ford on the 18th of July, 1861," Franklin B. Hough Papers, New York State Library, Albany, Vol. 36, p. 88, hereafter cited as Hough Papers. Photostatic copies of Volumes 36 and 44 of these valuable papers may be seen in the museum building, Manassas National Battlefield Park; they represent only a portion of the numerous primary and secondary sources bearing upon the two memorable engagements fought there which have been obtained by Park Superintendent Francis F. Wilshin.


94


19. Hough Papers, Vol. 36, 54. Brigaded with the Connecticut regiments was the Second Maine. Moved to the field at a full run through woods and swamps and over streams, nearly half of the regiment fell behind from exhaustion. *Daily Whig and Courier* (Bangor, Me.), Aug. 6, 1861.


25. Fox, *Regimental Losses*, p. 393. Reports differ as to the unit’s number of missing. For the entire war the Second Wisconsin suffered the highest percentage of loss of any regiment in the army.


34. Gustavus B. Hutchinson, pub., *A Narrative of the Formation and Services of the Eleventh Massachusetts Volunteers* . . . (Boston, 1893), p. 22.


44. Ibid., July 27, 1861.
45. Ibid., July 31, 1861.
47. Ibid., 419-420.
50. Ibid., 29.
52. Ibid., 422.
54. Ibid., 85-86.
59. Ibid.
60. Ibid., July 23, 1861.
63. Among those who remained with their wounded was Assistant Surgeon George M. Sternberg, United States Army, later to become Surgeon General of the Army. Surgeon General, Medical and Surgical History, Pt. I, Vol. I, 5 (Appendix).
70. Ibid., p. 38.
71. Richmond Enquirer, July 26, 1861, quoted in New York Times, Aug. 3, 1861. The Enquirer had this information from "a very intelligent gentleman." See also Thomas M. Aldrich, "The History of Battery A," First Regiment Rhode Island Light Artillery in the War to Preserve the Union, 1861-1865 (Providence, 1904), p. 21.
74. Detroit Daily Free Press, Aug. 6, 1861.
77. Detroit Daily Free Press, July 26, 1861.
78. Quoted in the *Baltimore Sun*, Aug. 31, 1861.
88. *Ibid*.
89. *Ibid*.
91. N. M. Dunlop to Miss Mag. E. Dunlop, July 24, 1861, Adam L. Dunlop and Daniel Rife Papers, Duke University Library.
100. *Ibid*.

CHAPTER II

4. *Regulations for the Medical Department of the Confederate States Army* (Richmond, 1861), p. 5.
5. Richmond Examiner, Nov. 29, 1861.
8. Ibid., Vol. XIX, Pt. 2, 657.
12. Ibid.
15. Frank Moore, ed., The Rebellion Record: A Diary of American Events, with Documents, Narratives, Illustrative Incidents, Poetry, etc., 11 volumes and supplement (New York, 1861-1868), III, 265.
16. Bedford Brown, “Personal Experience,” The Southern Practitioner, XV (Nov., 1893), 443-444. Tar Heel Surgeon Edward Warren commented as follows upon the elevation of disease statistics during 1861: “The great amount of sickness was attributable to the fact that the force engaged was almost exclusively composed of delicately-reared young men, who were incapable of sustaining the hardships incident to camp life, supplemented by the entire absence of such appliances as are essential to the comfort of soldiers in the field, and by an utter neglect of the laws of sanitation and hygiene.” Edward Warren, A Doctor’s Experience in Three Continents (Baltimore, 1885), p. 270. With reference to the last-named factor, it may be noted that a correspondent described Manassas eleven days after the battle as “one of the most stinking spots on the face of the globe.” Letter dated Aug. 1, 1861, New York Daily Tribune, Aug. 17, 1861.
18. Ibid.
19. Ibid., 473.
20. Ibid., 538.
NOTES


30. Sam Rose to G. S. Boyles, July 26, 1861, Eliza H. Boyles Papers, Duke University Library.

31. McHenry Howard, *Recollections of a Maryland Confederate Soldier and Staff Officer under Johnston, Jackson and Lee* (Baltimore, 1914), 35; hereafter cited as *Recollections*.

32. *Ibid.* Lack of discipline may be seen also in the fact that soldiers in rear ranks sometimes fired into their own men. One Nick Watkins, for example, shot a hole in the cap of fellow soldier George Lemmon. “Taking off his damaged cap and looking at it, George turned slowly around and in his drawling tone said, reproachfully, ‘Nick Watkins, what did you do that for?’” *Ibid.*, 38n.

33. Charles Hutson to his mother and father, July 24, 1861, Charles Woodward Hutson Papers, University of North Carolina Library.

34. Charles Hutson to his mother, July 24, 1861, *ibid*.


46. Army correspondence of “Kiawah,” Nov. 25, 1861, Charleston Mercury, Nov. 29, 1861. As the sick and wounded arrived in Richmond, they were met at the depot and sent to private homes by a committee of citizens that assumed such duties regularly. Crowds of curious bystanders were requested to keep out of the way of this group. “Indeed,” it was stated, “if all who have no business there would stay away, it would be a great deal better.” *Richmond Daily Dispatch*, July 25, 1861.

47. Unsigned letter to editors, July 29, 1861, *Richmond Daily Dispatch*, Aug. 1, 1861. Anna Bledsoe, a child about ten or twelve years of age, became known as “the little heroine of the hospital” because of her tender ministrations. One of the men recalled that “it was really a beautiful sight to see that little girl stooping over the beds spread upon the floor unaffected by the smell of blood or the shocking gashes of the wounded, but gently washing their faces or handing them water & coffee & biscuits.” Charles Hutson to his mother, Aug. 11, 1861, Hutson Papers, University of North Carolina Library.

53. Compassion for enemy wounded was evinced by some. “Sister,” wrote one sympathizer, “you could not help but wait on the wounded Yankees if you were here. They look so pitiful that I believe I could give them a drink of water if they would ask me for it, but they are attended to as well as our men.” James A. Simpson to his sister, July 26, 1861, Simpson Papers, Duke University Library.
56. Ibid., 9.
57. Ibid.
58. Dr. Charles C. Gray Diary, July 21, 1861, p. 14, University of North Carolina Library. There are two Gray diaries. I am using the manuscript copy which Gray prepared in 1877 from brief notes recorded during the war. Both have been read.
59. Ibid., July 22, 1861, p. 15-16.
60. Ibid., July 23, 1861, p. 19-20.
61. Ibid., July 25, 1861, p. 22. A Mrs. Hinsdale, whose husband was a member of the Second Michigan, followed him to Centreville and appears to have helped care for the disabled. Later she obtained a pass from General Beauregard which authorized her return northward. In Washington she reported that Union wounded at Manassas were receiving excellent treatment. Hough Papers, Vol. 36, 129. There were other such statements. One, purportedly based upon observations made by two surgeons released by the Confederates, assured Northerners that “our wounded in the enemy’s hands are well cared for. Good air and good food, but somewhat crowded.” *Utica Morning Herald and Daily Gazette*, July 23, 1861.
64. Ibid.
68. "John P. Fort Reminiscences of the War Between the States, February 13, 1897," photostat in private possession of Dr. Tomlinson Fort, Columbia, S. C.


70. Ibid., 482.

71. Ibid., 544.

72. The citations were few enough, and the outstanding medical figures of the war are yet relatively unknown. "What public spirited men physicians are!" exclaimed a correspondent. "Endure all the hardships of soldier's life, liable to be over-looked by special boards, get rheumatism and coughs, and very little thanks." Army correspondence of "Kiawah," Oct. 27, 1861, in Charleston Mercury, Nov. 5, 1861.

CHAPTER III


3. Ibid., 108.

4. Ibid., Vol. XI, Pt. 1, 192.

5. Ibid., 210.


8. Maxwell, Lincoln's Fifth Wheel, p. 159.

9. Ibid., pp. 159-160.

10. Surgeon General, Medical and Surgical History, Pt. III, Vol. II, 932-933. Surgeon General Hammond himself, on August 21, 1862, recommended to the Secretary of War the establishment of an organized ambulance corps. The proposal was vetoed by Stanton on the grounds that such a corps would be too expensive and add more noncombatants without providing compensating advantages. Hammond made another appeal to Stanton shortly after Second Manassas. Ibid., 933-934.


13. Ibid., pp. 63-65.

14. Ibid., pp. 67-70. "Mistaken notions of Clara Barton and her work," writes Adams, "have fostered the legend that women nurses played an important role on Civil War battlefields. Many served in general hospitals in the North, or well to the rear, but the number who functioned in field hospitals was never large. Here and there a regiment had brought with it a 'vivandiere,' or a 'matron'—really a washerwoman—who would make herself useful in caring for the wounded after a battle; but generally the nursing in the field hospitals was done entirely by men. Regularly enrolled women nurses were supposed to serve only in general hospitals, although a few were allowed to supervise the light-diet cooking and perform some nursing duties in field hospitals."


16. Ibid., Pt. 1, 192.

17. Ibid., 194.

18. Ibid., 210-216, 217.

19. Ibid., 219.

20. See, for an excellent background of Second Manassas, Francis F. Wilshin, Manassas (Bull Run) National Battlefield Park, Virginia, National
31. Rufus R. Dawes, *Service with the Sixth Wisconsin Volunteers* (Marietta, Ohio, 1890), 64. See also Frederic Denison, *The Battle of Groveton, August 28, 1862* (Providence, 1885).
41. Frederic Denison, *Sabres and Spurs: The First Regiment Rhode Island Cavalry in the Civil War, 1861-1865* (Providence, 1876), 143, hereafter cited as *Sabres and Spurs*.
43. See, for example, the statement of the youthful Ham Chamberlayne quoted in Frank E. Vandiver, *Mighty Stonewall* (New York, 1957), 368.
48. Lyman Jackson, History of the Sixth New Hampshire Regiment in the War for the Union (Concord, New Hampshire, 1891), 94.
50. Ibid., 766.
51. National Republican (Washington), Sept. 1, 1862.
52. Alexandria Gazette, Sept. 1, 1862.
54. Ibid., 741.
57. Ibid., 282. Colonel Nathaniel C. McLean commanded Schenck's Second Brigade. Brigadier General Carl Schurz, commanding the Third Division, Sigel's Corps, reported "the death of a great many able and gallant officers." Ibid., 303.
60. Alfred Davenport, Camp and Field Life of the Fifth New York Volunteer Infantry (New York, 1879); hereafter cited as Camp and Field Life. The Fifth New York had one less casualty than the Second Wisconsin. See Fox, Regimental Losses, p. 431.
63. S. H. Hurst, History and Journal of 73d Ohio Volunteer Infantry (Chillicothe, 1866), 42.
64. Fox, Regimental Losses pp. 282, 431.
65. Paine, How I Left Bull Run Battlefield, pp. 31-32.
69. Davenport, Camp and Field Life, p. 284.
70. The scarcity of ambulances was, of course, a factor in the situation. Official Records, Ser. I, Vol. XII, Pt. 2, 291-292, 303, 504. See also Isaac Hall, History of the Ninety-Seventh Regiment New York Volunteers . . . (Utica, 1890), pp. 75-77.
72. Ibid., 129. He was mistaken about this since not all were removed until the next day.
73. Ibid., 115-116.
74. Ibid., 115, 124. Union surgeons also employed ether in operative surgery. Ibid., 123.
75. Ibid., 129.
78. Fox, Regimental Losses, p. 544.
86. C. S. McClenthen to his father, undated letter, photostat, Cornell University Collection of Regional History, Cornell University Archives.
88. *New York Herald*, Sept. 2, 1862. Needless to say perhaps, some volunteer workers did render valuable service to the wounded. Among this number were two who opened a home in Centreville on the morning of August 31 and provided both food and medical attention, the latter consisting chiefly of dressing wounds, throughout the day. *National Republican* (Washington), Sept. 2, 1862.
89. *National Republican* (Washington), Sept. 19, 1862.
105. *New York Herald*, Sept. 8, 1862. This same individual also reported that “the dead, contrary to our own ideas of such sights, nearly invariably occupied but one position—upon the back, the face upturned, and legs and arms extended.” *Ibid.*
NOTES

113. The name of each wounded man arriving at Newport was listed. *New York Herald*, Sept. 8, 1862.


116. One other major development in military medicine also stemmed from the disaster of Second Manassas: an improved system of field hospitalization. It took time, but Letterman succeeded in his determination to reorganize the hospital and supply system in the field on a divisional rather than on a regimental basis. And within such system he also worked out a procedure whereby operative surgery was performed much more satisfactorily from a professional point of view. Under Letterman’s strong and capable leadership, order and system replaced chaos and confusion in the Union army’s ambulance and field organization. See Adams, *Doctors in Blue*, pp. 76-111. See also Jonathan Letterman, *Medical Recollections of the Army of the Potomac* (New York, 1866), based largely upon wartime record materials.


CHAPTER IV

1. S. P. Moore, to C. G. Memminger, Sept. 11, 1861, in Letters of the Secretary of the Treasury, General Records of the Department of the Treasury, Chapter X, Accession 212, the National Archives, Washington, D. C.


5. “Kiawah,” Our Manassas Correspondence, Oct. 27, 1861, Charleston Mercury, Nov. 5, 1861.


8. SGO Circular, Apr. 21, 1862, Letters Received and Sent, Chimborazo Hospital, Richmond, Virginia, 1861-1865, War Dept. Coll., Conf. Recs., Chap. VI, Vol. 707, National Archives.


16. Ibid., 454.
17. Ibid., 455.
18. Ibid., 475.
21. Ibid., 604.
22. Ibid., 589.
23. Ibid., 566.
27. Ibid., 567.
28. Ibid., 568.
29. Ibid., 584, 593.
36. Ibid., 742, 745.
37. Ibid., 701.
38. Ibid., 742.
39. Ibid., 691.
40. Ibid., 744.
41. Ibid., 743.
42. Ibid., 949-950, 954, 960, 984.
43. Ibid., 991.
44. Ibid., 994.
45. Ibid., 941.
47. Richmond Daily Examiner, May 29, 1862.
48. Ibid., June 3, 1862; Thomas Cooper De Leon, Four Years in Rebel Capitals... (Mobile, 1892), 199; Judith McGuire [Mrs. J. W. Brockenbrough], Diary of a Southern Refugee, during the War (New York, 1867), p. 125.
49. Richmond Daily Examiner, June 3, 1862.
50. Ibid.
54. Ibid., 791.
55. Ibid., 881.
56. Ibid., 751.
57. Ibid., 825.
59. Ibid., p. 80.
62. G. W. Nichols, A Soldier’s Story of His Regiment (61st Georgia) (Jesup, Georgia [?], 1898), pp. 43, 63.
65. Ibid., 501-502.
66. Ibid., 619.
67. Ibid., Pt. 3, 630.
70. Ibid., Ser. II, Vol. IV, 798.
72. Ibid., Vol. XII, Pt. 2, 177-179.
73. Ibid., 185.
74. Ibid., 179, 181, 184.
75. Blackford, War Years with Jeb Stuart, pp. 121-122.
77. Blackford, War Years with Jeb Stuart, p. 123.
78. Surgeon General, Medical and Surgical History, Pt. 1, Vol. 1, 127 (Appendix).
82. Ibid., pp. 26-27.
85. Edward A. Moore, The Story of a Cannoneer Under Stonewall Jackson (Lynchburg, 1910), p. 120.
88. Blackford, War Years with Jeb Stuart, p. 133.
92. Ibid.
93. Ibid.
94. Ibid.
95. See, for example, History of the Seventeenth Virginia Infantry, p. 104-105.
96. Four Years in the Stonewall Brigade, p. 114.
97. Official Records, Ser. I, Vol. XIX, Pt. 2, 606. It was reported in Richmond that the wounded from Second Manassas had all been removed to hospitals established near Aldie, in the county of Loudoun.” Richmond Daily Examiner, Sept. 3, 1862.
100. Welch, A Confederate Surgeon’s Letters to His Wife, pp. 29-30.
103. Ibid., 556-557.
104. Ibid., 564.
106. Ibid., 648, 567.

EPILOGUE

Index

Alexandria, removal of wounded to, 5
Ambulance Corps Act, enacted, 92
Ambulance service, recent development of in war, 3; Union: shortage of and lack of system at First Manassas, 20-21; shortages of on Peninsula, 45; train leaves Washington for Manassas, 63; train moves inside Confederate lines for Union wounded, 64; last of wounded removed from Manassas, 67; problem of civilian drivers, 68; Confederate: shortage of vehicles, 71-72, 82; field service at Williamsburg, 73; directive issued after battle of Williamsburg, 74-75; field service at Seven Pines, 79-80; field work during Seven Days, 82; mentioned, 91; field service from Second Manassas to Appomattox, 92
Anderson, Joseph R., Confederate brigade commander, commends ambulance corps, 80
Antietam (Sharpsburg), improvement in field medical service, 68; battle of, mentioned, 92
Army Medical Department (Union), early condition of, 1, 2
Army of Northern Virginia, condition of after Malvern Hill, 82
Army of the Potomac, mentioned, 48
Army of the Shenandoah, at First Manassas, 19; movement of, 27
Army of Virginia, mentioned, 47, 48, 83
Banks, Nathaniel P., Union general, mentioned, 47; leads Pope’s Second Army Corps, 54, 83
Barham, Confederate surgeon, mentioned, 76
Barksdale, William, commands Thirteenth Mississippi, praises surgeons, 80
Bartow, Francis S., Confederate brigade commander at First Manassas, 28
Beauregard, Pierre G. T., Confederate commander at Manassas Junction, 3; praises surgeons for work at First Manassas, 40
Bee, Bernard E., commands Third Brigade at First Manassas, 28
Bellinger, Martin, Confederate surgeon, mentioned, 86
Bellows, Henry W., comments on carelessness of prisoners on Governor’s Island about personal cleanliness, 26
Benjamin, Judah P., Confederate Secretary of War, reports on removal of incompetent medical officers, 24
Blackburn’s Ford, battle of, 4
Bouchelie, E. F., Confederate medical officer, observations on the First Manassas wounded, 35
Branch, L. O’B, commands Confederate brigade at Hanover Court House, accuses opponent of firing on hospital, 76
Bristoe Station, clash near, 49
Brodie, R. L., Confederate medical purveyor, replaces army medical director at First Manassas, 28; praised by General Beauregard, 40
Bull Run, mentioned, 4
Burial of dead, after First Manassas, 19, 32; after Second Manassas, 88-89

Calhoun, Theodore, Union surgeon, report of regimental losses after Bristoe Station clash, 50

“Camp of the Dead and Wounded,” Union field hospital, Second Manassas, 55

Cantwell, James, Eighty-second Ohio, heroism and death at Second Manassas, 53

Carr, Union brigade commander at Second Manassas, commends surgeons, 62

Catton, Bruce, quoted, vii-viii

Cedar Mountain, battle of, 83-84

Centreville, mentioned, 4; Confederate troops observed in, 50; arrival of ambulance train, 63

Chancellorsville, battle of, mentioned, 92

Chantilly, battle of, 60, 89; Union losses, 61; medical phase, 89-90

Chapman, William, U. S. Infantry, praises surgeons, 61-62

Charlottesville, Virginia, care of disabled Confederates by citizens, 34-35

Chickahominy River, mentioned, 77

Chinn House, used by Confederates at First Manassas, 33

Chisolm, John Julian, Confederate medical officer, comments on troop hygiene, 26

Chloroform, used by Union surgeons at Second Manassas, 60

Civilian ambulance drivers, conduct of after Second Manassas, 68

Confederate Medical Department, at time of First Manassas, 23

Coolidge, Richard H., charged with removing Manassas casualties, 63; efforts made, 63-68

Crandall, William, Union surgeon at First Manassas, cited, 21

Cullen, J. S. D., Confederate surgeon, cares for Blackburn's Ford wounded, 27; commended, 41, 74, 78, 81, 90

Culpeper Court House, mentioned, 48

Darby, John T., Confederate surgeon, commended, 77-78

Davis, Jefferson, authorized to appoint surgeons for Confederate hospitals, 24

Dawes, Rufus R., tells of march from Groveton, 51

De Graw, C. S., Union surgeon at First Manassas, cited, 21

De Leon, David C., appointed Lee's medical director, 79; replaced, 81

Disease, among Confederates after First Manassas, 69-70; on the Peninsula, 72-73

Doherty, Edward P., Union soldier, statement concerning First Manassas wounded, 15

Dooley, John, heads Richmond Ambulance Corps, 74

Duryea's Zouaves, at Second Manassas, losses, 58

Early, Jubal A., commands Sixth Brigade at Blackburn's Ford, 27

Edmonds, E. C., commands Thirty-eighth Virginia, praises surgeons, 80

Edwards, O. E., Confederate officer, mentioned, 90

Eighth Georgia, at First Manassas, losses, 28; field hospital, 31

Eightieth New York, at Second Manassas, 58

Eighty-third Pennsylvania, cited by General McClellan, losses in war, 58

Eleventh Massachusetts, at First Manassas, casualties, 9

Eleventh New York (Fire Zouaves), at First Manassas, desertions, 10

Eleventh Pennsylvania, at Second Manassas, 58

Eliason, Talcott, Confederate surgeon, commended, 90

Enders, John, heads Richmond Ambulance Corps, 74

Eve, Paul Fitzsimmons, Confederate surgeon, comments on relative efficiency of town and country regiments, 25

Ewell, Richard S., Confederate general, leads troops near Bristoe Station, 49; commands one of
Jackson's divisions at Groveton; wounded, 84-85

Fairfax Court House, march to, 3; route of wounded, 5; movement to, 43
Fairfax Station, mentioned, 63
Fair Oaks, mentioned, 43
Field hospitals. See Hospitals, field.
Field personnel, Union, drilling of, 45
Fifth Excelsior, losses at Bristoe Station, 50
Fifth Maine, at First Manassas, 11-12
Fifth Massachusetts, at First Manassas, casualties, 9
Fifth Texas, loss at Second Manassas, 90
Finley, Clement A., Union Surgeon General, replacement of, 42
First Connecticut, at First Manassas, 5
First Manassas (Bull Run), total Union casualties, 12; Confederate losses, 40
First Massachusetts, at Blackburn's Ford, 4
First Michigan, at First Manassas, 10-11
First Minnesota, at First Manassas, 9-10
First South Carolina, loss at Second Manassas, 90
First Texas, mentioned, 90
Fisher, Charles F., commands Sixth North Carolina at First Manassas, death reported, 28
Forty-first New York (De Kalb Regiment), at First Manassas, 12
Fourteenth New York, at First Manassas, losses, 8
Fourth Alabama, at First Manassas, losses, 28; care of wounded at Charlottesville, 35
Fourth Maine, at First Manassas, 11-12
Fourth New York Cavalry, losses at Second Manassas, 58
Fourth Virginia, losses at Second Manassas, 90
Franklin, William B., Union brigade commander, at First Manassas, 9
Fredericksburg, battle of, efficiency of ambulance corps, 68; mentioned, 92

Gaillard, Edwin S., Confederate surgeon, wounded at Seven Pines, praised by commander, 77
Gaines Mill, battle of, mentioned, 81
Garibaldi Guards (New York), mentioned, 2
Gaston, James McFadden, Confederate surgeon, quoted, 73-74
Georgetown Seminary Hospital, mentioned, 68
Gettysburg, battle of, mentioned, 72
Gibbon, Robert, Confederate surgeon, mentioned, 76
Gibbons, John, commands Black Hat Brigade at Groveton, 50
Gilmore, John T., Confederate surgeon, commended, 80
Grand Army of the United States, led by McDowell, 1; reaches Centreville, 3; mentioned, 13
Grant, Ulysses S., named Union army general-in-chief, 92
Gray, Charles C., Union surgeon, describes wounds suffered by Union troops at First Manassas, 18; writes of experiences while caring for wounded prisoners after First Manassas, 37-38; remarks on care of wounded prisoners in Richmond, 39
Griswold, Stephen, Union medical officer, at First Manassas, cited, 21
Groveton, mentioned, 48; battle of, 84-85
Guild, Lafayette, Confederate surgeon, becomes medical director of Lee's army, 81; cites weaknesses in field medical service, 81-82; arranges for care of Union wounded left on field after Seven Days, 83; notes Cedar Mountain casualties, 84; directs care of wounded after Second Manassas, 89

Hamilton, Frank, Union surgeon, care of First Manassas wounded, 16; cited, 21
Hammond, William Alexander, appointed Union Surgeon General,
Jackson, Thomas (Stonewall), commands Virginia regiments at First Manassas, 28; praises Surgeon McGuire, 40-41; ordered to challenge Pope's advance, 48; strategy on eve of Second Manassas, 50; precipitates Second Manassas, 84; engages Pope at Chantilly, 60; care of enemy wounded after Second Manassas, 62

Jenkins, Micah, Confederate brigade commander, commends surgeon, 74

Johnson, Bradley T., Confederate brigade commander at Second Manassas, 86; quoted, 86-87

Johnston, Joseph E., commands Confederate Army of Shenandoah at First Manassas, 19; report of sickness among Confederate troops, 25; movement to Manassas, 27; commands army on Peninsula, 72; succeeded by Lee, 79

Judson, Sheldon, Second Wisconsin, experience after suffering wound at Groveton, 51-52

Kearney, Philip, commands Union division at Chantilly, his death, 60; praises his medical chief in unsigned report, 61

Keen, W. W., Union surgeon, summarizes medical phase of First Manassas, 21

Keeney, Charles C., Union surgeon at First Manassas, cited, 21

King, Rufus, Union general, movement toward Manassas, 50-51; attacked by Jackson, 84

King, William S., McDowell's medical director, quoted, 2; camp hygiene, 3; arrangements for wounded, 4, 20; coordinates medical work at First Manassas, 12-13; replaced by Charles S. Tripler, 42

Lawson, Thomas, Union Surgeon General at beginning of war, mentioned, 2; replaced, 42

Lawton, A. R., leads Ewell's division at Second Manassas, 52

Le Boutillier, C. W., Union surgeon, quoted, 39
Lee, Robert E., recommends camps of instruction for new troops, 25; quoted, 26; attempts to “suppress” Pope, 48; strikes at Pope’s rear, 60; orders that subsistence be provided enemy wounded, 65; confronts McClellan, 79; commends surgeons after Seven Days’ battles, 81; expresses concern over enemy wounded left on field after Seven Days’ fighting, 83; alludes to suffering of his wounded, 89; moves northward, 91

Letterman ambulance system, 92

Letterman, Jonathan, hospital conditions at time of his appointment as Medical Director, Army of the Potomac, 46; care of troops at Harrison’s Landing, 47; explains need for improved ambulance work, 47; efforts to organize more effective ambulance system, 49; his field relief system and the future, 68; quoted, 83

Lewis, Hugh, Second Wisconsin, mentioned, 51

Longstreet, James, Confederate commander at Blackburn’s Ford, 4, 27; cites surgeon after First Manassas, 41; mentioned, 57; delivers counterstroke, 87

McAlpine, James N., Confederate surgeon, commended, 80

McClellan, George B., medical examination of recruits, 2; launches Peninsular campaign, 43; issues special orders governing ambulances, 45; embarks from Harrison’s Landing, 48; moves from Fortress Monroe, 72; before Richmond, 79

McDowell, Irvin, commands Grand Army of United States, 1, 3; movement against Manassas, 26; assaults Confederate left at First Manassas, 27, 28; mentioned, 47-48; directed to pursue Jackson, 56

McGowan, Samuel, Confederate officer, mentioned, 85

McGuire, Hunter Holmes, Jackson’s medical director, commended, 40-41, 81, 84, 90; improves ambulance work, 76; uses Sudley Church as hospital after Groveton, 85

McKee, J. Cooper, Union surgeon, assists in removal of wounded, 63

McParlin, Thomas A., Medical Director of Army of Virginia, cares for Groveton wounded, 52; oversees care of Union wounded at Second Manassas, 54, 55, 59, 60; cited by Pope, 61; accompanies ambulances to field after Second Manassas, 64

Magruder, D. L., Union surgeon at First Manassas, 14

Magruder, John Bankhead, Confederate officer, reports increasing sick list, 72

Malaria, after Peninsular campaign, 43

Malvern Hill, battle of, 80-81

Meade, George G., Union general, commands First Brigade, 49

Medical officers, Confederate, shortage of, 72

Meeker, Daniel, Union surgeon, cited for work at Second Manassas, 61

Milroy, Robert H., Union officer, praises brigade surgeon at Second Manassas, 61

Minié ball, as new element in modern warfare, 36

Mixson, Frank, First South Carolina, assists surgeon during Second Manassas, quoted, 86

Moore, John E., Union surgeon’s mate at First Manassas, cited, 21

Moore, Samuel Preston, Confederate Surgeon General, appointed “act-in Surgeon General” of Confederacy, 23, 69; report of sickness among Southern troops, 25; mentioned, 41

Morrissey, John P., Union soldier, death reported at First Manassas, 15

Mosely, N. R., Union surgeon, locates regimental hospitals at Second Manassas, 55

Mott, Chris. H., Nineteenth Mississippi, death reported, 74
Nevins, Allan, *The Improvised War, 1861-1862*, vii; thesis, 92

*New York Times*, headlines of action at First Manassas, 13

Ninety-seventh New York, losses at Second Manassas, 58

Nurses, volunteers called for in Washington after Second Manassas, 62

Page, Lucian, Confederate soldier, mortally wounded at First Manassas, 33

Pancoast, George L., Kearny’s medical chief, cited, 61

Peck, Eli E., Seventy-sixth New York, heroism of at Second Manassas, 53

Physical examinations of Confederate recruits, induction of many unfit men, 24

Pope, John, commands Army of Virginia, 47, 83; opens operations, 48; movements before Second Manassas, 50; launches attack at Second Manassas, 53; reports progress of battle, 56; orders pursuit of enemy and *coup de grace*, 56, 85; withdraws to Washington, 89

Porter, Andrew, Union officer, mentioned, 7, 8

Porter, Fitz-John, commands Union Fifth Corps, 49, 76

Portici, use of as General Johnston’s headquarters at First Manassas, 33

Quartermaster Corps, failure to provide hospital ships on Peninsula, 43

Ramsey, W. R., Union surgeon, commended for services at Second Manassas, 62

Rappahannock River, mentioned, 48

Rauschmuller, William, color-bearer of Fifty-fourth New York, heroism at Second Manassas, 53

Reno, Jesse L., Union general, mentioned, 48

Richardson, Israel B., commands Union brigade at Blackburn’s Ford, 4

Richmond Ambulance Corps, at Williamsburg and other battles, 74

Ricketts’ division, movement of wounded after Second Manassas, 64

Robinson house, Union wounded there after Second Manassas, 58, 88

Russell, William Howard, reports First Manassas, 17

Saint Pauls’ Church, Haymarket, Virginia, used as Confederate hospital during First Manassas, 33

Savage Station, mentioned, 83

Sayne, George, Union soldier, report of death at First Manassas, 15

Schenck, Robert C., commands First Division, Sigel’s Corps, wounded at Second Manassas, 57

Schenkelberger, Jacob, First New York Light Artillery, mentioned, 58

Schurz, Carl, commands Sigel’s Third Division, Second Manassas, recalls hospital scenes, 59

Scurvy, after Peninsular campaign, 43

Second Manassas (Bull Run) casualties: Union, 61; Confederate, 90

Second New York, at First Manassas, losses, 6

Second Rhode Island, at First Manassas, 8-9

Second Vermont, at First Manassas, casualties, 12

Second Wisconsin, at First Manassas, casualties, 7; Groveton losses, 50

Seven Days, battle of, mentioned, 46

Seven Pines, battle of, 77-78

Seventeenth Georgia, casualties at Second Manassas, 90

Seventeenth South Carolina, casualties at Second Manassas, 90

Seventh Georgia, at First Manassas, losses, 28; field hospital, 31

Seventy-third Ohio, casualties at Second Manassas, 58

Sheeran, Father James B., Catholic chaplain, mentioned, 90

Sherman, William Tecumseh, com-
mands Third Brigade at First Manassas, quoted, 3; mentioned, 6; quoted, 22; observations about Union troops, 23

Sigel, Franz, Union general, mentioned, 47

Sixth New Hampshire, at Second Manassas, mentioned, 58

Sixty-ninth New York, at First Manassas, casualties, 7

Slocum, John S., Union officer, mortally wounded at First Manassas, 15

Smith, A. H., Union surgeon, tells of effort to care for wounded at Second Manassas, 65

Stanton, Edwin M., Secretary of War, thought deserving of censure for medical performance on Peninsula; suspicion of W. A. Hammond about, 44; mentioned, 56

Starke, William E., leads Taliaferro's Division at Second Manassas, 52

Sternberg, George M., Union surgeon, mentioned, 37

Stevens, Isaac I., at Chantilly, 60; death, 61

Stone Bridge, mentioned, 87

Stone Church hospital, Centreville, care of Union wounded after First Manassas, 16-17

Stone House, makeshift Union hospital at First Manassas, 15; mentioned, 36; used as Union hospital at Second Manassas, 55, 58

Stonewall Brigade, losses of at Groveton, 85

Stuart, Jeb, praises division surgeon, 90

Sudley Church, used as Union hospital after First Manassas, 14-15, 36-37; as Confederate hospital after Groveton, 85

Sunstroke, among Jackson's troops, 84

Surgery, Union: at First Manassas, 14-15, 18; at Second Manassas, 60, 66; Confederate: at First Manassas, 30-31; 35-36; after Second Manassas, 88

Swift, Foster, Union surgeon at First Manassas, cited, 21

Swinburne, John, Union surgeon, quoted, 83

Sykes, George, Union infantry officer, at First Manassas, 8

Third Connecticut, at First Manassas, 5-6; losses, 6

Third Maine, at First Manassas, 11-12

Thirteenth New York, at First Manassas, 6-7

Thirty-eighth New York, at First Manassas, 10-11

Trimble, Isaac R., Confederate officer, quoted, 82-83

Tripler, Charles S., Medical Director, Army of the Potomac, appointed, 42; reports on health of Union army, 43; mistakes of Peninsular campaign, 43; considered a poor administrator, 44; difficulties of on Peninsula, 45; establishes first brigade hospitals in East, 45; removed, 46; final report, 46-47

Twelfth New York, at Blackburn's Ford, 4

Twelfth South Carolina, loss at Second Manassas, 90

Twentieth Georgia, at Second Manassas, 87

Twenty-eighth Massachusetts, at Second Manassas, 58

Twenty-eighth North Carolina, exhaustion of, 77

Twenty-first Georgia, participates in capture of Manassas Junction, 48; losses at Second Manassas, 90

Twenty-first North Carolina, aids in capture of Manassas Junction, 48

Twenty-fourth New York, at Second Manassas, 58

Twenty-seventh New York, experience at First Manassas, 8

Twenty-third South Carolina, loss at Second Manassas, 90

Tyler, Daniel, Union officer, mentioned, 4, 5; at Blackburn's Ford, 26

United States Sanitary Commission, conclusions about First Manassas,
21-22; campaigns to reform Medical Department, 42; relief work on Peninsula, 44; reports suffering among wounded at Second Manassas, 65

Van Pelt House, mentioned, 66
Vandiver, Frank, historian of the Confederacy, quoted, 93
Vollum, Edward P., Union Medical Inspector, superintends removal of Second Manassas wounded, 63

Ward, George T., Second Florida, death reported, 74
Warren, Edward, Confederate surgeon, notes slow movement of wounded from field of First Manassas, 35
Welch, Spencer Glasgow, Confederate surgeon, quoted, 89-90
West Point, battle of, mentioned, 45, 76
Wheat, Roberdeau, commands Louisiana Tigers at First Manassas, wounded, 28
White House Landing, mentioned, 43
White, T. W., Confederate surgeon, commended, 80
Whiting, William Henry Chase, commands Confederate division at West Point, 76

Wilcox, Cadmus M., Confederate brigade commander, praises surgeon, 74
Willcox, O. B., Union officer, as wounded prisoner, 38
Williams, E. E., Second Wisconsin, mentioned, 51
Williams, Thomas H., medical director of Beauregard’s army, illness before First Manassas, 27-28; instructions concerning care of wounded, 35; mentioned, 38, 40
Williamsburg, battle of, 45, 73
Wilshin, Francis F., mentioned, viii, 94n
Wilson, William H., Union surgeon, quoted, 39
Winchester, care of Confederate sick there, 27
Winston, G. A., Union surgeon at First Manassas, cited, 21
Wise, Henry A., Confederate officer, reports extensive sickness among troops on Peninsula, 73
Woodhull, Alfred A., U. S. Surgeon, cited for services at Second Manassas, 62
Woodward, J. J., Union surgeon, mentioned, 67
Wounded, federal, large number left on field after Seven Days, care of, 83; fate of those left on field after Second Manassas, 88. See also Hospitals.