Nursing: An Overview


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ARMY NURSES

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The Civil War was a watershed moment in the history of the American nursing profession. The war served as the primary impetus fueling an increasing demand for and recognition of the contributions of nurses as medical care providers. Prior to 1861, men dominated the newly developed nursing profession. During the war, the demand for nurses quickly outpaced the existing supply, providing women with opportunities to volunteer outside the home. By 1865 Americans no longer considered nursing to be a male occupation. And it was the wartime sacrifices of tens of thousands of women that made possible the profession’s postbellum development.

Antebellum Nursing

The term *nurse* lacked any uniform definition during the antebellum period, due in part to deficiencies in nursing’s professional development. Today, nursing is an occupation within the medical profession. Prior to the Civil War, the term *nurse* typically described someone who cared for children or was a wet nurse. Some excerpts from the “help wanted” advertisements published in the New York *Evening Post* in 1824 reflect such usage. For example, an advertisement placed on March 11, 1824, read: “A Nurse Wanted—wanted, a middle aged woman, capable of taking care of children. Apply at No. 77 Fulton Street.” A similar advertisement in May 1824 read: “Wet Nurse: A Healthy young woman, with a good fresh breast of milk, wants a situation in the above capacity, in a respectable family. The most respectable references can be produced, as to character, ability, &c.” In addition, Southern plantation households used similar language when referring to slaves who worked in the nursery.

Throughout American history, mothers and other female members of households traditionally worked within the home, where they attended to the bulk of their family’s medical needs. While the use of male physicians increased during the antebellum period, mothers still exercised great authority, because patients by and large remained at home, and only rarely received care in a hospital. Many of the first female nurses to work outside the home were the spouses and daughters of male physicians, whom they routinely accompanied during house calls. These women served as an invaluable buffer between the male physician and the household’s females, often working more as a source of comfort and support than as a medical care provider.

Several factors hampered the development of the antebellum nursing profession. Demand for nurses existed only in the nation’s few hospitals. Such facilities were rare, except in such cities as New York, Boston, and Philadelphia. Gender-based expectations also inhibited the profession. Though by and large it was men who worked as nurses, nursing was still considered a feminine activity and was associated with mothers, not professionals. A lack of training and educational opportunities also limited the profession’s development. Most nurses learned their skills through observation rather than as part of a regimented training program. Elizabeth Blackwell, the first woman to receive a medical degree in America, saw a need to develop such a program. In 1858 she started the nation’s first nurses’ training school at the New York Infirmary. Her efforts, however, were more reflective of her own feminist program than representative of any mass movement toward educating nurses.

Antebellum attitudes toward women and toward sex also hampered the profession’s development. If nursing was conceived as a feminine activity, women were nonetheless considered poorly suited to serve as professional nurses. Antebellum women were seen by American culture as too weak, physically and emotionally, to endure the sight of blood. A female nurse, it was also believed, would be unable to control male patients. Perhaps most importantly, they would be exposed to the sight of male genitalia. While those prejudices were influential, the principal factor hampering the profession’s development remained the lackluster demand for nursing, a reflection of the domestic nature of antebellum healthcare.

Florence Nightingale (1820–1910) and Mary Seacole (1805–1881), British nurses during the Crimean
War (1853–1856), directly influenced Civil War nursing. Nightingale’s efforts to improve sanitary conditions for British soldiers in Scutari, Turkey, attracted international attention and directly influenced the duties of Civil War nurses. Her focus on sanitation was unprecedented. Like Nightingale, Mary Seacole—a woman of mixed racial ethnicity—nursed soldiers serving in frontline units and frequented the battlefields tending to the wounded. Both women were acclaimed by American newspapers, which printed many stories documenting their heroism. Those stories helped to recast the image of the nurse in the American imagination.

In 1860 Nightingale opened the Nightingale Training School at St. Thomas Hospital in London. That same year, she published Notes on Nursing: What It Is, and What It Is Not. This book served as the standard nursing text for decades. In it, Nightingale clearly defines nursing as women’s work: “If, then, every woman must at some time or other of her life,” she wrote, “become a nurse, i.e., have charge of somebody’s health, how immense and how valuable would be the produce of her united experience if every woman would think how to nurse” (Nightingale 1860, preface). The book also established a set of practical guidelines that defined nurses’ distinctive role in providing health care. Nightingale fashioned nurses as sanitary crusaders and observers who monitored the health of men—duties that formed the daily life of Civil War nurses.

Civil War Nursing

Nurses, both male and female, have cared for wounded soldiers in every American war. During the Civil War, nurses worked in hospitals, on the battlefield, and in their homes. The war significantly altered the course of American nursing in two major ways. First, the carnage of the war created an unprecedented demand for nurses. This need made it possible for nursing to become a standard occupation within the American medical profession. Second, while the majority of wartime nurses were male, the contributions of thousands of female nurses helped alter the image of the professional nurse and changed American nursing from a male-dominated to a largely female profession. The Civil War set the stage for subsequent developments in the history of American nursing.

A myriad of factors motivated Americans to become nurses during the Civil War. “I long to be a man,” wrote Louisa May Alcott, author of Little Women (1868–1869), who served as a Civil War nurse, “but as I can’t fight, I will content myself with working for those who can” (Young 1996, p. 448). Judith White Brockenbrough echoed similar sentiments when she wrote: “We must do what we can for the comfort of our brave men. We must sew for them, knit for them, nurse the sick, keep-up the faint hearted, give them a word of encouragement in season and out of season” (McGuire 1889, p. 13).

Estimating the number of nurses who served during the Civil War is difficult, due to the destruction of Confederate Medical Department records, the large number of volunteer nurses, and the haphazard manner in which the military identified nurses. While an exact figure is impossible to provide, it has been estimated that there were as many as 400,000 Civil War nurses, though that number includes individuals who performed duties associated with but not directly related to nursing. During the war, the term nurse was associated with a variety of duties and types of individual. It did not by any means refer only to trained medical professionals. For example, both armies still referred to slave women charged with the care of children as nurses. Men whose work in the hospital involved such menial chores as chopping wood or transporting soldiers were often referred to as nurses. The word was also used for agents of the Sanitary Commission or Christian Commission, and for nuns from the Sisters of Mercy or Sisters of Charity. It might also be used to describe a person charged with caring for an ailing soldier within the privacy of their home, or a woman who accompanied her husband in camp, tending to the sick and wounded.

Some generalizations can be made about Civil War nurses. A majority were enlisted soldiers pressed into duty as nurses. While many soldiers fulfilled this assignment admirably, others did not. After the Battle of Shiloh, Union Army surgeon Robert Murray advocated for future use of fulltime nurses, a group that included a large number of women. Murray complained that wounded soldiers were “left partially attended to by an unwilling and forced detail of panic-stricken deserters from the battle-field” (The War of the Rebellion, ser. 1, vol. 10, p. 299). Soldier nurses were routinely accused of shirking the more dangerous duties of the frontline soldier. Both armies created strict regulations that governed who among the enlisted ranks would serve as nurses. While most regiments detailed active soldiers, male nurses in general hospitals tended to be convalescing soldiers recovering from their injuries.

There were several ways for women and men to become nurses. Some were mustered into service by the military and received payment for their work. Most women volunteered, either through local or national associations or by receiving permission from a commanding officer. The majority of female volunteers came from middle-class or upper-class social backgrounds, which enabled them to leave their homes for extended periods while others (servants, parents, or slaves) tended to their domestic affairs. These women usually earned no compensation. Still other women, and most men who worked as nurses, had their duties thrust upon them in ad hoc fashion, due to their proximity to a battlefield or field hospital.

The war significantly altered the development of the nursing profession. The entrance of women into nursing
outside the home was a significant new development, even if men in the ranks comprised the majority of wartime nurses. Nonetheless, there continued to be resistance to female nurses. “It seems,” wrote Kate Cumming, a volunteer nurse serving in the Confederate Army of Tennessee, “that surgeons entertain great prejudices against admitting ladies into the hospital in the capacity as nurses” (Cumming 1998 [1866], p. 12).

“Hardly a surgeon of whom I can think received or treated them [women nurses] with even common courtesy,” wrote volunteer nurse Georgeanna M. Woolsey (Bacon 2001 [1899], p. 142). “Government had decided that women should be employed, and the army surgeons—unable, therefore, to close the hospitals against them—determined to make their lives so unbearable that they should be forced in self-defense to leave” (Bacon 2001 [1899], p. 142).

If many surgeons initially saw female nurses as a potential threat to their authority, such objections grew increasingly less pronounced as women nurses proved their worth. In fact, some physicians strongly advocated their usage, or sought to recruit them. On May 14, 1861, a Georgia physician, H. L. Byrd, made an emotional plea in the Savannah Daily Morning News soliciting female nurses. “Every physician of experience,” he wrote, “knows that much of his success depends upon the nurse who attends upon his patients in civil practice… It is much more important that he should have an educated nurse upon the battle field.”

Initially, both armies accepted female nurses with great reluctance and only under strict guidelines. In the Union Army, for example, the superintendent of women nurses, Dorothea Dix (1802–1887), established a set of criteria that women had to meet. “No woman under thirty years need apply to serve in government hospitals,” wrote Dix. “All nurses are required to be very plain-looking women. Their dresses must be brown or black, with no bows, no curls, no jewelry, and no hoop-skirts” (Young 1959, p. 61). On August 2, 1862, Frank Leslie’s Illustrated Newspaper reported “that several young ladies of… [Kingston, New York] volunteered as army nurses, but have been rejected on account of their good looks.” Regulations also forbade female nurses from fraternizing with patients and frowned upon excessive physical contact.

The sights, sounds, and smells of Civil War hospitals were also major obstacles for many women. Civil War nurse Amanda Akin Stearns, who volunteered at the Armory Square Hospital in Washington, DC, described
her initial trepidation: “I meekly followed through the long ward, unable to return the gaze of the occupants of twenty-six beds, to the table in the center, and with a sinking heart watched her [the matron] raise the head of a poor fellow in the last stages of typhoid, to give him a soothing draught. Could I ever do that? For once my courage failed” (Stearns 1909, p. 13). Cuming remembered that the “foul air from the mass of human beings at first made me giddy and sick, but I soon got over it” (Cuming 1998 [1866], p. 15). In 1864, after having served as a nurse, Georganna Woolsey warned women who aspired to become nurses that such work was inappropriate for “a delicate creature whose head is full only of the romance of the work” (Woolsey 1864, pp. 136–137).

The regimented daily life of a Civil War hospital helped nurses overcome the revulsion brought on by the sights, sounds, and smells they encountered. “My day begins early,” wrote Emily Elizabeth Parsons; with “reville at six, I must be up before to get the beds made, ward swept out, dressings attended to, and wounds unbandaged and washed ready for the surgeon’s inspection” (Parsons 1984 [1880], pp. 18–21). Stearns described her hospital ward as a “solar system: every ward revolves around on its own axis” (Stearns 1909, p. 15). The daily work of female nurses mirrored the standards established by Nightingale’s Notes on Nursing, as it was primarily focused on improving the sanitary conditions of a hospital and observing patients to better attend to their needs. Female nurses generally were not seen as medical care providers. They did dispense medicine, change bandages, and perform other medically related chores, but their daily tasks revolved more around sweeping floors, opening windows, circulating air, preparing meals, and consoling patients.

Sometimes, female nurses and the wounded soldiers they treated forged a unique bond. Many wounded soldiers arrived at a hospital scared and fearful of death. The hospital greeted them with putrid smells and gory sights that prevented a soldier from emotionally escaping the carnage of the battlefield. Numerous sources record that during periods of intense pain and fear, wounded soldiers in the field and in hospitals frequently called out for their mothers. Women thus were able to fill a role left to men: surrogate mother. Elizabeth Comstock, a Union nurse, described a particularly touching encounter with one wounded soldier: “He opened his eyes, and, with an earnest appealing look at me, tried to speak. There was sufficient of memory and of reason left for him to remember his mother, and of sight to see that a woman stood beside him: and, mistaking me for his far-distant mother, he said ‘Mother, I knew you would come’” (Comstock 1895, pp. 114–115). Louisa May Alcott recalled that wounded soldiers wanted a woman’s touch: “I had forgotten that the strong man might long for the gentler tendance of a woman’s hands,” she wrote, “the sympathetic magnetism of a woman’s presence” (Alcott 2004 [1863], p. 88).

Providing medical care for wounded enemy soldiers sometimes pitted a nurse’s responsibilities against her national sympathies. Nurses usually acted in a professional manner, tending to the enemy’s needs while privately displaying their prejudices. Union nurse Abby Hopper Gibbons recalled, “We have always observed that the Rebs make more noise when they are suffering than our men do” (Gibbons 1896–1897, p. 89). Nurses on both sides of the conflict tended to see the enemy as an inferior example of masculinity compared to their own soldiers. Overall, however, they treated enemy soldiers quite well, as evidenced by the writings of Union nurse and spy Sarah Emma Edmonds:

[As] I looked upon . . . [the rebel soldier] in his helpless condition, I did not feel the least resentment, or entertain an unkind thought toward him personally, but looked upon him only as an unfortunate, suffering man, whose sad condition called forth the best feelings of my nature; and I longed to restore him to health and strength; not considering that the very health and strength I wished to secure for him would be employed against the cause which I espoused. (Edmonds 1865, p. 154)

Medical personnel attached to armies in the field also routinely exposed themselves to the additional risk of being captured by the enemy. During a battle, nurses did their best to move the wounded to the rear, where surgeons were stationed. Many enlisted nurses died while attempting such feats. During a retreat, they had to decide whether to flee with the army or remain behind and treat the wounded. When the Union Army fled from the battlefield at Chickamauga, blue-clad medical staff tending to the wounded at two field hospitals, Crawfish Springs and Cloud’s Farm, remained and fell into enemy hands. Confederate forces removed all of the nurses from the two field hospitals, minus one who was allowed to remain to treat a wounded Confederate officer. When an unidentified medical staff member asked what could be done for a severely wounded Union sergeant, a Confederate officer reportedly replied, “Take the damn Yankee out and shoot him . . . [that] is the proper way of disposing of him” (The War of the Rebellion, ser. 2, vol. 6, pp. 567–568). Hundreds of enlisted nurses who remained behind during a retreat to care for the wounded became prisoners of war and had to endure the hardships of life in a Civil War prison camp.

The Civil War significantly altered the course of the nursing profession in America. Due to the actions of women nurses, nursing evolved into a female occupation following the war. The war enabled men to see and accept women as nurses. By the late nineteenth century, nursing schools existed throughout most of the country, providing women with educational opportunities. And, finally, individual acts of compassion and personal sacrifice on the part of Civil War nurses greatly improved the daily lives of hundreds of thousands of wounded soldiers. Nurses were a physical and emotional expression of what was good about humanity during a war that, at times,
displayed the nation’s most inhumane qualities. Nursing provided women with a way to contribute to the war effort, thereby adding their experiences and stories to a conflict otherwise dominated by male narratives.

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ARMY NURSES

At the onset of the American Civil War in 1861, the U.S. Army Medical Bureau was unprepared for the staggering number of wounded the battlefields would produce over the next four years. There was a corps of trained physicians within the military, with a few doctors specializing in gunshot trauma, but no staff of trained nurses to care for patients. This lack held true in the Confederate states as well, which suffered from a more marked lack of resources and personnel. Regular-duty soldiers were often drafted to help army doctors, and scores of women volunteered as well.

Dorothea Dix

During the mid-nineteenth century, the word *nurse* had not yet come into its common usage to mean a professionally trained person who works in the medical field. Instead it was a term more loosely applied to anyone who helped another during a time of medical distress. There were no schools of nursing at the time; however, a British woman, Florence Nightingale (1820–1910), was working to establish professional guidelines and standards in England. Her work was becoming known in the United States as well. Nightingale shared her ideas with Dorothea Dix (1802–1887), a reformer from the Boston area, already famous for her efforts to improve the care of prisoners and the mentally ill over the previous two decades. Given Dix’s reputation, war department officials named her the new superintendent of women nurses in June 1861.

This appointment would become the starting point for the first professional corps of nurses inside the U.S. military; however, Dix’s stint as its supervisor was a controversial one. Clashing over entrance requirements with senior officials who wanted more male nurses, Dix firmly believed that women were better suited for the work and decreed that applicants must be at least thirty years of age. This stipulation, she believed, would keep the Army’s nursing corps free from women who were seeking to meet a mate, because the age of thirty was considered well past the point of marital eligibility.

According to Ira M. Rutkow, there were between 3,000 and 5,000 women who served as volunteer nurses on both sides of the conflict (Rutkow 2005, p. 170). There were far more male nurses in service, however. Soldiers or recuperating patients were frequently drafted into service in both the field hospitals—which traveled with units and served as urgent-care facilities—and the general hospitals, located further away from the battle sites and designed for longer-term recuperative care. Rutkow estimates that the ratio of male to female nurses was five to one on both the Union and Confederate sides (Rutkow 2005, p. 172).
Long Shifts and Sleep Deprivation

One example of a soldier who was pressed into nursing duty was William Winters, who served with the 67th Indiana Volunteer Infantry Regiment. He was in his early thirties and a father of three when he enlisted, and kept a record of his service and wrote letters home to his wife that were published as *The Music of the Mocking Birds, the Roar of the Cannon: The Civil War Diary and Letters of William Winters*. He was drafted into nursing service in early 1863 aboard a makeshift hospital boat on the Ohio River, the steamer *Fanny Bullitt*. “Today there has been four deaths in the different wards,” he wrote. “I have but one in my ward as yet.” (Winters 1998, n.p.). A few weeks later he wrote,

I had just finished the last kind offices of friendship for Permenas Lick. I gave him his last dose of medicine and the last drink of water that he took on earth and closed his eyes in death. I nursed him for about a week or a little over and done all in my power, but it was of no avail. (Winters 1998, n.p.)

Like Winters, many male caregivers did the best job they could, but some army officials came to believe that women were better suited to such work. The director of a Confederate army hospital in Virginia issued a call for female nurses, stating that soldier-nurses were “rough country crackers,” many of whom were unable to distinguish “castor oil from a gun rod nor laudanum from a hole in the ground” (MacPherson 1998, p. 479). The Confederate States of America government, centered in Richmond, agreed. In September 1862 it enacted staffing guidelines for general hospitals and urged hiring “preference in all cases to females” (MacPherson 1998, p. 479).

Several women nurses distinguished themselves in general hospitals and on the battlefield. One of the more famous examples of the latter category was Mary Ann “Mother” Bickerdyke (1817–1901), who aided Union troops in the western theater. Bickerdyke, a native of Ohio, had more medical experience than most volunteer nurses, having supported herself as a practitioner of folk medicine in Galesburg, Illinois, before the war. When her community asked her to deliver supplies it had collected to a field hospital in Cairo, Illinois, she was so moved by the plight of the wounded that she immediately volunteered her services. Bickerdyke served with Union troops during the gory Battle of Vicksburg and was named chief of nursing by Ulysses S. Grant (1822–1885). She was reportedly the only woman another famous Union general, William T. Sherman (1820–1891), would permit inside his camps.

Perilously Close

Clara Barton (1821–1912), who would later gain fame as the founder of the American Red Cross, also distin-

guished herself as a war nurse. Her first forays came just days after the war broke out in April 1861, when she visited wounded men who were being housed in the U.S. Senate chamber, so great was the shortage of hospital beds in Washington. Barton soon devoted herself to the cause, and eventually served near the front lines. She described crossing the pontoon bridge across the Rappahannock River during the Battle of Fredericksburg in December 1862.

An officer stepped to my side to assist me over… the end of the bridge. While our hands were raised in the act of stepping down, a piece of an exploding shell hissed through between us, just below our arms, carrying away a portion of both the skirts of his coat and my dress, rolling along the ground a few rods from us like a harmless pebble.
into the water. The next instant a solid shot thun-
dered over our heads, a noble steed bounded in the air, and, with his gallant rider, rolled in the dirt, not thirty feet in the rear! Leaving the kind-
hearted officer, I passed on alone to the hospital. In less than a half-hour he was brought to me—dead. (Barton 1922, p. 217)

The Civil War marked the last time that the U. S. military went to war without a corps of trained nurses. In the Spanish-American War of 1898, Barton’s Red Cross answered the Army’s call for 700 nurses to assist its medical personnel in Cuba and the Philippines.

There were no professional schools of nursing up through the 1850s; however, in 1860 Florence Nightingale (1820–1910), who had gained fame for the corps of nurses she trained to aid British troops during the Crimean War (1853–1856), published the first manual on nursing, which was widely read on both sides of the Atlantic. In Notes on Nursing: What It Is and What It Is Not, she reflected, “Every woman, or at least almost every woman . . . has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid,—in other words, every woman is a nurse” (Nightingale 1860, p. 3).

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VOLUNTEER NURSES

When President Abraham Lincoln issued a call for 75,000 volunteer soldiers on April 15, 1861, to help defend federal properties during the first weeks of the war, countless Union women also responded to the call for civilian help. Excluded from actual military service, Union women—and their Confederate sisters—volunteered as nurses despite the fact that most had little or no practical training. According to Ira M. Rutkow in Bleeding Blue and Gray: The Untold Story of Civil War Medicine, between three and five thousand women served as volunteer nurses on both sides of the conflict (2005, p. 170).

No Professional Nurses

The contemporary image conjured by the word “nurse”—a professionally trained person who works in the field of health care—was not used at the time of the Civil War. Instead it denoted anyone who helped another in distress; sometimes it referred to the wife of an officer who followed the regiment, or laundresses for army units who assumed nursing duties in times of need. The most common type of Civil War nurse, however, was a male soldier who was recovering from wounds himself but was more able-bodied than other patients. Rutkow places the ratio of male to female nurses at five to one on both sides of the battle (Rutkow 2005, p. 172).

Religious Women as Caregivers

The first wave of women who were recruited by military hospitals consisted of women from religious communities, both Protestant and Roman Catholic. In fact, Nightingale’s only genuine training came from time
WALT WHITMAN, VOLUNTEER NURSE

While Walt Whitman (1819–1892) is far better known as a poet than as a nurse, some of his greatest poetry came out of his work as a volunteer nurse in wartime Washington. Because he was middle-aged when the war began, Whitman did not serve in the military during the Civil War; however, two of his brothers volunteered to fight on the Union side. Whitman’s nursing work began when his brother George was wounded at the battle of Fredericksburg in December 1862. Whitman went to Falmouth, Virginia, to look for his brother and care for him. He originally meant to stay only a week and then return to Brooklyn, but decided that he could not leave the wounded soldiers that he saw while caring for George. Whitman had been working for various newspapers in New York City, but took a job in the Army Paymaster’s Office in Washington in order to stay in the capital and visit the wounded. Whitman spent much of his salary from 1862 through 1865 on food or other small items for the soldiers he visited. He also wrote letters to the wounded men’s loved ones, as many of the soldiers were illiterate or had had their arms amputated.

In 1865 Whitman published Drum-Taps, a collection of poems he wrote about his experiences as a nurse, tending to soldiers’ emotional and physical wounds and listening to their memories of battle. The following is an excerpt from “The Wound-Dresser,” a poem from Drum-Taps that was also included in later editions of Leaves of Grass:

Bearing the bandages, water and sponge,
Straight and swift to my wounded I go,
Where they lie on the ground, after the battle brought in;

Where their priceless blood reddens the grass, the ground;
Or to the rows of the hospital tent, or under the roof’d hospital;
To the long rows of cots, up and down, each side, I return;
To each and all, one after another, I draw near—not one do I miss;
An attendant follows, holding a tray—he carries a refuse pail,
Soon to be fill’d with clotted rags and blood, emptied and fill’d again….
The hurt and wounded I pacify with soothing hand,
I sit by the restless all the dark night—some are young;
Some suffer so much—I recall the experience sweet and sad;
(Many a soldier’s loving arms about this neck have cross’d and rested,
Many a soldier’s kiss dwells on these bearded lips).
(Whitman 1914, pp. 241–244)

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( Drum-Taps was often included in later editions of Leaves of Grass).

spent at an exceptionally well-run hospital in Kaiserswerth, Germany, that was staffed by Lutheran deaconesses belonging to an order founded by Pastor Theodor Fliedner in 1836. In the United States, several communities of Roman Catholic sisters were already serving as nurses in urban hospitals. Confederate authorities requested that the Sisters of Charity in Emmitsburg, Maryland, come to Richmond to help care for the wounded. Initially, church authorities in the United States objected but were convinced of the contributions to the war effort the church could make. In Philadelphia, at the newly built Satterlee Hospital, Sister Mary Gonzaga, another Sister of Charity, supervised a team of forty nurses who came from across the United States to serve in the war effort. These lifetime members of Roman Catholic religious communities were actually preferred by hospital doctors over women from civilian life who volunteered as hospital nurses, for the latter had no experience and were far more likely to voice opinions and raise objections to treatment and care. The nuns, it was said, were far more docile and quite used to the hardships of life as a nurse (Rutkow 2005, p. 169).

Many civilian women who rushed to volunteer as nurses were answering the call issued by the Women’s Central Association for Relief in New York City. The first women nurses came under the supervision of Dorothea Dix (1802–1887), a well-known reformer who had improved prison care and petitioned federal and state governments to establish mental hospitals over the past two decades. Dix was a no-nonsense, authoritarian figure and issued strict entrance requirements for the women who came to her headquarters on H Street in Washington, DC. They were barred from wearing curled hair, hoop skirts, or jewelry, and instructed to wear plain garments of black or brown cloth. Furthermore, Dix wanted them to be thirty years of age or older. Thirty was considered well past the limit of marital eligibility, and Dix believed that the rule would discourage women from volunteering as a way to look for husbands. But Dix soon fell out with Army officials and the executives of the U.S. Sanitary Commission, the organization that had begun training volunteer nurses, and was forced to relinquish much of her authority. As the demand for nurses increased after the first major battles in 1861, with
A Turning Point for American Women

Northern and Southern women alike served as nurses in military facilities under the intense objections of many, from their families to Army doctors to the soldiers themselves, who were appalled by the idea of a woman seeing them incapacitated. In an era when not even the bare kneecaps of adults made public appearances in polite society, it was thought that women were ill-suited to handle the rigors of seeing bloody bandages, dealing with bedpans, and bathing patients. Yet most women were made of far sturdier material than the cultural taboos of the era made them out to be, and many rose to the challenge of the demanding, often gruesome work and the personal hardships that came with it.

One such woman was Hannah Ropes, who was nearing fifty when she enlisted as a nurse at a Washington hospital. Ropes came from a prominent Maine family; she had been active in the abolitionist movement and had worked in social reform efforts in New England. She wrote many letters to her grown daughter, Alice, who voiced hopes of joining her mother at the Union Hotel Hospital in Georgetown, but Ropes would not permit it. “It is no place for young girls. The surgeons are young and look upon nurses as their natural prey” (Rutkow 2005, p. 179). In the fall of 1862, Ropes was promoted to head nurse at Union Hotel Hospital, one of the first buildings in the federal capital to be converted for use as a hospital, but the immense building was poorly laid out and ill-suited for such use.

Louisa May Alcott’s Experience

Life at Union Hotel Hospital was detailed by a 30-year-old journalist from Massachusetts who arrived as a volunteer nurse in December 1862. Louisa May Alcott (1832–1888) had yet to achieve the major fame she would earn...
for her semi-autobiographical tale of her three sisters and herself, *Little Women*. But she did gain some literary notice for her *Hospital Sketches*, written after she was forced to give up her 90-day stint early after contracting typhoid fever. In this 1863 work, Alcott wrote that on her third day on the job, the hundreds of wounded from the Battle of Fredericksburg arrived at dawn, but before she even saw her first battlefield wounds, “the first thing I met was a regiment of the vilest odors that ever assaulted the human nose” (Alcott 1885, p. 28).

Alcott wrote of the dreadfully unsanitary conditions at the hospital, and of the rats and lice that infested every floor. She shared a room with another nurse, which she described as well-ventilated thanks to its broken windows; their furniture consisted of a pair of iron beds with threadbare mattresses and “furnished with pillows in the last stages of consumption [tuberculosis]” as well as a fireplace too small to hold a log entirely (Alcott 1885, p. 61). “I tripped over it a dozen times a day, and flew up to poke it a dozen times at night. A mirror (let us be elegant!) of the dimensions of a muffin, and about as reflective, hung over a tin basin, blue pitcher, and a brace of yellow mugs” (Alcott 1885, p. 62). There was a closet for belongings, but it was already full, and “I always opened it with fear and trembling, owing to rats, and shut it in anguish of spirit” (Alcott 1885, p. 62).

Alcott and the other nurses were forced to abandon whatever task they were doing once the dinner bell was rung, for if they came late to the table, they sometimes found most of the food gone. The three daily meals consisted of beef, evidently put down for the men of [17]76; pork, just in from the street; army bread, composed of saw-dust and saleratus [baking soda]; butter, salt as if churned by Lot’s wife; stewed blackberries, so much like preserved cockroaches, that only those devoid of imagination could partake thereof with relish; coffee, mild and muddy; tea: three dried huckleberry leaves to a quart of water flavored with lime also animated the faces about me, seemed an urgent appeal to leave nursing white bodies, and take some care for these black souls… I liked them, and found that any show of interest or friendliness brought out the better traits which live in the most degraded and forsaken of us all. (Alcott 1885, p. 75)

Alcott remarked on the cheerful demeanor of blacks and obvious affection for their children, and noted that “the men and boys sang and whistled all day long… as I listened, I felt that we never should doubt nor despair concerning a race which, through such griefs and wrongs, still clings to this good gift, and seems to solace with it the patient hearts that wait and watch and hope until the end” (Alcott 1885, p. 75).

A Strong-Willed Southern Nurse

Confederate women also took up nursing the wounded in sometimes hastily established hospitals. Felicia Grundy Porter was a well-known Tennessean who set up hospitals in Nashville and served as president of the Women’s Relief Society of the Confederate States. Kate Cumming, a native of Scotland who had emigrated with her family first to Canada before settling in Mobile, Alabama, cared for the wounded at a Corinth, Mississippi, hospital that handled victims of the Battle of Shiloh. She was in her late twenties at the time, and served against the strenuous objections of her family. She first chronicled her experiences in an 1866 book, *A Journal of Hospital Life in the Confederate Army of Tennessee*. These passages were later revised for her 1895 title, *Gleanings from Southland: Sketches of Life and Manners of the People of the South before, during, and after the War of Secession, with Extracts from the Author’s Journal*. In the final weeks of the war Cumming traveled with the Confederate Army of Tennessee in Georgia, and her journal recounts that she did not learn of the surrender of the Confederate forces on April 9, 1865, until eight days later. “The enemy did not come last night, but I expect they will honor us today,” Cumming wrote on April 19. “We sat up all night in terror, starting at every sound” (Cumming 1895, p. 222). Later that evening, she watched from the balcony of the house where she was staying as Union troops destroyed railroad tracks. A few weeks later, she reacted strongly to news that President Andrew Jackson was planning to station federal troops in the vanquished Southern states. “What wound was ever healed by constant irritation?” she wrote. “If he wishes the South to live in peace and harmony with the North, it will never be done by oppression. History gives us no such examples” (Cumming 1895, pp. 235–236).

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Recovery

When the Civil War began, the world was undergoing vast changes in medical knowledge. The old “heroic therapies” such as bleeding, cupping, and the use of leeches had fallen out of favor by 1860, and were being replaced with experimental (and not always successful or beneficial) medical treatments. Treating wounds and illnesses with medication had become common—opiates, stimulants, sedatives, diuretics, purgatives, and more were widely available and used. The first pills had been made in the early 1800s. The stethoscope and the hypodermic syringe were new. The use of anesthetics had begun in the 1840s; they allowed more extensive surgeries that previously had been impossible.

At the same time, the causes and transmission of diseases was a subject of debate. Vaccines and various treatments were still in their early stages. There was no understanding of microbiology, of the nature of germs and bacteria. Most epidemic diseases were blamed on “miasma” and “effluvia,” unseen contagions that were in the air causing diseases and infections. Sanitation was in its very early stages, and the outrageously unhygienic surgical conditions were rarely blamed for their disastrous effects.

The war itself ushered in a new era in medical understanding at the expense of many lives. For a soldier recovering from a wound or struggling with an illness, Civil War medicine could be a blessing or a curse.

Anesthetics and General Medications

Anesthetics were widely used in both the North and the South for serious operations and for the treatment of painful wounds. The surgeon J. H. Brinton wrote of using chloroform on patients in a Nashville hospital: “when patients are first brought here it is often necessary to place them under the influence of chloroform while their wounds are being prepared, and obtund the pain caused by the remedies applied; afterward it is not refused them if the dressing is likely to be painful” (Barnes 1870–1888, vol. 3.2, p. 846). Although no exact number can be known, it is estimated that anesthetics were used in about 80,000 instances. Out of a group of nearly 9,000 cases cited in the Medical and Surgical History of the War of the Rebellion, chloroform was used 76.2 percent...