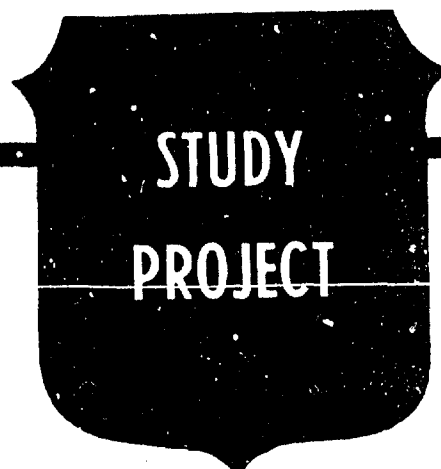


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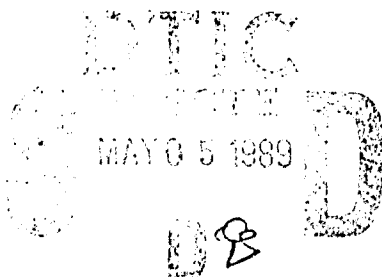
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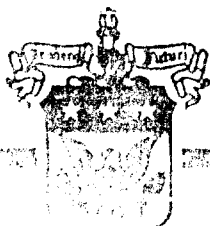
BY

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USAWC MILITARY STUDIES PROGRAM PAPER

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FIELD MEDICAL SUPPORT OF THE ARMY OF THE POTOMAC AT
GETTYSBURG

AN INDIVIDUAL STUDY PROJECT

by

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>At the First Battle of Manassas, 21 July 1861, it became cruelly apparent that the Army of the Potomac did not possess the field medical support assets and doctrine to deal with the wounded in action (WIA) resulting from such large and destructive armies. Thus, under the direction of Surgeon Jonathan Letterman, Medical Director of the Army of the Potomac, dedicated medical evacuation vehicles and trained litter bearers were established along with very strict rules of operation. At the same time, Dr. Letterman established a more efficient and better quality field hospital. Even with a vastly improved field medical support system established in the Army of the Potomac, the medical evacuation above division level and field hospital support in total were inadequate during and after the Gettysburg Campaign. This was due to several significant factors, but three were of primary importance: first, General Meade's decision to allow Dr. Letterman to bring up only a portion of the Army of the Potomac's field medical support system; secondly, the lack of organized medical services between the division and base or general hospitals, which left the care of the wounded at Gettysburg in disarray when Dr. Letterman moved most of the field medical support south with General Meade immediately after the Gettysburg Campaign; finally, even if the entire medical support system of the Union Army had been available at Gettysburg, the system would still have been totally inadequate because of the large number of casualties. The medical support would probably have been adequate to care for the 14,000 wounded Union soldiers, but not the additional 6,800 wounded Confederate soldiers. X (AG)

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FIELD MEDICAL SUPPORT OF THE ARMY OF THE POTOMAC AT

GETTYSBURG

CHAPTER I

INTRODUCTION

On 1 July 1863 two large armies, totaling approximately 165,000 soldiers, descended upon the borough of Gettysburg with its 2,000 inhabitants. For the next three days the most devastating battle of the Civil War unfolded in and around this little village. When the smoke of the last cannon and musket had faded from the battlefield, the sounds which now arose were the groans and shrieks from the mass of mutilated humanity left upon the battleground. Even the air was filled with the awful stench of decaying blood and bodies and burned flesh. Cornelia Hancock, a volunteer nurse who arrived on the field at Gettysburg on 6 July 1863, wrote, "Not the presence of the dead bodies themselves, swollen as they were, and lying in heaps on every side, was as awful to the spectator as that deadly, nauseating atmosphere which robbed the battlefield of its glory, the survivors of their victory, and the wounded of what little chance of life was left to them."¹

The number of casualties was greater during the Gettysburg Campaign than any other single battle American history with over 7,000 soldiers killed, 11,000 missing in action and approximately 27,000 wounded.² Furthermore, nearly 21,000 wounded combatants remained in the Gettysburg

area as the armies moved south.² The Medical Department of the Union Army was faced with the most challenging field medical support requirements of the Civil War. While the Gettysburg Campaign, from a fighting stand point, was essentially over in three days, the demands for medical support would continue until November 1863.

The Gettysburg Campaign has been reviewed from many different perspectives over the past 125 years, yet much remains to be learned. This paper will focus on a realm of the campaign which has received comparatively little attention: field medical support. It would be impractical to attempt to cover all aspects of medical support, for example, surgical procedures, nursing service, medications, field sanitation, treatment procedures, etc. Therefore, this paper will only address field type patient treatment facilities and medical evacuation teams/units.

ENDNOTES

1. Cornelia Hancock, South After Gettysburg, p. 5.
2. G. F. R. Henderson, Stonewall Jackson and the American Civil War, pp. 501-502.
3. Gregory A. Coco, A Vast Sea of Misery, p. xiv.

CHAPTER II

ESTABLISHMENT OF PATIENT EVACUATION AND HOSPITALIZATION

The Army Medical Department was totally unprepared for the Civil War. Colonel Thomas Lawson, Surgeon General of the Army, was over eighty years old and still on active duty because there was no mandatory retirement.¹ There were fewer than ninety medical officers in the entire Union Army in January 1861.² In March 1861 with war imminent, the budget for the Medical Department remained very small (\$115,000) and totally inadequate.³ Over the next three years the Medical Department underwent many changes that would have significant impact on the care and treatment of the nation's fighting man. On 13 June 1861 the formation of the United States Sanitary Commission, a civilian organization with oversight responsibility over the Army Medical Department, was also important. It would bring about faster changes in the Medical Department as the Commission continually challenged the adequacy of the medical support provided by the Medical Department.⁴ Another key decision, which indirectly brought improvement in the health care of the soldier, was the decision to appoint a Medical Director for each army, which was accomplished before the First Battle of Manassas. This decision would eventually lead to Surgeon Jonathan Letterman being appointed as Medical Director of the Army of the

Potomac on 4 July 1862.⁵ Surgeon Letterman would completely revolutionize the Union Army's patient evacuation and field hospitalization system.

Three months after the start of the Civil War, the Army Medical Department received its first real test on 21 July 1861 at the First Battle of Manassas. The entire Union Army exhibited a total lack of preparedness for battles of such magnitude. The Army Medical Department was without a system, to include organizations, personnel, equipment and training, to remove the wounded from the battlefield and to provide hospital treatment in a field setting.

The evacuation of the wounded at Manassas was basically improvised at the regiment level. Generally, there were few ambulances available, particularly of the four-wheeled type. The drivers and stretcher bearers were untrained personnel usually detailed from the band. Sometimes it was necessary to threaten to shoot the drivers with in order to get them to take ambulances onto the field.⁶ Most of the seriously wounded were assisted from the battlefield by friends with whatever means available. "The disabled were carried by hand and on muskets to the Stone House...."⁷ But many of the wounded were left on the battlefield and along side the roads. As the retreat to Washington began, very few of the wounded were evacuated back by ambulances. The few ambulances available were filled with soldiers, who did not appear wounded.⁸ As a matter of record, not one wounded man

appears to have reached Washington directly from the field by ambulance.⁹ No one knows the exact numbers of ambulances which accompanied the Army of the Potomac, but there could have been up to forty-eight.¹⁰ In accordance with Army Regulation 1330, dated 1861 there should have been 56 four-wheeled ambulances and 280 two-wheeled ambulances to support the approximate 28 regiments.¹¹

It is worth noting that until two years before the war, the Army did not own any ambulances. While in 1859 a special board of medical officers had recommended two different types of four-wheeled ambulances, none had yet been adopted.¹² However, in 1861 the Quartermaster Corps unexplainably decided to issue two-wheeled ambulances in a ratio of four-to-one to the four-wheeled kind.¹³ The two-wheeled ambulance proved extremely unsatisfactory in terms of safety and roughness in its ride characteristics for the patient. The two-wheeled vehicles were rapidly discarded as ambulances, but remained around the Army for other uses as determined by the imagination of soldiers.

The failure to provide evacuation for the wounded at the First Battle of Manassas resulted from a complete lack of an ambulance system. The Quartermaster Corps failed to furnish the type and number of ambulances needed, and the ones provided either became inoperable or were used for unauthorized purposes.¹⁴ Since the ambulance crews belonged to the Quartermaster Corps, the medical personnel could not exert any authority over them in determining their use.

The field treatment and hospitalization at the First Battle of Manassas was as complete a failure as was the patient evacuation system. The medical officer in each regiment moved with his regiment in battle providing treatment to the wounded, evacuating them by ambulance or collecting them upon the battlefield in buildings, under shade trees, etc. Although these men worked admirably, their work was simplistic and uncoordinated and did not offer the capacity or degree of treatment that could be provided by larger and more complete field hospitals. Based on the size of the Union force engaged at Manassas, at least eight field hospitals should have been utilized. Actually, the only resemblance of a field hospital established that day was at "Sudley Church", where approximately 300 of the 1,124 wounded were brought. The ambulance drivers took all the patients there because they were not aware of anywhere else to take them.¹⁵

The improvised hospital at "Sudley Church" will be long remembered for the horrors endured there. The main floor and gallery was filled with wounded men as were three other buildings in the immediate area, and finally the wounded men were placed in groves of trees around the church. The pulpit area became the operating room and the communion table, the operating table. As the ambulance brought in the wounded "blood trickled from the ambulance like water from an ice cart, and directly in front of the church door was a large puddle of blood."¹⁶ Most of the other wounded were

treated in makeshift hospitals, or more correctly stated, collection points on the battlefield established by the regimental surgeons, such as the one at the Stone House.¹⁷

The First Battle of Manassas clearly identified the immense weakness of the Army of the Potomac field medical support system. There was no dedicated organization that was structured, equipped, manned and trained to evacuate the wounded from the battlefield. The hospitalization system was based on patient treatment at the regimental level. Large division or corps level field hospitals had not yet been organized or established. Finally, the evacuation of the wounded was not planned or coordinated with the tactical units and the hospital system. For example, the ambulance crews were not aware of hospital locations, and no evacuation assets were identified to move patients out of field hospitals to more permanent hospitals in the rear.

Following the First Battle of Manassas and the lack of care provided the wounded, the United States Sanitary Commission launched a successful campaign to reform the Army Medical Department. On April 16, 1862 the President signed a reorganization bill. One of the most significant results of the bill was the selection of a competent Surgeon General, William Alexander Hammond, based on potential rather than seniority. Also, the bill authorized medical inspectors working directly for the Surgeon General to evaluate the quality of field medical support.¹⁸ Meanwhile, Surgeon Charles A. Tripler replaced Surgeon William S. King as the Medical Director, Army of the Potomac in April 1861.

Tripler was confronted with many problems, and he did manage to establish some improved administrative procedures for inspecting medical supplies. He also placed specific responsibility on the brigade surgeons for the operation of field hospitals. Furthermore, Tripler was successful in obtaining a general order, which placed the brigade surgeons in charge of drilling the regimental bandsmen and a detail of ten men from each regiment as stretcher bearers.¹⁹ However, the success of these evacuation teams was hampered by the division of control authority over these assets. The division medical director was required to consult with the Quartermaster-General on the disposition of his men and on the location of field hospitals. Only the medical personnel, to include the medical officers, stewards and nurses, were under the control of the Medical Director. The ambulances and their crews were still under the total authority of the Quartermaster Corps.²⁰

Recognizing the fact that regimental hospitals were no longer capable of caring for the increased number of wounded on the Civil War battlefield, Tripler attempted to establish brigade hospitals.²¹ However, in March 1862 during the Peninsular Campaign the medical support was once again a failure because of poor planning and training, as well as a shortage of ambulances and supplies. Tripler's greatest mistake was his decision not to keep his hospitals cleared of patients by sending them to base hospitals, such as the ones in Washington and Baltimore.

On 4 July 1862, Tripler was removed by Surgeon General Hammond as Medical Director of the Army of Potomac and replaced by Surgeon Jonathan Letterman.²² Letterman immediately began to draft plans for the organization of an Ambulance Corps. His efforts resulted in the publication of Special Order No. 147, dated 2 August 1862 signed by General George B. McClellan establishing an Ambulance Corps in the Army of the Potomac.²³ The contents of this order with very few changes resulted in Congress approving in March 1864 the establishment of Ambulance Corps' for the whole Union Army.²⁴

Several key aspects of this new organization are worth noting. First, each army corps was authorized its own ambulance corps under the corps commander, but controlled by the corps medical director. The Ambulance Corps would be divided and function at each level of the army corps, e.g. division, brigade and regiment. Extremely rigid inspection requirements were established for ambulances, horses, harness, etc. Men detailed to the Ambulance Corps would be efficient and fit for service and acceptable to the Medical Director. These men were to receive extensive training in appropriate evacuation procedures, along with the maintenance of their supplies and equipment. The special order also established bases of issue of ambulances, plus crew and attendant requirements. The Ambulance Corps was authorized distinctive uniforms so as to make them recognizable upon the battlefield. Also, all officers and

soldiers were forbidden to use the Ambulance Corps horses and/or vehicles for anything other than their designated purpose. Finally, the Special Order stated, "No person will be allowed to carry from the field any wounded or sick except this corps."²⁵ Letterman's Ambulance Corps was to prove its merit all the way into World War I.²⁶ While bringing about so many significant changes in the Army of the Potomac's medical evacuation system, Surgeon Letterman was unable to improve the field hospitalization system until October 1862.²⁷

While Letterman's special order on the Ambulance Corps was signed by General McClellan on 2 August 1862, the actual implementation progressed rather slowly. When the Second Battle of Manassas began on 29 August 1862, there was still few signs of an organized Ambulance Corps. In fact, only a small portion of the Union forces present had any trained ambulance teams, and these forces were part of the two corps from the Army of the Potomac.²⁸ There was an extreme shortage of ambulances in McDowell's Corps, which was supposedly the best equipped. His Corps only had 41 of 170 authorized ambulances and carts.²⁹ There were whole divisions without ambulances. The idea of an Ambulance Corps was still new to commanders, and little command emphasis seems to have been placed on it. Some commanders simply decided not to bring their ambulances along.³⁰ The results at the Second Battle of Manassas were absolutely unacceptable, with wounded scattered over the battlefield

for days. Over 3,000 wounded soldiers lay where they were hit three days after the battle. There were still 600 men laying where they had fallen five days after the conflict, and the last of the wounded were not removed until 9 September, eight days after the battle.³¹ They had suffered through alternating thunderstorms and blistering sunshine, enduring immeasurable agonies.³² Many brave soldiers died slow lingering deaths here because of the poor ambulance support.

The field hospitalization system only worsened the performance of the Ambulance Corps. Surgeon McParlin, who was the Medical Director of the Union Armies at the Second Battle of Manassas, decided not to establish brigade or division hospitals, but instead to create one large field hospital for the entire Union Army.³³ It proved impossible for one hospital to support an army of 60,000 men in combat. Furthermore, the hospital was not located close to the railroad and it was seven miles from the battle front on the first day, which placed an impossible burden on the few ambulance assets available.³⁴

A few weeks later, on 17 September, the battle of Antietam took place near the village of Sharpsburg. It has been referred to as, "the bloodiest day in American history."³⁵ More soldiers were killed or wounded on this day than any other day in the history of our country.³⁶ There was a definite improvement in the field medical support at Antietam over the disaster of the Second

Manassas. Even though still extremely short of ambulances and insufficiently trained ambulance teams, the new Ambulance Corps demonstrated its value for the first time in any large battle of the Civil War. All of the wounded at Antietam were removed from the battlefield by the day following the battle.³⁷ In fact, the whole battlefield was cleared in less than 24 hours.³⁸ The success of the evacuation system at Antietam was primarily due to the centralized control of ambulances by the divisions under the command of the ambulance corps officer. However, equally important to the operation was the fact that the Union forces controlled the battlefield at the end of the battle. Furthermore, the weather was good and the roads easily travelled. The performance received favorable comments from all observers, and the new Ambulances Corps was hailed as an unqualified success.³⁹

Even though there was a shortage of hospital tents, which had resulted from the rapid return from Manassas, the improvised field hospital support improved at Antietam.⁴⁰ Letterman had not yet been able to reorganize the hospital system, even though he was convinced of the advantage of division level hospitals over those of regiments. Thus, at Antietam Letterman ordered regimental hospitals to merge into divisional units, if practicable. It appears this order was ignored since there were over seventy separate hospitals at Antietam.⁴¹ Letterman did establish two large field hospitals, the larger named "Antietam Hospital",

to care for some 600 seriously wounded that could not be moved.⁴² The first of the more than 14,000 patients who could not be returned to duty were immediately evacuated to larger general hospitals in Frederick, Washington, Baltimore, and Philadelphia.⁴³

After the Battle of Antietam Letterman began to focus on formally reorganizing the field hospitals. On 30 October 1862 he issued a circular to the Army of the Potomac establishing the organization of Field Hospitals. This circular was adopted on 25 March 1863 for the total Union Army.⁴⁴ The single most important feature of the reorganization of field hospitalization was that it provided for each division to have a field hospital, including all required equipment and personnel. Although it disestablished the regimental hospitals, in reality they were not to disappear until 1864. All medical officers were now required to report to the Division Field Hospital at the beginning of the battle, except for one regimental medical officer from each regiment. These remaining regimental medical officers would each follow his regiment into battle, and set up a "temporary depot" or aid station where the medical officer would render immediate life-saving aid. Then the patient would be evacuated to the rear to their Division Field Hospital.⁴⁵ The reorganization of the Ambulance Corps and the Field Hospital were now essentially complete and fully integrated. In summary, Letterman provided an organization and system for medical evacuation

and hospitalization up through division level. He had not developed (nor would he ever) a field hospital system or means of evacuation between the division and base or general hospitals. This shortcoming was to remain apparent throughout the Civil War, particularly at Gettysburg.

The first test of Letterman's complete field medical support system came at Fredericksburg on 13 December 1862. This battle would be the first time that Americans wounded in a great battle received adequate evacuation and treatment.⁴⁶ Between the battle of Antietam and Fredericksburg there was time to build up medical supplies, including 500 extra hospital tents, which were stored at Aquia Creek depot. The Ambulance Corps was constantly drilled and inspected. It was provided with additional supplies and personnel as well.⁴⁷ Thus, the performance of the Medical Department of the Army of the Potomac proved the worth of Letterman's reorganization.

Before the campaign of Gettysburg, the Army of the Potomac was to test its field medical support system one more time at Chancellorsville in another great battle. There the defeat of the Army of Potomac created the single most difficult problem for the Medical Department. Approximately 1200 wounded were left on the battlefield as the army withdrew, and many lay in the field for two or three days before being evacuated.⁴⁸ The lesson of that battle was simply that it pays to win a battle and to retain command of the field.⁴⁹ The only other significant factor,

which created problems in the medical support arena at Chancellorsville, was the decision by General Hooker to severely limit the number of ambulances allowed to accompany each division as they moved forward in battle.⁵⁰ All the planning and training to reduce the suffering of the wounded were severely handicapped when commanders such as Hooker, for what ever reason, failed to place proper emphasis on medical support. The decision not to allow complete medical support on the battlefield would again cause much unnecessary pain and suffering at Gettysburg, the next great campaign now facing the Army of the Potomac.

ENDNOTES

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13. Adams, p. 24.
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23. Jonathan Letterman, Medical Recollections of the Army of the Potomac, p. 24.
24. Clements, p. 8.
25. Letterman, pp. 24-30.
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27. Clements, p. 10.
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30. Ibid., p. 5.
31. Adams, p. 75.
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34. Adams, p. 74.
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36. Duncan, "Antietam", p. 1.
37. Ibid., p. 18.
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39. Ibid., p. 19.
40. John W. Schilddt, Antietam Hospitals, p. 9.
41. Adams, pp. 78-79.
42. Letterman, pp. 46-47.
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44. Clements, p. 10.
45. Letterman, p. 61.
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48. Adams, pp. 90-91.
49. Ibid.
50. Letterman, p. 124.

CHAPTER III

FIELD MEDICAL SUPPORT AT GETTYSBURG

After the battle of Chancellorsville, the Army of the Potomac rested with its Headquarters at Fairfax Court House. On 19 June 1863 the medical trains containing a large percentage of the army's hospital tents were reduced significantly, based on the orders of General Hooker.¹ For the whole Army of the Potomac this amounted to about one hundred medical wagons.² Letterman protested, both verbally and in writing, but to no avail. He forewarned that the reduction could prove, "...a source of embarrassment and suffering which might have been avoided."³ With the Army moving toward Maryland, Letterman, anticipating a battle and realizing the medical deficiency created by the cut in medical trains, sent Assistant-Surgeon Brinton on 25 June into Washington to pick up supplies and move them to Frederick. Brinton arrived in Frederick on 28 June with twenty-five wagon loads of medical supplies, and he then proceeded on to Taneytown where, based on General Meade's orders, he remained until after the battles of Gettysburg.⁴ Even though Letterman had no idea where and when the next battle would be fought, his decision to build-up medical support at Frederick proved to be a decision which would significantly reduced the suffering of the wounded immediately following the last battle of Gettysburg.

On 1 July 1863 in the small village of Gettysburg, two large armies met and as the battles raged for the next two days, "...the fate of our country hung wavering in the balance."⁵ As described by one of those present after the conflicts:

Here, where now wave upon wave of sorrow rolled over the suffering thousands that lay in these tents crippled or dying; here, upon these very fields and valleys, had stood but a few days before, like a dense forest, the dark masses of contending hosts in fiercest conflict; here, where nature had put on her gaudiest livery, and vied to show forth her Creator's glory, man, in his perverseness, had converted this lovely scene into a veritable Aceldama - a field of blood.⁶

The extreme devastation and grotesque aftermaths of the campaign was described in vivid detail by Sophronia E. Bucklin, a nurse, as she viewed the battlefield immediately following the actual conflict:

Yet, when right above my head, at one place, so close that it touched me, hung a sleeve of faded army blue - a dead hand protruding from the worn and blackened cuff - I could not but feel a momentary shudder. Boots with a foot and leg putrefying within, lay beside the pathway, and ghastly heads, too - over the exposed skulls of which insects' crawled - while great worms bored through the rotting eyeballs. Astride a tree sat a bloody horror, with head and limbs severed by shells, the birds having banqueted on it, while the tattered uniform, stained with gore, fluttered dismally in the summer air.⁷

By 4 July the Army of the Potomac's Medical Department had provided care and treatment for almost 21,000 wounded.

including over 6,800 Confederate soldiers.⁸ Dr. Letterman had "650 medical officers, 1,000 ambulances and approximately 3,000 ambulance drivers and stretcher bearers available during the actual campaign to provide medical support."⁹ During the same period there were over one hundred hospitals or treatment sites established on or near the battlefield.¹⁰ All of the restructuring of the Medical Department was to be severely tested at Gettysburg with mixed results.

The Ambulance Corps performed quite well during the actual conflict.¹¹ Since the Gettysburg Campaign lasted for three days with lulls at the end of each day, the wounded were generally picked up during the day or that night, except where the battlefield was controlled by the enemy. The stretcher bearers following their regiments carried the wounded back to an ambulance point or collection station, where they were then evacuated by the Ambulance Corps to a hospital. The Ambulance Corps was also required to clear out hospitals that were forced to move because of the tactical situation. Actually, the problem with ambulance support surfaced immediately after the actual conflict, as a result of Letterman's decision to leave behind only forty-six ambulances when the Army of the Potomac pursued Lee's Army south.¹² Dr. Letterman was criticized by some for leaving behind such a few ambulances to take care of nearly 21,000 wounded; however, Letterman was more concerned

with providing for the medical needs of an Army that was expected to fight again almost immediately. He also felt that it would be easier to secure additional ambulances at Gettysburg than it would be for the Army of the Potomac to secure them in the field, and rightfully so. Fifty additional ambulances were requested and immediately received at Gettysburg from Washington.¹³

From the lack of evacuation assets available at Gettysburg once the Army moved out, it is apparent that there was a missing link in Letterman's ambulance system. He did not provide any corps level designated medical evacuation assets, which have the requirement for evacuating patients from divisional level treatment facilities to corps or theater hospitals, today referred to as Combat Support or Evacuation Hospitals. The only ambulance assets at Gettysburg belonged to the division and had to be used, when available, in the corps rear area as well.

However, the Ambulance Corps had proven its worth at Gettysburg, particularly at division level and below. On 24 August 1863 General Order No. 85, prepared by Letterman, finalized the administrative details for the Ambulance Corps.¹⁴ Congress passed the Ambulance Corps Act, which became law on 11 March 1864, and the whole Army was thus authorized ambulance units. The Ambulance Corps Act of 1864 was based on Letterman's plan in total, except for the authorization of ambulances.¹⁵ Letterman's organization

authorized the number of ambulances based on type units, while Congress based the Act on the number of people assigned to units. As a result the Act created a tremendous amount of turbulence and problems in accounting for equipment as the size of units fluctuated.¹⁶

It is important to note that it took the support of many dedicated civilians outside the government to persuade Congress of the need for an Ambulance Corps. Dr. Bowditch, a civilian doctor who contributed the loss of a son in the Civil War to the poor medical evacuation system, was a leader in getting the bill passed. He wrote a pamphlet entitled "A Brief Plea for an Ambulance System", which newspapers used to support and push for an Ambulance Corps.¹⁷ Dr. Bowditch's description of seeing eight healthy soldiers escort a single wounded man to the rear and the forty soldiers that left the battlefield at Gettysburg to evacuate General Sickles to Westminster, a distance of 25 miles, did much to influence Congress.¹⁸ The Ambulance Corps did continue to perform well for the Army of the Potomac for the remainder of the war.

With regard to the hospitalization of the wounded at Gettysburg, the situation was dreadful, particularly in terms of providing shelter, beds, blankets, food, etc. For example, the division hospitals of the Second Corps handled more patients than any other hospital site during the actual conflict, approximately 2,428, plus 952 confederates for a

total of 3,400.¹⁹ The hospitals were located in the woods in a bend of Rock Creek. On 4 July the area flooded and several wounded men drowned in less than two feet of water, which covered the Schwartz and Sheely Meadows, because they were unable to raise their heads.²⁰ The wounded lay on the damp ground with nothing under them, including those with amputated limbs.²¹ The hospitals had almost no tentage or other shelter, blankets, cots, clothing, etc. Among the 3400 patients 437 died before the division hospitals of the Second Corps were closed on 7 August and the patients moved to Camp Letterman.²² These were only three of many hospitals located between the Baltimore Pike and Taneytown Road, which today is known as the Hospital Road.²³

There were two factors that contributed most to the unacceptable performance of the hospital system at Gettysburg. First, at the beginning of the Campaign on 1 July, General Meade ordered all the supply and medical trains to the rear except for ammunition wagons and ambulances. The medical trains were relocated to a site between Union Mills and Westminster. On the following day the medical trains, including Dr. Brinton's twenty five wagons, were moved still further to the rear near Westminster, which was twenty-five miles from the battlefield. After the battle on 3 July, Letterman once again requested the medical trains be allowed to come forward and General Meade finally agreed to permit half of them to do so. The remainder were not allowed to come

forward until 5 July.²⁴ Dr. Letterman made the following very direct comments in reference to General Meade's decision:

The want of tents, cooking apparatus, etc., occasioned by the recent orders, was to me in common with all the Medical officers, a cause of the deepest regret, and to the wounded of much unnecessary suffering. Without proper means the Medical Department can no more take care of the wounded than the army can fight a battle without ammunition. The Medical Department had these means, but military necessity deprived it of a portion of them [at Fairfax], and would not permit the remainder to come to the field.²⁵

It would be inaccurate, however, to place all the responsibility for the hospitals' shortcomings on General Meade. While Letterman's hospitalization and support system was capable of supporting great battles, it did not have the capacity to take care of some 21,000 wounded, even if all the medical "means" had been brought forward. The system could have supported 10,000 adequately and maybe even the total 14,000 wounded Union soldiers, but with 6,800 most seriously wounded Confederates to treat, the task was absolutely beyond the capacity of the Medical Department.²⁶

Looking back at General McClellan's decision to reduce the medical trains at Fairfax and General Meade's restriction of the medical trains from Gettysburg until after the battle was concluded, one must wonder why such

decisions were made. The exact answers to these questions could not be found, but one can conjecture possible reasons. It appears the loss of 100 wagons at Fairfax was an attempt by General McClellan to reduce the transportation requirement for the Army of the Potomac. Also, it was apparent that low priority was given by some commanding generals to medical support. For example, at the second Battle of Manassas, with wounded laying for days on the battlefield, the order of transportation priorities remained as follows: "1st Ammunition, 2nd Rations, 3rd Forage, 4th Medical Supplies."²⁷ It appears General Meade's decision at Gettysburg may have resulted at first from a lack of knowledge of where the battle might take place, and thereafter by a desire to keep his path of possible withdrawal clear. He may have also had some concern about having his supply trains, which included medical, captured. However, the exact reason for his decision remains a mystery.

It is interesting to note that the Twelfth Corps, for some unknown reason, did not respond to General Meade's order to send their medical trains to the rear. Thus, the Twelfth Corps with its full allowance for medical support provided excellent care for approximately 1,000 Union soldiers and 125 Confederates.²⁸ All their wounded were removed from the field, bandaged, fed, and sheltered within six hours after the battle.²⁹ Letterman states, "the same excellent results would have been experienced in the

other corps. had not my measure been frustrated by authority from which there was no appeal."³⁰

Most of the medicine wagons were not withdrawn from the divisions at Gettysburg, so there was a modest supply of anesthetics, bandages, drugs and surgical instruments, but again few tents and little clothing or food.³¹ The surgeons were able to operate and treat the wounded, but under the most prohibitive conditions until the medical trains were allowed to come forward.

At least two significant shortcomings in Letterman's hospitalization system are apparent at Gettysburg. First, Letterman did not organize a hospitalization system to function between the division and the general hospital in order to clear out the division hospitals so they could continue the battle. Thus, when the Army of the Potomac moved out of Gettysburg most of their hospital tents and other medical equipment remained in place. Also, Letterman was forced to leave 106 medical officers behind, which not only degraded the capability of the Army of the Potomac's field medical support as it moved south, but the support remaining at Gettysburg was also totally inadequate.³² On the 5th and 6th of July, before Letterman left Gettysburg, medical supplies were ordered from Washington and Philadelphia to reconstitute the division field hospital system, along with fifty surgeons to replace the ones left at Gettysburg.³³ However, the divisional hospitals were

not to be fully equipped again until around 7 August when the Army reached Rappahanneck Station.³⁴

The Medical Department attempted to improvise a level of hospitalization which did not exist. Camp Letterman is an example of a hospital that was improvised at Gettysburg following the battles to fill such a void. Camp Letterman was opened on 22 July east of Gettysburg along the York Pike near the railroad. It consisted of over 400 hospital tents with eight to ten patients per tent. By 1 August most of the wounded had been moved out of the divisional hospitals to base hospitals, or for the more serious patients to Camp Letterman. Camp Letterman operated until 20 November, taking care of the wounded too critical for further evacuation.³⁵

The second aspect missing in Letterman's hospitalization system was communication between hospitals and evacuation means for the movement of the wounded. In today's terms it would be called a lack of patient regulating. When the Medical Inspector of the Army, Lieutenant Colonel Vollum, arrived in Gettysburg the night of 8 July, there were 2000 wounded laying next to the railroad tracks awaiting evacuation.³⁶ They were left without attendants, as well as food and shelter. No means existed to coordinate the arrival of patients with available transportation.

While the medical services provided at Gettysburg would have to be described as inadequate, still the progress

demonstrated by the Medical Department from the First Battle of Manassas was rather impressive. The failure of the divisional field hospitals at Gettysburg was in providing the "means" to care for the wounded, not the organization. The only other major shortcoming was the failure of the Medical Department to recognize the need for medical services, to include evacuation, hospitalization and patient regulating between division and general hospitals.

ENDNOTES

1. Jonathan Letterman, Medical Recollections of the Army of the Potomac, pp. 52-53.
2. Louis C. Duncan, The Medical Department of the United States Army in the Civil War, "Greatest Battle-Gettysburg", p. 17.
3. Letterman, p. 53.
4. Ibid.
5. Ibid. p. 154.
6. Patriot Daughters of Lancaster, Hospital Scenes After the Battle of Gettysburg, July, 1863, p. 16.
7. Sophronia E. Bucklin, In Hospitals and Camp: A Woman's Record of Thrilling Incidents Among the Wounded in the Late War, p. 188.
8. Robert M. Scott, The War of the Rebellion: A Complement of the Official Records of the Union and Confederate Armies, Vol. 27, Part 1, p. 198.
9. George Worthington Adams, Doctors in Blue, p. 91.
10. Gregory A. Coco, A Vast Sea of Misery, p. ix.
11. Scott, p. 198.
12. Ibid.

13. Scott, p. 24.
14. Letterman, p. 162.
15. Adams, p. 97.
16. Letterman, p. 178.
17. Harry I. Bowditch, A Brief Plea for an Ambulance System for the Army of the United States, pp. 1-28.
18. Adams, p. 96.
19. U. S. Army. Medical Field Service School, The Battle of Gettysburg, p. 15.
20. Coco, 91.
21. Ibid.
22. Duncan, "Greatest Battles-Gettysburg", p. 27.
23. Hospital Markers of the Army of the Potomac Medical Department, p. 5.
24. Letterman, p. 156.
25. Ibid., pp. 155-156.
26. Duncan, "Greatest Battles-Gettysburg", p. 19
27. Duncan, "Pope's Valley Campaign", p. 6.
28. Duncan, "Greatest Battles-Gettysburg", p. 11.

29. Letterman, p. 157.

30. Ibid.

31. Letterman, p. 155.

32. Scott, p. 197.

33. Ibid., p.198.

34. Duncan, "Greatest Battles-Gettysburg", p. 22.

35. Ibid.

36. Scott, p. 26.

CHAPTER IV

CONCLUSION

The American Civil War brought about significant changes in field medical support, particularly medical evacuation and hospitalization. At the beginning of the war ambulance organizations did not exist, and field hospitals existed only at the regimental level with extremely limited capability and capacity. Dr. Letterman's organization of the Ambulance Corps and the reorganization of the field hospital system would remain viable until World War I. The Civil War soldier faced many hardships, but none more horrible than the suffering and pain awaiting him if he was seriously wounded. For the wounded to lay for days upon the battlefield in intense heat and rain without receiving any aid, which was the case at the Second Battle of Manassas, the necessity for an improved field medical support system was absolutely essential. Letterman's reforms did much to elevate some of the horrors of the Civil War, and his influence on field medical support was tremendous.

Besides the organizational changes initiated by Letterman, he also made several operational level decisions which had significant impact on the medical support provided to Union forces. When his medical trains were suddenly reduced at Fairfax by General Hooker, he immediately arranged for additional trains to be moved to Fredrick from Washington in anticipation of a great battle, the location

of which was unknown. Of course, the battle occurred at Gettysburg and medical support was close at hand.

Even with the improved system of providing field medical support, at times Union commanders prohibited the full employment of the medical means of providing necessary field medical support. At the Second Battle of Manassas, division commanders chose not to bring all their ambulance support with them. General Hooker at Chancellorsville, drastically reduced the number of ambulances that moved forward with their divisions during the battle. Then, at Gettysburg with over 21,000 wounded soldiers generated in just three days, General Meade refused to allow the hospital trains to come forward to the battlefield. Thus, the wounded were deprived of much needed shelter, bedding, food, etc., increasing the pain, misery, suffering and death rates of both Union and Confederate wounded soldiers.

At the Battle of Gettysburg the Medical Department of the Army of the Potomac was adequately prepared to provide field medical support to the Union forces, if all means had been allowed to function. The Medical Department was not prepared to provide care for the additional 6,800 Confederate wounded, nor was it prepared to support both the wounded at Gettysburg and the Army of the Potomac as it moved south after Lee's Army. The Medical Department reorganization failed to reorganize the need for any field medical services between the division and base or general hospitals throughout the remainder of the Civil War.

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