Unprecedented but Accomplished: The Professionalization of Female Nursing During the Civil War

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A significant scholarly project, involving research, writing, or special performance, appropriate to the major in question, is ordinarily completed the senior year. The project is expected to be of sufficiently high quality to warrant a grade of "A" and to justify public presentation.

Under the guidance of a faculty advisor, the Senior Project should be an original work, should use primary sources when applicable, should have a table of contents and works cited page, should give convincing evidence to support a strong thesis, and should use the methods and writing style appropriate to the discipline.

The completed project, to be turned in in duplicate, must be approved by the Honors Committee in consultation with the student's supervising professor four weeks prior to the last day of class for the semester the project is turned in. Please include the advisor's name on the title page. The 2-3 hours of credit for this project is usually done as directed study or in a research class.

NOTE-Senior Project Proposal Due Date: The senior project proposal is due in the Honors Program Director's office two weeks after the beginning of the semester the project will be completed. The proposal should be a detailed description of the Honors Project's purpose and proposed methodology.

Keeping in mind the above senior project description, please describe in as much detail as you can the project you will undertake. Attach a separate sheet of paper.

Signature of faculty advisor

Expected date of completion

NOTE: An advisor's final project approval does not guarantee that the Honors Faculty Committee will automatically approve the project. The Honors Faculty Committee has the final vote.

Approval to be signed by faculty advisor when the project is completed:

This project has been completed as planned (date) 4/1/2009

This is an "A" project

This project is worth 2-3 hours of credit

Advisor's Final Signature

Chair, Honors Committee

Dear Advisor,

(1) Please write your final evaluation on the project on the reverse side of this page. Comment on the characteristics that make this "A" quality work.

(2) Please include a paragraph explaining your specific academic credentials for advising this Senior Project.
Matthew Hermann

Unprecedented but Accomplished: The Professionalization of Female Nursing During the Civil War

My credentials for evaluating Jonathan Mills’ work lie primarily in my knowledge of the process of researching and writing. I have experience in finding primary sources and evaluating their usefulness for understanding the subject. While not an expert on the Civil War itself, I have experience in reading the historiography of a subject, finding a question, and then finding relevant evidence. I have done this in my own dissertation and I have supervised dozens of history majors in doing this for their senior thesis.

Matthew Hermann’s research on the professionalization of women concentrates on the personal relationships between nurses and doctors during the Civil War. The organization of female nurses, he points out, was ad hoc and unorganized at the beginning of the war. The sometimes-accidental arrangements, however, went on to shape how the nursing profession would develop in the later nineteenth century. Hermann is at his best when he uses the diaries and letters of both doctors and nurses to paint a colorful picture of their work and relationships. His conclusion is expected—the success of women in nursing was based on their ability to fit into the expected gender norms of their day, working in areas that were considered feminine and maintaining appropriate gender subservience to the male doctors.

Hermann has been very thorough and creative in his analysis of the primary sources—ranging widely within both Union and Confederate materials and setting his research in effective historiographical context. Occasionally the reader can forget the primary point of project in all of the lively details and the paper would benefit from tighter organization. While much ink has been spilled on women during the Civil War, Hermann has contributed to our understanding of the history of women in nursing by his argument that it was shaped by the personal preferences of physicians and nurses’ relationship with these men were crucial in forming the requirements for the future of the profession.

Hermann’s “A” is based on his exhaustive reading, and then his ability to find a question to which he could contribute through evaluation of primary documents in the context of these secondary sources and questions. His mastery of the subject, creative reading of the sources and ability to integrate primary and secondary sources are why he earned an “A.”

Lisa Clark Diller
Professor of History

Thesis: 47/50
Clarity/Flow: 46/50
Documentation: 49/50
Technical Writing: 47/50
Presentation: 50/50

Total: 239/250
Grade: A
Unprecedented but Accomplished: The Professionalization of Female Nursing During the Civil War

Matthew Hermann

History 497
Professor Diller
December 12, 2008
At the beginning of the Civil War, both the Union and the Confederacy realized the need for nurses who could care for the tremendous members of wounded following minor skirmishes and major battles. Both sides used convalescent soldiers as nurses, but soldiers could not fill this need alone. Thus, both sides resorted to using female nurses.¹ This introduction of females into the hospital environment brought conflict with the existing male medical community. This, in turn, influenced the development of nursing as a profession during and after the war. The use of female nurses during the war transformed the nursing profession as a whole by generating popular support for the use of middle- and upper-class women as caretakers in both the civilian and military hospital environment after the war. Before the war, many middle- and upper-class women did not work outside the home for a wage. However, the Civil War was a turning point in the professionalization of female nursing by allowing these types of women economic freedom to earn a wage doing specific tasks deemed appropriate for their gender. This change in the role of women in a hospital setting influenced nursing as a profession for the remainder of the nineteenth century.

Three notable historians of Civil War medicine—H. H. Cunningham, George Worthington Adams, and Frank R. Freeman—give accounts that tell how female nurses became involved in the war effort on both sides. In looking at these historians, I have found that they set up a foundation for my research by discussing nursing during the Civil War. Thus, all three of these scholars limit the scope of their research to the war itself. I found their research primarily useful in determining the scope and extent of female Civil War nursing. In order to detail the legacy of female Civil War nurses for the nursing profession as a whole for the rest of the nineteenth century, I have included other historians for completeness.

Frank R. Freemon, in his narrative of Civil War nursing, directly states that women were able to prove themselves during the war. He outlines a trend whereby over the course of the war women were generally accepted. In Freemon's historiography, he mainly focuses on the relationship between doctors and nurses and shows how nursing before and during the war changed. Before the war, wounded individuals were usually nursed by blood relatives or male caretakers. However, the Civil War influenced the development of nursing by allowing women to enter the hospital setting to attend to non-blood relatives. This move toward female caretakers allowed women to replace convalescent soldiers as nurses in future wars.

In contrast to Frank R. Freemon, George Worthington Adams does not mention any progression of the relationship between doctors and nurses. Instead, he states that female nurses became involved during the Civil War due to public outcry rather than to the sole initiative of the female nurses. To Adams, the public saw women as especially important because of their abilities as morale boosters and motherly figures. With respect to nurses and their relationship to doctors, Adams states that nurses were either openly accepted or flatly rejected by doctors rather than initially rejected and gradually accepted. Lastly, Adams only limits the scope of his work to Union doctors, while Freemon discusses both sides.

H. H. Cunningham's interpretation of the female Civil War nursing experience confines itself to the South. Though like the other historians he emphasizes the legacy female Civil War nurses had, I gleaned much information on his writings with respect to the Southern desire for

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2 Frank R. Freemon, Gangrene and Glory: Medical Care during the American Civil War (London: Associated University Presses, 1998), 49.
3 Ibid, 49, 52, 58.
4 Ibid., 52.
5 Adams, 177.
6 Ibid., 163.
7 Ibid., 183.
female nurses. However, despite the public interest for middle- and upper-class Southern women to join the war, Cunningham writes that Confederate doctors by and large saw female nurses as incompetent. Like Adams, Cunningham focuses on the conflict between doctors and nurses and not much on the legacy that female nurses had.

All three of these authors were very useful to this study in their analysis of how women became involved in the war effort. The beginning of the Civil War created a state of crisis in hospital system organization for both the Union and the Confederacy. After the battle of Bull Run, both sides saw the need for the expansion of their hospital systems and concomitantly more nurses. With respect to nursing itself, scholars such as Freemon, Adams, and Cunningham agree that both sides recruited female nurses from the middle and upper classes of society and that there was no specific evolution in the job description of female nurses over the course of the war. On a practical level, female nurses simply ensured a certain level of order in the ward both by caring for patients and by ensuring hospital cleanliness. However, on a governmental level, policies regarding how they fulfilled their duties were decentralized and varied from hospital to hospital. Historians agree that, though there were qualifications for nurses, the doctor’s discretion largely determined what specific tasks the nurses would perform.

With respect to what effect the Civil War had on female nursing, Freemon, Adams, and Cunningham are mostly silent. Thus, I relied on the works of Philip A. Kalisch and Beatrice J. Kalisch, Susan M. Reverby, Elizabeth M. Jamieson, and Joan I. Roberts. All of these historians

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10 Adams, 11.
11 Freemon, 46.
focus on the history of female nursing. In their works I find mostly agreement with respect to how the Civil War affected the professionalization of female nursing during the rest of the nineteenth century. In all of their works I found that after the war many nursing educators and doctors reinforced job tasks female nurses performed during the war that were deemed feminine and encouraged discipline and submission on the part of female nurses.

In looking at all of the previously-mentioned historians, I found that Joan I. Roberts' section of female Civil War nursing in her book *Feminism and Nursing* uses stronger language, regarding the Civil War as a professionalizing experience. She also specifically focuses on women's stepping in as healers in men's wars as well as the incompetence of male surgeons. The other authors, on the other hand, focus more on nursing education and the rise of training schools after the war. In their writings, they mention how nursing training schools after the war encouraged submission to the male doctor.

Though most historians focus on female Civil War nursing in relation to the medical developments during the war, the questions that I am addressing concern how nursing itself became professionalized during the Civil War and what legacy this professionalization had for the rest of the nineteenth century. Because both sides organized female nurses on an unprecedented scale, my first questions are: What types of people were female Civil War nurses and what jobs did female Civil War nurses actually perform? I want to know how the background and job description of these nurses affected nursing as a whole, both during and after the war. Next, I want to find the views that female Civil War nurses had on gender equality.

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How might differences of opinion regarding gender equality have been a possible source of explanation to the conflicts nurses initially had with doctors? How did conflicts over gender roles shape how nursing developed in relation to the medical establishment? How did positive interactions between doctors and nurses affect the professionalization of nursing during the war? Through these questions, I hope to support my argument that the patterns set in terms of the relationship of female nurses to male doctors during the Civil War fundamentally shaped nursing as a profession for the remainder of the nineteenth century.

The Profile of a Female Civil War Nurse

The typical profile of the female Civil War nurse is important due to the precedent it set for nursing after the war. As we shall see, doctors after the war wanted women of high socioeconomic status and, unlike the older women during the war, younger. This would allow nursing educators to inculcate these women with values of submission and discipline. Many doctors and nursing educators thought that by recruiting women they could bring them to do the best job of their own sphere, that being the hospital ward.

During the war, female Civil War nurses who volunteered for both the Union and Confederacy came primarily from important middle- and upper-class families. These individuals were not doing jobs one would normally expect a rich woman to perform. Patriotism allowed flexibility in allowing these women to step outside traditional roles. Kate Cumming, an upper-class Confederate nurse, spoke candidly about her duties as a nurse for the wounded and as a supporter of the war efforts. Cornelia Hancock, a Union nurse, even considered herself above the soldiers due to her upper-class background. In a letter dated August 14, 1863, she

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16 Reverby, 49.
17 Adams, 181.
stated in reference to the soldiers, “I do not trouble myself much with the common herd.”

Many nurses, specifically ones recruited by the Union, were in their thirties and forties, much older than the typical age of a Civil War soldier. Thus, in addition to seeing themselves being of a different class to the soldiers financially, many female Civil War nurses saw themselves as different with respect to age. Hannah Ropes clearly testified to this as she stated early in her letters that “The surgeons are young and look upon nurses as their natural prey,” later stating that the hospital was no place for young girls. In addition, she stated that the doctors are “young” but fine fellows.

The background typical of female Civil War nurses set a precedent for future nurses after the war and throughout the nineteenth century by accepting the practice of middle- and upper-class females working outside of the home. Both the Union and Confederacy, in allowing these types of women to work in a hospital environment, set a precedent for women of well-to-do backgrounds to continue working in the future as paid laborers outside the home. After the war, hospitals continued to seek upper-class individuals as nurses in a civilian context. One physician saw this role of middle- and upper-class women as an “apprenticeship of duty.” The nurse herself was seen to be a gentlewoman who had the traits of a well-to-do member of society, being a disciplined and well-bred female. However, one must keep in mind that doctors did not see these women as paid laborers but rather as a part of the hospital family.

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22 Ibid., 62.
23 Kalisch, 53, 59.
24 Reverby, 49.
25 Ibid., 52.
for this reason that many nursing schools after the war looked for "good home training," the same background that many female Civil War nurses had.\textsuperscript{26} Indeed, when nursing schools were being established during the later half of the nineteenth century, many doctors argued that the so-called female traits of a woman, nurture and domestication, were necessary for a patient's health. After the war Dr. J. P. Chesney said that the women's abilities to help the sick were "superior" to those of men and that a woman was "ready to gratify the childish caprices or soothe the distempered imagination" of a hospital patient.\textsuperscript{27} Thus, not only did the Civil War introduced a specific class of individuals into the hospital setting but it also maintained this standard throughout the nineteenth century by which doctors and nursing educators took advantage of.

The Organization and Job Description of a Female Civil War Nurse

The organization of female Civil War nurses for both sides was haphazard and initiated due to the sudden need for nurses at secondary general hospitals, permanent buildings that were away from the battle where nurses and surgeons could treat and care for the wounded. This organization set the standard for women after the war by having them operate in a paramilitary context under supervision of a centralized authority.\textsuperscript{28} The first major battle, the Battle of Bull Run, was the turning point which put this need in a realistic perspective.\textsuperscript{29} The Union and Confederacy subsequently recruited nurses in a way that was decentralized and not under the direct orders of the military.\textsuperscript{30} Thus, nurses working on a volunteer or paid basis acted as civilians. Sometimes, both sides would pass laws that would give minor regulations for nurses and their duties. For example, the Union placed its nurses in charge of the cleanliness of wards

\textsuperscript{26} \textit{Ibid.}, 53.
\textsuperscript{27} Kalisch, 63.
\textsuperscript{28} Schultz, 149.
\textsuperscript{29} Freemon, 30.
\textsuperscript{30} Jamieson, 217.
that numbered no more than thirty patients. These qualifications included being between the ages of thirty and forty-five years of age and having a willingness to submit to discipline. The Union even insisted on adding qualifications that would eliminate personal attraction and beauty. Through this initial screening, many Union women entered the war through the Sanitary Commission. For Confederate nurses, according to a law passed by the Confederate Congress on September 27, 1862, two ward matrons were responsible for the beds of one hundred patients. Assistant matrons then helped the ward matrons by being responsible for washing and giving clothes to soldiers. As one will see, many nurses on both sides worked with disregard to any set regulations. What differentiates both sides, however, is how nurses were organized and how these organizations related to the government.

Although nurses on both sides were from relatively well-to-do backgrounds, there were key differences between the North and South in the organization and recruitment of female nurses. After Bull Run, the North’s community-based organizations eventually became official entities of the United States government. In the South, any community-based organizations that existed remained loose and decentralized. For example, the Woolsey sisters, Union volunteer nurses from New York, were recruited by the Woman’s Central Association of Relief. This organization was originally initiated by civilian doctors in New York and eventually became a part of the United States Sanitary Commission (USSC). Dorothea Dix later became head of the USSC and adapted qualifications for nurses that Dr. Elizabeth Blackwell had set up when the organization was the state-organized Woman’s Central Association of Relief.

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31 Cunningham, 76.
32 Ibid.
33 Ibid, 32.
34 Jamieson, 217; Freemon, 52.
35 Austin, 37.
36 Adams, 177.
Unlike the North, the South lacked an organized system to recruit female nurses. In fact, from a cultural standpoint, Southern men even discouraged upper-class women from working a full workweek, given that it was not their appropriate sphere. Any organizational measures that existed were on the community level. Measures by the Confederacy as a whole did not occur until September 1862, when the Confederate Congress granted nurses official status as paid workers. Like the North, Confederate nurses did not directly enlist under the army. Rather, a nurse was hired by the hospital she worked for. Thus, though the Confederate Congress passed laws regarding the regulation of nursing, the relation of the nurse to any governmental organization was weaker than the Union’s. This decentralized system of the South allowed many Southern nurses to join. Doctors were the driving force in determining personnel. For instance, the Confederate militia wanted Cornelia Hancock to leave the hospital and go home because she lacked experience. However, she remained a hospital nurse because “Steward Olmstead [the medical director] appeared and told them [the militia] that I was alright.” As evidenced, Cornelia Hancock’s hiring, due to the lack of regulations, was dependent on the favor of the medical director.

In a closer examination of the Union qualifications for volunteer nurses, it appears that they were very strict on paper. However, it also appears that they were dependent on the physician’s discretion. In a circular on July 14, 1862, Surgeon General Hammond gave orders that chief surgeons in Union army hospitals could dismiss female nurses for being “incompetent.

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37 Cunningham, 78.
38 Freemom, 54.
39 Harwell, xiii.
40 Jamieson, 221.
41 Freemom, 54.
42 Jaquette, 20.
43 Ibid., 20.
44 Austin, 51.
insubordinate, or otherwise unfit for their vocation." It appears that women, aside from regulations, became nurses under the supervision of doctors regardless of Miss Dix's, or the War Department's, authority. It even appears that Cornelia Hancock had some authority over where she went. Earlier in February, she wrote a letter to the medical director of another hospital to inquire as to whether they needed her. Although the Union had regulations, they were not followed in many instances.

Was the organization of female Civil War nursing a success? Based on my research, I would say that the organization on both sides was clumsy and decentralized. However, in comparison of both sides the nationally integrated methods of the North set standards for the rest of the century by which female nursing was organized. To correct the initial organization grievances both sides experienced during the war, Clara Barton, by establishing the American Red Cross, sought to use women on an organized scale that would help the wounded in future wars. The American Red Cross operated on the same premise as the USSC. Just as in the Civil War, female nurses would be employed outside of the regulations of the military. In the civilian sphere during peacetime and wartime, doctors and former nurses like Barton who headed nursing organizations looked for a younger group of individuals than Miss Dix. Thus, in future wars such as the Spanish American War, female nurses continued to work without a formal rank as paramilitary professionals through organizations such as the Red Cross.

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46 Jaquette, 128, 131
47 Ibid., 47.
48 Austin, 114.
50 Reverby, 50.
51 Schultz, 159.
In contrast to the similar backgrounds of these nurses, the tasks these women performed in hospitals during the war were variegated. Some nurses participated in medical activities, such as dressing and caring for a shoulder wound, while others engaged in a wide variety of tasks which would not even be considered nursing by today’s standards. Many nurses who volunteered were dedicated and simply fulfilled needs in hospitals, even if they were not medical. For example, in September 1861, when the Union was still struggling to supply the needs of the wounded, Georgeanna and Eliza Woolsey improvised ways of making beds by using broomsticks. Overall, what nurses did was to help out in the hospital and fulfill the needs of patients. These tasks continued to be practiced after the war.

With respect to medical activities, the main goal for female Civil War nurses was to ensure cleanliness. Tasks varied from hospital to hospital, and the overall duties seemed to be under the discretion of the surgeon in charge. In a typical diary entry of Hannah Ropes, she described her day’s activities of washing the halls, giving the wounded clean handkerchiefs, and feeding the men with food and spirit “as the surgeons direct.” Ada W. Bacot mirrored this log of activities, writing that, at the end of one of her days, she felt like a “housekeeper.” In writing of the inspection by General Hardee, Kate Cumming stated that the general was surprised by the cleanliness of the hospital. Indeed, many women mirrored Florence Nightingale’s

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52 Brumgardt, 58.
53 Freemom, 87.
54 Austin, 46.
55 Kalisch, 60.
57 Brumgardt, 54-55.
59 Harwell, 77.
beliefs that the woman should improve hospital morale by expressing perceived feminine qualities such as cleanliness.⁶⁰

These feminine qualities of cleanliness extended their influence after the war. Indeed, in the time after the Civil War, many within the medical community were calling for trained female nurses.⁶¹ While nursing schools after the Civil War focused largely on character, scientific principles were also stressed in training.⁶² The postwar developments of Pasteur, Koch, and Lister impressed doctors to call for a class of females who knew of the effects of germs and how to prevent contamination by keeping patients and hospital wards clean.⁶³ This training only continued to legitimize the place of women in the ward as their appropriate sphere. Florence Nightingale referred to the training of an untrained but experienced nurse as “retempering.”⁶⁴ Doctor William Draper told a student audience at the Bellevue Hospital that “Today science recognizes that woman is indeed the only material from which nurses can be formed, yet teaches that nurses are made not born.”⁶⁵ Thus, the medical aspects of the female Civil War nurse’s job description affected the professionalization of nursing by setting a precedent that women were capable of, and should be responsible for ensuring the cleanliness of the ward.

There were some other nonmedical components of nursing not listed as a part of Dorothea Dix’s requirements. These tasks the nurses assumed were considered appropriate to the woman’s sphere at the time.⁶⁶ For example, many nurses took the initiative to make the ward seem a little more like home by adding decorations and hanging drapes.⁶⁷ Some nurses performed other activities that improved hospital morale and gave emotional support to the

⁶⁰ Reverby, 42.
⁶¹ Schultz, 169.
⁶² Reverby, 50.
⁶³ Jamieson, 223.
⁶⁴ Reverby, 50.
⁶⁵ Reverby, 50.
⁶⁶ Ibid., 42.
⁶⁷ Adams, 163.
patients. For example, Kate Cumming occasionally read to the soldiers from European newspapers in order to pique their interest in foreign affairs.\(^{68}\) Her motive appears to have been to free soldiers from the usual monotony of hospital life. Some nurses even had a motherly instinct. Hannah Ropes mentioned that she awoke one night by the cries of “Mother! Mother! Mother!” from a dying soldier.\(^{69}\) She then wrote, “I was out of bed and into my dressing gown very quickly, and by his side... I promised him that nobody should touch him, and that in a few moments he would be free from his pain.”\(^{70}\) Ada W. Bacot gave a similar experience in fulfilling the need of a soldier who was lonely for his mother by holding his hand.\(^{71}\) These experiences show that the nurses cared for their patients and, in certain ways, acted as mothers. This aspect of the female Civil War experience, though not an official requirement, was a trait that the listed nurses valued. As evidenced from their actions, many nurses cared for their patients in a motherly way at a moment’s notice.\(^{72}\)

After the Civil War, these “feminine tasks” which started during the war affected the professionalization of nursing by being emphasized and promoted in nursing training schools and practiced in civilian hospitals.\(^{73}\) Just like their medical tasks, doctors and nursing schools saw these “womanly” traits as a part of the trained nurse’s description after the war. Indeed, nursing education, though stressing cleanliness of the ward, actually placed more weight on the education of nurses themselves rather than on care of the patients.\(^{74}\) The postwar development of nursing is important because, unlike the untrained nurses, nursing schools after the war could mold what type of woman that doctors and nursing educators wished to enter the hospital sphere.

\(^{68}\) Harwell, 31.
\(^{69}\) Brumgardt, 67.
\(^{70}\) Ibid., 68
\(^{71}\) Berlin, 68.
\(^{72}\) Berlin, 86.
\(^{73}\) Reverby, 49.
Many doctors sought women who embodied their ideal woman: weak, frail, and dependent—women who could care for patients in a way that would not undermine the doctor’s role.\textsuperscript{75} Indeed, one doctor, in examining a nursing student, gave an evaluation that was apropos to nothing concerning her skill as a nurse. Rather than evaluate her abilities in caring for the patient, he commented that she was “heavy in body and mind. Not refined in face or manner... [and] looks like a servant.”\textsuperscript{76} Truly, the “feminine” tasks given to female nurses during the war continued to be stressed and placed within the professional boundaries of female nurses after the war.

Interaction, Hostility, and Acceptance

Clearly, the chief motivation for the female Civil War participants was a sense of duty.\textsuperscript{77} With their motivation came an idea for many female nurses that, in terms of gender equality, they had a natural right to be involved. However, there must be some disambiguation with respect to the term “gender equality.” Gender equality, at the time of the Civil War, had a very different connotation as compared to modern times. Those who believed in gender equality grounded it in a belief that men and women were different and therefore set to do different tasks.\textsuperscript{78} This did not mean that women and men should have the same rights in every aspect of society, but that they had a right to the tasks that were natural for them. Even Florence Nightingale, an English nurse during the Crimean War who greatly influenced the development of nursing for both the North and the South, considered the employment of women nurses as a mechanism of equality, something that was justified only by biological characteristics.\textsuperscript{79} The

\textsuperscript{75} Kalisch, 55.
\textsuperscript{76} Reverby, 56.
\textsuperscript{77} Ibid., 44.
\textsuperscript{78} Ibid., 41.
\textsuperscript{79} Ibid., 47.
chief area of debate between nurses and hospital physicians, then, was whether the hospital sphere was the appropriate place for a female.

In her diary, Kate Cumming believed that men and women had their appropriate spheres, with women having a natural right to care for the wounded. When she experienced initial disrespect from the doctors at her first hospital, she stated, "Have we not noble examples of what our women have done? . . . Is the noble example of Miss Nightingale to pass for nothing?"\(^80\) Later on she mentioned that she did not care if she was treated with respect, as long as the males around her were respected.\(^81\) These two references reveal that Cumming was not concerned with the respect of women as a gender, but rather that her gender should have an opportunity to do the tasks that were natural for them. Cumming's belief that she should reside in the hospital ward rested on her convictions that men were not meant to be nurses and were wholly unaware of "domestic arrangements."\(^82\)

Northern nurses held viewpoints that mirrored Cumming's. From the collection of the Woolsey sister's letters, Georgeanna's colleague, Katherine Wormenly, wrote to her stating that "the men [were] intelligently looked after, as only a lady can."\(^83\) Even "Mother" Bickerdyke, a nurse who had incredible power over surgeons, repeatedly violated military law in order to care for her "boys," a task that she saw as a top priority.\(^84\) From these writings, it appears that these views were irrespective of one's allegiance to the Union or the Confederacy.

For the most part, many female nurses continued to espouse these views of gender equality after the war. Though some, such as Mary Ann Livermore, fought for total equality,
many nurses after the Civil War sought to improve their own legitimacy within the medical sphere rather than fight for total gender equality. Kate Cumming accurately states this opinion for female Civil War and postwar nurses alike when she stated, “I ask but one thing from any surgeon, and that is, to be treated with the same respect due to men in their own sphere of life. I waive all claim that is due to me as a lady, but think I have a right to expect the other.” Just like nurses during the Civil War, the younger trained nurses after the war continued to see the ward as their legitimate sphere. However, what was accomplished during the Civil War was the idea that women were well suited to be nurses, not that women and men were equal. As one will later see, what female nurses did during the Civil War was gain the acceptance of doctors as nurses, not as equals.

Females holding these views that the hospital ward was their sphere initially experienced conflict with the male medical establishment. According to some historians, doctors on both sides largely saw nurses as incompetent and the move to use them was only a measure taken due to the dire need for caretakers. Even if women were allowed, military surgeons in the hospitals believed that women should acknowledge the top-bottom military hierarchy that started with the President of the United States and ended with the hospital surgeon. Even civilian doctors, though not directly apart of this military hierarchy, at least saw themselves as superior to women. Though the secondary general hospitals contained military and volunteer doctors alike, many surgeons simply saw the hospital as a male environment that women were not to be a part of. Another concern from men was the ability for women to adapt to the hospital environment. In contrast to today’s hospitals, secondary general hospitals during the Civil War

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85 Schultz, 167, 147.
86 Harwell, 124.
87 Adams, 176; Cunningham, 78.
88 Roberts, 116.
89 Rutkow, 10; Freemon, 54.
were filled with blood and men writhing in agony. Still, there were cases of women defying military law and adapting to the hospital environment, proving themselves and winning the acceptance of most physicians and surgeons.

Though the battle of Bull Run greatly motivated both sides to build a larger hospital infrastructure, both sides recruited nurses with expectations that they would adhere to what Florence Nightingale called “silent obedience.” In some instances, however, the nurses ignored this rule, even going so far as to consider the authority of the physician as their largest problem in keeping patients from getting well. For instance, when Dr. Avent told Miss Cumming that he was a strict disciplinarian, she laughed at him and called him a “pharaoh.” To Cumming, Dr. Avent was a part of the hospital operation, not the head. In addition, her complete attitude of insubordination showed that the doctor’s word was not final. As stated previously, Georgeanna Woolsey defied military order when both Miss Dix and the hospital administrator ordered her to leave. In both of these cases, the nurses were audacious by not practicing this silent obedience.

In addition to these examples, Hannah Ropes’ diary contains two instances in which she completely bypassed this military hierarchy. In both instances, Ropes came into conflict with her supervisor, Dr. Clark. In an episode from October 11, 1862, Ropes tried to dismiss the new laundryman, who worked under her, based on his comment that he was trying “to make all the money he could out of the hospital.” When Dr. Clark ignored her petition, she immediately wrote to Surgeon General Hammond, claiming that Dr. Clark had dismissed her because she

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90 Harwell, 166.
91 Adams, 182.
92 Reverby, 46.
93 Harwell, 121.
94 Austin, 51.
95 Brumgardt, 74.
could not give a reason for her conclusion. She explicitly told Dr. Hammond that she based her
conclusions on a woman’s intuition, a trait she highly valued, and his gestures. The message of
her letter was not to fire Dr. Clark due to his conduct. She explicitly stated that she was
subordinate to him and that “there can be no personal contest between us.”96 Rather, the purpose
of the letter was to get rid of the steward. Though Dr. Hammond did not recognize Ropes’ case,
it did not keep her from speaking out in a latter instance.

Hannah Ropes’ second conflict with Dr. Clark caused her to take brave measures that
eventually resulted in his removal. When Ropes found Dr. Clark admitting that he was drunk
and carousing in the halls, she decided that she had had enough.97 After talking with the medical
inspector, Dr. Perley, who rejected her in the same fashion that Dr. Clark did, Ropes decided to
meet Surgeon General Hammond in person. After she had waited for some hours, he stated that
he had merely rebuffed her without “Christian courtesy.” Ropes then directly met with Secretary
of War Edwin Stanton, who did answer her request for his audience. In a letter dated November
1, 1862, Ropes wrote that Stanton stated to the functionary, “Go to the Union Hospital with this
lady... then arrest the steward and take him to a cell in the Old Capitol Prison, to await further
orders!”98 Ropes eventually testified against Clark and stated that he sold rations, stole clothes,
and starved her boys.99

“Mother” Mary Ann Bickerdyke was like Hannah Ropes in her initiatives to bypass
military authority. She was a woman who had tremendous influence, even over the surgeons.
Because of her personal relationship with General Sherman, Mother Bickerdyke was able to
bypass the military bureaucracy to take care of her “boys.” In one instance, she was dissatisfied

96 Ibid., 77.
97 Ibid., 92.
98 Brumgardt, 83-85.
99 Ibid., 107.
with a surgeon’s conduct and worked with the military authorities to discharge him. When that surgeon went directly to General Sherman, he flatly stated that he could do nothing for the man because even Mother Bickerdyke “outran ked him.”\(^{100}\) For Mother Bickerdyke, the surgeon’s orders were mere suggestions. One time, her will to care for her “boys” led her to take surgeon’s orders directly to the commanding officer to resign them.\(^{101}\) Another time, when a surgeon directly confronted her about his order for a soldier to not eat eggs, she simply stuffed eggs under the patient’s pillow without her “superior’s” knowledge.\(^{102}\) Truly, Mother Bickerdyke was the paragon of female nurses who disobeyed military authority.

With nurses’ perspective addressed, what was the perspective of doctors at the time and how did it affect nursing in the future? Two doctors, Dr. John H. Brinton and Dr. S. H. Stout, shared their perspectives of female nursing during the war.\(^{103}\) It appears that initially both doctors saw disliked the ideas of incorporating nurses into the hospital system. Dr. Brinton, who served as the medical director for General Grant and director of various hospitals, had to resort to women as nurses due to the lack of available convalescent soldiers.\(^{104}\) His early writings state that women “defied military order” and were “hags.”\(^{105}\) It appears that the source of Brinton’s frustration was the nurses’ lack of training and discipline. This attitude changes over the war as

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\(^{100}\)  Brockett, 176.
\(^{102}\)  Baker, 144. Both Frank R. Freemon and Nina Brown Baker wrote of this instance. However, their interpretations of the instance were different with respect to outcome. Freemon wrote that Bickerdyke and the doctor had an eventual compromise with the soldier being allowed feel the eggs and not eat them until he got well. Baker writes that the doctor wrote to his military superiors about the incident. However, in going back to Mary Ann Livermore’s diary *My Story of the War: A Woman’s Narrative of Four Years of Personal Experience as a Nurse in the Union Army*, the source that both Freemon and Baker use to chronicle the incident, I find that the outcome is different from what both Freemon and Baker wrote. Instead of both instances, the doctor simply refused to hear what Bickerdyke was saying and just walked away.
\(^{103}\)  Due to the relative dearth of primary sources from medical directors concerning relations with nurses, these two doctors were the only ones I could find.
\(^{105}\)  *Ibid.*, 44.
Brinton did mention that nurses were a “godsend.” Dr. Stout mirrored Brinton’s experience. During the war Stout was director of the Gordon Hospital in Nashville and later director of all hospitals for the Army of Tennessee. Stout initially prohibited nurses from working in hospitals because he saw them as an impediment to his work. However, over the war he employed nurses such as Kate Cumming because he saw their use, even stating that “Aged and stately matrons... who perhaps never left home the distance of a mile without an escort, undauntedly entered hospital wards or visited in and out of the way places sick and wounded Confederate soldiers administered to them.” Though not directly stated, Dr. Stout could have also experienced similar frustrations as Brinton in dealing with nurses due to their lack of education and discipline.

Submission, Discipline, and Inculcation

How did this initial conflict with doctors in a military setting shape the future professionalization of nursing? During the war Dr. Brinton stated that “In short this female nurse business was a great trial to all the men concerned, and to me at Mound City soon became intolerable.” While he later saw Union nurses as an asset, he and other doctors supported the idea that many middle- and upper-class women should be trained like Catholic sisterhoods such as the Sisters of Charity. Though during the war some nurses bypassed military authority, the muddy relationship between doctor and nurse in the military environment of the Civil War was solidified after the war via nursing education. Many of these incidents of disregarding the doctor’s authority, by being addressed by Nightingale’s “retempering” training, would be

106 Ibid., 294.
107 Ibid., 17.
108 Harwell, 125.
110 Brinton, 44.
eliminated as the female nurse would be distinctly seen as being under the male doctor. Nursing educators and doctors stressed concepts such as submission and loyalty in these training schools. Indeed, these traits were what many educators saw distinguished trained from untrained nurses.

Discipline was also another trait that nursing schools stressed. Schools stressed this by requiring nurses to abide by a strict moral code and wear uniforms. Physicians argued against the teaching of theory because it would provoke women to “suggest” ideas to the doctor and patient. Though nurses and doctors established a professional and often ambiguous relationship during the war, the founding of nursing training schools after the war confined women to a specific role, which in turn legitimized the paradigm of male doctor over female nurse. Thus, the conflicts between doctors and nurses during the Civil War fueled a reaction that manifested itself in nursing training programs, which over time recruited and trained a class of females who would not contest the authority of the doctor.

Concerning the work environment, I have found, through the written letters and diary entries of the nurses that I have read, that many female nurses and doctors operated with a spirit of trust. Cornelia Hancock, in a letter to her sister on November 17, 1863, stated that she was getting along very well with Dr. Powell, and that “he lets me do pretty much as I please.” Because of this freedom, she felt that she was able to improve the overall environment of the ward. Later on, she reflected her own trust of a doctor by stating that she shall follow Dr. Dwinelle’s advice because he always “led me a right.” Other nurses also reflected this

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112 Reverby, 50.
113 Ibid., 51; Andrist, 9.
114 Ibid.
115 Reverby, 53.
116 Andrist, 10.
117 Jaquette, 36.
118 Ibid., 74.
reciprocal nature of trust. 119 Hannah Ropes, amidst negative reviews of surgeons in the same paragraph, stated that overall the surgeons were "goodish." 120 Though she remarked that "the doctors are young but fine fellows," she seemed to trust their orders and follow them throughout her letters. 121 This trust seems to be on a professional level where a doctor, instead of micromanaging nurses' duties, let the nurses do what they thought would be in the best interest of the patient. Thus, the female nurses who worked in hospitals during the war seemed to set a professional working relationship with doctors that continued after the war when doctors wanted trained nurses who could still accomplish the same goals that experienced but untrained nurses started during the war. 122

The relationship between doctors and nurses did not simply end with trusting each other at work. In fact, their interactions continued into the social level, sometimes on a regular basis. Some female nurses, like Cornelia Hancock, grouped themselves with the doctors and claimed that we "are very jolly and sometimes we have a good time." 123 Other times, relaxation occurred after work when doctors and nurses alike would spend time together. This is the case with Hancock when, after declining to play cards with the doctors and stay a bit, overheard them talk of her. 124 Doctors and nurses even intermingled at church. Kate Cumming wrote of this experience in her diary by stating that "Dr. Quintard preached a very fine sermon." 125 Overall, not only did these individuals work together; they also lived together.

Though nurses and doctors having positive relations could have colored their view of competence of each other, the nurses were candid in their diaries and letters. Hannah Ropes, in

119 Harwell, 125.
120 Brumgardt, 96.
121 Ibid., 92.
122 Jamieson, 223.
123 Jaquette, 14.
124 Ibid., 86.
125 Harwell, 117.
writing her review of Dr. Clark, clearly supports this idea.\textsuperscript{126} Indeed, though nurses would praise doctors for their knowledge, they would also call them out when they were overstepping their professional boundaries or engaging in something unethical. Cumming does exactly this when she wrote of calling Dr. Avent a pharaoh and then subsequently mentioned that he did much good in converting “old stores into very nice wards.”\textsuperscript{127} Indeed, in giving an initial opinion of a doctor, Cornelia Hancock immediately stated that “Dr. Miller is worse than Doctor Dudley and I like him [Dr. Dudley] very much.”\textsuperscript{128} Though Hancock stated that she got along well with Dr. Miller, she clearly made a comparative basis of his skill to that of Dudley’s.

From the interactions during the Civil War between doctors and middle- and upper-class female nurses a professional working relationship budded which continued to develop after the war.\textsuperscript{129} This experiment legitimized nursing as a profession throughout the rest of the nineteenth century. Theses experiences created a demand for formal training of nurses to establish a trained profession. Doctors saw nurses as an asset rather than a liability. After the war, a few devoted their efforts to the professionalization of nursing while others seemed to look for reform in other areas.\textsuperscript{130} For example, Georgeanna Woolsey and her sisters set up a nursing school.\textsuperscript{131} Nurses who did not continue nursing were Kate Cumming, Mother Bickerdyke, and Mary Ann Livermore.\textsuperscript{132} These women continued reform, though not necessarily nursing. In spite of this, the professional working relationship between doctors and nurses was set for a new class of trained female nurses.

Conclusion

\textsuperscript{126} Brumgardt, 88.
\textsuperscript{127} Harwell, 121.
\textsuperscript{128} Jaquette, 72.
\textsuperscript{129} Kalisch, 53
\textsuperscript{130} Schultz, 164, 170.
\textsuperscript{131} \textit{Ibid.}, 171.
\textsuperscript{132} \textit{Ibid.}, 152, 156, 167.
Overall, the Civil War affected the professionalization of female nursing in many ways. Middle- and upper-class women, having never been sent to do work so removed from their families, entered a new environment. Though this class of women had never been a part of the hospital scene, many doctors saw their usefulness and emphasized the necessity of having well-bred women (middle- and upper-class women) vis-à-vis the hospital environment. Because of this, the female Civil War nursing experience itself set a precedent for female nurses to earn a wage outside the home. This also set a precedent for the labor force in general. With respect to organizing these middle- and upper-class women the same trend continued in organizing and seeking trained nurses in later wars. Union organizations such as the United States Sanitary Commission set a standard in which later organizations such as the American Red Cross continued to recruit nurses in later wars.

The women on both sides during the Civil War entered an arena with no clearly defined standards with respect to what their job description was. As a result, their duties reflected this by being broad and vague. However, these female nurses taking part in a wide variety of duties affected the professionalization of female nursing by having doctors and nursing educators select which duties would be reinforced in nursing training schools after the war. I find that doctors and nursing educators saw the qualities of the feminine character as more important to the professionalization of female nursing than a female nurse’s ability to care for the sick. Thus, I find that after the war these schools reflected this in their curriculum of “retempering” by emphasizing nursing character more than giving a patient medical care. 133 My research shows that after the war female Civil War nurses affected the professionalization of nursing by setting a precedent of expressing these “feminine” virtues. The male medical establishment and nursing educators would decide which character traits would be included in the ideal trained nurse.

133 Reverby, 47.
Concerning the areas of discord and cooperation between doctors and nurses, I find that the doctor's and nurse's overall experience reflected more than just juxtaposing one gender sphere with another in a hospital context. Though there were different views of gender equality at the time of the Civil War than in modern times, I find that doctor's initial antagonism to nurses was not so great as I was expecting. Though some surgeons were antagonistic towards the idea of incorporating female nurses into their systems, many, over the course of the war, saw their use and gave actions, public and private, that reflected this appreciation. I find that these actions, such as Dr. Vanderpool's writing in the *New York Tribune* of the great works of Cornelia Hancock, transcended any views from doctors that women were a nuisance and a problem. 134 Because of the cooperation between doctors and nurses both groups established a professional working relationship during the war that continued even after the war. During and after the war, each gender respected the other's sphere. Thus, the relationship between doctors and nurses during the Civil War is important to the professionalization of nursing because it legitimized the professional relationship between doctors and nurses and revealed that male doctors and female nurses working together was effective.

Though doctors and nurses established a positive professional relationship, I find that the push for total gender equality did not happen. Many women, during and after the Civil War, entered the hospital sphere and proved the legitimacy of women as nurses, not women as equals. Though doctors continued to see women as legitimate after the war, the idea of middle- and upper-class women working for a wage outside the home was a small step toward this equality. In spite of this lack of a paradigm shift, I consider the relationship between male doctors and female nurses during the war set a professional standard for the rest of the century.

134 Jaquette, 105.


