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“THEY SET THEMSELVES TO UNDERMINE THE WHOLE THING”: GENDER AND AUTHORITY IN THE WORK OF UNION FEMALE NURSES IN THE CIVIL WAR

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Abstract
The Civil War marked American women's entry into the arena of public nursing. The influential reformer and advocate for the mentally ill, Dorothea Lynde Dix, was appointed Superintendent of Female Nurses in 1861. Dix was tasked with supervising all female Union nurses, establishing hospitals, and coordinating the arrival and distribution of supplies for the Union army. The responsibilities of the position were immense. Despite attempts to centralize her authority over the female nurses, by the end of the war, Dix had lost her administrative influence. Lacking effective administrative oversight, upper-class female nurses relied on existing social networks in order to obtain their nursing positions, as well as additional supplies for themselves and their patients. In doing so, the women consciously challenged and circumvented established administrative authority. Similar manner of behavior is also reflected in the nurses' interactions with the predominantly male hospital administrators and military authorities. The nurses' interactions with their male administrators reveal the women's decision to both embody and defy gender expectations in order to fulfill their nursing duties. This study concludes that the upper-class female nurses serving in Union hospitals exercised their own authority by circumventing and challenging established administrations in order to advocate for their patients.

Keywords
Civil War, Civil War Hospitals, Gender, Military Hospitals, Nurses, Women's History, American history

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“THEY SET THEMSELVES TO UNDERMINE THE WHOLE THING”: GENDER AND AUTHORITY IN THE WORK OF UNION FEMALE NURSES IN THE CIVIL WAR

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THESIS

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ABSTRACT

“THEY SET THEMSELVES TO UNDERMINE THE WHOLE THING”: GENDER AND AUTHORITY IN THE WORK OF UNION FEMALE NURSES IN THE CIVIL WAR

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University of New Hampshire, May, 2017

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INTRODUCTION

“I want something to do.”¹ This opening line of Hospital Sketches, a fictionalized account of Louisa May Alcott’s time as a Civil War nurse, summarizes Alcott’s motivation for leaving her hometown in Concord, Massachusetts for the hospital wards of the Union Hotel Hospital in Georgetown. A similar desire for “something to do” was at the heart of many women’s decisions to serve as nurses during the Civil War.² Patriotic fervor, a sense of adventure or duty, and financial opportunities were also influential; yet, ultimately it was a desire to do something that spurred the women to action.

A desire for “something to do” sparked my own interest in researching the experiences of Civil War nurses. An acquisition by the New Hampshire Historical Society of items belonging to Sarah Low, a Civil War nurse from Dover, New Hampshire started me on my path. What started as a casual reading of Low’s correspondence quickly turned into a more serious research project culminating in the publication of the article, “Sarah Low and ‘The Bostonians’: The Role of Social Networks among Civil War Nurses” in Historical New Hampshire.³ The ideas first explored in the article are further developed in the following chapters.

Although scholars have added female voices to the Civil War narrative, there is still comparatively little scholarship focusing specifically on the women who served as nurses. The first books on Civil War nurses were memoirs, diaries and collections of correspondence written by several female nurses to earn income after the war. These include Sophronia Bucklin’s In Hospital and Camp, Amanda Atkin Sterns’ The Lady Nurse in Ward E, Mary Livermore’s My Story of the War, Georgeanna Woolsey’s Three Weeks at Gettysburg, and Jane Stuart Woolsey’s

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¹ Louisa May Alcott, Hospital Sketches (Roseville: Edinborough Press, 2007), 1.
² Ibid., 1.
Hospital Days: Reminiscence of a Civil War Nurse.\textsuperscript{4} Two biographical compilations highlighted women’s contributions to the war: Woman’s Work in the Civil War (1867) by L. P. Brockett and Mary C. Vaughan and Our Army Nurses: Interesting Sketches, Addresses, and Photographs of Nearly One Hundred of the Noble Women Who Served in Hospitals and on Battlefields during Our Late Civil War (1895) by Mary Gardener Holland.\textsuperscript{5} Neither work is exhaustive. Both included biographies of the women who chose to be included or, perhaps, were acquainted with the authors. Biographies and experiences of women belonging to lower social classes or differing racial backgrounds were excluded from the pages.

Despite this first wave of publications memorializing the female nurses’ contributions to the war effort, it was several decades before academic scholars focused on the women’s experiences. Studies of female nurses during the Civil War mirror the larger historiographical developments in academic scholarship. The first academic studies mentioning female nurses dealt with the broad experiences of women in the North and South during the Civil War. In 1966, Mary Elizabeth Massey published Bonnet Brigades, which was designed to “show how the Civil War affected American women.”\textsuperscript{6} Massey argued that “the Civil War compelled women to become more active, self-reliant, and resourceful, and this ultimately contributed to their


economic, social, and intellectual advancement.” In a small portion of her narrative, Massey delves into the reasons why women desired to serve as nurses and discussed the public backlash that occurred when women first entered the hospitals. Massey also included little vignettes of particular women such as Dorothea Dix, Clara Barton, and Mary Livermore of the Union and Kate Cumming of the Confederacy. Future scholars built on Massey’s observations to explore how the women on both sides participated in the war.

Most of these scholars borrowed Massey’s format, analyzing women on both sides of the war and highlighting specific individuals to illustrate general observations. Works such as Mothers of Invention: Women of the Slaveholding South in the American Civil War, by Drew Gilpin Faust, and Daughters of the Union: Northern Women Fight the Civil War, by Nina Silber, were instrumental in shaping the perceptions of Civil War women in both South and North. Other scholars have focused on specific aspects of women’s lives. Elizabeth D. Leonard in All the Daring of the Soldier: Women of the Civil War Armies (1999) focused on women’s participation in both armies, Union and Confederate. While Leonard is mainly interested in the “women who disguised themselves as soldiers and fought in the American Civil War,” her book also discusses “the women who served the armies.” However, female nurses are completely omitted from Leonard’s study, aside from a brief mention of Franklin Thompson (Sarah Emma Edmonds), who served as a male nurse. This mention and a brief description of female nurses

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7 Ibid., xxii.
8 Ibid., 43-60.
11 Ibid., 18-19.
12 Ibid., 171.
discovering the disguised female soldiers is the extent of Leonard’s discussion of the nurses.\textsuperscript{13} For Leonard, service in the army did not include the women who followed the armies’ movements and acted as nurses.

Historian Judith Ann Giesberg does examine female nurses in her \textit{Civil War Sisterhood: The U.S. Sanitary Commission and Women’s Politics in Transition} (2000).\textsuperscript{14} Central to Giesberg’s study is the relationship between the United State Sanitary Commission, an organization that collected and distributed supplies to hospitals and soldiers, and female nurses at the Union hospitals. Giesberg also highlights the conflict between Dorothea Dix, Superintendent of Female Nurses, and the administrators of the Sanitary Commission.

One of the few works to focus specifically on female nurses during the war was Jane E. Schultz, \textit{Women at the Front: Hospital Workers in Civil War America} (2005). Schultz “looks broadly at hospital work across regions, races, and classes, insistently foregrounding differences among women and restoring agency to those whose voices did not rise above the pitch of traditional source narratives.”\textsuperscript{15} An analysis of race, social status, and religious affiliation of the female nurses is central to Schultz study. Focusing on the women of various social and ethnic backgrounds, Schultz argues that “Southern women’s hospital experience revolved around their perception of class differences, whereas for Northern women, racial divisions more compellingly structured their work.”\textsuperscript{16} Richard H. Hall also covers nurses in his reexamination of the experiences and participation of women on the Civil War battlefields. Published in 2006, \textit{Women on the Civil War Battlefront} adds to the traditional narrative the women who worked in a variety

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{13} Ibid., 122.
\item \textsuperscript{15} Jane E. Schultz, \textit{Women at the Front: Hospital Workers in Civil War America} (Chapel Hill: University of North Carolina Press, 2005), 2.
\item \textsuperscript{16} Ibid., 5.
\end{itemize}
\end{footnotesize}
of capacities, including laundresses and nurses.\(^{17}\) Hall explains, “for all practical purposes, they were soldiers. Many marched with the regiment – camping in field and experiencing all the hardships of military life, including extremes of weather and inadequate food – and were exposed to enemy fire on or near the battlefield.”\(^{18}\)

Existing scholarship largely focuses on describing the duties of female nurses while acknowledging the tensions between the nurses and the hospital administration. Many scholars see the tense interactions arising from the fact that the women’s presence in the hospitals challenged the traditional gender expectations for women of the era. This study, however, focuses on the actions of the nurses themselves and reveals that their decisions were more nuanced than simply pushing back against a male-dominated bureaucracy. Instead, what is revealed is that the nurses had an awareness of the societal expectations for female nurses, which they merged with the gendered expectations of the era. This allowed the upper-class women who served as Union nurses to conform to the hierarchical administrative structure of the hospitals, while simultaneously directly challenging and even circumventing the bureaucracy in order to provide care for their patients.

The first chapter examines the responsibilities of the Superintendent of Female Nurses, Dorothea Lynde Dix. It reveals how Dix attempted to centralize her authority over the female nurses, but reveals also that she was ultimately unsuccessful due to the demands of the position, and to her own personality and administrative style. Her ineffective administration led some Union women to circumvent Dix completely, choosing instead to rely on their own social networks established before the war.

\(^{18}\) Ibid., 25.
Chapter two reveals that the female nurses consciously circumvented the established administrative authority, particularly Dix, preferring instead to rely on pre-established social connections. The nurses relied on their social networks to obtain nursing positions, as well as additional food and hospital supplies for themselves and their patients. Through these actions, the women became confident in their own abilities to provide the necessary care for their patients. This confidence allowed the nurses to act as both advocates and caregivers.

Chapter three focuses on the nurses’ interactions with hospital administration and military authority. The chapter discusses how the nurses’ both embodied and defied gender expectations in order to fulfill their nursing duties and ensure, to the best of their ability, their patients’ recovery.

This study concludes that the upper-class female nurses serving in Union hospitals exercised their own authority by circumventing and challenging established administrations in order to advocate for their patients.
“THIS IS NOT THE WORK I WOULD HAVE MY LIFE JUDGED BY”:
DOROTHEA DIX’S STRUGGLE TO MAINTAIN ADMINISTRATIVE AUTHORITY

On April 19, 1861, seven days after the bombardment and surrender of Fort Sumter in Charleston harbor, a band of Confederate sympathizers attacked the Sixth Massachusetts Regiment in Baltimore as it traveled through the city on its way to Washington, DC. Learning of the attacks, fifty-nine year old Dorothea Dix immediately traveled to Baltimore to offer assistance. Determined to play an active role in the war, Dix wrote to childhood friend Anne Heath, “I think my duty lies near military hospitals.”

By the time she arrived in Baltimore the skirmish was over. Hospitals had been hastily established, and the wounded soldiers treated and cared for. Judging the conditions of the temporary hospitals adequate, Dix continued on to Washington, D.C. Upon her arrival, Dix went straight to the War Department, to volunteer. John G. Nicolay, President Abraham Lincoln’s secretary wrote, “we have been much impressed with the conditions surrounding us by the arrival this evening of Miss Dix who comes to offer herself and an army of nurses to the government gratuitously for hospital service.” Aware of the immediate need for administrative leadership in establishing military hospitals and supervising female nurses, Secretary of War

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3 Sources differ about the timeframe of Dix’s arrival in Washington, DC and her meeting with the Secretary of War. Some secondary sources note she met with him the same day, while others mention it was the next. What is clear is that within the first few days of her arrival in Washington, DC, Dix received her appointment.
Simon Cameron accepted Dix’s offer of service. In April 1861, Dix was appointed Superintendent of Female Nurses. 

With the official appointment, Dix became the first female in the United States to hold such an influential administrative position in the federal government. Her successful career as an advocate and reformer for the mentally ill provided her with experience, authority and a philanthropic network of supporters that she could rely on in her new role as Superintendent. For contemporaries of Dix, her appointment to the position was logical. The responsibilities, however, were immense.

What started off as a promising and high-ranking position within the American government, however, proved to be too big a task for a single person. Despite drawing on all her experience in institutional reform, Dix was unable to fulfill the mission of her appointment. Strict guidelines for nurses, tense interactions with hospital staffs, and a controlling administrative style resulted in a steady decrease in her administrative authority. By the end of the war, Dix was Superintendent of Female Nurses in name only. “This is not the work I would have my life judged by,” wrote Dix to Heath. Displeased with the results of her wartime administration, Dix retreated back to her work on behalf of the mentally ill. When asked by Secretary of War Edwin M. Stanton what she would like in recognition for her years of service during the war, Dix simply requested, “the flag of my country.” Why did this celebrated reformer, known across the country for her advocacy on behalf of the mentally ill, struggle to maintain administrative authority as Superintendent of Female Nurses?

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6 Ibid., 268.
7 Marshall, Dorothea Dix, 207.
8 Gollaher, Voice for the Mad, 419.
9 Tiffany, Life of Dorothea Dix, 339.
10 Ibid., 342.
The earliest scholarship focusing on Dix reflects a sense of awe and admiration for the woman. In the first complete biography, *The Life of Dorothea Dix* (1937), Francis Tiffany conveyed Dix’s “remarkable story”. Gladys Brooks praised Dix for her work as a “humanitarian” and “martyr” in *Three Wise Virgins* (1957). In biographies by Helen Marshall and Dorothy Clark Wilson, Dix is cast as a sympathetic character, devoting her life to the causes she adamantly believed in. In all these biographies, Dix’s experience in the Civil War is described as a failure due to the enormity of the responsibility. The works also hint that Dix’s domineering personality and chaotic administrative style may have limited her ability to successfully navigate the political and military authoritative hierarchies.

Two more recent biographies attempted to contextualize Dix’s apparent failures as Superintendent of Female Nurses. In *Dorothea Dix: New England Reformer* (1998), Thomas J. Brown argues that, within her role as Superintendent of Nurses, Dix realized that the “opportunity represented a logical capstone to her career,” but that a shift in social and political values left her unable to achieve her reformist goals. In *Voice for the Mad: The Life of Dorothea Dix*, David Gollaher argues that Dix’s abrasive personality, her inability to work with others, and her unwillingness to delegate responsibilities were significant factors in her failure as a Civil War administrator. Neither Brown nor Gallaher, however, take an in-depth look at the multifaceted issues and interactions that led to the decline of her administrative power.

Contemporary accounts of Dix shed light on her complicated mannerisms and personality. Dix was described by her fellow nurses as “a stern woman of few words,” “slately as

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11 Ibid., x, iii.
14 Gallaher, *Voice for the Mad*, 95-422.
a cathedral,” and “the very concentrated quiet essence of blandness.” One nurse wrote that Dix possessed a very “unsympathetic manner.” However, she was also remembered as being concerned and caring for her fellow nurses when they were ill. When she contracted typhoid fever, Louisa May Alcott wrote in her diary that “Miss Dix brought a basket full of bottles of wine, tea, medicine, and cologne, besides a little blanket and pillow, a fan, and a testament.” Alcott added, “[Dix] is a kind old soul, but very queer and arbitrary.” Though her reputation for harsh abruptness preceded her, contemporaries of Dix agreed that she was a “dignified lady” who was devoted to her mission with her whole being.

According to her commission, Dix was responsible for assisting with “organizing military hospitals…supplying nurses and [providing] substantial comfort and relief of the suffering.” Dix was also tasked to “receive, control and distribute special supplies bestowed by individuals or associations.” To achieve her goals, she was given permission to draw directly from government supplies. These responsibilities were not geographically limited and therefore extended to the entire Union army. Employing the same tactics that had worked so successfully in her reform of the insane asylums, Dix traversed the Northern states, establishing military hospitals and appointing female nurses.

A close reading of the correspondence and memoirs of female nurses who worked in the military hospitals reveal how and why Dix’s administrative authority was diminished over time. As seen in previous scholarship, Dix’s abrasive personality was an important factor in the tone of

15 Hannah Stevenson to Peggy, July 31, 1861, Curtis-Stevenson Family Papers, Massachusetts Historical Society.
17 Ednah D. Cheney, ed., Louisa May Alcott: Her Life, Letters, and Journals (Boston: Roberts Brothers, 1890), 146.
18 Ibid., 146.
19 Adelaide W. Smith, Reminiscences of an Army Nurse During the Civil War (New York: Greaves Publishing Company, 1911), 120.
20 Gollaher, Voice for the Mad, 405-406.
21 Ibid., 405-406.
22 Ibid., 405-406.
her interactions with nurses and surgeons. This, combined with her rigid expectations for nurses, her administrative style, and her tense interactions with both nurses and surgeons, led to the decline in both her authority and wartime responsibilities.

The Civil War was a transformative moment in the nursing profession. Prior to the war, the profession was dominated by men. Antebellum women obtained nursing experience only through the care and nursing of relatives. This practice coincided with the social understanding of separate spheres, which dictated that a woman’s place was at home, safely overseeing the domestic space. The same understanding dictated that only men were allowed to work within the public sphere. Yet, war created a new situation. President Abraham Lincoln’s call for the recruitment of thousands of troops in April 1861 pulled northern men to serve as soldiers on the battlefield; at the same time it also opened opportunities for women to serve as nurses in the military hospitals.

Only two military hospitals existed in Washington, D.C. prior to the start of the Civil War: the E Street Infirmary, previously a civilian hospital, and the Union Hotel Hospital, converted from a hotel. After the First Battle of Bull Run, in July 1861, it was evident that the established military hospitals were insufficient to adequately care for the wounded that crowded into the Washington hospitals. Churches, houses, school buildings, and government offices were

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quickly converted into temporary hospitals.\textsuperscript{25} By March 1862, it was reported that there were “twelve General Army Hospitals in the District of Columbia and Alexandria, three in Baltimore, four in Annapolis, [and] two in Philadelphia.”\textsuperscript{26} At the conclusion of the war, there were at least twenty-four main military hospitals.\textsuperscript{27}

With the influx of sick and wounded soldiers, hospital staffs were quickly assembled. Early on, the preference was for men to serve as nurses, and the Union government relied on convalescent soldiers to nurse their fellow soldiers back to health.\textsuperscript{28} However, the increase in numbers of wounded raised the demand for able-bodied soldiers in the field as well as for nurses. Since only men could serve as soldiers, women were seen as the solution to nursing shortages, expanding opportunity for women in the hospitals. Convalescent soldiers, too, preferred to have female nurses. Accustomed to being nursed by female relatives at home, the soldiers argued that their fellow soldiers lacked a gentle and healing touch.\textsuperscript{29} Still, social prejudice against female nurses still had to be surmounted.

In order to sway public opinion, the \textit{Philadelphia Inquirer} published an article declaring, “the services of women as nurses should be made available in the general hospitals, where…they have heretofore been excluded.”\textsuperscript{30} Women, the newspaper asserted, were “great promoters of convalecescences.”\textsuperscript{31} Cast in the gendered rhetoric and assumptions of the era, such arguments made it more publically acceptable for women to serve. In return, spurred by patriotic fervor, financial opportunities, and a sense of adventure, many women actively sought nursing positions.

\begin{itemize}
  \item \textsuperscript{25} Ibid.
  \item \textsuperscript{26} “From Washington,” \textit{The Sun} (Baltimore), March 1862.
  \item \textsuperscript{27} Lawrence, “Organizations of the Hospitals in the Department of Washington.”
  \item \textsuperscript{29} “Female Nurses,” \textit{The Philadelphia Inquirer}, April 11, 1862.
  \item \textsuperscript{30} “Volunteer Nurse for the Army,” \textit{Philadelphia Inquirer}, June 1861.
  \item \textsuperscript{31} “Female Nurses,” \textit{The Philadelphia Inquirer}, April 1862.
\end{itemize}
Dorothea Dix was inundated with nursing applicants. Women, like Dix full of enthusiasm and a desire to be “useful,” arrived on Dix’s doorstep, unsolicited and ready to work. In most cases, there was no place for these women to go. The existing hospitals had already been staffed and other hospitals were not yet completed. Compassionate, yet possibly slightly annoyed, Dix opened her house to the women who arrived without a place to stay. Ultimately, Dix sent away most of the women due to lack of nursing positions, and because of what she rationalized as the women’s inability to fulfill the responsibilities of a nurse.

Northern women also arrived at military headquarters and encampments seeking employment as nurses. The appearance of these women in military encampments caused resentment among some officers who were forced to shelter and care for them until other arrangements could be made. In June 1861, Dix published a statement in the *Philadelphia Inquirer*, which, she hoped, would reduce the number of nursing applicants. The statement read, “Miss Dix has publicly requested persons not to send any women in search of employment to army stations, there being no provision made for such persons. When needed public notice will be given.” Dix was hoping to centralize her authority over all nursing applicants, while also ending the spontaneous appearances of women in military camps.

In an attempt to gain further control over the female applicants, and address society’s concerns regarding women in the hospitals’ wards, Dix published *Circular No. 8* on July 14, 1862. The circular outlined the type of women that Dix deemed appropriate to serve as nurses.

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32 Louisa May Alcott, *Hospital Sketches* (Boston: James Redpath Publisher, 1863), 96.
34 The original memo dated May 29, 1861, provides more detail on why women should not travel to military camps. Marshall, *Dorothea Dix*, 208; “War Details,” *Philadelphia Inquirer*, June 1861.
No woman “below the age of thirty-five years (35) nor above fifty” would be considered. Recognizing the physical strength and exertion that nursing required, Dix stipulated that “only women of strong health, not subject of chronic disease, nor liable to sudden illness, need apply.” Directly addressing concerns that unsupervised young women would be caring for wounded and vulnerable men, Dix wanted, “matronly persons of experience, good conduct, or superior education and serious disposition”; “Habits of neatness, order, sobriety, and industry,” she declared, “are prerequisites.” In addition, Dix outlined a dress code that would hold her nurses to the same standards of dress that she had adopted. Upon meeting Dix for the first time, Harriet Eaton of Maine described Dix as wearing a “broach and chain, dressed simply in black with lace inside kerchief.” This description echoes surviving daguerreotypes of Dix, that show an austere-looking woman dressed in grey or black, with a white lace handkerchief around her neck. Dix expected her nurses to similarly “dress plain – colors brown, grey, or black, and while connected to the service, without ornaments of any sort.” While a dress code would serve as a visible differentiator between the female nurses and civilian women visiting the hospitals, it also would reinforce a more practical matter. The hoopskirt was very fashionable at the time of the Civil War, but such a large swaying fabric would make it difficult to navigate the close quarters of the hospital wards.

36 Ibid.
37 Ibid.
38 Brown argues that Dix sought to imitate Florence Nightingale in her style of dress. Nightingale reached a level of worldwide renown for her reform of military hospitals and nursing during the Crimean War. According to Brown, Dix hoped to achieve a similar level of success and renown through her work in the Civil War. Brown, Dorothea Dix.
Dix’s stipulations on dress were initially met with censure and resistance. However, nurses’ letters home reveal their appreciation for the ease of performing duties without the fashionable hoop accessory. For example, upon first arriving at the Union Hotel Hospital, Sarah Low wrote to her aunt in New Hampshire that she was very glad she did not bring her hoop to Georgetown, since it would have made navigating the cramped corridors, steep stairs, and overcrowded rooms of the converted hotel nearly impossible.40 Fashionable hoopskirts could even be fatal, at least according to a memoir, *Half A Century*, by Jane Grey Swisshelm, who tells the story of a young man who died as a result of a fashionable hoop skirt. The soldier had suffered from a burst artery and his survival depended on him keeping absolutely still. However, two female visitors entered the ward, and as they walked past, one caught her skirt on the soldier’s bed, giving it enough of shake to rupture the wound. Swisshelm wrote, “the hemorrhage would probably have returned if they had not come in, but it did return, and the young, strong life ebbed steadily away in a crimson current which spread over the floor.”41

Swisshelm described in detail the style of dress that allowed her to carry out her nursing duties efficiently and successfully. She wrote, the “dress should be entirely destitute of steel, starch, whale-bone, flounces, and ornaments of all descriptions; should rest on the shoulders, have a skirt from the waist to the ankle, and a waist which leaves room for breathing.”42 Ease of movement, not high fashion, was essential for a nurse navigating the hospitals and tending to the wounded.

Perhaps influenced by Dix, by the end of the war nurses had generally adopted a tendency toward darker colors for their clothing. Duties such as dressing wounds and distributing

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40 Sarah Low to her Aunt, September 1862, Sarah Low Papers, New Hampshire Historical Society.
41 Swisshelm, *Half a Century*, 264.
42 Ibid., 124.
meals and medicines left the nurses and their clothing prone to spills and stains. Low described her daily dress (jokingly called her “uniform” by Dr. A. Coolridge) as a dark colored dress “with a white apron, white cap & collar, my corps pin & the white cross that most of the nurses wear.”43 “It does not look badly at all,” Low added.44

Despite Dix’s stipulations, female nurses did find outlets for stylistic expression, for example with bonnets and simple, practical accessories. “I had my old bonnet ‘newed’ up, and it looks delicious,” wrote Mary Phinney.45 While requesting a silk pincushion from home, Low wrote, “a nurse ought to have a little pincushion & scissors attached at her waist by a cord.”46 Dix’s stipulations on the nurses’ clothing show how she attempted to assert control over the appearance of the female nurses, but, as with other aspects of her administration, she was unable to effectively enforce them.

One of the most substantial critiques of Dix’s regulations was that she discounted capable and socially acceptable young women from serving as nurses solely on account of their age and appearance. Early in the war, twenty-eight year old Anna Lowell of Boston, Massachusetts traveled to Washington determined to serve as a nurse. Despite being highly recommended by Dr. Jackson, a prominent physician in Massachusetts and Lowell’s uncle, Dix rejected Lowell’s application, sending her back to Boston.47 Recalling the event, Lowell later wrote, “her only objection seemed to be that I was too young.”48 Despite being denied by Dix, Lowell went on to serve briefly as a nurse aboard Sanitary Commission hospitals ships. From 1862-1865, Anna

43 Sarah Low to her Aunt, July 8, 1864, Frost-Sawyer Collection, New Hampshire Historical Society.
44 Ibid.
45 James Phinney Munroe, ed., Adventures of an Army Nurse in Two Wars: Edited from the Diary and Correspondence of Mary Phinney Baroness von Olhnhausen (Boston: Little, Brown, and Company, 1904), 80.
46 Sarah Low to her Mother, 1862, Sarah Low Papers, New Hampshire Historical Society.
47 It is likely that her uncle is Dr. James Jackson, first physician at Massachusetts General Hospital. Dorothea Dix would have known of him through her network of connections in Boston from her work in the asylums. Anna Lowell to Sarah Low, November 6, 1862, Sarah Low Papers, New Hampshire Historical Society.
48 Anna Lowell to Sarah Low, November 6, 1862, Sarah Low Papers, New Hampshire Historical Society.
Lowell also served as nurse at the Armory Square Hospital in Washington, D.C. She received and succeeded in both positions without the support of Dix.

From the beginning, Dix insisted that she had “exclusive charge of accepting such [nurses] as she may deem properly fitted for service,” but as the war continued, she watched as determined young women circumvented her, finding nursing positions through other avenues.49 Lacking the political and administrative authority to remove unsanctioned nurses from their positions, Dix was forced to acknowledge these women as nurses. They were just not considered “her” nurses.

Dix’s administrative style contributed to a steady decline in her administrative authority. Overwhelmed with for the tasks of establishing and staffing military hospitals, yet unwilling to delegate responsibility, Dix was often ineffective. Her practice of frequent travel and brief stays in the hospitals created in a lack of regular oversight, which opened opportunities for nurses and surgeons to flex their own administrative authority. In one instance, Dix traveled with a group of nurses to a newly established hospital. Despite it being inadequately supplied, Dix only spent one night at the hospital. As she departed the next day, Dix left specific instructions for the women not to speak with the head surgeon, in order to reinforce the fact that she was the nurses’ immediate supervisor.50 Hannah Stevenson, one of these nurses, wrote to her family, “we have not seen her since except as she rushed throughout the city yesterday, too busy to speak more than a word.”51 Three weeks later, the conditions at the hospital had not changed. Checking on progress, Dix appeared at the hospital “on one of her flying calls,” but as usual did not stay

50 Hannah Stevenson to her family, August 3, 1861, Curtis-Stevenson Family Papers, Massachusetts Historical Society.
51 Ibid.
long.®  Constantly traveling from hospital to hospital, Dix observed the conditions, gave her opinion, and then left. “She flies in on her hurried visits,” Stevenson observed, “[and] leaves as much impression as one of the thousand shots with blank cartridges that are popping off every hour around us.”®

Lacking Dix’s immediate administrative oversight, nurses and surgeons directly challenged her authority within the hospitals. In 1861, Mrs. Brobson, the matron of the Columbia College Hospital in Georgetown, terrorized the rest of the hospital’s nurses and earned herself the nickname “Jezebel.”® Completely fed up, one nurse, a Miss Chase, confronted Dix, declaring that she could “stand it no longer [and would] leave if such treatment was allowed.”® Previously unaware of the situation, Dix promised to address the issue, and when she arrived, she instructed Brobson to pack her belongings. Dix intended to transfer Brobson to the hospital at Fortress Monroe, which, in her mind, would alleviate the tensions in Georgetown. Brobson refused to leave, however, and a month later, the issue was still unresolved. Dix returned and again demanded that Brobson leave for Fortress Monroe. Brobson still refused, and the surgeon in charge declared, “oh let her stay till she has a mind to go.”® Dix was forced to relent. Observing the event, Stevenson wrote, “don’t look for justice in the army (We think Miss D. has no real power…she has no regulation of [nurses] in this place, at any rate.”® It was clear to Stevenson and the rest of the staff that Dix lacked the authority to enforce her demands.

® Hannah Stevenson to her family, August 26-27, 1861, Curtis-Stevenson Family Papers, Massachusetts Historical Society.
® Hannah Stevenson to her family, September 12, 1861, Curtis-Stevenson Family Papers, Massachusetts Historical Society.
® Hannah Stevenson to her family, August 26-27, 1861, Curtis-Stevenson Family Papers, Massachusetts Historical Society.
® Ibid.
® Ibid.
® Ibid.
® Ibid.
Dix’s absences allowed other women to step in and demand authority from the hospital and nursing staff, as can be clearly seen in the events at Point Lookout in Maryland. Abby Gibbons and her daughter Sarah from Pennsylvania served as independent nurses throughout the war. Desiring to operate independently of Dix, the pair petitioned Surgeon General Hammond to allow them to travel to Point Lookout. “Our object,” Gibbons wrote, was “solely to have charge of the sick and wounded, and to aid with our stores, which are valuable; to give free service and to go, independent of restraint, except such as would be imposed by the Surgeon-in-charge; whom we are bound to respect.”\(^5\) With Hammond’s permission, Gibbons and her daughter joined Dix and a group of six other women, who were serving as Dix’s appointed nurses, on their journey to Point Lookout.

Dix was unaware, however, that Gibbons had asked Sarah Low and Anna Lowell, two nurses employed independently of Dix at the Army Square Hospital, to join them.\(^5\) About a week after Dix had left them at Point Lookout, her own nurses arrived back on her doorstep. Surgeon Wagner had assured her that her nurses were working out “splendidly” at Point Lookout, but Dix was caught off guard when Abby Gibbons appointed herself matron of the hospital, dismissed Dix’s nurses, and appointed her own in their place.\(^6\) Witnessing Gibbons’s seizure of authority, nurse Sophronia Bucklin at Point Lookout observed that Gibbons’s “strong Quaker sense of personal independence [and] her masculine contempt for all women not endowed with her energetic, unyielding will, rendered it exceedingly distasteful to her to

\(^{58}\) Sarah Hopper Emerson, ed., *Life of Abby Hopper Gibbons Told Chiefly through Her Correspondence, Volume I* (New York: G. P. Putman’s Sons, 1897), 44-345.
\(^{59}\) Low and Lowell were asked to accompany the Gibbons to Point Lookout. In the end, the two women stayed in Washington, DC, missing the events that unfolded at Point Lookout. Sarah Low Papers, February 5, 1864, New Hampshire Historical Society.
\(^{60}\) Sophronia E. Bucklin, *In Hospital and Camp: A Woman’s Record of Thrilling Incidents Among the Wounded in the Late War* (Philadelphia: John E. Potter and Company, 1869), 111-112.
recognize any superiority in the chosen Superintendent of Women Nurses.”\textsuperscript{61} Confronted with this blatant disregard for her authority, Dix visited Surgeon General Hammond, demanding to know “who had given Mrs[.] Gibbons the authority to discharge her nurses.”\textsuperscript{62} Despite having met with Gibbons, Hammond claimed that the authority did not derive from him. In fact, it appears that Hammond had been unsure about allowing Gibbons to travel to Point Lookout in the first place. “I don’t know how they’ll receive you. I don’t know anything about it,” Hammond is reputed to have told Gibbons. An inquiry into the situation determined that “inefficiencies” had allowed Gibbons to gain control over the nursing staff.\textsuperscript{63}

Surgeons too were frustrated with what they viewed as Dix’s interference and demanded authoritative control over the female nurses assigned to their hospitals. When the government mandated that a certain number of female nurses must be available within the hospital wards, depending on the number of the patients, surgeons were forced to accept the presence of female nurses. However, they actively resisted Dix and took steps toward limiting her influence, within the hospitals and among the nurses. At the Mansion House Hospital in Alexandria, Virginia, the surgeon “was determined to give [Dix] no foothold in any hospital where he reigned.”\textsuperscript{64} Historian Ira M. Rutklow claims that hospital surgeons were “jealous of [Dix’s] power, impatient of her authority. . . and accuse[d] her of being arbitrary, opinionated, severe and a capricious.”\textsuperscript{65}

Evidence of this can be seen in the way some of the surgeons treated Dix’s nurses. Hannah Stevenson, for example, was met with hostility when she arrived at the Columbia College Hospital, apparently without notification or consent. The surgeon in charge threatened to send

\begin{footnotesize}
61 Bucklin, \textit{In Hospital and Camp}, 12-113.
62 Ibid., 117.
63 Ibid., 117.
64 Monroe, ed., \textit{Adventures of an Army Nurse in Two Wars}, 32.
\end{footnotesize}
Stevenson away, arguing that he “did not send for any nurses.” Stevenson was allowed to remain but the surgeon declared that “Miss Dix had no right to bring any one here unless the surgeon sent for her.” This was not an uncommon occurrence. Nurse Sophronia Bucklin noted that “Miss Dix was subject to much annoyance by the frequent appearance of her competent nurses, who had been ordered to report to her by some domineering surgeon, whose love of power had been thwarted in some manner.”

Dix, aware that the surgeons did not want her nurses in their hospitals, was determined not to be forced out. Upon her arrival in Washington, nurse Mary Phinney was instructed by Dix “to take no notice of anything that might occur, and was to make no complaint whatever happens.” The message was clear; complaints would not be tolerated, since complaint or perceived unhappiness on the part of her nurses would be seen as evidence for Dix’s own ineptitude.

Despite her best efforts, individual surgeons actively resisted Dix’s authority. In 1862, for example, Dr. Willard Bliss demanded full control over the nursing staff at the Armory Square Hospital. Situated directly across from the Smithsonian Institution, it had been built as the premiere army hospital, showcasing the latest innovations in convalescent care and hospital ventilation. Due to its centralized location in Washington, it was not uncommon for President Abraham Lincoln and other government officials to visit the hospital. With such prestigious visitors, Bliss wanted to employ a nursing staff of upper-class women to oversee the wards and administer medications. Moreover, by obtaining complete control over the hiring and

66 Sarah Low to her mother, September 25, 1862, Sarah Low Papers, New Hampshire Historical Society.
67 Ibid.
68 Bucklin, In Hospital and Camp, 91-92.
69 Monroe, ed., Adventures of an Army Nurse in Two Wars, 32.
70 Winkle, Lincoln’s Citadel, 284.
administration of the female nurses, Bliss could ensure that neither he nor the nurses employed at the Armory Square Hospital would be answerable to Dix.

Sarah Low from Dover, New Hampshire was one of the first women appointed directly by Bliss at Armory Square. Recalling her first day at the hospital, Low wrote, “I have a sort of feeling as if I was tried there as an experiment & I am so afraid that I shan’t turn out good.” Low’s concern stemmed from her previous position as a nurse at the Union Hotel Hospital. At thirty-two years old, Low had been deemed by Dix too young to serve as a nurse, but Low defied Dix’s authority by staying in the hospital to assist family friend Hannah Stevenson with her nursing duties. When Stevenson returned to Boston, Low moved to the Armory Square Hospital as one of the first nurses appointed by Bliss. Despite her own initial concerns, Low excelled at her work. With permission from the War Department, Bliss subsequently dismissed all nurses employed by Dix and hired his own nursing staff.

The transition was not seamless. Upon learning of her dismissal, Miss Green, one of Dix’s nurses, looked directly at Low, saying, “I see very plainly that the preference is given to young nurses in this hospital.” Unnerved, Low wrote home, “she looks at me as if she would like to put her foot on me.” However, Bliss decided to allow Green to stay, and Low continued her letter, stating, “yesterday when I went back she was radiant. So I suppose she is to remain.” Dix, however, was furious about Bliss’s blatant disregard for her authority. She simply could not comprehend why Bliss would want to appoint his own nursing staff. Bliss was undeterred, although, in a possible attempt at smoothing things over, he did agree to rely on Dix to provide nurses in an emergency. It can be assumed that this concession did not help matters.

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71 Sarah Low to Hannah Stevenson, November 2, 1862, Sarah Low Papers, New Hampshire Historical Society.
72 Ibid.
73 Sarah Low to her Aunt, November 3, 1862, Sarah Low Papers, New Hampshire Historical Society.
Dix also encountered resistance from the very government bureaucracy that originally appointed her. In 1862, William Hammond was appointed to the position of Surgeon General of the United States Army. Hammond wanted Catholic nuns to serve as nurses in government hospitals, instead of the predominately Protestant nurses appointed by Dix. Nuns, he argued, were by nature of their religious obligations more respectful of male authority and established patriarchal hierarchy.\(^{74}\) However, this idea was criticized and resented by Protestant nurses. “Catholic nuns,” Gibbons wrote, “are the machinery of an Institution and do not minister to the broken down in spirit, who call loudly for the presence of women and are glad to find mothers and sisters near.”\(^{75}\) Jane Swisshelm, journalist and nurse, similarly observed, “Sisters of Charity…oh they never do anything in the ward but walk around and talk nice, and pray with the men who are going to die.”\(^{76}\) Despite Hammond’s preferences, Catholic nuns never did completely replace Protestant nurses, but, instead often worked side-by-side with them in the hospitals, administering to the needs of their patients. While the idea was ultimately unsuccessful, the preference for Catholic nuns is indicative of the desire of the military establishment to gain control over the hospital staffing, female nurses included.

Over time, interactions between Dix and hospital administrators dissolved into a power struggle over who would hold ultimate administrative power within hospitals. Dix found herself fighting a losing battle. As early as 1862, rumors of her dismissal from her position as Superintendent of Nurses circulated. “It is reported that she is to be removed very soon,” Low wrote in a letter home.\(^{77}\) However, it was not until October 1863 that Secretary of War Edwin Stanton, in General Order #351, all but dismissed Dix from her once prestigious position and

\(^{74}\) Winkle, *Lincoln’s Citadel*, 224.
\(^{75}\) Emerson, ed., *Life of Abby Hopper Gibbons*, 375.
\(^{76}\) Swisshelm, *Half a Century*, 137.
\(^{77}\) Sarah Low to her Aunt, September 1862, Sarah Low Papers, New Hampshire Historical Society.
stripped her of all administrative authority. "In two strokes of the pen," writes biographer David Gollaher, "Dorothea Dix had become a superintendent in name only." The order made four changes that in effect dissolved Dix of all her responsibility. First, she was no longer solely in charge of appointing female nurses; all appointments now had to be approved and "countersigned by Medical Directors." Second, female nurses could only be assigned to hospitals upon the request of the surgeons in charge. This overturned Dix’s practice of sending nurses to hospitals when and where she felt they were needed. Third, nurses who did not receive a certificate of appointment by the end of the year were to be immediately dismissed. This provision allowed hospital administrators to relieve any women they felt were unfit for duty. Fourth, and arguably the most damaging, was the statement, "women nurses…are under the exclusive control of their senior medical officer, who will direct their several duties, and may be discharged by him." A statement was added to the order stipulating that surgeons were now expected to explain the reason behind a nurses’ dismissal. Some Dix biographers have pointed to this provision as evidence that General Order #351 actually increased Dix’s authority. However, it is clear that this stipulation was a “hollow formality,” as Dix had no power to overturn the dismissals.

While General Order #351 might have caught Dix by surprise, the order came as no surprise to Cornelia Hancock, who had been told by Surgeon General Hammond of the order before its publication. According to Hancock, the order intentionally gave power to the surgeons

79 Gollaher, *Voice for the Mad*, 419.
81 Ibid., 225.
82 These certificates would later be essential for women when applying for pensions after the ward. Ibid., 225.
83 Ibid., 225.
“to choose their own nurses, as many objected to Miss Dix’s.”\textsuperscript{85} Observing that under Dix’s stipulations for nurses, Hancock did not qualify due to her age, Hammond had informed her that he would appoint any woman the surgeons requested, regardless of “age, size or looks.”\textsuperscript{86}

Despite General Order #351, Dix retained her title of Superintendent of Female Nurses for the remainder of the war, but her administrative authority was thereafter severely limited. Dix “tried to maintain an illusion of authority by ratifying the assignments issued by the Medical Department.”\textsuperscript{87} In August 1864, for example, Dix visited the Beverly Hospital in New Jersey. The hospital nursing staff had been appointed without her consent or approval, but Dix retroactively issued the nurses certificates of appointment. The certificate of nurse Georgeanna Woolsey reads, “Office of Superintendent of Women Nurses…Miss Woolsey having furnished satisfactory evidence of her qualifications for the position of a ‘Nurse’ in the employment of the Medical Department U.S.A, is approved.”\textsuperscript{88} The document was signed by Dix, but upon receiving her appointment, Woolsey wrote, “we had a good-natured laugh over a visit from Miss Dix, who, poor old lady, kept up the fiction of appointing all the army nurses.”\textsuperscript{89}

Dix continued to keep up appearances, working tirelessly to assist with the administration of hospitals and nurses in any way she could. However, Dix was never able to achieve the same level of respect and fame that she had achieved as reformer for the mentally ill. During war, there was no time to be wasted on ineffective administration of nurses or hospital staffs, and Dix was unable, and perhaps unwilling, to adapt her administrative style to conform to the demands

\textsuperscript{86} Ibid., 36.
\textsuperscript{87} Brown, \textit{Dorothea Dix}, 316.
\textsuperscript{88} Georgeanna Woolsey Bacon and Eliza Woolsey Howland, \textit{Letters of a Family During the War for the Union, 1861-1865} (New Haven: Tuttle, Morehouse & Taylor, 1899), 621.
\textsuperscript{89} Ibid., 620-621.
of the War Department. As a result, Dix’s once brilliant career and reputation as a successful administrator were casualties of war.
“THEY KNEW PERFECTLY WELL THAT SHE WOULD SAY ‘NO’":
BY CIRCUMVENTING DOROTHEA DIX FEMALE NURSES LEARN TO
EXERT THEIR OWN AUTHORITY
“Decided to go to Washington as a nurse if I could find a place. Help needed, and I love nursing, and must let out my pent-up energy in some new way,” wrote Louisa May Alcott in November 1862. Recently turned thirty years old, Alcott, a resident of Concord, Massachusetts was anxious for something new to do, and with the Civil War raging, serving as a hospital nurse seemed the logical answer to her desires. Decision made, Alcott submitted her name for consideration. While waiting for a reply, she spent her time writing and mending clothes to take to Washington. Conscious of the state of her wardrobe, Alcott observed that “nurses don’t need nice things, thank Heaven!” A letter from Hannah M. Stevenson of Boston, Massachusetts, arrived on December 11, 1862, directing Alcott to report to the Union Hotel Hospital in Georgetown. In the letter, Stevenson informed Alcott that other women from New England also were working at the hospital, including Hannah Ropes of Maine, who served as matron, and Julia Kendall of Plymouth, Massachusetts. Stevenson, who had also worked at the Union Hotel Hospital before returning to Boston due to illness, explained that the work was difficult, but help was desperately needed. With bravado, Alcott wrote in her journal, “I was ready, and when my commander said ‘March!’ I marched. Packed my trunk, and reported to B[oston] that same evening.”

Alcott’s decision was not made without trepidation. As the moment of her departure approached, she stood in the doorway and asked her mother if she should stay home in Concord. Though tearful, her mother said “No, go! And the Lord be with you!” and sent her daughter on

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2 Ibid., 140.
3 Ibid., 140.
4 Ibid., 140.
her way. As she traveled to Boston accompanied by her sister May and friend Julia Hawthorne, Alcott wondered if she would ever see her family again. Alcott’s arrival at the hospital in Georgetown coincided with the battle of Fredericksburg, and four days later the wounded from the battlefield arrived at the already crowded hospital. Alcott worked as a nurse at the hospital for six weeks, until she nearly died from typhoid fever contracted in the hospital wards. Sent home, Alcott eventually recovered and went on to record her experiences as a nurse in the short story, Hospital Sketches. Alcott dedicated Hospital Sketches to “her friend” Hannah Stevenson, the woman had been instrumental in Alcott obtaining a nursing position.

The requirements for nurses, established by Superintendent of Female Nurses Dorothea Dix, had been circulating since July 14, 1862, five months before Alcott applied to be a nurse. Dix had stipulated that female nurses were to be between thirty-five and fifty years of age, making the thirty-year-old Alcott too young. Based on the age requirement alone, Dix would have likely rejected Alcott’s application. It is possible that Alcott was aware of this probability, because in requesting a nursing position she wrote not to Dix, but to Hannah Stevenson. Stevenson was the first female volunteer nurse from Massachusetts and had served in the hospitals in the vicinity of Washington since the beginning of the war. Stevenson’s prominence in Boston society and her service in a variety of military hospitals had provided her with a network of established connections in both Boston and Washington. Although Stevenson

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5 Ibid., 141.
6 Ibid., 140-141.
8 Hannah Ropes, matron of the hospital, contracted typhoid fever at the same time as Alcott. Ropes died from the illness. Dix assumed Alcott would too, and sent for her father, Bronston Alcott, to take her home. Cheney, Louisa May Alcott, 138.
9 Hospital Sketches dedication page.
was recovering from illness at her home in Massachusetts when Alcott wrote to her, Stevenson was able to coordinate with her connections in Washington to obtain a position for Alcott. Their circumvention of Superintendent Dix was deliberate. It was also not unique.

Women across the North desired to serve as nurses in the military hospitals. After Dix was inundated with requests, she had published her criteria for nurses to help reduce the influx of applications. Women who wanted to serve were aware of Dix’s requirements. In a letter to her sister Abby, Eliza Woolsey wrote, “I see that Georgy [their sister, Georgeanna] is excluded from the corps of nurses by being under thirty.”11 Yet, while Dix’s criteria may have deterred some women, they also encouraged others to blatantly circumvent Dix in order to win a nursing position. In a lengthy letter to a friend in Paris, Jane Woolsey observed that her sisters and several of their friends did not meet the minimum age requirement, noting the rules were “so stringent, no doubt wisely so, and society just now presents the unprecedented spectacle of many women trying to make it believed that they are over thirty.”12 Determined to serve, however, many women instead turned to established social connections to obtain their positions in hospitals without an official appointment by Dix. Once established, these networks were then used to obtain additional supplies for the soldiers in the nurses’ care.

Hannah Stevenson was the embodiment of Dix’s ideal nurse: fifty-three years old, matronly, devoted to her work as a nurse, and well connected. Stevenson arrived in Washington on July 29, 1861. While it is unclear how Stevenson received her first nursing appointment, it is likely that she followed the established protocol. When she arrived, Dix traveled with her to her first position at the Columbia College Hospital. Upon their arrival Stevenson wrote to her sister,

12 Ibid., 38.
“everything is as comfortable for us as would have been expected & must better than was feared.” However, differences in administrative styles and opinions about soldiers’ care quickly led to tensions between Stevenson and Dix. Working in the hospitals on a daily basis provided nurses with a perspective and understanding that Dix lacked. Nurses like Stevenson were willing to intentionally undermine Dix in order to provide the care they believed the soldiers needed. This extended to obtaining nursing positions for women of their acquaintance who, they believed, would make excellent nurses.

An example of the conscious circumvention of Dix’s supervision occurred at the Union Hotel Hospital. Referred to as the “Hurly-Burly House” by Alcott in Hospital Sketches, the converted hotel was by reputation overcrowded and difficult to navigate. The ballroom of the hospital was “twenty feet high, & quite a large hall with a nice smooth floor; here are 26 beds, each occupied.” Otherwise, though, as one nurse wrote, “we have so many small rooms that it keeps us running about all the time.”

One nurse at the hospital was thirty-two year old Sarah Low of Dover, New Hampshire. On August 7, 1862, Low wrote to Stevenson, asking for her assistance in obtaining a position. A few weeks later, Low received a hastily written reply. The note, written on pencil said, “crowded with work; come at once to Union Hotel Hospital, Georgetown . . . perhaps I can only give you a bed on the floor.” Wounded, possibly from the Second Battle of Bull Run, had begun to arrive at the already overcrowded hospital. Low promptly left for Georgetown. There was not time to consult Dix about Low’s arrival with wounded flooding into the hospital ward and the hospital staff requiring additional assistance, so, with the permission of the surgeon in charge, Stevenson

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13 Hannah Stevenson to her sister, July 29, 1861, Curtis-Stevenson Papers, Massachusetts Historical Society.
14 Stevenson to her family, July 12, 1862, Curtis-Stevenson Papers, Massachusetts Historical Society.
15 Sarah Low to her Aunt, September 29, 1862. Sarah Low Papers, New Hampshire Historical Society.
16 Sarah Low was the niece of Lydia Rollins Hale, a childhood friend of Hannah Stevenson.
had written to Low requesting her immediate assistance. The decision not to consult Dix was intentional.\textsuperscript{18} “They knew perfectly well she [Dix] would say no,” explained Low in a letter home.\textsuperscript{19}

Low worked at the hospital for several weeks before Dix was alerted to her presence. True to her reputation, Dix summoned Stevenson and demanded to know who Low was and what she was doing in the hospital. Furious that her authority had been ignored, Dix demanded that Low be sent away immediately. When faced with Dix’s displeasure, the surgeon admitted that Dix did have authority over the female nurses; if she said Low must leave, then she would have to leave. Low, however, determined to stay, appealed to her cousin, Senator John Parker Hale of New Hampshire. Perhaps aware of this meeting, Dix relented. Dix stipulated that Low would be able to stay as a house guest of the hospital, but only to assist Stevenson in her duties. Low found this to be acceptable, since it gave her more flexibility in her duties, but the message was clear; nurses working within the hospitals were to be vetted by Dix, no one else. Following the incident with Low, Stevenson was temporarily unwilling to assist other nurses in obtaining positions because “she knew they would not be treated decently.”\textsuperscript{20}

Echoing the sentiments of Stevenson, Low wrote to her family that Dix “has made the position of nurse very uncomfortable. So much so that I could not have advised any one to come.”\textsuperscript{21} “I should have written to ask Mrs[.] Adams,” Low added, to see “if she could not take some steps in regard to coming as a nurse if it had not been for Miss Dix.”\textsuperscript{22} Dix’s demeanor and administrative style were keeping nurses from recommending suitable women to her.

\textsuperscript{18} Sarah Low to her Aunt, September 1862, Sarah Low Papers, New Hampshire Historical Society.
\textsuperscript{19} Ibid.
\textsuperscript{20} Ibid.
\textsuperscript{21} Sarah Low to her Mother, September 25, 1862, Sarah Low Papers, New Hampshire Historical Society.
\textsuperscript{22} Sarah Low to her Mother, September 25, 1862, Sarah Low Papers, New Hampshire Historical Society.
Many young women who wanted to serve turned to established networks of acquaintances for help, regardless of Dix’s rules. This circumvention of Dix’s authority was easier if it came with the support of the surgeon in charge of the hospital, as can be seem at the Armory Square Hospital in Washington. The Armory Square Hospital was constructed as a model hospital built across from the Smithsonian Institution in the new pavilion style of hospital architecture. Unwilling to be subjected to the interference of Dix, the surgeon in charge, Dr. Willard Bliss, relied on the recommendations of his nursing staff and his own acquaintances to hire needed nurses. This allowed Low, who had transferred to the hospital, to coordinate with Stevenson to assist several young women to gain positions in Washington.

Stevenson and Low had in fact attempted to arrange a position for Alcott in the wards at Armory Square. However, timing interfered when Bliss assigned someone else to the open ward, leaving only a position within the hospital tents available. Alcott was willing to take this position, but Julia Kendall then informed Low that assistance was needed at the Union Hotel Hospital. Familiar with the working conditions there, Low agreed that Alcott would be of more immediate assistance in Georgetown. All this negotiation, conducted by letter, came without any assistance from Dix.

Similar measures were taken to obtain a position for Anna Lowell at Armory Square. Denied a nursing position by Dix earlier in the war, Lowell, from Boston, wrote to Stevenson in 1862, asking for assistance. Citing a previous encounter with Dix, who turned her away because she was too young, Lowell wanted "to be entirely under Dr. Bliss and have nothing to do with Miss Dix." From what I have heard of her," Lowell reasoned, “I should think that after having

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24 Anna Lowell to Sarah Low, November 6, 1862, Sarah Low Papers, New Hampshire Historical Society.
one refused a person, she would be likely to remain always rather ‘set’ against her would she not?”\textsuperscript{25} Low spoke with Bliss, who agreed that Lowell could come work at his hospital. Social connections were essential to this process. In 1863, Low received a similar request from a Miss M. Wheelock, also from Massachusetts, but this time Low refused to help, stating, “I could not give her any satisfactory information, as she wishes her expenses paid & I do not know much about her.”\textsuperscript{26}

Bliss’ demand for control over the female nursing staff did not go unnoticed by Dix. When she heard of Lowell’s potential appointment, Dix was infuriated that she, the “proper official authority” had been disregarded. Despite her fury, Bliss continued to appoint his own nurses, although he still relied on her to staff the hospital in emergency situations. Still, Dix was dissatisfied. She told Hannah Ropes that “it was very strange of Dr. Bliss making such a change in his nurses.”\textsuperscript{27} Since Low and Lowell were the first two nurses hired directly by Bliss, and neither of them met her age requirements, Dix saw them as an immediate threat to her authority within the hospital. In a conversation with another nurse, Dix is reported to have said of Low, “no doubt her intentions are good but she is a most unsuitable person.”\textsuperscript{28}

In an attempt to regain control of the nursing staff, Dix directly challenged Bliss’ administrative authority within his own hospital. She sent the Inspector General to examine the female nurses at Armory Square Hospital, with the nurses only receiving ten minutes notice. Recalling the event, Low wrote, “they turned over beds to see if there was anything under them & looked into everything.” The inspector, observing that Low was not one of “Dix’s nurses,” specifically questioned her about her medicine chest. “He seemed pleased with the order,” Low

\textsuperscript{25} Ibid.
\textsuperscript{26} Sarah Low to her Aunt, February 5, 1863, Sarah Low Papers, New Hampshire Historical Society.
\textsuperscript{27} Sarah Low to her Aunt, December 15, 1862, Sarah Low Papers, New Hampshire Historical Society.
\textsuperscript{28} Ibid.
reported home. The nurses later discovered that Dix reported all except the four nurses she had appointed for “neglect of duty.” It was whispered that Dix “was determined to get rid of Miss Lowell and [Low] if she could.” A concerned Low worried that, “it is said she has a great deal of influence with the President.” Ultimately, no neglect was found and the women maintained their positions. The power struggle, though, shows how Dix desperately attempted to maintain her administrative authority in the face of open opposition.

The desire to be independent from Dix was not limited to women from New England. Journalist Jane Swisshelm from Pennsylvania challenged Dix from the start. At forty-seven years old, Swisshelm met Dix’s criteria of age. Swisshelm was a widely known journalist, publisher, and abolitionist, who at first had no intention of serving as a nurse. However, after a visit to Campbell Hospital in 1862, she felt compelled to volunteer when she saw the conditions of the hospital and the ill-treatment of its patients. With a reputation for being a “royal woman-hater…whose name was a terror to women who intruded themselves into military hospitals,” Dr. Baxter, the hospital surgeon, had kept Dix at bay, refusing to accept any female nurses. However, Swisshelm’s knowledge and interactions with soldiers convinced Baxter to make an exception in her case. In her memoir, *Half A Century*, Swisshelm wrote, “Dr Baxter, by admitting me, had abandoned his ground, acknowledged that men alone could not manage a first-class hospital.” Learning that Swisshelm was working as a nurse, Dix seized the opportunity and immediately sent several nurses of her own to the hospital. “Bombarded by Miss Dix’s official power, pestered by the persistent appeals of volunteers; sneered and scoffed at” by his fellow surgeons, Baxter returned to his old position of refusing to employ female nurses.

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29 Sarah Low to her Aunt, February 5, 1863, Sarah Low Papers, New Hampshire Historical Society.  
30 Jane Grey Swisshelm, *Half a Century* (Chicago: Jansen, McClurg & Company, 1880), 244.  
31 Ibid., 138.  
32 Ibid., 142.
eyes, Swisshelm was the cause of the troubles, and he ordered her to leave with the rest of the female nurses. Having been tasked with administering to the cases that the surgeons had dismissed as a lost cause, Swisshelm saw Dix’s mishandling of the situation as having potentially dire consequences for the patients that Swisshelm was forced to leave behind. Accordingly, Swisshelm refused to work with Dix and continued to challenge her authority.

After the Battle of the Wilderness in May 1864, Swisshelm and her companion Georgie Willets were determined to go to Fredericksburg to assist the wounded. Pass in hand, the two women boarded transport boats bound for the encampment of the Army of the Potomac. Before the boat left the dock, they were confronted by Dix, who had just returned from Fredericksburg. According to Dix, their assistance was not needed, as Dix had “arranged everything in the most satisfactory manner” and that hospitals had been established and adequately staffed. 33 Instead, Dix offered Swisshelm work “organizing relief for the men while waiting at the Washington wharf to be taken to hospitals.” 34 However, Dix declared that Willets was too young and beautiful for nursing service, and she challenged Swisshelm’s reasons for even allowing Willets to travel with her to the field hospitals.

Unwilling to back away, Swisshelm confronted Dix on the inflexibility of her requirements. The army, she argued, needed “young, vigorous women – women whose self-respect and social position would command the respect of those whom they ministered.” 35 Furious, Dix threatened to have Willets arrested if she attempted to go to the field. Rising to the

33 Of the women Dix sent to Fredericksburg, Swisshelm recalled only seeing one woman. She found the woman crying in the middle of a hospital surrounded by wounded and dying soldiers. When Swisshelm asked the woman what was wrong, the woman replied through tears that a dying soldier wanted her to write to his mother. Swisshelm replied, “well, write to her and keep quiet! You need not kill all the rest of them because he is going to die.” The women informed Swisshelm that she’d hurt her feelings. Out of patience, Swisshelm brought the young woman over to the surgeon in charge of the hospital “who sent her and her ‘feelin’s’ to her quarters, and told her not to come back.” Ibid., 142, 334.
34 Ibid., 142.
35 Ibid., 142.
challenge, Swisshelm shot back, “‘I shall not be sorry Miss Dix, if you do; for then I shall apply to my friends, Mrs. Abraham Lincoln and Secretary Stanton, and have your authority tested.’”

Outmaneuvered, Dix “growled something” and left the boat. Arriving in the camps, Swisshelm and Willets found that the situation was dire, and they quickly went to work feeding, washing, and nursing the wounded soldiers.

Similarly aware that Dix would not accept her as a nurse because she was too young, Cornelia Hancock of New York relied on her family connections and acquaintances to get a nursing position. In July 1863, following the battle of Gettysburg, she was among a group of women determined to travel to the battlefield and serve as volunteer nurses. Hancock’s brother-in-law Dr. Clark and “the Hon. Judge Kelly” assisted in obtaining passes for the group to travel to Gettysburg. On their way, they encountered Dix at the train depot in Baltimore. Examining the women, Dix approved of everyone except the twenty-three year old Hancock. Dix confronted Eliza Farnham about Hancock’s presence. Farnham explained that she was “under obligation to [Hancock’s] friends who helped her get proper credentials.” While the two women debated Hancock’s fate, Hancock herself took charge of the situation and climbed aboard the waiting train bound for Gettysburg, and she refused to move from her seat until the train pulled out of the station. Upon arrival in Gettysburg Hancock wrote, “the need was so great that there was no further cavil about age.” It can be imagined that Dix was once again indignant at the disrespect for her administrative position.

36 Ibid., 142.
37 Ibid., 142.
39 Ibid., 6.
40 Ibid., 6.
41 Ibid., 4.
Despite being challenged by Dix, Hancock was ultimately glad for the encounter. After a day of working in a field hospital, Hancock observed in a letter to her cousin that “women are needed here very badly.”\(^{42}\) However, she added, “nothing short of an order from Secretary Stanton or General Halleck will let you through the lines.”\(^{43}\) She continued explaining, “Major General Schenk’s order for us was not regarded as anything; if we had not met Miss Dix at Baltimore Depot, we should not have gotten through. It seems a strange taste but I am glad we did.”\(^{44}\) After getting through the lines to Gettysburg, the women split up, “each intent on carrying out her own scheme of usefulness.”\(^{45}\) There was no attempt of oversight by Dix for the women’s work, and Hancock continued to serve independently of Dix throughout the remained of the war.

Other women found opportunities to help soldiers in the field by working as representatives of state agencies. Harried Eaton and Isabella Fogg both decided to join the Maine Relief Agency. Their primary responsibility was to deliver supplies specifically to Maine soldiers. After witnessing the horrific conditions in the hospitals and the appalling lack of supplies, the women broadened their distribution of supplies. Of her role as a representative for the Maine Relief Agency, Eaton wrote, “I was a sort of nondescript, neither one thing nor the other,” neither one of Dix’s nurses, nor a member of the Sanitary Commission.\(^{46}\) Despite the ambiguity of their position, Eaton and Fogg traveled extensively, visiting field hospitals that, in Eaton’s opinion, required the most immediate support in terms of nursing and supplies, and sometimes serving temporarily as nurses. In one report Eaton compared the state of the general hospitals in Washington with the needs of the field hospitals, writing, “it is evident a great work

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\(^{43}\) Ibid., 173.

\(^{44}\) Ibid., 173.


is to be done here, to meet such wants, but outside of these we cannot forget the suffering ones, who are wholly destitute of care.” Both Eaton and Fogg challenged Dix’s authority by operating independently, representing state agencies as they distributed supplies to hospitals and served as temporary nurses in the field hospitals.

Appointment of nursing staff was not the only area where Dix’s ineffective administration opened up opportunities for women to serve the Union army. Dix was also tasked with the responsibility to “receive, control, and disburse specific supplies bestowed by individuals or associations for the comfort of their friends or the citizen soldiers from all parts of the limited states.” The Surgeon General’s Office encouraged Union women to “exert themselves in the fullest extent in preparing hospital shirts for the sick and encouraged them to send “articles of diet…and such important articles as eggs, milk, chickens, &c.” to Dix’s residence at “505 Twelfth Street, between E and F” in Washington. With this encouragement from the United States government, unsolicited supplies were often sent to Dix. In an attempt to gain control over the shipments and the quality of the items sent, newspapers ran copies of Dix’s and other nurses’ letters addressing the need for supplies. One letter, written in praise of a shipment of supplies from the children at the Zane Street Grammar School in Philadelphia, was published in the Philadelphia Inquirer on May 14, 1861. Dix wrote “very grateful thanks for the supply of lint and bandages, prepared by them for the hospital service…all packages for general relief, or for general or special Hospital service may be sent to my address for distribution.” The packages, Dix specified, should be sent via Adams Express, a shipping company. She also

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47 Ibid., 201.
included suggestions for additional donations including “pieces of old or new flannel, and in any quantity, hair pillows, according to convenience, and several feather pillows.” Dix closed the letter with “repeated thanks for your early care for those who do now, and may require care in the future.”

On January 14, 1862, the *Hartford Daily Courant* published recommendations from Hannah Stevenson for those who wished to send supplies. Based on her observations from her time in the Washington hospitals, Stevenson asked that “no peculiar shirts” be sent, that only “shirts as your father, brother, husband or son daily wears is the shirt for the soldier.” This was because, she explained, “men are not so fond of the change of cuts in their garments as women, and are annoyed by the being obliged to wear something to which they are not accustomed.” Regularly styled pants were also desired. Based on her experience, Stevenson also requested that “bed sackings…should always be made in the middle…those open at one end are a nuisance in the ward.” Stevenson also implored the benevolent readers, “whatever you send of the fluid kind…calculate that the package will be turned upside down, and like as not, be used as a football, before it reaches the sick.” Finally, “be not afraid to overstock the wants of the army; if some regiments and hospitals are well supplied, there are others still destitute.”

Dix was ill equipped the handle the influx of boxes of supplies and donations for the soldiers, and nurses wrote home about the difficulties of obtaining supplies from her. Initially all packages were addressed to Dix, but it quickly became evident that this delayed the arrival of boxes at their intended destinations, not only because of the added shipping time, but also because of the lack of organizing at Dix’s residence. “It would have reached me earlier if not [addressed] to Miss Dix’s care,” wrote Stevenson in acknowledging the arrival of one box of

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51 “Hints to the Ladies,” *Hartford Daily Courant*, January 14, 1862.
supplies. In August 1861, on one of her brief visits to the Columbia College Hospital, Dix handed Stevenson a receipt for a box delivered by Adams & Company. The box, addressed to Dix but intended for Stevenson, was likely sent by her friends or family. Apparently Dix “was quite uncertain as to whether any box had arrived or not,” explained Stevenson. However, Dix “thought there might be some there; she advised me to send the ambulance for them tomorrow.” It took precious time to deliver the boxes to the intended recipient; filled with perishable goods, boxes occasionally arrived at their destination spoiled and filled with broken glass.

These inefficiencies in the coordination and distribution of supplies led nurses to once again circumvent Dix. To streamline the process, the nurses requested that the supplies be sent directly to them. The result was the faster arrival of supplies. “I daily look; all things come newer, as Miss Dix’s name is omitted,” wrote Stevenson eagerly. Throughout the war nurses relied on their established connections with friends and family to obtain food and clothing for the soldiers and necessities for themselves. Friends and family at home were eager to assist. “You must let me know when you want anything that I can do, as nothing would give me more pleasure than to be employed in that way,” wrote Mary Ann Hale Low, Sarah Low’s mother, in 1862. “Some sheets will be sent [to] you as soon as they can be made,” she added. This request sparked a war long correspondence and provided a stream of supplies for both the Union Hotel Hospital and the Armory Square Hospital. Mary Ann Hale Low’s membership in the Dover Ladies Association may have also contributed to the collection of supplies sent to Low in Washington.

52 Hannah Stevenson, August 8, 1861, Curtis-Stevenson Family Papers, Massachusetts Historical Society.
53 Hannah Stevenson, August 26-27, 1861, Curtis-Stevenson Family Papers, Massachusetts Historical Society.
54 Hannah Stevenson, August 15, 1861, Curtis-Stevenson Family Papers, Massachusetts Historical Society.
55 Mary Ann Hale Low to Sarah Low, September 29, 1862. Sarah Low Papers, New Hampshire Historical Society.
The Woolsey family of New York sent both money and supplies to sisters Eliza and Georgeanna Woolsey, who traveled to Washington in 1861 to volunteer as nurses. On July 23, 1861, their brother-in-law, Robert Howland, encouraged the girls, writing, “if you want anything specifically in way of hospital stores, wines, currant jellies, &c., telegraph first and write more afterwards.” 56 Four days later, their sister Abby sent a letter echoing similar support. “Buy whatever you see is needed or the surgeons and nurses want,” Abby Woolsey wrote, “don’t wait for red tape.” 57 By 1862, the sisters had left Washington to work as nurses on the Sanitary Commission’s hospital steamboat transports. On May 19, 1862, their mother, Jane Woolsey, renewed the family offer, writing to Georgeanna, “you may as well say out and out what your observation decides is needed, and don’t be mealy-mouthed as to asking, or in mentioning quantities. We can as well send hundreds as dozens, except that it takes a little more time to collect them.” 58 She added, “money is no barrier, of course. If all we can do is to send things for you to make useful, do let us send enough!” 59

Clothing, medical supplies, and food were the most common supplies requested. In a letter from a field hospital, Harriet Eaton implored her contacts at the Maine Relief Agency, “do not relax your efforts, for the wants of our men are ever increasing . . . I found a great demand for woolen clothing; I distributed one dozen shirts, one dozen pairs of drawers, and about thirty pairs of socks.” 60 She added, “Many of the men had just been out forty-eight hours on picket

56 Hoisington, ed., My Heart Toward Home, 73.
57 Ibid., 76.
58 Ibid., 213.
59 Ibid., 213.
60 Schultz, This Birth Place of Souls, 212.
duty, and had no stockings.”61 Cornelia Hancock, like Eaton, wrote that “clothing is shockingly needed.”62

In addition to clothing, hospital bandages were always in demand. In September 1862, Low instructed her aunt to inform Lucy Lambert Hale, wife of John P. Hale, that “old shirts or any old clothing of cotton cloth torn as large pieces as they will make would be one of the best things to send to the hospital.”63 Mary Carpenter of Keene, New Hampshire also asked for bandages. Working as a nurse at the Armory Square Hospital, Carpenter wrote home, “there is not a roll of bandage in our hospital dispensary Dr Bliss has sent every one to Harpers Ferry (all we use now is what the ladies have in boxes just –rec’d) he is hoping to receive some from Philadelphia in a day or two I trust.”64 Carpenter’s statement reveals the hospital’s reliance on supplies shipped from family and acquaintances.

Food stores to supplement the hospital diet were eagerly anticipated and appreciated by both soldiers and nurses. In a letter home, Low acknowledged the arrival of a barrel of apples and butter. “I never saw more handsome apples,” Low wrote, “they have been admired by quite a number of persons.”65 She thanked her aunt for including butter, a “great luxury.”66 Two days later, Low wrote that the apples had been enjoyed and the barrel was “already considerably lowered.”67 In November 1862, Low received two cakes from her aunt. Acknowledging their arrival, Low explained that she shared the cakes with the hospital attendants and nurses on Thanksgiving; “they were,” she added “very much delighted more so than children generally

61 Ibid., 212.
62 Jaquette, South after Gettysburg, 13.
63 Sarah Low to her Aunt, September 1862, Sarah Low Papers, New Hampshire Historical Society.
64 Mary Carpenter fragment, n.d., Mary M. Carpenter Papers, Historical Society of Cheshire County.
65 Sarah Low to her Aunt, December 15, 1862, Sarah Low Papers, New Hampshire Historical Society.
66 Ibid.
67 Sarah Low to her Aunt, December 1862, Sarah Low Papers, New Hampshire Historical Society.
A year later, Low received another “magnificent box” from her family in New Hampshire with enough food to share with the patients in both her ward and Anna Lowell’s. Low explained that she only shared the cakes with soldiers who were on a “full diet” so as to not tempt those on a restricted hospital diet. Left to help themselves to rich delicacies, Low explained, some soldiers might over indulge and risk unintentionally harming themselves. Diets of the patients were monitored extremely closely in the general hospitals.

At times, soldiers could spend months, if not a year, at the hospitals recovering from illness or wounds. The nurses realized that the men needed something to occupy their time while recovering. Low observed that those who are “obliged from their wounds to remain in bed, pose a great many hours when time hangs very heavy upon their hands.” Once again, the nurses relied on their networks at home to provide the necessary distractions. Low’s family sent scrapbooks, games, and newspapers, all of which were greatly appreciated by the soldiers.

To pass the time, the nurses at the Armory Square Hospital offered lessons in reading and arithmetic for their convalescent soldiers, both to provide the soldiers something to do, and to teach skills for life once they left the hospital. In December 1862, Low requested the town of Dover, New Hampshire send her older versions of Adam’s Arithmetic book, noting that the soldiers “are very much pleased to have the opportunity of studying.” In January 1864, when William Endicott, Jr. from Boston, Massachusetts toured the Armory Square Hospital, Low

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68 Sarah Low to her Aunt, December 1, 1862, Sarah Low Papers, New Hampshire Historical Society.  
69 Sarah Low to her mother, November 23, 1863, Sarah Low Papers, New Hampshire Historical Society.  
70 Ibid.  
71 Sarah Low to Hannah Stevenson, December 1863, Sarah Low Papers, New Hampshire Historical Society.  
72 Sarah Low to her mother, October 11, 1863, Sarah Low Papers, New Hampshire Historical Society; Sarah Low to her mother, March 5, 1863, Frost-Sawyer Collection, New Hampshire Historical Society; Sarah Low to Mary, April 5, 1864, Sarah Low Papers, New Hampshire Historical Society.  
73 Sarah Low to her mother, December 2, 1862, Frost-Sawyer Collection, New Hampshire Historical Society.
informed him about the educational classes the nurses were providing, and he promised to fulfill any request for books from the nurses.\footnote{Sarah Low to her Aunt, January 20, 1864, Sarah Low Papers, New Hampshire Historical Society; Sarah Low to Matty, January 19, 1864, Sarah Low Papers, New Hampshire Historical Society.}

Unsolicited supplies were occasionally sent to the nurses. Annie Erving recalled that packages arrived containing notes revealing well wishes and prayers for the recipient. In one note Erving recalled that a little girl wrote, “if you would like to have my little kitten, and will send me your name I will send it to you; I love it; it is very playful and will keep you company in the hospital.”\footnote{Annie Priscilla Erving, \textit{Reminiscences of the Life of a Nurse in Field, Hospital and Camp during the Civil War}. (Newburgh: Daily News, 1904), 8.} While the surprise boxes were helpful, nurses always looked forward to boxes from their families. “I have seen those barrels and taken reasonable amount of interest in them,” wrote Cornelia Hancock.\footnote{Jaquette, \textit{South after Gettysburg}, 23.} She continued, “but this one coming from home seemed to me the nicest one I ever saw.”\footnote{Ibid., 23.}

Boxes also contained items to make the nurses’ lives more comfortable. A hot cup of a tea was a favorite luxury of the nurses at the Armory Square Hospital. Low and her fellow nurses could enjoy socializing over a cup of tea thanks to Low’s request to her mother to send her a stone teapot. “When ever I think of anything outside of a hospital,” she wrote, “I have a vision of that little round teapot. If there is an opportunity to send it without any risk of breaking I wish you would send it.”\footnote{Sarah Low to her Mother, November 2, 1862, Sarah Low Papers, New Hampshire Historical Society.} The teapot arrived unharmed and made possible a simple luxury after a long day in the hospital wards.

Clothing was also a common request. Low wrote to her Aunt, “I wish . . . you would send me two large, dark aprons . . . to put on when I give out the meals & medicine, I spill so much on
my dress.””79 Her family sent along clothing; upon receipt of one of these shipments, Low wrote, “[I] have not had anything for years that I liked so well as the dress & cape.”80 Of another shipment she wrote, “the dress I like very much it fits better than could have been expected” although she admitted, “the sleeves are a little short but I can lengthen them.”81 In 1863, her aunt sent Low money to have a dress made in New York because she was worried that Low would look “shabby” when attending events outside the hospital.82 In March 1864, Cornelia Hancock wrote to her sister pleading for a new pair of shoes. A Miss. W. had given Hancock’s boots to “contrabands in mistake.”83 “For mercy sake do not delay my shoes,” Hancock wrote, “I am wretched when my feet are wet, which they are now; this month it will rain all the time.” Desperate, Hancock wrote, “I would give $10. Instead of $5. If I had them now.”84

Some of the local aid societies across the North sent their donations directly to the nurses in the hospitals, preferring to send them directly to individuals instead of the larger Sanitary Commission, Christian Commission, or even Dorothea Dix. Miss Dixon of Hartford, Connecticut sent to Low “splendid boxes from the societies of Hartford & Norwich,” promising Low that the society would send anything she needed, “no matter what.”85 Mary Chase from Dover, New Hampshire and S. L. Branch of the Hartford Soldiers Aid Society also sent boxes to Low at the Armory Square Hospital.86 One shipment included:

- 36 flannel shirts
- 30 pairs of flannel drawers
- 24 cotton drawers
- 24 cotton shirts
- 36 hospital napkins
- 24 handkerchiefs
- 12 towels
- 3 dressing gowns
- 20 pairs of

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79 Sarah Low to her Aunt, January 15, 1864, Sarah Low Papers, New Hampshire Historical Society.
80 Sarah Low to her Aunt, May 17, 1863, Frost-Sawyer Papers, New Hampshire Historical Society.
81 Sarah Low to her Aunt, April 20, 1863, Sarah Low Papers, New Hampshire Historical Society.
83 Jaquette, South after Gettysburg, 59.
84 Ibid., 59.
85 Mary Carpenter fragment, n.d., Mary M. Carpenter Papers, Historical Society of Cheshire County; Sarah Low to her mother, August 13, 1864, Sarah Low Papers, New Hampshire Historical Society.
86 Sarah Low to her Aunt, February 14, 1864, Sarah Low Papers, New Hampshire Historical Society.
slippers, 24 teaspoons, 12 tablespoons, 24 pairs of knives & forks, 36 plates, 36 mugs, 4 jars of sauce – margines & lint.\textsuperscript{87}

In addition to their own supply network, the nurses had access to materials provided by the Sanitary Commission and the Christian Commission, agencies established independently of Dix. Nurses had mixed feelings about the Sanitary Commission, as they did towards Dix; some nurses praised the Sanitary Commission’s work, while others saw it as marred by too much bureaucracy. While instructing her sister to send supplies addressed to “E. W. Farnham, care of Dr. Horner, Gettysburg Penna. for Second Corps Hospital,” Cornelia Hancock observed “the Christian Committee support us and when they get tired the Sanitary is on hand. Uncle Sam is very rich, and very slow, and if it was not for the Sanitary, much suffering would ensure.”\textsuperscript{88} Hannah Ropes worked with an agent from the Sanitary Commission to obtain much needed supplies, observing that “much good has the ‘Sanitary’ done for the soldiers. If they sometimes get ‘taken in’ it is no more than all other organizations suffer from.”\textsuperscript{89}

Representing the Maine relief agency, Harriet Eaton and Isabella Fogg witnessed firsthand the unwillingness of the Sanitary Commission to collaborate with state agencies. Both wrote scathing remarks about their attempt to get supplies from the Commission for their trip to field hospitals. Eaton complained that “we not had a load of supplies in our ambulance procured not without a vast amount of grumbling from the Sanitary Commission, who in every way, show their hatred to State organizations.”\textsuperscript{90} Of the same incident, Fogg wrote, that it “appeared as if they were contributing out of their own pocket and for our personal wants.”\textsuperscript{91} On another visit to the Sanitary Commission, Eaton requested a flannel shirt for a soldier suffering from the measles, which was refused. Annoyed, but determined, Eaton bought the shirt with her own

\textsuperscript{87} Ibid.
\textsuperscript{88} Jaquette, \textit{South after Gettysburg}, 13.
\textsuperscript{89} Brumgardt, \textit{Civil War Nurse}, 91.
\textsuperscript{90} Schultz, \textit{This Birth Place of Souls}, 205.
\textsuperscript{91} Ibid., 206.
personal funds.” Occasionally the nurses were assigned to hospitals where it was not possible for the Sanitary Commission to reach them. Mary Phinney, a nurse appointed by Dix, recalled that it was “not until the last few months of the war” that the Sanitary Commission reached her hospital, and that “it was impossible to get any liquor or delicacies except” those that were sent directly from her friends in Lexington. “Those friends” she wrote “never failed me.” Phinney, like other nurses, relied on such supplies sent from people in their own personal networks.

Throughout the war, northern women challenged Dix and her authority, confident in their abilities and own personal connections. An extraordinary example was the experience of the wealthy Woolsey sisters of New York. When they traveled to Washington they brought along a vast network of contacts. Initially expecting to collaborate with the Superintendent of Nurses, the sisters met with Dix, but the meeting did not go as planned. Without providing any detail, the sisters wrote to their mother, “we have had an encounter with Miss Dix – that is rather the way to express it. Splendid as her career has been, she would succeed better with more graciousness of manner.” Their mother replied: “whatever you do, go in and win. Outflank the Dix by any and every means in your power.” Referring to Dix’s own strong personality and history of reform, their mother continued, “[remember] that prison visitors and hospitals visitors and people who really desire to do good, have taken no notices of obstacle except to vanquish them, and as soon as one avenue closes have turned with perfect persistence to another.” The direction from their mother was clear: be assertive, be persistent, and do not let Dix stand in the way of achieving their purpose and goals.

92 Ibid., 204.
94 Ibid., 106.
95 Georgeanna Woolsey Bacon and Eliza Woolsey Howland, Letters of a Family During the War for the Union, 1861-1865 (New Haven: Tuttle, Morehouse & Taylor, 1899), 131.
96 Ibid., 147.
97 Ibid., 147.
The Woolsey sisters and other northern women shared with Dix both drive and determination. Dix, however, was unwilling to compromise her position, with the unintended consequence that many women simply circumvented her to get what they wanted. Eventually, Dix lost her authority. In much the same way, female nurses did not hesitate to challenge male administrative authority and military hierarchy when they perceived any mistreatment of the soldiers in their care. In these cases, nurses ironically did so by adopting and wielding gendered social assumptions in the name of patriotic duty and feminine virtue.
Antebellum gender ideologies were dominated by the idea of separate spheres, an idea specifically aimed at white, middle-class society that required “women to submit to male authority . . . and required them to focus their activities on the domestic sphere: their families and homes.”\footnote{Barbara Cutter, \textit{Domestic Devils, Battlefield Angels: The Radicalism of American Womanhood, 1830-1865} (DeKalb: Northern Illinois University Press, 2003), 6.} Thus, woman’s responsibility was to her family, and women were natural caregivers, morally upstanding, and religious.\footnote{Ibid., 6.} The administrative authority given to Dorothea Dix as Superintendent of Female Nurses, and the presence of female nurses in the hospital wards, directly challenged these gendered preconceptions. Strained interactions between Dix and male hospital administrations created a tense environment in Union hospitals. Because of the perception that women did not belong there, throughout the war hospital administrators actively resisted the placement of female nurses within their hospitals.

In response to this resistance, Surgeon General William Hammond issued an order in July 1862 stipulating that at least one-third of the nurses serving in the general hospitals must be women.\footnote{James M. McPherson, \textit{Battle Cry of Freedom: The Civil War Era} (New York: Oxford University Press, 2003), 483.} As a result, surgeons were required to add female nurses to their hospitals staffs, but, in an effort to convince the women to leave on their own accord, some administrators chose to make the nurses’ lives miserable. The nurses were aware of their precarious positions. In her memoir, \textit{In Hospital and Camp}, Sophronia Bucklin explained that the surgeon dictated “the quiet or discomfort of our situation.”\footnote{Sophronia E. Bucklin, \textit{In Hospital and Camp: A Woman’s Record of Thrilling Incidents Among the Wounded in the Late War} (Philadelphia: John E. Potter and Company, 1869), 91-92.} Bucklin continued, “it was in his power to make our paths smooth or to throw disagreeable things in the way which would make our positions extremely
unpleasant.” Georgeanna Woolsey echoed similar sentiments when she wrote in My Heart Toward Home, “no one knows . . . how much opposition, how much ill-will, how much unfeeling want of thought, these women nurses endured. Hardly a surgeon whom I can think of, received or treated them with even common courtesy.” The surgeons, she wrote, were “determined to make [the nurses’] lives so unbearable that they should be forced in self-defense to leave.” Woolsey wrote that it was “cool calculation” on the part of the surgeons to remove the female nurses from their hospitals. Yet, the women were determined to maintain their positions. Woolsey wrote:

Some of the bravest women I have ever known were among this first company of army nurses. They saw at once the position of affairs, the attitude assumed by the surgeons and the wall against which they were expected to break and scatter; and they set themselves to undermine the whole thing.

Determined to fulfill their nursing duties, the women choose to embrace the cultural perceptions of women as natural nurturers. Doing so allowed them to deftly navigate the gendered world of the military hospital to provide care for their soldiers, ascertain the skills of the doctors, and directly challenge hospital and military administrators who threatened their patients’ recovery.

Historians have questioned why the surgeons resisted the inclusion of female nurses. Dix biographer Thomas J. Brown observed that “military physicians opposed the introduction of women nurses with a vehemence that far exceeded the ordinary contempt of career Army

102 Ibid., 91-92.
103 Hoisington, ed., My Heart Toward Home, 79.
104 Woolsey also claimed, “I have known surgeons purposely and ingeniously arranged those inconveniences with the avowed intention of driving away all women from their hospitals.” Hoisington, ed., My Heart Toward Home, 79. Sophronia Bucklin echoed similar observations by claiming that “many surgeons...were determined, by a systematic course of ill-treatment toward women nurses, to drive them from the service.” Bucklin, In Hospital and Camp, 124.
105 Hoisington, ed., My Heart Toward Home, 79.
106 Ibid., 79.
officers toward all volunteer relief efforts.”

In an effort to explain this animosity, scholars point to Dix’s government appointment and to her personality. Biographers L. P. Brockett and Mary C. Vaughan argue that the surgeons did not work “harmoniously” with Dix because they were “jealous of her power, impatient of her authority . . . and accuse[d] her of being arbitrary, opinionated, severe and capricious.”

It is clear that Dix’s personality and administrative style did not endear her to the surgeons she was trying to work with.

The animosity between Dix and Civil War surgeons appears to have been mutual. A Dr. Howe wrote to friends in Boston stating, “Miss Dix, who is the terror of all mere formalists, idlers and evildoers, goes . . . everywhere to prevent and remedy abuses and shortcomings” in the Union hospitals. A doctor at a hospital in Yorktown, Virginia once fumed at Dix’s presumed interference with the hospital diet for the soldiers, complaining that “she [had] peculiar views on diet, not approving of meat, and treating all to arrowroot and farina, and by no means allowing crackers with gruel.”

The tension between Dix and the surgeons was palpable. Witnessing a tense moment between Dix and one surgeon, Woolsey observed that “Dix has a standing misunderstanding with the Surgeon in charge; in short she hates him.”

The animosity was not limited to personal dislike or jealousy over her government appointment. Since Dix held authority over all female nurses, she represented a direct threat to the surgeons’ authority in the hospital wards. In response, some surgeons actively resisting the placement of female nurses by Dix in their hospitals. For example, on October 23, 1863, E. B. Dumming of Old Hallowell Branch Hospital in Alexandria, Virginia wrote to Dix, stating, “I am

108 L. P. Brockett and Mary C. Vaughan, Woman’s Work in the Civil War: A Record of Heroism, Patriotism, and Patience (Boston: Zeigler, McCurdy & Company, 1867), 103.
111 Ibid., 328.
satisfied that it would be advisable both for the interest of the Hospital & Patients to employ no more female nurses.”

112 Dumming justified his reasoning: “We have had trouble almost constantly with our female nurse & matron, and I am quite confident that the trouble will be obviated, by employing only males.”

113 Instead of the female nurses, Dumming would employ convalescent soldiers currently at the hospital who he felt were “responsible & efficient.”

114 Given the tone of the letter, it can be assumed that Dumming thought female nurses were neither responsible nor efficient. Similarly, on August 3, 1865, Warren Webster wrote to Dix, instructing her not to assign additional female nurses to his hospital unless he specifically requested them. The reason, Warren explained was “in view of existing order directing economy in hospital expenditures, I feel it my duty to reduce the number of women nurses as much as proper, in my opinion.”

115 The letter, written several months after the end of the Civil War, conveys a clear message that both Dix and her nurses were deemed no longer necessary.

Throughout the war, Dix and hospital administrators were also at odds over the supervision and placement of female nurses. Scholars observe that the question of who was directly responsible for the female nursing staff was definitively answered with the publication of General Order #351. As explained in Chapter One, the order placed surgeons in charge of their own nursing staffs and effectively erased Dix’s administrative authority. Scholars observe that a cordial nod was given to Dix by stipulating that the surgeons had to explain why they dismissed nurses, but Dix could no longer challenge their decisions.

Although they have examined the relationship between Dix and the surgeons, scholars have not examined how the female nurses themselves, with no direct supervision or support from...
Dix, navigated the hospital administrative hierarchy as they worked to fulfill their nursing responsibilities. Close examination of their correspondence and diaries reveals a general frustration with hospital administration. Ranking as privates in the hospital hierarchy and lacking administrative support from Dix, the women relied on gendered social expectations and cultural assumptions to strengthen their position in the hospitals wards and to challenge hospital administrator.

Nurses’ interactions with the surgeons in their hospitals was complicated. In the high-stakes environment, some nurses got along with surgeons, while others’ interactions resulted in open animosity. In one instance Jane Swisshelm vented her frustration with male hospital staff writing:

I used to wonder if the Creator had invented a new variety of idiot, and made a lot in order to supply the army with medical inspectors, or, if by some cunning military device, the Surgeon-General had been able to select all those conglomerations of official dignity and asinine stupidity, from the open donkey-market of the world.  

Hospital stewards frequently appear in the nurses’ complaints regarding hospital administration. Hospital stewards, men responsible for the “discipline and general supervision of the military hospitals,” also maintained and dispersed medical stores, and assisted the surgeons in the administration of the military hospitals.  

Hannah Ropes wrote, “the steward I think will prove the climax of unfaithful servants. Indeed they are a strange race of mortals, so far as I have watched them; and we have had four during our hospital life of three months.” Revealing the complicated nature of interactions among the hospital staff, Mary Carpenter commented on a nurse’s ability to work well with some surgeons while having difficulty with others. Carpenter

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wrote that she “admire[d] Dr. Bliss (& some of my ward Drs.[,] I have had twelve difficult ones).”\textsuperscript{119} Despite personal opinions, nurses and surgeons were expected to work together for the sake of the hospital patients. According to Woolsey, the surgeons “could not do without the women-nurses; they know it, and the women knew that they knew it, and so there came to be a tacit understanding about it.”\textsuperscript{120}

In order to justify their position, nurses drew parallels between their responsibilities at home and their duties in the hospital. Upon her arrival at the Union Hotel Hospital in 1862, Sarah Low observed that “a nurse is expected to keep things looking nice all the time. It is something like keeping house with a large family & always expecting company & having very poor help.”\textsuperscript{121} In a letter explaining the qualities of “good nurse,” Low wrote to a friend:

\begin{quote}
Kindness to the sick & wounded is of course one very important trait, but she must be reserved & dignified, as well as kind…She must be very careful about what she says & does. Making no observations that are not necessary on others. She must be able to live in herself in many respects if it is a lonely life. A nurse is expected to take charge of a ward, to see that it is kept in order & that the attendants do their duty.\textsuperscript{122}
\end{quote}

By acting “motherly” and equating the maintenance of the hospital to the running of a household, nurses could live and work in military hospitals surrounded by men, without defying social and cultural expectations for women. In \textit{Women at the Front: Hospital Workers in the Civil War}, historian Jane Schultz writes, “professional implications of gender differences – the ways in which being women barred them from the peer respect and camaraderie that surgeons shared with other surgeons, set them apart as intruders in a male-defined arena, and cast them into roles

\textsuperscript{119} Mary M. Carpenter Papers, Historical County of Cheshire County.
\textsuperscript{120} Hoisington, ed., \textit{My Heart Toward Home}, 80.
\textsuperscript{121} Sarah Low, to her family, September 25, 1862, Sarah Low Papers, New Hampshire Historical Society.
\textsuperscript{122} Sarah Low, to Mary, October 31, 1862, Sarah Low Papers, New Hampshire Historical Society.
as moral watchdogs.”

Drawing on society’s belief that women were both religious and moral authorities, the nurses adopted common gendered language to describe their interactions with hospital staff, often while attempting at the same time to establish their own authority in the hospital by judging the quality of the doctors. Despite being relegated to a position in the hierarchy equal to that of a common soldier, the nurses, by couching their complaints against the doctors and surgeons in gendered rhetoric, called attention to hospital staff who were failing to meet their responsibilities to the patients.

Since Civil War hospitals were places of frequent turnover, the nurses were often the most constant figures among the hospital wards. Many nurses viewed their position in the hospital as an opportunity to ensure the quality of care for their patients. Turnover among the general hospital staff occurred when surgeons’ contracts expired or when they were sent to the front to assist in the field hospitals. These moments produced a sense of anxiety among the nursing staff. Low wrote of one such turnover, “the contract of our ward surgeon, expires to day & we shall have a new one. We are rather anxious to know who it will be, as it is a great consequence who have in the ward with you.”

In a letter to New Hampshire Senator John Parker Hale, Low illustrated the challenges faced by nurses when changes in hospital staff combined with the arrival of wounded. Low wrote, “a hundred wounded have been received this morning & another hundred is expected . . . Miss Lowell has no surgeon in her ward, [she] has to depend upon one from another ward.”

Low added that Lowell also lacked an experienced wound dresser. In this case, the lack of experienced staff placed an added burden of responsibility on the nurses.

124 Ibid., 140. Low wrote, “a nurse ranks as a private[,] but patients are expected to obey their nurses.” Sarah Low to Mary, October 31, 1862, Sarah Low Papers, New Hampshire Historical Society.
125 Sarah Low to Mary, March 17, 1863, Sarah Low Papers, New Hampshire Historical Society.
126 Sarah Low to John Parker Hale, May 6-7, 1863, Sarah Low Papers, New Hampshire Historical Society.
Nurses praised the surgeons who, they felt, worked for the benefit of the soldiers and were accepting and appreciative of their work. Dr. Bowen worked with Low at the Armory Square Hospital. When he was sent to the front, Low wrote he was an “excellent surgeon” and that she was afraid that the hospital would not “get another [surgeon] that we shall like as well.”127 In some instances, the nurses utilized gendered rhetoric to praise the surgeons they worked with. Upon learning that Dr. Hinkle was ill, Hannah Ropes wrote, “how gentle he was to the suffering soldier; and how vigorously he worked to relieve him!”128 “[L]ooking up full in his face,” she continued, “I was struck with his paleness, as well as the beauty of his manner – my first St. John among the surgeons!”129 Ropes wrote of one surgeon, “Dr. Ottoman is in charge in the absence of Dr. Clark. I think he is a fine example of a Christian gentleman. He is a quiet, well balanced, and self contained person, of small stature and open face; we all took to him as soon as he appeared.”130 The surgeons the women praised were those deemed to be morally upstanding and focused on the care of their patients.

At the same time, the women also stood in judgment of others, sometimes linking perceived immorality and profanity of the administrators to their inadequacy as surgeons. While working in Union field hospitals, nurses Harriet Eaton and Cornelia Hancock encountered surgeons and military personnel who made them question their faith in the men’s abilities. Harriet Eaton observed, “Dr. Buxton [is] so profane, even in our presence, that I deem him unfit for such work. I do not believe such profanity excusable on any ground.”131 While serving with the 3rd Division 2nd Corps Hospital in Brandy, Virginia, Cornelia Hancock wrote to her mother, “I detest war and officers, if you could know of the drunkenness and bearing of our Major

127 Sarah Low to her Aunt, December 15, 1862, Sarah Low Papers, New Hampshire Historical Society.
128 Brumgardt, Civil War Nurse, 78.
129 Ibid., 78.
130 Ibid., 73.
131 Schultz, ed., This Birth Place of Souls, 99.
generals down here you would feel indeed disgusted with military affairs.”\textsuperscript{132} The despair at the moral quality of the men was not limited to the field hospitals. While serving at the Union Hotel Hospital in Georgetown in 1862, Sarah Low wrote to her mother, “Dr Clark is a very brutal in his manners to the patients, he is a strong pro-slavery man & seems to think they are to be treated as slaves.”\textsuperscript{133} Time and change to another hospital did not improve Low’s opinion of the men she had to work with. Writing with a sense of exasperation, Low wrote nineteen months later, “I have a new surgeon, an inefficient ward master & no. 6 [so] lazy that he is like the fat boy, a miserable dresser.”\textsuperscript{134}

Nurses frequently expressed frustration with the quality of hospital administrators. Throughout the war, medical practitioners were in high demand, and doctors from across the North were promoted to military positions, in some cases without adequate training or experience. In October 1862, a new head surgeon arrived at the Union Hotel Hospital. Ropes observed that “he was ignorant of hospital routine; ignorant of life outside the practice in a country town, in an interior state, a weak man with good intentions, but puffed up with the gilding on his shoulder straps.”\textsuperscript{135} In the 3\textsuperscript{rd} Division 2\textsuperscript{nd} Corps Hospital in 1864, Cornelia Hancock worked with a young surgeon who appeared to be preoccupied with establishing a reputation as an excellent practitioner.\textsuperscript{136} However, Hancock complained, the surgeon “works with his men just long enough to make him popular, then goes in and lies down on his bed and reads the paper.”\textsuperscript{137}

\textsuperscript{133} Sarah Low to her mother, October 10, 1862, Sarah Low Papers, New Hampshire Historical Society.
\textsuperscript{134} Sarah Low to her mother May 15, 1864, Sarah Low Papers, New Hampshire Historical Society.
\textsuperscript{135} Brumgardt, \textit{Civil War Nurse}, 73.
\textsuperscript{136} Jaquette, \textit{South After Gettysburg}, 56.
\textsuperscript{137} Ibid., 56.
The nurses kept a close watch over their patients, and their letters home reveal their protective feelings toward the men in their care, which made hospital inefficiencies even more appalling. While working at the Armory Square Hospital, Low wrote, “I begin to feel impatient. . . there are two of our patients who it seems to me ought to be doing well & yet I hear they are low.”138 Low blamed their lack of recovery on the surgeon, observing, “Dr. Bower has charge of the ward & he is a careless miserable quack.”139

Inexperienced doctors could have devastating effects on the soldiers’ lives and their recovery. This is particularly evident in a case at the Armory Square Hospital. In the spring of 1863, the hospital received a new surgeon in charge because Dr. Willard Bliss had been arrested based on the comment of a disgruntled steward who had been dismissed by Bliss.140 The nurses initially appeared to like the new surgeon-in-charge, describing him as “exceedingly pleasant and gentlemanly.”141 Yet, as the women watched him practice, they became concerned about his lack of professional experience. Low wrote, “we like him very much indeed but [he] is far too young to have charge of this large surgical hospital, where the worst cases are left.”142 The women’s fears were validated in the case of a soldier who suffered from a hemorrhaged artery in his leg. The wound had ruptured and began to mortify, causing doctors to order an amputation of the leg in an attempt to save the patient. There was consensuses among the ward surgeons; however, the Surgeon-in-Charge delayed the surgery in the hopes that both patient and the leg could be saved. When the wound ruptured a second time; the surgery occurred, but, four hours after the operation, the soldier died having “never recovered from the effect of the kloraform.”143 Word spread that it was the first operation of its kind conducted by the new Surgeon-in-Charge.

138 Sarah Low to her Aunt, July 10, 1864, Sarah Low Papers, New Hampshire Historical Society.
139 Ibid.
141 Sarah Low to John Parker Hale, May 6-7, 1863, Frost-Sawyer Collection, New Hampshire Historical Society.
142 Ibid.
143 Ibid.
Despite a consensus that the soldier would have died regardless of the circumstances, the incident cemented the nurses’ belief that the new surgeon was too inexperienced. According to them, the surgeon “showed such a want of experience” and they were determined to remedy the situation for the sake of their current and future patients.\footnote{Ibid.}

Nurses Anna Lowell and Mary Felton left the hospital and spoke with Senator Charles Sumner of Massachusetts, imploring him to speak with President Abraham Lincoln. They asked that Dr. Bliss be allowed to return to the Armory Square Hospital prior to his scheduled trial, arguing that the lives of the patients were at stake. Dr. Bliss was then allowed to return to the Army Square Hospital. In her memoir, Mary Phinney reflected on the impact of inexperienced physicians: “I know now that many a life could have been saved if there had been a competent surgeon in the ward.”\footnote{James Phinney Munroe, ed., \textit{Adventures of an Army Nurse in Two Wars: Edited from the Diary and Correspondence of Mary Phinney Baroness von Olnhausen} (Boston: Little, Brown, and Company, 1904), 34.} Inexperience led to botched surgical procedures as well as inefficiencies in hospital administration.

Since nurses were a constant presence among the hospital wards, they witnessed the daily experiences of the soldiers in their care. Common concerns expressed by the nurses focused on the atmosphere of the hospital, the lack of nourishment for the soldiers, and the treatment of the patients by the medical staff. In January 1863, just a few days before falling dangerously ill with typhoid fever, Louisa May Alcott wrote in her diary,

\begin{quote}
    a more perfect pestilence-box than this house I never saw, - cold, damp, dirty, full of vile odors from wounds, kitchens, wash-rooms, and stables. No competent head, male or female, to right matters, and a jumble of good, bad, and indifferent nurses, surgeons, and attendants to complicate the chaos still more.\footnote{Louisa May Alcott, \textit{Louisa May Alcott’s Civil War} (Roseville: Edinborough Press, 2007), 24.}
\end{quote}

Nurses argued that the priorities of the medical administration were misplaced. They observed that as much, if not more, attention was given to the appearance of the hospitals than to the care...
of the sick and wounded. When the Columbia College Hospital opened, Woolsey wrote that the hospital was “only half organized, but already overcrowded . . . they have few comforts or conveniences, scarcely any sheets, no water, etc. One of G’s nurse friends is there working like a slave, as are the other five women nurses.”

Hannah Stevenson, one of the six initial nurses at the hospital, wrote to her friends explaining that what was valued was “not what comfort & strength you give to the sick and the suffering, but whether every bed looks smooth & every spoon, wash cap, bottle everything is out of sight in rooms where there are no closets or drawers.”

Swisshelm echoed similar indignation and frustration at the emphasis on appearance, writing, “there was no law against a man dying for want of sleep from pain caused by misplaced muscle; but the statutes against litter were inexorable.”

Disillusioned, Swisshelm wrote in her memoir:

I had gone into the hospital with the stupid notion that its primary object was the care and comfort of the sick and wounded. It was long after that I had learned that a vast majority of all benevolent institutions are gotten up to gratify the aesthetic tastes of the public; exhibit the wealth and generosity of the founders, and furnish place of officers. The beneficiaries of the institutions are simply an apology for their existence, and having furnished that apology, the less said about them the better.

Nurses often noted how little nourishment the soldiers were given. Harriet Eaton, for example, wrote about her visit to a field hospital where a soldier named Grinnell died of malnutrition. “Nothing but hard tack and salt pork for 4,000 poor sick men,” wrote Eaton, “no kettles to cook with, not even wash basins for washing, nothing, nothing, nothing but indifference. When a man is sick, no longer effective as a soldier, what does government care for him!”

Such perceived neglect by the government only spurred many of the nurses to continue their work. While caring for the wounded in Fredericksburg, Virginia, Cornelia Hancock noted

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147 Hoisington, ed., My Heart Toward Home, 79.
148 Hannah Stevenson to friends, August 3, 1861, Curtis-Stevenson Family Papers, Massachusetts Historical Society.
149 Swisshelm, Half a Century, 275.
150 Schultz, ed., This Birth Place of Souls, 110-111.
that the makeshift hospitals were “shocking in [their] filth and neglect.” 151 They were located close to the front, so guerilla attacks on supply lines to the army were a direct threat. Hancock wrote, “we have an awful time here. Have to submit to seeing the men fed with hard tack and coffee. Supplies are very limited, scarcely any soft bread reaches us.” 152

The lack of food and nourishment for the soldiers was a nearly universal complaint among the female nurses. Writing to a friend regarding her experiences at the Union Hotel Hospital, Sarah Low wrote, “we had 49 beds scattered about in ten or eleven different rooms. You know the patients were half starved there. We could not get suitable food for those who needed nourishing diet.” 153

Determined to remedy the abuses, nurses often subsidized their patients’ rations. As seen in Chapter Two, the women received boxes containing food and hospital supplies from family, friends, and aide societies. In one case, Jane Swisshelm utilized the power of the press to get much needed lemons for the soldiers at the hospital. “Seven hundred and fifty wounded men! Hospital gangrene, and half a box of lemons!” Swisshelm recalled in her memoir. 154 After she wrote to the New York Tribune about the need for lemons in the Washington hospitals, large shipments of the fruit began to arrive the very next day. Confident that her appeal had made a difference, Swisshelm wrote, “if there was any more hospital gangrene that season I neither saw nor heard of it.” 155

The lack of food for the soldiers was a constant lament and source of frustration between the nurses and the military staff. “The men have not had enough to eat for a week – this morning, one slice of bread to each man!” wrote Ropes while serving as the matron at the Union Hotel Hospital. 156

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151 Jaquette, South After Gettysburg, 92.
152 Ibid., 95.
153 Sarah Low, to her family, October 31, 1862, Frost-Sawyer Collection, New Hampshire Historical Society.
154 Swisshelm, Half a Century, 117.
155 Ibid., 117.
156 Ibid., 70.
“not more than eight cents per day is the cost actually dealt out by the steward!”\textsuperscript{157} Supplementing the soldiers’ rations with apples received from home, Ropes stated that “our men have been saved only by the best of nurses and the kind and constant help from friends at home”\textsuperscript{158}

Going beyond their efforts to supplement the rations of the soldiers, some nurses were determined to address the wrongs committed by the hospital administrators. This is particularly evident in the interactions between Ropes and the stewards of the Union Hotel Hospital. “The wars on James River [are] nothing compared with the fights I have with the stewards,” she wrote to her daughter on October 6, 1862.\textsuperscript{159} Despite being the matron of the hospital, Ropes recognized that she had limited authority. Respecting hospital and military protocol, Ropes “entered a complaint to the Surgeon General” regarding the amount of food given to the soldiers.\textsuperscript{160} Yet, she was doubtful that her actions would lead to any changes. The conflicts between the stewards and Ropes intensified as the abuses of the soldiers became more physical. The steward threw a chisel at one soldier, then locked him in the guardhouse as punishment.\textsuperscript{161} Appalled, Ropes sent a telegraph to the boy’s father, who arrived the next day to retrieve his son. When the boy’s father confronted the steward about the incident, the steward swore and exclaimed, “it is none of your business.”\textsuperscript{162}

Emboldened by her moral responsibilities to protect the patients in her care, Ropes directly challenged the steward and hospital administration. “How can you let this hospital be turned into a prison?” she exclaimed upon learning that the steward had built a prison cell in the

\begin{footnotes}
\item [157] Ibid., 71.
\item [158] Ibid., 71.
\item [159] Brumgardt, \textit{Civil War Nurse}, 70.
\item [160] Ibid., 70.
\item [161] Ibid., 79.
\item [162] Ibid., 79.
\end{footnotes}
When the surgeon and chaplain did not respond, Ropes stated, “you men may have fears too strong to allow you to act, I have no office to lose or gain. I am free to do right, and if any patient in this house is put into that black hole I will go to Washington and stay till I gain the ‘open sesame’ to that door.” When a soldier was thrown into the prison that is exactly what Ropes did.

In November 1862, the steward of the hospital incarcerated a soldier named Julius in the basement prison cell. Furious, Ropes traveled with fellow nurse, Julia Kendall, to Washington to report the steward to higher authorities. Ropes’s description of the events reveal that not only was she confident in her authority as a nurse but she also recognized the necessity to conform to acceptable social and gender expectations. Ropes wrote, “I was ready to catch at any hand of the stronger sex who would help me over this unpleasant piece of duty.” The women traveled first to the headquarters of Ropes’s acquaintance General Nathaniel Banks, then to the house of Fanny Chandler, wife of Senator Zachariah Chandler of Michigan, in the hopes of gaining authoritative male assistance in “going with us unto the center of governing power.” Ropes added that it “is not a pretty pleasure excursion to thrust oneself into the business hiding places of persons in power.” Neither General Banks nor Senator Chandler were available, but, spurred on by a sense of duty, the two women went to the office of William Hammond, Surgeon General of the United States Army.

Upon arriving at Hammond’s office, the women were informed that Surgeon General was never in the office past three o’clock in the afternoon. As they were about to leave, however, Hammond arrived and walked passed the women, and, “without the Christian courtesy of a look

163 Ibid., 81.
164 Ibid., 81.
165 Ibid., 82.
166 Ibid., 82.
167 Ibid., 82.
or a nod, or even the old time civility of raising the hand to his hat, he vanished behind the
opening door of his inner office.” 

The Surgeon General refused to meet with the two women but did send an assistant to inquire what they wanted. Determined to speak to Hammond herself, Ropes refused to deliver a message to the assistant. “Two rebuffs seemed about enough for a woman of half a century to accept without compromising her own dignity, and answered too as sufficient spur to take us to the Secretary of War office,” argued Ropes. Ropes and Kendall then met with Secretary of War Edwin Stanton. “I went to the end of the desk and, without introducing myself at all, stated with the fewest words possible the facts about Julius,” recalled Ropes. After hearing Ropes’ charges, Secretary Stanton ordered the steward’s arrest. An officer accompanied the women back to the hospital, released Julius from the cell, and then arrested the steward, imprisoning him in the Old Capitol Prison in Washington. Describing the event, Ropes wrote, “It was a frightfully grand scene to see the maze of the steward, the joy of the men, and pale terror of the head surgeon.” An arrest warrant was later issued for the Head Surgeon, Dr. Clark, against whom the nurses had also filed complaints.

The news of the steward’s and head surgeon’s arrests spread through the hospital and Washington. Herbert, a convalescent soldier, wrote to Hannah Stevenson, who had returned to Boston, “I have some glorious news to tell you[.] The Steward has been arrested by order of the Secretary of War[.] There is not that glorious[?]” He continued, “It seems as if a cloud had been lifted from every ones mind.” Sarah Low, who had recently transferred to the Armory Square Hospital, wrote to her family, “he [Clark] left the hospital before dinner & they were

168 Ibid., 83.
169 Ibid., 83.
170 Ibid., 85.
171 Ibid., 85.
172 Ibid., 85.
173 Herbert to Hannah Stevenson, October 30, 1862, Frost-Sawyer Collection, New Hampshire Historical Society.
174 Ibid.
searching in Washington for him, it was said they found him, I only hope they did.”

The doctor was indeed eventually apprehended and arrested.

Several members of the hospital staff viewed Ropes’s actions as insubordination and attempted to her out from her position as matron of the hospital. Hearing of their efforts, Stanton intervened stating, “it shall not be done,” providing Ropes with written assurance of her position. Reflecting on her continuous battles with the Steward, Ropes wrote, “certainly one would suppose the opening up of any inquiry like this would be looked upon and hailed by all as the best possible good a motherly woman could do. Let that be as it will, if I was to live that day over again I could not do differently.” Ropes continued to work at the Union Hotel Hospital until her death of typhoid fever in January 1863.

Nurses were expected to endure rudeness and criticisms by the surgeons and watch the ill treatment of the soldiers as silent witnesses. As nurse Sophronia Bucklin wrote, “no murmur or complaint dared pass the lips of a hospital nurse, for disgrace and dismissal only awaited.” However, the nurses did not remain silent, and their determination to right the wrongs of the hospital administration was not limited to the Union Hotel Hospital. For example, Harriet Eaton visited a makeshift field hospital with seven wounded soldiers. One of them showed the signs of smallpox, and Eaton, alarmed, set off determined to find the surgeon who could assist the soldier. After a lengthy search, she found one who examined the soldier and confirmed Eaton’s suspicions. The soldier’s case was then transferred to Captain Jordon for further care.

In the aftermath of the Battle of the Wilderness, the soldiers of the Union army were in desperate need of medical care and basic supplies. Jane Swishelm’s memoir is filled with the

175 Sarah Low, to her family, October 30, 1862, Frost-Sawyer Collection, New Hampshire Historical Society.
176 Brumgardt, Civil War Nurse, 86.
177 Ibid., 86.
178 Bucklin, In Hospital and Camp, 59.
179 Schultz, This Birth Place of Souls, 76.
descriptions of the horrific conditions of the field hospitals at Fredericksburg. Of a makeshift hospital established in a theater in Fredericksburg, Swisshelm wrote, “To get into the large room, I must step out of the hall mud over one man, and be careful not to step on another. I think it was six rows of men that lay close on the floor, with just room to pass between the feet of each row.”\textsuperscript{180} Once inside the theater, “the floor was very muddy and strewn with debris…there was one hundred and eighty-two men in the building, all desperately wounded.”\textsuperscript{181} The soldiers had been laying in the makeshift hospital without nurses or attention for a week. Swisshelm stayed and attended to the soldiers until they could be moved to other hospitals.

Confronted by the severe lack of supplies, and seeing that several of the houses in Fredericksburg were unoccupied in the wake of the battle, Swisshelm approached General Patrick to suggest that hospital staff be allowed to take “bedding and other necessaries” from civilian homes for the care of the wounded and leave vouchers in payment.\textsuperscript{182} According to Swisshelm, these vouchers would be honored by the United States government; she even volunteered to see to the repayment of the vouchers. However, General Patrick would not be swayed, claiming that the Provost had dictated orders protecting the property of the inhabitants of Fredericksburg and there was nothing else that could be done.\textsuperscript{183} To Swisshelm and the other women serving as nurses, General Patrick’s unwillingness to allow them access to necessary supplies, waiting in unoccupied houses, equated to him stating, “let your wounded die of hunger, in welcome! I am here to guard the property of the citizens of Fredericksburg!”\textsuperscript{184}

Observing that soldiers were being left to languish on the floors of makeshift hospitals without any comfort or anything to rest on, eventually the nurses deciding they had had enough.

\textsuperscript{180} Swisshelm, \textit{Half a Century}, 307.
\textsuperscript{181} Ibid., 307.
\textsuperscript{182} Ibid., 313.
\textsuperscript{183} Ibid., 313.
\textsuperscript{184} Ibid., 313.
Two of them, Arabella Barlow and Mrs. Judge Ingersol, staged a “rebellion.” Learning of a barn filled with straw in the city, under armed guard, the two women discussed a way to get it and turn it into bedding and cushions. The presence of the armed guard emphasized the lengths to which General Patrick and the Provost were going to protect civilian property, but the determined Barlow approached the barn with several soldiers and planted herself in front of the armed guard. She told the soldiers that had accompanied her to confiscate the straw, informing the guard that, if he felt it was his duty to fire, he must first shoot her. The guard’s orders were to guard the barn and did not include specific instructions for the straw inside. No shots were fired, and Barlow succeeded in carting away the straw, which was immediately turned into bedding and pillows for the wounded.

In 1863, the assistant surgeon of the Mansfield Hospital in Morehead City, North Carolina threatened to dismiss Mary Phinney after she had given a mustard draft to a soldier suffering from colic, without consulting him first. Furious that his authority had been undermined, and claiming that administering the draft was considered a surgical procedure and that, as a nurse, she “had no business to perform it,” he threatened to expel Phinney. When the surgeon complained to Dr. James B. Bellangee, the head surgeon of the hospital, Bellangee laughed, then wrote out an order declaring that Phinney was empowered to administer mustard drafts whenever she felt they were necessary, read it to the assistant surgeon, and then sent it to Phinney. Phinney quipped, “After that I could have covered the men with plasters if I had chosen.”

A minority of surgeons did appreciate and have confidence in their nursing staff. Mary Phinney admitted that, when she first arrived as a nurse, she was “horribly ignorant…and could

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185 Ibid., 319.
186 Ibid., 150.
188 Ibid., 105.
only try to make the men comfortable.’” However, she recalled that some of the surgeons were friendly and encouraging and taught her how to properly bandage wounds, a set of skills she then utilized throughout the war. When short-staffed, one doctor, confident in her abilities, left Phinney in charge of the ward, where she was responsible for the washing and dressing of wounds and the setting of fractures without direct supervision. When the doctor returned to inspect her work, he was satisfied with the quality of her work. Phinney’s work was also recognized by another surgeon with whom she had previously had issues. Apologizing for his earlier rudeness, the surgeon told Phinney, “you have done and are doing more to elevate the tone of this hospital than anyone in it.” He promised to provide Phinney with anything she needed for her ward or herself. “Everyone likes to be appreciated,” wrote Phinney.

Unfortunately, such recognition of the nurses’ hospital work was unusual.

Female nurses working in the military hospitals of Washington were aware of the negative connotations relating to their work at the beginning of the war. Lacking immediate administrative supervision from Dorothea Dix, female nurses drew on their own initiative gain authority in the hospitals. In order to succeed, the women adopted a persona and language that exemplified female gender expectations to navigate their daily interactions with their male colleagues, and challenging them to better administer to the soldiers.

189 Ibid., 34.
190 Ibid., 34.
191 Ibid., 77.
192 Ibid., 62.
CONCLUSION

Examining the responsibilities and administrative style of Dorothea Dix reveals why both contemporaries and scholars assumed that she failed in her position as Superintendent of Female Nurses. Personality, administrative style, an inability to collaborate with male associates, and the overwhelming amount of responsibility combined to undermine Dix’s effectiveness. Recognizing the lack of administrative oversight by Dix, female nurses utilized established social networks to obtain nursing positions and needed supplies for the hospitals. The nurses deftly navigated the hospital bureaucracy by both embodying and challenging gender constructs of the era in order to provide adequate hospital care. Analyzing the daily interactions and experiences of the female nurses reveals the techniques used by the women to successfully navigate hospital administration and tense social interactions in order to fulfill their own desire for “something to do.”

For the remainder of the Civil War, Dix served as Superintendent of Female Nurses despite her lack of administrative authority, the establishment of the United States Sanitary Commission, and the calculated circumvention of Dix by the female nurses. In a letter to her friend Anne Heath, Dix wrote that her work as the Superintendent of Female Nurses “is not the work I would have my life judged by.” In her own eyes, her time as Superintendent paled in comparison to her achievements as reformer for the insane. Despite her inability to implement hospital reforms with the same effectiveness, her contributions to the war did not go unrecognized. Dix turned down financial compensation, but on December 3, 1866, Secretary of War Edwin Stanton issued an order publically recognizing the efforts of Dix:

In token and acknowledgement of the inestimable services rendered by Miss Dorothea L. Dix for the Care, Service, and Relief of the Sick and Wounded

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Soldiers of the United States on the Battle-Field, in Camps and Hospitals during the recent War, and of her benevolent and diligent labors and devoted efforts to whatever might contribute to their comfort and welfare, it is ordered that a Stand of Arms of the United States National Colors be presented to Miss Dix.3

On January 14, 1867, Dix accordingly received two flags as recognition for her service. In a letter to Stanton, Dix wrote, “no more precious gift could have been bestowed, and no possession will be so prized while life remains to love and serve my country.”4 Dix returned to her life-long mission to reform the hospitals for the mentally ill. However, deteriorating health and the difficult years spent as a failed administrator during the war kept her from achieving the same level of success as her pre-war reforms for the mentally ill.

Like Dix, other female nurses continued to act as advocates and reformers after the war. From 1869-1872, Jane Woolsey volunteered as a teacher at the Hampton Normal and Agricultural Institute in Virginia. Afterwards, she became the “resident directress” of the Presbyterian Hospital in New York City where she worked with her sister Abby Woolsey to establish several departments within the hospital.5 Georgeanna Woolsey married Dr. Francis Bacon, together they became the “principal founders of the Connecticut Training School for Nurses, established in the New Haven Hospital in June 1873.”6 Returning to New York City after the war, Abigail Gibbons organized the Labor and Aid Society to assist returning soldiers. In 1873, Gibbons founded the “New York Diet Kitchen Association for the dispensing of food to

3 Ibid., 342.
4 Ibid., 343.
7 Ibid.
the ailing poor upon physicians’ prescription.” After the war, Jane Swisshelm started a newspaper called the Reconstructionist which reflected the views of radical Republicans, but after a year, the newspaper was no longer in print. In 1872, Swisshelm conducted a “lecture tour in Illinois, speaking for woman suffrage” and she later served as a “delegate to the National Prohibition party convention.” Anna Lowell founded the School of Cookery in 1879, a mission school whose students included African Americans. In 1889, she published a cooking manual entitled, Lessons in Cookery which was used in public schools. For some of the women, their years spent as female nurses encouraged them to be active participants and advocates for social reforms after the war.

However, in contrast to the immediate recognition of Dix and an offer of financial compensation, it would be twenty-seven years before other female nurses received formal recognition for their services, in the Army Nurses Pension Act of 1892. This recognition was the result of years spent petitioning Congress to allow female nurses to qualify for pensions. Even then, eligibility for a pension was limited to those women who were able to provide adequate documentation and written support from male hospital staff, describing their nursing activities. 


10 Ibid.


12 Petitions to Congress regarding support for pensions for female nurses can be found at the National Archives in Washington, D.C. Petitions and Memorials, Resolutions of State Legislatures, and Related Documents Which Were Referred to the Committee on War Claims during the 47th Congress. Record Group 233: Records of the U. S. House of Representatives, 1789-2015. National Archives and Records Administration.
responsibilities during the war. In 1910, Sarah Low received a pension for her services as a nurse at the Union Hotel Hospital and the Armory Square Hospital. Yet, for other women, the ability to receive financial compensation and recognition simply came too late.

12 Women who served as laundresses, cooks, and in other capacities within the hospitals, as well as those who unofficially served as nurses, were excluded from receiving pensions. Pension records for female nurses can be found at the National Archives in Washington, D.C. Ibid.
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