

Editor's Introduction



“making the best of a bad case”

The American Civil War's Battle of Fair Oaks/Seven Pines at the end of May in 1862 almost proved to be more than the United States Sanitary Commission's (USSC) volunteer medical corps could handle. On May 31, Joseph E. Johnston's Confederate army attacked part of General James McClellan's forces north of the Chickahominy River near Fair Oaks/Seven Pines.¹ The Union army's casualties poured into White House in the ensuing days, and like other situations in which the USSC found itself on the Virginia peninsula during the humid summer of 1862, the scene after the battle was chaotic and disorganized as horrendously wounded soldiers were strewn everywhere. The U.S. Army's Medical Bureau brought in its hospital transport ships,² but no one was appointed to take charge of them, no one to receive the wounded at the station, no one to transport them properly to hospitals in Washington or Boston, and no one to ensure that the boats had proper stores of medical supplies, food, and water. The commission performed its work as best it could, not from any mandate, but simply by the "right of charity." "Night and day its members worked," one of the nurses reports, "not, you must remember, in its

own well-organized service, but in the hard duty of making the best of a bad case.”

The confusion about the lack of supplies, however, paled in comparison to the atrocities of the physical conditions of the sick and wounded and the lack of adequate organization on the part of the Medical Bureau to care for the wounded. USSC personnel were confronted with “Men in every condition of horror,” a nurse details, “shattered and shrieking, [they] were being brought in on stretchers, borne by contrabands, who dumped them anywhere, banged the stretchers against pillars and posts, and walked over the men without compassion.” The men had “mostly been without food since Saturday,” she adds, “but there was nothing on board for them,” and the cook, to add one final insult to the injuries, “was only engaged to cook for the ship, and not for the hospital.” With resources stretched thin, the USSC personnel turned to what they knew best: a philosophy of benevolent care best practiced through order and efficiency.

Despite the horrors of shattered bodies around them, the men and women on the Sanitary Commission’s hospital transport ships immediately began ministering to the soldiers’ needs. “The first thing *wounded* men want is lemonade and ice,” one nurse carefully notes, whereas she adds parenthetically that “with the sick, stimulants are the first thing.” Once all the men have had something to drink, then they receive tea and bread. The key, the benevolent woman writes, “was to keep calm ourselves, and make sure that each man . . . was properly refreshed and fed.” Throughout the night of June 5, hospital transport ships worked in torrential rain to remove the wounded from the shore. “We went to bed at daylight with *breakfast* on our minds,” she concludes, but adds “At half past six we were all on board the *Webster No .2*,³ and the breakfast of six hundred men was got through with before our own.” Despite these desperate conditions, the USSC was able to triage and transport on their ships between two and three thousand men, nine-tenths of whom were fed and cared for exclusively by the Sanitary Commission.

The Battle of Fair Oaks/Seven Pines stretched the human resources and material supplies of the United States Sanitary Commission to its breaking point, but the USSC volunteers responded to the horrors with a meticulous discipline of care, as they had done in the weeks leading up to this battle. "I am not afraid to say," boasted a volunteer nurse during the Civil War, "that no enterprise ever deserved better of the country than this undertaken by the Sanitary Commission. Alive to the true state of things, ever aiming at the best thing to be done, and striving to bring everything to bear upon that, it has already fulfilled a great work." The pride in the "great work" of the United States Sanitary Commission, a civilian organization staffed by administrators from the private sector and volunteer nurses, was to assist the U.S. Army's medical corps in the care and treatment of Union soldiers. The commission evolved from the Women's Central Association of Relief of New York (WCAR), a large grassroots organization devoted to assisting the Union army by collecting supplies, food, and monetary donations. The WCAR approached Henry W. Bellows, a Unitarian minister who was keenly interested in social reform, and Frederick Law Olmsted, who had made his name in public works, to become spokesmen for the association so that it could develop a more pronounced and visible role in the Union's war effort. In a letter to the war department on May 18, 1861, Bellows writes that the conflict that divided the North from the South was "essentially a people's war." Men were volunteering to fight, women were offering their domestic abilities to the cause. "Ought not this noble and generous enthusiasm be encouraged and utilized" Bellows asked, by allowing these volunteer associations to assist the Medical Bureau of the U.S. government? (Sanitary Commission No. 1 1-2)

Less than one month later, President Abraham Lincoln signed the order creating the United States Sanitary Commission, what he called the "fifth wheel" of the U.S. Army's "wagon" (Censer 5). The "wagon" of the army at this time, according to William Quentin Maxwell, was "limping along

on three wheels”—the quartermaster’s services, the commissary, and the transportation services—while the fourth, the medical and surgical wheel, was only the “little, rickety, antiquated, [and] incompetently led” Army Medical Bureau (Maxwell vi) that was unable to solve the problems of sanitation and hygiene in the Union army. Enlisted men traveled in cattle cars that lacked even the most basic accommodations for human comfort. Food rations often were not healthy, even rancid. Thin blankets did little more than cover beds of rotting straw. The disease rate was rising due to these unhealthful living and traveling conditions, but “the government was helpless to provide adequate precautions” (Maxwell 5). Teenage regimental musicians, cooks, and other noncombatants often served as stretcher bearers and, as James McPherson notes, “More often than not these men and boys bolted in panic when the fighting became hot.” The wounded would remain on the battlefields for days at times without medical care, food, or water (McPherson 418). The Northern army during the Civil War, Lori D. Ginzberg succinctly notes, was infamous for its “notorious inefficiency” (154).

Enter the volunteers of the United States Sanitary Commission, who advocated for an organized ambulance corps as well as other reforms. The mission of the USSC, the only civilian organization to receive official government sanction (Giesberg vii), was to aid the Union forces until the army’s small, antiquated Medical Bureau could better do so on its own (Censer 1). The USSC proposed only “to strengthen the present organization” of the Medical Bureau and was “not intended to interfere with [it]” (*Works and Purposes* 4). They sought to examine, modify, and improve the army’s health and fitness by focusing on “Diet, Cooking, Cooks, Clothing, Tents, Camping Grounds, Transports, [and] Transitory Depots.” In short, according to the USSC’s own history, it would oversee “everything appertaining to outfit, cleanliness, precautions against damp, cold, heat, malaria, infection; crude, unvaried, or ill-cooked food, and an irregular or careless regimental commissariat” (*Sanitary Com-*

mission 6). To carry this out, the U.S. Sanitary Commission recruited surgeons, enlisted men and women as volunteer nurses, and employed the help of “contraband,” escaped slaves, under the rallying cry of fulfilling their civic duty.⁴ “Although the Civil War did not produce any striking advances in medical knowledge,” McPherson argues, “it did generate important innovations in army medical care. Inadequate and amateurish in 1861, the medical services greatly expanded and professionalized by 1863” (418). The USSC, to their credit, engineered and exemplified many of these improvements, and modeled orderliness, cleanliness, and methodical tracking of supplies and personnel for the hapless U.S. government’s medical corps.

Just as remarkable as the improvements in hygiene and health was the way in which the USSC accomplished these improvements. The commission was able to organize seven thousand soldiers’ aid societies in towns and villages throughout the North and West to support its work during the Civil War. Twelve major regional branches administered this network of local organizations, and although the national administrators were overwhelmingly men, Judith Ann Giesberg explains that the “branches were run by women with a variety of backgrounds and skills” (5). The Sanitary Commission was, in short, a vast network of good-hearted civilians, donating time, money, supplies, and energy—all of which were remarkably ordered through the national organization headquartered in Washington D.C. It was both a grassroots campaign and a national web, efficiently run, altruistically motivated, and guided by one principle as articulated in *Hospital Transports*: “that every man had a good place to sleep in, and something hot to eat daily, and that the sickest had every essential that could have been given them in their own homes.”

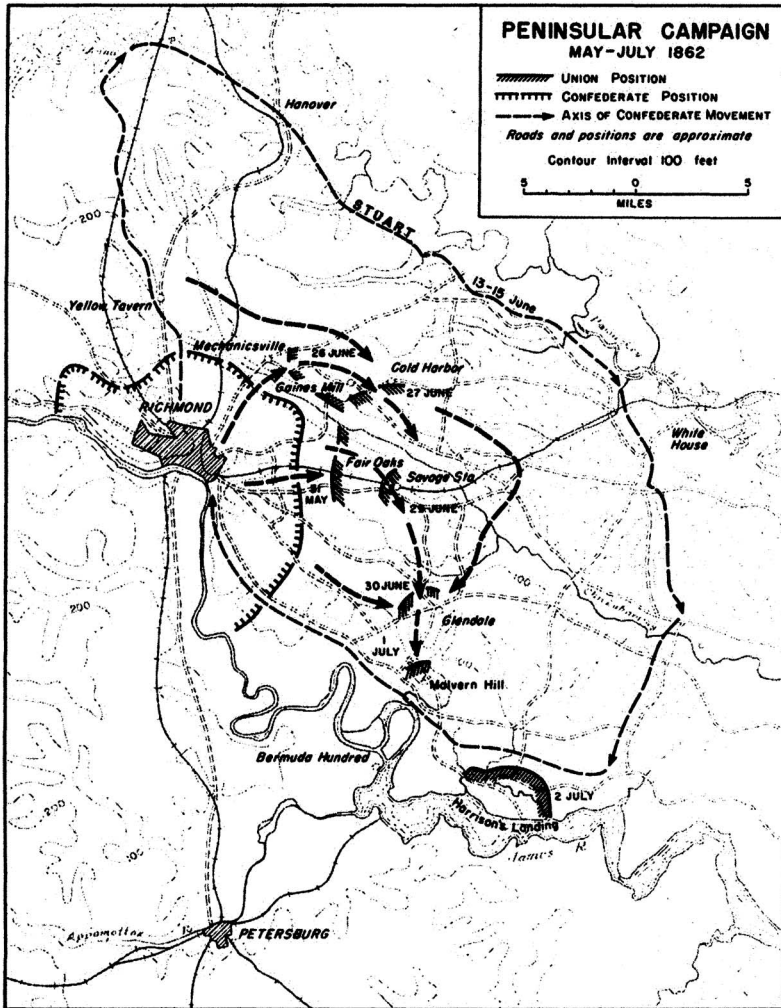
“Atlantic floating hospitals”

No where was this promise of the USSC made more difficult to ensure than when the war shifted from the banks

of the Potomac River to the Virginia Peninsula, when General George B. McClellan launched his offensive against the Confederate capital, Richmond, Virginia, in the spring of 1862. The Confederate army had evacuated Yorktown on May 4; Williamsburg fell to the Union army on May 5, and on May 15, McClellan set up headquarters on the Pamunkey River. Eventually, McClellan's Army of the Potomac pushed slowly up the winding Pamunkey and took successive supply bases at Eltham's Landing, Cumberland Landing, and finally at White House Landing.⁵ This was the point at which the York River Railroad from West Point crossed the Pamunkey to run twenty-three miles straight into Richmond. White House was to be McClellan's base of operations for the final advance on Richmond (Sears 103–104).

Although a relatively small number of men were wounded, an increasing number became sick due to the swampy conditions of the Virginia Peninsula that left water contaminated and typhoid flourishing. Mosquito-borne illnesses weakened soldiers, some of whom were wounded with minie balls and grapeshot, and lack of adequate food and clean water only exacerbated the soldiers' desperate condition. The Sanitary Commission's history describes these days as the "Sisyphus-like movements" of the Army of the Potomac that left "nearly six percent of its force" in hospitals around the Washington, D.C., area (*Works and Purposes* 26). To make matters worse, the same swampy conditions of the battlefield that made men ill also made running a caravan of wagons to transport them virtually impossible. Roads took on the look of "corduroy," as USSC doctors and nurses described them, and the oppressive heat and humidity sapped the strength of even the healthiest of men.

But although overland routes severely impeded the evacuation of sick and wounded soldiers, the rivers and creeks that criss-crossed the peninsula proved life saving. The USSC recognized that the James River, which connected to Chesapeake Bay near Fort Monroe, and the Pamunkey River, accessible via the York River at West Point, as well as the smaller

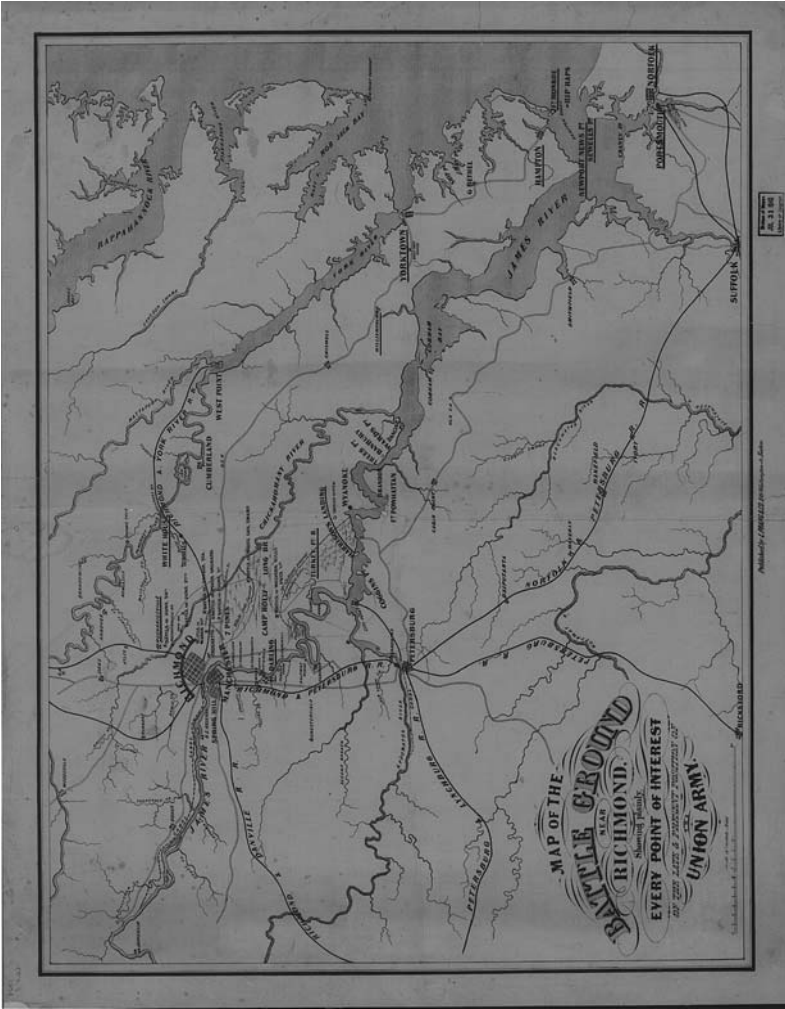


From the Perry Casteñada Library Map Collection
at the University of Texas at Austin.

tributaries that split off from these larger rivers, admitted steamers and smaller sailing vessels. The United States Sanitary Commission capitalized on the transport opportunities the rivers presented and requested a number of ships from the government in order to outfit them as hospital transports, complete with USSC surgeons, nurses, and stretcher bearers. McClellan's summer of 1862 campaign of the Virginia Peninsula marked the first time in the war that the hospital transports had been used every day to evacuate and provide floating triage to the Union army (Censer 27).⁶

Throughout the Virginia Campaign, both the Sanitary Commission and the Medical Bureau lacked independent medical transportation, while both employed headstrong physicians and surgeons intent on practicing their best medicine. Although these two distinct groups often worked in harmony with each other, even providing assistance and supplies to each other when needed, the relationship was often contentious. The *Knickerbocker*,⁷ for instance, a USSC ship, was anchored off Yorktown one night but the next morning was nowhere to be found, despite searching twice through the fleet. A command had come at midnight, the Sanitary Commission finally learned from the quartermaster's office, and requested that the ship go immediately to the Pamunkey River in advance of the army. The *Knickerbocker* had been sent, one of the women on the hospital ship notes, "the fact of her having been assigned to the Commission being entirely forgotten."

In short, the United States Sanitary Commission too often had its supplies and personnel scrambling to cover simultaneous orders given by multiple offices: the USSC was responsible for military discipline on the ships, the quartermaster had the authority to recall a ship at a moment's notice, military leaders could determine the destination of the transports, and government medical authorities decided where patients should be received and distributed. Frederick Law Olmsted, who was tapped to oversee the USSC's work during the summer of



Map of the battle ground near Richmond, showing plainly, every point of interest of the late & present position of the Union Army. L. Prang & Co., Boston, 1862.

From the Library of Congress Geography and Map Division, Washington, D.C.

1862 because of his organizational expertise in public works' projects, "had nine superiors," according to Maxwell. "Each had a different understanding of his duties and problems."

Stretched to their limits, in terms of both supplies and physical and emotional abilities, the transport ships of the Sanitary Commission nonetheless managed to continue their work through the resourcefulness and sheer motivation of their civilian volunteers. "I am quite at a loss to know what I shall do to-morrow," Olmsted confesses in a letter, "Unless additional force arrives we certainly cannot meet another emergency." He then goes on to apologize if his letter "is found somewhat incoherent, for I have fallen asleep several times while writing it." As the summer progressed and the war moved across the peninsula, the tone of the letters becomes increasingly more desperate regarding the lack of supplies, and increasingly more pointed about what the Sanitary Commission perceived was the failure of the U.S. government military corps to tend the sick and wounded. Olmsted complains of having tried "in vain to awaken some of the Headquarters officers to a sense of the danger" that faced them in terms of low supplies and inadequately prepared transport ships. Their reply is rather flippant: "true," Olmsted quotes them in agreement, the wounded "will suffer a good deal for a time, but that is inevitable in war."

The Surgeon General provided no help either, since his office was so overwhelmed with its own responsibilities. In a reply to the Surgeon General, Olmsted suggests that he is ill-equipped to understand that floating hospitals need but "one good authoritative surgeon on board" to keep the organization. He later suggests that "The Surgeon General cannot at once do our sea-transport business as well as we." Yet this was his conclusion after the Sanitary Commission had come to the rescue of yet another government transport ship that claimed to have enough supplies, only to realize once the wounded were being put on board that, in fact, it was desperately low on necessary provisions like food, water, and bandages. "Possibly they have all that is necessary on these

government boats, stowed away in boxes somewhere,” a nurse writes, “but at the precise moment when it is needed no one knows anything about it. Such boats either have no one at their head, or where there is one there are many, which is worse than none.” In short, she concludes, the Sanitary Commission only “seeks to bring the government to do what the government *should* do for its sick and wounded. Until that object is accomplished, the Commission stands ready to throw itself into the breach, as it did during that dreadful battle week, and as it does, more or less, all the time.”

To compound these difficulties in sorting through the various chains of command, daily operation of these “Atlantic Floating Hospitals,” as Olmsted refers to them, either the USSC’s or the Army’s fleet, was not easily and efficiently accomplished. Because of the nature of their engagement and the intentions of those on board, they were in a “constant state of preorganization and disorganization.” Food was not easy to obtain because of the irregular schedules of supply ships, and once on board, because of the hot and humid weather conditions, fresh food spoiled in a short time. Providing wounded men the proper nourishment also was problematic because of the breaks in the supply chain, and the Sanitary Commission worried about providing a varied diet so as to “avoid the danger of satiety.” The sheer number of wounded men to be cared for simultaneously also required that plans of organization and scheduling be quickly made and remade, depending on the situation. “To avoid collisions and vain attempts to perform impossibilities,” Olmsted writes, required rules that were not always cheerfully accepted but did provide the structure on which to accomplish their work. He admits in another letter that he “must act a little blindly, sometimes.”⁸

The amount of medical supplies that the Sanitary Commission’s hospital ships required was enormous; indeed, the numerous battles and small skirmishes between Union and Confederate armies only increased the necessity, not only for these supplies but also for ships to transport the wounded

and sick. In a letter to a friend, one of the women volunteers on these ships implores that “I hope people will continue to sustain this great work” of the USSC, most notably its six large vessels now in operation. The “Government furnishes these, and the bare rations of the men, (or is supposed to do so,) but the real expenses of supply fall on the Commission.” Then, in an unsolicited request, she tells her friend: “If people ask what they shall send, say, ‘Money, *money*, stimulants, and articles of sick-food’.”⁹ At times, the letters of those who served on the hospital transport ships cease from describing the events of the battlefield or operations of the kitchen in order to comment on the generosity of the Union supporters who continually supplied the commission with money, clothing, and food. “I often wish,—as I give comfort to some poor fellow,” a nurse writes, “that the man or woman who supplied the means for the comfort were present to see how blessed it is. Believe me, you may all give and work in the earnest hope that you alleviate suffering, but none of you realize what you do.”

“a quantity of letters”

Hospital Transports: A Memoir of the Embarkation of the Sick and Wounded from the Peninsula of Virginia in the Summer of 1862, compiled at the request of the Sanitary Commission by the Woman’s Central Army Relief Association of New York, consists of a “quantity of letters and their papers” written by men and women involved in the care and evacuation of the sick and wounded via the hospital transport ships. The letters detail the experiences during the summer of 1862, from the Sanitary Commission’s initial outfitting of the *Daniel Webster* on April 30 through the threat of Stonewall Jackson on June 27, 1862, including the Battle of Fair Oaks/Seven Pines in late May and early June. The Woman’s Central Army Relief Association selected passages from the letters and compiled this volume in order to “give within moderate compass as many particulars as may be necessary to show the scope of

the enterprise, and the position which it held as an aid to the government" (*Hospital Transports* introduction). Several of the letters, although written by various USSC personnel, overlap in their details of events; some were written on the same day but focus on different incidents; still others are undated but are interspersed among letters that carry both dates and locations. This collection was carefully controlled so as to serve as a history to both document and promote the work of the USSC, and inadvertently to provide a record of the military campaigns in Virginia. A review in *The Continental Monthly* remarked on the patriotism of not only the USSC volunteers on the ships, but of the readers; *Hospital Transports* is a book, the review declared, "which should be in the hands of all who love their country" (478). The letters are full of "vivid interest," "true incident," "graphic sketches," and "loyalty, patriotism, and self-abnegation," and as such, provide "succor" for the human race (479). *The Atlantic Monthly* remarked of the USSC that "Wherever the red hand of war is lifted to wound, its white hand may be lifted to heal,—that its work may never cease until it is assumed by a great Christian Government or until peace once more reigns throughout the land" (399).

But more interestingly, *Hospital Transports*' mix of letters provides a rich area for a rhetorical study of the ways that the USSC's male administrators and female nurses narrate their wartime experiences, and how these narratives betray the ideology of benevolence as practiced by upper-middle-class men and women. The volume, however, is complicated because it is a composite memoir, a collection of letters from eight individuals, two officers of the commission and six women serving with them as nurses. Furthermore, the text insists on preserving the anonymity of each author. Individual letters do not bear the name of the author; rather, the Woman's Central Army Relief Association of New York only identified individual writers with alphabet letters: *A* and *B* denote the two male officers, the initials *M* and *N* denote all six of the women. All proper names of the author and audience of the letters have

been removed so it is not clear to whom these letters would have been addressed, although, because of the content, many seem to be letters to USSC administration or home. Most references to specific USSC officers and nurses on the transport ships have been removed from within individual letters, as well, although military commanders' names have remained in order to help chart the sequence of events.

Certainly, confidentiality and privacy would have been a concern for the organization charged with compiling these letters. These were personal letters, after all, and provided some level of comfort and intimacy for the men and women working on the hospital ships. Indeed, the relief association admits that those who wrote the letters had "no thought that they could ever go beyond" the friends to whom they were addressed. Moreover, the writers only tell part of the story of their life on the ships, and for the women, the deliberate withholding of experiences provided a means to preserve their jobs, just as the careful editing of the entire collection casts the work of the USSC transport ships in the most impressive possible light. But the anonymity of the writers and the audience also serves to keep the focus entirely on the work of the U.S. Sanitary Commission without personal information, politics, or fame superceding the worthy cause in which the members were engaged. *Hospital Transports* was designed to be a "public record," in the words of the organization that compiled the letters; the whole work of the commission was greater than the sum of its individuals.

What is even more curious, however, is that the letters the six women wrote had to share only two alphabet letters among the six of them. Original readers of *Hospital Transports* were forced to abandon the assumption that in memoir, autobiography, and historical narrative the author is known, and indeed that there even is an author to be recognized. What readers also are asked to abandon, however, is their notion of gendered narratives, gendered work, and social role differences between men and women during the USSC's campaign. Such anonymity, however, only serves to heighten these gender differences in narrative content and approach.

Despite this call to only see the good work of the hospital transport ships during the peninsular campaign, what is evident from the letters of the collection is that men and women were simultaneously engaged in the common act of disciplined care while viewing the war and their responsibilities in far different terms.

Despite the anonymity in *Hospital Transports*, other historical records do reveal who staffed the transport ships during the summer of 1862. Officer *A* is Frederick Law Olmsted; officer *B* is Frederick Newman Knapp, a physician in the USSC. Knapp, ill with malaria, left the Virginia Peninsula around June 11, 1862, to convalesce in his parents' home in Walpole, New Hampshire. The initials *M* and *N* identify letters written by six women on the ships, although, to add to the confusion, at least eight women became permanent members of the transport team: Amy Morris Bradley, Helen Gilson, Christine Kean Griffin, Caroline Lane, Ellen Ruggles Strong, Eliza Woolsey Howland, Georgeanna Woolsey, and Katherine Wormeley. As a result, it is possible to identify only some of the authors of the letters written by women.

Olmsted, who had earned high marks for his planning, development, and administration of New York's Central Park, applied his same organizational acumen to the USSC. He created an administrative regime that allowed quick response to the medical needs of the army wherever it was stationed. The commissioners, Olmsted included, believed that primary responsibility for the care of the soldiers must lie with the Medical Bureau, and thus, they waged a successful campaign to reorganize and expand it and secure a more energetic medical authority (Censer 1). During the period of *Hospital Transports*, Olmsted was present on deck and supervised the hospital ships anchored just off the shore where the Army of the Potomac was camped. According to Jane Turner Censer, Olmsted's greatest achievement with the Sanitary Commission was the "organizational structures emphasizing clearly defined duties, specialization, and the delegation of powers. . . . The combination of a professional staff and tributary local societies provided both an expertise and a flexibility that at the time

were nearly unique” (10). In fact, Censer notes, only two other bureaucracies operated with similarly sophisticated systems, the railroad system and the U.S. government (11).

Hospital Transports opens with a letter written by Olmsted dated April 30, 1862, and written on the hospital transport *Daniel Webster, No. 1* in Cheeseman’s Creek.¹⁰ The USSC had received the old steamboat on April 25 and Olmsted and Knapp spent the interim days supervising volunteers as they scrubbed the ship from stem to stern, furnished bunks, and outfitted an apothecary’s shop. Olmsted’s letter details in minute catalog the exact schedule of getting the *Daniel Webster* ready to transport wounded passengers. By Sunday morning, Olmsted writes, the ship’s hold was full, by 11 a.m. the hospital company was aboard, but “the commissaries failed in their engagements” and he had to send a foraging party to Alexandria for beef. At 4 p.m. the meat had been put on board and “we at once got under way.” Olmsted then provides a list of the initial passengers: six medical students, twenty volunteer male nurses, four surgeons, four ladies, a dozen “contrabands” described as “field hands,” three carpenters, and six miscellaneous passengers. Five members of the U.S. Sanitary Commission were also aboard, as were eight military officers, ninety soldiers returning to their regiments, several mechanics, and the ship’s crew and officers.

On May 1, Knapp writes that they had joined other commission boats, one or two storeships and, notably, the *Wilson Small*, anchored off Shipping Point. The area had once been controlled by the Confederate army, but now the Union used it for a hospital. The *Wilson Small*¹¹ was a small light boat that had been outfitted as a “little hospital, to run up creeks and bring down sick and wounded to the transports.” Throughout *Hospital Transports*, the *Wilson Small* can be followed darting in and out of shallow tributaries and creeks, loading up with wounded soldiers, and then delivering them to the larger, heavier transport ships that would then ferry them to the field hospitals on and up the coast. The *Daniel Webster* received its first patients in just this way.

While it was dark, the *Wilson Small* came alongside the *Daniel Webster*, carrying thirty-five wounded soldiers. They were carefully lifted on board and “swung through the hatches on their stretchers.” Within thirty minutes, the soldiers had all been given tea or coffee by the nurses, then shortly afterward were undressed and put to bed clean and comfortable; the men, one of the nurses remarked, were “in a droll state of grateful wonder.” By May 3, 190 patients had come aboard the *Daniel Webster* and even more had been treated on shore by Sanitary Commission surgeons and nurses who offered their services at the Ship’s Point Hospital.

Hospital Transports continues with this complex description of the work the transport ships did during the peninsular campaign. The two officers, *A* (Olmsted) and *B* (Knapp), categorize the intricate workings of the ships, their personnel, and the political tension that existed between the federal government’s medical corps and the U.S. Sanitary Commission. *A* and *B* count surgeons and men, discuss the daily outfitting and operating techniques of running floating hospitals, and tell the exploits of securing beef for one ship, and cotton gauze for another. In short, their letters are the stories of administrators engaged in running an efficient and smooth operation.

Yet the presence of women on the ships represented a departure from the USSC’s policy, even though Dr. Elizabeth Blackwell’s Women’s Central Association of Relief (WCAR) original proposal was to recruit, train, and assign a corps of nurses to assist with the war effort in an effort to “bring order from the supposed chaos of benevolent enthusiasm” (Ginzberg 141). The young women involved in relief work “expressed a new elitism,” Ginzberg avers, “one that rejected the tenets of ‘virtuous femininity’ that had characterized the antebellum era—and to which most women still adhered” (144). But even before Olmsted and Bellows were recruited, the Women’s Central Association of Relief, the precursor to the New York organization and headed by Dr. Elizabeth Blackwell, proposed to assign a corps of trained

women nurses to the commission. When Olmsted and Bel- lows took the plan to Washington, D.C., however, “they largely abandoned the issues of nurses” (Giesberg 115) since they were more interested in establishing the credibility of the commission, a task that pushed the issue of trained nurses out of primary attention and reinforced the army’s resistance to allowing women on the battlefield and in the field hospitals.

Olmsted, however, recognized that women’s presence on the ships would allow him “to tap into the domestic rhetoric of the middle-class home,” Giesberg suggests, “a strategy that had worked well to garner support for his work on Central Park” (123). He had effectively promoted the park as “a separate sphere of the middle-class home” and a “healing environment.” The hospital transports ships were, for Olmsted, “an experiment in bringing the home to the battlefield” and he recruited middle-class and elite women to serve as nurses. What united the USSC commissioners and these women was the assumption about “the proper role” these “lady volunteers” were to occupy on the ships, and the experiences they brought with them, namely, their “familiarity with genteel standards of household organization” (Ross 100, 101). Indeed, one of the women serving on the transports declares that she looks forward to the return of the *Wilson Small* so that they can “resume our happy *home* life on the top of the old stove.”

If *Hospital Transports* is a complicated collection of letters because of the deliberate anonymity assigned to its writers, then the nature of the USSC work on the ships is even more complex. The nineteenth century witnessed great changes in the conception of voluntarism as a means for not only social good, but social improvements. The Second Great Awakening (late 1820s to early 1830s) and the formation of the Women’s Christian Temperance Union in 1874 book-end the formation of the ladies’ aid societies formed to provide for soldiers in the Civil War. In providing this altruistic service, Giesberg argues that the USSC served as an “interim structure for women’s activism” (11). In doing so,

Giesberg continues, these women “created a new political culture for women” that combined “grassroots activism with centralized access to political authority” (8).

In order to occupy such a nationally political transitional state, the personal politics of the women had to adapt. Much has been made of what historians have called “the cult of true womanhood” and the assumed “true morality” they possessed. “As long as woman did not leave her sphere [her home],” Ginzberg explains, “God had ordained that she be protected by some inherent goodness, a ‘moral organ’ in her very being” (11). Yet the supposition that there even was a “woman’s sphere” was a particularly middle- and upper-middle-class philosophy, one that becomes even more complicated given the ideology of “benevolence” that pervaded middle- and late-nineteenth-century American society. Women’s morality manifested itself in charitable acts, or “benevolence,” and women described such work as Christian, “their means as fundamentally moral, and their mandate as uniquely female” (Ginzberg 1). Yet, as Ginzberg quickly points out, the ideology of “women’s sphere” was only a superficial way of linking women together, even within the middle class. Conservative benevolent women, Ginzberg claims, “were far more likely than abolitionists to be members of wealthy, locally influential family and community networks, and their benevolent goals and means reflected the economic and political privileges of their class” (Ginzberg 6).

The women who served on the hospital ships, whose letters are included in *Hospital Transports* labeled by the initials *M* and *N*, suggest not only this politically gendered bias that women were ideally suited and indeed expected to cook and care for others, but represent the specific class-based ideology of the USSC since they were drawn from the same class and social status as the officers and physicians (Ross 100). According to an article in the *Sanitary Commission Bulletin*, “The women [on the transport ships] belong nearly all to the most wealthy or most respectable families.” The *Bulletin* expressed pleasant surprise with their successful service since

“it could not be supposed that their former habits of comfort and luxury could prepare them for encountering the perils and privations which they must necessarily meet with in this field of labor” (in Ginzberg 147–48).

Katherine Wormeley, for example, organized volunteers to make army shirts when the Civil War began; during the winter of 1861–62, she sold the fifty thousand shirts to the quartermaster of the Army (for about \$6,000) and distributed the money to needy families of soldiers. In May, 1862, she volunteered for duty with the Sanitary Commission in Virginia as a superintendent of nursing, and left the Virginia Peninsula in July 1862. Georgeanna Muirson Woolsey and Eliza Newton Woolsey Howland were sisters, two of the eight Woolsey women (and one son) to serve in the Civil War. Despite the death of their father at an early age, the Woolsey children and their mother, Jane, of Eight Brevoort Place in New York City, were wealthy, better educated than most women of their day, and were strongly abolitionist. Georgeanna, nicknamed “Georgie,” was one of the first women trained under the program of the Women’s Central Association of Relief, under the direction of Dr. Elizabeth Blackwell. Eliza was trained as a nurse before serving on the transport ships and was a nurse at the Patent Office Hospital in Washington. And, as Agatha Young records, Eliza, Georgeanna, and all of the women of the Woolsey family attended the final meeting of the Women’s Central Relief Association in New York City (382).

Other women, such as Christine Griffin¹² and Eliza Harris, both early volunteers with the transport service during the Virginia Peninsula campaign, came from this particular upper-class section of American society. Early in the war, Harris oversaw the army relief funds from Pennsylvania and later took charge of the service for the wounded at Fortress Monroe (Greenbie 133). A prolific fundraiser, Harris wrote dramatic accounts to newspapers detailing her life aboard the ships, including special references to all the supplies the transport ships were lacking. After the Battle of Fair Oaks/Seven Pines she writes that “There were 800 on board.