

## CHAPTER 3

### MEDICAL PLANNING FOR THE CHICKAMAUGA CAMPAIGN

#### ARMY OF THE CUMBERLAND MEDICAL ORGANIZATION

The framework of Union medical support served only as a conceptual foundation for the evolution of a system specific to an army. In fact, until an act of Congress in 1864, the method of organizing an army's medical system to provide care and evacuation was dependent upon the skill and interest of individual commanders and surgeons. To aid them, however, a model organization was available in the form of a system, developed by Medical Director Jonathan Letterman, being used in the Army of the Potomac.

Briefly, Letterman's year-old, yet proven, system called for the consolidation of hospitals at the division level, decentralization of supply to regimental level, and medical unity of command over ambulances at all levels. <sup>1</sup> In the Western Theater this system had been adopted by Grant's Army of the Tennessee by 18 April, 1863. <sup>2</sup> It was not, however, the system practiced by the medical staff of the Army of the Cumberland.

In fact, the medical department of the Army of the Cumberland was in a state of transition as the Chickamauga Campaign began. The Medical Director was Surgeon Glover

Perin, a veteran regular army surgeon with 16 years of military-medical service. Perin joined the Army at Murfreesboro on 21 February 1863 and soon found fault with the existing ambulance structure. <sup>3</sup> In fact, 'the Medical Department was found in a deplorable condition. Complaints came from all sides . . . .' <sup>4</sup>

Within two weeks Perin had drafted an interim modification to the ambulance structure, which Rosecrans authorized for release as General Order 41. This called for one ambulance to be positioned with each regiment and ten ambulances per brigade were to be located with the corps, division, or brigade, depending on need. The chief quartermaster of each corps supervised the care and use of the ambulances, while an ambulance master controlled each ten vehicles. At all times, however, the quartermaster and ambulance master were to respond to the medical director of the corps, division, or brigade. <sup>5</sup> Perin clearly saw this as a temporary, and not completely satisfactory, plan.

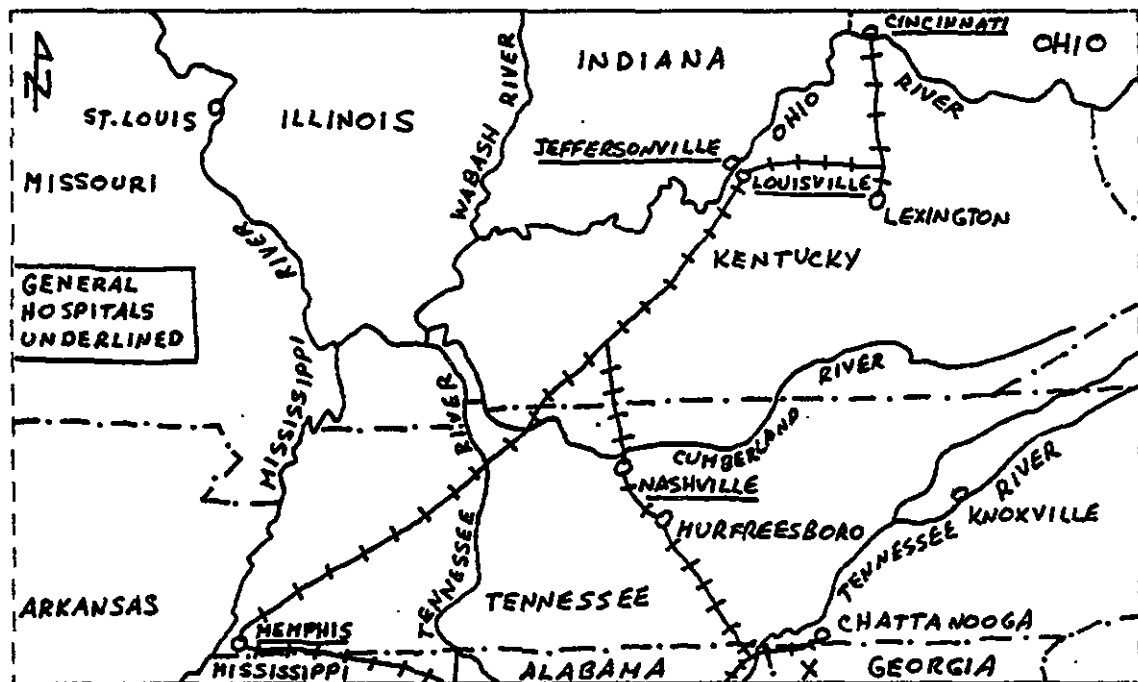
To develop a more complete medical support system, Perin recommended the adoption of an Army medical structure founded on the Letterman System. <sup>6</sup> Since this was not accomplished until 2 January 1864, the Army found itself entering the Chickamauga Campaign transitioning between old and new concepts. <sup>7</sup> For example, XIV Corps had given control of the ambulances to the medical directors while XXI Corps still relied upon enlisted ambulance masters. <sup>8</sup>

On the other hand, the basic hospital organization of the Army was not in flux. Medical plans called for regimental or brigade aid depots to be established to the rear of the fighting troops. Supporting these depots, and further to the rear, were the division hospitals. This organization was standard across the Army. <sup>9</sup> The Cavalry Corps, which had no assigned hospitals, was the only exception. <sup>10</sup>

Supporting these division hospitals were a number of general hospitals. The closest were in Nashville, which accounted for 3000 beds. Hospitals in Louisville, Memphis, Cincinnati, and other cities in Kentucky and Illinois brought the total available beds to nearly 12,000. Field hospitals at Stevenson and Bridgeport, Alabama, while not technically general hospitals, served as a source of beds between the battlefield and the hospitals to the north. <sup>11</sup>

Linking the field hospital at Bridgeport to the general hospitals at Nashville was a new five-car hospital train. Two of the cars were fitted for the transfer of up to sixty litter patients. Initially, these cars were modified passenger cars but, by mid-September 1863, two of the cars were specifically designed and built to carry medical patients. Two other cars were unmodified passenger cars used to evacuate ambulatory, or walking, patients. Supporting all four was a box car modified for kitchen use. Also new to the Army of the Cumberland was the reservation

of this ambulance train for the sole use of the sick and wounded. The system, however, did not eliminate the need for, or use of, unmodified box cars for evacuation. <sup>12</sup>



Map 2. General Hospitals Supporting the Army of the Cumberland, August 1863.

Fortunately for Perin and the Army, Rosecrans was greatly interested in the health, welfare, and medical needs of his soldiers. This pro-medical attitude ranged from his intolerance for poor sanitation habits to his insistence on evaluating each of the Army's physicians for medical competency. <sup>13</sup> Empirical evidence of Rosecrans's attitude may be found in the disease rates for the Army. The rate of disease per 1000 soldiers in 1863, under Rosecrans, fell 9.6 percent from the rate reported in 1862, under Major General

Don Carlos Buell. <sup>14</sup> Anecdotal evidence of this medical interest is seen in Rosecrans's removal of Surgeon Eben Swift, Perin's predecessor, shortly after the January 1863 Battle of Stones River. The stated cause for the relief action was Swift's failure to develop and maintain an adequate medical system. <sup>15</sup>

In summary, the Army of the Cumberland had a medical system that had matured as a result of previous battles and campaigns. Both the Army commander and medical director were greatly concerned with the quality of care rendered. As a result, both stimulated the refinement of the medical structure by seeking and incorporating the best in available medical doctrine and technology.

#### ARMY OF TENNESSEE MEDICAL ORGANIZATION

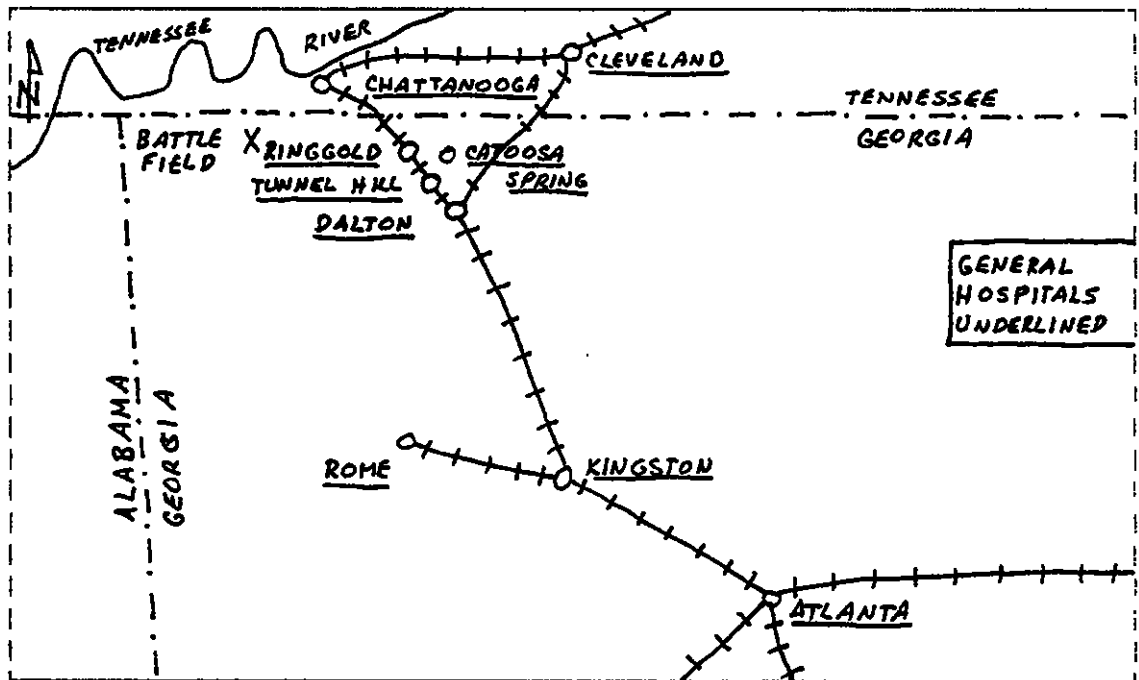
Little is officially known of the arrangements for medical support of the Army of Tennessee beyond the general concepts discussed in Chapter Two. By piecing together various official and personal accounts, however, the following picture of medical care emerges.

Soldiers in the Army of Tennessee were cared for by up to two medical officers supporting each regiment or battalion. Claudius Wilson's Brigade of William Walker's Division, with five regiments/battalions, for example, lists four surgeons and six assistant surgeons on the rolls for the month of September, 1863. <sup>16</sup> The wounded were treated by medical officers following directly behind the

troops' before being placed on ambulances. <sup>17</sup> After receiving initial medical care the soldier moved by ambulance to a brigade hospital in the rear. <sup>18</sup> To evacuate the wounded from the battlefield, the Army was authorized one ambulance per regiment, brigade, and division. Research does not indicate, however, if these numbers were rigidly adhered to in the Army. <sup>19</sup> Medical director Flewellen did report in early 1863, and again in early 1864, that the Army of Tennessee was sorely lacking in sufficient ambulances. <sup>20</sup> As with their Union counterparts, the Confederate cavalry of Bragg's Army carried their wounded on horseback as they had 'no stretchers and an ambulance was unknown.' <sup>21</sup>

As soon as the soldier was healthy enough to travel he was sent to the general hospitals supporting the Army. In the summer of 1863 the Army was supported by 31 general hospitals, with a capacity of about 7500 beds, located in Chattanooga, Rome, Atlanta, and other cities throughout Tennessee and Georgia. <sup>22</sup>

The concept behind the Army of Tennessee's general hospitals is more important than their precise location. For, unlike general hospitals in support of the Union Army, or elsewhere in the Confederacy, the Army of Tennessee's general hospitals were designed to be mobile organizations. The hospitals, their equipment, and the patients were able to move around the Department of Tennessee as the fortunes of war dictated. <sup>23</sup>



Map 3. General Hospitals Supporting the Army of Tennessee, August 1863.

Three men were behind the structure of medical support for the Army of Tennessee. First among these was General Braxton Bragg, Commander of the Army. Despite his earned reputation as a strict disciplinarian, Bragg was very concerned with his men's welfare and maintained a great interest in his command's sick and wounded. When evacuating Murfreesboro he is reported to have turned to his medical director with "tears trickling down his cheeks" and asked "what to do about our poor wounded men we will have to leave here?"<sup>24</sup> Bragg's concern for the wounded was also evident by his actions. He habitually stopped to inspect hospitals that happened to be near his travels. During these visits his attention was equally drawn to patients, required

reports, prescription books and registers, as well as the kitchen and bedding. 25

Bragg's medical director, responsible for tactical medical assets was Surgeon Edward Flewellen. Flewellen had served the first year of the war as a regimental surgeon to the 5th Regiment, Georgia Volunteers before being promoted as the Assistant Medical Director of the Army. On 23 December 1862, on the eve of the Battle of Stones River, he became the Army's Medical Director. 26

The real strength of the Army's medical system, however, may well have been Surgeon Samuel Stout, Medical Director of Hospitals. 27 Stout, initially a regimental surgeon and a general hospital surgeon, took charge of the general hospitals in Chattanooga in March 1862. General Bragg, as was his habit, conducted an unannounced inspection of the hospitals in July. He was so impressed with Stout's organizational and supervisory skills that he immediately placed all of the Army's general hospitals under Stout and gave him a free hand as to all elements of hospital activity and organization. Initially, Stout was required to report only to the Army Medical Director. By February, 1863, however, Surgeon General Moore adopted the position of medical director of general hospitals for use throughout the Confederacy. As a result, Stout's chain of command was directly to Moore. 28



Stout's primary contribution was his method of organizing and moving general hospitals to support the Army. In his words: "When the exigencies of the services demanded the evacuation of a . . . post, all the hospitals there were removed with their organizations preserved, and their hospital property . . . going with them." 20 To accomplish this objective Stout developed the hospitals so that they could quickly be disestablished and moved from city to city based on the Army's movements. For the medical staff this broadened the range of possibilities for providing care. For the wounded soldiers of an army in retreat this meant that a general hospital would be readily available to meet the needs of their injuries.

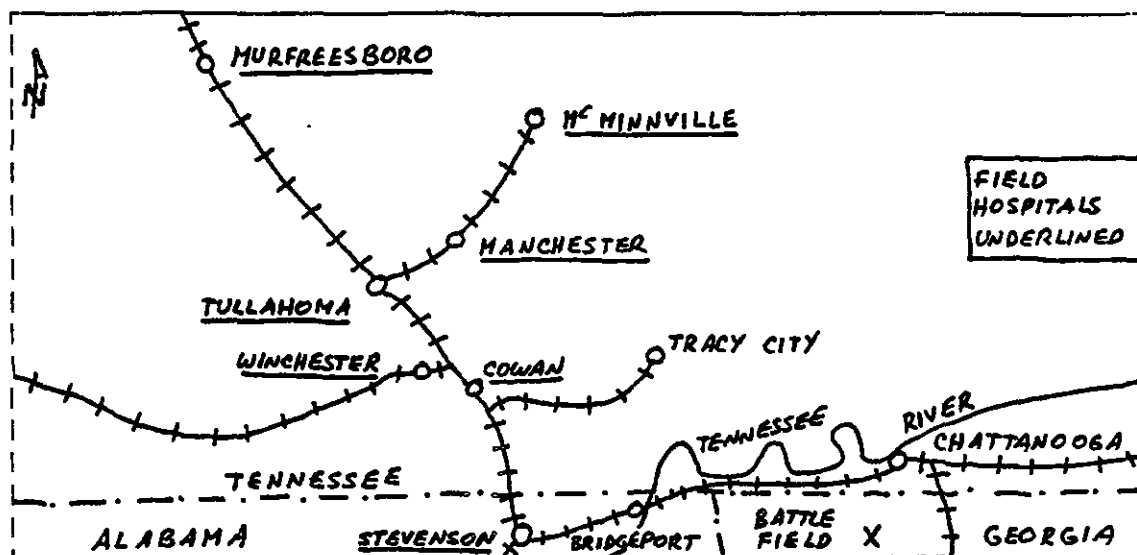
And so had the specific medical systems of both armies evolved prior to the Chickamauga Campaign.

#### UNION MEDICAL PLANNING

The Army of the Cumberland departed from the area around Tullahoma on 16 August, 1863. In preparation, Perin had taken actions to meet the Army's medical needs for both the operational move and in event of a general engagement with Bragg. To Perin, these needs fell into three broad categories: hospitalization, evacuation, and supply. Following the Tullahoma Campaign, field hospitals were established at Murfreesboro, Tullahoma, Manchester, McMinnville, and Winchester. In anticipation of the Army's move, Perin had half of the 2000-bed Murfreesboro hospital

sent to Cowan, midway between the supply depots at Stevenson and Tracy City. <sup>30</sup>

On 14 August, a message was sent from Rosecrans's headquarters to each corps commander querying them as to their readiness to move forward. Along with that question was the notice to provide "for your sick, and see that they are supplied with rations, hospital stores, &c." In response, XIV Corps sent their sick to Cowan and XXI Corps made use of hospitals in Manchester, McMinnville, and Nashville. <sup>31</sup> This would allow each of the corps to move unencumbered with ineffective soldiers and to bring their organic medical equipment on the march over the Cumberland Mountains. Providing for the sick also included guarding them. Therefore, Army orders tasked XIV Corps to detail guards for the forward-most hospital at Cowan. <sup>32</sup>



Map 4. Field Hospitals Supporting the Army of the Cumberland, September 1863.

Perin did not enjoy the same degree of control over the ambulances within the Army as he did with the hospitals. His changes to the Army's ambulance structure had not been completely implemented, thus the quartermaster still had control of most ambulances. The Army did, however, have a sufficient number of wagon ambulances equitably divided among the three corps. Each regiment had one ambulance permanently attached. XIV and XXI Corps also reported 30 additional ambulances in support of each division. XX Corps, however, had only 22 extra ambulances available for each division. <sup>33</sup>

Corps	Present for Duty	Ambulances	Ratio
XIV	22,758	183	124:1
XX	13,372	105	127:1
XXI	14,190	128	110:1
<u>Army Total</u>	<u>50,320</u>	<u>416</u>	<u>120:1</u>

Fig. 5. Ambulance Availability and Ratio of Support.

Supply was Perin's third category of concern. Knowing that a lengthy campaign was expected, each regiment received three months of medical supplies. Additionally, Perin established a reserve supply of medical goods and hospital tents for each corps. <sup>34</sup> The use of a central corps supply was standard for the Army of the Cumberland. These reserve stocks typically consisted of medicines, hospital stores, dressings, and 250 hospital tents. The

Army's medical staff intended that regiments would use the supplies on hand while the corps reserve supplies were kept intact for field emergencies or a general engagement. In fact, Perin went to great lengths to ensure that the corps supplies would be left untouched. For example, day-to-day supplies for the intermediate hospitals, such as Cowan, were shipped from Nashville and Murfreesboro. <sup>35</sup>

As a result of the preceding arrangements, and within the limitations of a developing structure, the Army of the Cumberland had developed and disseminated an adequate medical plan to support the move on Chattanooga. Perin had planned field hospitals along the route, scheduled regular rail evacuation to Nashville, distributed ambulances among subordinate units, and provided medical supplies. The medical staff, from regiment to army, was well prepared for the upcoming campaign.

#### CONFEDERATE MEDICAL PLANNING

Not knowing the Union Army's specific plans, the two medical directors of the Army of Tennessee had no reason to plan the provision of medical support with a specific start date in mind. This is not to say, however, that medical precautions were being ignored during the period preceding 16 August, 1863.

In the Army's rush to evacuate Tullahoma the wagon trains, which included the Army's wagon ambulances, were given "a four-days [head]start along the awful roads to

Chattanooga." <sup>36</sup> Contributing to the poor state of the roads was the topography of south-central Tennessee, which required the Army's trains to cross, in turn, Elk River, Cumberland Mountain and, Walden's Ridge (Map 1, page 4). Additionally, medical director Flewellen was forced to abandon a number of medical tents, and possibly other medical equipment, at the Army's encampments in and around Tullahoma. <sup>37</sup>

Flewellen, then, had two immediate missions after arriving in Chattanooga. First, he had to ensure the repair or replacement of any ambulances damaged or lost during the withdrawal into Chattanooga. In this regard, Flewellen reported a shortage of ambulances, although the extent of loss is not completely known. <sup>38</sup> Simultaneously, the medical director was faced with replacing lost tentage and equipment. Restocking of medical supplies, however, was probably not a significant problem as the evacuation of central Tennessee was done out of contact with the enemy and resulted in few casualties.

Samuel Stout, the Medical Director of General Hospitals, was also busy during this period. Knowing that Chattanooga was not defensible, he sought Bragg's guidance relative to the hospitals. Bragg reportedly directed Stout to "begin moving the patients and hospital property as quietly as possible, and, to avoid exciting suspicion, to continue the work on the new hospital building until the

near approach of the enemy." 39 To accomplish this, Stout arranged for the Chattanooga patients to be moved to the Army's other general hospitals, which had 7500 beds in 31 facilities spread over nine communities in two states. When the Union Army of the Cumberland began its march from Tullahoma, however, the five Chattanooga hospitals had yet to be moved. 40 (Map 3, page 27).

Despite the lack of details about Flewellen's planning process, the medical arrangements for the Army of Tennessee appear to be similar to Confederate medical support concepts in general. The inadequate number of ambulances available were in need of repair but medical supplies were not a problem, since there had been no heavy combat engagements subsequent to Murfreesboro, over seven months previous. Also, medical care and hospitalization was readily available in and around the Chattanooga encampments.

#### SUMMARY

Two well-rested and eager antagonists were about to begin an odyssey that would end with victory or defeat, made or broken reputations, and the wounding of over thirty-five thousand soldiers. In anticipation of the many requirements for the campaign, the medical staffs of both armies did make appropriate arrangements, within the scope of their assets and capabilities. The next stage, the Federal's move on Chattanooga soon required the activation of those plans.

## ENDNOTES

### CHAPTER 3

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2. Adams, Doctors 93.
3. John Fitch, Annals of the Army of the Cumberland (Philadelphia: Lippincott & Co, 1863) 49-50.
4. George Lyman, "Some Aspects of the Medical Service in the Armies of the United States During the War of Rebellion," Civil and Mexican Wars. 1861, 1864. Papers of the Military Historical Society of Massachusetts, Vol. 13, (Boston: The Military Historical Society of Massachusetts, 1913) 13: 211.
5. OR 23/2: General Order 41, 6 Mar. 1863, 116.
6. MSH 1/App: 265.
7. OR 32/2: General Order 2, 2 Jan. 1864, 16-8; Perin's detractors fail to mention his subsequent actions to improve the ambulance organization.
8. MSH 1/App: 268, 277.
9. MSH 1/App: 267, 269, 274, 278; My interpretation is at odds with the writings of both Louis Duncan, "The Medical Department of the United States in the Civil War. The Great Battle of the West, Chickamauga," The Military Surgeon 31 (1912): 359; Gillett, Army 220.
10. B.F. McGee, History of the 72d Indiana Volunteer Infantry of the Mounted Lightening Brigade (La Fayette, IN: S. Vater, 1882) 159; Alva Greist, Personal Diary, Chickamauga-Chattanooga National Military Park, Fort Oglethorpe, GA.
11. Adams, Doctors 155; Gillett, Army 220; OR 30/3: Message: Smith to Goddard, 13 Aug. 1863, 22; MSH 1/3: 898; MSH 1/APP: 266.
12. MSH 1/APP: 289; OR 30/3: Telegram: Goddard to Innes, 26 Aug. 1863, 171.
13. Glenn Tucker, Chickamauga. Bloody Battle in the West (Indianapolis: Bobbs-Merrill, 1961) 37; Adams, Doctors 83, 204; Lyman, "Some Aspects" 212; Gillett, Army 220.

14. MSH 1/3: 6; Since both years saw the Army involved in campaigns, battles, and encampments in Tennessee, the author has chosen to forego an analysis for the control of variables impacting on the rates.
15. Lyman, "Some Aspects" 212.
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17. Hart, "The Surgeon" 272.
18. See map of the Battle of Murfreesboro and discussion of the Battle of Chickamauga; Jackman, Personal Journal, Jackman Journal, Manuscript Division, Library of Congress, Washington, DC.
19. OR 30/4: General Order 171, 26 Aug. 1863, 556.
20. Cunningham, Doctors 119-20.
21. John Wyeth, With Sabre and Scalpel (New York: Harper & Brothers, 1914) 247.
22. Weekly Report of Hospitals, 14 August 1863, Box 2G425, Stout Papers, University of Texas, Austin; Cunningham, Doctors 124.
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24. Stout, "Outline" 67; Tucker, Chickamauga 81.
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26. Joseph Jones, "Roster of the Medical Officers of the Army of Tennessee," Southern Historical Society Papers, ed. R.A. Brock (Richmond: Southern Historical Society, 1894) 22: 280; OR 20/2: General Order 159, 23 Dec. 1862, 461; Stout, "Outline" 72.
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28. Samuel Stout, "Reminiscences of the Services of Medical Officers of the Confederate Army and Department of Tennessee," St Louis Medical and Surgical Journal 64 (1893): 227-8; Stout, "Outline" 61-3, 68.
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31. OR 30/3: Orders: Department Headquarters to Thomas and Responses: Thomas and Crittenden to Headquarters, 14 Aug. 1863, 28-9.
32. OR 30/3: Orders: Department Headquarters, 15 Aug. 1863, 35; OR 30/3: Message: Bond to Thomas, 16 Aug. 1863, 47; OR 30/3: Message: Flynt to Negley, 16 Aug. 1863, 49.
33. OR 30/1: Present for Duty Reports, 10 Sept. 1863, 169; OR 23/1: Report, Perin to Headquarters, 30 Jun. 1863, 419; MSH 1/APP: 268, 274, 277.
34. MSH 1/APP: 266, 268; OR 23/1: Report, Perin to Headquarters, 30 Jun. 1863, 418-9.
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36. Wyeth, With Sabre 223.
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