

CHAPTER 4

MEDICAL SUPPORT BEFORE THE BATTLE OF CHICKAMAUGA

UNION ACTIONS MOVING TO CHICKAMAUGA

The Union Army's move on Chattanooga began on the morning of 16 August and, almost immediately, the medical department was called on to provide care to the soldiers. The health of the command was good and morale of the soldiers high, but as the march proceeded the combination of central Tennessee's mountainous terrain and hot, dry weather started to take its toll on the soldiers. ¹ A soldier of the 36th Illinois wrote that his regiment had started their march at 2:00 p.m. on the 17th and, by nightfall, had moved a distance of only six miles. Despite the seemingly short move, however, all the ambulances of the Third Division, XX Corps, were full of "men who have given out from the effects of the heat." ² A similar situation was reported by a corporal in the First Division of the same corps, who also noted that the temperature was near 100 degrees. ³

Most of these casualties would have ridden in the wagon ambulances and followed behind the regiments or to the division's rear as part of the trains. At the end of the day's march, the surgeon would then be able to reexamine the soldier and evaluate his condition. Most heat casualties were able to continue the march the next day but some would

have required additional care. Surgeons had the choice of several options for these seriously ill soldiers.

One option was to establish a temporary regimental hospital at the bivouac site. The 78th Pennsylvania chose this option when a lack of ambulances prevented timely evacuation of the sick. ⁴ A similar possibility, and one used by Stanley's Cavalry Corps and the 21st Wisconsin, was to leave the sick behind at a private home under the care of the regimental surgeon or, if necessary, the homeowner. ⁵ The drawback for either of these options was the resulting fragmentation of the division's medical care.

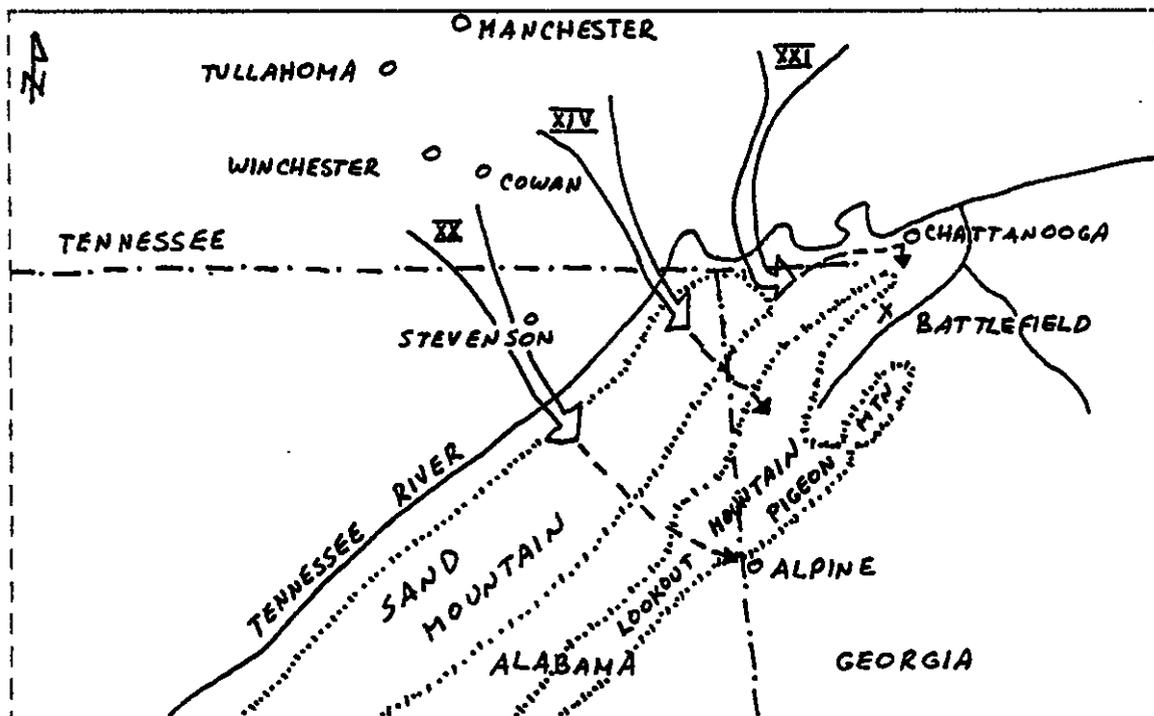
The effect of separate medical facilities along the route of march was detrimental to the division. First, the very issue of regimental hospitals, in tents or in private homes, was counter to the demonstrated benefit of division level hospitalization. Second, and related to this centralization of care, was that several small hospital sites did not allow for proper physician-patient ratios. One site, for example, may have a surgeon and five patients while another hospital had an assistant surgeon and twenty-five patients. Finally, any single hospital required some degree of non-medical support such as transportation, guards, and rations. Establishing a temporary regimental hospital, therefore, although needed on occasion, was not the best way to care for the sick who could not continue the march.

A second option was to carry the non-marching sick with the regiment. This would have resulted in the soldier quickly returning to his unit when fit, but carrying the wounded also required finding and using additional wagons or ambulances. Before the 41st Ohio could use this technique it was forced to request two additional ambulances. • One must also consider the effect this sick train might have had on the morale of the remaining troops.

The third option available to Perin was to establish field hospitals for the central reception of the Army's sick during the march on Chattanooga. The benefit of this option was that the previously discussed disadvantages were converted into advantages. Additionally, tents, equipment, and other supplies for these facilities were available from depots at Nashville or Murfreesboro. This, in turn, left the corps and regimental medical stocks intact.

Once the Army moved out of its Tullahoma area camps, Perin transferred the field hospital at Murfreesboro south to Stevenson. However, unlike the hospital situation at previous encampments, the buildings at Stevenson were not acceptable for medical use and it was necessary to construct a hospital. The chosen site was open, elevated, and near a source of water. The 1st Wisconsin, XIV Corps, was assigned the task of building the facility. 7 By the end of August this field hospital, with a capacity of 1800 beds, was completed and regiments were able to evacuate their sick to

Stevenson. * To take advantage of the rail line running the ten miles east from Stevenson to the Tennessee River, a smaller tent hospital was built at Bridgeport. *



Map 5. Union Movements Toward Chickamauga, September 1863.

The primary drawback to the field hospital concept was in transporting the sick soldier from his regiment to the hospital. The roads throughout this region of Tennessee were narrow and, because to the southerly movement of the Army, largely one way. Adding hospital-bound ambulances to the crowded roads only worsened the problem. To overcome this obstacle, medical directors of the various units took liberties to move sick and injured soldiers on empty supply wagons returning to the supply depot at Stevenson. 10

This technique, also known as backhaul evacuation, was almost always rough on the patient as unmodified supply wagons provided little comfort for the wounded. They did, however, ensure that regimental and division ambulances were available in the event of an engagement with the enemy. Backhaul evacuation was also used to support units that did not have ambulances. Colonel Lewis Watkins, commanding a cavalry brigade with no ambulances, used wagons to move sick soldiers. Fortunately, he appreciated the rough treatment of the wagons on the soldiers and reported the sick "will not bear transportation further. Send train to-night if possible." ¹¹

The train system was also used to further evacuate patients from the Stevenson hospital to general hospitals at Nashville and elsewhere, the Murfreesboro hospital having been closed in favor of the hospitals at Bridgeport and Stevenson. The preferred method of patient evacuation by rail lines was on the hospital cars provided for that purpose. Normally, the cars were part of a larger train of passenger and freight cars that ran regularly between front and rear depots. When hospital cars were not available, or if additional assistance was required, a separate train of un-converted boxcars would be pressed into service. ¹²

ACTIONS SOUTH OF THE RIVER

The Army of the Cumberland crossed the Tennessee River between 29 August and 4 September. The crossing was

uneventful for the medical department as no mention was made in after action reports of medical specific equipment or personnel losses. Also, the Army remained in good health, although an increase of malarial type sickness was noted in units along the river's bottom lands. ¹³

Perin's medical structure remained, for the most part, unchanged. The cavalry was still without a field hospital, although ambulances were now on hand. Movement orders required each regiment of XXI Corps, as in XIV Corps, to travel with an ambulance while its hospital supply wagon traveled with the trains behind the troops. ¹⁴ XX Corps, however, issued orders that would have altered its normal amount of medical supply.

The initial movement order for XX Corps reduced the number of supply wagons to be allowed on the march south of the river and described how the remaining wagons were to be used once across. Among other restraints, the order allowed a regiment to carry not more than 500 pounds of medical supplies. Also, no other wagons were available to carry additional hospital stores. ¹⁵ No mention was made as to how hospital tents, weighing 217 pounds apiece, were to be carried. This order greatly reduced the normal allotment of three months supply of medical needs at regimental level and additional stores in the corps trains. ¹⁶

Whether the decision to cut back on medical items was made for a purpose or out of ignorance is not known.

The records indicate, however, that Jabez Perkins, the XX Corps surgeon, did not participate in the planning that resulted in the cutback. In fact, upon discovering the reduction, he brought a complaint to the chain of command and succeeded in having the order corrected. The order was modified and allowed for the inclusion of all "regular hospital wagons . . . with their contents unreduced, and also one additional wagon to each division" 17

Perkins was not the only surgeon excluded from his organization's planning. Albert Hart, regimental surgeon for the 41st Ohio, XXI Corps, complained that even the route of march was kept from him. "It is the same on every march and [the brigade surgeon] and even the Director of Division know not more than the rest of us." 18.

Once to the south of the Tennessee River there was little activity for the medical department of the Army. Those few soldiers who did become sick stayed, for the most part, with their regiments although the seriously ill were sent to the field hospital at Stevenson. 19 The greater part of the department's time was spent caring for the sick or preparing for an engagement with the withdrawing forces of General Bragg. Perin, meanwhile, demonstrated the foresight of an experienced staff officer by trying to anticipate events. He surveyed the area of operations in

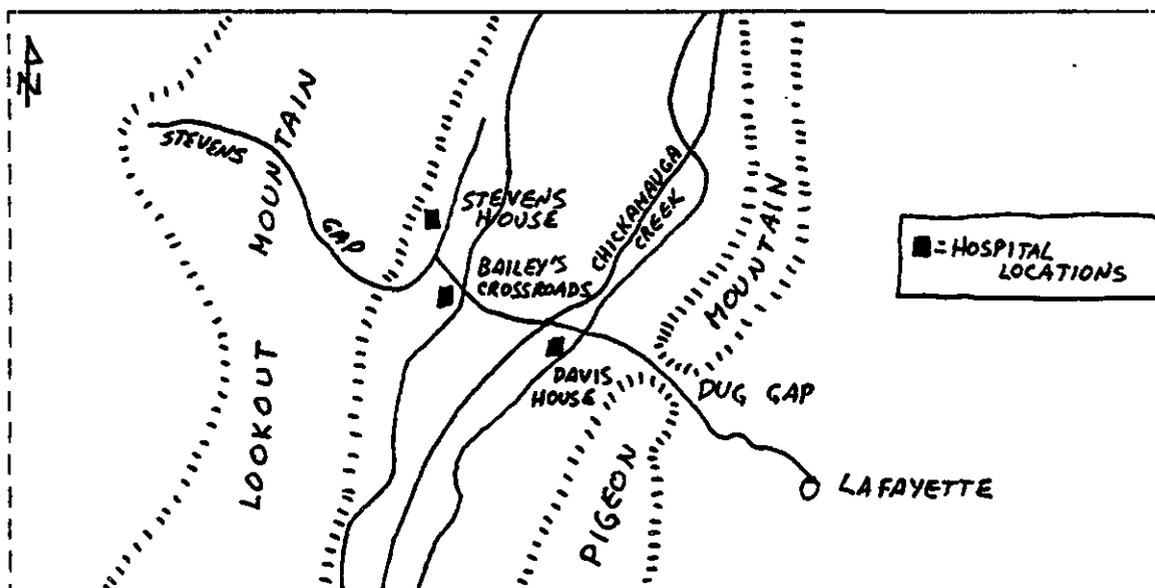
order to evaluate the availability of food for the wounded and lines of evacuation to Stevenson and the rail network that ran further north. 20

The only instance of skirmishing between the armies requiring establishment of a medical facility occurred on 11 September before Dug Gap. This gap opens through Pigeon Mountain onto the area in which Bragg was consolidating. Here James Negley's Second Division of XIV Corps was threatened by the approach of two of Bragg's divisions, Thomas Hindman's and Patrick Cleburne's. Bragg's intent was to trap an unsupported Negley in McLemore's Cove and attack him on his left flank and along his front. The Confederate forces moved slowly, however, and failed to destroy Negley's main body of troops, which were then supported by Absalom Baird's First Division. Instead, the battle was limited to heavy skirmishing and ended with both Federal divisions positioned before Stevens's Gap.

The two division surgeons-in-chief, S. Marks and Roswell Bouge, in First and Second Divisions respectively, quickly formed a partnership in responding to the need for medical support. Their initial actions placed the division ambulances at the foot of Lookout Mountain, where they subsequently established a consolidated field hospital. The joint hospital site was located about 1100 yards behind the front line of troops and took advantage of an existing building, the Widow Davis's house. Skirmishing began just

before noon with about ten wounded soldiers being received shortly thereafter. At the same time, however, the Union commanders, Negley and Baird, recognized their plight and began to withdraw their forces toward Stevens's Gap.

As a result of the Union withdrawal, and concurrent placement of artillery pieces around the house, Marks and Bouge were forced to relocate the hospital. Fortunately, as an existing structure had been chosen, little equipment and no tentage had to be disassembled and repacked onto the hospital wagons. The wounded were placed in ambulances called forward from their rear parking area and moved to a house at Bailey's Crossroads. Within an hour however, the continuing withdrawal forced a second transfer of the wounded. This movement established the hospital in the Stevens House at the foot of Lookout Mountain.



Map 6. Hospitals at McLemore's Cove, 11 September 1863.

Twenty-seven soldiers were wounded as a result of the engagement. They received continuous care at the Stevens House hospital until 16 September, when orders were issued for XIV Corps to move north. During this stay, two seriously wounded soldiers died and two returned to their regiments. Of the remaining patients, three were too critically injured to be moved and were left at the house with one medical officer and two nurses. The other wounded, twenty in number, along with forty sick soldiers, were transferred in ambulances, by way of the Chattanooga Valley road, to the hospitals in Chattanooga. Accompanying the ambulance train were three nurses and a physician. Division reports do not indicate if any of these medical personnel returned prior to 19 September. ²¹

Chattanooga had become available as a hospital location following the Confederate evacuation on 8 September and the Union occupation the following day. On 10 September Perin sent a telegram to Israel Moses, a surgeon assigned for duty at Murfreesboro. ²² He ordered Moses to move immediately to Chattanooga, with instructions to organize a general hospital system that could treat and hospitalize three thousand wounded. For reasons that are not made clear in after-action reports, Moses did not arrive at Chattanooga until 18 September. ²³

To accomplish the hospitalization portion of Perin's orders required far more buildings or tents than were then

available. Moses reported that he found just two distinct hospitals with beds to accommodate 650 patients. Bragg, however, had been forced to leave behind about 150 sick and wounded which limited the available space to only 500 beds. Additionally, the two Confederate hospitals "were without doors or windows, and destitute of every convenience." ²⁴ This is an interesting report on the part of Moses as it demonstrated how thoroughly and effectively the Stout plan converted general hospitals into mobile organizations. ²⁵ Moses was, therefore, forced to identify buildings that could be pressed into hospital service in order to fulfill the assigned number of three thousand beds. He was not able, however, to actually establish the beds in those facilities. As a result, only 500 beds would be readily available for any wounded Moses received.

Moses's second requirement, to treat the wounded, required medical officers and supplies sufficient for the number of wounded expected. For staffing his hospitals, Moses was left to his own devices. Only two physicians, then located at the general hospital in Nashville, were tasked to report to Chattanooga. Their route would have taken them by rail through Murfreesboro to Bridgeport and then by wagon to Chattanooga. It is not reported if they actually arrived. ²⁶ Apparently, the 43 medical officers that did serve in the Chattanooga hospitals came from the field organizations after the fighting ended. ²⁷

Moses also discovered that the supply situation was as bleak as the availability of beds since Perin had only been able to forward a limited amount of medicines and equipment. In fact, Moses 'found scant supplies for not more than five hundred A partial supply of medicines, blankets, furniture, and dressings was on hand . . . but deficient in many articles.' ²⁸ Since all reserve medical supplies were on the battlefield with the corps trains, the Chattanooga hospitals initially remained stocked as Moses found them on 18 September.

Medical supplies were enroute, however. Perin, who had been preparing Chattanooga as a hospital site for the nine days between its occupation and surgeon Moses's arrival, had called for supplies to be sent forward. These supplies were probably brought in from the field hospitals at Stevenson and Bridgeport. These, in turn, were being restocked from depots at Murfreesboro and Nashville. ²⁹

One other source of much needed supplies was the Western Sanitary Commission. This civilian commission was formed in September 1861 with the self-assigned mission of providing for the welfare of soldiers. ³⁰ The Commission, headquartered in St. Louis, had depots throughout the West. Commission depots at Nashville and Murfreesboro were providing supplies to the area of middle Tennessee. Since

18 August Rosecrans had been authorizing the Sanitary Commission to send half a car-load of goods a day on the Army's passenger train from Nashville. ³¹

The arrival of the Army of the Cumberland and its medical department at Lee and Gordon's Mill on 18 September signaled an end to the Union's preparations for battle. The Army's medical system to this point was adequate for meeting the needs of the march and served its soldiers well. To support future operations, corps reserve medical supplies were intact, hospitals were being prepared in Chattanooga, and evacuation routes were open to the Tennessee River by wagon and to the north by rail. The 18th also signaled an end to preparations in the Army of Tennessee.

CONFEDERATE ACTIONS MOVING TO CHICKAMAUGA

Confederate medical department actions prior to the Battle of Chickamauga can also be examined in relation to the need to provide hospitalization and treatment for the sick and wounded. As the Union Army of the Cumberland was departing from the area around Tullahoma, General Bragg's medical department operated five general hospitals in Chattanooga. An additional 26 hospitals were located in towns to the south. ³² By 8 September, however, the Confederates had removed all hospitals and all but 150 of the sick and wounded from Chattanooga. What occurred during this period of 24 days was an example of a well developed medical plan successfully meeting the needs of the moment.

Rosecrans's deceptive move to the Tennessee River succeeded in obscuring his whereabouts until Eli Lilly's Federal artillery fired into Chattanooga on 21 August. ³³ Due to the shelling, Stout, Bragg's medical director for general hospitals, abandoned his Gilmer Street office and established his new headquarters at Dalton, Georgia, 25 miles to the south.

Just when the evacuation of patients and hospitals began and ended is not recorded. On 29 August, however, at the headquarters of the Federal Third Division, XIV Corps, a civilian reported that, as early as 14 August, Bragg was evacuating Chattanooga, including removal of the sick. ³⁴ Further, Colonel John Wilder, whose artillery shelled the city, reported on 5 September, that ambulances had been moving between Tyner's Station and the city 'as if disposing of their sick, preparatory to a move.' ³⁵

The repositioning of Stout's general hospitals was based on at least three requirements. To maximize their effectiveness the hospitals had to be located no farther north than Resaca and, secondly, they had to be near the railroad network that ran south from Chattanooga. Thirdly, within the limit of state rights, permission had to be granted for the use of medically desirable buildings.

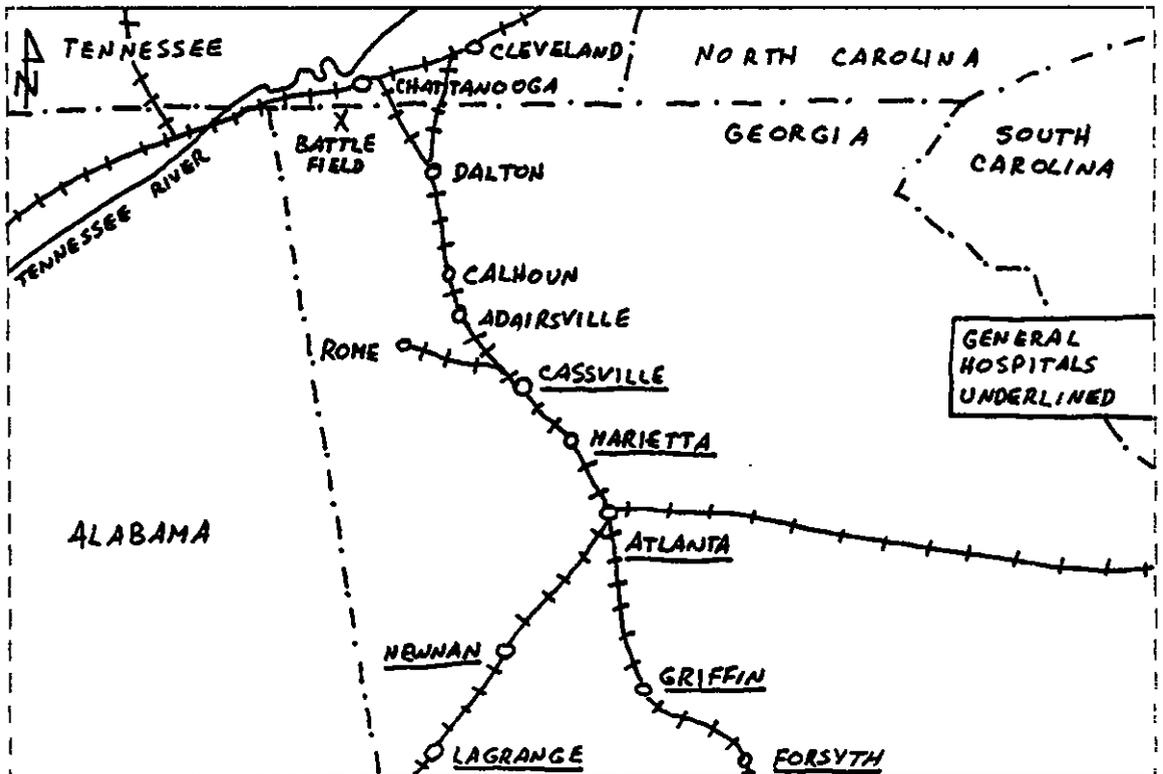
The guidance to move the general hospitals to sites no farther north than Resaca went to Stout from Flewellen on 6 September. 'All miscellaneous from Hospitals . . . will

be immediately sent to the rear. The Hospitals as low down as Resaca will be vacated." 36 It is clearly understandable that, in a time of uncertainty, the general hospitals would be moved as far as possible from any potential battlelines. Bragg, in fact, authorized Stout to move the hospitals to the south and west of Atlanta, 111 railroad miles to the southeast, if necessary. 37 Stout's limit to his southern movement was to be a line running along the railroad to the southwest out of Atlanta. 38

This option had been anticipated by Stout as seen in his telegrams to surgeon Joseph Logan, the senior surgeon at Atlanta. Between 23 and 29 August, Stout had been calling for the movement of most Atlanta based patients. Those fit to perform field duty were to be returned to their units while transportable patients were to be evacuated to Rome and other convalescent camps. 39 And, as early as the 29th of August, Stout was warning Logan that "should a battle begin within a week I am fearful your hospitals will be crowded to overflowing." 40

The second basing requirement was caused by Atlanta having neither the room nor resources to hold all of the general hospitals belonging to Bragg's Army of Tennessee. As a result, other towns had to be selected as sites. Since Confederate wounded were usually evacuated by rail, the primary consideration for these new sites would have been the availability of railroad siding.

State rights was an issue raised with Stout's decision to base a hospital at Marietta. The town boasted a state-owned military institute that was ideal for housing a hospital. Governor Joseph Brown, however, upset at Bragg's 'abandon[ing] the state of Georgia,' refused Stout's request to use the institute's buildings and grounds. Stout puts the loss of this site at 500-600 beds. ⁴¹



Map 7. Confederate General Hospitals, 18 September 1863.

The efficacy of Stout's mobile general hospitals can be seen by illustrating the movement of one. The Cherokee [Catoosa] Spring General Hospital was initially located immediately southeast of Ringgold. On the afternoon of

Sunday, 6 September, the surgeon-in-charge received orders to pack up the hospital and move to Newnan. Within hours equipment, supplies, and patients were packed and ready to be loaded on rolling stock. By 6:00 p.m. on the following day the hospital arrived at Dalton along with the Ringgold hospitals. All of the third day was spent on the move passing many other hospitals packing up to move. At 8:00 a.m. on Wednesday, 9 September, the Cherokee Hospital arrived at Newnan. In less than 72 hours a 250-500 bed general hospital had received orders and relocated by rail to a site about 130 miles south. ⁴²

At least one receiving and shipping hospital was established to support the Army. These hospitals served as a temporary facility for transferring patients from the Army's brigade hospitals to the general hospitals in the rear. This hospital was moved from Chattanooga to Resaca during the second week of September. ⁴³ Within the week, however, medical director Flewellen was forced to return the hospital north to Ringgold. This series of movements was the result of an ongoing weakness in the Army of Tennessee: a lack of ambulances. Due to this shortage, the medical department was forced to evacuate sick and wounded soldiers on regimental supply wagons sent to pick-up supplies at the Army's depot at Resaca. As the depot moved north to

Ringgold in preparation for battle, therefore, so did the receiving hospital. Only in this manner could Flewellen be assured of continuous evacuation for the wounded. ⁴⁴

By the eve of the battle Stout had successfully relocated the general hospitals originally located at Chattanooga, Ringgold, Cleveland, Catoosa Springs, Tunnel Hill and Dalton. Bragg's Army entered the fight with about 7,500 hospital beds located as shown in Map 7, page 53. ⁴⁵

While meeting the hospitalization needs of the Army, concurrent attention was given to the needs of arranging the treatment assets. Flewellen's specific concerns were having sufficient medical supplies as well as enough surgeons to care for the wounded of a general engagement.

In light of the Federal inclusion of medicines, medical supplies, and medical equipment in its blockade of the South, it would seem reasonable that these items would be in as short a supply as ambulances were. This, however, does not seem to be the case. Evidence of this is found in two messages from the Army's medical director. First, Flewellen instructed his chief surgeon of reserves to ensure that his brigades had sufficient on-hand quantities of chloroform, morphine, opium, whiskey, dressings, and other needs. ⁴⁶ The second message, sent at the end of August, required that each division chief surgeon report the inventory of excess supplies, medicines, and hospitals held at brigade and division level. ⁴⁷ The indications appear to

be, at least indirectly, that Bragg's Army had the medical supplies and equipment needed for field actions.

James Longstreet's reinforcements from Virginia were an exception in the matter of adequate medical supplies. In order to transport the infantry elements with the limited number of rail cars, Longstreet chose to leave supply and medical trains, as well as artillery and cavalry, in Virginia. As a result, Longstreet added some 6,000 soldiers to the fight but without a single medical supply wagon in support. Fortunately, most of the Virginia regiments did arrive with ambulances. *•

The same degree of sufficiency does not seem to apply to medical officers in support of the Army in the field. Between 13 September and the start of the battle Flewellen sent Stout several requests for surgeons. On the 13th Flewellen requested ten to fifteen medical officers each having his own horse. He further stated that if a choice had to be made between a physician with a horse and one who demonstrated efficiency, the selection was for the efficient one. *•

Stout may not have received this request since Flewellen sent a follow-up message on the 17th asking "where is your reply to letter of 13 September?" *• In response to either the first or second message, Stout detailed seven surgeons and six assistant surgeons to report to the Army in the field. *• Two days later Kate Cumming reported that a

number of surgeons from the general hospital at Newnan left for duty with the Army of Tennessee at La Fayette. ⁵²

Another source of physicians for field duty was the recall of medical officers sent earlier to perform temporary duty at the general hospitals. To accomplish this, Frank Ramsey, the chief surgeon of Simon Buckner's Corps, sent messages on 14 and 16 September to his detached surgeons. Effective upon receipt of the letter the surgeons were reassigned to field duty with the brigade hospitals of Buckner's Corps. ⁵³

There is no readily available evidence to show how many of these detailed or recalled medical officers refused, or simply failed, to report for field duty. The problem was serious enough, however, for Stout to send a circular to surgeon Logan, in charge of the Atlanta hospitals, two days after the battle. In his message, Stout complained that surgeons were not reporting to the field as ordered. In the future, he warned, physicians would report within 24 hours or legal charges would be preferred. ⁵⁴

The medical department also had problems with the non-medical staff officers of Bragg's Army and Department. This failure to work as a team was particularly significant considering the need to cooperate in organizing the many movements of the general hospitals prior to battle. This failure, however, was not unique. Stout, for example, complained about the lack of support from the quartermaster

and subsistence officers as early as the Battle of Shiloh, 6-7 April 1862, and as late as Bragg's encirclement of Chattanooga, 1 November 1863. " "

Flewellen appears to have developed an agreement with the Army quartermaster and subsistence staff officers that would minimize Stout's concerns. On 2 September the Army's quartermaster, Major M.C. McMicken, sent a directive to the assistant quartermaster tasking him to arrange for the erection of hospitals at Dalton, Marietta, and elsewhere. Further, the officer was to "Confer with Surgeon Stout . . . and carry out his wishes relative to the Hospitals." " " A follow-up was then sent from Flewellen to Stout on the 15th notifying Stout that he should require the quartermaster and commissary officers supporting a hospital to accompany that hospital during a move. Only then was Stout required to inform the Army staff of the move. " "

Despite these efforts, Stout reported to Moore that the greatest hindrance to the mobility of general hospitals was the absence of any assistance or material support from the quartermaster and subsistence officers. "When hospitals are removed," he wrote, "it is often the case that they are for weeks without aid from these departments." " " In fact, Stout claimed that since staff support was unavailable at hospital sites in Calhoun and Adairsville, he was forced to relocate them. Staff support was also lacking at sites in Griffin, La Grange, Newnan, and Resaca. " "

Staff coordination was periodically deficient within the medical department itself. Flewellen had to remind the corps medical directors to promptly deliver patients to the line of supply wagons in order to take advantage of backhaul evacuation. *⁰ And, although he visited Army headquarters often when co-located in Chattanooga, Stout found guidance difficult to obtain when he was removed to Marietta. *¹ On 17 September, in evident frustration, Stout warned Flewellen that 'unless you communicate with me I cannot meet the expectations of the Army' *² This situation lasted until a few days after the battle. *³

Despite problems with equipment, personnel, and staff cooperation Flewellen's medical department had taken all reasonable and available precautions to support the Army. Medical supplies seem to be in sufficient stock to provide for Longstreet's troops from Virginia. The shortage of ambulances was minimized through the use of backhaul evacuation with supply wagons. Finally, general hospitals were moved, reestablished, protected, and alerted to the probability of combat around Chattanooga.

SUMMARY

Two years of campaigning had taught many valuable lessons to both Union and Confederate medical departments. Surgeons in both armies addressed hospitalization and treatment of the sick and wounded in order to support the soldiers in the field. Practiced staff coordination and

energetic, individual efforts led to adequate medical plans in preparation of the upcoming battle. Though problems existed in the achievement of an error-free system, both medical departments succeeded in at least laying a properly planned foundation for supporting the wounded of their respective armies.

ENDNOTES

CHAPTER 4

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6. Albert Hart, Personal Papers, 31 Aug. 1863, Hart Papers, Western Reserve Historical Society, Cleveland, OH.
7. OR 30/3: Message, Starkweather to Flynt, 18 Aug. 1863, 68; OR 30/3: Report, Hamilton to Rosecrans, 31 Aug. 1863, 247-8.
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10. MSH 1/APP: 267.
11. OR 30/3: Message, Watkins to Stanley, 31 Aug. 1863, 261.
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14. OR 30/3: Orders, Oldershaw to Palmer, 5 Sept. 1863, 370; OR 30/3: Orders, Oldershaw to Wood, 5 Sept. 1863, 983; MSH 1/APP: 268.

15. OR 30/3: Corps General Order 28, 31 Aug. 1863, 252-3.
16. MSH 2/3: 915-20, A description of the broad array of supplies carried in these wagons is found in a lengthy footnote at pages 917-9; MSH 1/APP: 266.
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18. Hart, Diary Entry, 7 Sept. 1863, Hart Papers, Western Preserve Historical Society, Cleveland, OH.
19. MSH 1/APP: 287.
20. MSH 1/APP: 266-7.
21. OR 30/1: Report, Negley to Flynt, 17 Sept. 1863, 326-8; MSH 1/APP: 269, 271, 272; The medical report (272) does state that Second Division's ambulances returned on the 18th.
22. Telegram, Headquarters to Moses, 10 Sept. 1863, Department of the Cumberland, Letters Received, 1862-1865, Record Group 393, Entry 925, National Archives, Washington, DC.
23. MSH 1/APP: 281; The Official Records copy of the same report states "beds for 5,000 wounded," OR 30/1: Report, Moses to Perin, 1 Oct. 1863, 244; The report of Dallas Bache, Army Headquarters staff surgeon, sets the requirement at one thousand beds, MSH 1/APP: 287.
24. MSH 1/APP: 281.
25. Stout "Outline" 69-70.
26. Telegram, Headquarters to Thruston, 18 Sept. 1863, Department of the Cumberland, Letters Received, 1862-1865, Record Group 393, Entry 925, National Archives, Washington, DC.
27. MSH 1/APP: 282.
28. MSH 1/APP: 281.
29. MSH 1/APP: 266-7.
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32. Weekly Report of Hospitals, 14 Aug. 1863, Box 2G425, Stout Papers, University of Texas, Austin.
33. OR 30/1: Report, Wilder to Rosecrans, 10 Nov. 1863, 445; In a sidebar to this episode, the Confederates returned fire with 32 pounders, wounding one of Lilly's gunners in the ankle. Dr. Cole of the 72nd Indiana, of Wilder's Brigade, was forced to amputate the leg. This may well have been the first serious combat wound of the Chickamauga Campaign; McGee, History 147.
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46. Message, Flewelling to Liddell's Brigade Surgeon, 24 Aug. 1863, Army of Tennessee, Medical Director, Letters Sent, Record Group 109, Vol. 749, Chapter 6, National Archives, Washington, DC.
47. Message, Flewelling to Chief Surgeon of Divisions, 28 Aug. 1863, Army of Tennessee, Medical Director, Letters Sent, Record Group 109, Vol. 749, Chapter 6, National Archives, Washington, DC.
48. G. Moxley Sorrel, Recollections of a Confederate Staff Officer (1905; Dayton: Morningside, 1978) 189; This point is open to debate. Civil War surgeon and historian Joseph Jones reported that the Virginia units arrived "without a wagon or artillery horse." He does not, however, discuss an absence of ambulances. Joseph Jones, "The Medical History of the Confederate States Army and Navy," Southern Historical Society Papers, ed. R.A. Brock (Richmond: Southern Historical Society, 1892) 20: 127; In Tucker's opinion, Major General John Hood's division, at least, had no ambulances, Tucker, Chickamauga 194.
49. Message, Flewelling to Stout, 13 Sept. 1863, Box 2G425, Stout Papers, University of Texas, Austin, TX.
50. Message, Flewelling to Stout, 17 Sept. 1863, Army of Tennessee, Medical Director, Letters Sent, Record Group 109, Vol. 749, Chapter 6, National Archives, Washington, DC.
51. Message, Stout to Flewelling, 17 Sept. 1863, Box 2G427, Stout Papers, University of Texas, Austin, TX.
52. Harwell, Kate 143.
53. Letter, Ramsey to Porter, 14 Sept. 1863; Letter, Ramsey to Hilliard and McNutt, 16 Sept. 1863; Letter, Ramsey to Munfree, 16 Sept. 1863, Box 2G425, Stout Papers, University of Texas, Austin, TX.
54. Circular, Stout to Logan, 22 Sept. 1863, Box 2G432, Stout Papers, University of Texas, Austin, TX.
55. Stout, "An Address Concerning the History of the Medical Service in the Field and Hospitals of the Army and Department of Tennessee," Apr. 1902, Box 2G379, 16; Letter, Stout to Flewelling, 1 Nov. 1863, Box 2G426, Stout Papers, University of Texas, Austin, TX.

56. Directive, McMicken to Gribble, 2 Sept. 1863, Medical Service File, Combat Studies Institute, Fort Leavenworth, KS.
57. Message, Flewellen to Stout, 16 Sept. 1863, Army of Tennessee, Medical Director, Letters Sent, Record Group 109, Vol. 749, Chapter 6, National Archives, Washington, DC.
58. Report, Stout to Moore, 10 Oct. 1863, qtd. in Cunningham, Doctors 281.
59. Message, Stout to Flewellen, 17 Sept. 1863, Stout Papers, Emory University, Atlanta, GA.
60. Message, Flewellen to Corps Medical Directors, 15 Sept. 1863, Army of Tennessee, Medical Director, Letters Sent, Record Group 109, Vol. 749, Chapter 6, National Archives, Washington, DC.
61. Stout, "Outline" 68.
62. Message, Stout to Flewellen, 17 Sept. 1863, Stout Papers, Emory University, Atlanta, GA.
63. Report, Stout to Moore, 10 Oct. 1863, qtd. in Cunningham, Doctors 279.