2013

Earning the Rank of Respect: One Woman's Passage from Victorian Propriety to Battlefront Responsibility

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Abstract
Like Civil War soldiers, nurses in the Northern forces found it difficult to sustain the conflicting duties to home, nation, and army. It was especially difficult for women to assume responsibilities in battlefield hospitals. Women struggled with their new roles, which challenged and extended notions of nineteenth century womanhood. Furthermore, navigating a military establishment of male power, while also trying to maintain connections to home, forced women to use gender assumptions to their advantage when trying to gain agency in the hospitals, respect from their patients, and independence from their superiors. Women brought their Victorian manners, morals and duties into the public sphere out of necessity for the war effort and proved themselves worthy of respect by skill and strength when the government’s medical care was insufficient. Women of the North and their male allies were what the Civil War demanded and were therefore more valuable than skill in military strategy or even medical technique.

Keywords
Nursing, Civil War Nursing, Civil War Women, Women, Victorian Womanhood

This article is available in The Gettysburg College Journal of the Civil War Era: http://cupola.gettysburg.edu/gcjce/vol3/iss1/8
Like Civil War soldiers, nurses in the Northern forces found it difficult to sustain the conflicting duties to home, nation, and army. It was especially difficult for women to assume responsibilities in battlefield hospitals. Women struggled with their new roles, which challenged and extended notions of nineteenth century womanhood. Furthermore, navigating a military establishment of male power, while also trying to maintain connections to home, forced women to use gender assumptions to their advantage when trying to gain agency in the hospitals, respect from their patients, and independence from their superiors. Women brought their Victorian manners, morals and duties into the public sphere out of necessity for the war effort and proved themselves worthy of respect by skill and strength when the government’s medical care was insufficient. Women of the North and their male allies were what the Civil War demanded and were therefore more valuable than skill in military strategy or even medical technique.

The life of Maine’s Harriet Eaton is an example of a valuable case study, for she exemplified women’s mobilization by leaving her home, working in military hospitals, and consequently helping influence men’s concept of women’s capabilities. She negotiated a male-dominated military environment by earning the trust of her patients through a maternal approach, one that drew from well-accepted notions of nineteenth century motherhood. Moreover, male officers found it especially difficult to challenge her authority.
since they recognized her ability with the sick and respected current cultural assumptions on womanhood. Male surgeons, however, were more reluctant to acknowledge her capabilities to treat the sick in order to maintain their own medical authority. Further, Harriet wrestled with her obligations to family and obligations to country. Her diary entries document her reluctant transformation from sheltered, Victorian woman to unconventional model for a new social concept of women in this extended women’s domain.167

What is known today as the Victorian Era began in approximately 1837, and continued through the end of the century. Harriet Eaton grew up in a middle-class family at the beginning of this era. Several key characteristics defined women’s proper roles in society and within the household during this time period. Women became known as the “angel of the house,” referring to their talent for comforting the husband, teaching the children, decorating the home, and exemplifying the life of a morally upright citizen. The nineteenth century saw significant change through industrialization, yet the home remained a safe haven from the bustling, changing world. Women were the center of that refuge. Their responsibility was to raise a family and sustain a “peaceful, comforting home.”168


Many historians have explored the Victorian era and the role of women fulfilling Victorian ideals. Female historians such as Ellen Plante have broadly examined Victorian womanhood. By looking at the era in its entirety, there is some discussion of change in women’s roles over time. Karen Halttunen discusses the middle-class social hierarchy of Victorian men and women in terms of the “confidence man” and the “painted woman” as the ideals of Victorianism. A major question she addresses is how this ideal was hypocritical of the growing middle class in America. Other historians such as Catherine Clinton, Nina Silber, and Harvey Green have also analyzed the goals and lives of northern women in the Victorian era and contributed to the Victorian discourse.¹⁶⁹

Concurrently however, and by necessity, this era saw a widening of the gap in gender roles in the United States. As the nation industrialized and urbanized, women’s domain of the home took on greater importance as the bedrock for the lives of the entire family. Because of this, women had greater responsibility to properly manage their home and provide a moral grounding for the family. To accomplish these growing expectations within the household, popular instruction manuals taught middle-class Victorian women fashion trends, cooking and decorating techniques, and offered morally uplifting stories. Catherine Beecher wrote several well-known instruction manuals and etiquette books for Victorian women demonstrating the ideal for home and family in her books, *The American Woman’s Home* and *New Housekeeper’s Manual*. Louis A. Godey also offered advice to women

in some of his issues of *Godey’s Lady’s Book* in the 1850s. He also included lithographs in his publications showing new trends and standards for Victorian homes. As a result, Victorian women became firmly rooted in controlling the private sphere of family life, religion, and moral superiority, thus allowing men to further dominate the public, industrialized and political realm.\(^{170}\)

Harriet Eaton’s first challenge was a personal one that confronted these Victorian ideals. Like all women raised in the Victorian era, Harriet was accustomed to caring for her home and family without any significant obligations beyond her home life. Born in 1818, she grew up in Massachusetts with her parents, Josiah and Agnes Bacon. Harriet married Jeremiah Sewell Eaton around 1840 and followed him to Maine where he became the minister of the Free Street Baptist Church in Portland. She referred to her husband as Sewell, and together they raised three children: Frank, Agnes and Harriet. She also directed their Irish housekeeper, Anora, and ran their home in Portland. They lived a devout middle-class life until, tragically, her husband died of tuberculosis in 1856.\(^{171}\)

Following his death, Harriet was left as a single mother who needed to provide for her growing children. After war broke out, her husband’s church, due to reduced donations, was unable to financially support her family in the

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previous manner. Out of economic necessity, Harriet decided to work outside the home to earn wages to support her family. It was easiest for widows to become nurses because they were relatively free of familial male authority. Her eldest son, Frank, worked as a clerk to support his widowed mother. This could have been another motivation for Harriet to wish to earn her own wages allowing Frank to continue school or enlist in the military without familial financial concerns. For nurses during the Civil War, average wages were $12 per month. With this income, she could not only gain economic independence, but she would also be actively contributing to the war effort. As an agent of the Maine Camp Hospital Association, a wartime hospital charity organization founded by her husband’s church, Harriet left home on October 6, 1862, only days after the sixth anniversary of her husband’s death, to work as a nurse in Maine regimental field hospitals in Virginia.

Nursing was not the only way women were breaking out of the Victorian ideal to contribute to the war effort. Many women chose not to leave their homes but rather supported the war effort by hosting fundraisers, sewing clothing or blankets, wrapping bandages, and collecting necessary supplies to send to the soldiers. Other women left the homefront and the Victorian restrictions they had known to become cross-dressing soldiers, spies, scouts, public writers, and business owners. Many of these occupations were carried out in secrecy, however, they all demonstrated that some women no longer felt bound to the quiet, private, Victorian lifestyle of the early nineteenth century.


Women often selected roles, which embraced the norms of Victorianism -- nurturers, caregivers, and ‘behind the scenes’ voices for social justice and economic issues – and accomplished them outside the home in a public setting. In other words, they were broadening the realm of Victorian womanhood by performing “traditional women’s work in a nontraditional setting.” Men were more accepting of new, necessary roles for women during the war because these were not fully outside the traditional Victorian notion. Many women were working, perhaps unknowingly, to extend their sphere instead of escape it. This meant that women were still caring for people, but they were no longer only caring for their own families. They were caring for a nation’s worth of men and organizing on a larger, more public scale to provide for them.174

For Harriet, who was working outside the home and therefore altering the prewar expectations for ‘decent’ women’s ‘appropriate’ behavior, her time as a nurse was still very much emblematic of the Victorian mindset. Aside from her financial need to work outside the home, Harriet had other motivations to become an army nurse. Her eldest son, Frank, enlisted as a private in Company A of the 15th Maine Volunteers after the bloody battle at Sharpsburg, Maryland in 1862. As a mother, Harriet was reluctant to allow her son to become a soldier despite their common belief in the Union cause. With Frank’s enlistment, Harriet found greater reassurance in leaving home knowing she would be closer to her son. In addition, Harriet’s chief

responsibility was treating Maine soldiers in field hospitals not far from the battlefields. Should her son ever be wounded or become sick close to her hospital in Virginia, it was possible she would be the nurse to care for him. Further, “she reasoned that if she cared for other women’s sons, perhaps her own would meet with better care.”

Harriet had two younger children as well, however, and leaving home to work as a nurse meant leaving them behind. This decision was not congruent with the Victorian role of a mother, who was supposed to remain at home and care for her children. However, given the necessities of money and support for the war effort, Harriet made arrangements for her two daughters during her absence. The youngest daughter, Harriet, lived with family friends who provided a motherly figure to care for a young girl, and Harriet sent the other daughter, Agnes, to school near Boston. While this decision to be separated from her children was emotionally difficult for Harriet, it allowed her to close her home and move to Virginia to fully concentrate on her work. This decision, made by many Civil War nurses, further confirms Harriet’s sacrifice within her family to exert her Victorian capabilities on the war effort.

In addition to her monetary needs and her desire to be closer to her soldier son, Harriet also had great religious convictions about her service to the Union cause. Prior to his death, her husband’s church had been very successful increasing the size of its parish and strengthening their Baptist traditions. Later, as a Baptist minister’s widow, Harriet had endured the personal loss of her husband by maintaining her belief that personal sacrifice

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175 Eaton, *Birth Place of Souls*, 1. Elizabeth Leonard defines “appropriate” women’s behavior as the reason for tension between men and women in the public sphere, but also the vehicle, which allowed women to gradually move into the public sphere without breaking social norms. Leonard, “Mary Surratt,” 105.

would make her a better Christian and bring her closer to God. Subsequently, if she could alleviate the suffering of Maine soldiers, perhaps she could alleviate some of her own suffering and consecrate her commitment to God. This effort from a woman was unique to the American Civil War in that it was a peoples’ democratic war supported by common citizens. Harriet was one of these women.  

Once Harriet arrived at her nursing post in Virginia, she was up against challenges she had never before faced. She, along with her fellow female nurses, lived in army camp tents surrounded by unfamiliar men. Traditionally, Victorian women led very private lives in that they would not have fraternized with unknown men without a male relative or chaperone present. This often explained why nursing organizations like the United States Sanitary Commission were very particular about the age and appearance of its nurses in order to prevent any impressionable young ladies from forgetting the purpose of their nursing mission and become involved with a young soldier. Nurses were not to appear as loose women or at all provocative.

Miss Dorothea Dix, the superintendent who oversaw the selection and assignment of army nurses, outlined her strict regulations for Civil War nursing staff. She felt all applicants must be qualified, matronly, industrious, obedient, and plain. She even denied one eager woman from New Jersey, Cornelia Hancock, because of her “youth and rosy cheeks.” Volunteer nurses had to abide by similar standards given the collaboration between volunteer

relief nursing organizations and the military’s medical department. While Harriet was a widow and therefore met more of the qualifications, she was still a young woman in her mid-thirties who could be influenced by the men in military hospital camps. Luckily for her, this question was partially alleviated when caring for Maine soldiers because she knew the families of some of the soldiers she treated. There was comfort in the familiarity of family, friends, and common hometowns.179

The life Harriet led during her time at the military hospitals was very different from running her home in Maine. She often lived in a canvas tent

179 Dorothea Dix, “Circular in Washington, DC,” September 17, 1864, as quoted in Lynda L. Sudlow, A Vast Army of Women: Maine’s Uncounted Forces in the American Civil War (Gettysburg: Thomas Publications, 2000), 84; Cornelia Hancock, Letters of a Civil War Nurse: Cornelia Hancock, 1863-1865, ed., Henrietta Stratton Jaquette (n.p.: University of Nebraska Press, 1998), 3. Dorothea Dix was an exception to the rule in terms of women’s roles coming out of the Victorian era. She dedicated her life to nursing, jail and hospital conditions, and better treatment for the poor in almshouses. By 1861, she founded thirty-two hospitals in the United States.
alongside officers’ tents or hospital tents where the wounded were housed. She had minimal privacy from unfamiliar men. She worked very long hours, rising early in the morning to make gallons of gruel for sick patients, and not retiring at night until all the needs and comforts of the soldiers were fulfilled. She was living as the soldiers did. With little heat, harsh winds and blowing snow during the winter, Harriet was certainly unaccustomed to living under such unpleasant conditions when she arrived in Virginia in October. These were not conditions ‘suitable’ for a Victorian woman. It was a necessity that Harriet quickly adjust to both the challenges of weather and sleeping arrangements, as well as the larger hurdle of adapting to the intimate nature of her contact with unfamiliar, and often desperate, men.  

In addition to tending to the sick and injured, a national nursing force of nearly twenty-one thousand northern women managed all donations arriving from home, controlled their organized distribution, and then were expected to correspond with the donors, expressing gratitude so the supplies would keep coming. A “well-run” hospital was often thought to be a result of organized nurses. More often than not, a specific protocol did not exist because this was the first time such a large nursing staff was required, especially under battle conditions. Furthermore, the nurses were now women – not soldiers – making it challenging for both the military establishment and the Victorian trained women. In the end, women most often did what needed to be done rather than following regulations, further solidifying their public role outside the home and effectively starting to feminize the male environment. 

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180 Schultz, Women at the Front, 39.  
181 Sudlow, A Vast Army of Women, 48; Schultz, Women At the Front, 2, 38; Eaton, Birth Place of Souls, 125; Jane E. Schultz, “Healing the Nation” Condolence and Correspondence in Civil War Hospitals,” Proteus 17:2 (2000): 33. For further explanation about how women acted against military protocol, see Hilde, Worth A Dozen Men, 57.
Daily routines for camp nurses were challenging. The surgeons “prescribed pills and powders,” but the nurses addressed all other needs of the hospital and its patients. Inside the hospital, nurses carried out doctors’ orders for food, administered medicine, dressed wounds, handed out pillows, blankets, broth, tea, sherry, tobacco, “comfort bags,” or care packages, fresh clothing, and many other items. They read to the men from donated material, wrote letters to their families, recited Bible verses, and conversed casually with the patients to distract them from the misery of war. As the war progressed, out of necessity nurses began to assist with surgery. Nurses gained the knowledge for their duties from the leading nursing manual in print by Florence Nightingale, *Notes on Nursing*. They often aspired to the ideal to “be a Florence Nightingale.” The exhausting routine of hospital camp life, with the long hours and emotionally draining nature of the work, was certainly more than a Victorian era woman would have been accustomed. This is a further example of Harriet’s metamorphosis from sheltered, home-based wife and mother to a task oriented member of the public workforce.182

In addition to living near so many new and unfamiliar men, Harriet also had to care for these men as a nurse. Traditionally, women performed these types of duties on family members in the privacy of her home. Now, Harriet was required to give the same kind of intimate care to complete strangers. Previously, treating unfamiliar men “went beyond a respectable woman’s role.” She changed old bandages, bathed sick or wounded men, and

fed men too weak to eat independently. These actions, while characteristic of women nursing family members in the home, were not common for complete strangers before the Civil War yet became necessary throughout the conflict.  

As Harriet’s daily work continued, she struggled not only with her new social situation, but she also struggled with the violence and death surrounding her. Despite this hardship, Harriet intentionally chose to work at a field hospital close to the front lines of battle where she felt she would be most helpful. As a result, she witnessed a lot of danger and violence. Harriet could have retreated within herself to block out the harsh realities of war and protect her emotional health, however this dysfunction could have proven fatal. Instead, she embraced the necessity for women to work as nurses in the face of danger. Consequently, she went through a “hardening process,” and most likely an unexpected “purifying process” as well. She overcame personal struggle in desperate times of need to do her duty and, as a result, began to remove herself from the traditional, private, Victorian world.  

Much like the compromise between the domestic and public spheres for men and women before the Civil War, Harriet compromised internally to find the balance between her public and private self. It was a necessary

183 Hilde, *Worth a Dozen Men*, 57; Schultz, *Women at the Front*, chap. 3.
184 Schultz, *Women At the Front*, 39; Eaton, *Birth Place of Souls*, 84; Nancy Scripture Garrison, *With Courage and Delicacy: Civil War On The Peninsula: Women and the U.S. Sanitary Commission* (Mason City, IA: Savas, 1999), 119. Women’s hardening of emotions was a common consequence of working with so much death and suffering. Anna Holstein wrote in her diary of her own experience living indefinitely in tents with her husband as they both worked in military hospitals and she overcame her hesitations to help the “desperate sufferers.” This excerpt of her diary can be found in Anna Holstein, *Noble Women of the North*, ed., Sylvia G.L. Dannett (New York: Thomas Yoseloff, 1959), 210-213. Another example of a female army nurse who worked in similar, battlefield conditions is Annie Etheridge, who worked with the 17th Maine Volunteers. She was described and regarded quite highly by soldiers whom she cared for without any regard for the violence surrounding her. A 17th Maine soldier remarked, “I saw one young lady in the very front of the battle dressing wounds and aiding the suffering where few Surgeons dared show themselves.” There are many similarities between Etheridge’s and Eaton’s experiences and portrayals while working as army nurses. Etheridge’s story is told in Elizabeth D. Leonard, “‘Half-Soldier Heroines’: A Handful of Civil War Army Women and Their Predecessors,” in *All the Daring of the Soldier: Women of the Civil War Armies* (New York: W.W. Norton, 1999), 99-141.
transition for Harriet away from her private, Victorian past to an active, public life in military hospitals. Since this nursing commitment was necessary for a substantial number of women and was widely seen as a patriotic duty, the social norm changed for women during the war if only temporarily. During Harriet’s time with the army, however, she came to discover her personal transition was not the only way her life would change during the war.\textsuperscript{185}

Simultaneous to Harriet’s transition from a domestic, private life in Maine to nursing in the military, she was also trying to find her place in this new public realm. Prior to the Civil War, women dominated the homefront and family life, while men controlled the public, industrial world. This pushed gender roles farther apart and excluded women from any authority in public life. Many women had difficulty or were unsuccessful navigating the public, male sphere. Women like Mary Walker, M.D., tried to overcome this gender divide by proving she not only had the competency and training, but also that nursing was a “natural” application for women’s maternal, nurturing instincts. Once the war began, women like Walker brought their Victorian manners, morals and duties into the public sphere out of necessity for the war effort, which started to make the confines of domesticity ambiguous. Men no longer lived at home but were instead fighting and dying on many battlefields. As women ventured into the public sphere to fill roles left vacant or create new roles where none existed previously, women had to navigate new circumstances. They were confronted by unknown men, surrounded by unfamiliar events, and needed to work effectively with socially superior men.\textsuperscript{186}


Negotiation between nurses and military doctors was focused particularly on the societal hierarchy between men and women, volunteers and military officials. Much like nurses, doctors were not always well screened before being assigned to an army unit. Appointments were more often made for political reasons instead of ability. This oversight became very obvious after battles with mounting casualty numbers and too many inexperienced, incompetent doctors to care for them. Even soldiers noticed their “inefficiency at the commencement of the rebellion.” Doctors’ duties typically required them to operate a triage unit instead of a long-standing treatment facility. Long-term care, therefore, was left to the nurses. However, even with this fundamental flaw in the military system, male doctors and officers still held greater authority in the societal hierarchy over volunteer nurses, thus outlining the potential conflict between doctors’ authority and nurses’ responsibility.\textsuperscript{187}

Harriet arrived to start her new career as a Union nurse with an overwhelming feeling of responsibility. This was brought on by many different motivations, including an appreciation for the official duties she must perform as a nurse in the midst of war. However, she came to understand that the medical personnel often did not share that appreciation. She resented the doctors’ lack of medical knowledge and unprofessional attitude. She disapproved of their lack of care, compassion, or respect for patients and nurses alike. Furthermore, she had great religious convictions in her duty to do God’s work to provide for the sick and wounded, doing everything in her power to alleviate their suffering. These efforts were, at times, in conflict with the doctors whom she worked for, yet they demonstrated her commitment to

\textsuperscript{187} Thomas T. Ellis, \textit{Leaves From The Diary Of An Army Surgeon, Or, Incidents Of Field, Camp, And Hospital Life} (New York: John Bradburn, 1863), 298; Sudlow, \textit{A Vast Army of Women}, 42; Kristie Ross, “Arranging A Doll’s House: Refined Women as Union Nurses,” in \textit{Divided Houses}, 99-100.
responsibility as well as her struggle for acceptance and acknowledgement by her comrades.\textsuperscript{188}

While it is true that some army doctors received questionable training and lacked professional medical skills, Harriet and other nurses had to deal with these same doctors daily, despite their disapproval. This conflict caused resentment. In particular, one day while Harriet was at the 6\textsuperscript{th} Maine’s field hospital, “one of the soldiers in Hos. managed to get some liquor and became somewhat noisy, the doctor in attendance said, I’ll soon still him, at the same time administering some medicine, and sure enough he was still in twenty minutes, he was dead.” This may have been a political statement by the doctor, supporting the contemporary temperance movement and therefore scorning the soldier’s abuse of alcohol - even as a form of pain relief. In fact, many people, especially women, opposed the use of alcohol, because of the resulting unruly, inappropriate behavior. This doctor may have felt it his duty to punish the young soldier for partaking in such an evil habit. However, despite the doctor’s personal feelings, it was unprofessional and an abuse of authority to treat men in this way. These types of events greatly undermined many doctors’ credibility with the other soldiers and with the female nurses.\textsuperscript{189}

Never once did Harriet claim that she could alleviate soldiers’ suffering more effectively than the male doctors, nor did she directly accuse surgeons of killing men in surgery. She did, however, record such abuse in her private diary to vent her frustrations. Harriet never received proper medical

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training before arriving at the army hospitals; therefore she did not have the knowledge to effectively treat soldiers’ wounds or diseases herself. Yet after gaining practical experience working with the patients, patients’ wounds had not been treated properly or “prompt[ly].” Perhaps her accounts provided a biased example of nurses’ experiences in regimental field hospitals, but it is also written proof of the tension that existed between army surgeons and volunteer nurses over the issue of incompetency. In her eyes, men and women should be held to equal expectations, and she had little tolerance for incompetency. She held everyone, including herself, to high standards when treating and comforting soldiers.190

Some non-military men running the hospitals, particularly Maine State Relief Agent John H. Hathaway, had a decided lack of respect for women in military camps. Men who strongly disagreed with women’s participation as nurses in the field, said women “asked too many questions and did not adapt well to military protocol.” This further frustrated Harriet when she worked so hard for her patients and wanted desperately to be acknowledged as a capable, independent woman. Upon her arrival at the first hospital camp, Hathaway attempted to dupe Harriet and other nurses into turning over all of their documentation, or nursing ‘credentials,’ to him. This would have left them without proof of their assignment or authorization. Fortunately Harriet, as well as many fellow nurses, knew the proper procedures and saw Hathaway’s deceit. She exercised some agency by challenging Hathaway, thus displaying some newfound power in the ever-shifting hegemonic relationship.191

190 Eaton, Birth Place of Souls, 67-68. The inadequacy of female nurses’ training as well as their general ability to overcome their limited professional knowledge through their refined maternal, domestic capabilities is discussed in Ross, “Arranging A Doll’s House,” 101-102.
Resentment also came when women like Harriet disagreed with the overall conditions of the hospitals. Conditions “were annoying and mortifying in the extreme,” at the 5th Maine Battery’s field hospital, “and with not a shadow of reason for it that I could see.” Harriet saw no reason for the inefficient procedures used in the hospitals or the lack of heat or adequate space to house the wounded. However, she was “willing to bide [her] time,” until she would have an equal voice to make meaningful, logical changes to benefit the soldiers. She saw her goal of independence, equal responsibility, and authority as an attainable one, but she needed to live with the doctors’ flaws to achieve it.192

Maternal tendencies were a motivation for Harriet to push the boundaries of the social tendencies and work with so many husbands and sons. Her own sense of motherhood encouraged her to care for countless other mothers’ children as she wished someone would care for her own. She had a tremendous sense of compassion driving her to comfort sick and wounded soldiers even when she herself was suffering from exhaustion and emotional devastation. At times, Harriet wrote how she wished to spoil “my boys,” in order to relieve their fear and make them smile, if even for a moment. “How I wish I had a mint of money- I should like to tempt the appetite of these poor fellows.” Harriet felt responsible for the men and wished to not only fulfill their every need but a few wants as well. When she had money she could offer those precious few luxuries the soldiers had long lived without. Her surrogate role of mother impressed upon her the desire to satisfy a few indulgences when possible.193

Harriet’s actual son, Frank Eaton, was now a soldier with the 29th Maine, and she “had the joy of seeing [her] dear son,” when she was able to visit him in Washington. She was traveling to obtain new shipments of supplies from the Maine Camp Hospital Association and spent the afternoon with Frank while his regiment was “camped on Capitol Hill.” She described the visit in her diary: “He looks well, he dined with me & then… did a little shopping,” before visiting the Smithsonian Institute. She was in greater awe seeing her son than to elaborate on the wonders of the nation at the Smithsonian. Harriet and her son exchanged letters throughout the war, but there were rare opportunities to actually see him.\textsuperscript{194}

Harriet’s motherly affections, both to her own son and the countless other women’s sons she cared for, were acknowledged and appreciated as reminders of home and often inspired great patriotism. Maternal instincts were a major factor supporting women’s abilities as nurses and their right to be outside the home working. There were too many sick and dying soldiers to deny women’s maternal capabilities a place in army hospitals. Many patients while receiving their treatment recognized compassion from Harriet and other Maine nurses. They would call out to her, “How do you do, Mother?” even though she was hardly old enough to be the mother of most of them. “I reckon I shall feel pretty old with such boys as some of these for my sons.” Regardless, Harriet mothered each one of them, and they were thankful for her comfort. It was comforting to be cared for by a fellow Mainer. It mattered less where the authoritative doctor was from, but the soothing hands of a female nurse were much more comforting when from their native state of Maine.\textsuperscript{195}

\textsuperscript{194} Ibid., 64, 117.
\textsuperscript{195} Ibid., 59, 106, 127-128; Clarke, \textit{War Stories}, 102.
Despite disagreement on multiple levels, compromise often occurred between Harriet and some doctors. Working not only side-by-side but effectively as an integrated unit, nurses and doctors formed an efficient team of medical staff. This unrealized compromise was a subconscious social renegotiation of gender responsibilities and respect, accepting Harriet as a productive member of the hospital team. For instance, a “Dr. Morrison going round with me,” to assess each soldier’s progress demonstrated collaboration among personnel. Their cooperation may even go so far as to be described as a friendship growing between Harriet and her superiors. Later in the war, she was summoned “to see [a patient,] Mr. Chick as [the orderly] thought him dying,” instead of finding a doctor to examine him. In instances like this, it was less her own control that overpowered authority, but rather other men who gave her more power than some doctors wished her to have. As time and supplies were limited, reality inadvertently gave many nurses more duties and decision-making power. 196

Harriet needed support in her struggle to be professionally accepted outside the private sphere, effectively work as a nurse, and beat the challenges of navigating public, male-dominated, military life. Many women faced these struggles, and they could not be successful independently. As a result, compassionate military officers, and supportive soldier-patients acted as allies in their goal. Combined, these people comprised Harriet’s support network, helping her to be successful in her new, wartime environment. Their kind words, encouragement, camaraderie, and concern for her health and safety supported Harriet through her tumultuous array of feelings and experiences.197

197 Hilde, Worth A Dozen Men, 58.
Some male military soldiers, officers, and doctors saw the great need for female nurses’ assistance in hospitals and respected the women for their willingness to contribute to the war effort in such a noble way. Many saw the necessity of having strong hands to aid the cause and help the thousands of sick and wounded soldiers regardless of their gender. “Fighting Joe,” Harriet wrote referring to the prominent Union general, Joseph Hooker, with the nickname his soldiers called him. He “very politely ordered an ambulance for my use while we should be visiting his division,” much like he would have ordered for one of his soldiers. This allowed Harriet and her fellow nurses to travel with ease between regimental hospitals. When she arrived at a camp, “officers made a reconnaissance to find lodgings for us,” to ensure our comfort and safety during the visit. They were treating nurses, whom they were dependent upon, with great respect and gratitude for their work while continuing men’s Victorian role of protecting and providing for women.198

Lower ranking officers showed equal care and respect for female nurses as well. Col. Joshua L. Chamberlain of the 20th Maine invited her to dine with him and his officers for an evening “full of fun over their table.” “Sergeant Montgomery came in this morning and sewed the top [of my tent] together and Mr. Hayes fixed the door,” after it had broken in the bitter wind the previous night. Officers of the 2nd Maine even “took [Harriet] all round the fort and explained the fortification and entrenchments,” treating her as an educated, informed equal eager to learn about military strategy instead of as an ignorant, sheltered woman. These officers did not understand they were helping her achieve agency as she navigated this male-dominated environment. Her role as nurse gave her greater agency, however, with so

198 Eaton, Birth Place of Souls, 87.
many officers at each camp holding her in such high regard.199

Doctors were typically the most critical of nurses’ work and their role in military hospitals. But some doctors acknowledged the good fortune of having female nurses working for the cause and were “deeply impressed in [their] work.” Others, too, expressed their gratitude and verbal support for her hard work. One man in Washington DC, Dr. Letterman, kindly simplified the task of transporting boxes of donated goods for Harriet by “assign[ing] part of his own barge to [her] use.” This kind man recognized the generosity of so many northerners to send supplies, as well as the necessity that the supplies reach the sick and wounded soldiers. Therefore, perhaps out of patriotic duty to support the Union cause or sheer compassion, he willingly assisted Harriet transporting heavy boxes of supplies. This seemingly small favor was, in reality, much more significant as Harriet continued to find her place as a nurse in the social hierarchy.200

Individual patients whom Harriet treated also supported her efforts to integrate into a male-dominated society through their expressed appreciation and emotional support. Capt. Folger sent Harriet a photograph through one of his comrades after leaving the hospital to show his gratitude for her kindness and to encourage her perseverance with nursing work. He requested “an exchange” of photographs so he could remember the woman who cared for him in the hospital. Other soldiers sent rings, letters, and tokens of remembrance to Harriet. She embraced support like this from the patients as confirmation that she was, indeed, a useful, effective nursing agent. 201

199 Ibid., 87, 168, 179.
200 Ibid., 63, 87.
201 Ibid., 164, 175, 183. Schultz argues the “nurse-patient bond was central to women’s sense of usefulness as hospital workers. Jane E. Schultz, “‘Are We Not All Soldiers?’: Northern Women in the Civil War Hospital Service,” Prospects 20 (October 1995): 39-41.
Harriet took pride in assisting Maine soldiers and always worked to become an admired, female authority in the hospitals. This new role passively challenged the private-sphere norm of women. The motivations for her somewhat drastic decision to leave home included patriotism, her sense of motherhood, her basic need to financially support her family, and a desire for religious mission work. Yet her most private, emotional incentive was to do God’s work in what she saw as a senseless war. Harriet, a widow of a Baptist minister, “believed that her worth as a nurse rested on her success as an instrument of the Lord.” She questioned God’s position on the war and if He supported violence as a way of resolution. “I am afraid this is not a war
under God’s direction, only in so far as he permits evil.” “Can a Christian nation conscientiously kill each other? Will our Maker approve?” Even questioning God’s support to win the war, Harriet saw her religious obligation to do her Christian duty, alleviate suffering, and use her feminine influence to “transform their souls.”

Harriet shared her religious convictions through religious tracts that were sent in the boxes of supplies, which were filled with food, “delectables”, clothes, handmade quilts, and pillows. She often handed the tracts out to interested soldiers as part of her daily tasks. In addition to delivering food each morning, she “had a little talk with the men on the Sabbath and left them some tracts.” Another day, Harriet “had a little talk with [a sick patient, Charlie Mero] about his soul’s interest,” working to “inspire his salvation.” Never once in her years of working with the soldiers did she mention any animosity from them about her religious pamphlets, prayers or Bible studies with the men. More often than not, her talks comforted scared, wounded soldiers and assured them that God cared for each one of them. Sometimes men asked Harriet to sit by their bed and read a Bible passage to them, particularly if the soldier knew he had very little time left to live. Her religious convictions not only helped herself to “endure the emotional turbulence,” of her job, but it also comforted her patients as well.

Some doctors disagreed with Harriet’s leadership in religious practices with the patients, and at times, “sent word to them to ‘stop their infernal noise,’” during a prayer meeting. Harriet believed the religious reassurance she gave the men as a messenger of God was relief for young

202 Schultz, Women at the Front, 77; Eaton, Birth Place of Souls, 77, 140; Clarke, War Stories, 85.
203 Eaton, Birth Place of Souls, 78, 120; Clarke, War Stories, 101; Schultz, Women at the Front, 76.
soldiers who were ordered to commit such atrocities as war demanded of them. This escape from the brutality of war to God’s protection calmed wounded or dying soldiers who were seeking solace and forgiveness for their sins on the battlefield. Soldiers’ religious enlightenment also “hallowed” the nurse’s work. For Harriet, the traditional relationship she navigated each day came with recurrent frustrations. Her Bible offered solace and an escape back to the religious world she left behind.204

In addition to her Bible, Harriet’s diary was her personal retreat and comfort. She could acknowledge her frustrations and resentments with the doctors and how the hospital was managed. She could then willingly distance herself from those emotions to focus on God’s work, as she understood it, and further motivate herself in her personal journey of autonomy. She wrote in her diary “let me ever remember that my duty is to labor and toil for the poor soldiers, let me hourly seek grace and hold my Father’s hand. I need patience, especially,” to continue so well.205

Patience and endurance through the emotional upheaval of hospital life did not always sustain Harriet. She was regularly overcome with emotion when she lost any soldier she cared for mixing her pre-war and wartime spheres. However, as her hospital experience increased, she became emotionally hardened by the death and suffering surrounding her. Young men dying were an understandably difficult sight for Harriet to repeatedly witness because they reminded her of her own son. Her son, just like those dying in hospital beds, could be taken away from his mother far too soon.

204 Eaton, Birth Place of Souls, 81.
205 Sudlow, A Vast Army of Women, 95; Eaton, Birth Place of Souls, 66, 87.
However, she maintained her composure and shared her grief in her diary. After all, it was her goal to be a respected, independent, equal figure to the doctors who would not accept weak, fragile emotions from a woman. She maintained her dignity in front of the men, continued her duty of caring for the others, and only expressed emotion over the losses in her diary. Yet even in her diary, her greatest lamentation was “Poor boy!” She cared for the men as a mother would care for her children. So many of these wounded and dying soldiers were, in fact, boys who were far away from their own mothers. Her most sincere expression of grieving their deaths was preparing the bodies for burial. She “made wreaths for the coffins and cut off a lock of their hair and prepared it to be sent home in their letters.” Moreover, she learned to gain closure by writing to the families and sending possessions home. She was one of many women practicing sending home the good, Christian death for honorable, courageous young soldiers. Her ability to cope in this manner was a prime example of her personal metamorphosis from the stereotypical ‘delicate’ Victorian woman to a stronger, more resilient, nurturer within the public sphere.

The challenges female nurses like Harriet had to overcome during the Civil War era allowed women to expand the proper sphere for Victorian women by performing traditional, nurturing roles in a non-traditional, public, male setting of Union army camp hospitals. Harriet experienced this unfamiliar transition when she left quiet Maine for the frontlines of the Union army in Virginia to support the Union’s cause by caring for wounded Maine soldiers.

206 Eaton, Birth Place of Souls, 60, 80-82; Faust, This Republic of Suffering, 6-8. Faust thoroughly discusses the Civil War’s “good death,” in regards to a courageous, honorable, Christian death and the rule of conduct for a dying person. Also see Clarke, War Stories for further discussion of soldiers’ suffering and the 19th century definition of an honorable death.
She effectively navigated the unknown, male-dominated, military world of the Union army camp hospital by exerting her motherly, nurturing authority for sick and wounded soldiers. This represented both a change in the style of war the country was fighting as well as a change in women’s roles by being an active contributor to the war effort. Harriet did not always meet support for her work however. Male doctors often were less supportive, perhaps even intimidated by Harriet’s natural nurturing care and maternal instincts within the hospital. As a result, male doctors became one of the biggest obstacles for her to overcome during her service in the war. Despite facing so many changes and challenges, however, she had the support of fellow female nurses as well as male soldiers and officers. With their assistance and companionship, Harriet adjusted well to her new surroundings in field hospitals and the new public sphere of which she was an integral part. These experiences allowed Harriet the opportunity to transition from the traditional, Victorian woman to a new, exceptional woman who, out of necessity, redefined Victorianism for women to accommodate their newfound abilities in the public sphere.
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