

Jane E. Schultz. *Women at the Front: Hospital Workers in Civil War America*. Chapel Hill: University of North Carolina Press, 2004. xiv + 360 pp. \$35.00 (cloth), ISBN 978-0-8078-2867-0.

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## Invisible Women Now In Clear Focus

In his notable documentary on the American Civil War (1990), Ken Burns used a photograph of three young white women wearing dark dresses, immaculate white aprons, and puffy white hats as an example of typical women hospital workers. Jane E. Schultz shows us that the three women were actually posing in bakers' clothing at a U.S. Sanitary Commission fair to raise money for hospital supplies. Although they may have been among the twenty thousand women hospital workers between the ages of fifteen and sixty-five documented in Union records, in almost every way, they are atypical. Only nuns, among women in Civil War hospitals, wore professional uniforms or distinctive headgear. A majority of the hospital workers were not women of the privileged white middle classes like those who volunteered at sanitary fairs. Many women needed the work of nursing, doing laundry, cleaning, cooking, and feeding wounded troops to support themselves and the children who often accompanied them. African-American women were well represented. In a magnificent book, Schultz has made these unknown participants in a central event visible to new generations of historians of wars and the Civil War, historians of women, and scholars of American Studies. General audiences who enjoy a fast-paced and excellently written story well-illustrated with informative tables, photographs, and other materials will also find the stories told here both fascinating and significant.

Part 1, "On Duty," describes the ranks of these workers, the psychological and material obstacles women faced in getting to the hospitals, their motivations for

performing these services, their adjustments within various medical operations, and the ways they "came into their own," hardened by "their experience at the front—with disease and death, soldiers and surgeons, politics and protocol" (p. 108). Part 2, "The Legacy of War Work," follows these women into postwar life and examines the gendered, racial, and class-ridden politics of Northern women's struggle to obtain veterans' benefits. A final chapter, "Memory and the Triumphal Narrative," reviews more than three hundred postwar memoirs of both Northern and Southern women, usually more privileged and relatively wealthier. Schultz finds that, on both sides, these "narratives distorted personal conflict and shrouded the competitive urge for recognition in a mist of cooperation" (p. 239). An appendix provides a thoughtful survey of historiography on women hospital and relief workers in the American Civil War.

Who were the "women at the front?" Schultz begins to answer this question through her careful use of a great variety of sources, including the Carded Service Records of Union troop attendants compiled in 1890 by the U.S. Record and Pension Division. These records provide information about 6,284 nurses; 10,870 matrons; 1,011 cooks; 2,189 laundresses; and a remainder in miscellaneous categories. About 10 percent of women in the official records of the North were African Americans. "Clearly," Schultz says, after breaking down the data to show job classifications by race, "black women were given the work of cooking and washing out of proportion to their number in the records, whereas higher-

prestige jobs (nurse, matron) were reserved primarily for whites” (p. 22). Using other sources, such as letters, memoirs, and diaries, Schultz shows that within Union hospital facilities, “workers at every level perceived a domestic hierarchy” (p. 34). Elite women made the rounds with surgeons. Women of other status washed filthy clothes and sheets, cleaned up the gore, and performed kitchen duties. With the exception of Catholic sisters, who performed all kinds of labor, Schultz concludes that “class and racial tensions flared whenever women of privilege were obliged to oversee custodial labor or to perform it themselves” (p. 35). Middle-class women even resented having to mend men soldiers’ clothing, a job associated in their minds with work of poorer women.

The Carded Service Records do not include the many women who served without pay, Confederate women, and women on both sides employed by regiments as laundresses and cooks. To tell the stories of these women, Schultz has combed newspapers, a large selection of federal and state manuscript collections, regimental histories, surviving hospital records, and printed sources produced by the women themselves. On both sides, she traces common themes related to race, class, and gender. A strength of the book is the way that Schulz uses written sources to illuminate tensions among the women workers as well as their hierarchical relationships with men. She has tried to find out how women, many of whom had never ventured far from home, experienced travel to the front and how they confronted death and other conditions at the hospitals. Schultz points out that, because they were unable to overcome their class- and race-based thinking about other women, many middle-class workers experienced great isolation. She follows other scholars in suggesting that rhetorical usages such as “boys” for the troops and “Mother” for nurses countered frank talk of sexuality in a world of so few women.

Other historians have documented cultural concern “for the compromised delicacy of unmarried women exposed to male nudity, profanity, and lechery” (p. 123). Schulz refines this older interpretation by connecting male medical officers’ gendered thinking in the situation of the hospital to nineteenth-century struggles over medical professionalism. Among Civil War surgeons, most of whom claimed to be the “true” doctors in a world of quacks and imposters, professional insecurity combined with an inability to handle every problem. This professional unease meant that surgeons relied on rank and were generally resistant to suggestions from female medical workers. “Women North and South,” she observes, “entered a divisive military-medical arena armed with

little more than common sense.... A status-anxious and poorly supplied corps of surgeons wondered why the untrained and militarily naive had been foisted on them, even when some had little medical education themselves and could have been considered novices like the majority of women” (p. 113). On both sides, surgeons persisted in viewing the women as meddlers. Some white women, especially in the South, did secure “executive positions because of their status in society, not their diligence.” Although surgeons “prized the obedient and retiring,” some talented and outspoken women managed to exercise executive authority and succeed in implementing valuable changes in the structures of duty and power, changes which assisted suffering soldiers (p. 116). Meanwhile, these innovative women tacitly agreed “to abide by hospital regulations and to maintain a public face before superiors and subordinates” (p. 119). Black women hospital workers—free women in the North and contrabands and enslaved in the South—had to make their own way. When paid, African-American women were paid less than white women. They performed the hardest and dirtiest work, and they were constantly battered by the general racism of white co-workers and by whites’ stereotype of black women as less delicate and more promiscuous than white women. The stereotype meant that African-American women hospital workers were also more likely than other women workers to be assaulted and raped. Thus, they bore another extra burden, the need to be more vigilant about personal safety.

Examining the legacy of the war for these thousands of women, Schulz argues powerfully that the outcome of the Civil War was not progressive for most of them. Just as race, class, and gendered tensions had prevented the wartime medical front from being a place of harmony and cooperation among women from different backgrounds, so the postwar era proved to be, for most of these women, a period of retrogression and retrenchment. While some middle-class and elite Northern women found “expanding professional, clerical, and industrial opportunities, provided individuals could get beyond the social stigma commonly attached to waged labor,” two-thirds of the former female hospital workers faced hard times, including “white Southerners, ex-slaves, and the Northern working class” (p. 146). These women lost jobs on which they had counted for sustenance. After the war, they struggled to find other work. For reasons of race and class that Schulz thoroughly documents, only a few of these poorer women obtained pensions once the Federal Government began to make payments to Civil War nurses in the 1890s.

Individual lives were, of course, changed. A few more women became doctors. Some ex-nurses became prominent in public work. But Schulz concludes that a “rare alignment of racial, class, and regional privilege,” which made some women optimistic, was “not necessarily shared by those whose social coordinates strayed from white, elite, or Northern” (p. 147). Even “elite women as a whole did not seize the chance” to claim more space in the world outside the home. Postwar rhetoric stressed the restoration of domestic order. “That so many relief workers moved into teaching and social service,” Schulz

notes, “scarcely departed from the prewar script of helping others” (p. 148). In a truly interdisciplinary book, providing both statistics and deft readings of other documents, Schultz offers a subtle analysis of the power of socially constructed thinking and its impact on history. She concludes that, while “women at the front tested the boundaries of race, of class, and of gender in their interactions with soldiers, coworkers, and medical superiors, these moments of connection could not in the end dismantle social habits whose continuation were the unquestioned prize of peacetime” (p. 245).

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