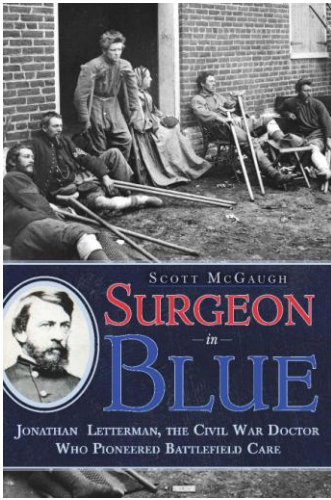


## *Selected Excerpts From Surgeon in Blue*



Grit and sweat coated many of Jonathan Letterman's surgeons as they marched with approximately 95,000 men northwest across Maryland in late June 1863. Billowing clouds of dust marked the Army of the Potomac's path toward battle. General George Meade, pushing his men up to thirty miles a day and sometimes through the night, had to find General Lee first before he could stop his advance into the North. Exhaustion became Letterman's enemy days before Lee's 70,000 men opened fire.

Frederick, Maryland, would play a key role in the coming confrontation regardless of the battlefield's precise location. Antietam, Fredericksburg, and Chancellorsville had demonstrated the need for reliable rail lines for pre-battle supply as well as post-battle evacuation. The quartermaster corps remained dependent on rail, while relief organizations such as the Sanitary Commission and United States Christian Commission stood ready to provide tons of needed supplies if reliable rail routes could be protected. Otherwise, delivery by wagons on rutted roads would be agonizingly slow. After two years of battle, the Army of the Potomac remained

dependent on the supplies provided by these private organizations.

[...]

Generals Lee and Meade had positioned their military firepower on a battlefield chessboard with Gettysburg at the center. While Meade anticipated the battle would take place probably south of Gettysburg, the precise location was impossible to predict, and Letterman had to factor in that uncertainty during the few days he had to prepare. He commanded approximately 650 doctors, deployed among more than 225 regiments, and controlled approximately 1,000 ambulances, one per hundred men.

By now, Letterman's ambulance system had become battle tested, highly organized, and likely was the least of Letterman's concerns. A corps chief of ambulances summarized the state of Letterman's ambulance organization, noting each division possessed a train of forty two-horse ambulances, several supply wagons, and a forge wagon for repairs. The total medical force for the corps included thirteen officers, 350 men, more than 300 horses, approximately 100 ambulances, and about a dozen supply and forge wagons. The ambulances had seats for the lightly wounded that could be adjusted to allow three men to lie horizontally. A water keg was fastened to the back of the ambulance; beef stock, bandages, and other supplies were stored under the front seat; and a canvas stretcher was hung on each side.

However, as Meade had moved his troops toward Gettysburg, he restricted the advancement of medical supplies, following Union army doctrine that gave precedence to ammunition and commissary over medical supplies and general baggage. Ammunition and food supplies had to be at the front of the line as Meade searched for Lee and positioned his corps for imminent battle. Letterman would have to wait until the battlefield was known and established before completing his preparation.

Meanwhile, Letterman shifted the army's supply depot from Frederick to the railhead at Westminster, about twenty-five miles from Gettysburg. That brought Letterman's supplies closer, but still miles away from potential battle. A single railroad line to Baltimore, nearly fifty miles away with no sidings or telegraph, served the supply depot. An army that required 700 tons of supplies daily became dependent on a single railroad and wagon trains that faced a long trip from Baltimore through Philadelphia to the Gettysburg area.

[...]

The crack of a carbine cut through the thick, humid air and reached Gettysburg at about 7:30 a.m. on July 1. Confederate General Henry Heth's lead elements collided with Buford's defensive line west of Gettysburg. A three-hour battle ensued. Wagons carried Union casualties to field hospitals established by Letterman's surgeons in Gettysburg churches and public buildings but soon spilled over into Pennsylvania College, the Lutheran

Theological Seminary, High Street School, the courthouse, and several homes. The battle of Gettysburg had begun, sooner than Meade or Lee had anticipated.

A second wave of Confederates attacked Union defenders at 2:00 p.m., this time from the north under the command of General Richard Ewell. As the battle raged, Confederate general Jubal Early launched an attack on the Union's Eleventh Corps from the northeast. The Union's infantry line began to collapse. By late afternoon it became clear Union reinforcements could not reach the fighting north of Gettysburg in time to avoid a rout by Lee. Union general Oliver Howard ordered a Union retreat to Cemetery Hill south of town.

The enemy fire dissolved an orderly retreat by Union defenders into a chaotic flight back through Gettysburg and south a short distance to Cemetery Hill. Letterman's ambulances, which had efficiently brought the wounded into Gettysburg, now faced a frantic evacuation of the same casualties out of Gettysburg to hospitals established on dozens of farms south of town. Hundreds of wounded soldiers had to be left behind.

[ . . . ]

July 2, 1863, became one of the bloodiest days of the Civil War by the time the fighting ended. The Confederate flanking attack on the Union left had gained some ground; its assault on the Union right had gained partial control of Culp's Hill; and the attack in the center of the Union line had nearly been successful but failed to generate a strategic advantage. Meade had positioned reinforcements quickly, while Lee's commanders faced longer realignment distances and suffered from faulty coordination and communication.

After two days of fighting, 12,000 wounded men had become the responsibility of Letterman's medical corps. More than five thousand had been wounded in the wheat field and peach orchard. That night, flickering ambulance lanterns cast a dancing, ghostly glow across the battlefield as crews collected the wounded and took them to more than 100 temporary hospitals that had been established in farmhouses and barns and along creeks. Within six hours after the fighting had stopped, nearly all of the wounded not in enemy territory had been collected by the ambulance corps and regiment volunteers, who braved enemy fire while searching for the injured soldiers.

[ . . . ]

By his actions and in his reports to superiors, Letterman had demonstrated an analytical mind and a keen awareness of what transpired around him. He had seized the initiative when the opportunity for reform presented itself. A self-reliant man, he had been quick to praise professional medical officers who were reliable, required minimal oversight, and had the confidence to make critical decisions under fire. An inner resolve had surfaced in his style of leadership that bore little regard for ego or hurt feelings. Yet he remained a privately emotional man, and the human carnage of war placed an exhausting burden on the man responsible for an army's survival.

In four battles, he and his medical corps had been confronted by more than 60,000 casualties, likely the most faced by any single army medical director to that time. Thirty-eight years old and never married, he had served in the military for more than a third of his life. He had been stationed in the swamps of Florida, among the red mesas of Arizona, and in Pennsylvania farm country where a man fell wounded every six seconds over twenty-four hours' total fighting. Now, with characteristic personal reserve, Jonathan Letterman made private plans far from the battlefield.

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