

Chapter Two

From First Bull Run to Hospital Command

“**W**hen I graduated in medicine in the College of Physicians and Surgeons...my ambition did not extend beyond the hope of securing a living practice in the country,” the 64-year-old Sternberg said at a retirement dinner given in his honor in New York City in June 1902.¹ To that end, he moved to a small village on Long Island where the death of a local physician provided him a professional opportunity. Sternberg also remembered on that same June evening that, “I was not able to fill this vacancy for my professional shingle was displayed for several months and I did not receive a single professional call.”² This may not be an exaggeration nor was it an unusual circumstance for a new medical graduate in 1860. The increasing number of regular and eclectic practitioners generated fierce competition for a finite number of patients. When an obituary announced a physician’s death, others scrambled to replace the shingle of the deceased with their own. Sternberg may not have been the only doctor attempting to fill the vacancy in the Long Island community; however, it was a conservative town that was very unreceptive to an inexperienced stranger assuming the role of a long-trusted physician.³

Discouraged, he relocated to Elizabeth City, New Jersey, in late 1860 or very early 1861. There, he was “getting a little practice,” as he recalled it, “when the war tocsin sounded.”⁴ This passage gives the impression that his practice was beginning to improve, and only the national crisis overwhelming the country interrupted his continued success. In reality, by the second week of April 1861, Sternberg was once again residing at Hartwick Seminary. Apparently, the little practice he had received was not enough to secure a living. In a letter to Secretary of War Simon Cameron on April 14, he stated his desire to become a medical officer in the army and enclosed with this letter a character reference from family friend and U.S. Supreme Court Justice Samuel Nelson. He left no indication why he decided to apply for a position in the army. Whether the bombardment of Fort Sumter on April 12 influenced his decision to enter military service or it was temporally

coincidental is unknown. However, the fact that he enclosed a letter of recommendation with his April 14 request suggests that he had been contemplating military service well before this date and before President Lincoln's call for troops.⁵

The War Department responded to Sternberg's request by April 22 and directed him to report to the Army Examination Board in New York City on May 1. Sternberg, however, did not receive this instruction until May 3. The apparent result was that he sat for the examination board, composed of surgeons Clement A. Finley, Charles McDougall, and William Sloan, on May 13. Although the government needed medical officers, it clearly recognized the low quality of medical education received by the majority of American physicians. To protect itself from incompetent practitioners, the U.S. Army required each candidate to pass a 700-point examination covering subjects such as literature and scientific qualification; anatomy and physiology; and the principles and practice of medicine, surgery, obstetrics, materia medica, chemistry, and medical jurisprudence. The exam also evaluated the general aptitude of each candidate. Kenneth Ludmerer said that medical education was so deficient at the time that the examination "...could be passed by only a quarter of the country's medical graduates who took the exam, even those with degrees fresh in hand."⁶ If this is true, then Sternberg's examination class was extraordinary in its composition. Of the 28 candidates examined, three withdrew and three were disqualified for medical reasons. When the final grades were released, all 22 of the remaining candidates were accepted into the army. Although he stood dead last in the class, Sternberg's performance was not as shabby as his ranking indicated. He had scored 629 of the possible 700 points; his lowest score, 81, was in literature and scientific qualifications, and he scored only 83 on general aptitude. In all other subjects, he scored 90 percent or greater. Sternberg entered into a contract with the U.S. Government on May 20, 1861, which paid him \$100 per month for an unspecified time period, and 11 days later he was commissioned a first lieutenant in the U.S. Army Medical Corps. This was the beginning of his military career.⁷

When the war began, the only hospital in the capital was the Washington Infirmary on E Street. Ten additional military hospitals were established by the end of 1861. Sternberg spent his first two weeks of active duty at the C Street Hospital—actually two residences, Nos. 360 and 364—on the north side of C Street between 4½ and 6th streets, Northwest. In late June, he was reassigned to the Regular Infantry Battalion, which was commanded by newly promoted Major George Sykes and headquartered on 21st Street.⁸

In the spring of 1861, the U.S. Army was awakening from 13 years of peaceful slumber. After the war with Mexico, the army had been reduced to just below 11,000 men and scattered across the expanding western frontier to contend with the native tribes as required. Since then, only the Corps of Engineers gained a modicum of renown mapping the trans-Mississippi West, raising the national Capitol building, and assisting in bringing clean water into the city via the Washington Aqueduct. The remainder of the army sat—ignored for the most part—in small, dreary little posts awaiting slow pay increases and promotions amid the

mind-numbing monotony of each new day. A small increase in pay, a modest increase in size to 16,000, and the adoption of the rifled musket were about the only significant changes the Regular Army could boast of over the past 13 years until President Abraham Lincoln enlarged its ranks by 22,714 men in early May.⁹

The Army Medical Department remained relatively unchanged during these years. Colonel Thomas Lawson, the surgeon general, spent a long career attempting to increase the size and prestige of his department. He reported to the Secretary of War in November 1855 that the required contingent of surgeons did not “depend upon the numerical force of the army, but upon the manner in which it is employed; that is upon the divisions and subdivisions it has to undergo, and the particular service in which it is engaged.”¹⁰ Although Lawson’s statement can be considered an enduring maxim for military medicine, he was essentially ignored. Between 1848 and 1860, the Medical Corps grew by only 29 physicians for a total of 123 to serve 89 forts, various expeditions, the Soldiers Home, and staff positions. The perennial shortage of medical officers lowered morale as it precluded Lawson from granting them leave, except in emergencies; when leave was permitted, the surgeon had to find and pay for his own replacement. It also mandated that a large chunk of the surgeon general’s budget paid for civilian contract physicians. Lawson improved the status of medical officers within the army. As of February 1847, medical officers were given official rank, housing, and allowances commensurate with line officers. However, the rank they wore carried no weight with their peers in the line, and with Congress giving little attention to the issue, many medical officers felt the pre-1847 status quo continued unchanged. In 1856, Lawson convinced Congress to create permanent positions for hospital stewards because previously hospital stewards came from the rank and file of the regiment often without the aptitude or desire for medical duties. Even if a surgeon was fortunate to obtain a competent man for the job, the commander could relieve him from medical duties at will. Although the new law eliminated these problems, Lawson failed to take advantage of it and did not aggressively develop a trained corps of hospital stewards. The paucity of innovation and creative foresight displayed by Lawson with regard to hospital stewards was also evident in his management of medical facilities and logistics. Hospitals at many permanent western posts were inadequate and, to keep purchasing costs at a minimum, their medical supply system was based out of New York City rather than a more locally situated depot. Combat medical care—the collection, triage, treatment, and evacuation of sick and wounded soldiers—was equally deficient. No organized ambulance corps existed, and no blueprint for combat medical support existed. Estimated requirements for conveying casualties from battlefield to field hospital and permanent rear-area treatment facilities were based on Indian campaign presumptions, notably that there would be few injured to begin with and that the terrain would accommodate at most a two-wheeled vehicle and preferably a horse litter. Medical facilities, logistics, and the intricacies of combat medical support were not priority issues for Lawson and the army he served nor were they for his successor, Clement Finley, who would inherit an unprepared Medical Department only a few weeks before the first major engagement of the Civil War.¹¹

"In the eyes of the North," Margaret Leech wrote, "Washington was a cherished symbol of the nation's power, to be held and defended at all costs."¹² Lincoln's plea for volunteers to defend the capital was answered immediately. Almost overnight Washington became an armed camp. Soldiers were quartered in and around the city until late May when General J. F. K. Mansfield, commander of the Department of Washington, directed the seizure of Alexandria and Arlington in Virginia. Afterward, national forces—now designated the Department of Northeastern Virginia—were bivouacked on Arlington Heights. Sternberg moved with his regiment to the heights on July 4, 1861. The commander of this new department was Brigadier General Irvin McDowell.¹³

On June 24, McDowell's plans to strike the Confederate forces at Manassas Junction were approved. Although he had a clear vision for dealing with the secessionist army, his medical director, Surgeon William S. King, had none for the medical organization of the army or the enormous casualties the battle would create. After all, King was a 24-year veteran of Lawson's Medical Department who had returned from a New Mexico post only a few weeks before marching off to war. His after-action report on the Bull Run Campaign indicates that he was cognizant of the importance of field sanitation and hygiene, but unaware of how to coordinate combat medical support for such a large army. King, who thought in terms of Indian campaigns, had no general plan for managing and evacuating combat casualties; no secure rear-area hospital was initially established, and Finley denied his request for more ambulances. Only 48 of these vehicles supported the Union army at Bull Run, but few had trained ambulance attendants and only hired civilian drivers. King ordered additional medical supplies, but they never arrived. Although a major battle was expected, King, like many others in the army, believed that after a brief, sharp skirmish, the Confederates would simply run away.¹⁴

First Lieutenant Sternberg, with little experience as a physician and none as a soldier, marched east out of the capital toward Manassas on July 16. The Regular Battalion was a composite unit of eight regular army companies commanded by Major George Sykes, which formed part of Colonel Andrew Porter's Second Brigade in Colonel David Hunter's Second Division. The line-of-march for the Second Division went through the Fairfax Courthouse and on into Centreville, where it remained for 2 days awaiting a supply train to bring rations and ammunition. A skirmish just south of Centreville at Blackburn's Ford early on July 18 was a poorly coordinated and bloody action. It disabused the federals of the notion that Confederate forces would disperse at their approach, and it had a sobering and demoralizing effect on volunteers in McDowell's army. Sternberg was fortunate to be surrounded by experienced soldiers as he contemplated the coming conflict, and he inspected his medical equipment and personal kit one last time. As a Regular Army surgeon, he was also more fortunate than other volunteers because he had an orderly, a hospital steward, and ambulances (the two-wheeled type) with attendants. Finley and Assistant Surgeon R. H. Coolidge deemed the two-wheeled ambulances, which were not as sturdy as the four-wheeled models offered to the Medical Department, as the best conveyance for casualties in 1859. Given

the shortage of ambulances and the light marching order, Sternberg had to ensure all medical supplies were packed into available ambulances—eight according to regulations—and in the two or three transport carts allocated to his battalion.¹⁵

The sound of drums broke the early morning stillness of July 21. Sternberg, like many of his comrades, probably had not slept well that night. McDowell would attack this day, and discussion of the coming conflict had continued late into the evening. Sternberg hastily prepared breakfast and two days of rations in the moonlight, and readied his mount. Camp was broken, and the army was put in marching order. Speed was critical, but darkness and inexperience generated confusion among the green troops and delays occurred. Sternberg's unit, which was bivouacked one mile to the east of town and directed to begin precisely at 2:00, did not march through Centreville until almost daybreak. Then the better part of an hour was consumed in reaching a road just beyond Cub Run that meandered northwest through a tract of woods. Colonels David Hunter and Samuel P. Heintzelman turned their units onto this road to begin their flank march to Sudley Ford while General Tyler proceeded down the Warrenton Turnpike.¹⁶

Although advertised as a road, the lead elements of the Second Division, commanded by Colonel Ambrose E. Burnside, marched on nothing more than a glorified cow path through dense woods. In their retreat from Alexandria, the rebels had cluttered the path with trees that now impeded the Union advance. Ax, pick, and spade-wielding soldiers cleared the way, but the work sapped their strength needed in the ensuing battle. As the burning July sun rose, the day became intolerably hot, and the dust was stifling. Although the thick woods gave some protection from the sun, it precluded any breeze that might have relieved the suffocating atmosphere. Blankets, oilcloths, and haversacks were discarded. Medical Director King warned McDowell that the pace would exhaust the army, but officers urged their fatigued and dehydrated men to close ranks and compensate for earlier delays. To make matters worse, the flank march, which had been estimated at three to four miles, had to be extended to nearly six miles to keep beyond the range of Confederate artillery along Bull Run.¹⁷

The Regular Infantry Battalion, in the rear of the formation, broke out of the woods into the clearing a mile north of Sudley Ford to the sound of cannon fire at about 10:00. Colonel Nathan G. Evans' batteries on Matthews Hill, which was the extreme Confederate left flank, had been alerted to McDowell's tactics by the large dust cloud generated by the marching column. Hunter led Burnside's brigade down the Manassas-Sudley Road into Confederate artillery fire, which rapidly became a maelstrom. Hunter was wounded, and Burnside's troops, which did not have the strength to overwhelm the rebel batteries, stalled on the northern slope of Matthews Hill. Sykes' Regular Battalion was immediately ordered to support Burnside. As Sternberg moved forward with his unit, Surgeon Charles C. Keeney, medical director for Hunter's Division, intercepted him. Keeney related that Hunter had been seriously wounded and directed Sternberg and his attendants to assist him. Sternberg rushed to Hunter and found him "... leaning against a tree with a wound in his neck, which proved not to be serious. I saw that I could be of no use

to him as there were plenty of Surgeons around him; I, therefore, hastened with my attendants to find our regiment.”¹⁸

Amid the smoke and increasing noise of battle, Sternberg discovered his battalion “just entering into the action, and some distance in advance of all others in our Division.”¹⁹ The Regular Battalion bolstered Burnside’s troops and sustained a concentrated fire from rebel batteries and regiments for more than an hour. Casualties mounted rapidly on both sides. Medical care consisted of simple dressings in the majority of cases. Those more seriously wounded were loaded into ambulances for transport to the rear where hospitals had been set up in the Sudley Church and some of the nearby farmhouses. During this time Sternberg found himself under direct battery and small arms fire. He later reported, “Thinking it useless to remain in such a dangerous position, I called to my Steward and attendants to come to one side with me out of the range of the battery.”²⁰

The establishment of Sudley Church and local farmhouses as hospitals was an afterthought of Medical Director King. Originally believing he could personally register all casualties in a notebook as he rode about the field with McDowell, King soon realized the magnitude of casualties that were being generated from the fierce action on Matthews Hill. It proved to be the most intelligent decision he made on that dreadful day. He dispatched Assistant Surgeon D. L. Magruder to find and prepare buildings suitable for treating the wounded. Magruder selected Sudley Church, beyond an unfinished railroad embankment near Sudley Ford, where he had pews removed, operating tables improvised, water and instruments positioned for convenient use, and blankets and straw placed on the floor for bedding. Two hours after the first ambulance arrived the church was full, and Magruder secured three other abandoned buildings for the same purpose.²¹

The intense fire under which Sternberg and his attendants labored resulted from Confederate reinforcements thrown onto Matthews Hill, but by noon both rebel flanks were being enveloped by the weight of the Union drive. They gathered both Federal and Confederate wounded as the Union ranks slowly pushed south toward the Warrenton Turnpike. The 4th Alabama Regiment was one of the last regiments to give way on Matthews Hill. The commander of the 4th Alabama, 36-year-old Colonel Egbert J. Jones, sat imperturbable on his horse giving orders until a solid shot struck his thigh and knocked him from his mount. With a white handkerchief tied to the hilt of his saber, Jones awaited his fate, defiantly telling his captors, “Gentlemen, you have got me, but a hundred thousand more await you!”²² Sternberg found the still irascible colonel drinking from a proffered canteen and examined the “severe wound in [his] thigh.”²³ He undoubtedly realized that the shattered leg would require amputation, and the Colonel had lost a considerable amount of blood. With the battlefield too fluid for an operation of this caliber, Sternberg had Jones taken to Sudley Church and then continued with the advance.²⁴

The Confederate left fell back across Warrenton Turnpike and Young’s Branch to the slope of the Henry House Hill, and victory seemed assured for McDowell. But the Confederates held firm. McDowell threw one fatigued regiment after another at Beauregard’s line, but by mid-afternoon this piecemeal support caused

the Union drive to stall. Now reinforced, the Confederates attempted to flank the Union right from Bald Hill and Chinn's Ridge, and panicked Federal troops began to waiver.²⁵

From the bottom of the hill, Sykes recognized the impending disaster and tried in vain to rally his fleeing countrymen. He maneuvered his battalion down the Warrenton Turnpike to the extreme Union right and formed it into square on Chinn's Ridge. The formidable square formation delivered controlled and concentrated fire, and kept cavalry at bay. Inside the square, Sternberg and his attendants watched as the disciplined volleys of the battalion repulsed the Confederate horsemen and bought time for the fleeing Union volunteers. Soon, however, the Regulars found themselves alone with rebels closing in on three sides and their batteries ripping holes in the blue ranks. Sykes determined that it was time to join the withdrawal. Just as he had advanced in the thick of battle with his unit, Sternberg now slowly retreated with it back up the Manassas-Sudley Road under harassing artillery fire. The road back to the ford became choked with cannons and caissons as horses were cut from their traces; haversacks, coats, blankets, and any other piece of equipment that might impede the headlong flight from the battlefield were scattered in every direction. Sternberg echoed McDowell's opinion of the retreat when he later wrote, "...they [the soldiers] became so panic stricken that the retreat was a complete rout. The men would make no attempt to rally, and many of them threw away their muskets and cartridge boxes, each one seeming to think of nothing but his personal safety."²⁶ Trudging up the road, Sternberg searched in vain for the horse he had left tied up at a farmhouse earlier in the day. He continued on foot up the road until he arrived at the Sudley Church where he "... found 280 of our wounded, without any attention. I at once resolved to remain with them and do what I could to relieve their suffering. Some 6 or 7 surgeons of different volunteer regiments also remained."²⁷

Just as King had no plan to coordinate and implement medical care during the battle, he now had none to evacuate as many of the wounded as possible during the inglorious retreat back to Washington. Many of the ambulances that had been on the field were abandoned by their contract drivers and appropriated by nonmedical personnel to carry them away from the advancing Confederates. After the retreat began, the severely wounded laid down on the ground where they fell. Those capable dragged themselves to a field hospital or to some shelter hidden from rebel eyes. Apparently King and numerous other surgeons — to include William W. Keen, Henry R. Silliman, and Keeney — considered duty and fidelity to their comrades fulfilled when simple dressings had been applied, the remaining ambulances filled, and capture became imminent. As evening approached, the Confederate cavalry drove all but a large handful of medical officers from the church. Assistant Surgeon Charles C. Gray went forward to surrender and explain their situation. He met Lieutenant Cameron, who, in Gray's words, was an "unreasonable man," because he would not guarantee protection for the hospital or allow Gray to return to his work.²⁸ Cameron informed the surgeons they were prisoners of war and ordered Gray to accompany him to Manassas. To a man, the Union surgeons were outraged.

Although the Geneva Convention articles that would protect medical personnel from being treated as prisoners of war were three years in the future, the concept was understood and had been regularly practiced in Europe since the days of Frederick the Great. Regrettably, Confederate cavalry officers were ignorant of the laws and customs of war in Europe. Sternberg and 14 of his colleagues gave themselves up to a Confederate prison rather than desert the helpless soldiers on the Manassas battlefield.²⁹

With the confusion, noise, fear, and urgency of the battle over, the agonized cries of horribly maimed soldiers had no competition. Their pleas for help filled the air and echoed from woods and battlefield. Although Gray had difficulty with Cameron, Sternberg appears to have dealt with the captain commanding elements of the 1st Virginia Cavalry bivouacked near them. This captain allowed each surgeon to select one aide from the captured soldiers being driven along the Manassas-Sudley Road. The wounded completely filled the main floor and gallery of the church and overflowed into three other buildings and the churchyard. Nothing could have prepared these physicians for the onerous duties in which they became engaged. Musket ball and shell fragment extractions and amputations of mangled limbs comprised the majority of surgical procedures performed. Arms, legs, hands, and feet were tossed in a common heap; a visitor recalled that the dead were in "piles of three and four."³⁰ Sternberg recounted that "a number of capital operations were performed at the church, but, owing to the want of food and stimulants, and to the unfavorable circumstances under which the men were placed, most of these cases terminated fatally within twenty-four hours."³¹ Not only were food and stimulants needed, but also medical supplies of all varieties.

Dark, overcast skies covered northern Virginia on Monday morning, and a heavy rain fell. Although a relief from the intense heat of the past few days, a temperature drop accompanied the precipitation and chilled the rain-drenched casualties lying around the church. Sternberg asked for—and was granted by the cavalry captain—a detail of Confederate soldiers to construct a 20-foot by 30-foot shelter from small trees and rubber blankets that littered the path of the retreating army. Once complete, as many of the wounded as possible were placed underneath and given a cup of cornmeal gruel, their first nourishment in more than 24 hours.³²

Late on Monday evening, the captain informed Sternberg and his colleagues that they were to be taken to Manassas. Most of the surgeons were loaded into an ambulance for the journey, but the captain provided Sternberg with a horse. This may have been a kind gesture to spare him a jolting ride to the railroad junction, but because it was still raining, and according to Sternberg very cold, it made for a miserable trip. The weary surgeons proceeded eight miles down the Manassas-Sudley Road and arrived at the Confederate headquarters about midnight. They waited in the rain for nearly two hours while someone determined who had sent for them and why. There was no answer for the tired, hungry, and now furious medical officers. Sternberg was so angry at this barbaric treatment he could not be civil when crackers and coffee were put before them at the headquarters. Once they had downed this repast, they were herded into a barn that served as a guardhouse with some 40 other prisoners.

Soaked to the skin and wrapped in an army blanket, fury gave way to exhaustion and Sternberg slept.³³

The following morning the Union surgeons were offered a parole: "We the undersigned do hereby give our unqualified parole of honor, that we will not, during the existing hostilities between the United States and the Confederate States of America, aid or abet the enemies of the said Confederate States of America by arms, information, or otherwise until released or exchanged."³⁴ In return they would be sent back to Sudley Church to treat the wounded. About half of the surgeons took advantage of this offer and were immediately returned to the church. Sternberg and three others remained obstinate and declared not only their desire, but also their right to treat the wounded without the approval of their captors. For reasons unknown, the Confederates shortly thereafter offered another parole that only required them not to escape or give information to the enemy for five days. If the surgeons signed it, then they could take care of their wounded and move about Manassas on their own recognizance. These more reasonable terms were acceptable and readily signed.³⁵

More Union casualties were placed in a building at the railroad yard. Sternberg remarked that some had just been brought in from the battlefield, having lain in the rain for nearly two days without care. Although this may have been true for some soldiers, Assistant Surgeons Gray and James M. Lewis had been doing their best to locate those still on the field, stabilize them at Sudley Church and the Lewis House, and then transport them to the Manassas railhead. On Tuesday afternoon, Confederate surgeons instructed Sternberg and his colleagues to dress wounds and load as many of the men onto the floors of the waiting railcars as possible. Working until after sunset, they were assured the train would depart momentarily for Culpeper and Charlotte. But when the Union surgeons arrived at the railyard the next morning, the same loaded train they had left the evening before greeted them. The wounded had received no food, water, or any attention since the surgeons had departed, and they remained there until Wednesday night.³⁶

Since taking their parole, all of the Union surgeons had been treated well and were allowed to dine with the Confederate surgeons and talk freely among themselves. Sternberg and fellow captive Dr. Edward Taylor had discussed the possibility of escape in their free moments. Medical supplies were being consumed rapidly, and the Confederate Medical Department loathed sharing their valuable supplies with soldiers bound for prison. With each passing day, there were fewer ways a surgeon could alleviate a prisoner's suffering and no indication that the government in Richmond would agree to an exchange of medical officers. Both men continually watched for an opportunity to escape, and, on the evening of July 25, their captors provided one. Sternberg and Taylor were sent to attend wounded from the skirmish at Blackburn's Ford who still remained at Centreville. In Centreville they were quartered in the home of Dr. Alexander, a local physician. Attracted to Alexander's bookshelves, Sternberg found an atlas that contained what he considered a fine map of northern Virginia and tore it from the book. "From this I ascertained that Washington was about East of Centerville."³⁷ Sternberg later

wrote, "I told the Doctor [Taylor] that our best plan was to go North for about 15 miles and then East until we struck the Potomac. By doing so I thought we should evade pursuit and leave the Secession troops all to the South of us."³⁸

Both physicians were prepared to depart as soon as the wounded at Centreville were on their way to Manassas. However, early on Sunday morning, July 28, Taylor returned to Manassas, apparently to catch the train for Richmond. Taylor's departure was an ominous sign because it was Sternberg's parole that was up at noon that day; Taylor still had two days remaining on his gentleman's agreement. Sternberg must have believed that it was really him they were after when Taylor was taken. If so, and the mistake was discovered, the next rider down the Warrenton Turnpike may be coming after him. After a noon meal with Dr. Alexander, Sternberg made his last rounds on the remaining patients, stuffed half a dozen crackers in his pocket, lit a cigar, and casually strolled out to one of the sentries. He inquired of the sentry where he might find some red oak trees as he needed the bark for a wound poultice. The sentry promptly directed him to the woods about a half a mile north of town where there was an abundance of oak trees. Leisurely, Sternberg made his way into the woods where, once among the protective cover of the trees, he bolted north to freedom.³⁹

Sternberg traveled a northerly course, in general, but fatigue, his unfamiliarity with the Virginia countryside, the less-than-detailed map he had taken from Alexander's library, and the weather all combined to make his trek frustrating. He crossed a stream he believed to be Bull Run—actually Rocky Run—after walking what he estimated to be about two miles. Entering a thick forest of second growth pine, he found the trek slow and difficult, and a late afternoon thunderstorm only complicated his journey by obliterating the sun. Sternberg took refuge in a deserted cabin. Just before sunset, as the sky cleared, he realized he had been backtracking under overcast skies. Determined not to travel unless he could see the sun, moon, or North Star, he stretched out on the cabin floor, smoked his last cigar, and fell asleep.⁴⁰

A few hours later, Sternberg was awakened by a voice. Someone was calling him; he distinctly heard his name. He sprang from his pallet with his heart pounding to find himself alone. It had only been a dream. He gazed outside to find the sky clear and a bright moon rising. Sternberg pushed on, avoiding houses and open fields and sustained himself with the crackers he brought and blackberries he found along the way. He continued on through thick woodland until very early on the morning of July 29 when cloudy skies and exhaustion demanded he rest again until sunrise. Near noon, he came across a man working in a field. Sternberg realized that making himself known to this man might be imprudent, but he suspected he might be lost again. He had to determine his location. Wet and filthy, with his uniform in tatters, but trying not to appear desperate, he boldly approached the man and asked where he was. The farmer informed him the Potomac was one and a half miles farther east and Washington was only 12 miles up the road, but added that a large number of South Carolina troops were patrolling that thoroughfare. Cautiously, he continued his cross-country journey east until he struck the Potomac.

As he proceeded south along the river, good fortune and a prosperous Potomac fishing industry provided him with an abandoned boat. He paddled down the river until he reached a dam about five miles above Washington, landed on the Maryland side, and continued on by foot. Whether emboldened by his encounter with the farmer or from some obvious sign that the inhabitants had Union sentiments, Sternberg stopped at the first house he found. The owner was a generous Irishman who fed him bread and butter, and milk. He told his hungry guest the capital was five miles farther down the road. Refreshed and confident, Sternberg once again took up the road to Washington. He met up with couple of soldiers from the 6th Maine Regiment camped near Chain Bridge who eagerly assured him that their commander would assist in returning him to his unit.⁴¹

Once in camp, Sternberg met with Colonel Abner Knowles and described to him the events of the past few days. Knowles promised to return him to Washington expeditiously. Before being dismissed, however, another soldier entered the tent. In the dim light, he studied the weary physician sitting in tattered uniform and asked if he had not been in the guardhouse the previous evening. Sternberg assured all present that a mistake had been made, but the soldier immediately produced four of his comrades who verified his accusation. Rising from his chair in agitation, Sternberg reiterated to those present that he had spent the night hungry and alone in the Virginia woods and not in their jail. When he did so, one of the verifying soldiers recanted saying that the accused was a head shorter than the man they sought. Knowles' promise to send him to Washington, however, failed to materialize, and Sternberg spent an uncomfortable night in the 6th Maine camp. His escape had been accompanied by good fortune, which the accusing soldier in Knowles' tent may have brought to an end. Rising at 5:00 a.m., Sternberg proceeded to the capital on foot. He reported to Commanding General Winfield Scott and the surgeon general the same day, and he was reunited with his unit on Arlington Heights where he gave his report to McDowell.⁴²

General George B. McClellan replaced McDowell 10 days after the Bull Run battle. McClellan surveyed the post-Bull Run army and found it lacking discipline and organization. One of the ways in which this would be corrected was to establish martial law in the city. The drowsy little city with its pretentious, partially completed buildings, unpaved streets, and stinking canal was deluged by an unending flow of men and materiel as the new commander began building the Army of the Potomac.⁴³

The Regular Battalion was ordered back into Washington in August as part of the provost guard for the capital. Sternberg spent the winter of 1861–1862 contending with the injuries and diseases of a regular regiment garrisoned in a city lacking in hygiene and brimming with night life. If his experience was anything like that of garrison surgeons before and since, he saw primarily gonorrhea, syphilis, respiratory disease, and diarrhea. Washington teemed with houses of prostitution—some 67 if the Provost Marshall's record was correct—and a third of them were concentrated in the quadrangle formed by 15th Street West and Pennsylvania, Louisiana, and Ohio Avenues.⁴⁶ Typhoid fever made a significant impact on the army

in general, but acute bronchitis and pneumonia were the most common maladies encountered, followed by acute diarrhea and dysentery. Sykes, now a brigadier general, had one of the healthier brigades around the capital that winter if the early January 1862 report of 10 percent total sickness among his command can be considered representative.⁴⁴ When the army broke camp in March, most of the soldiers were immune to the childhood infectious diseases and the majority had been vaccinated against smallpox. Although the seriously ill remained in camp, a significant number of those deployed formed the nidus of infections that would plague the forthcoming operations in the swamps of southeastern Virginia.⁴⁵

Lincoln approved McClellan's "Urbana Plan" in mid-winter—a waterborne flanking movement staged from Annapolis that would land his army at the tobacco port of Urbana on the Rappahannock River. From this base of operations, McClellan intended to seize Richmond before General Joseph Johnston's forces at Manassas could reinforce the Confederate capital. But the Confederate government, fully expecting McClellan to assume the offensive in the spring, pulled back its out-matched forces near Washington to defensive positions around Richmond in early March just before the Union general initiated his plan. With his plans now obsolete, McClellan shifted the staging area to Alexandria, Virginia, and his forward base to Fort Monroe. Lincoln approved the change on the condition that Washington and Manassas remained secure. By mid-March 1862, the port of Alexandria became a loud, bustling center of military activity. Cattle, horses, wagons, cannons, caissons, ammunition, pontoon bridges, and various supplies required to sustain an army of 135,000 men were collected and moved to the wharves for loading onto transport vessels.⁴⁶

Major Charles Tripler had directed medical arrangements for the Army of the Potomac since August 1861. A 56-year-old veteran, Tripler was an intelligent, competent medical officer and experienced campaigner. Abhorred by the Medical Department's poor showing at First Bull Run, Tripler worked methodically to preclude a repeat performance. Medical personnel, supply, patient regulating, land and water evacuation, unit sanitation, and hospital organization were all addressed for the coming campaign. Experienced regular officers were assigned as brigade surgeons, and Tripler impressed upon them the importance of sanitation in the regiments. He requested an experienced quartermaster officer and subsistence officer for his staff to ensure medical supplies, transportation, and hospital rations were more easily obtained. Tripler discouraged evacuation to general hospitals because, in his view, the care was worse and it was a drain on manpower.⁴⁷ However, he recognized that an army on the move could not be encumbered with sick soldiers. Evacuating them from the front to the 1,000-bed facility being created at Fort Monroe obviated the need for an intermediate level of care between the regimental and general hospitals. Tripler had brigade hospitals established and in working order before deploying. To move these patients, he estimated that 250 four-wheeled ambulances would be required and, while he recognized the need for a dedicated ambulance corps, the organization and training of such a corps required more than time and current regulations allowed. As for water evacuation,

he had to rely on Quartermaster Department transports and the services of the U.S. Sanitary Commission.⁴⁸

Tripler's medical campaign plan—although thorough and sound—required a higher echelon of support for success. Those responsible for that support failed him. At the direction of the Secretary of War Edwin Stanton, the surgeon general took personal control of all general hospitals and ordered Tripler to leave his purveyor in Alexandria and a portion of his supplies. The Quartermaster and Subsistence Departments also denied him the special staff officers requested. To cap it off, only 177 four-wheeled ambulances were dispatched, supplemented by the frail two-wheeled type that Tripler despised.⁴⁹

On March 17, the largest waterborne operation in American history began and with it the Peninsular Campaign. Sternberg watched these events from the confines of a hospital bed in the U.S. General Hospital in Alexandria. Three days earlier, he had been hospitalized with orchitis, a painful inflammation of the testicles. His hospital record gives no hint of the etiology of his condition. Mumps, the most common cause of orchitis in adult males, was present among the soldiers in the capital area that spring, but a traumatic injury could have also produced his discomfort. Sternberg's unit, now a Regular Infantry Brigade, departed Alexandria on March 26. He recovered sufficiently to join his regiment engaged in the siege of Yorktown by the first week of April.⁵⁰

From his arrival on April 2 until May 4, McClellan was plagued with problems. Naval support had not materialized, transportation was insufficient, his maps were misleading, Lincoln had removed forces in northern Virginia from McClellan's control as well as his base of operations at Fort Monroe, and incessant rain had turned roads into bogs of thick, sticky goo. In mid-May, he reorganized his forces to add a Fifth and Sixth Corps. The Fifth Corps, commanded by General Fitz-John Porter at Cumberland Landing, included Sykes' Division. Sternberg served with the 3rd U.S. Infantry in Lieutenant Colonel Robert C. Buchanan's 1st Brigade.⁵¹

Tripler also faced mounting problems. Chickahominy fever—probably typhoid and/or malaria—was filling the regimental hospitals and draining resources. Tripler's solution was to evacuate these patients immediately. But, without the direct quartermaster support he had requested, a dearth of ambulances and hospital transports, and limited support at Fort Monroe, his evacuation chain became a sluggish nightmare and patients suffered. Tripler begged the surgeon general for more doctors, more supplies, and more of everything, and he predicted disaster if they were not received. Regrettably, he also managed to alienate the U.S. Sanitary Commission, the only organization with the resources to provide him some relief. William A. Hammond, the new surgeon general who had replaced Finley in April, reassured Tripler that his office was doing all it could to support him. He gave Tripler the authority to solve problems and urged him to work more closely with McClellan. But as May turned into June, Tripler became frantic and his control slipped further away.⁵²

Sternberg saw his first combat action in the Peninsula Campaign when Confederate forces fell upon the Union right at Gaines' Mill on June 27. The 3rd Infantry

was positioned on the far right of Sykes' Division. A strenuous Confederate morning attack was followed by a short respite and then a determined afternoon assault. By late afternoon, under intense small arms and battery fire, the 3rd Infantry found itself in an exposed position receiving fire from front, right, and rear as the Confederates endeavored to crumple the Union right. The volume of fire was of such magnitude on the right that men fell in heaps. Thick, acrid smoke choked one and all, and the noise made verbal communication impossible. Throughout the conflict, Sternberg remembered, he "kept as near my regiment as possible, giving my attention to the removal of the wounded from the field, operating only in urgent cases."⁵³ He felt such urgent cases were few, but admitted he had "amputated on the field with none but my hospital steward to assist me."⁵⁴

Amputations could be performed rapidly under chloroform anesthesia, which all surgeons carried as part of their medical kit, but dangers existed to the patient, surgeon, and assistants conducting surgery under intense direct fire. As Sternberg indicated, and his colleagues on the field affirmed, there was little reason to perform operations under fire when a well-stocked and staffed hospital was close and litter-bearers and ambulances were available to clear the wounded from danger. The Adams house in the center of Porter's position some 600 yards behind the firing line served as the main division hospital. The McGhehee house, which was nearest to Sternberg on the field, and outbuildings surrounding both houses were also filled with the wounded. Once treated, these patients—stable or not—were transferred by ambulance across the Chickahominy to the hospital at Savage Station.⁵⁵

By 6:00 the Federal left and center began to give way. The McGhehee house, its outbuildings, and orchard became the last defensive bastion of the Union right. Now untenable as a hospital, Sternberg, Goddard, other surgeons, and their attendants rapidly cleared these buildings of wounded. Without panic or confusion and under the continued protective cover of regular artillery batteries, Porter withdrew from battle. Sternberg and the exhausted regulars received only a short respite at the Grapevine Bridge over the Chickahominy. Fearing a continued Confederate advance, they crossed the river soon after midnight, burned the bridges behind them, and halted on a hillcrest in the rain till dawn before pushing on to Savage Station. While the soldiers rested at Savage Station for some hours, the entire contingent of surgeons in Porter's Fifth Corps assisted those already at the station in attending to the 2,500 to 3,000 sick and injured who occupied every available building and tent, and the rain-soaked grounds surrounding them. Hospital stewards and orderlies quickly loaded ambulances and sent as many of them as possible to floating hospitals on the James River.⁵⁶

What could not be removed quickly from Savage Station was torched. Sykes' Division resumed its retreat in the evening of June 28. Pelted by rain, the regulars sloggled their way through heavy forest over roads made uncertain by the darkness. At dawn they crossed White Oak Swamp at Brackett's Ford and assumed temporary positions while the last of McClellan's army groped its way out of White Oak Swamp on June 29. Once again at the rear of the army, Sykes' Division began another fatiguing night march. The regulars reached the plateau at Malvern at

mid-morning on the following day. Sternberg and the 3rd Infantry collapsed under a coppice of pines on the far right of Sykes' position for their first sleep in four days. From this commanding position, Union artillery repelled the Confederate advance in the afternoon and continued the following day. Sternberg again participated in heavy fighting on July 1. Although the Malvern Hill Battle had been a tactical victory for the Union, McClellan continued his withdrawal to Harrison's Landing to rest and refit his army.⁵⁷

In his report of the Seven Days Battles, Sykes remarked that "the medical officers...were prompt and faithful in their onerous duties," and mentioned them all by name.⁵⁸ In addition, he stated that "Dr. Sternberg added largely to the reputation already acquired on the disastrous field of Bull Run."⁵⁹ In an era devoid of battlefield citations for intrepid gallantry in combat, a brave soldier could only hope to be recognized by his commander in dispatches and reports. This was the second time in 12 months that Sykes commented on the dedication and valor of Sternberg in his official dispatches.⁶⁰

The army had marched and fought for an entire week in impossible weather on little sleep and scanty rations. Sustained by the excitement of the campaign, it now slumped, exhausted on the banks of the James River. The Seven Days Battles had exacted a severe toll on the soldiers and the ability of the Medical Department to provide adequate transportation, supplies, and care. There were fewer than 90 ambulances, suffering from hard use on muddy roads, engagements, and mismanagement, thereby compromising field evacuation after Gaines' Mill and Savage Station. Large numbers of sick and wounded had been forsaken to the Confederates. Although reports from the surgeons present during the campaign conflict on the adequacy of medical supplies before the Seven Days Battles, it appears that Tripler vigorously pushed all medical officers to ensure that their medical stocks and surgical kits were full and complete. In the Second Division, Assistant Surgeons Sternberg, W. C. Spencer, J. V. D. Middleton, and Edwin Bentley all agreed that medical and hospital supplies and ambulances were sufficient to meet their needs until after the action at Gaines' Mill. However, the rapid retrograde movements following that battle—and especially after the Savage Station engagement—had necessitated that medical and hospital supplies and tents be destroyed or abandoned. Diseases such as malaria, typhoid, and other diarrheal disorders, and scurvy—as well as respiratory infections that had taken their toll from the early weeks of the campaign—now blossomed. The disaster Tripler predicted crashed down on him at Harrison's Landing. Although sympathetic, Hammond had no recourse but to make a change to prevent further mismanagement.⁶¹

On July 1, Major Jonathan Letterman, also a veteran of the pre-Civil War army, relieved Tripler. However, unlike his predecessor, Letterman was endowed with organizational and administrative talents that allowed him to approach this medical dilemma with patience and creativity. He built on the trust he had established with McClellan earlier in the war in campaigns in western Virginia and rebuilt the bridges, which were burned earlier by Tripler, with the U.S. Sanitary Commission.⁶²

In the rain and mud, chaos soon began to give way to order with the arrival of

food, tents, and many well-stocked and well-manned steamer transports on July 2. The U.S. Sanitary Commission fitted out two of these ships, which could accommodate 250 to 1,000 patients, with supplies and personnel, and the Medical Department renovated others. Medical officers worked in shifts around the clock treating and preparing patients for evacuation. By July 15, 7,000 wounded had been evacuated to Fort Monroe. Letterman's request for more tents and ambulances was answered over the next 4 weeks, and his systematic reorganization of the Medical Department—for which he would become so well known—was begun.⁶³

There was little rest for the medical officers at Harrison's Landing. Enteric infections comprised the majority of illness encountered at Harrison's Landing. There were nearly 49,000 cases of acute and chronic diarrhea and dysentery, of which 40 percent occurred in July. Typhoid struck 2,805 soldiers, and 10 percent of them died. Probably resulting from hepatitis A infections, jaundice affected 1,161 soldiers, and intermittent fevers accounted for 7,715 cases of illness. The stress and fatigue of the past weeks, the care required by the sick and wounded, and the turmoil in the medical director's office demoralized the already exhausted medical officers.⁶⁴

Whether Sternberg was more fatigued and depressed than his colleagues, or perhaps had realized his own mortality among the dead at Gaines' Mill and Malvern Hill, he sent a request, not through Medical Director Letterman, but directly to the surgeon general to be "relieved from duty in the field and ordered to some general hospital."⁶⁵ In direct, concise language that would become a Sternberg trademark in future correspondence with his superiors, he stated: "I have been on duty with the Third Infantry since the 20th of May 1861. Last summer during the retreat of the army from Bull Run I lost my horse, equipment, clothing, etc. This summer I have again lost my horse & nearly all my personal effects & it will be very difficult for me to replace them in the field. I feel very much exhausted by the arduous duties which have devolved upon me during the present campaign but should not shrink from continuing to do my best if this application should not meet with a favorable response."⁶⁶ With medical operations as they were at this time, Letterman would have flatly disapproved the request, an outcome that Sternberg probably anticipated. Although the surgeon general's office controlled assignments, it recognized the disastrous effect circumventing the local medical director's authority would have on departmental operations. Sternberg was informed that his application was being referred to Surgeon Letterman and that it "should have been sent through him [Letterman]" originally.⁶⁷ He routed the document to Letterman and then inventoried his medical supplies and equipment on July 19. This appears to be his last official act for the Army of the Potomac. A severe case of typhoid fever put Sternberg aboard a steamer bound for Washington. It is unknown in which hospital he convalesced, but by the last week in August he had recovered sufficiently to perform light duty. On August 29, a letter from the surgeon general's office directed him to report to Dr. Lewis A. Edwards at the U.S. General Hospital in Portsmouth Grove, Rhode Island. As if he feared the surgeon general would change his mind, Sternberg hastily packed and departed the capital that evening.⁶⁸

Portsmouth Grove Hospital stood on the low ground of Narragansett Bay's eastern shore, which was eight miles from Newport to the north and 23 miles from Providence to the south. To the east of the 12-acre grounds ran the Old Colony and Newport railroad, and an adequate wharf was on the bayside that required lengthening before it could properly accommodate hospital steamers. The administration building and officer's quarters, which was previously a hotel, stood in the center of the grounds with 14 new wooden pavilions on either side placed obliquely in a herringbone pattern. Each pavilion contained 56 beds and had a bathroom, lavatory, and watercloset on one end. Running the length of the avenue in between the two rows of wards was a covered walkway. When Sternberg arrived at the 2,200-bed hospital on September 2, he became the facility's executive officer, where he was essentially the hospital adjutant as well as the second-in-command. He was responsible for all reports and orders generated by the hospital and the maintenance of hospital records, supervised all clerks and orderlies in completing these tasks, and made appropriate distribution of patients received.⁶⁹

Sternberg was also in charge of the surgical wards. "Comparatively few are wounded men – less than a tenth of the whole number," the editor of the *Boston Medical and Surgical Journal* commented, and the majority were "suffering from diseases contracted by imprudence, bad air, exposure, hardship, and insufficient food."⁷⁰ That cohort, however, represented anywhere from 170 to 220 patients. In the fall of 1862, when an epidemic of hospital gangrene—probably streptococcal wound infection—developed among these soldiers, the surgeons found that comparatively few patients could cause an epidemic. Sternberg was in charge of the surgical wards when the epidemic bloomed. Thirty-one years later, he recorded the events for another group of young military surgeons: "A considerable proportion of the cases were simple flesh wounds, progressing favorably to a cure by granulation and cicatrization. Others were of a more serious character and were attended with profuse suppuration...supplies of all kinds were abundant; nurses were in sufficient number and attentive, but the medical officer in charge [Sternberg] was young and inexperienced. Under his direction the wounds were systematically cleansed and dressed with absorbent lint, etc. Nature seemed to be fully equal to the work of repair, except in those cases where a mistaken conservatism at the field hospital had left compound fractures to her unaided efforts. In such cases profuse suppuration, and septic toxemia sapped the strength of strong men.... Doubtless it was from one or more initial cases that the infection was carried by the sponges of willing but ignorant attendants to a considerable number of wounds which up to this time were progressing rapidly towards cicatrization.... Wounds previously healthy became inflamed, painful, and angry looking, and within two or three days the cause of this change was apparent. The area of inflammation...rapidly extended and sloughs formed, sometimes as large as a man's hand and extending deeply among the muscles and along the planes of cellular tissue. Fortunately the infectious nature of the malady was quickly recognized and the measures adopted arrested its progress...these measures included the removal of those not yet infected from the overcrowded surgical wards, a general cleaning up, whitewashing

of walls, etc., and the necessary precautions relating to the conveyance of infection by sponges, etc. The treatment of the gangrenous wounds consisted of deep cauterization by means of nitric acid applied with a swab, the removal of necrosed tissue as soon as practicable, and the application of charcoal poultices.”⁷¹

Sternberg’s tour at Lovell proved to be only an 11-week sabbatical from field service. On November 15, the Surgeon General’s Office directed him to report to Major General Nathaniel P. Banks at his headquarters in the Astor House in New York City. Sternberg had been appointed deputy medical director for an expedition Banks was organizing into the Department of the Gulf. Foiled in his attempts to keep a hospital assignment, he dejectedly put his office and affairs in order and packed for the field once again. Although his selection for this tasking was probably based on the needs of the army at the time—or may have been purely serendipitous—it may also have come as a subtle rebuke from the Surgeon General’s Office indicating higher command displeasure at the tactics he initially used to obtain a general hospital assignment. However, Sternberg had served admirably at the regimental level in two major campaigns and was now familiar with the operations and administration of a large general hospital. Logically, these experiences made Sternberg an excellent choice for the role of deputy medical director.⁷²

The Southern Expedition, which Banks had been organizing only since late October, entailed opening up the Mississippi River and gaining control of Mobile Bay. Surgeon Richard H. Alexander, the medical director for the expedition, sent Sternberg to Fort Monroe, where troops were assembling for the expedition to oversee medical logistics operations. On December 14, Banks’ flotilla steamed up the Mississippi and docked at New Orleans. Orders issued that same day gave medical control of the city over to Alexander and his staff.⁷³

Banks and the Southern Expedition failed to meet any of Lincoln’s expectations. Dilatory to the extreme, Banks’ half-hearted attempts to support General Ulysses Grant’s investiture of Vicksburg only led to high casualties in two botched attacks on Port Hudson. During Alexander’s two-month absence in support of Port Hudson operations, the medical director’s office had been turned over to Sternberg’s stewardship. As acting medical director for the department, this gave Sternberg his first independent experience in medical command and directing a large public health organization. It also acquainted him for the first time with yellow fever, a disease that struck hard at the Union vessels that plied the Mississippi River and blockaded the river delta. Cases from these ships were treated at the Naval Hospital near the river levee, but never extended into New Orleans proper to any significant extent. These circumstances generated considerable debate between local physicians and their northern colleagues as to whether yellow fever was imported or derived locally and whether the quarantine procedures were as effective as claimed. Sternberg did not deviate an inch from the sanitary and quarantine directives of his commander, and, observing actions later in his career, he was a strong advocate of a robust quarantine policy.⁷⁴

After 14 months in Louisiana, Sternberg requested and was granted 40 days of leave to go home to Hartwick at the end of January 1864. He took the opportunity

once again to submit a written request for a hospital assignment in the north to now Acting Surgeon General, Colonel Joseph K. Barnes. As before, he stated, "I feel it to be highly important for my professional advancement, that I have an opportunity for hospital practice," but the tone of the letter lacked the edge of his similar missal from Harrison's Landing 18 months earlier.⁷⁵ He received orders to report to Major General Heintzelman, commander of the Department of the North, headquartered in Columbus, Ohio, upon the expiration of his leave.⁷⁶

Sternberg reported on March 5 and was temporarily assigned to duty in the office of Lieutenant Colonel Charles Tripler, now medical director for the northern department. Among other duties, he traveled around Ohio examining discharged soldiers to verify their unfitness for duty. In early May, he was ordered to Camp Cleveland to examine recruits for the Ohio Volunteer Militia and find a suitable location for an officer's hospital. Established as Camp Taylor in 1861, the post served as a rendezvous, organization, and drill camp for northern Ohio volunteers, and the camp's one-story, wooden, pavilion-style general hospital had opened on January 12, 1863. Tripler found merit in Sternberg's work and assigned him as the new hospital commander in May. At last, he could enjoy hospital practice and build on the medical career he so cherished.⁷⁷

Sternberg had been in command less than three months when he requested 10 days leave. These 10 days turned into a 13-week absence at Hartwick Seminary. Cleveland hospital was Sternberg's dream assignment of the war, and he had made an extended home visit only 5 months before. For him to leave his new command so precipitously—and for such a long period—suggests some significant problem existed at home that he felt required his immediate and personal attention. In reality, it was more than a problem; it was a family crisis of such magnitude that it would be denied and remain hidden in the Hartwick archives for a century. A schism, generated by personalities and church politics, had developed between the two men Sternberg loved most in the world: his father and grandfather Miller. Sternberg had always been his father's confidante, and he was aware that the rift between Levi and George Miller had originated directly from Levi's zealous and rigid evangelical stance on political church issues.⁷⁸

Whatever advice or consolation Sternberg offered apparently had little influence. In late November after he had returned to Cleveland, the festering tensions between his father and grandfather over teaching methods and control of the curriculum burst dramatically to the surface. Levi informed Miller that as principal of the institution his decision on such matters was final, and he expected Miller to assent. Miller bluntly told him that such would not be the case. However, at chapel two days later, Miller acknowledged before the entire school and Sternberg that he "had been excited & used harder language than I ought," and, "if I had offended him I begged his pardon...."⁷⁹ But Reverend Sternberg was in no mood for conciliation. To Miller's surprise, embarrassment, and personal hurt, his son-in-law launched into a diatribe of the burden he had borne over the past 13 years, how he had given up the use of the principal's house to Miller, and how he had treated him with great deference. He declared that he considered Miller's position at the seminary

as subordinate to his own and that at the end of the term he would resign. Hartwick trustees conferred in mid-December, ignored Sternberg's threat, gave sole charge of the theological students to Miller, and placed Sternberg in charge of the classical school. Reverend Sternberg immediately tendered his resignation. Sternberg returned to Cleveland with a heavy heart. Fortunately, his duties kept him busy and on the move. Temporary duty at the general hospital in Louisville, Kentucky, consumed part of December and in early 1865, professional staffing issues required his attention as well as disability determinations for patients and their discharge from the service.⁸⁰

In April, the war ended and the Federal government began to disband the army. On July 4, 1865, Sternberg received instructions to dismantle the Cleveland hospital. Patients still requiring treatment were transferred to Camp Dennison, Ohio; female nurses were discharged, and contracts with male nurses were terminated; and hospital records, property, and stores were packed for shipping. He prepared and sent his last report as hospital commander to the surgeon general. Orders dated July 17, 1864 relieved him of duty at Cleveland and assigned him to duty at Camp Dennison.⁸¹

Camp Dennison, which was situated 16 miles north of Cincinnati, now served as the rendezvous and training depot for the 13th U.S. Infantry. By the time Sternberg arrived on July 27, the hospital at Dennison was also being dismantled, and the regiment was preparing to move to its new home at Jefferson Barracks, Missouri. Assigned as Attending Surgeon to Headquarters, 13th U.S. Infantry on August 8, Sternberg selected the hospital and medical equipment he wanted to take to Jefferson Barracks. He then boarded the *Lady Franklin*, bound for St. Louis and his first peacetime assignment.⁸²