A Half Century Before

“Country practitioners in green sashes 
(became acquainted) with hygiene and vaccination.”1

A long stretch of historical thread connects the story of a military hospital and the women’s reform movement, a thread thinly stretched across the century, for women are now so commonplace in public life as to be taken for granted. As a result men too often ignore the fact that by nature they are interested in trying new things, are by and large orderly planners as well as reformers. Moreover, women persevere, with more finesse than forthrightness, in behalf of their cause. If blocked, they eventually adjust their day dreaming to reality, and willy nilly progress is effected. But a hundred years ago most of the women were mainly concerned with home supremacy and serenely unaware that the hand that rocks only the cradle can’t be too sure of ruling the world.

In 1847, when medical officers of the Army were at last accorded actual2 military rank, Elizabeth Blackwell, an intrepid young feminist of the day, was finally admitted to Geneva Medical College, New York. She had been refused by better schools, and she was accepted at Geneva as the result of a practical joke.3 There she was graduated in 1849—America’s first woman physician.
An ambitious as well as an enterprising woman, Dr. Blackwell eventually became
director of the New York Dispensary for Poor Women and Children, founded in 1855.
Friend and admirer of the famous English nurse, Florence Nightingale, early in the Civil
War she persuaded the lady managers of her infirmary that women listed as military
nurses should qualify through a one-month training course in Bellevue Hospital, New
York. Dr. Blackwell was ahead of her time, as Old Bellevue was not to have a recognized
nurses’ training school until 1873; it is not surprising that her proposal produced few
“trained” nurses for the Army. On the other hand, the lady managers were members of
a small group of enthusiastic and public spirited women who met in New York, April 25,
1861, to see what they could do to assist in winning the war. Unable to shoulder muskets
and fight, they chose the only obvious course for a minority group, they organized and
formed the Women’s Central Association of Relief, which, with other interested welfare
groups, evolved into the United States Sanitary Commission.4

Women who encourage men with ideas are legion and for the most part they remain
anonymous. Men who encourage women with ideas are rare, but some secure sturdy
seats in the halls of fame for their foresight. Such was the case of Henry W. Bellows,
D.D., pastor of All Souls’ Unitarian Church, New York. Undoubtedly well versed in
the energetic ways of ladies’ missionary societies, he advised the Women’s Central
Association not to duplicate any military relief activities which the Government could
or would undertake for the soldiers.

History credits the Government with lack of interest in the relief movement. The
President believed it a supernumerary organization; the War Department opposed it.
The Medical Department was then a somnambulant and lethargic organization, probably
as a result of the conservative influence of Thomas Lawson, Surgeon General since 1836,
who died on May 15, 1861, the day before the welfare delegation arrived in Washington to
plead its case. Historians differ on the reception accorded the committee. Some believed
the “meddlesome civilians... (were received) with coldness, and discouraged... by evasion
and delay.”5 Others credit Surgeon Robert C. Hood, a senior medical officer then serving
as acting Surgeon General6 as willingly7 supporting the distinguished visitors in sanctioning
a commission of inquiry and advice in respect to the sanitary interests of the United
States Forces.8 The plan for a relief agency proposed on May 23, 1861, was approved by
the President on June 13. Dr. Bellows became President of the Commission. Of the three
Army representatives, Surgeon Wood represented the Medical Department, thus setting an
organizational precedent for future relationships with the American National Red Cross.

There was neither preparation, organization nor precedent for such an activity, for
even the British experiences in the Crimea were so recent that Dunant had not had
time to arouse general interest in military relief work.9 Thus amidst the chaos and
disorderliness of the Civil War, the haphazard medical service and the poor state of
medicine itself,10 the planned orderliness of the Sanitary Commission stands out as
a shining example of welfare work accomplished in spite of, not because of, federal
responsibility for the wounded. Its early sponsors are largely forgotten, and the record
accomplishments of the Commission overshadow Dr. Bellows. Individual women, however, such as Dorothea Dix, who became the Government's first superintendent of nurses, and Clara Barton, one of the few and certainly unknown “government girls” of her day, rose to spectacular fame. They earned immortality as humanitarians, nurses and relief workers, but Elizabeth Blackwell, M.D., having set nurse training as a goal for the military hospital service, was promptly forgotten. Nevertheless, in her small way she had begun a professional revolution, for the women who went to war in those days were dissatisfied with the conditions they found in the federal hospitals. And because they suffered vicariously with their friends and relations, they eventually set the house in order and took control of the situation. Of more immediate importance, the female-sponsored Sanitary Commission became politically powerful, and partially through its influence a long-standing policy of the Medical Department was set aside when a young man rather than an oldster was made Surgeon General.

Forecast For the Future

The unexpected death of Surgeon General Lawson established Surgeon Wood, a man of bureaucratic experience and inclination, of good family and allegedly notable political connections, as a candidate for the Surgeon Generalcy. When the President adhered to the custom of appointing the senior medical officer in the Corps to this position and named Clement L. Finley, Surgeon Wood continued to serve agreeably as the principal assistant. From the Surgeon General’s office at Fifteenth Street and F Street, in Washington City, medical service affairs were managed very much as usual. The appointment of military surgeons then was largely an activity of the state militia rather than of the Federal Government. The Surgeon General, a Colonel, fifty Surgeons, eighty-three assistant Surgeons and an indefinite number of stewards comprised the department. Two officers and five clerks comprised the staff of the Surgeon General's Office.

The Medical Department, whose first regulations dealing with the duties of medical officers were published in 1814, as part of Army Regulations was, in 1861, essentially “one of the coordinate branches of the general staff of the Army.... Its members were not permanently attached to any regiment or command, but their services were utilized wherever required.” Nor was there any distinction in the duties of surgeons and physicians, the term military surgeon, in the Army, connoting any licensed commissioned doctor. Regimental hospitals served the field troops, and the regimental surgeons were remarkably independent. The Surgeons were assigned regulated quantities of supplies, but many of the items were not only too bulky and cumbersome for use under combat conditions, but because of slow transportation they were often far in the rear of the supply train when needed.

From the standpoint of organization there was no sanitary service; hospital stewards were authorized under the Act of 16 August 1856 (11 Stat. 51), with an extra monetary allowance for duty performed as nurses. The uniform, during the Civil War period, was a variety of colors, and there are some who believe that its gay appearance depreciated
the abilities of the wearers. General hospitals of sorts had been used in other American wars, primarily as a place to accumulate the non-transportable wounded than as an effort to classify the sick, but no Army general hospital existed at the outbreak of the Civil War. On August 3, 1861, the Congress authorized an increase in the number of medical officers and provided for the employment of medical cadets and female nurses.17 The former were mainly students recruited to serve as dressers and assistants to the surgeons, and female nurses, in spite of Dr. Blackwell’s foresight, were untrained.

The vicissitudes of war brought frequent changes in the military command, some of which inevitably affected Medical Department policies. In the summer of 1861, George B. McClellan succeeded McDowell as commander of all the troops in Washington City, and almost immediately he set about organizing and equipping the Army of the Potomac. An ambitious, autocratic and controversial figure, McClellan succeeded in undermining the waning official confidence in the military abilities of the aged Winfield Scott and supplanted him as general-in-chief, although Scott favored Henry W. Halleck as his successor.18

In spite of personal differences in temperament and politics, the President respected Edwin B. Stanton, a shrewd capital city lawyer, and appointed him to succeed Simon Cameron as War Secretary. Stanton, ruthless, irascible and domineering, initiated
bureaucratic economies and set out to remodel the government services to his own specifications. Moreover, he attempted actively to direct the progress of the war. As his prestige and independence increased and McClellan's military procrastination brought a decrease in his popularity, the personal relationships of these two dynamic characters became strained to the breaking point.

The President, discouraged by his fractious and quarrelsome advisers, and the determined civilian management of the war, belatedly accepted Scott's recommendation of Halleck, who during the summer of 1862, came to the Capital as special military adviser and general-in-chief. Unknowingly, however, the President had supplanted one autocrat with another. Halleck was not a good field soldier in his own right, and in view of his many military shortcomings it was doubtless unavoidable that he gave no thought to improving the regimental medical service. Had he been either brilliant or a great leader, conditions might have improved, but as an arm chair strategist, a man “who marshaled files of paper and commanded ranks of facts”¹⁹, he doubtless believed the two ambulances nominally assigned to a regiment during combat were sufficient, ignoring the fact that the Quartermaster had jurisdiction of vehicles and that when an Army lost its equipment and supplies there was no transportation for the wounded.²⁰ Halleck may have disliked McClellan, the young interloper, for any number of personal and official reasons, and he apparently translated his dislike into a veto of McClellan-sponsored men and policies. At any rate he was a negativistic man, and like the powerful Stanton, an unreasonable obstructionist.

Carver U.S. General Hospital; Background Smoke from Battle of Fort Stevens
On April 7, 1862, a War Department order placed general hospitals under the Surgeon General's supervision, although clarification of the command responsibilities of medical officers, within their own sphere, was not obtained until after Presidential approval of the act establishing an organized ambulance service.21

General Finley, already sixty-four years old at the time of his appointment, found the combination of Stanton's irascibilities and the interference of the Sanitary Commission too much to bear, and applied for retirement on April 14, 1862. Again Surgeon Wood maneuvered to obtain appointment as Surgeon General. Again he was unsuccessful, for as a result of McClellan's patronage and the influence of some members of the Sanitary Commission, William Alexander Hammond, a young and energetic assistant surgeon, was appointed. Wood continued for a time in his position as principal assistant, but like many other older officers, he was embittered at having the traditional appointment of seniority ignored. The Capital was as usual a city of political intrigue and uncertain rumors, and Hammond, apparently believing Wood an obstructionist to any medical service reforms, had him reassigned.22 In so doing he incurred Stanton's active dislike.23 No doubt the fact that Hammond was the ill-fated McClellan's personal choice did nothing to encourage popularity with the equally dilatory and pompous Halleck.

Insofar as military hospitals were concerned, Washington City was unimportant until that spring of 1862 when Hammond was appointed. The Surgeon General's authority was confused by complicated organizational relationships with other Army Departments, and the new War Department order providing Medical Department supervision of the general hospitals was a mixed blessing, for it did not entail control of two of the basic services to patients—transportation of the wounded and food service. This oversight, plus the independence of the untrained regimental surgeons, created confusion in the hospitals. There was much absenteeism in the volunteer Army as a whole, composed largely of state militia, and Dr. Charles Tripler, McClellan's first Medical Director of the Army of the Potomac, believed that general hospitals were a general nuisance24 to be endured rather than encouraged. In Washington, convenient haven for the federal wounded, hospitals, hotels and other public buildings were crowded with the casualties, and temporary hospitals were built as rapidly as possible. In location and operation some showed that the planners had little or no knowledge of public health and sanitation, and insofar as clinical medicine was concerned, asepsis and the microbiology of disease were unexplored fields. Volunteer surgeons and nurses arrived with the hordes of sightseers, office seekers and female camp followers, some of questionable repute. Many, failing to receive reimbursement for their expenses, returned home.25

The first field ambulances had been poor affairs, little more than crude carts, but when in need of transportation for supplies, Army commanders unhesitatingly appropriated them. In spite of the organization and devotion of the Sanitary Commission and other relief agencies to the welfare cause, many supplies and comforts destined for the regimental wounded were appropriated by the conveyors or delayed by poor transportation until spoiled. Men nurses had no hesitation in imbibing the “medicinal” liquors and, like the beverage, frequently failed to reach their destination.
As one of his first official acts, the new Surgeon General replaced Dr. Tripler with Dr. Jonathan Letterman, thus providing McClellan, his patron, with an energetic young physician who recognized the factual needs of field medical organization. The appointment, however, did not please War Secretary Stanton. Dr. Letterman had already organized an ambulance corps and modified the field medical service extensively by August 2, 1862, when on August 21, Surgeon General Hammond presented independently, to the Secretary of War, a comprehensive plan for an organized hospital corps and ambulance company under Medical Department control. General Halleck, accustomed to the status quo as well as the tactical supremacy of line commanders, disapproved of granting Corps control to a technical service. The Surgeon General appealed the decision on September 7, but again the military commander disapproved. Authorized by the drill-minded and orderly McClellan, it was fortunate that the Letterman plan was already in operation and would soon be adopted by other Commanders. Like many other meritorious plans, it survived, though not without a struggle.

Politics or Progress

Small and apparently inconsequential changes affect men’s careers, and were the fabric of history unraveled, their personal ambitions, their successes and defeats would provide the warp and woof for the pattern. On May 2, 1862, Surgeon Joseph K. Barnes was ordered from the Department of Kansas to report to the Surgeon General in Washington and assigned as visiting physician to the military population of the city. In the following year he not only made the acquaintance but won the friendship and approval of the temperamental and vindictive Stanton, already at odds with the Surgeon General. Medical inspectors were at a premium during this period, and by February 9, 1863, Barnes had been promoted to Lieutenant Colonel and occupied such a position; on August 10, 1863, he was advanced to the rank of Colonel and made a Medical Inspector General. Stanton was especially interested in preventing waste of material as well as abuse of government contracts. Although of different temperaments the two men apparently had congenial interests. On the other hand, Barnes, a less dynamic figure than Hammond, may have been more pliable.

In late August 1863, much to his own surprise, Surgeon General Hammond was ordered to the Department of the South to inspect sanitary conditions; on September 3, Joseph K. Barnes was placed in charge of his office. General Hammond demanded restoration of his office or trial by court-martial. In view of Secretary Stanton’s known dislike of him, the answer to his demands was predictable. He was court-martialed and
dismissed, his honor remaining uncleared until 1878. On August 22, 1864, Barnes became Surgeon General in name as well as in fact, and during the remaining three years of Stanton’s term, the medical service seemingly had his complete approval.30

The friction and controversy surrounding the Hammond administration make his short term appear extraordinarily successful, for many of the Medical Department’s most outstanding and permanent achievements can be traced to his foresight and planning. The Act of Congress of June 30, 1834 (4 Stat 714) confirmed earlier provisions for the examination of medical officer candidates by a board of three officers, but General Hammond reorganized the boards and raised the standards. He introduced a new and more complete system of hospital reports; increased the number of items on the supply table; made provision for hospital clothing for patients, urged Medical Department autonomy in the construction of hospitals and transportation of supplies. Further, and of far-reaching consequence in the care of patients, he urged formation of a permanent hospital corps. He encouraged expansion of the Surgeon General’s meager collection of professional books, begun in 1836, into a full-scale medical library. On May 21, 1862, he authorized the Army Medical Museum, for the preservation of pathological specimens collected during the war, and the Stanton-disapproved course in military medicine, scheduled for 1863-1864, undoubtedly had his sanction.

General Hammond was familiar with all aspects of the medical service during this period, and he recognized the importance of continuing a well supplied permanent or fixed general hospital as part of the peacetime medical service and planned to locate the institution in Washington. For, regardless of the fact that there were no clinical thermometers, none of the heart stimulants now in common usage, no general use of microscopes, no sterilization of instruments and dressings, and that unclean surgical practices increased the infection of wounds,31 patients so hospitalized fared better than those treated in the extemporary regimental hospitals. Some of the welfare ideas first advocated by the Women’s Central Relief Association were effected by Surgeon General Hammond, including the establishment of a “diet table,”32 in other words, special diets for invalids. As the first proponent of a centrally controlled medical service during a war, he paved the way, by his determined efforts, for reforms later effected by his successors.

As he said, “the hospital system had scarcey received any attention up until this time”, and at one period “hospitals for over twenty thousand sick and wounded were established in Washington alone”,33 where during the war a total of forty-three hospitals were operative, with seven additional
ones in Georgetown. Soldier, teacher and progressive physician, Hammond was well aware of the poor professional preparation of many of the apprentice-trained doctors of his day who had “read” medicine with a proctor but practiced on the unsuspecting public – or the soldier. To many of them even the poor standards of the temporary military hospitals were a professional revelation, for here the “country practitioners in green sashes” (became acquainted) with hygiene and vaccination.” There is little cause for surprise that in addition to a permanent general hospital in Washington City, General Hammond favored establishing an Army Medical School for the orientation and post graduate instruction of medical officer candidates. Recommendations and accomplishments are, however, as far apart as dreams and reality. And Washington City, had it known of this future honor, then would have thought little of the proposal.

A Skirmish Is Called a Battle

Within the city proper the approach to the uncrowned Capitol was dusty or muddy, depending entirely on the season and the weather. Pennsylvania Avenue was for the most part tree shaded, although the double line of horse car tracks gave it the vague air of a metropolis. The cars were gaudy affairs, noisy and crowded. The buildings, some of them public in the private sense of the word, were architecturally unexciting by present day standards. A well known bawdy house operated within a block of the President’s Park, and F Street, unpaved and sporting a mongrel architecture, hardly appeared cosmopolitan looking – or even urban. Although its pretentious boundaries were measured and its circumference extended thirty-seven miles, to the north the city outskirts reached only to Boundary Street or Florida Avenue, half-way to the Soldier’s Home, where the President had a summer White House.

The road was not in existence in 1800, when Congress and the government departments moved to the city, but travelers now approached the city from the north along the Seventh Street Road, a turnpike connecting the gawky metropolis with the outlaying Maryland farming area. Authorization for the turnpike was granted between 1808 and 1810, when the Columbia Turnpike Company was chartered to build a highway, but since they delayed the work, the Washington and Rockville Turnpike Company undertook the job, which was not completed until after 1819. According to some records the Congress gave a “Maryland Company” authority to build a turnpike to the District Line, to be known as the Rockville Road. There was another road to Rockville, through Tennelly town, so the new road was commonly referred to as the Seventh Street Turnpike and Seventh Street Road. By 1822, it was noted as important, although it was narrow and at times impassable.

By 1832, prosperous Methodists had erected Emory Chapel in the outlying section, about three miles from Boundary Street, and a half mile or so from Crystal Spring, from which the area took its name. The Chapel was the first community landmark of its kind; the lower part was built of log and served as a school, while the upper or church-half had separate galleries for its fifty-nine white and thirteen Negro members.
Some three miles beyond this settlement, on the Maryland side, Francis Preston Blair, editor of *The Washington Globe*, and his son Montgomery, later Postmaster General in the Lincoln cabinet, owned estates. It was probably because of the Blair influence that a plank road was laid on the turnpike in 1852, extending from Boundary Street to the District Line, for the older Blair retired in 1853 and moved from his Pennsylvania Avenue mansion to the Maryland estate. The engineering for this project consisted of embedding half-split trees, rounded side down, into the ordinary road base, with the pike depressed several inches below the road. Heavy teams were excluded, and doubtless as an effort to meet the cost of such a luxurious highway, a Toll House was erected a little to the north of the church but well above the Milk House Road (Shepherd Street), which connected this unpretentious area with Tennelly town (Cleveland Park) and Georgetown on the west and southwest. Crystal Spring, Emory Chapel, rebuilt of brick in 1856, and in close proximity Moreland’s Tavern, with its handsome grove of trees, were the most important landmarks in the area. The rustic name of Crystal Spring was already falling into disuse prior to the Civil War, when this small link to urban activity was known first as Brighton, but later, because of confusion with a nearby Maryland town, as Brightwood. By 1860, the latter name was apparently better known than Crystal Spring, for here, at the reserve “Camp Brightwood”, the death of a Union Soldier was noted November 16, 1861.
The Piney Branch of Rock Creek was an open stream and some of the large and prosperous farms in the area were owned by the Whites, Pierces, Shoemakers, the Klingles and the Bealls.\textsuperscript{45} The Beall tract, know as Norway, included about 338 acres and extended north along “the old plank road” (to approximately Aspen Street) and adjoined the Lay farm.\textsuperscript{46} When the new Emory Chapel was appropriated by the Union Troops, razed, and the bricks used to build Fort Stevens, the old log schoolhouse was converted into a guardhouse for unruly soldiers.\textsuperscript{47} Moreland’s Tavern was commandeered as headquarters for General Alexander McCook in 1864.\textsuperscript{48}

A half mile to the north of Fort Stevens the turnpike was itself bisected by a deep ravine, later called Cameron’s Creek, a small tributary of the Piney Branch of Rock Creek. All the land within two miles of the fort\textsuperscript{49} was cleared during the war in order to prevent surprise attacks, but the section beyond Norway was generally wooded and rugged. In spite of such precautions, and the string of forts that rimmed the city, the Capital was not well protected during that hot July 1864. Levies of men were hard to come by, and a large number of the garrison troops had been deployed to active combat areas. Thus it was an excellent time for the rebels to attack. With a better intelligence system to aid them, or more perseverance, they might have succeeded in spite of the sultry heat and the fatigue induced by forced marches. When word circulated in the city that Rhodes’ Division of General Jubal Early’s rebel troops was moving south, the outlying defenses were hastily strengthened and “General Alexander McCook was assigned to command a reserve camp on Piney Branch Creek, midway between the city and Fort Stevens (on) the Seventh Street Road.”\textsuperscript{50} This was apparently Crystal Spring,\textsuperscript{51} occupied by one company of the 150th Ohio regiment, two hundred and nine men if counting a battery of artillery and a few convalescent soldiers. And it was this meager support, occupying the adjacent rifle pits, that created the “white puffs of smoke (which) rose from the entrenched line of Federals in the valley, and from the groves and orchards and farmhouses where the Confederate sharpshooters were posted.”\textsuperscript{52}

There were fifteen or twenty thousand of Early’s rebel veterans approaching the city by way of the Georgetown and Frederick Turnpike when the Union forces, panicky because of the unexpected invasion, began calling for re-enforcements. Preliminary skirmishes with Union troops in the outlying area to the northwest caused Early to turn his advance east in order to prevent the Union troops from making a stand at the natural defense of the deep Maryland channel of Rock Creek. He therefore turned off the main road at Rockville and moving east to the Seventh Street Road, entered it about Silver Spring, Maryland.\textsuperscript{53} Spotters as well as evacuees fleeing from Rockville, Silver Spring and other Maryland towns warned of the advance, but in spite of the prospects of a battle, the usual curious spectators from Washington thronged the Seventh Street Road, anxious to view the battle from a safe place. Crowded by those going out and those going in to the city, the turnpike was a busy place.

The unpopular Halleck, ranking military man in the city,\textsuperscript{54} apparently made no effort to restrict the sightseers, although re-enforcements were being sent to Fort Stevens
as rapidly as word could be spread that the Capital was threatened. Men from the Army of the Potomac were brought in by train and boat, within three days some ten thousand of them. The main advance of Confederates halted on the outskirts, near the hastily abandoned house of Montgomery Blair, the Postmaster General, but a mile or so farther down the turnpike sharpshooters from Rhodes’ Division occupied the Reeves House, to the East of Seventh Street Road. The cupolaed Lay House, on the west, with its giant tulip tree, provided excellent vantage points for sniping at occupants of the fort. The President, no less curious than the other Washingtonians, ventured to the Fort and narrowly missed being a military casualty. Instead, a surgeon standing by his side was killed by a sharpshooter’s bullet, fired from a tall cherry tree in the rear of the Reeves House, a distance of about 900 yards. In quick retaliation, thirty-six shots were fired from Fort Stevens and nearly as many from Fort De Russey, on the left and just across Rock Creek.

The Lay and Reeves houses were destroyed, and the giant tulip tree was damaged, but the sharpshooter, later wounded by an equally good Union marksman of his kind, died on the grounds of the Beall farm. When Wheaton’s men advanced to clear the rebels from their stronghold, Rhodes’ men appeared from concealment in the ravine of Cameron’s Creek and a short-range but important engagement
took place. The outnumbered rebel forces withdrew during the night of July 12, leaving seventeen of their dead to be buried in the Episcopal graveyard at Woodside, Maryland, and one at Silver Spring. The Union men were buried in a hastily created cemetery to the east of Seventh Street Road, behind the Reeves House but on land which may have been part of Norway, as this tract was apparently bisected by the turnpike.

Brightwood area residents disapproved of the tollgate, so they organized and purchased a right-of-way around it and extending south to the approximate location of the Tavern, later known as Brightwood Club House and still later the site of the Masonic Temple. The northern part of the meandering right-of-way became Piney Branch Road; the southern part, crossed by Magnolia Avenue, renamed in turn Concord and Missouri Avenue, was renamed in accordance with the Capital planning, for the State of Colorado.

In time the Lay farm was sold to Thomas Carberry, Mayor of the District from 1822–1823. Still later it was sold to Ex-senator J. Donald Cameron, whose ownership gave the small stream the name of Cameron’s Creek. Alexander Shepherd purchased the land to the north and after he became famous Milk Ford Road was renamed for him. Military Road, cut through from the northwest section during the war, was the only one of the thoroughfares to retain its original name. The Crystal Spring Race Track (at Kennedy and Colorado) flourished until about 1860. Here the sports came from Washington, and families came on picnics. The fare by stage was seventy-five cents for the round trip, with one-half fare for children. Saul’s nursery, one of the finest of its kind in the country, dated from 1872, and by 1885 it consisted of some seventy-five acres and twenty greenhouses, with the owner specializing in rare evergreens as well as fruit trees. The principal place lay between the turnpike and “Piney Branch Park”, to the west.

Carberry House, or the Lay Mansion, as it was more generally known, was rebuilt after the war and continued to be known as Norway until the early part of the twentieth century. It
was a stately four-chimney house with a fashionable observatory on the roof and with spacious porches of which only the front remained in any state of repair. A double line of maples bordered the drive, concealing its decaying grandeur from the disinterested public traveling the turnpike. Few people knew and fewer would have cared that a privately owned clay and gravel road trailed off to an ironstone springhouse in the low southwest section of the grounds where passed a “rocky, tree-lined stream,” for Cameron’s Creek rose close to the District Line west of Takoma and after describing a crooked course from northeast to southwest entered Rock Creek at the Military Road.

Bleak House, the Shepherd residence to the west of the Turnpike, was a mansion of historic proportions, with a stone lodge for the gate-keeper located at the front of its spruce-line drive. These were the days when the rickety “Red Bird” stagecoach plied between Washington City and the suburb.

When the Brightwood Citizens’ Association was organized in 1891, the community began to make improvements. Horse racing was no longer the community sport; Boundary Street was still Boundary Street, not Florida Avenue, and the reliable old Washington Star warned its cycling readers that “It is true there are a number of streets extending beyond Boundary, but they lead nowhere, ending in wilds and wilderness.” By 1899 a venturesome capitalist had extended the District’s street railroad from Rock Creek Road to the village of Brightwood. Equipped with the discarded horses and bobtail cars of the metropolitan line of the B & O, the impatient patrons dubbed their public transportation system the GOP, “get-out-and-push”, because of its frequent founderings en route. Takoma Park and North Takoma were disarticulated rural dependencies. The Brightwood postal service, one a “will-call” station in the crossroads store at Piney Branch Road and the turnpike, location of the tollgate, sported a letter carrier, complete with horse and sulky. The adolescent breast-works of Fort Stevens, and unimportant battleground where a President went to war in his carriage, evoked little interest from passers-by, for it had become a dumping ground for trash. The sharpshooter’s tree had recovered from its barrage, concealing its battle scars with new growth; the ejected bullets from the rebel guns had settled deep in the soil at Norway. By 1901, when a second war provided dead heroes, the Brightwood Citizens’ Association began sponsoring memorial services in the Union cemetery on Brightwood Avenue.
References


2. Relative rank accorded by Resolution of the Continental Congress, 3 Jan. 1781, see Harvey E. Brown (comp), *The Medical Department of the U.S. Army from 1775–1873*, SGO, Washington, D.C., 1873, pg. 61; definite military rank was accorded by Act 11 February 1847 (9 Stat. 124).


9. Jean Henri Dunant, Swiss citizen, is generally credited with the pioneer work in organizing military relief.


15. One general and several regimental at Corpus Christi, Texas, in 1845. See Ashburn, *op cit*, pg 56.

16. Leech, *op cit*, pg 211.

17. 12 Stat, 288.


22. Photographic History... *op cit*, pg 334; Phalen, *op cit*, pg 43.


28. Photographic History... *op cit*, pg 305-306.


33. *Statement of causes...* pg 11.


35. Military identification for medical officer.

36. Phalen, *op cit*, pg 44.


42. Proctor, *op cit*, April 21, 1929.

43. Later location of the Masonic Temple.

45. Ibid.

46. Proctor, *op cit*, April 21, 1929.

47. Proctor, *op cit*, April 7, 1929.


52. Leech, *op cit*, pg 342.

53. Leech, *op cit*, pg 337.

54. Ibid, pg 342.


56. Leech, *op cit*, pg 343.


63. Ibid.


66. *Public Improvements Secured in the Northern Section of the District of Columbia*, an address by Wm. Van Zandt Cox, Aug. 6, 1897, on file Washingtonia Sect., D.C. Public Library.

