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Paul Jussel, George M. George, Daniel R. George, Tonya J. Crook

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A Man of Maladies

Reexamining Lt. Gen. A. P. Hill's Leadership Failures at Gettysburg and Beyond

PAUL JUSSEL, GEORGE M. GEORGE, DANIEL R. GEORGE, TONYA CROOK

Historians of the Battle of Gettysburg have perpetually sought to find reasons for success and failure over the course of those three fateful days in July 1863. Some early authors assessed individual actions and leadership decisions to both sides in somewhat equal portions, finding fault or achievement based on their Confederate or Union sympathies. Recent scholarship is more nuanced in its apportionment of success and failure. Both Confederate Gen. Robert E. Lee and the Union's Gen. George Gordon Meade, and all their subordinates, receive some measure of praise or blame for actions in the battle. One of the more overlooked subordinates on the Confederate side is Lt. Gen. Ambrose Powell (A. P.) Hill, who had recently been promoted to command Lee's Third Corps.

Promotion to corps command was, and remains, a significant step-up in the military ranks. A corps commander has a more expansive view of his subordinate units and their tactical actions. He must be able to translate his superior's vision into the tactical actions necessary to accomplish that vision, but he should not be involved in the execution of those actions. In the Civil War, the responsibility of such execution fell to division and brigade commanders. Operating at a higher level, a corps commander must relate his actions to the overall mission and think steps ahead to ensure coordination for success. His relationship with the army commander is very close and relies on an understanding of vision and intent between the two.

This was especially true among the Army of Northern Virginia leadership. Lee, as the army commander, viewed his role as the figure who pro-

vided direction to his major subordinates—the two, then three, corps commanders. As others have documented, after Lee assumed command in 1862, it took some time for both Lt. Gen. James Longstreet and Lt. Gen. Thomas “Stonewall” Jackson to become accustomed to Lee's style of broad guidance for action.¹ With Jackson having fallen at Chancellorsville in May 1863, Lee faced the urgent challenge of finding a new corps commander—a decision that involved not only identifying whom to promote but also sensing how that person would learn and develop under Lee's guidance.

This article examines why Hill was chosen for this command and why his performance at Gettysburg may not have lived up to his formidable reputation. Hill was very much out of touch during this decisive battle; his presence—felt so profoundly in previous battles—was lacking in Pennsylvania. A careful manager as a division commander, he allowed his subordinates free rein and so little supervision that Lee himself had to discuss operations with the Third Corps division commanders. Finally, Hill's development and progress as a corps commander, not only from his first action at Gettysburg but also through the rest of the war, was spotty and lacking in vision. Perhaps there is more to the common story that Hill was simply “sick” during those opening days of July. This article examines Hill's maladies and assesses their impact on his ability to command. In fact, Hill suffered from a long-term series of illnesses that heavily influenced his physical and mental abilities to command. From

¹ See Gary Gallagher, *Lee and His Generals in War and Memory* (Baton Rouge: Louisiana State University Press, 1998), and Douglas Southall Freeman, *Lee's Lieutenants: A Study in Command* (New York: Charles Scribner's Sons, 1942).

a two-decade gonorrheal infection to malaria to yellow fever, these ailments significantly affected his thinking and his efficiency as a senior leader.

Hill's Rise in the Confederate Ranks

In May 1863 the Army of Northern Virginia's commander had a difficult decision to make. The talented Lieutenant General Jackson had died from wounds received at the Battle of Chancellorsville, and Lee needed a replacement. To make matters more complicated, Lee was also considering a sweeping reorganization of his army. How best to solve these issues in the short window of opportunity remaining after Chancellorsville? After all, the Union Army of the Potomac, his principal opponent, was still reeling from the recent defeat at Chancellorsville. Lee needed to take advantage of the opportunity before the Federals had time to reorganize and refit themselves. The organizational and leadership challenges were two sides of the same coin. For some time, Lee had been bothered by the unwieldy nature of his two subordinate units, Longstreet's and Jackson's Corps, each of which seemed too large for easy manipulation by their respective commanders.² Could Lee create a more equal distribution of his infantry assets to offset the managerial task for his subordinates?

While the two-corps organization was cumbersome, the issue reached a head with Jackson's death, forcing Lee to make a decision. On May 20 Lee recommended an army reorganization to Confederate president Jefferson Davis. His plan suggested that the Army of Northern Virginia be divided into three infantry corps, each with three divisions, so that its commander could better facilitate command, control, and responsiveness.³ The First Corps would remain under command of Longstreet, while two new commanders would be selected and placed in command of the Second and Third Corps.⁴ Davis

soon approved the suggestion, and the divisional reshuffling began.

Lt. Gen. Richard S. Ewell received command of the Second Corps. An able soldier and division commander, Ewell had only recently returned to the Army of Northern Virginia. He had been severely wounded in August 1862 during the Second Manassas Campaign, where he lost his left leg. Jackson had thought highly of Ewell and recommended him for higher command as well. Ewell had been Jackson's best division commander and was much appreciated in Jackson's old corps, which formed the bulk of the newly designated Second Corps. Yet the tough old soldier had lost something more than just his leg in the intervening months. Perhaps his wound aggravated his personality and eccentricities even more than expected. Or perhaps his recent marriage (on May 26, 1863) had softened his aggressiveness. While assessing Ewell's abilities as a corps commander is beyond the scope of this paper, his transition from division to corps command may reflect more on his growth and mental agility at a new level of command; simply put, he did not successfully make the adjustment. Consequently, Ewell would receive much blame for his actions at Gettysburg.⁵

The new Third Corps commander, Lt. Gen. A. P. Hill, may also have received much criticism for his Gettysburg performance had he survived the war. He died a soldier's death at age thirty-nine, nearly two years after Gettysburg, as Lee's army retreated from Petersburg, Virginia. Since Hill perished during the war and his personal correspondences and records sat in an old shed for sixty years after his death, few postwar writers saw fit to critically assess his actions at Gettysburg. However, a more careful examination of Hill's first battle as a corps commander shows that he may not have been the best choice for senior command. Though an expert tactical commander at the division level, Hill's lingering health issues may have influenced his abilities as a corps commander far more than Lee knew or understood in May 1863, and those health issues seem clearly to have affected Hill's mental and physical ability at this new command level.

Hill's actions and successes certainly marked him as the right choice for corps command in

2 U.S. War Department, *The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies* (Washington, DC: U.S. Government Printing Office, 1880–1901), ser. 1, vol. 25, part 2, 810 (hereinafter cited as OR, followed by volume, part, and page numbers; subsequent citations reference series 1).

3 OR, 25,2:810.

4 OR, 25,2:840. See also Jeffrey D. Wert, *General James Longstreet: The Confederacy's Most Controversial Soldier: A Biography* (New York: Simon and Schuster, 1993), 247–49; Donald C. Pfan, *Richard S. Ewell: A Soldier's Life* (Chapel Hill: University of North Carolina Press, 1998), 273; James I. Robertson Jr., *General A. P. Hill: The Story of a Confederate Warrior* (New York: Random House, 1987), 193–94.

5 Pfan, *Richard S. Ewell*, 273–74, 501.

1863. Resigning his U.S. Army commission as the war started, he was soon appointed colonel of the 13th Virginia Infantry and participated in the First Manassas Battle. Promoted to brigadier and given command in Major General Longstreet's division, Hill performed superbly at Williamsburg in May 1862. In fact, as the Confederate army swelled with troops and new divisions, Hill vaulted to division command and a major general's commission. He worked diligently to mold the division into an effective organization as fast as he could; for the new commander of the Army of Northern Virginia, General Lee, needed to take action quickly to defend Richmond. Hill's division fought tenaciously during the Seven Days' Battles in June and July, helping to stymie efforts by Maj. Gen. George McClellan's Federal Army of the Potomac to capture the Confederate capital. Lee decided he could not afford to wait for the Federals to simply reorganize, refit, and reattack; he took matters into his own hands and moved north.⁶

This action resulted in the Cedar Mountain and Second Manassas Battles, where Hill and his men again performed superbly. Lee moved farther north, striking across the Potomac River into Northern territory, but was blunted in early September. Forced back to the Potomac, Lee fought McClellan outside the Maryland town of Sharpsburg. Here, perhaps, Hill's Light Division, which became part of his legacy as a commander, earned its greatest battlefield triumph. Arriving in the nick of time from previous action at Harpers Ferry, Hill's men slammed into the Union left flank just as Lee's final, late-day defensive line began to waver. Hill's arrival saved the position, allowing Lee to slip back across the Potomac and fight another day. Engaged again in combat in December at Fredericksburg, Hill uncharacteristically performed poorly, positioning his brigades so that a large gap existed in his lines. Although he recovered the ground soon lost to Union divisions, Hill had to expend a great deal more effort, and blood, to do so. Five months later, at the

Battle of Chancellorsville, Hill's division supported Jackson's flank attack, and Hill took command of the corps after Jackson's accidental wounding by Confederate troops. He remained in command until he, too, was wounded.⁷

For all these actions, Hill was well regarded within the Army of Northern Virginia. When Lee decided to reorganize his forces, he turned to a subordinate who had consistently been the right man at the right place. Lee understood Hill's quick temper and its effect on Jackson's staff, and therefore the reorganized Second Corps went to Ewell.⁸ Hill's Third Corps would be a new organization: an amalgamation of Hill's Light Division and one each from Longstreet and Ewell. Thus, Hill could start fresh with his own team and his own subordinates.⁹ The new position required more from Hill than previous campaigns. Now he focused on coordinating the action of his three divisions as well as translating Lee's intent for action into new orders for his subordinates. It required him to integrate his units with his corps peers to the left and right; to move around the battlefield frequently, assessing current actions and forecasting two steps ahead; and to take action within Lee's intent without waiting for orders. These demands alone would tax a healthy man, and Hill was far from healthy.

Hill's Medical History

The Initial Infection

In his biography of Hill, historian James Robertson delved into West Point medical records, establishing that Hill had contracted venereal disease as an eighteen-year-old cadet during a furlough visit to New York City in the summer of 1844. It is likely that Hill visited the notorious "harems of pleasure in Church and Mercer Streets," which academy superintendent Henry Brewerton had warned the cadets about, and took company with a female prostitute who—at very least—was infected with

6 Robertson, *General A. P. Hill*, 35–98. These chapters in Robertson's book give more detail on Hill's activities during these campaigns and battles. See also Stephen W. Sears, *To the Gates of Richmond* (Boston: Ticknor and Fields, 1992), and Brian K. Burton, *Extraordinary Circumstances: The Seven Days Battles* (Bloomington: Indiana University Press, 2001), for the Peninsula Campaign details. John J. Hennessy, *Return to Bull Run: The Campaign and Battle of Second Manassas* (Norman: University of Oklahoma Press, 1999) chronicles that campaign.

7 Robertson, *General A. P. Hill*, 99–194. These chapters in Robertson's book give more detail on Hill's activities during these campaigns and battles. See also Joseph L. Harsh, *Taken at the Flood: Robert E. Lee and Confederate Strategy in the Maryland Campaign of 1862* (Kent, OH: Kent State University Press, 1999), and Ernest B. Furgurson, *Chancellorsville: The Souls of the Brave* (New York: Alfred A. Knopf, 1992).

8 Allen C. Guelzo, *Gettysburg: The Last Invasion* (New York: Alfred A. Knopf, 2013), 22.

9 Guelzo, *Gettysburg*, 22–24; Scott Bowden and Bill Ward, *Last Chance for Victory: Robert E. Lee and the Gettysburg Campaign* (Philadelphia: Da Capo Press, 2001), 40–45.

gonorrhea and passed the infection on to Hill. On September 9, 1844, he was admitted to the academy hospital “with Gonorrhea contracted on furlough.”¹⁰

As a sexually transmitted infection spread by bacteria acquired during intercourse, gonorrhea causes acute symptoms in male victims, including painful urination and urethral discharge.¹¹ Before antibiotics became available in the twentieth century, the usual duration of symptoms of painful urination and urethral discharge would be several weeks, and 95 percent of untreated patients became asymptomatic within six months.¹² However, in rare cases, the bacteria can spread to the blood or joints, which can be life threatening. If left untreated, the disease can render men sterile. Gonococcal infection is also a common cause of urethral strictures (the permanent scarring and narrowing of the urethra), which in turn can lead to a host of unpleasant symptoms. Hill suffered a bevy of miseries as a result: difficulty urinating and pain while doing so, incomplete emptying of the bladder, a predisposition to urinary tract infections, the development of bladder stones, and renal failure.¹³

Hill’s medical records from West Point include reference to him receiving treatment with copaiba (an oil-resin folk remedy native to Brazil), which would have been a common treatment at that time.¹⁴ No reference is made in his medical notes to the use of other treatments that were commonly used in the mid-1800s, such as irrigation of the urethra with silver nitrate or potassium permanganate.¹⁵ These alternative treatments

were later implicated in causing an increased rate of complications.¹⁶

During the mid-nineteenth century, there was no known cure or effective treatment for gonorrhea, and it was highly stigmatized, referred to euphemistically as a “private disease.”¹⁷ This cultural reticence toward STIs, coupled with the veneration of a fallen soldier following Hill’s death in Petersburg in 1865, perhaps helps explain why definitive biographies of Hill (such as William Woods Hassler’s *A. P. Hill: Lee’s Forgotten General*) have entirely omitted mention of Hill’s gonorrheal infection, even though it profoundly affected his military life.¹⁸ Indeed, while the course of a gonorrheal infection varies from person to person, Hill suffered prolonged complications from the illness. Robertson notes in the West Point records that in the weeks following Hill’s initial hospitalization, he suffered from “severe pelvic pain, fever, and difficulty in urination. The urethral strictures produced by the gonococcus had led to painful prostatitis. . . . The attacks would increase in frequency through the years, [and] cause periods of excruciating pain and incapacitation.”¹⁹ In fact, an extended sick leave dictated by the illness led the academy faculty board to recommend that Hill repeat his third year, delaying his graduation from West Point. Despite this major setback, Hill performed well upon his return and graduated fifteenth in his class.

Health after West Point

Upon leaving the academy in 1847, Hill subsequently suffered several bouts of typhoid and yellow fever on assignment in Mexico City that same year and then was thought to have contracted yellow fever again in Florida in 1850 and 1855.²⁰ These afflictions led him to request or receive office assignments or appointments in outposts such as Key West. But most problematic for Hill were the lingering symptoms and complications resulting from his gonorrheal infection, which plagued him for the remaining two decades of his life, becoming more frequent and disruptive as the Civil War progressed. Over

10 Robertson, *General A. P. Hill*, 12.

11 Centers for Disease Control and Prevention, “Gonorrhea—CDC Factsheet,” last updated May 19, 2006, <http://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm>.

12 Edward W. Hook III and H. Hunter Handsfield, “Gonococcal Infections in the Adult: Sexually Transmitted Diseases,” chap. 32 in *Sexually Transmitted Diseases*, ed. King K. Holmes et al., 3rd ed. (New York: McGraw-Hill, 1999); P. S. Pelouze, *Gonorrhea in the Male and Female: A Book for Practitioners* (Philadelphia: Saunders, 1941).

13 See J. T. Anger, R. Santucci, A. L. Grossberg, and C. S. Saigai, “The Morbidity of Urethral Stricture Disease among Male Medicare Beneficiaries,” *BMC Urology* 10, no. 3 (2010): 3; P. Romero Perez and A. Mira Llinares, “Complications of the Lower Urinary Tract Secondary to Urethral Stenosis,” *Actas Urológicas Españolas* 20, no. 9 (1996): 786–93.

14 Interestingly, it is from U.S. Army records and publications that some of the most complete descriptions of the preantibiotic-era natural history of gonococcal infection in men are documented. In the four years prior to sulfonamides becoming available for treatment in 1937, data from the U.S. Army demonstrate an average hospitalization of more than fifty days with 28 percent of patients developing complications. See T. B. Turner and T. H. Sternberg, “Management of Venereal Diseases in the Army,” *Journal of the American Medical Association* 124, no. 3 (1944), 133–37.

15 A. Cullerier and Freeman J. Bumstead, *The Pathology and Treatment of Venereal Diseases* (Philadelphia: Blanchard and Lea, 1861).

16 Pelouze, *Gonorrhea in the Male and Female*.

17 *Nashville Daily Press*, September 20, 1864, and June 6, 1865.

18 William Woods Hassler, *A. P. Hill: Lee’s Forgotten General* (Raleigh: University of North Carolina Press, 1965).

19 Robertson, *General A. P. Hill*, 12.

20 Jack D. Welsh, *Medical Histories of Confederate Generals* (Kent, OH: Kent State University Press, 1999), 99–100.

time, he developed impaired renal function, uremia (blood in the urine), and prostatitis (prostate infection).²¹ The severe physical ailments linked to Hill over his career—frequently painful urination, fever, chills, and insomnia, as well as an extreme fatigue and depression—are all compatible with recurrent bladder infections (cystitis), prostate infection (prostatitis), or kidney infections (pyelonephritis) and would be common complications of a urethral stricture caused by gonorrhea infection.²² Hill was incapacitated due to sickness from December 1860 to January 1861, before formally leaving the U.S. Army in March 1861 to join the Confederacy as colonel of the 13th Virginia Infantry.

Hill's rise in the ranks to lieutenant general in charge of Lee's Third Corps occurred despite the gradual worsening of his symptoms, and his command was increasingly affected by his compromised physical and mental health. He was incapacitated due to illness in August and September 1861 and again in September 1862; and as mentioned above, he was especially sick during the Gettysburg Campaign in July 1863. Hill spent much of that campaign confined to his cot and was both physically and mentally "unwell the entire day," as a British officer attached to the Army of Northern Virginia later reported.²³

Hill's Performance at Gettysburg

On June 30 Hill's Corps had reached the area of Caledonia and Cashtown, almost equidistant between Chambersburg and Gettysburg. Hill had received a report from Brig. Gen. James Pettigrew that there were regular Union soldiers in Gettysburg but disregarded it. Hill's decision to ignore the report seems more rooted in his trust of an experienced commander, Maj. Gen. Harry Heth, than a lack of faith in the newly assigned Pettigrew.²⁴ While not a major decision in itself, it reflects Hill as a commander struggling to fully assume the larger responsibilities of his new po-

sition; indeed, a capable and experienced corps commander, even if skeptical of the report, would have been expected to send subordinates to confirm or deny the information.²⁵

By the next day, Heth's division was on its way to Gettysburg, followed closely by Maj. Gen. Dorey Pender's division. Hill had sent two of his three divisions heading toward an enemy of unknown strength and disposition—but where was the corps commander? As Harry Pfanz describes, "Lt. Gen. A. P. Hill felt poorly on the morning of 1 July."²⁶ Confined to his bed, Hill was not roused from his repose until General Lee's arrival, most likely around 9:30 a.m. Lee asked about the sounds of action ahead on the Chambersburg Pike, and Hill responded by hurrying forward. It seems as if Hill's decision not to go forward with his divisions earlier was a poor choice, and this is a conspicuous lapse in judgment on Hill's part. Both Pfanz and Robertson indicate that Hill was comfortable with Heth and Pender heading on their own toward Gettysburg; it is interesting to note that those division commanders were both new to their positions, just as Hill was new to corps command.²⁷ Though good brigade commanders, both men also had to learn how to manage their units from a different perspective than their previous positions required; in fact, Heth had been with the Army of Northern Virginia for only three months.²⁸ Had Hill's physical ailments precluded him from being in forward positions with his troops and seeking clarification of what Union forces were ahead? While answers are unknown, it is clear that Hill's absence from any forward position in the opening hours of July 1 created a situation that Lee neither sought nor wanted. A

21 Welsh, *Medical Histories of Confederate Generals*, 100.

22 Anger et al., "Morbidity of Urethral Stricture Disease," 3; Romero Perez and Mira Llinas, "Complications of the Lower Urinary Tract," 786–93.

23 LaSalle Corbell Pickett, *Pickett and His Men* (private publication, 1899; repr. BiblioLife, 2009), 272–73; Arthur Fremantle, *Three Months in the Southern States* (Edinburgh: William Blackwood and Sons, 1863; repr. with an introduction by Garry W. Gallagher Lincoln: University of Nebraska Press, 1991), 260.

24 George M. George, Anthony Kellon, Daniel R. George, "The Butterfly Effect at Gettysburg," *Gettysburg Magazine* 51 (July 2014): 46–53. Heth's official report stated that Pettigrew "did not deem it advisable to enter (Gettysburg)."

25 OR, 27.2:607. Hill's report of the battle accounts for Pettigrew's discovery but gives no indication that Hill took action to confirm or deny the report. Of course, the presence of cavalry would have helped the situation, but none was either available or assigned to Hill's corps. Hill was thus relegated to using his infantry to discover what Union force was present in Gettysburg. Robertson (*General A. P. Hill*, 205) further indicts Heth's action of sending Pettigrew in toward Gettysburg as "foolhardy."

26 Harry W. Pfanz, *Gettysburg: The First Day* (Chapel Hill: University of North Carolina Press, 2001), 115. Robertson, the first to provide any serious evidence of Hill's maladies, poses "upset stomach, diarrhea, simple exhaustion, or a flare-up of the old prostate problem" as reasons for Hill's "poor feeling" that morning (*General A. P. Hill*, 206).

27 Bowden and Ward, *Last Chance for Victory*, 44–45. Heth took command in late May as did Pender. Heth's division was a mix of units that had worked together before (Archer and Brockenbrough) and two new brigades (Archer and Davis), thus creating a similar situation for Heth as Hill faced: how to command a new group of untried, inexperienced regiments in their first significant battle? Pender took command of Hill's former division.

28 Robertson, *General A. P. Hill*, 197.

general engagement was now at hand, and the Confederate army had yet to concentrate. As the first major unit to make contact with Union forces, Hill's responsibilities required him to manage his subordinates so that no unexpected contact occurred. If it did occur, Lee's order to avoid engagement until the army concentrated should have been paramount. Instead, Hill allowed his new division commander to stumble into serious contact while Hill rested several miles behind.

Once Hill arrived at Herr's Ridge, overlooking the Union positions and the remnants of Heth's morning attack, the influence of a commander's presence was finally felt. Heth repositioned his division, as Pender deployed and moved forward behind Heth. Though no full record exists of what transpired through the late morning and early afternoon that day among Lee, Hill, and the two division commanders, it seems obvious that Hill not only was present but probably moved around the Herr Ridge and McPherson Ridge areas as his soldiers went into the assault again as July 1 slowly ended. By most accounts, Heth's and Pender's attacks were highly successful; Hill no doubt inspired and was inspired by the tactical actions that afternoon. As daylight now faded, he had to bring his perspective upward to that of a corps commander and help frame the situation for action in the morning.

Thursday, July 2, promised to be a hot and humid day, eventually topping out at eighty-one degrees. For the Confederate leadership, it started out with great activity. Lee faced the challenge of how to assault the Union line. Without his cavalry leader, Maj. Gen. J. E. B. Stuart, Lee had few forces with which to conduct any kind of reconnaissance. He was thus forced to use his staff as his eyes and ears. Once information about the Union line had been assembled (probably about 10:00 a.m.), Lee issued orders for attacks by McLaws's and Hood's divisions of Longstreet's Corps with the support of Hill's divisions, led by Anderson and Pender.²⁹ It is Anderson's support, and Hill's management of his corps, that remains one of the great mysteries of Gettysburg.

Enough evidence supports the fact that Hill and Longstreet received general guidance from Lee about where to attack that day and that Longstreet

would lead with Hill in support.³⁰ Yet the manner of that support is not well described, and no existing orders or records describe the day in full. But it seems clear that orders were issued to Longstreet and Hill in midmorning, even though no action started until almost 4:00 p.m. Hill certainly ordered Heth's battered division, now led by James Pettigrew, to be replaced by Anderson's. The latter made it into position sometime around noon, linking with McLaws to his right and Pender to his left. And then it waited for several hours.

Once Longstreet's attack began, it would take some time before the battle reached Anderson.³¹ As the *en echelon* attack progressed, Anderson should have had his commander nearby evaluating the best time to launch the assault; Anderson's division was new to Hill's leadership after all. But Hill was nowhere to be found by the time the battle reached the division, and Anderson failed to send his units in by brigade as the *en echelon* attack required.³² Or at least, that was supposed to be the plan. There remains some confusion over how involved Anderson was in the assault, and an observer is forced to ask about his remaining two brigades, Posey's Mississippians and Mahone's Virginians. Posey's advance was minimal and uncoordinated with Wright's Georgians to his right, and Mahone never advanced. If Anderson was in a position to observe the assault, he did not manage his brigades' actions well. More importantly, Hill was not a factor in his corps' attack that afternoon and evening. Why was he not more involved in the tactical actions, as was his wont?

Hill was with Lee and Longstreet during the morning planning session and participated in the discussion for the day's attack. Further, he and Lee spent much of the day together.³³ Yet Hill's absence from his corps area, magnified by his failure to supervise his divisions' attacks, serves as a serious indictment of his leadership skills at this point and raises concerns about his mental state. As described

²⁹ Pfanz, *Second Day*, 111.

³⁰ There is enough evidence to believe that Lee's plan was to attack *en echelon* by brigade. This required each of the division and corps commanders to synchronize their actions to ensure each brigade went in appropriately. Longstreet managed his divisions and brigades well; Hill is another story. The *en echelon* attack is described in detail in Bowden and Ward, *Last Chance for Victory*, 223–67. Guelzo, *Gettysburg*, 235–56, also supports the idea.

³¹ OR, 27.2:618, 633–34; Pfanz, *Second Day*, 386–87.

³² Pfanz, *Second Day*, 414–15; Bowden and Ward, *Last Chance for Victory*, 377–80.

²⁹ Harry W. Pfanz, *Gettysburg: The Second Day* (Chapel Hill: University of North Carolina Press, 1987), 104–13.

The deployment of A. P. Hill's troops in the July 2 assault on Cemetery Ridge. Courtesy of Phil Laino.

above, his physical ailments certainly affected his ability to remain in the saddle for an extended period of time. The pain of the constant jarring from riding around the battlefield had to be more than simply distracting; after several hours on July 2, even a healthy man would break down and need rest.

Even as the attacks on July 2 ebbed into skirmishing, Lee remained convinced of overall victory, planning for a massive assault under James Longstreet against the center of the Union line the following day. As Lee allocated units for Longstreet's assault, he chose two divisions from Hill's corps that, by any standard, were not the best choices.³⁴ While Lee shares some blame for these decisions, Hill again can be censured for allowing them to stand. Hill should have had a better sense of which brigades in his corps were not only more capable but better led and prepared for an assault. As a corps commander, he should have insisted that his stronger, more rested brigades participate in the assault, rather than the ones that were selected. Yet there remains no evidence that he said anything to Lee or objected to the choices made.³⁵

Whatever Lee thought of Hill's capabilities, it seems obvious that Hill did not live up to them during this campaign. Lee bears some responsibility for his failure to change his leadership style to accommodate his new subordinate's background, but he perhaps bears even greater responsibility in failing to appreciate Hill's health. While Lee may not have known of Hill's "private" illness, Lee should have noticed his subordinate's flagging stamina and weariness. Yet Hill's wan appearance remained largely unnoticed, and that would have serious consequences in the coming months.

Hill's Performance from Gettysburg to Petersburg

On October 14, 1863, in the immediate aftermath of Gettysburg, Hill and his Third Corps spearhead-

ed a Confederate offensive at the Battle of Bristoe Station. By all accounts, this relatively small engagement resulted in what is universally described as a Confederate disaster, and responsibility for it should be placed entirely on the increasingly sickly shoulders of Hill. After reviewing the battlefield, Lee reportedly told Hill that Hill had "committed a great blunder."³⁶ As would be the case across his military career, the indictment leveled at Hill was that of "impetuosity." Hill apparently acknowledged the charge by admitting that he had "made the attack too hastily."³⁷ Lee confirmed as much in his letter to the War Department, writing, "General Hill explains how, in his haste to attack the Third Army Corps of the enemy he overlooked the presence of the Second, which was the cause of the disaster that ensued."³⁸ The Rebels suffered well over 1,300 casualties, including the mortally wounded brigadier general Carnot Posey and two other brigadier generals who were seriously wounded. Union losses were placed at above five hundred. According to Civil War myths, when Hill requested instructions after the battle, all Lee could muster was, "Bury these poor men and let us say no more about it."³⁹

Despite poor performances at Gettysburg and Bristoe Station, Hill remained in command of the Confederate Third Corps. Robertson writes that January and February 1864 had been "difficult months for him physically"; and for a period in March 1864, Hill was forced to relinquish corps command due to being "quite sick and incapacitated," with those around him during this time often describing his slow gait, sunken features, and weary and sad haze.⁴⁰ As his nephritis (inflammation of the kidneys) progressed, Hill experienced pain in his lower back and sides that made it agonizing to sit and nearly impossible to ride horseback.

Hill's symptoms persisted into April and May, when Lt. Gen. Ulysses Grant, now commanding all Union forces, commenced his relentless march toward Richmond in a massive offensive that would come to be known as the Overland Campaign.

³⁴ In addition to Pickett's fresh division from Longstreet's corps, Heth's division, now commanded by Pettigrew, and Pender's division, now commanded by Isaac Trimble, from Hill's corps were also apportioned to the attack. Both of these divisions from Hill's corps had seen serious work on July 1 and, though recovered somewhat, were not the freshest or strongest of Hill's brigades. Those divisions better suited to the task—Perrin, Thomas, Posey, and Mahone—had seen little action on July 2.

³⁵ For a good discussion of Hill's brigades and Hill's reaction to Lee's order, see Bowden and Ward, *Last Chance for Victory*, 436–37. See also Earl J. Hess, *Pickett's Charge: The Last Attack at Gettysburg* (Chapel Hill: University of North Carolina Press, 2001), 54–70, for an excellent account of Pettigrew's and Trimble's divisions. Hess's opening chapter in the book also gives an account of the assault preparation, and Hill is noticeably absent from the examination.

³⁶ Earl J. Hess, *Lee's Tar Heels: The Pettigrew-Kirkland-MacRae Brigade* (Chapel Hill: University of North Carolina Press, 2002), 194.

³⁷ Hess, *Lee's Tar Heels*, 194.

³⁸ Douglas Southall Freeman, *Lee's Lieutenants: A Study in Command*, ed. Stephen W. Sears (New York: Simon and Schuster, 2001), 627. This is the one-volume, abridged version.

³⁹ Freeman, *Lee's Lieutenants* (abridged), 627.

⁴⁰ Robertson, *General A. P. Hill*, 250.

Grant's primary mission was to bleed the Army of Northern Virginia to death. Due primarily to the new policy of conscription and the employment of African American troops, Grant had access to an almost inexhaustible supply of men to replace the Army of the Potomac's enormous losses, while his opponent's losses were irreplaceable.⁴¹ President Abraham Lincoln's vision of a war of attrition could now for the first time be practically implemented. Grant, though plagued with a sizeable contingent of inexperienced troops, launched the campaign with a force of nearly 120,000 men, while Lee's veterans numbered 65,000.⁴²

While the Army of Northern Virginia continually parried Grant's thrusts, the constant stream of battle not only would diminish the bulk of the great Confederate fighting machine but was exerting a terrible physical and mental toll on the survivors. Few others in the Confederate high command may have felt the constant stress of warfare more keenly than Hill. While his corps had successfully repulsed Grant's initial advance on May 5 at the Battle of the Wilderness, the brutal nature of the attack left Hill's battle line shattered, as his various commands became fragmented and entangled. That evening, Major Generals Heth and Wilcox, both commanding divisions in the Third Corps, reported the problem to Hill and asked permission to correct the alignment. In his memoirs, Heth claims to have reported to Hill that the divisions of Heth and Wilcox were "so mixed, and lying at every conceivable angle that we cannot fire a shot without firing into each other."⁴³ Wilcox described the Confederate line as "very irregular and much broken and required to be rearranged."⁴⁴ Both generals found Hill to be in very poor health and unresponsive to their pleas. And Heth recalled, "I went to General Hill who was sick. Seated on a camp stool before his campfire," contending that Hill was so infirm that he remained seated while shaking his hand.⁴⁵ The next morning,

as Hill prepared to inspect his line prior to Grant's attack, his health was so delicate that he had difficulty mounting his horse.⁴⁶ A *London Herald* reporter observing the fighting wrote that Hill's illness had noticeably "unfitted him for the service."⁴⁷

During this evening of confusion and miscommunication, Hill was apparently relying on information that Longstreet's First Corps (positioned at Gordonsville, far to the southwest of the battlefield) was to relieve his battered command shortly after midnight or at least before daylight, when the Army of the Potomac was expected to attack. General Lee had sent three couriers during the evening of the fifth and the early morning hours of the sixth trying to impress upon the First Corps commander the imperative need for his prompt appearance on the battlefield.⁴⁸ These pleas, as is well known, went unheeded, and Longstreet arrived after Hill's corps had been embarrassingly routed.

This analysis does not intend to proffer an exhaustive assessment of Hill's command performance, but what is clear is that his corps was overpowered the morning of May 6 due in large part to Hill's failure to properly align his troops. Whatever the truth or self-serving nature of both Heth's and Wilcox's postwar musings—if they are to be credited, and certainly Heth's well-known profession that he was unable to find Lee's tent to gain the commanding general's approval to override Hill's orders appears fanciful—the two division commanders both aver that they frantically tried to obtain permission from Hill to realign their splintered commands.⁴⁹ Hill withheld this permission—presumably on the grounds that his exhausted men needed to sleep and that Longstreet would soon relieve him. It is unquestioned that Hill's corps was in a chaotic condition; and from our admittedly privileged historical vantage point, it would seem that any rational calculus would have demanded of Hill that he reorganize his fragile battle line. While rousing his men from their slumber would not have guaranteed success, failing to do so ensured the rout. Surely, maximizing the ability of his corps to withstand Grant's morning onslaught should have been Hill's priority. Additionally, to absolutely rely

41 Despite their questionable ability, conscripts at least helped provide numerical superiority for Grant. See Gordon Rhea, *The Battle of the Wilderness, May 5–6, 1864* (Baton Rouge: Louisiana State University Press, 1994), 34; Spencer C. Tucker, ed., *American Civil War: The Definitive Encyclopedia and Document Collection* (Santa Barbara, CA: ABC-CLIO, 2013), 1:14.

42 Rhea, *Battle of the Wilderness*, 34.

43 James Morrison, ed., *The Memoirs of Henry Heth* (Westport, CT: Greenwood Press, 1974), 184.

44 A. W. McLure, *The Annals of the War* (New York: Blue and Grey Press, 1996), 494.

45 Morrison, *Memoirs of Henry Heth*, 184.

46 Rhea, *Battle of the Wilderness*, 281.

47 Robertson, *General A. P. Hill*, 263.

48 Rhea, *Battle of the Wilderness*, 278.

49 Morrison, *Memoirs of Henry Heth*, 184.

The deployment of A. P. Hill's troops in the Wilderness on May 6, 1864. Courtesy of Phil Laino.

on Longstreet's timely arrival seems senseless or, at best, wishful thinking. In Longstreet's case, although he had performed brilliantly on Civil War battlefields, he was known for being deliberate rather than expeditious on the march. Heth's final analysis of Hill's poor judgment was simply, "The only excuse I make for Hill is that he was sick."⁵⁰

Further evidence of Hill's worsening illness need not rely solely upon subjective interpretation. He was so incapacitated following the Battle of the Wilderness that he was forced to relinquish command of the Third Corps to Jubal Early on the road to Spotsylvania Courthouse.⁵¹ Hill regained command of his corps in time for the Battle of the North Anna; but during this action, he is most remembered for his conspicuous failure at Jericho Mills on May 23. Although the Confederate defeat at the Battle of the North Anna seems to demand criticism of various commanders, General Lee singled out Hill for the piecemeal nature of his attack and for neglecting to commit his entire corps to the engagement. Lee's aide Charles Venable reported in a speech given in Richmond in 1873 that Lee "hoped much from the attack" and was disappointed in Hill.⁵² Jedediah Hotchkiss, the great Confederate cartographer, was present with Lee and Hill after the debacle at Jericho Mills and recalled Lee's displeasure with his general, as expressed in the remembered statement, "General Hill why didn't you throw your whole force on them and drive them back as (Stonewall) Jackson would have done?"⁵³ Moreover, though Lee possessed a severe temper, he was mindful to contain it when correcting his officers. In this case, Hotchkiss witnessed an usual display of the general's fury and surmised, "Lee was evidently of the opinion that Hill had been caught napping and addressed him rather savagely."⁵⁴

Most historians agree that the decisive pivot point of the Battle of North Anna occurred on the

day after the defeat at Jericho Mills. By utilizing his famous inverted V formation, Lee lured Winfield Hancock's Second Corps across the North Anna River and isolated it from the rest of the Union army. The Army of Northern Virginia was now presented with a rare opportunity to attack with superior numbers what was arguably Grant's finest corps. Coordinating the complex Confederate attack was so critical that Lee took personal command of the various movements required.⁵⁵ Traditional historical analysis has argued that just as Lee was about to launch a crippling blow to Grant, Lee became violently ill and lay prostrate in his tent with an intestinal illness.

It should be noted that much of the evidence relied on by historians that Lee desired an offensive operation seems to originate from the above-referenced 1873 speech by Charles Venable, in which Venable attributes to Lee the much-quoted lament, "We must strike them a blow—we must never let them pass us again—we must strike them a blow."⁵⁶ As a result, former Confederate officers such as Edward Porter Alexander and Fitzhugh Lee in their postwar writings leave no doubt in their minds that Lee intended to make a decisive strike.⁵⁷ However, some contemporary historians, such as Mark Grimsley, argue that no such offensive operation was contemplated.⁵⁸ It is beyond the scope of this paper to make an in-depth evaluation of this debate; however, when examining Lee's generalship, one of his guiding principles was to never lose control of the initiative. And while being mindful to not make reckless attacks, he always sought tactical offensive options. In addition, Lee's strategic objective even in 1864 was to destroy Grant's campaign, not to stalemate him at one position and let him continue his drive toward Richmond. Lee believed a purely passive defensive strategy would doom the Confederacy.⁵⁹ Even Grant's aide Adam Badeau admits that Lee "had one of those opportunities that

⁵⁰ Morrison, *Memoirs of Henry Heth*, 184.

⁵¹ Edward Porter Alexander, *Military Memoirs of a Confederate: A Critical Narrative* (New York: Charles Scribner's Sons, 1907), 512.

⁵² Mark Grimsley, *And Keep Moving On: The Virginia Campaign, May–June 1864* (Lincoln: University of Nebraska Press, 2002), 145.

⁵³ Jedediah Hotchkiss and Clement Anselm Evans, eds., *Confederate Military History: A Library of Confederate States History* (Atlanta, GA: Confederate Publishing, 1899), 3:460.

⁵⁴ Jedediah Hotchkiss to Henry Alexander White, January 12, 1897, in Hotchkiss Collection, Library of Congress; see also William Mcwillie notebook, Mississippi Department of Archives and History, Montgomery, AL.

⁵⁵ Gorgon C. Rhea, *To the North Anna River: Grant and Lee, May 13–25, 1864* (Baton Rouge: Louisiana State University Press, 2000), 344–46; Noah Andre Trudeau, *Bloody Roads South* (New York: Ballentine Books, 1989), 239.

⁵⁶ Grimsley, *And Keep Moving On*, 145.

⁵⁷ Alexander, *Military Memoirs of a Confederate*, 532; Fitzhugh Lee, *General Lee* (New York: D. Appleton, 1894), 339.

⁵⁸ Grimsley, *And Keep Moving On*, 145.

⁵⁹ Robert E. Lee to Jefferson Davis, June 10, 1863, in OR, 28.3:880–81. This letter sets forth Lee's belief that the Confederacy could not maintain a passive defensive strategy and win the war.

occur rarely in war.”⁶⁰ Lee surely would have understood the moment and exploited his advantage. However, owing to his illness, Lee, in the absence of Jackson or Longstreet, had lost all confidence in delegating overall command responsibility to any of his subordinates. Hill, arguably once the finest division commander in the Army of Northern Virginia, was now the victim of his ailments and poor performance and could no longer be trusted to direct the army in Lee’s place. Consequently, what may have represented the final opportunity to turn the course of the war in favor of the Confederacy was lost in the disarray of the Confederate command structure and left to the speculation of historians.⁶¹

Grant continued his drive south in late May, and on June 3 he ordered the infamous frontal assault against the well-entrenched Confederate position at the Battle of Cold Harbor. Hill and the Third Corps largely played a defensive role as it held the left of the Confederate battle line. The Union columns were slaughtered, and Hill’s illness played no role in the battle.⁶² Days later, Hill marched his men twenty miles southwest to Petersburg, which would prove to be his final campaign of the war. As his corps entrenched on the outskirts of town, Hill’s symptoms began to flare up, to the point where he spent the night of June 19 in an ambulance. In Petersburg the character of the war evolved from opposing armies battling one another for several days and shifting location into a prolonged series of trench warfare—tactical engagements that would presage the horrors of World War I. The siege of Petersburg would endure for nine grueling months, placing enormous physical and mental strain on combatants in both armies. Not surprisingly, Hill’s health continued to decline during this period. Uremic symptoms of blood in the urine began setting in; and in addition to the usual kidney pain, flank pain, and urination difficulties, Hill was described as lethargic, bone tired, and at times disoriented. Fatigue, depression, and clouded judgment accompanied his physical failures.⁶³

Due to these decrements in his health, Hill was

forced to increase delegation of responsibility to his division commanders.⁶⁴ Most notably, during the Battle of Reams Station on August 25, 1864, Hill’s symptoms were so severe that he dismounted his horse, lay down directly in front of Union entrenchments, and turned tactical control of the battle over to Major General Wilcox.⁶⁵ When Grant launched a major offensive on October 27, 1864, at the Battle of the Boydton Plank Road, Hill’s deteriorating health forced him to remain at headquarters while Major General Heth assumed command.⁶⁶ Historians—fairly or not—have attributed much of the Third Corps success at Petersburg to Hill’s division commander Maj. Gen. William Mahone. A civil engineer by trade, Mahone had surveyed the land around Petersburg before the war and had intricate knowledge of the terrain, which allowed him to seize the initiative in several successful actions.⁶⁷ Many on Maj. Gen. George Meade’s staff considered him the most formidable general of Lee’s subordinates.⁶⁸ Additionally, the Third Corps success at the Battle of the Crater on July 30, 1864, is due largely to Lee directly ordering Mahone to attack after the Federals detonated a mine under Confederate lines.⁶⁹ Despite the capricious nature of Hill’s health, Lee maintained him in command of the Third Corps, although his leadership largely appears nominal during the siege.

Throughout the winter of 1864–1865, there were numerous allusions to Hill’s worsening maladies. Hill’s chief courier, George Tucker, wrote that his general “was an invalid . . . lost in contemplation.”⁷⁰ Similarly, Capt. W. G. McCabe, an adjutant to artillery officer William Pegram, later recalled that much of what Hill suffered during the last campaign was “from a grievous malady, yet the vigor of his soul disdained to consider the weakness of his body and accepting without murmur the privations of that terrible winter, he remained steadfastly to his duty.”⁷¹

64 A. Wilson Greene, *Breaking the Backbone of the Rebellion: The Final Battles of the Petersburg Campaign* (Knoxville: University of Tennessee Press, 2008), 18.

65 Noah Andre Trudeau, *The Last Citadel: Petersburg, Virginia, June 1864–April 1865* (New York: Little, Brown, 1991), 185.

66 Trudeau, *Last Citadel*, 236.

67 Trudeau, *Last Citadel*, 72.

68 John Horn, *The Petersburg Campaign* (Conshohocken, PA: Combined Publishing, 2000), 152.

69 Lee, *General Lee*, 360.

70 George Tucker to the Southern Historical Society, *Southern Historical Society Papers*, vol. 19 (Richmond, VA: Southern Historical Society, 1891), 185.

71 W. G. McCabe to the Southern Historical Society, *Southern Historical Society Papers*, vol. 2 (Richmond, VA: Southern Historical Society, 1876), 302.

60 Adam Badeau, *A Military History of General Ulysses S. Grant, 1861–1865* (New York: D. Appleton, 1881), 2:235.

61 Rhea, *To the North Anna River*, 345; Trudeau, *Bloody Roads South*, 239.

62 Robertson, *General A. P. Hill*, 279.

63 Robertson, *General A. P. Hill*, 310.

G. M. Sorrel, who assumed command of Wright's Georgia brigade in November 1864, referred to Hill's health as "impaired toward the close of the war."⁷² Since there is no known medical information from this era, these accounts remain the only formal insight into Hill's rapidly declining condition.

Despite his unflinching commitment to the Rebel cause, a visibly gaunt Hill was ordered on furlough in March 1865 for a brief stretch before rejoining the army in April. During the Union breakthrough at the Third Battle of Petersburg on April 2, 1865, Hill and a staff officer rode somewhat recklessly to the front of the Petersburg lines. Upon encountering Federal troopers, Hill charged at them with his pistol drawn and was shot directly through the heart by Cpl. John W. Mauck of the 138th Pennsylvania.⁷³ Only a week later, General Lee surrendered to Grant at Appomattox Court House in Virginia.

Considering Hill's Maladies from a Modern Medical Perspective

From the surviving West Point records and from the pattern of symptoms over his career (i.e., prostatitis; uremia; fatigue; and acute pain in back, side, and joints), it is clear that Hill suffered from the prolonged complications of a gonorrheal infection. However, this condition alone may not fully account for the range of cognitive and behavioral symptoms that affected him, especially toward the end of his life. Specifically, observations from Hill's colleagues that he was "lost in contemplation" and had a "weary sad haze," as well as observations that he was melancholic and displaying clouded judgment and impaired executive functioning, suggest that gonorrhea may not have been the only infection Hill was battling during the war. Though assigning a retrospective diagnosis is difficult, it may reasonably be asked, given Hill's range of recorded symptoms, whether he carried another common STI of the era—syphilis. Below, we consider the case both for and against the proposition that Hill could have been affected by late-stage neurosyphilis during the Civil War.

⁷² G. Moxley Sorrel, *Recollections of a Confederate Staff Officer* (New York: Neale, 1917), 91.

⁷³ Robertson, *General A. P. Hill*, 318.

A Case for Neurosyphilis

Syphilis is a bacterial infection that unfolds in four stages: primary; secondary; latent; and tertiary, or late, syphilis. Primary infection, which develops as a painless ulcer an average of three weeks after exposure, can go unnoticed by as many as 50 percent of men and 75 percent of women. Secondary syphilis may manifest as a systemic illness including a rash, fever, and hepatitis within a few months of exposure, or it may also go unnoticed. Invasion of brain and nervous system tissue by the syphilis bacteria occurs during the weeks to months after infection in roughly 25 to 40 percent of persons who are not treated for syphilis.⁷⁴ These patients may remain asymptomatic or develop symptoms of meningitis. In the pre-treatment era Oslo observational study, which began in 1909 and was published in 1928 to report on the natural history of untreated syphilis in a group of white males, progression to late syphilis of the nervous system developed in 9.4 percent of subjects, manifesting either as meningovascular syphilis (affecting the vascular structures and blood vessels of the brain and occurring, on average, five to twelve years after exposure) or parenchymatous disease (associated with direct invasion of the brain by syphilis bacteria and occurring fifteen to thirty years after initial infection).⁷⁵

Whereas the most common manifestations of meningovascular syphilis resemble symptoms of a stroke, such as weakness of one side of the body or difficulty talking, the most common manifestations of parenchymatous, or direct brain invasion of syphilis, consist of a combination of psychiatric and neurological findings including personality changes, irritability, memory deficiencies, impairment of intellectual functioning, grandiose behavior, and emotional lability. Other neurological manifestations of the latter form include tremors and deterioration in fine motor skills such as handwriting. It is the manifestations of parenchymal disease that we speculate are consistent with Hill's reported behavior and symptoms. If Hill had suffered the initial syphilis infection in 1844 when he was known to have con-

⁷⁴ Shima Mehrabian et al., "Neurosyphilis with Dementia and Bilateral Hippocampal Atrophy on Brain Magnetic Resonance Imaging," *BMC Neurology* 12, no. 1 (2012): 96.

⁷⁵ T. Gjestland, "The Oslo Study of Untreated Syphilis: An Epidemiologic Investigation of the Natural Course of the Syphilitic Infection Based upon a Re-study of the Boeck-Bruusgaard Material," *Acta Derm Venereol* 35, no. 534 (1955): 3–368.

This photograph of General Ambrose Powell Hill shows his gaunt look in the closing years of the war. Courtesy of the National Archives and Records Administration.

tracted gonorrhea, the onset of cognitive symptoms would be consistent with the natural history of the illness. As he lived in an era before the discovery of antibiotics, no effective treatments existed to intercede in the progression of the bacterial disease.

If one considers the context in which Hill acquired the initial venereal infection as a West Point cadet on furlough in New York City in the 1840s, it is plausible that he could have been exposed to syphilis in addition to gonorrhea. In the mid-nineteenth century, the American Public Health

Association estimated that 1 in 18.5 residents in New York City were infected by either gonorrhea or syphilis.⁷⁶ Thus, it is not far-fetched to think that the prostitute Hill visited would have carried one or both infections and that they could have been passed on to the eighteen-year-old during intercourse. Sexually transmitted infections such as gonorrhea and syphilis were highly prevalent for soldiers of this era. Among white troops during the Civil War, there were 73,382 cases of reported syphilis and 109,397 cases of gonorrhea and gonorrheal orchitis, giving a total of 82 cases of venereal disease annually per thousand men, or 8 percent (although other estimates range as high as 17 percent for the Union army as a whole).⁷⁷ Prevalence, of course, was affected by the pre-germ theory lack of knowledge causally linking bacteria with infection and by the high density of people living in populous urban centers proliferated with brothels and “bawdy houses.”⁷⁸ So profound was the STI problem during the Civil War that martial authority was, at times, used to remove prostitutes from cities, while some cities experimented with legalized prostitution to reduce infection rates.⁷⁹

If Hill had contracted both gonorrhea and syphilis, why was the latter absent from his West Point pa-

tient file? In the early 1800s, syphilis and gonorrhea were not necessarily seen as distinct illnesses, and the terms could be used interchangeably. That Hill’s medical record only documented gonorrhea may simply reflect the wider confusion and inaccu-

⁷⁶ Robertson, *General A. P. Hill*, 328.

⁷⁷ J. B. Jones Jr., “A Tale of Two Cities: The Hidden Battle against Venereal Disease in Civil War Nashville and Memphis,” *Civil War History* 31, no. 3 (1985): 270–76; Lawrence R. Murphy, “The Enemy among Us: Venereal Disease among Union Soldiers in the Far West, 1861–1865,” *Civil War History* 31, no. 3 (1985): 259.

⁷⁸ John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America*, 3rd ed. (Chicago: University of Chicago Press, 2012), 134.

⁷⁹ Jones, “Tale of Two Cities”; D’Emilio and Freedman, *Intimate Matters*, 148.

cy around the differential diagnosis of the era. With regard to symptoms expressed early in his illness and over the last twenty years of his life, Hill was unequivocally beset by the lingering sequelae of gonorrheal infection and complications of a urethral stricture caused by gonorrhea. It is possible that sepsis from bacterial urinary tract infections complicating his urethral stricture, chronic pain, or indeed treatment with addictive opium-based analgesics (which we have no record that Hill received but are well known as a major cause of addiction during and after the Civil War) could have contributed to his neurological compromise.⁸⁰ However, as mentioned above, this does not appear to fully explain the extent of his mental and behavioral symptoms.

As neurosyphilis progresses, it can produce neuroathenic difficulties such as fatigue, headaches, insomnia, irritability, dizziness, and lethargy, all of which were formally and informally reported with Hill during the Civil War. In the later neurosyphilitic stages of the disease, mental deterioration and personality changes can occur, with typical symptoms including asocial behavior, gradual impairment of judgment, concentration and short-term memory loss, euphoria, mania, depression, apathy, tremors, and wasting. Victims can be grandiose, melancholic, paranoid, and beset by delusion. Within this context, it is perhaps interesting to again consider a word commonly used to describe Hill in both a positive and a negative sense: “impetuous.” As mentioned above, Lee, intimately familiar with his subordinate’s complex character and fierce temper, referred to Hill’s “impetuous courage” in fights such as Gaines’s Mill.⁸¹ But Lee was also troubled by Hill’s “quick[ness] to react to aspersion,” as evidenced by the long-running conflicts with commanding officers Longstreet and Jackson.⁸² Moreover, Robertson notes that Hill’s anger “was not always on a mature level” and cites fellow officers who regarded Hill as “always ready and impatient to fight.”⁸³ Others have observed that his impetuous actions did not lack decision but, rather, judgment.⁸⁴ Certainly, Hill’s death at Petersburg—which entailed advancing behind

enemy lines with only one escort—can be interpreted as suggestive of unmoored decision making.⁸⁵ To be fair, it is difficult to decouple traits like impetuosity from the cultural values of honor, intrepidity, and courage that Hill was steeped in as a proud Southern citizen and warrior.

One final consideration of Hill’s health status is his handwriting, which clinicians use as a marker of the progression of late-stage syphilis due to the aforementioned tremors the infection can cause as it moves through the nervous system. The figure of Hill’s signatures, publically available samples from 1844 through 1864, demonstrates a perceptible difference in the signature in 1864.⁸⁶

However, caveats around the interpretation of these samples are myriad. For one, the context in which the signatures were rendered is not clear; an erratic signature could reflect hurried circumstance, or expediency, rather than serving as confirmation of an underlying neurological disease process. Hill and the Army of Northern Virginia were under a great deal of stress by 1864, and his handwriting may simply have suffered from quickly scribbling a signature to get orders out to his subordinates. Moreover, the few remnants of Hill’s signature that have survived 150 years are only a vanishingly small sample from his life and cannot be considered fully representative. In other words, the qualitative difference in the late-life signature is present but not confirmatory, and this difference suggests an intriguing avenue for future research.

A Case against Neurosyphilis

There is, to be sure, a case against the proposition that Hill suffered from syphilis in addition to gonorrhea. Most glaringly, there is no record of physical symptoms of syphilis either in the West Point or

⁸⁰ James Marten, *Civil War America: Voices from the Home Front* (New York: Fordham University Press, 2007), 260.

⁸¹ *OR*, 12.2:260, 401, 643–44.

⁸² Robertson, *General A. P. Hill*, 97.

⁸³ Robertson, *General A. P. Hill*, 173, 3.

⁸⁴ Larry Tagg, *The Generals of Gettysburg: The Leaders of America’s Greatest Battle* (Campbell, CA: Savas, 1998), 301.

⁸⁵ Robertson has noted that in 1865 Hill accompanied his uncle Henry to the Paymasters Office where he worked and was quoted as saying that he “did not wish to survive the fall of Richmond” (*General A. P. Hill*, 312). Some have thus interpreted the heedlessness of Hill’s actions at Petersburg as suicidal intent.

⁸⁶ The signatures in the image were accessed May 25, 2016, online: for the 1840s signature, see “A. P. Hill Signature,” iCollector.com, http://www.icollector.com/A-P-Hill-Signature_i9627965; for the 1858 signature, see “49005: Ambrose P. Hill Autograph Letter of Recommendation,” LiveAuctioneers, http://www.liveauctioneers.com/item/27468004_ambrose-p-hill-autograph-letter-of-recommendati; for the 1861 signature, see “Hill, Ambrose Powell [enlarged],” Famous Celebrity Autographs, <http://famous-celebrity-autographs.com/images/Hill-Ambrose-Powell-large.gif>; for the 1863 signature, see “34072: A. P. Hill Signature, 4” X 1.75”, with Engraving,” LiveAuctioneers, http://media.liveauctiongroup.net/i/4786/6969043_2.jpg?v=8C971BBA59517E0; for the 1864 signature, see “A. P. Hill: Endorsement Signed,” Inkwell Autograph Gallery, <http://www.inkwellgallery.com/Products/historical/civilwar/hillap-2.htm>.

A comparison of A. P. Hill's signatures appears to illustrate his declining motor skills.

Civil War medical notes. West Point did not document the existence of a genital chancre sore (the site where the bacteria enters the body), an indicator of the disease in its primary stage. Nor is there mention of a rash, an indicator of the secondary stage of syphilis. Not every individual develops or notices a chancre or rash, however; and by the time Hill was admitted to the hospital, the painless chancre of the primary stage (which usually resolves within a few weeks even without treatment) may have vanished. Further evidence against a long-term syphilis infection, which can cause sterility for some, is that

Hill was able to father three daughters between 1861 and 1865. By the time Hill married in 1859, he was highly unlikely to have still been contagious with gonorrhea or syphilis, since a person with gonorrhea is rarely infectious after the first few months of infection and persons with syphilis are unlikely to remain infectious after the early phases of disease.

With regard to Hill's notable lapses as a corps commander, there is scholarly disagreement over whether his failures are attributable on any level to underlying illness or whether he was simply promoted beyond his level of competency—an embod-

iment of the so-called Peter principle, which argues the selection of a candidate for a position is based on performance in a current role rather than on abilities relevant to the intended role.⁸⁷ Regarding his more emotional range of symptoms (impetuosity, temper, grandiosity, melancholia), there are other plausible explanations. Robertson notes that depression ran in Hill's maternal lineage and that his mother, Fannie, "had difficulty controlling her emotions" and battled "ills real or imaginary," possibly "hypochondria or factitious disorder, something psychosomatic."⁸⁸ It is possible that the immense pain, discomfort, and social indignities of lifelong complications from gonorrheal infection could be reasonably expected to produce melancholia in an otherwise able-bodied man; and it could equally be the case that these symptoms could be greatly exacerbated by poor nutrition, stress, lack of sleep, and even war-related traumatic brain injuries (subconcussive or concussive). Hill's other major biographer, William Woods Hassler, also attributed his long-term symptoms to such possible explanations as psychosomatic illness, chronic malaria, and the aftereffects of yellow fever.⁸⁹

Conclusion

Lt. Gen. A. P. Hill, a man beset by maladies that wore away at him despite his brave and unstinting service to the Confederacy and devotion to his troops, is perhaps the quintessential embodiment of the failed Southern rebellion. As his ailing body broke down, so too did his Corps, his army, and ultimately the entire Confederate initiative. Indeed, Hill's death in Petersburg occurred only seven days before Lee's surrender at Appomattox Court House and, in many ways, was a grim portent of the army's impending defeat.

Over the course of the Civil War, Hill's deepening physical ailments certainly contributed to questionable decision making and reduced effectiveness. The consequences of those ailments can potentially be seen at Fredericksburg, Gettysburg, Bristoe Station, and Petersburg; and yet when the effects were not so prominent, Hill was the battlefield savior at Antietam. For certain, illness affected the man, and

consideration of its impact raises important questions for historians about the degree to which Hill's capabilities as a Corps commander were compromised by his maladies. It is important to reemphasize that assigning a retrospective diagnosis is difficult so many years later; indeed, we are sensitive to the lure of biological determinism (i.e., that Hill's underlying venereal diseases were deciding factors in battles far too complex to be reduced to singular causes). However, we feel that questions about how Hill's health affected his physical and cognitive abilities and subsequent judgments on the battlefield are deserving of further inquiry, debate, and scholarship, particularly since this conversation has been so muted in the historical record. Historians might seek evidence to establish the type and severity of Hill's illnesses during his command; further analysis of nineteenth-century military medicine as well as a more rigorous handwriting analysis may shed additional light on Hill's abilities. Moreover, future work can more robustly examine Hill's ailments at decisive battles such as Gettysburg in terms of their moment-to-moment influence on his leadership decisions or lack thereof. From a scholarly vantage point, moving beyond the stigma of STIs and considering their unavoidable influence on soldiers can foster a more comprehensive consideration of the actions of Hill and others during the Civil War.

Importantly, it is crucial that we resist allowing speculation about Hill's health to diminish the bravery and achievements of this honorable soldier and inspiring leader of men. If anything, consideration of the disabling physical and mental anguish he suffered while simultaneously commanding his troops to stunning victories over superior Federal forces can serve to deepen one's admiration for the redoubtable native of Culpepper, Virginia. In some sense, contextualizing Hill's battlefield performance by considering the influence of insidious health problems that plagued him across two decades can perhaps provide a more empathic historic lens with which to consider his legacy. That said, Hill's story does serve as a cautionary tale for us in the present—particularly with regard to the critical importance of fully vetting those we put into power, even down to the details of their personal health. And therein lies one of the greatest challenges for those in senior leadership positions.

⁸⁷ Laurence J. Peter and Raymond Hull, *The Peter Principle: Why Things Always Go Wrong* (New York: William Morrow, 1969), 8.

⁸⁸ Robertson, *General A. P. Hill*, 5.

⁸⁹ Hassler, *A. P. Hill*, 237–38.

We have assessed Hill's maladies and their influences on his military career, but others deserve some examination as well. Robert E. Lee is perhaps the most notable. Although Hill worked for Longstreet (until their prickly relationship became too much of a distraction) and Jackson (who also had issues with Hill's impetuosity), Lee remains the most culpable in Hill's rise to corps command. Every leader in the Civil War suffered from some malady based on many different factors of hard campaigning: excess stress, too little sleep, physical accidents, general nineteenth-century health issues in a pre-germ theory landscape. Thus, Hill's "occasional" absence when he commanded at lower levels was not so unusual; he was certainly among good, though sick, company.

When considering elevation to corps command, Lee should perhaps have had a better sense of Hill's overall ability to command, not only his tactical brilliance. Much as we see in the twenty-first century, elevating a subordinate to a senior position requires careful analysis of many factors, not least of which is health and resiliency. Lee did not have the tools or support staff to help him decide who should be promoted; no doubt he based his decision on both personal observation and comments from those he trusted. However, once such a decision is made, there is a responsibility of the top leader to make sure it was a good choice, and this requires a continual assessment of leadership and communication traits of both the leader and the new subordinate. For the Confederacy, it seems that Lee perhaps did not fully vet the appointment of Hill to corps command or appreciate the extent to which his maladies would affect his performance.

Additionally, at the time of Jackson's death, Lee's pool of potential corps commanders was limited. Robert Rodes and Dorsey Pender had only recently been promoted to division command, while future stars such as John B. Gordon and William Mahone

had yet to emerge as candidates for high command. After Lee and his new commanders had worked together through the Gettysburg Campaign, he was forced to reassess their shortcomings and adjust his leadership style. As we have suggested, Lee gave better and more definitive orders to both Hill and Ewell after Gettysburg. Hill remained in command in part because he could adapt, albeit slowly. Ewell never did and was eased out of command in May 1864. Lee's loyalty and belief in Hill remained unshaken through all of Hill's troubles until the eventual end in April 1865.

Thus, the cautionary tale remains as true today as it was in 1863 when Lee needed two new subordinates: understand the whole person being elevated, not just the results they provide.

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Paul C. Jussel is a professor of military studies at the U.S. Army War College in Carlisle, Pennsylvania. He earned his PhD in military history from The Ohio State University. His military career spanned thirty years.

George M. George is an assistant public defender for Cuyahoga County, Ohio. He has a BA in political science from Baldwin Wallace University, an MA in philosophy from Cleveland State University, and his JD from Case Western Reserve University.

Daniel R. George is an associate professor of humanities at Penn State College of Medicine. He has a BA in English and philosophy from the College of Wooster and an MS and a PhD in medical anthropology from Oxford University in England.

Tonya J. Crook is a physician and assistant professor of medicine at Penn State Hershey Medical Center with an interest in the epidemiology and treatment of sexually transmitted infections.

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