



Late in the Civil War Private Sam Watkins of the First Tennessee Infantry decided to visit a field hospital. In his words:

Great God! I get sick today when I think of the agony, and suffering, and sickening stench and odor of dead and dying; of wounds and sloughing sores, caused by the deadly gangrene; of the groaning and wailing, I cannot describe it. I remember, I went in the rear of the building, and there I saw a pile of arms and legs, rotting and decomposing; and, although I saw thousands of horrifying scenes during the war, yet today I have no recollection in my whole life, of ever seeing anything that I remember with more horror than that pile of legs and arms that had been cut off our soldiers.

As....I went through the hospital....looking at the poor suffering fellows, I heard a weak voice calling, 'Sam, O, Sam.'" I went to the poor fellow, but did not recognize him at first, but soon found out that it was James Galbreath, the poor fellow who had been shot nearly in two on the 22nd of July. I tried to be cheerful, and said, 'Hello, Galbreath, old fellow, I thought you were in heaven long before this.' He laughed a sort of dry, cracking laugh, and asked me to hand him a drink of water....He began to mumble and tell me something in a rambling and incoherent way, but all I could catch was for me to write to his family....

I asked him if he was badly wounded. He only pulled down the blanket, that was all. I get sick when I think of it. The lower part of his body was hanging to the upper part by a shred, and all of his entrails were lying on the cot with him, the bile and other excrements exuding from them, and they full of maggots. I replaced the blanket as tenderly as I could, and then said, 'Galbreath, good-bye.' I then kissed him on his lips and forehead, and left. As I passed on, he kept trying to tell me something, but I could not make out what he said, and fearing I would cause him to exert himself too much, I left.

It was the only field hospital that I saw during the whole war, and I have no desire to see another.

The awful story told by Sam Watkins illustrates the horrors of the Civil War wounded. Surgeons of the period are often maligned for their frequent use of the amputation as a form of primary treatment but an examination of the prevalent conditions tends to justify its use. Unfortunately for hundreds of thousands of wounded men the war occurred in the pre-Listerian era, prior to the knowledge of bacteria, antiseptic or the necessity of sterility. Even if these theories had been known, no antibiotics were available to combat infection once it became established. By and large the surgeons operated on contaminated wounds, in contaminated barns and other buildings and with unsterile hands and instruments. No wonder it was considered that infection, to some degree, was a natural part of healing.

This month, on **MONDAY, JUNE 30**, longtime MRRT member, **Jerry Maxwell**, will present “*Blood-Stained to the Elbows: Civil War Medicine and Surgery.*” Included in the presentation will be numerous slides and a collection, as well as demonstration, of Civil War medical equipment. **WARNING:** It will not be a program for the squeamish.

FALL FIELD TRIP: A phenomenal two days, Sat./Sun. October 11-12, at Vicksburg have been set up for our Annual Field Trip. Currently we have 36 people enrolled for the trip. Based on this number Trip Chairman Jerry Maxwell will be collecting a check for \$90 for each person signed up. **PLEASE HAVE YOUR CHECK (MADE OUT TO JERRY) AT THIS MONTH'S MEETING.** Money for lunches and dinners will be collected at next month's meeting. If you haven't signed up for the trip but would like to go, please call Jerry at 248-363-1710.



The Michigan Regimental extends its thanks to last month’s speaker, **Marty Brosnan**, for his excellent presentation, “*The Goats of Gettysburg*.” Marty’s talk pertained to six officers who fought at Gettysburg—George Pickett, Henry Heth, Lawrence Baker, George Custer, John McCleary, and Charles Nelson Warner—with each holding the distinction of graduating last in his respective West Point class. Marty further uniquely demonstrated how the classes of West Point are divided. A lively question/answer session followed.

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QUIZ: Medicine and Surgery [Part II]

1. What was the largest Civil War hospital serving some 76,000 Confederates? And, what was the largest Federal hospital with 3500 beds?
2. Which 29-year-old surgeon removed Stonewall Jackson’s left arm? And, what ailment actually caused Stonewall’s death 8 days later? Also, what anesthetic was given before the operation?
3. Which two army pathologists performed the autopsy on Abraham Lincoln? And, which surgeon general performed the autopsy on John Wilkes Booth?
4. What is the slender surgical instrument with a sharp-pointed hook used to seize and hold arteries during an operation called? And, what is a cannula?
5. What were the 3 stages of what was commonly called “heroic therapy”? And which pre-Civil War surgeon was the so-called Father of Bleeding?
6. Who was the Medical Director of the Army of Northern Virginia? And, who was the Confederate surgeon general?
7. What was the ivory colored, tasteless powder, considered a “wonder drug,” that caused explosive evacuation of the bowels accompanied by volcanic vomiting? And, which white-powdered mixture of antimony and potassium was used as a supplement for the aforementioned drug?
8. Which famous authoress served as an army nurse for 48 days, and what collection of letters and observations did she write that became one of the truly great written works of the Civil War? Also, why was she called the “Nurse of the Bottle”?
9. Which nurse worked in Richmond’s largest hospital and later published *A Southern Woman’s Story*? And, what highly efficient Federal surgeon general was court-martialed and dismissed on petty charges only to be vindicated after the war?
10. Which former Civil War general was mortally wounded on July 2, 1881, and died on September 17, 1881? And which famous inventor unsuccessfully tried to use his invention to locate the bullet? Also, which former Civil War soldier was mortally wounded on September 6, 1901, operated on by the distinguished gynecologist, Dr. Matthew Mann, and died 8 days later?

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At the Battle of Seven Pines fought on May 31, 1862, George Fisk, an 18-year-old private of the Eighty-first New York Infantry, was hit by a musket ball near his breastbone. Shot at an oblique angle, the bullet bounced off the bone, tunneled under Fisk’s chest muscles, blasted into his upper arm bone, and exploded out the side. Bleeding uncontrollably, in terrible pain, and with a mangled limb, Fisk was in the middle of what was becoming a Union rout. Eventually, Fisk was brought to Savage’s Station for treatment. Hoping to preserve Fisk’s left arm, the physician decided to forgo the usual amputation. Instead, a decision was made, probably at Fisk’s urging, to complete the more technically demanding but less disfiguring removal of shattered bone—called an “*exsection*”—while preserving as many of the injured blood vessels, muscles, and nerves as possible.



With Fisk under chloroform anesthesia, the doctor hacked away, oblivious to the need for cleanliness, gentleness, or technical precision. As a result, virtually every principle of scientific surgery and infection prevention was violated. The physician's fingers, with dirt layered beneath his fingernails and still covered with gore from his last patient, roughly pulled out splinters of bone, fragments of bullet, and embedded pieces of shirt fabric. There were no antibiotics to give or sterile water with which to rinse the wound. Instead, a dirtied dressing of cotton or lint was applied. In less than twenty minutes, the procedure was over. Fisk awoke in horrendous pain but knew that his arm was still attached to his body.

On June 4, after a tedious four-day evacuation process George Fisk was admitted to Washington D.C.'s Judiciary Square Hospital. By now his wound had become infected. Furthermore, Fisk's surgical procedure had left a gap in his limb's skeletal continuity. His extremity thus dangled unsupported from his shoulder and was functionally worthless. Fisk's doctor hoped that bone regeneration would occur and partial reuse of the limb would come about, but it was a false expectation. Without the ability to provide reconstructive skeletal support, the operation was doomed from the start. Fisk's arm, now useless, painful, and loathsome, needed to be amputated. His shoulder was immobile, swollen, and tender, and the surrounding tissue was turning necrotic. Physicians and nurses could do little to reduce his suffering. Infection was taking possession of Fisk's body. Indeed, he had exactly 64 days till his wound would explode in a bloody eruption and end his life.

During a slow and torturous process, Fisk's operative wound had become surrounded with gangrene. The severe infection caused his incision to open and then deepen. The exposed muscles turned an ugly shade of oxygen-deprived reddish brown. On August 7 hemorrhaging became profuse, and all efforts to save Fisk's life failed. His blood was literally mopped up by the nurses, as Fisk's body was carried away on a handheld litter to the "dead house," a square fifteen-foot shack where corpses were stored. The awful smell of the dead filled the structure. Fisk's body was placed on a crude wooden bench and covered with a blood-soaked white cloth. An autopsy was performed as hospital assistants (called cadets) hacked away at Fisk's body, removing what was left of the bones of his shoulder joint along with attached blood vessels, ligaments, muscles, and nerves. Further dissection revealed the axillary artery to have a large ulcerous opening from which Fisk bled to death. The hospital then dispatched Fisk's remains north to New York State for burial. What Fisk's family did not know was that the removed shoulder joint and its attached tissues were sent to the United States Army Medical Museum in the nation's capital. Fisk's shoulder was permanently assigned Case No. 1062.

QUIZ ANSWERS:

1. Chimborazo in Richmond and Satterlee in Philadelphia
2. Hunter McGuire, pneumonia, and ether
3. J. Janvier Woodward/Edward Curtis and Joseph K. Barnes
4. Tenaculum and a small tube for insertion into a body cavity or a duct or vessel for drainage purposes
5. Bloodletting, Blistering, Purging and Benjamin Rush
6. Lafayette Guild and Samuel Moore
7. Calomel and tartar emetic
8. Louisa May Alcott, *Hospital Sketches*, she sprinkled herself and her surroundings with lavender water to combat the smells of poor sanitation and sickness
9. Phoebe Yates Pember and William Alexander Hammond
10. James Garfield/Alexander Graham Bell and William McKinley

A last reminder for this month's meeting—**MONDAY, JUNE 30**—for **Jerry Maxwell's** presentation: " 'Blood-Stained to the Elbows:' *Civil War Medicine and Surgery*." Our meeting site is the usual place: Farmington Public Library (Grand River and Farmington Road). 6:30 P.M. is gavel time; be there early. Try our website: <http://www.farmlib.org/mrrt/>.