



The indomitable Clara Barton explained her business as “*stanching blood and feeding fainting men,*” and her post was “*the open field between the bullet and the hospital.*” She won renown for always being the first nurse to arrive on the battlefield. “*I did not wait for reporters and journalists to tell us that a battle had been fought. I went in while the battle raged.*” Indeed, Clara invariably seemed to be near the front lines while performing her duties. At Antietam she was lifting the head of a wounded man to give him a drink of water when a stray bullet passed through her sleeve before killing the soldier.

Born in Oxford, Massachusetts, on Christmas Day, 1821, Clara was the youngest of five children in a middle-class family. Educated at home she began teaching school at age 15. Clara was working in the U.S. Patent Office in Washington D.C. when the war broke out. Learning that the wounded at First Bull Run had suffered from a lack of medical supplies, she advertised for donations in the Worcester, Massachusetts *Spy* for needed materials. Her efforts proved successful and the following year U.S. Surgeon General William A. Hammond granted her a pass to travel with the army ambulances “*for the purpose of distributing comforts for the sick and wounded, and nursing them.*”

For the next three years Clara followed army operations throughout the Virginia Theater as well as Charleston, South Carolina. Her work in Fredericksburg hospitals caring for the casualties from the Battle of the Wilderness attracted national attention and added to her legend. Army surgeon Dr. James I. Dunn wrote to his wife: “*At a time when we were entirely out of dressings of every kind, she supplied us with everything, and while the shells were bursting in every direction....she staid [sic] dealing out shirts....and preparing soup....I thought that night if heaven ever sent out a homely angel, she must be one.*”

Following the war in 1869 Clara went to Geneva, Switzerland as a member of the International Red Cross and ultimately succeeded in having the U.S. sign the Geneva Agreements. In 1881 she founded the American Red Cross. Her nursing efforts continued during the Spanish-American War. Resigning as head of the American Red Cross in 1904, she returned to her home at Glen Echo, Maryland. She died there on April 12, 1912, at age 90. Her epitaph might best be summed up by a Civil War surgeon who glowingly referred to her as an “*independent Sanitary Commission of one.*”

This month—on **MONDAY, JULY 25**—the Michigan Regimental welcomes **Margaret LeBlond** who will present “*The Legendary Clara Barton.*” Born and raised in Elk Rapids, Michigan, she graduated from the University of Detroit and taught second grade in Dearborn Heights. As a member of the Plymouth Historical Society, Margaret began presenting programs on Women Spies in the Civil War and later Clara Barton. Margaret says of Clara Barton: “She defied the limited role of women in the early 1800’s” and was “a visionary when it came to realizing the importance of education.” Margaret’s program will include a power point presentation and will be done in period costume.

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The MRRT expresses its thanks to last month’s speaker, **Jerry Maxwell**, for his presentation: “*‘I Am Glad the Yankees Are Coming’: Fighting on the Confederate Right at Fredericksburg.*”

**FALL FIELD TRIP—SPECIAL NOTICE—PLEASE READ CAREFULLY!** After conferring with our guide, Dennis Frye, it has been decided that there will be no box lunches on Saturday, October 22. Instead we will all eat at a fast food cluster. However, Sunday, October 23 we will have box lunches (at \$9.50 per) for all. Vegetarians (and others) take note: We will not be stopping on Sunday at any eating places, so you might want to provide your own food. A check will be collected this month for the dinner (\$20) and/or dinner and Sunday lunch (\$29.50). If this is confusing, simply bring a blank check, and we’ll fill it in at the meeting.

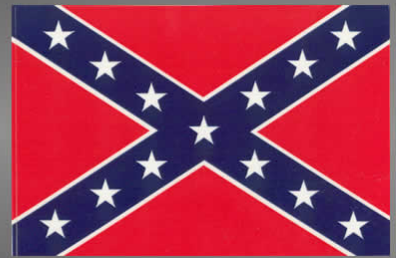
**QUIZ: All questions pertain to Civil War medicine.**

1. Who was the first Superintendent of women nurses during the war, and in what area as a humanitarian had she won prominence prior to the war?
2. How much money did Congress authorize in wages for her nurses, and because of her rigid rules, what nickname did she receive?
3. Who was the Chief Medical Officer for the Army of the Potomac that restructured the U.S. Army Medical Department in a system that was still used in World War II? And, which Confederate nurse was appointed by Jefferson Davis as an unassigned “Captain of Cavalry” as she ran Robertson Hospital?
4. Which noted female author served as a nurse in the Union Hotel Hospital in Washington D.C. and published *Hospital Sketches* in 1863? And, what was the name of her more famous novel still widely read today?
5. Which New York female physician won the only Medal of Honor by a woman during the Civil War? And, what was her response upon hearing that the citation and Medal had been revoked?
6. Which Confederate hospital in Richmond tended to approximately 76,000 patients during the war and has been described as “the largest military hospital in the history of North America”? And, which surgeon served as the Medical Director of this hospital?
7. Which surgical tool saw its principal use as a drill in operations of the skull to reduce fractures and also to relieve intercranial pressures due to hemorrhage? And, what was the difference between a regular amputating knife and a catlin?
8. What was the medical instrument called a tenaculum used for? And, what was a fleam?
9. What was the choice drug in dealing with hospital gangrene? And, what was the choice drug for the treatment of malarial disease?
10. Which Confederate general who bled to death from a wound had a tourniquet in his pocket at the time of his mortal wounding? And, who wielded the saw that removed Stonewall Jackson’s left arm?

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“*Future years will never know the seething hell and black infernal background,*” wrote the poet and journalist Walt Whitman, “*and it is best they should not.*” Whitman was, of course, referring to the battle waged behind the lines—the grim struggle of the sick and wounded to survive. His impressions were borne out by the gruesome statistics. In the four years of conflict, more than 60,000 men died of wounds received in battle; perhaps six times that number perished from disease.

Prewar medical treatment concentrated primarily on regulating the bowels, the kidneys, and the blood. Enormous doses of all manner of medicines were administered to achieve a proper consistency of bodily fluids and excretions. A favorite drug was calomel, a compound of mercury used as a cathartic and administered so lavishly that mercury poisoning was a common aftereffect. The usual painkillers were opiates—generally laudanum or the more potent morphine. By 1860 a few American physicians had performed audacious and successful operations, but the scalpel was an unfamiliar tool to most doctors. Little was known concerning sterilization or the ease with which infection could be introduced into an incision or wound. Infection literally was expected, and festering—“*laudable pus,*” as it was called—was considered part of the healing process. This infection could lead to a deadly outcome known as gangrene. Late in 1861 nurse Kate Cumming with the Army of Tennessee wrote: “*Our wounded are doing badly; gangrene in its worst form has broken out among them. Those whom we thought were almost well are now suffering severely. A wound which a few days ago was not the size of a silver dime is now eight or ten inches in diameter.*”



When the surgeon was simply probing a wound for a bullet, anesthesia was considered unnecessary. Surgeons seemed to have preferred using their fingers to enter a wound rather than employing the specially designed metal probes. If there was serious bleeding after removal of the bullet and any bits of cloth, dirt or bone in the wound, the surgeon often applied a ligature. As a means of stopping hemorrhaging, this procedure constituted one of the few innovations in surgical technique to emerge from the War. Yet it entailed a grave risk for the patient. The method was simply to tie a loop of thread around the ruptured artery, leaving the end of the thread dangling from the wound or incision. Every day thereafter the doctor would tug at the thread until, the loop having rotted, the strand came away in his hand. If infection had reached the artery wall, however, or if a satisfactory clot had not formed, the premature tugging might open the artery and the patient might bleed to death on the spot. Indeed, this fate befell almost two thirds of the men so treated.

Three out of four battlefield operations performed during the War were amputations. This fearsome frequency provoked bitter criticisms, including repeated references to field surgeons as “*butchers*.” But as a surgeon in the Army of Tennessee, Dr. Derring Roberts, explained, “*the shattering, splintering and splitting of a long bone by the impact of the Minie or Enfield ball were, in many instances, both remarkable and frightful, and early experience taught surgeons that amputation was the only means of saving life.*” In fact, if the damaged tissue and bone were not excised, infection would soon set in and spread, dooming the patient.

Even with this explanation, soldiers found little to redeem their view of the surgeons and their field hospitals. Following the First Battle of Bull Run, Adjutant William Blackford of the 1st Virginia Cavalry passed a clearing where the surgeons were hard at work. “*Tables about breast high had been erected upon which screaming victims were having legs and arms cut off,*” he recalled. “*The surgeons and their assistants, stripped to the waist and bespattered with blood, stood around, some holding the poor fellows while others, armed with long bloody knives and saws, cut and sawed away with frightful rapidity, throwing the mangled limbs on a pile nearby as soon as removed.*” Other wounded awaited their turn, while more limped in or arrived on stretchers. The men who had survived their operations lay fanning the flies away from their bloody stumps. Blackford wrote that his men were soon overwhelmed by “*the praying, the curses, the screams, the blood, the flies, the sickening stench of his horrible little valley.*” All along his mounted column the men bent over their pommels, retching.

## QUIZ ANSWERS:

1. Dorothea Dix and providing care for the mentally ill
2. 40 cents per day (plus meals and transportation) and “Dragon Dix”
3. Jonathon Letterman and Sally Tompkins
4. Louisa May Alcott and *Little Women*
5. Mary Edwards Walker and “You can have it over my dead body!”
6. Chimborazo and Dr. James Brown McCaw
7. Trephine and a catlin was a double-edged knife while a regular amputating knife had only a single cutting edge
8. Pulling out the arteries from the stump in order to tie them off and a bleeder with generally 3 attached blades
9. Bromine and quinine
10. Albert Sidney Johnston and Hunter McGuire

A last reminder to join us on **MONDAY, JULY 25** for “*The Legendary Clara Barton,*” as told by **Margaret LeBlond**. As usual, the meeting will begin at 6:30 P.M. in the Farmington Public Library (Grand River and Farmington Road). Hope to see you there.

Also try our website: <http://www.farmlib.org/mrrt/>.