

Fifty years after the end of the Civil War, Federal surgeon, S. Weir Mitchell, lamented:

*“We had served faithfully as great a cause as earth has known; we had built novel hospitals, organized such an ambulance service as had never before been seen, contributed numberless essays on disease and wounds, and passed again into private life....What has been our reward? The great leaders in war have been promoted and universally honored. Countless statues commemorate in Washington and elsewhere the popular heroes. Statues of generals are in every town, some of them memorials of men it were wiser to forget, some of whom history will judge severely. Every village has its statue to the private soldier. There is not a state or national monument to a surgeon. At Gettysburg, every battery site is marked with a recording tablet; every general who fell, Union or Confederate, is remembered in bronze or marble, but what of the surgeon who died? Nothing!”*

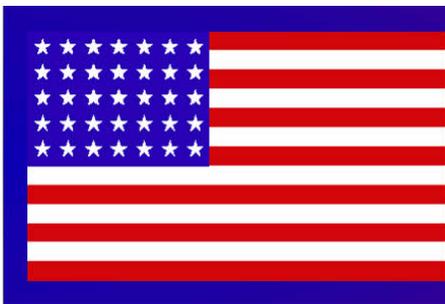
For all of the diligent surgeons of the war this epitaph rings true. The Civil War simply produced far more casualties than anyone would have fathomed at its outset. Too often a battle wielded not only thousands of dead but an equal number of seriously wounded men. Surgeons were plainly overwhelmed, overworked, and overstressed. Medical help and equipment were sometimes scarce, leaving the hospitals an unspeakable abomination of stench and filth. In mid-December 1862, 43-year-old Walt Whitman went looking for his brother who had been wounded at the Battle of Fredericksburg. Near Falmouth, Whitman gladly found his brother’s injury was slight, but was shocked by the conditions of the hospital site. *“One of the first things that met my eyes in camp was a heap of feet, arms, legs, etc., under a tree in front of a hospital,”* he wrote his mother. Whitman recalled how, during his time in Falmouth, he would step out of his tent to wash his face and before him would be a stretcher holding a shapeless object covered by a dark gray blanket. *“It is the corpse of some wounded or sick soldier of the reg’t who died in the hospital tent during the night—perhaps there is a row of three or four of these corpses lying covered over,”* Whitman wrote in his diary. *“No one makes an ado.”*

Frederick Law Olmsted, the executive secretary of the United States Sanitary Commission, saw similar horrors and realized his task to change the process was daunting. *“The horrors of war can never be known but on the field,”* he wrote his wife, Mary. *“It is beyond, far beyond, all imagination.”* Describing a *“terrible week’s work,”* Olmsted provided a graphic description of what he was facing: *“At the time of which I am now writing....wounded were arriving by every train, entirely unattended or with at most a detail of two soldiers to a train of two or three hundred of them. They were packed in closely as they could be stowed in the common freight cars, without beds, without straw, at most with a wisp of hay under their heads. They arrived, dead and alive together, in the same close box, many with awful wounds festering and alive with maggots. The stench was such as to produce vomiting with some of our strong men, habituated to the duty of attending the sick & wounded of the army.”*

This month—**MONDAY, SEPTEMBER 24**—the MRRT proudly welcomes one of its own, **Ken Baumann**, who will **present**, *“With Dr. Gray on the March to the Sea, or ‘Every Old Hog Has to Find an Acorn Sometime.’”* A member of the Michigan Regimental since 1971 and three times a past president, Ken has blessed our group with numerous programs over the years. A retired horticulturist who worked for Jackson Prison, Ken is now a “gentleman farmer.” Dr. Gray was the surgeon for the 60th Illinois, and at the time of the Atlanta Campaign was a brigade surgeon. Ken will read selections of Dr. Gray’s narrative of the March to the Sea from his unpublished memoirs that Ken has in his collection. As always Ken will add his pithy comments to the narrative and will once again prove that you don’t have to be a Confederate to be a Rebel.

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The MRRT wishes to extend its thanks to last month’s speaker, **Dr. William M. Anderson** for his exemplary presentation, *“The Mind of the Soldier.”* Quoting from his vast collection of Civil War letters, Dr. Anderson focused on the common soldier’s motivation to serve, his private correspondence, relationships with women and the enemy, his



attitudes about the great issues of the war, and the ultimate sacrifice that so many made. The selected letters were filled with poignant expressions of humor and heartrending passages. A lively question and answer session followed.

**FALL FIELD TRIP:** This will be the last meeting before our Gettysburg trip in October. We have a full bus and some cars that will follow along. Our guide, John Heiser, is anxiously awaiting our arrival. We will get together as a group at the Quality Inn on Friday evening at 7:30 P.M. for a briefing session. Have a safe trip!

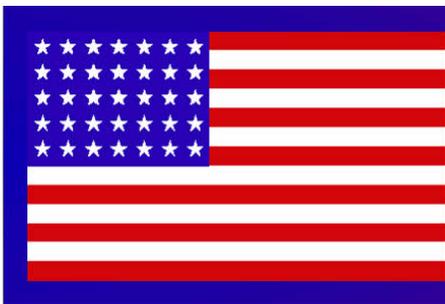
### QUIZ: MEDICINE AND SURGERY

1. What was the procedure commonly called when a surgeon cut through the skin, muscle, and tissue of an arm or leg down to the bone? And, what was it called when during an amputation, a sufficient amount of skin was left on the patient's stump to cover the bone?
2. Which type of Civil War soldier most suffered from "anal fistula"? And, what was the term for a plug of material such as lint or gauze used to keep a wound open so it healed from the bottom up?
3. When Jeb Stuart was shot in the stomach and mortally wounded in 1864, what was the medical term for infection of the abdominal wall causing his death? And, what was the mortality rate of this ailment? A) 87% B) 42% C) 71% D) 27%
4. What was the chief anesthetic of the Civil War? And, what was the medical term for "pus in the blood"? Also, what was its mortality rate? A) 27.6% B) 53.8% C) 67.5% D) 97.4%
5. What were the two "sovereign remedies" of the Civil War?
6. What was the most common disease that afflicted Civil War soldiers? And, what appeared to be the most common ailment?
7. Which noted authoress served as a nurse at Union Hotel Hospital in Washington D.C.? And, which nurse was appointed Superintendent of Female Nurses of the Federal Army in 1861?
8. Which surgical instrument with circular saw-like teeth was used for excising disks of bone usually from the skull? And, what was a sharp-pointed surgical instrument used to puncture a body cavity for fluid aspiration?
9. At the start of the war which veteran of the War of 1812, well over 80 years of age, headed the Army Medical Department? And, which Federal army surgeon organized a field hospital system that was used all the way through World War II?
10. From which common ailment did Union cavalry General George Stoneman chronically suffer? And from which ailment did Federal General George Thomas, the "Rock of Chickamauga," die at age 53?

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Thirty-year-old Dr. John Brinton received his medical degree from Philadelphia's Jefferson Medical College ten years earlier. A brilliant and perceptive physician, he became the first curator of the United States Medical Museum in Washington D.C. "*My whole heart was in the Museum,*" Brinton wrote, "*and I felt that if the medical officers in the field, and those in charge of hospitals, could only be fairly interested, its growth would be rapid. By it the results of the surgery of this war would be preserved for all time, and the education of future generations of military surgeons would be greatly assisted.*" Ultimately, the museum displayed pathological specimens as part of an ongoing endeavor to better educate physicians and improve medical care. From infected organs to fractured bones, thousands of items, many pickled in alcohol or mummified by sunlight, found their way to the museum's shelves.

To accumulate the collection, Brinton traveled from one battlefield to another gathering mutilated limbs, organs from autopsies, and parts of bodies racked by disease—sometimes removing corpses from freshly dug graves to procure the needed specimen. It was a grisly task, with opponents deriding the project and demeaning the future museum as just "a



*collection of old bones.*” Packed in kegs of alcohol, brine, or whiskey, the human bones and tissues were shipped to Washington, where anatomists cleaned and tagged them for public display.

Within two years, the museum became one of the more visited in Washington. Veterans and their families crowded into the facility to see what might possibly remain of an old friend or two. In some cases, wounded soldiers patriotically offered up their amputated extremity for viewing. Federal General Dan Sickles forwarded his leg bones in a makeshift coffin along with his calling card. Among those who flocked to the site were foreign dignitaries, including a contingent of surgeons and sailors from a Russian fleet anchored at Alexandria, Virginia.

Some viewers were also less than enthusiastic. In at least one instance, an amputee Union soldier, shocked to discover his limb was on display, demanded its immediate return. A quick-witted museum official asked the man how long he had been enlisted. *“For three years or the war,”* was the reply. *“Then,”* explained the curator, *“the contract is not yet terminated. Come back at the end of the war or at the expiration of your three years’ service and you can have your bones. In the meantime, one detachment of you is stationed in this Museum on government duty, the other wherever you may be ordered.”* Not knowing what to say, the soldier left the museum while his bones remained in place.

By the end of 1862, Brinton’s efforts yielded 1,349 objects. Four years later, there were 4,719 specimens, ranging from injuries and diseases of the head to operations on soft tissues. At the conclusion of the war, the museum had outgrown its original building, and the medical assemblage was soon moved to a remodeled Ford’s Theatre. Over the years, the collection has been transformed into the world-renowned National Museum of Health and Medicine of the Armed Forces Institute of Pathology and is currently housed at the Walter Reed Army Medical Center. There visitors can still see some of the same preserved specimens that Americans gawked at 150 years ago.

After the war Dr. John Brinton served as a professor of surgery at Jefferson Medical College from 1882 to 1906. He was 75 when he died in 1907.

#### QUIZ ANSWERS:

1. “Circular cut” and the “flap method”
2. Cavalrymen and “tent”
3. Peritonitis and A) 87%
4. Chloroform and Pyemia and D) 97.4%
5. Alcohol and quinine
6. Measles and diarrhea
7. Louisa May Alcott and Dorothea Dix
8. Trepine and Trocar
9. Col. Thomas Lawson and Dr. Jonathon Letterman
10. Hemorrhoids and Apoplexy

Don’t forget to attend the meeting on **MONDAY, SEPTEMBER 24** for **Ken Baumann’s** presentation: *“With Dr. Gray on the March to the Sea, or ‘Every Old Hog Has to Find an Acorn Sometime’ ”* The meeting will commence at 6:30 P.M. in the Farmington Public Library (Grand River and Farmington Road). It promises to be a great evening. See you there!

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