Competing Stories: The Gardner Saga Continues

Brianna E. Kirk
Gettysburg College
Class of 2015

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Abstract
In 1893, two Philadelphia doctors from the Mütter Museum sent surveys to Civil War amputee veterans in order to compile records on their war amputations circa thirty years after seeing combat. One of those surveys found its way into the hands of Clark Gardner, a fifty-four year old double amputee vet who served in the 10th New York Heavy Artillery. (An introduction to Garnder can be found here.) Gardner’s responses to the survey are quite compelling and provided vivid details about his war amputations, the healing processes, difficulties he encountered, and artificial limb usage. [excerpt]

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By: Brianna Kirk, ’15

In 1893, two Philadelphia doctors from the Mütter Museum sent surveys to Civil War amputee veterans in order to compile records on their war amputations circa thirty years after seeing combat. One of those surveys found its way into the hands of Clark Gardner, a fifty-four year old double amputee vet who served in the 10th New York Heavy Artillery. (An introduction to Gardner can be found [here](#).) Gardner’s responses to the survey are quite compelling and provided vivid details about his war amputations, the healing processes, difficulties he encountered, and artificial limb usage.

A casual read over Gardner’s survey leaves nothing to the imagination; he set up a legitimate timeline of when his wounds occurred and when his limbs were amputated. His left arm was amputated on August 24, 1864, four months after he was wounded. His right leg was amputated on May 24, 1879, fourteen years and six months after he was wounded. If his timeline is correct, Gardner received his injuries in April and December of 1864, respectively. During those months, the 10th New York Heavy Artillery was on garrison duty in Washington, D.C., and moved from Cold Harbor to Petersburg to Cedar Creek, and then back to Washington. It is easy to assume, without further investigation, that Gardner received his wounds that required amputation from these campaigns. But it is also important to remember that Gardner was transferred to the Veterans Reserve Corps, a corps for Union soldiers deemed unfit for front line service, in the fall of 1863, many months before he supposedly received his wounds.
After reviewing Gardner’s pension records, his story becomes rather ambiguous. Gardner suddenly had two completely different stories of how he received his wounds. In a deposition taken on December 4, 1907, Gardner described in detail the events surrounding his injuries. Questions prompted by the special examiner W.H. Nelms regarding his prior medical history allowed Gardner to dismiss any claims that he was committing pension fraud. He maintained throughout that he never received any sickness prior to enlistment in the army, including fever, skin diseases, or running sores. Only after living in a tent on Staten Island due to overcrowded barracks was Gardner exposed to any type of illness, in this case inflammatory rheumatism. He developed infections in his arms and legs, prompting a visit to the hospital, but quickly returned to service within a few weeks. The 10th New York then moved to Washington, D.C., where Gardner described the sores on his arms and legs as acting up, triggering his transfer to the Veterans Reserve Corps in the fall of 1863. This is the first time Gardner ever mentioned his transfer from the 10th New York. Even in the survey to the Philadelphia doctors, Gardner does not mention the VRC.

The remainder of Gardner’s deposition testimony detailed his discharge from service, his return home for the left arm amputation in 1864 and his ankle/leg pain until its amputation in 1879. The differences between the contents of Gardner’s amputee survey and his deposition testimony almost fifteen years later are astounding. The survey’s description of his wounds and amputations gave the impression that he was wounded in battle, fighting valiantly for the Union. The testimony, though, contradicts that theory, raising the idea that Gardner received his amputations not because of a bullet wound, but because of a sickness. Interestingly enough, Gardner placed the reason for his sickness on the fact that he was forced to sleep in a tent instead of in the barracks, and dismissed the notion that he had a pre-existing condition coming into service. The many inconsistencies surrounding Gardner’s amputations and pension claims will continue on throughout many more testimonies, and will resume next time with Edward A. Rich, Gardner’s neighbor and friend who accused Gardner of pension fraud on the basis of a pre-existing skin condition. To Be Continued . . .

Sources:


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