



THE GETTYSBURG COLLEGE JOURNAL OF THE CIVIL WAR ERA

Volume 9

Article 3

May 2019

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Tracey, Jonathan (2019) "The Utility of the Wounded: Circular No. 2, Camp Letterman, and Acceptance of Medical Dissection," *The Gettysburg College Journal of the Civil War Era*: Vol. 9 , Article 3.

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The Utility of the Wounded: Circular No. 2, Camp Letterman, and Acceptance of Medical Dissection

Abstract

Prior to the American Civil War, doctors in the United States had difficulty obtaining cadavers for research and instruction purposes. Based on religious and moral objections, the American public staunchly opposed autopsies and dissections. With the coming of the Civil War, doctors needed the knowledge that could be obtained through examining cadavers. Over the course of the war, society came to accept these medical procedures as a necessity that could hopefully save more lives in the future. The publication of *Medical and Surgical History of the War of the Rebellion* as well as the establishment of the Army Medical Museum made these stories public knowledge. Rather than react angrily, the public embraced these with morbid curiosity. The specific case of James Bedell, a Michigan cavalryman, is used to examine the doctors' processes as well as what medical knowledge was gained through medical dissection.

Keywords

medicine, dissection, Gettysburg, Camp Letterman

THE UTILITY OF THE WOUNDED: CIRCULAR NO. 2 AND MEDICAL DISSECTION

Jonathan Tracey

The American Civil War completely upended the American medical profession. Prior to the war, doctors and medical students had difficulty obtaining specimens to dissect and research. Due to Victorian social expectations and religious beliefs, families were extremely reluctant to allow research on their loved ones. As the Civil War began and medical necessity started to outweigh social norms, doctors struggled to find a socially acceptable way to acquire the bodies required to advance medical knowledge. With Circular No. 2, the Federal Government hoped to solve issues regarding inadequate specimens as well as poorly trained doctors. However, this medical advancement came at a deep social cost. Americans had to weigh two evils, debating whether it was worse to allow harm upon a deceased body or to let others die because of a lack of anatomical knowledge. The Civil War brought the gruesome reality of violent death to the doorsteps of families, and slowly but surely society transitioned from vehemently opposing medical schools towards begrudging acceptance and even curiosity, as shown through high visitation at the Army Medical Museum.

Previously, several scholars have examined the evolution of medicine during the Civil War as well as its effect upon Victorian society. Drew Gilpin Faust's *This Republic of Suffering* is a keystone in all studies regarding

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Victorian Americans' perception of death and loss, and it includes a small portion examining conceptions that limited the ability of doctors to procure remains to study, such as religious beliefs and the importance of the human body. Shauna Devine's work, *Learning from the Wounded*, as well as Ira Rutkow's book, *Bleeding Blue and Gray*, make the argument that the Civil War led to enormous medical progress and improvement both in the way injuries were treated as well as in the way new doctors were taught by tracking the changes that occurred throughout the war, such as professionalization of the medical field and increased success rates of medical treatment.

Yet, at what cost did this advancement come? Robert Goler's work, such as "Loss and the Persistence of Memory: 'The Case of George Dedlow' and Disabled Civil War Veterans," delves into this issue, raising the question of how veterans felt about the use of their medical records and answering it with the revelation that many veterans saw the wounds as a badge of honor. However, despite some coverage of grave robbing, minor discussions of Circular No. 2., and analysis of how the Civil War transformed medical study, no major studies have combined all three topics together to understand how and why the medical field changed. By examining antebellum America and the transition during the war through stories of men like James Bedell, society's transition from horror of dissection to accepting it for the greater good becomes clearer.

In the 1800s, it was incredibly difficult for budding doctors and medical schools to obtain cadavers for educational purposes. Part of the reason that medical

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specimens were so difficult to acquire was the idea of the Resurrection of the Body. Most Americans believed that a corpse retained “something of the former selfhood,” and prominent Protestant belief was that the same physical body would be raised again with the return of Jesus Christ.¹ Thus, Americans tended to believe that bodies should remain as whole as possible during burial, making the mutilation of bodies for dissection abhorrent. Religious objections were justified through Deuteronomy 21:22-23, which stated:

And if a man has committed a crime punishable by death and he is put to death, and you hang him on a tree, his body shall not remain all night upon the tree, but you shall bury him the same day, for a hanged man is accursed by God; you shall not defile your land which the Lord your God gives you for an inheritance.²

Most church interpretation of this section led to a desire for immediate burials rather than allowing time for dissection, which made it difficult for doctors to gain medical experience.

Many religious texts even forbade autopsies, especially in Orthodox Judaism. Although Judaism began to allow limited autopsy in specific cases, requiring organs to remain in situ rather than be fully removed, the definition applied not “for the good of all mankind or for future advancement of medical knowledge, but for the critically ill

¹ Drew Gilpin Faust, *This Republic of Suffering: Death and the American Civil War* (New York: Alfred A. Knopf, 2008), 62.

² Suzanne M. Shultz, *Body Snatching: The Robbing of Graves for the Education of Physicians* (Jefferson: McFarland & Company, 1992), 7.

patient who may benefit directly from anatomical examination of the deceased person's remains."³ In the words of Drew Gilpin Faust, "redemption and resurrection of the body were understood as physical, not just metaphysical, realities, and therefore the body, even in death and dissolution, preserved 'a surviving identity'. Thus, the body required 'sacred reverence and care'."⁴ To Americans during the Civil War, the treatment of the bodies of the killed and the eventual respectful burial of the body as a whole were extremely important cultural norms. The bodies of the dead were supposed to belong to the families of the deceased, and dissection or experiments on bodies, despite potential medical gain, was contentious.⁵

Public outcry against medical study of cadavers further demonstrates both the adamant belief in concepts such as the Resurrection of the Body as well as explaining the government's perceived necessity of issuing Circular No. 2. Riots were directed against those who retrieved bodies, as well as the medical institutions that researched them, and many of the largest occurred mere decades before the Civil War. In 1811, a trail from a desecrated grave led to a hotel where medical students resided, and the hotel was destroyed by an angry mob.⁶ In January 1824, a "resurrected" body, meaning one that had been taken from its burial, was found

³ Ibid.,

⁴ Faust, 62.

⁵ William Feeney, *Manifestations of the Maimed: The Perception of Wounded Soldiers in the Civil War North*, Dissertation, West Virginia University, 2015, ProQuest, 170-171.

⁶ Shultz, 46.

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at Yale Medical College, leading to rioting for the better part of a week. One Yale student was even tried for grave robbing and convicted to jail time despite a lack of hard evidence and the fact no statutes covered the crime.⁷ Worthington Medical College in Ohio was destroyed following a riot in 1839 when citizens gathered to accuse the college of grave robbery for dissection. Then, in 1847, Willoughby Medical College, which would later become the Ohio State University Medical School, was forced to relocate due to a mob. Angry mobs only temporarily dissuaded the practice, and ultimately Anatomy Laws were passed in several states from the 1840s to 1860s banning dissection and grave robbing except in specific situations, such as criminals being researched.⁸ Clearly, public opinion in the mid-1800s objected to the “resurrection” and research of the dead.

As the Civil War began, doctors struggled to adapt to new types of wounds while also being limited by public opinion surrounding cadaver research. In the words of historian Margaret Humphreys, doctors who had mostly just been wrenched away from civilian life had to “invent an army medical system with little prior experience and few concrete models to draw from.”⁹ As battles grew in scale and severity throughout late 1861 and 1862, doctors were faced with disaster. Examples of military medicine set by the Crimean War failed as the scale of the Civil War proved

⁷ Ibid, 47.

⁸ Ibid, 47-48.

⁹ Margaret Humphreys, *Marrow of Tragedy: The Health Crisis of the American Civil War* (Baltimore: The Johns Hopkins University Press, 2013), 7.

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much larger, and medical preparations proved unable to adequately transport and treat the wounded. Doctors simply lacked the experience and resources necessary to carry out their tasks. After all, gunshot wounds were rare for the civilian doctor, but would come in the hundreds or thousands following a battle. Although some publications were issued to civilian doctors that entered the service, they were by no means detailed enough to adequately prepare doctors for service as an army surgeon.¹⁰

The previous structures of medical research and instruction had been found to be severely lacking. In May 1862, Surgeon General William Hammond issued Circular No. 2 to attempt to address these weaknesses, especially the lack of knowledge about battlefield injuries:

Circular No 2.

Surgeon General's Office

Washington D.C., May 21, 1862

As it is proposed to establish in Washington, an Army Medical Museum, medical officers are directed diligently to collect and to forward to the office of the Surgeon General, all specimens of morbid anatomy, surgical and medical, which may be regarded as valuable; together with projectiles and foreign bodies removed, and such other matters as may prove of interest in the study of military medicine or surgery. These objects should be accompanied by short explanatory notes. Each specimen in the collection will have appended the

¹⁰ Ibid, 30.

name of the Medical Officer by whom it was prepared.

WILLIAM A. HAMMOND, Surgeon General.¹¹

This order created the Army Medical Museum as well as setting the standards of documentation that had to accompany each case. Not only did it mandate sending cases to the museum, but it showed that doctors were also personally motivated to do so. By attaching their names to the cases they submitted, doctors could show off their knowledge and skill, potentially furthering their career. Circular No. 5, issued later, stated that contributed case studies would be published in the future *Medical and Surgical History of the War of the Rebellion*.¹²

Many doctors fully embraced the orders, eager to further medical knowledge while making a name for themselves. Charles Wagner, who would ultimately become one of the chief contributors, wrote to John Brinton often in 1862. As he was “desirous to be a part of the surgical history of the war,” he had already begun recording all his cases. Regarding specimens, he regretfully stated the he had treated “several interesting cases of gunshot wounds of the lungs, but cannot procure specimens because the cases will recover.” Though disappointed he could not send the lungs because his treatment was successful, he also noted he would

¹¹ John H. Brinton, *Personal Memoirs of John H. Brinton: Civil War Surgeon, 1861-1865* (Carbondale: Southern Illinois University Press, 1996), 180.

¹² Shauna Devine, *Learning from the Wounded: The Civil War and the Rise of American Medical Science* (Chapel Hill: The University of North Carolina Press, 2014), 31.

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send “one very pretty specimen, a portion of the cranium from a case of resection of the cranium.”¹³ However, sometimes other motivations won out, and there is at least one account of a surgeon facing military discipline because he had sold a specimen to a private collector.¹⁴ Additionally, the issuance of Circular No. 10 in August 1862 chastising surgeons for not complying with previous circulars likely means that Hammond and John Brinton, who ran the museum, were not receiving compliance.¹⁵

Circular No. 2 and the Army Medical Museum have a complex legacy. Not only was it intended to compile specimens for medical research, but it was also intended to grow a collection for public display. Since it was federally funded and appropriated, the museum “was a ‘common possession,’ a shared reminder of the North’s losses and gains. The exhibits on display also acted as a siphon through which the public recognized the benefits of understanding human anatomy.”¹⁶ Regarding issues of ownership, the Army Medical Museum argued that the Federal government owned soldiers’ bodies during enlistment as well as appealed to patriotism by arguing that the specimens could continue to serve the nation by furthering medical knowledge.¹⁷ The museum collection grew to over 4,700 specimens and relocated to Ford’s Theatre, where Abraham Lincoln was shot by John Wilkes Booth.

¹³ *Ibid.*, 38-39.

¹⁴ Feeney, 165-166.

¹⁵ *Ibid.*,

¹⁶ Feeney, 167.

¹⁷ *Ibid.*, 176-177.

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The Army Medical Museum reopened on April 16, 1867.¹⁸ The display was comprised of wooden cases filled with specimens and the associated photographs, complete with models of ambulances and medical tents and flags draped from the ceiling. One journalist described the museum as “not such a collection as the timid would care to visit at midnight.”¹⁹ The gruesome display did not deter visitors, and by 1871 it boasted annual visitation of nearly 18,000 people. Although Hammond had hoped to start a school of medicine at the Army Medical Museum, Edwin Stanton thwarted him. Future doctors would have to rely on the records produced by Circular No. 2 rather than attending a full school based at the museum.²⁰

In an optimal situation, such as at a permanent hospital, specimens for the museum were gathered in the following way:

[T]he bones of a part removed would usually be partially cleaned, and then with a wooden tag and carved number attached, would be packed away in a keg, containing alcohol, whiskey, or sometimes salt and water. Then, when a sufficient number of specimens had accumulated, the keg would be sent to Washington and turned over to the Army Museum,

¹⁸ Ira M. Rutkow, *Bleeding Blue and Gray: Civil War Surgery and the Evolution of American Medicine* (New York: Random House, 2005), 247.

¹⁹ Robert Goler, and Michael Rhode, "From Individual Trauma to National Policy: Tracking the Uses of Civil War Veteran Records," in *Disabled Veterans in History*, ed. David A. Gerber, (Ann Arbor: University of Michigan Press, 2000), 180.

²⁰ Rutkow, 249-250.

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where the preparations of the specimens would be finished...The memoranda or histories of these specimens would in the meantime have been forwarded to the Surgeon-General's Office.²¹

This method of procurement was significantly more complicated when the realities of field medicine entered the equation. Often, specimens would be sent lacking proper documentation, or, worse in the eyes of Brinton, specimens would simply not be collected and sent at all. Early on, Brinton would even travel to battlefields and hospitals, personally 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.”²²

At Camp Letterman, the reality of how difficult it was to obtain records, as well as the inhumanity of how cases were handled, is clear. Camp Letterman was the conglomerated hospital established outside Gettysburg in late July 1863. There, thousands of soldiers wounded during the Battle of Gettysburg would be treated, and there James T. Bedell serves as a case study for Circular No. 2's use in the field. Bedell was a 43-year-old farmer from Michigan who lived with his 82-year-old mother, as well as his 55-year-old and 39-year-old brothers.²³ Bedell enlisted in the 7th Michigan Cavalry on January 1st, 1863, but the Battle of

²¹ Brinton, 185-186

²² Rutkow, 246.

²³ 1860 U.S. Census, Oakland County, Michigan, population schedule, Waterford Township.

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Gettysburg was the first major battle he was a part of.²⁴ During the battle his horse was shot out from under him and he was captured, though he was still unwounded. While being led to the rear, “he was unable to keep up with the column, and all efforts to goad him on being unavailing, a confederate (SIC) lieutenant, in command of the provost guard, cut him down, and left him for dead by the roadside.”²⁵ While at the Cavalry Corps Hospital, his state was depressed, with a low pulse. However, it also states that he was “quite rational” when awoken.²⁶ His medical records conflict slightly beyond this point. The *Reports on the Extent and Nature of the Materials Available for the Preparation of a Medical and Surgical History of the Rebellion* cite records submitted by Surgeon W.H. Rulison that claim Bedell died August 15th, while the Case Book of Dr. Henry Janes, a record book of case files at Camp Letterman compiled by Janes while he supervised Gettysburg hospitals, picks up from August 16th to August 30th, stating that records previous to the 16th had been lost. It is probable that he actually died on the 30th, and Rulison’s records were simply

²⁴ Travis Busey, and John Busey, *Union Casualties at Gettysburg: A Comprehensive Record, Volume 1* (Jefferson: McFarland & Company, Inc, Publishers, 2011), 299.

²⁵ *Reports on the Extent and Nature of the Materials Available for the Preparation of a Medical and Surgical History of the Rebellion: Circular No. 6 War Department, Surgeon General’s Office, Washington, November 1, 1865* (Philadelphia: J.B. Lippincott & Co, 1865), 40.

²⁶ *Ibid.*,

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the earlier copy that Camp Letterman doctors had been unable to obtain.²⁷

While at Letterman, Bedell's situation remained very similar to when he was at the Cavalry Corps Hospital, with low pulse, weakness, and a depressed state. On August 30th, he took a drastic turn for the worse. He was afflicted by a severe chill along with a drastically increased heartrate for sixteen hours. The Case Book stated that "the brain protrudes from the wound" and that he had gone entirely blind. Horrifically, it also stated that his mind remained clear throughout the suffering until his death at 5 PM.²⁸ Following his death an autopsy was performed. This procedure revealed:

a sabre cut six inches long, which had raised an osseous flap, adherent at its base, from the left parietal, with great splintering of the vitreous plate. The sabre had penetrated the dura mater on the left side, and on the right side the meninges were injured by the depressed inner table. The posterior lobes of both hemispheres were extensively disorganized.²⁹

The autopsy also included sawing "out a section of the skull about 5 inches long and 3 inches wide (elliptical) including the fracture and found internal table resting upon the cerebrum."³⁰ The speed at which the autopsy was completed

²⁷ Jonathan. Tracey, "James Bedell, 7th Michigan Cavalry," *Killed at Gettysburg*, <http://killedatgettysburg.org/james-bedell-7th-michigan-cavalry/>

²⁸ *Dr. Henry Janes Case Book*, University of Vermont – Special Collections, transcription at Gettysburg National Military Park.

²⁹ *Ibid.*,

³⁰ *Ibid.*,

along with the distance that separated Bedell from his family almost certainly means they proceeded without gaining permission from the family. Bedell was then briefly buried in the Camp Letterman cemetery, though the exact grave number is unknown. The details then become murkier; he was ultimately disinterred and moved to the Soldiers' National Cemetery at an unknown date.³¹ However, he was not buried whole.

His skull was removed from the rest of his body, and mailed to the Army Medical Museum near Washington D.C., where it was photographed by George Otis.³² Sabre or bayonet wounds were extremely uncommon, comprising less than 1% of wounds treated by Union doctors during the Civil War.³³ This factor, compounded with the curiosity that Bedell had survived for nearly two months afterward and had remained lucid certainly meant his specimen was one that fit Circular No. 2's criteria "of morbid anatomy, surgical and medical, which may be regarded as valuable," explaining why his skull was sent to the museum.³⁴

Bedell was far from the only victim of Circular No. 2 at Camp Letterman. Comparing the National Museum of Health and Medicine's Otis Historical Archives Surgical Photograph collection, which is composed of photographs taken by Otis of specimens at the Army Medical Museum,

³¹ Busey and Busey, 299.

³² *James T. Bedell File*, National Museum of Health and Medicine.

³³ Charles Teague, *Gettysburg by the Numbers: The Essential Pocket Compendium of Crucial and Curious Data about the Battle* (Gettysburg: Adams County Historical Society, 2006), 41.

³⁴ Brinton, 180.

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against the Henry Janes Case Book reveals several heavily documented examples of specimens retrieved from Camp Letterman. These specimens include objects such as Bedell's section of a posterior portion of a cranium, Gardiner Lewis' excised knee-joint, John Durkin's shortened left thigh with removal of fragment of bone, S. Manley's upper portion of the right femur, L. Morell's cicatrices after shot perforation of the abdomen and Theodore W. Pease's secondary excision at the hip.³⁵ Additionally, unidentified amputated limbs from Camp Letterman were sent en masse to the Army Medical Museum. A visitor to Gettysburg, Frank Stoke, recorded that "the amputated limbs are put into barrels and buried and left in the ground until they are decomposed, then lifted & sent to the Medical College at Washington."³⁶

John Brinton outlined his plan for records in a letter to Henry Janes on August 15th, 1863. Brinton begins the letter by mentioning that he forwarded additional blank pages to be filled with descriptions of wounds along with a few examples to show what information he required. He continues by stating Janes only need ask if he needs more liquor to store specimens. Brinton then chastised Dr. Neff for burying a barrel of specimens in the fashion described by Frank Stoke in his letter; burying specimens was "hardly the idea" of what Brinton wanted.³⁷ Instead, Brinton requested that the barrel be immediately forwarded by Adams' Express

³⁵ Otis Historical Archives, OHA 82 Surgical Photographs, National Museum of Health and Medicine.

³⁶ Frank M. Stoke to J.M. Stoke, October 26, 1863. Library, Gettysburg National Military Park.

³⁷ Letter, J.H. Brinton to Henry Janes, August 15, 1863.

and that any future barrels or kegs should be sent to the Surgeon General's office as soon as they were full. Furthermore, Brinton requested that each specimen should have attached a block with the number as well as be marked with lead pencil. If each of Janes' 1,295 cases could be written on the blanks and kept up to date, Brinton thought Janes' "opportunity for an immortal paper [would] be the best any surgeon ever had."³⁸ However, apparently Janes had some difficulty obtaining records, as in September he wrote Brinton stating, "you have no idea how difficult it has been to get even such poor histories as those I send today."³⁹

Concerning the specific case of James T. Bedell, it is unlikely his family was ever asked for consent or informed that his skull was being separated from the rest of his body. He was not an unknown soldier with an unknown origin, which may have excused the inhumane treatment of his body. Bedell was identified at the time of his death and his record was heavily documented. Additionally, upon his death his personal effects were recorded, including "a muster roll list, \$75 dollars in back pay from April to July, a diary, [and] a letter."⁴⁰ Bedell was treated not as a man worth individuality, but simply as a specimen with value solely as a medical oddity. The worth of the individual man and his individual body was made subordinate to national need. In

³⁸ Ibid.,

³⁹ Letter, Surgeon Henry Janes to Surgeon J. H. Brinton about Camp Letterman Hospital, Gettysburg, Pennsylvania, September 12, 1863.

⁴⁰ Busey and Busey, 299.

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the eyes of many, “if the specimen could be used, perhaps it gave meaning to the soldier’s life.”⁴¹

Following the war, veterans continued to struggle with the legacy of Circular No. 2. Public displays of specimens at the Army Medical Museum and publication in the *Medical and Surgical History of the War of the Rebellion* served both to compile knowledge and honor veterans, but although many soldiers saw public display as an honor, other veterans and society members saw it as grotesque. Brinton’s memoirs have several examples of soldiers and their varied reactions to learning that their bones were on display at the Army Medical Museum. One Colonel arrived at the museum and, recognizing a display by the attached information, called his daughter over and exclaimed “Come here, Julia, come here, - here it is, my leg... and nicely fixed up too.”⁴² Though the museum had been designed to provide a record of specimens for scientific purposes, many veterans saw having their injuries on display as a source of great pride. One of the most prolific examples of veterans embracing display in the Army Medical Museum is the case of Daniel Sickles. Union General Daniel Sickles had his leg amputated after he was wounded by artillery fire during the Battle of Gettysburg. He preserved the bones of his leg and donated them to the Army Medical Museum, using the wound and amputation as proof of his valor. For many years after, he would visit his limb on the anniversary of its amputation.⁴³

⁴¹ Devine, 196.

⁴² Brinton, 190.

⁴³ Rutkow, 247.

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A fictional story that nevertheless details the importance of the Army Medical Museum in veteran memory involves a veteran by the name of George Dedlow participating in a séance attempting to contact his amputated legs. Much to his surprise, the medium proceeded to respond, “United States Army Medical Museum, Nos. 3486, 3487,” allowing Dedlow to briefly stumble around on invisible legs and ultimately visit his limbs and gain a pension.⁴⁴

Additionally, amputated limbs that were stored at the Army Medical Museum with the accompanying paperwork proved incredibly useful for wounded veterans attempting to ensure compensation via a pension and other support. By citing the records held there, “disabled veterans were entitled to up to eight dollars a month and also had the option of being fitted for prosthetic devices,” since pension requests were routinely sent to the Surgeon General’s Office for verification.⁴⁵ Soldiers more commonly wrote asking the museum for photographs of the parts of their bodies for personal use rather than directly asking for the return of the specimens.⁴⁶ Just as presence in the Army Medical Museum assisted veterans in claiming glory and pensions, presence in the later *Medical and Surgical History of the War of the Rebellion* did the same. Surgeon General Joseph K. Barnes, who prepared the compendium, remarked:

⁴⁴ Robert I. Goler, "Loss and the Persistence of Memory: 'The Case of George Dedlow' and Disabled Civil War Veterans," *Literature and Medicine* 23, no. 1 (2004): 161.

⁴⁵ Goler and Rhode, 165

⁴⁶ Devine, 187.

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In carrying out the intentions of Congress, it has been my earnest endeavor to make this *Medical and Surgical History of the War*, not only a contribution to science, but an enduring monument to the self-sacrificing zeal and professional ability of the Volunteer and Regular Medical Staff; and the unparalleled liberality of our Government, which provided so amply for the care of its sick and wounded soldiers.⁴⁷

Clearly the work was not only for reference but was also intended to memorialize the valor and suffering of soldiers as well as the successes of the medical system.

Other veterans were less positive about the experience. A private travelled to the museum and located his amputated limb with the help of assistants. He then proceeded to demand the return of his limb, believing it to be his own property. The curator ultimately silenced the visitor with the following conversation: “For how long did you enlist, for three years or the war?’ The answer was, ‘For the war.’ ‘The United States Government is entitled to all of you, until the expiration of the specified time. I dare not give a part of you up before. Come, *then*, and you can have the rest of you, but not before.’”⁴⁸ As humorous as this story is, it is unlikely that this soldier was ever reunited with his limb, considering that the Army Medical Museum’s collection did not vanish at the conclusion of the war. However, as no name was linked with the story, it is impossible to know.

⁴⁷ Goler and Rhode, 170.

⁴⁸ Brinton, 190.

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The ultimate goal of Circular No. 2 was the publication of the *Medical and Surgical History of the War of the Rebellion*, which, as previously mentioned, served both as an instructional tool and a monument. The six-part compendium was published over the course of eighteen years, from 1870 to 1888, complete not only with the histories gathered from hospitals and battlefields but also with analysis of what these histories meant for medical science.⁴⁹ In the case of James Bedell, the coverage shows that his skull was statistically useful for the Army Medical Museum. Despite the fact that several thousand records are compiled in the publication, only 49 detailed records included incised fractures of the cranium. Of those, only 13 patients died. Of the 13, 10 died from inflammation of the brain or compression, including Bedell; this makes him a member of a very exclusive club. Only 331 cases of incised wounds of the scalp or cranium by sabre wound were ever recorded, though most were not very detailed.⁵⁰ Thus, the detail in Bedell's case made his skull valuable in the eyes of the Army Medical Museum. Through analyzing the various cases, it was concluded that generally wounds to the side of the head were generally more fatal than wounds to the top, except in the case of Bedell.⁵¹ Specifically, it was concluded that Bedell's death was due to irritation caused by splinters of the inner table and not due to the broken section of bone at the wound seen in Appendix A. In fact, the ovular shaped

⁴⁹ Rutkow, 249.

⁵⁰ *Medical and Surgical History of the War of the Rebellion* (Washington: Government Printing Office, 1870), 27.

⁵¹ *Ibid*, 24.

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section had actually partially fused back to the skull at the time of Bedell's death.⁵² As well as the conclusion on fatal wounds, it was also concluded that osseous flaps of bone such as seen with Bedell, should be helped to heal rather than removed, hopefully meaning that the study of Bedell's wound could save the life of another soldier wounded in some future battle.

It can be argued that Circular No. 2, the Army Medical Museum, and the publication of the *Medical and Surgical History of the War of the Rebellion* led to some medical advances. In 1870, a Parisian doctor remarked, "the United States has done as much in the matter of an anatomical-pathological museum in five years as has been done in all Europe in a century."⁵³ Additionally, the progress made by Joseph Woodward, who worked on the publication of the *Medical and Surgical History* as well as in the photography department of the museum, in the field of medical photography was important, as they may have been the first photomicrographs in the United States. The negatives and prints still reside in the museum and are of incredible quality.⁵⁴ The notes on Bedell indicate his wound did contribute to medical knowledge about what types of head wounds were the most dangerous as well as conclusions about types of treatment.

⁵² Ibid, 25.

⁵³ Morris C. Leikind, "Army Medical Museum and Armed Forces Institute of Pathology in Historical Perspective," *The Scientific Monthly*, vol. 79, no. 2, (1954), 74.

⁵⁴ Ibid.,

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Additionally, one of the most pressing questions in Civil War medicine involved amputations: should operations be done immediately to curtail lack of blood and immediate infection, or after the patient has regained their strength and could better fight later infection? The *Medical and Surgical History*'s records indicated that "for those soldiers in overall good health, immediate amputation led to lower rates of complication than occurred when the injured soldiers were transported to a hospital setting."⁵⁵ The statistics after the war showed that mortality rates of immediate amputation were 27%, while delayed amputations reached a 38% mortality.⁵⁶ Concerning diseases, Woodward's compiled statistics concluded that fewer troops died from disease percentage-wise than any previous conflict, but mortality rate for soldiers was more than five times higher than similar men in peacetime, proving the importance of continued research into disease. The records compiled by Circular No. 2 and collected into the publication made a large impact on the study of medicine, helping to answer numerous questions about both injuries and diseases. Partially due to this six-volume set, American medicine began to surpass European medical studies.⁵⁷ Most importantly, the Army Medical Museum had changed public opinion. Average people who were able to visit the museum or read the published records no longer saw doctors merely as opportunists eager to exhume the bodies

⁵⁵ Goler and Rhode, 169.

⁵⁶ Humphreys, 31.

⁵⁷ Feeney, 51.

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of loved ones for grim research. Instead, the medical profession had now been elevated in public opinion as a noble job; the scientific nature and governmental foundation of the museum made it more respectable than the curiosity cabinets and grotesque freak shows of the early 1800s.⁵⁸

Within the Army Medical Museum, Victorian cultural values clashed with what was deemed to be medical necessity. Questions of the ethics of medical research also contrasted with extreme public interest in the displays. Although medical advances have now made some aspects of the *Medical and Surgical History of the War of the Rebellion* obsolete, the memorial aspect of the publication seems timeless. However, the inhumanity with which cases such as Bedell were treated contrasts sharply with the image that the *Medical and Surgical History* was intended to honor the veterans. Bedell and his family potentially would have felt more respected if his body had remained whole in burial, rather than with most of his body buried in a place of honor at the National Cemetery in Gettysburg while his skull rests in a museum collection in Maryland. The wounds and illnesses that came as a result of the war had an appreciable impact on both the development of medicine as well as public perception relating to it. Society had transitioned towards acceptance of dissection and curiosity concerning the grotesque aftermath of war. By appealing to patriotism and the idea that dissections would save future lives, the government had convinced many to accept medical research as a necessary evil.

⁵⁸ Devine, 182-183.

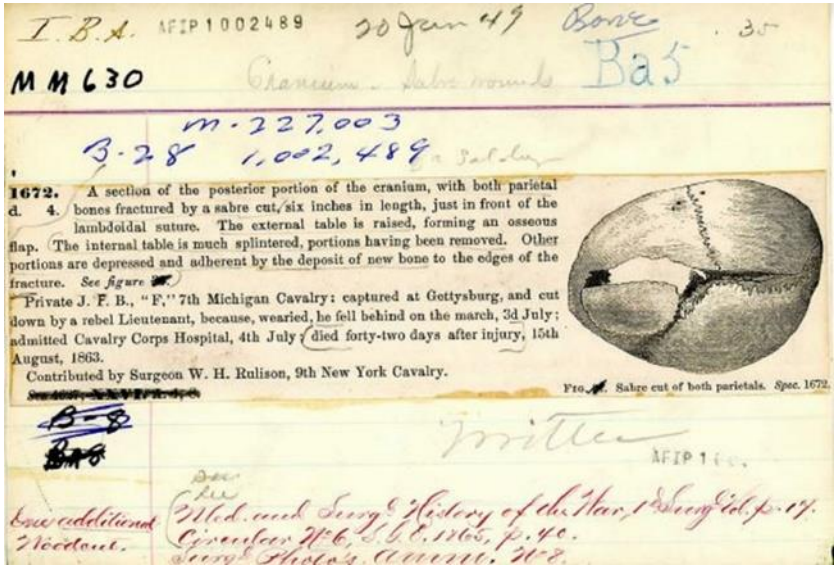
Appendix A



The skull of James Bedell. (National Museum of Health and Medicine)

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Appendix B



An excerpt from the James Bedell file. (National Museum of Health and Medicine)

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Box B-14 Gregory A. Coco Collection – Camp Letterman Research Material Folder 5: Letter, J.H. Brinton to Henry Janes, August 15, 1863.

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Box B-14a KGH Camp Letterman Folder 1: Letter,
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