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Unspeakable Suffering; Eloquent Explanations: National Civil War Medicine Museum's 26th Annual Conference

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Abstract

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Keywords

Civil War Medicine, Conference, Dr. Robert Hicks

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THE GETTYSBURG COMPILER

ON THE FRONT LINES OF HISTORY

Unspeakable Suffering; Eloquent Explanations: National Civil War Medicine Museum's 26th Annual Conference

By [Benjamin Roy '21](#) and [Cameron Sauers '21](#)

On Friday, October 12th, 2018, the National Civil War Medicine Museum kicked off its 26th annual conference and began its three-day event with a series of lectures on topics ranging from Confederate medical practice to cultural understandings of cowardice. A series of unique lectures given by a professionally diverse cast of presenters illuminated the often-peripheral field of Civil War Medicine.

Our day started on a high note with coffee and a thought-provoking inquiry into the position of Confederate Surgeon General. Dr. Guy R. Hasegawa, a pharmaceutical doctor and scholar, detailed the unique history of this crucial Confederate leadership position and the men who filled it during the war. The Confederate Surgeon General, identical to his Federal counterpart but without the benefits of the massive resources at Union command, was tasked with maintaining the health of the Confederate armed forces and citizenry. Building the medical department from the ground up presented the Confederate Surgeon General with challenges not experienced by his already established Federal counterpart. Hasegawa's presentation provided particularly interesting insights into the life of Samuel Preston Moore, Confederate Surgeon General from 1862 until surrender. The lecture detailed the challenges, successes and controversies that defined Moore's Confederate career. Among the engaging topics were the innovations pioneered by Moore and implemented by the Confederate medical department. Under Moore, the Surgeon General's office established a medical journal, implemented exhaustive collection and analysis of medical data, and even pursued indigenous remedies. Moore also supervised the Association for the Relief of Maimed Soldiers, which provided prosthetic limbs to Confederate veterans. Hasegawa's talk provided an insight into the struggles that the Confederacy faced as it tried to establish itself as a new nation.

Dr. Robert Hicks, Director of the Mutter Museum of Philadelphia, continued the theme of Confederate medical practice in his presentation on the mass vaccination efforts at inoculating both the Confederate Army and civilian populace. Hicks used Confederate efforts at inoculation during an 1863 smallpox outbreak to highlight the pioneering efforts of the Confederate medical staff in epidemiology. This insightful and interdisciplinary talk combined material culture, epidemiology, and more traditional historical records, like primary source documents, to explain the smallpox outbreak the Confederacy dealt with in 1863. The outbreak was exacerbated by Confederates who

attempted to vaccinate themselves, but inadvertently gave themselves and their comrades the disease. Laid atop the solid foundation of Hasegawa's introduction of important figures in the Confederate Medical Department, Hicks's presentation was personable and engaging. Combining scholarship and personality, Hicks's talk was one of the highlights of the conference. The lecture mirrored an essay he recently contributed to Joan Cashin's new edited volume, *War Matters: Material Culture in the Civil War Era*. His research into Confederate vaccination emphasized the importance of those objects in his talk, with Hicks declaring, "Working with the stuff always gives you something you didn't expect" and "material culture always produces surprises."



Dr. Robert Hicks

Paige Gibbons Backus's talk, entitled "Revealing the Chaos and Carnage of the Hospitals of First Manassas," gave a stark contrast to the orderly medical system emphasized by Hicks and Hasegawa. The talk highlighted the disorder and panic that inhibited the treatment of the wounded during and after the First Battle of Manassas. Field hospitals were shelled, wounded were left on the field for days, and spooked Federal doctors fled mid-surgery for the safety of Washington. Backus then shifted into describing how Ben Lomond Historic Site, which served as a field hospital during the battle, interprets Civil War medicine through the sense of smell. The site contracts with a company that manufactures smell canisters that recreate the odors of a hospital, thus giving visitors a

direct connection to the often-unimaginable environment of a Civil War field hospital. By using smell as an educational tool, the site provides visitors with an interpretation that moves beyond audio and visual demonstrations, allowing them to have a more immersive experience. Backus noted that she has become accustomed to the rank smell of gangrene emitted by these canisters. Like Backus, Civil War medical personnel would have gone nose-blind to the horrific smells due to constant exposure in their daily routines of aiding the wounded. (As an aside, the audience was most disturbed when Backus revealed that that same company contracts with Starbucks to manufacture the smell of coffee that permeates their locations, eliciting a common groan of disgust from all attendees).

Captain Frank K. Butler, M.D. gave the next talk on current standards of care in the armed forces, titled, "Battlefield Trauma Care – From Antietam to Afghanistan." Butler immediately commanded attention from the audience by showing a picture of an Afghan mountain range in his title slide and remarking, "this is from when we were hunting for Mr. Bin Laden." The talk focused on battlefield medicine in Afghanistan and Iraq, wars with high stakes in our own young lives. Remembering our friends in the armed forces made Butler's talk one of the more personally resonant presentations for us. Using the tourniquet as the medical thread to tie Civil War soldiers fighting on the plains of Antietam to Special Forces Operators ascending the mountains of the Hindu Kush, Butler assumed a highly medical voice as he discussed the nature of military medical reform. Butler's advocacy of the TCCC (Tactical Combat Casualty Care) plan among the armed forces was the focus of the talk. The Department of Defense uses TCCC to teach Special Forces operators life saving techniques and strategies for tending to trauma injuries received on the battlefield. Often using graphic depictions of real wounds sustained by Special Forces soldiers in the war against terror, Butler's presentation offered a sobering picture of battlefield medical care and the challenges it still poses today. Butler portrayed continuity by explaining how the use of morphine has remained relatively unchanged from the Civil War into today, reflecting a lack of innovation that mystifies Butler. Although TCCC significantly lessened the death rate for wounds to the extremities, Butler's goal is to eliminate preventable deaths and keep innovating. Butler's talk offered a poignant example of how professionals in their fields use material culture, like the humble tourniquet, and historical knowledge to highlight the evolution of battlefield trauma and make lifesaving innovations.

CWI Director, Dr. Peter Carmichael finished the first day with a thought-provoking inquiry into how sentimentalism shaped the way surgeons treated soldiers suffering under the pressures of Civil War combat. Very broadly, sentimentalism refers to a 19th - century belief that faith in God and strength of will would prevent moral failure. Dr. Carmichael stated that belief in sentimentalist prescriptions of manhood shaped Victorian Americans' belief that cowardice, and the way it could manifest itself through various bodily "ailments," was an affliction to be overcome through masculine force of will, not through medicinal treatment. Carmichael provoked the audience with passages from a war-time medical journal and engaging rhetoric that challenged conference attendees to see not the barbaric practices of early modern surgeons, but rather cultural tropes that directly shaped Americans' views of soldiering, masculinity, and medical

practice during the Civil War. Carmichael used the example of a northern surgeon who concluded in a medical journal that combat was the best cure for homesickness, as it allowed the men to drown individual sufferings and longings by expressing their manly impulses and created a community within the regiment. Using case studies of different Civil War soldiers, Carmichael nicely grounded this sophisticated talk about the complex concept of sentimentalism in the concrete reality of men's experiences.

Jake Wynn, the Director of Interpretation at the National Museum of Civil War Medicine, started the second day with a talk on the functions of the Army of the Potomac's medical department during the Overland Campaign. The Overland Campaign was the first campaign following the departure of Jonathan Letterman from his post as Medical Director of the Army of the Potomac. Letterman had revolutionized battlefield medicine by pioneering the use of the triage system and emphasizing the use of ambulances. The campaign's aggressive and unrelenting drive to the South and East, and the bloody battles it produced along the way, overwhelmed the medical department. During May and June 1864, the medical department had treated 40,000 wounded men. Wynn noted that ambulances became a critical part of the campaign as wounded soldiers needed to be evacuated to the main Union hospital. The difficulty for the medical department was that, as Grant and Lee continued their southeasterly drive toward Richmond, new hospitals had to be constantly established in their wake. Wynn discussed the experiences of nurses and wounded soldiers during the campaign to highlight how the department performed without its now legendary head, Jonathan Letterman. The department kept Letterman's reforms, which are still used today in battlefield medicine, to treat the wounded.

The final lecture of the conference came from Melissa DeVelvis, a doctoral candidate in history at the University of South Carolina, specializing in the Civil War era, gender studies, and sensory and emotional history. DeVelvis's talk covered the impact of the senses in Civil War hospitals, focusing specifically on the experience of Civil War nurses. One topic of intrigue was how important touch was to recovering soldiers. DeVelvis provided an example of a Confederate nurse remarking that the Union soldiers in a Confederate hospital had a higher mortality rate because the nurses were less tender with them than they were with Confederates soldiers. Another interesting point was that nurses, especially in the Deep South, had to consider the men they were treating as their brothers and sons to avoid transgressing on Victorian morality. The intimate relationships between soldiers and nurses would have defied ideas of propriety if they were not considered to be family. The final topic of the lecture covered how Civil War nurses became numb to death through their constant contact with the dead and dying. DeVelvis noted that nurses wrote about tending to the dying as a minor occurrence, reporting it in their letters home as just a mechanical byproduct of their work. DeVelvis compared the numbness of hospital workers to soldiers who became accustomed to the fighting and killing on the front lines. The combined experience of soldiers and civilians led to a reevaluation of Victorian ideals, like the notion of the "good death," and led to a renegotiation of certain moral values.

As we left the conference, we reflected on two days of lectures, the wide scope of topics covered by presenters, and how grateful we were to the National Museum of Civil War Medicine for providing scholarships so that we, and other Gettysburg students, could attend the conference. We witnessed an exciting example of how rich history can be when it embraces interdisciplinary methods. Examples of the application of material culture, gender studies, cultural history and numerous other disciplines inspired us to apply the same to our own research for the Civil War Institute. This semester, we are curating a photography exhibit that will be displayed at this summer's CWI Conference comprised of images taken at Gettysburg following the battle. What we learned at the conference challenged us to re-consider the images in our exhibit in a new light. The topics interweaving both science and medicine gave broader perspective to two historically minded people like us. As historians, we normally view ourselves as the antithesis to medicine and science, but the Civil War Medicine Conference provided us the opportunity to see how the fields overlap. The field of Civil War history often can seem overpopulated with histories covering the same figures and events. We left the conference full of hope and convinced that our own scholarship could be groundbreaking in unique ways, like the presentations at the conference.