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A Surgeon's Duty

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A Surgeon's Duty

Abstract

Dr. Albert Gaillard Hall described a scenario in where he was tricked by his soldiers; "At our rendezvous, on three successive mornings, men reported sick, complaining of backache and headache, and with a very heavily coated tongue, but without other symptoms. Thinking it might prove an oncoming fever, I excused the first and second lots, and then saw that they were 'old-soldiering the surgeon.' Long afterwards one of the men explained the trick. The camp was surrounded by rose-bushes in bloom, and a liberal chewing of rose-leaves a little before sick call produced the effect I saw on the tongue. This is but an illustration of innumerable devices to mislead the surgeon and get excused from duty or to escape the battlefield." [*excerpt*]

Keywords

Surgeon, Malingerer, Discipline, Civil War, Civil War Medicine, Union Army, Field Hospital, Wounded Soldiers, Military Surgeon

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History Thesis

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A Surgeon's Duty

Dr. Albert Gaillard Hall described a scenario in where he was tricked by his soldiers; "At our rendezvous, on three successive mornings, men reported sick, complaining of backache and headache, and with a very heavily coated tongue, but without other symptoms. Thinking it might prove an oncoming fever, I excused the first and second lots, and then saw that they were 'old-soldiering the surgeon.' Long afterwards one of the men explained the trick. The camp was surrounded by rose-bushes in bloom, and a liberal chewing of rose-leaves a little before sick call produced the effect I saw on the tongue. This is but an illustration of innumerable devices to mislead the surgeon and get excused from duty or to escape the battlefield."¹

Hall's frustration with soldiers faking illnesses was an endemic problem that threatened overall discipline in all Civil War armies, including the Army of the Potomac. The beginning of the American Civil War proved to the Union side that the Confederate forces were going to be a much more formidable opponent than had been initially anticipated. The soldiers and civilians of the Northern side had no idea the devastation and destruction this war would bring to their families and

¹ Glenna R. Schroeder-Lein, *The Encyclopedia of Civil War Medicine* (New York, NY: M.E Sharpe Inc., 2008), 319.

livelihoods. The Union struggled mightily as 1861 dragged into 1862. These civilian soldiers were inexperienced and undisciplined men who resented and resisted central authority, generals such as McDowell and McClellan seemed incompetent at leading armies in battle, and the medical staff was disorganized and undersupplied. Surgeons encountered many problems as they adjusted to their new roles as military surgeons, which were often times in complete contradiction with being a civilian doctor. When one is a civilian doctor, his or her main allegiance is to the welfare of the patient. However, when one is a military doctor, his or her allegiance is to their army. When Jonathan Letterman took over as Medical Director of the Army of the Potomac in August 1862, he inherited an army that would pose many challenges. All of their problems stemmed from a lack of accountability and organization, and Letterman would write reforms that would allow him and other surgeons to instill discipline among their medical staff, soldiers, and even field officers, effectively providing them with the tools to balance the role of caretaker with disciplinarian.

The Army of the Potomac was engaged in the Peninsula Campaign from March 1862 through July 1862. Led by General George B. McClellan, the Union's goal was to capture Richmond, which was the capital of the Confederacy at the time. While the Northern offensive started as a successful operation, General Robert E. Lee's aggressive responses were able to turn the tides of battle, and trounce the Army of the Potomac. Lincoln was extremely disappointed at the result of the Peninsula Campaign, and saw the severe problems that were taking place in his

army.² Their system of hospitals, ambulances, and distribution of medical supplies was extremely inefficient and unorganized, but how could it be solved?

Jonathan Letterman would become the answer for Lincoln and his Federal Army, and his military background would prove to be a crucial stepping-stone to his eventual assumption of the Medical Director position in the Army of the Potomac. After finishing Medical School in 1846, Letterman was assigned to a remote military outpost in Florida in which he was responsible for the lives of approximately 200 men.³ He spent upwards of three years in the malaria-infested swamps of Florida. After applying for relocation, he would spend time at a number of different military outposts. From Minnesota to New Mexico, Letterman would encounter poorly built outposts, lack of supplies, and rampant exposure to diseases and the elements.⁴ While these experiences helped Letterman gain valuable experience, nothing could prepare him for the litany of issues he was about to encounter in the Union Army in August of 1862.

As Letterman stepped onto the scene, The Medical Department was under great scrutiny by generals and soldiers alike. Theodore J. Calhoun, Assistant Surgeon of the U.S. Army, comments on the image most people had of his occupation; "The mention of an army surgeon presents to their mind's eye, a drunken brute, whose principal employment is to amputate every arm and leg he

² Richard Wheeler, *Sword Over Richmond: An Eyewitness History of McClellan's Peninsula Campaign* (New York, NY: Harper & Row, 1986).

³ Scott McGaugh, *Surgeon in Blue: Jonathan Letterman, the Civil War Doctor Who Pioneered Battlefield Care* (New York, NY: Arcade Publishing, 2013), 22

⁴ McGaugh, *Surgeon in Blue: Jonathan Letterman, the Civil War Doctor Who Pioneered Battlefield Care*, 28.

can get hold of, to drink all the hospital whiskey.”⁵ This representation of the medical staff highlights the criticisms many had towards their surgeons and doctors. They were often viewed as drunken imbeciles who had little medical knowledge, which led to many soldiers treating them with no respect. Soldiers often reflected these surgical inadequacies in their diaries and journals, and Colonel Charles S. Wainwright wrote; “The surgeons themselves know little more; many (most of them) being poor hands at their trade, and pretty much all treading on new ground.”⁶ To compound their image, generals and other high command officers resented the surgeon’s authority. Surgeons could send soldiers home at will, without having to consult anyone else. Colonel W.B. French of the 77th NY wrote to Surgeon General Hammond complaining about this sentiment; “Our army is not only becoming greatly reduced by this whole-sale discharged, but is also becoming demoralized. Men understand and openly say they only have to play sick, get into the hospital and they can be discharged.”⁷ It is clear that officers were fed up with their surgeons, and were quick to criticize their counterparts. The changes Letterman made beginning in August 1862 would have a positive influence on the connotations surgeons had, and would directly confront the serious deficiencies in the Army of the Potomac.

Medical supplies are one of the most important necessities of any army, and The Army of the Potomac upon Letterman’s arrival was at a constant dearth for

⁵ Theodore J. Calhoun, “Rough Notes of an Army Surgeon’s Experience, during the Great Rebellion,” *The Medical and Surgical Reporter*, 1864, 159-160.

⁶ Allen Nevins, *A Diary of Battle: The Personal Journals of Colonel Charles S. Wainwright* (New York, NY: Da Capo Press, 1998), 69.

⁷ Colonel W.B. French to Surgeon General Wm A. Hammond, 6 January, 1863 in Regimental Descriptive and Letter Book, 77th New York Infantry, RG 94, NAB

even the most basic of items. They did not have enough tents to house all the wounded, forcing some of these patients to sleep outside, completely exposed to the elements. They did not have enough ambulance wagons to quickly retrieve their wounded victims from the battlefield and bring them to the hospitals, leaving dying soldiers to fend for themselves for hours, even days. They did not even have enough food to feed all their soldiers, who were extremely dependent upon their diet in order to stave off various diseases such, as scurvy. As Kathryn Meier states in her book *Nature's Civil War*, "A dearth of tents and clothes exposed soldiers unnecessarily to the elements, insufficient rations weakened troops bodies, and limited medications and hospitals meant that those who inevitably fell ill faced deficient care."⁸ The Peninsula Campaign is an ideal example of the extreme lack of supplies in the Army of the Potomac in 1862. Spencer Bonsall, a hospital steward from the 81st Pennsylvania infantry, wrote in his diary describing a train carrying a Senator; "If the government would occasionally send a special train with medicines and bandages for the sick and wounded soldiers, it would be hailed with much more pleasure than would be a visit from all the Senators and Congressmen of the United States."⁹ Bonsall perfectly encapsulates the dire situation that was the supplying of the Army of the Potomac in the spring of 1862. One would think that these soldiers would be excited to see representatives of their government coming to visit them,

⁸ Kathryn Shively Meier, *Nature's Civil War* (Chapel Hill, NC: The University of North Carolina Press, 2013), 81.

⁹ Michael A Flannery and Katherine H Oomens, *Well Satisfied With My Position: The Civil War Journal of Spencer Bonsall* (Carbondale, IL: Southern Illinois University Press, 2007), 56.

but this was simply not the case. Bringing supplies would have been a much more practical use of this train in the eyes of the surgeons and their patients. Surgeons had to make due with the little supplies they were given, and it was very taxing on their conscious to see so many people suffering.

Many surgeons reflect these sentiments in their letters and personal diaries. Daniel Holt, a surgeon in the Union Army, comments in his diary about the inability to properly care for soldiers because of their lack of supplies; “The treatment the poor fellows have to accept is very little and sometimes I think amounts to almost nothing...We have but the merest apology for anything to help them with- no tents, no medicines, no clothing.”¹⁰ If there had been accountability within the medical staff, someone would have kept a close watch on the supplies they were lacking, and the items they still had an abundance of, allowing surgeons to know at all times what they had at their disposal. To compound the problem, the logistics of moving an army with guns, supplies, and soldiers was a difficult task even with the utmost amount of organization and accountability. Colonel Charles S. Wainright reflects on the difficulties the Army of the Potomac faced while moving around the Peninsula in 1862; “The road was now awful; my horse sank to his knees at almost every step. Ammunition and hospital waggons were stuck all along...The road was so narrow at

¹⁰ James M. Greiner, Janet L. Coryell, and James R. Smither, *A Surgeon's Civil War: The Letters and Diary of Daniel M. Holt, M.D.* (Kent, OH: The Kent State University Press, 1994), 32.

this point that but one wagon could pass at a time.”¹¹ Due to these conditions, coupled with the lack of organization, supplies were constantly in high demand.

Letterman would change the way supplies were organized and accounted for, and this would allow the surgeons the ability to carefully keep track of all of their supplies. William Alexander Hammond, the Surgeon General of the United States, wrote to Letterman when he was appointed Medical Director of the Army of the Potomac, “You will hold the senior medical officer to a strict accountability for any deficiency. The time has passed when the excuse of ‘no supplies’ will be accepted.”¹² Letterman responded by requiring all medical directors to issue potatoes three times a week, onions twice a week, and bread as much as supplies would allow. This improvement forced the medical staff to keep more accurate records of their food through weekly reports that were to be administered to the surgeons.¹³ Also, because all food supplies were watched with a keen eye amongst surgeons, robbery along the line of distribution declined dramatically, which was a direct result of this increase in discipline. Furthermore, corps commanders were expected to submit monthly reports to the corps surgeons regarding camp conditions, wounded, and sick. Letterman would not tolerate anything other than these forms as a means of communication, and this led to a higher degree of

¹¹Nevins, *A Diary of Battle: The Personal Journals of Colonel Charles S. Wainwright*, 53.

¹² Bennett A. Clements, “Memoir of Jonathan Letterman, M.D.,” *Journal of the Military Service Institution*, September 1883, 3.

¹³McGaugh, *Surgeon in Blue: Jonathan Letterman, the Civil War Doctor Who Pioneered Battlefield Care* 157.

accountability owed by the corps commanders to their medical officers.¹⁴ He brought greater centralization by not only bringing more accountability and organization to the supply chain, but by putting such a great emphasis on the chain itself. No army could function without adequate supplies, and the only way to make the best use of the supplies was to deliver them in a timely fashion. From this point, surgeons were able to keep accurate records of all of their supplies by holding their medical staff accountable, and this change enabled them to more effectively perform their duties.

Another obstacle many surgeons came in direct contact with were malingers. Also referred to as a “hospital rat,”¹⁵ these were soldiers whom feigned diseases in order to acquire a Medical Certificate of Discharge.¹⁶ Soldiers would fake many different illnesses and ailments, and often times the medical staff struggled to decipher whether a patient was truly sick or not. Due to the amount of patients surgeons would see on a daily basis, most medical examinations were brief. Knowing this, patients would feign chronic diseases that had multiple symptoms because it would incite greater belief by the medical staff in the patient’s problems.¹⁷ Furthermore, due to the lack of knowledge about medical illnesses such

¹⁴ McGaugh, *Surgeon in Blue: Jonathan Letterman, the Civil War Doctor Who Pioneered Battlefield Care*, 158.

¹⁵ Schroeder-Lein, *The Encyclopedia of Civil War Medicine*, 194.

¹⁶ Alfred Jay Bollet, *Civil War Medicine: Challenges and Triumphs* (Tucson, AZ: Galen Press, Ltd., 2002), 318.

¹⁷ John Ordranax, *Hints on the Preservation of Health in Armies, For the Use of Volunteer Officers and Soldiers Bound With Manual of Instructions for Military*

as Post-traumatic stress disorder, anyone claiming to be having these symptoms was assumed to be shirking. Compared to today's standards, little was known about the human body during the war. Of all the great 19th century medical advances, only anesthesia was available at this time.¹⁸ Due to these shortcomings, many people who were sick were assumed to be faking, and many others could have avoided their illnesses with more knowledge. Many malingerers would even resort to drugs in order to produce a desired effect in their body, such as diarrhea.¹⁹ Letterman himself found malingerers extremely infuriating, stating "There are always numbers of skulkers and worthless men in the army who are on the watch for an opportunity to escape duty, and these are the cases which require the most careful examination."²⁰ These soldiers lacked discipline and were attempting to avoid their duties by hiding the truth. However, surgeons had many ways of uncovering the facts about the malingerer's ailments, and it led to a more disciplined fighting force.

Surgeons were extremely aware of the idea that soldiers would fake certain problems in order to be relieved of their military obligations. Union surgeons began to view the returning of malingerers to the front lines as their duty, and showed

Surgeons On the Examination of Recruits and Discharge of Soldiers (1861), in *The American Civil War Series* (San Francisco, CA: Norman Publishing, 1990), 27.

¹⁸ Eric T. Dean, Jr, *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War* (Cambridge, MA: Harvard University Press, 1997), 51.

¹⁹ Ordranax, *Hints on the Preservation of Health in Armies*, 27.

²⁰United States War Department, *The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies*, Series I Vol XI (Washington, D.C.: Government Printing Office, 1884), 217.

great zeal in doing such.²¹ Early in the war, surgeons came up with many ways in order to expose these liars. There were many physical strategies surgeons would employ to determine the nature of the illness or injury. They would anesthetize the patient, and most times the arm or leg the patient was complaining did not work would instantly move. If this were the case, the malingerer would be immediately sent back to the battlefield.²² If this did not work, they would also cause physical pain to the patient to see his reaction, because it was tough to keep up an act when one experienced extreme pain. However, physical solutions were not always very effective. Surgeons would play mental games with their patients in order to uncover the truth. They would question the soldier, and as John Ordranax states, “by leading him on vaguely, with irrelevant inquiries touching other disorders, he will often, if a malingerer, expose himself by confounding symptoms belonging to dissimilar and opposite diseases.”²³ Often times, soldiers would agree to ailments or injuries suggested to them by surgeons that were in complete contradiction of what they were claiming to have wrong with them, thus revealing their lies.

Unfortunately for the malingerers, surgeons had the upper hand in these games of cat and mouse due to their superior knowledge of the body. John Ordranax perfectly sums up this idea in his manual; “The ignorance of symptomatology- of sympathetic, and consequential manifestations...of the coordination of vital forces

²¹ Dean, *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War*, 120.

²² Dean, *Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War*, 119.

²³ Ordranax, *Hints on the Preservation of Health in Armies*, 31.

and function- in a word, of anatomy and physiologically, renders the majority of simulators mere physical clowns.”²⁴

Why would so many soldiers try and escape duty these ways when it was clear surgeons were on the lookout for malingerers? They were extremely desperate, and thought that if they knew what they were doing, they would be able to bamboozle their inspecting doctors. Charles Biddlecom, a Union soldier from the 147th New York State Volunteer Infantry, wrote to his wife “There isn’t a doctor in the army that can find out who is really sick, or who is making themselves a little sick and feigning a great deal that does not ail them.”²⁵ Some soldiers felt that it was in fact the patients who had the upper hand, but as the war continued, it became clear to even these men that the surgeons were not to be fooled. The northern population was often very critical of the surgeons for their treatment of these malingerers, but ultimately they were just doing the job that was expected of them. Yes they had to be caretakers and look out for the best interest of their patients, but most importantly they had to look out for the best interests of the Army of the Potomac, and those interests revolved around having as many soldiers as possible available to fight at all times. If a soldier was healthy and could stand the rigors of battle, he had no choice but remain in the ranks.²⁶

²⁴ Ordranax, *Hints on the Preservation of Health in Armies*, 27.

²⁵ Katherine M. Aldridge, *No Freedom Shrieker: The Civil War Letters of Union Soldier Charles Biddlecom* (Ithaca, NY: Paramount Market Publishing, Inc., 2012), 121.

²⁶ McGaugh, *Surgeon in Blue*, 240-241.

The ambulance system prior to the arrival of Letterman was also extremely inefficient, and this was due to a complete lack of discipline. The Second Battle of Bull Run took place a few weeks after Letterman took over as Medical Director, and while he had an inkling that the ambulance system was in need of a complete makeover, this fight would solidify these sentiments. Three days after the battle had ended, there were still approximately 3,000 wounded Union soldiers lying on the battlefield. Two days after that, there were still 600 wounded men on the battlefield.²⁷ The fact that there were still soldiers uncared for 5 days after the battle is inexcusable and would certainly cause extreme suffering for those wounded men. C.H. Salter, an Army of the Potomac soldier stationed at Harrison's Landing in 1862, commented on the wounded stranded on the battlefield; "During that day we were busy in burying the dead and taking care of the wounded. And in going over the field, the appearance of the dead left lying on the ground was very sad to behold."²⁸ The dead and wounded left lying on the battlefield after the fighting was over was an utter disgrace in the eyes of the Army of the Potomac soldiers. This was a result of a lack of accountability and discipline amongst the ambulance drivers. They often deserted the battlefield, and were completely helpless when they were man enough to stick around; "They refused to give water to the wounded; they refused to assist in putting the wounded in the ambulances; they were impudent to the medical

²⁷ George Washington Adams, *Doctors in Blue: The Medical History of the Union Army in the Civil War* (New York, NY: Henry Schuman, 1952), 75

²⁸ David Lee Poremba, *If I am Found Dead: Michigan Voices From the Civil War* (Ann Arbor, MI: David Lee Poremba, 2006), 43.

officers; they stole blankets and provisions from the scanty stores.”²⁹ Not only were the ambulance drivers unhelpful, but they were also extremely detrimental to the success and efficiency of the Army of the Potomac. Due to the drivers lack of action, soldiers felt obliged to help their fallen comrades off the battlefield, which often times was used as an excuse to abandon their duties once they were away from the front lines. Assistant surgeon H.E. Brown describes a scenario very similar to this; “Four, and sometimes six of his comrades, would fall out for the purpose of carrying him away, thus seriously depleting the ranks, and affording opportunity to the skulkers and cowards to sneak away.”³⁰ Giving soldiers the opportunity to flee the battlefield was the last thing the Army of the Potomac needed considering many of them were looking for any excuse to abandon their posts.

Field officers also contributed to the faulty ambulance system. Often times they would commandeer the ambulances and use them for non-medical purposes, perpetuating the depleting number of ambulances available for wounded retrieval. In September 1862, Adam Gurowski, a Union soldier, comments on the complete waste of ambulances he witnessed during the Peninsula Campaign; “McClellan has forty wagons for his staff, and forty ambulances- no danger for the latter being used.”³¹ Gurowski is clearly frustrated with the officers control of ambulances because they were less likely to get injured, and therefore would often times leave

²⁹ Adams, *Doctors in Blue: The Medical History of the Union Army in the Civil War*, 76.

³⁰ Joseph K. Barnes, *The Medical and Surgical History of the War of the Rebellion*, Part I Vol. I (Washington, D.C.: Government Printing Press, 1870), 78.

³¹ Adam Gurowski, *Diary From March 4 1861 to November 12 1862* (New York, NY: Burt Franklin, 1968), 271.

the ambulances sitting idle when they could have been used to help wounded soldiers. To compound the problem, generals such as McClellan and subordinate field officers would allow state relief society representatives to retrieve wounded soldiers on the battlefield, and return them to their home states to recover. More often than not, these soldiers would never return to duty.³² Had these men not returned to their home states, and recovered within the army, it is very likely they would have seen action on the battlefield again. Between the ambulance drivers, soldiers on the field, and line officers, Letterman knew that surgeons must have total authority over the organization of the ambulance system, and this would instill discipline in all parties involved within the Army of the Potomac.

Letterman knew reforms had to be made at a rapid pace for the Army of the Potomac to change their fortunes. After receiving a report from Letterman regarding life in the camp on the Peninsula, McClellan had his Assistant Adjutant General write General Orders No. 147, which outlined the changes that needed to be made in the ambulance system. Among many things, the ambulance system lacked organization, and this order directly addressed that problem. "The ambulance corps will be organized on the basis of a captain to each army corps as the commandment of the ambulance corps," followed by a first lieutenant, second lieutenant, and a

³² McGaugh, *Surgeon in Blue: Jonathan Letterman, the Civil War Doctor Who Pioneered Battlefield Care*, 120.

sergeant.³³ Each of these men had specific duties they were required to perform. The captain had the majority of the responsibilities, ranging from weekly inspections of all the ambulance equipment, to filing detailed reports of each and every time the ambulance corps was put into action.³⁴ The order also laid out what items were to be on each ambulance at all times, and would require specific horses be assigned to each ambulance wagon, which were to be used for nothing else other than this task. Furthermore, it detailed whom was to accompany the wagons when the army was on the move, as well as when they were stationed in camp, as to avoid any supplies or wagons from going missing.³⁵ The order also directly confronted the issue of officers intervening in the ambulance system and commandeering the wagons for their own use. It states, "Should any officer infringe upon this order regarding the use of ambulances, &c., he will be reported by the officer in charge to the commander of the train, all the particulars being given."³⁶ Furthermore, this order addressed the issue of soldiers helping the wounded off the battlefield and escaping from the fight. The order would not allow anyone to remove the wounded from the battlefield except the ambulance corps, not affording soldiers the opportunity to flee from the ranks. Finally, two surgeons were required to

³³ United States War Department, *The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies*, Series I Vol XI, 218.

³⁴ United States War Department, *The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies*, Series I Vol XI, 218.

³⁵ United States War Department, *The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies*, Series I Vol XI, 219.

³⁶ United States War Department, *The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies*, Series I Vol XI, 219.

accompany the ambulance trains when on the march, and make sure that all the sick and wounded were properly taken care of.³⁷

These changes afforded surgeons the opportunity to instill discipline among other members of the Army of the Potomac. Being able to ride on the ambulance wagons to ensure the patients were properly cared for allowed the surgeons to keep tabs on how competent their staff was. They would not be able to slack off at all if they had surgeons breathing down their necks criticizing every move they made. It is evident that ambulances were vital to the work of surgeons, because it was Letterman's goal to bring the wounded to the doctors rather than bringing the doctors to the wounded.³⁸ By making these reforms, The Army of the Potomac was giving surgeons full access to the ambulance wagons, which led to an increase in accountability among all the members of the ambulance corps. If something was misplaced, or an ambulance wagon was not performing up to set standards, surgeons would know about it immediately, and the men responsible would be held accountable. While the ambulance system was improved in order to safely and quickly remove wounded soldiers from the battlefield, the hospitals they were being transported to were extremely hectic and unorganized.

Prior to Letterman, The Army of the Potomac's hospital system was inadequate and unable to effectively care for the thousands of wounded soldiers

³⁷ United States War Department, *The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies*, Series I Vol XI, 219.

³⁸ McGaugh, *Surgeon in Blue: Jonathan Letterman, the Civil War Doctor Who Pioneered Battlefield Care*, 124.

they would be in charge of. They were organized under a regimental hospital system, which meant that wounded soldiers would be transported from the battlefields to their own regiment's hospital. This would prove to be problematic, especially during the Peninsula Campaign. In the chaos of battle, it was nearly impossible to get wounded soldiers to their own regiment's hospital. Supplying these separate hospitals was also rather difficult, and this system scattered medical personnel that would have benefitted from concentrating their forces.³⁹ Another problem the regimental system caused was preferential treatment by the medical staff of their own regiment. At the Battle of Antietam, soldiers stumbled off the battlefield injured and disoriented, and accidentally entered the wrong regimental hospital. Often times, the medical staff denied these patients care because they were not responsible for soldiers from another regiment.⁴⁰ While this paper makes the argument that discipline is key for any army to be successful, this kind of strict interpretation of the rules by the medical staff was harmful because it did not allow for soldiers to get the timely treatment they desperately needed. Organization was vital, but it could not get in the way of performing one's duty as a member of the medical staff, which was to save as many lives as possible.

If a wounded soldier was seriously injured, and would need more time and attention to recover from his injuries, he would be transferred to a general hospital

³⁹ Horace Cunningham, *Field Medical Services at the Battle of Manassas* (Athens, GA: University of Georgia Press, 1968), 45.

⁴⁰ McGaugh, *Surgeon in Blue: Jonathan Letterman, the Civil War Doctor Who Pioneered Battlefield Care*, 131.

in a major city such as Philadelphia or Washington D.C. These hospitals had their own set of issues, which had to be addressed. They had no system of admission or discharge during the summer of 1862, which often times led to recovered soldiers leaving the hospital and not returning to their regiment.⁴¹ As a result of this faulty system, the general hospitals were often filled to capacity, and if they weren't completely filled, they would often deny soldiers entry because they never had an accurate headcount of their patients. Often times, soldiers would have to pass the nights in the ambulances, and wander the streets during the day, going from hospital to hospital seeking admission.⁴² It is no wonder that so many soldiers fell through the cracks and were able to escape the army once they got to the major cities. Through all of these problems, it became extremely clear that reforms needed to be made in a timely fashion.

Letterman revolutionized the hospital system in The Army of the Potomac, which positively affected the way surgeons were able to instill discipline among the soldiers. He transformed the regimental hospitals into field aid stations, in order to keep the slightly wounded closer to the battlefield, with the expectation that they would return to battle shortly. More seriously injured soldiers were brought to divisional hospitals further from the front lines.⁴³ These divisional hospitals were expected to be able to quickly and efficiently transport their patients to the major

⁴¹ Adams, *Doctors in Blue: The Medical History of the Union Army in the Civil War*, 27.

⁴² Adams, *Doctors in Blue: The Medical History of the Union Army in the Civil War*, 27.

⁴³ McGaugh, *Surgeon in Blue: Jonathan Letterman, the Civil War Doctor Who Pioneered Battlefield Care*, 132

general hospitals if they would take more time and attention to recover. This new system effectively created a “critical link- missing for most of military medical history- between the frontline aid stations and the rear-area general hospitals.”⁴⁴ This system worked so effectively because it allowed minor injuries to be addressed quickly and close to the battlefield, while injuries requiring more time and attention could be brought away from the danger and into the hands of the more experienced and skilled surgeons. Letterman also warned surgeons to be on the lookout for stragglers wandering around the hospitals attempting to eat the food and take advantage of the comforts prepared for the wounded.⁴⁵

Surgeons utilized these reforms as a way to inject discipline in the Union soldiers. By keeping the less injured soldiers near the front lines, these patients immediately knew that they would not be going to the general hospitals, and would be expected to fight again very soon. Once soldiers made it to the general hospitals, they almost never returned to battle, so by keeping them within the army and close to the front lines, surgeons were effectively maximizing McClellan’s fighting force.⁴⁶ Soldiers would only be sent to the large general hospitals in northern cities if they were seriously injured. Through the actions of the surgeons, soldiers knew they

⁴⁴ Richard A. Gabriel and Karen S. Metz, *A History of Military Medicine* (Westport, CT: Greenwood Press, 1992), 190.

⁴⁵ Jonathan Letterman, *Medical Recollections of the Army of the Potomac* (New York: Appleton & Company, 1866), 100.

⁴⁶ McGaugh, *Surgeon in Blue: Jonathan Letterman, the Civil War Doctor Who Pioneered Battlefield Care*, 130-131.

would not escape their duties due to miniscule injuries, and this forced them to accept the reality that they would have to fight their way out of the war.

When people imagine surgeons from the American Civil War, most of them will envision a man covered in the blood and guts of wounded men, bent over an operating table sawing and carving their way through a seemingly endless amount of bones, muscles, and tendons. While these visions are based in fact, most people fail to recognize the larger roles surgeons played. Of course they were supposed to look out for every individual soldier, providing the most efficient and helpful care they could with the supplies they had. However, more importantly, they were expected to uphold the discipline of the military, instilling accountability and responsibility into the soldiers. With all the dilemmas The Army of the Potomac was facing heading into the summer of 1862, the overarching problem was a complete lack of discipline. When Letterman took over as Medical Director on July 4, 1862, he made many reforms in hopes of solving this problem. Through his work, surgeons were provided with all of the necessary means in order to instill discipline among their patients, their medical staff, and their field officers, and it transformed the Army of the Potomac from an unorganized army, into a well trained and highly disciplined fighting force.

Historiography:

Over the years, there has been a vast amount of research done about the medical practices during the American Civil War. Compared to today's standards,

the knowledge and technology they had to work with was hardly comparable, which has sparked a great deal of interest within scholars in recent years. *Surgeon in Blue: Jonathan Letterman, The Civil War Doctor Who Pioneered Battlefield Care*, by Scott McGaugh, is able to accurately shed light on the problems Letterman was facing when he took over as Medical Director, and subsequently the changes he made to counter them. The reforms he made, such as the ambulance system and system of triage of the wounded, still impact the way we treat patients today, solidifying his legacy upon modern medicine and battlefield care.⁴⁷ This book intertwines with this body of work because it is able to convey the extreme adversity and pressure Letterman was facing, while at the same time placing the reader right in the middle of the Army of the Potomac during the times of reform.

Kathryn Meier's *Nature's Civil War* attempts to highlight the relationship between soldiers in Virginia in 1862 and the surrounding physical environment. Due to the lack of food and medicine, combined with undependable supply lines, soldiers would often have to be personally responsible for their food intake and overall health. This forced them to leave camp and roam the countryside in search of food and other necessities, which led to conflicts with their superior officers.⁴⁸ As Letterman improved the supply chain, and kept better records of food and medicines, soldiers felt less and less need to provide for themselves. Meier's book

⁴⁷ Rebecca Hill, "McGaugh, Scott. *Surgeon in Blue: Jonathan Letterman, the Civil War Doctor Who Pioneered Battlefield Care*," *Library Journal* (2013): 87.

⁴⁸ Ethan S. Rafuse, "Nature's Civil War: Common Soldiers and the Environment in 1862 Virginia," *America's Civil War* (2014): 68-69.

was also vital to this paper because it highlighted the strained relationship between surgeons and their patients. As discussed through this paper, soldiers would have to balance their role of caregiver with disciplinarian, which often times led to soldier's resentment of their medical staff.

Shook Over Hell, by Eric T. Dean, Jr. attempts to draw comparisons between the trauma endured among soldiers in the Vietnam War and the American Civil War. His work was particularly important to this paper because it shed better light on the mental illnesses often associated with the Civil War, and showed that while Union soldiers came home to a celebration and much more warm welcoming compared to Vietnam soldiers, they faced the same emotional trauma upon exiting the war.⁴⁹ Because of the little amount that was known about mental illnesses, often times soldiers complaining of symptoms of Post-Traumatic stress were thought to be malingerers, which adds another wrinkle to uncovering the truth behind soldiers' injuries.

A.J. Bollet's *Civil War Medicine: Challenges and Triumphs* was also critical to this body of work. It provided great insight on malingering and ways surgeons would combat these undisciplined soldiers. Reading first-hand accounts of surgeons reacting to malingerers allows one to position themselves in their shoes, and think as critically as these surgeons had to at a moment's notice. Bollet also focuses a great deal on the evolution of the hospital system, and the vital role

⁴⁹ Sara L. Knox, "Shook Over Hell (Book Review)," *Journal of American Culture* (1999): 111.

Letterman played in that process, further lending itself to the work in this paper. Finally, while many writers focus on injuries sustained during battle and their consequences, Bollet is able to contribute a great deal of information to the diseases and ailments soldiers would encounter in the camps and hospitals. While they did not include severe flesh wounds or broken bones, these diseases were equally as devastating, and Bollet's explanation of these diseases proves this point.

George Washington Adams's *Doctors in Blue* is a vital addition to this body of work. Starting with the First Battle of Bull Run, Adams is able to accurately portray the litany of issues the Army of the Potomac was facing in the first two years of the war. From there, he goes into detail about the hiring of Letterman as Medical Director, and the subsequent changes he made and how they impacted the Army of the Potomac and the whole Union Army in future battles. This paper will build off of Adams work by highlighting not only how these changes positively transformed the Army of the Potomac, but also how the surgeons were afforded more responsibilities as a result.

Sword Over Richmond; An Eyewitness History of McClellan's Peninsula Campaign, by Richard Wheeler, provides great background on The Army of the Potomac's advance to Richmond by way of both eyewitness accounts and secondary sources. This compilation contributed greatly to this work by providing the framework from which problems and solutions to those problems arose within the Army of the Potomac. Even though there was a complete lack of mention of Letterman and the necessity of his services, Wheeler has done an excellent job of telling the story of The Peninsula Campaign in an unbiased and detailed way.

For years, historians have debated the significance of the surgeon's role in the American Civil War. It has been concluded time and time again that the ability of an army's surgeons was vital to its success both on and off the battlefield. While many writers have focused on surgeons as caregivers and lifesavers in the Civil War, few scholars have tried to understand where their role of disciplinarian fit into this job description. This paper will combine the reforms made to the Army of the Potomac in the summer of 1862 with the expanding role surgeons played in the war, in hopes of explaining how these surgeons were able to balance the role of doctor with the job requirement of instilling discipline within the military.

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