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"Mortal in this season": Union Surgeons and the Narrative of Medical Modernisation in the American Civil War.

Abstract: The impact of the American Civil War on medical modernisation is increasingly being recognized, yet the ways in which the Civil War challenged and changed doctors’ understanding of their professional role during the war remains underappreciated. By juxtaposing Union doctors’ personal and professional responses to the Civil War with the wider public reaction to Union medical care, this paper explores the tensions that arose between the public and the professional perceptions of medicine as these developed on the battlefields of the nation’s internecine conflict. It argues that the intersection between the positive and negative narratives of Union medical provision, specifically surgery, established an important discursive space within which Union doctors could negotiate their public and professional status. It finds that the negative narrative, so far from a hindrance was instrumental to the process of medical modernisation by enabling Union physicians to define, defend, and develop a more modern medical role.

Key Words: American Civil War; Union; surgeons; professionalisation; medical modernisation.

Writing to his sister in Canada during the Wilderness (Overland) Campaign, the last great push of the Northern armies against the Southern Confederacy in Virginia, Union surgeon Francis Wafer observed that some of ‘the darkest
pages in the annals of human misery are continually opening before me.’ ‘Not only every day since’ the Battle of the Wilderness began, he told her, but ‘frequently all night has the roar & the thunder of artillery & the spiteful everlasting crack of rifles been grinding in our ears. Every foot of ground for (40) forty miles has been fought for’, and the human cost was high; ‘many of the wounds of the enlisted men’, he noted, ‘will prove Mortal in this season.’

Wafer, of course, was not wrong. In just over one month some 30,000 men, or around 20 percent of the total forces deployed (c.160,000) by Union and Confederate forces combined, were killed or wounded in the course of the many battles, from Spotsylvania Court House through Cold Harbor, fought in May and early June, 1864, that comprised the Wilderness Campaign. Of those, only some four thousand were immediate combat fatalities. Disease, as was recognized at the time and has been stressed endlessly since, was by far the most effective killer of the Civil War, accounting for around two-thirds of the war’s fatalities. And the actual number of fatalities has recently been revised upwards from the long-accepted figure of some 620,000 to around 750,000. Less than a decade after Civil War historian Mark Neely asserted that historians were no longer it ‘at risk of underestimating the destruction of’ the Civil War, he was contradicted by J. David Hacker’s census-based recount of the war’s white, male death toll and challenged still further by Jim

Downs’s analysis of the dire health implications attendant upon emancipation for many thousands of African-Americans.²

Both Hacker and Downs have identified some remaining gaps in our understanding of the demographic impact of disease and death in the Civil War.³ And their conclusions inevitably shine the spotlight on Civil War medicine. Mortality rates, they find, were materially conditioned by the poor standards of Civil War medical care, with Downs, in particular, critiquing the refusal on the part of many Civil War doctors ‘to heed the lessons learned


from earlier epochs." It is more frequently those medical lessons learned from later epochs, of course, that muddy the medical waters as far as the Civil War is concerned. Civil War medicine, its surgery more specifically, is perhaps too readily relegated to a pre-modern world, a world that George Worthington Adams described as ‘the very last years of the medical middle ages’. It may be no surprise that the martial celebration of the nation’s history that was the Civil War Centennial (1961-65) prompted one doctor to introduce a healthy dose of reality to proceedings by echoing Adams and declaring that Civil War medicine represented ‘pre-Listerian surgery at its zenith’. The memory of the war, he proposed, might best ‘be kept green by its dreadful medical history.’

4 Hacker, ‘A Census-Based Count’, 315, n.13; Downs, Sick from Freedom, 32. Downs does nevertheless acknowledge that the federal government simply ‘lacked the money, resources, and infrastructure to respond to the medical crises that erupted throughout the war.’ Ibid., 30.

5 George Worthington Adams, ‘Confederate Medicine’, The Journal of Southern History, 1940, 6, 151-166, 151; the phrase ‘medical middle ages’ is originally ascribed to William A. Hammond in Faust, This Republic of Suffering, 4.

6 D LI Griffiths, ‘Medicine and Surgery in the American Civil War’, Proceedings of the Royal Society of Medicine, 1966, 59, 204-208, 208; that Griffiths was influenced by the Centennial is suggested by his argument’s timing and by the fact that earlier medical histories tended to present a more positive perspective on Civil War procedures and their lasting impact, e.g., Courtney R. Hall, ‘The Rise of Professional Surgery in the United States: 1800-1865’, Bulletin of the History of Medicine, 1952, 26, 231-62.
What is perhaps more surprising is how few historians have contradicted this conclusion since. Civil War surgery, according to Ira Rutkow, made little headway over the war years themselves, and remained ‘as barbaric and crude in 1865 as it was in 1861.’ Civil War soldiers suffered and died, E. Moore Quinn has more recently concurred, largely because of ‘ignorance, superstition, and poor medical techniques.’

Yet those who, with Alfred Jay Bollet, would challenge, or at least modify such assertions perhaps too readily ascribe Civil War medicine’s negative image to ‘generational chauvinism’ on the part of scholars determined to judge the past by the standards of the present. Alternatively,

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Rutkow has suggested that the problem resides in the ‘[p]omp and circumstance [that] masks the deadly ferociousness of the battlefield’ and obfuscates both ‘the slaughter and medical realities inherent to war.’ And Shauna Devine has recently identified the separation of Civil War medicine from nineteenth-century medical developments more generally as a barrier to our comprehension of the conflict’s scientific and surgical impact. Neither those who would restore medicine as a central component of the Civil War, however, nor those who would establish the Civil War as a central component of the history of medicine have fully integrated contemporary public with professional narratives—positive and negative—of medical practice and procedure into their analyses either of Civil War medicine in general, Civil War surgery in particular, or the larger story of medical modernization in the nineteenth century. The scholarly tendency, identified by Roger Cooter, to

\[\textit{Change and Suffering: Modern Perspectives on Civil War Medicine}\]

(Minnesota: Edinborough Press, 2009), 57-58; Bollet, \textit{Civil War Medicine}, 76.

10 Rutkow, \textit{Bleeding Blue and Gray}, xii.

11 Shauna Devine, ‘Producing Knowledge: Civil War Bodies and the Development of Scientific Medicine in Nineteenth Century America’ (unpublished PhD thesis, University of Western Ontario, 2010). Devine has established a strong case for the Civil War as central in the development of new, scientific approaches to medicine in the United States. Her focus, consequently, is on the medical elite’s impetus to develop and disseminate medical knowledge through, for example, the collection of material for the Army Medical Museum (AMM) and the publication of Joseph K. Barnes (ed), \textit{The Medical and Surgical History of the War of the Rebellion} (henceforth
reify ‘both war and medicine, privileging them from the societies and cultures in which they were set’ remains a problem in the case of America’s civil war. Consequently, important clues concerning the public dimension of medical modernization in the mid-nineteenth century risk being overlooked.\footnote{12}{Roger Cooter, ‘Medicine and the Goodness of War’, \textit{Canadian Bulletin of the History of Medicine}, 1990, 7, 147-159, 151.}

This paper suggests that in order to clarify the process of medical modernisation in the nineteenth century, the negative representations of Civil War medicine need to be confronted as well as, possibly, contradicted. Over two decades ago now, Bonnie Blustein proposed a framework for a more contextualized comprehension of Civil War medicine, particularly in regard to the ‘interconnected structure of ideology, social relations, and material needs’ within which it was located.\footnote{13}{Bonnie Ellen Blustein, “To Increase the Efficiency of the Medical Department”: A New Approach to U.S. Civil War Medicine’, \textit{Civil War History}, 1987, 33, 22-41, 24, 41.} By juxtaposing Union surgeons’ personal and professional responses to the Civil War with the wider public reaction to Union medical care, this paper examines one aspect of the social context of Civil War medical care that is sometimes lost in the detail: the inevitable tensions between the martial and the medical, the public and the professional as these developed over the course of the conflict. It suggests that the intersection created between the positive and negative perceptions of Union medical provision, but specifically surgery, effectively constituted an important


\footnote{13}{Bonnie Ellen Blustein, “To Increase the Efficiency of the Medical Department”: A New Approach to U.S. Civil War Medicine’, \textit{Civil War History}, 1987, 33, 22-41, 24, 41.}
discursive space within which medical reformers could negotiate their public and professional status. And it argues that the negative narrative was especially instrumental in respect of the contradictions within this space, particularly in the challenge this offered Civil War physicians to define, defend and develop a modern medical role.

A Profession on Trial

In his memoirs of the Civil War, former Union surgeon John H. Brinton recalled the chaos that was the Union medical corps in the autumn of 1861 when ‘officers fresh from civil life were called upon at a moment’s notice, and without previous training’, to provide medical care.\footnote{John H. Brinton, \textit{Personal Memoirs of John H. Brinton, Civil War Surgeon, 1861-1865} (1891. Reprint. Carbondale and Edwardsville, Southern Illinois University Press, 1996), 54.} The volunteer surgeon and the soldier had much in common in 1861; both were embarking on a venture for which civilian life had provided little preparation but one accompanied by a widespread assumption, reinforced through popular journals as well as dedicated medical publications, that professional competence, be it martial or medical, would be achieved, and that in pretty short order. This point is worth stressing, since the negative narrative of Civil War medical care has often acquired, in hindsight, a certain grim inevitability that blurs the complexity of contemporary responses. Frequently blurred, too, is the distinction between the component parts of the medical profession in Union service and the United States Sanitary Commission (USSC), the main
Union volunteer body for the sanitary relief of the armies whose perspective has tended to influence if not dominate scholarly assessments of Union medicine.

For those elite northerners who established the USSC, the outbreak of Civil War may, as Blustein observed, have ‘suggested the horrifying spectre of another Crimea’, and through their emphasis on the appalling conditions at Scutari and throughout the Bosporus they effectively signalled the significance of their voluntary efforts.¹⁵ Not everyone, however, believed that the Civil War would be a case of the Crimea redux. On the contrary, the message about medicine at war promulgated by the popular and widely-read journal, the Atlantic Monthly, was a positive one.¹⁶ Through the work of Florence Nightingale, the journal argued, the horrors of Napoleonic campaigning had been mitigated, not by advances in medical knowledge, but by improvements in medical care. In the Crimea, it asserted, in rather a triumph of optimism over reality, ‘[r]ecover[y] had become the rule, and death a remarkable event.’¹⁷

¹⁵ Blustein, ‘To Increase the Efficiency of the Medical Department’, 26-27.

¹⁶ Bollet also highlights the familiarity of the American public with events in the Crimea, and with Solferino (1859) but he links both to public concern over troop treatment rather than arguing, as I do here, that the Crimean comparison served, at least on one level, to reassure Americans that the Civil War was going to be different from ‘those European tragedies’. Bollet, Civil War Medicine, 8-9. For contemporary public discussion of the Crimea, see for example, The Liberator, 10 November, 1854.

¹⁷ ‘Health in the Hospital’, Atlantic Monthly, 1861, 8, 718-730, 730, 720-1. On the reality of death and disease rates in the Crimean conflict see John
In a similar vein, *Scientific American*, at the time a publication aimed at an audience with a general rather than a professional interest in both mechanical and medical developments, also cited comparative evidence from the Crimea regarding the improvements in sustaining both the morale and physical well-being of troops.\(^{18}\) Whilst the ‘great enemy to be feared’, as it reminded its readers, ‘was not the one who came with powder and ball, but disease’, the assumption that lessons had been learned was evident.\(^{19}\) Modern soldiers, according to *Scientific American*, fought more bravely in the presence of ‘an effective medical corps’. Even if they were wounded by ‘a ball or a bayonet thrust’ they could confidently assume that ‘their surgeon would

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\(^{18}\) Dedicated medical journals were numerous in this period, but this article, seeking to establish the more popular perception of medicine during the Civil War, has largely, although not entirely, concentrated on journals with a more general, and wider readership. On medical publishing see James H. Cassedy, ‘The Flourishing and Character of Early American Medical Journalism’, *The Journal of the History of Medicine and Allied Sciences*, 1983, 38, 135-150.

\(^{19}\) *Scientific American*, 1861, 4, 403; and see James M. Schmidt, “A Multiplicity of Ingenious Articles”: Civil War Medicine and *Scientific American* Magazine’, in Schmidt and Hasegawa, *Years of Change and Suffering*, 37-55.
For many Americans in 1861, therefore, the evidence from previous conflicts suggested that important advances had been made, by armies in general and their medical divisions in particular, regarding the sanitary and surgical aspects of what, from the perspective of the time, was regarded as modern warfare. Allied to this was the further assumption that the United States, but especially the Union side of the Civil War equation, was uniquely positioned to field armies more capable of meeting both the medical and military challenges of conflict than those in the past had proved to be.

Even after the initial upsurge of enthusiasm, what minister and author Edward Everett Hale later recalled as ‘the passion of a beginning’, had subsided somewhat in the face of the Civil War’s martial and medical realities it was still argued in the pages of the Atlantic Monthly, by no less a figure than noted epidemiologist Edward Jarvis, that the ‘Union army is one of the healthiest on record’. Jarvis ascribed this to ‘the better intelligence of the age and of our people’, although it was, of course, relative. Despite his belief in the efficacy of both the people and their politicians to approach warfare in a more professional manner than the European nations were then managing, Jarvis acknowledged the ‘the depressing and exhaustive force of military life’, and noted that the ‘rate of sickness’ for Union troops was far greater than for civilian non-combatants. His enthusiasm for the combined efforts of the USSC and ‘the universal sympathy of the men and women of the land’ in ‘lessening the discomforts and alleviating the sufferings of the Army of Freedom’ was,

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nevertheless, designed to encourage and not dismay readers of the *Atlantic Monthly* in the second, and most trying, year of the war for the Union.\(^{21}\)

Yet in highlighting the efforts of the USSC, Jarvis unwittingly helped establish at least part of the groundwork upon which the negative reputation of Civil War medicine would later be constructed. Although there was a significant degree of overlap, both in terms of medical personnel and publications produced during the war, between the USSC and the Army Medical Department in regard to the treatment of Union troops, the former effectively overshadowed the latter as far as the public perception of sanitary support was concerned. The USSC came to be regarded as Jarvis described it, as the main means of alleviating the suffering of Union soldiers. Its very existence, indeed, highlighted what USSC treasurer George Templeton Strong condemned as the ‘criminal and scandalous’ inefficiency of the Army Medical Department in the war’s early stages. That the Union’s Medical Department was, as Strong charged, ‘utterly unequal to [its] present work’ was possibly inevitable given that, as Strong acknowledged, it had fallen into ‘routine habits acquired in long dealing with an army of ten or fifteen thousand’ rather than field armies in excess of 100,000 men.\(^{22}\) The Army of the Potomac was a case in point. When Jonathan Letterman, its newly-appointed medical

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director arrived on the James River at the start of July, 1862, it comprised about 120,000 troops. And the scale of the medical problem, largely, as Letterman recalled, the result of scurvy plus the effects of ‘marching and fighting in such a region, in such weather, with lack of food, want of rest, great excitement, and the depression necessarily consequent upon it’ was immediately apparent.\textsuperscript{23}

What Letterman encountered was a problem that had plagued the Union’s first major campaign in Virginia from the start. The difficulties were largely logistical. Charles S. Tripler, the beleaguered medical director whom Letterman had come to replace, was hardly inexperienced in military medical matters, having served in the Mexican War. His first official report from the Civil War, however, comprised a catalogue of complaints concerning the general ineptitude he encountered, and by the time he ceded control to Letterman the situation had not improved.\textsuperscript{24} Only with the advent of the ‘Letterman System’ did the positive, but largely post-war narrative of medical managerial modernisation in the Civil War begin to gather momentum. From


the successful removal of the wounded from the field after Fredericksburg to
the organisation of functioning field and general hospitals, Union medical care
is generally understood to have achieved an upward trajectory of gradual but
consistent sanitary improvement and professional progress.\footnote{For extended discussions of the ‘Letterman System’ see Frank R. Freemon, Gangrene and Glory: Medical Care During the American Civil War (Urbana and Chicago: University of Illinois Press, 2001), 67-76; Garrison, Notes on the History of Military Medicine, 174-6; Bollet, Civil War Medicine, 97-141.}

Contemporary opinion was rather different, however. As one doctor from Ohio complained, northern newspapers generally focussed on the__positive contemporary (although mainly post-war) assessments of the ‘Letterman System,’ especially as that related to the ambulance system, include that by Charles O’Leary, medical director of the Sixth Corps, quoted in Bennett A. Clements, Memoir of Jonathan Letterman, in Journal of the Military Service Institution, 1883, IV, 10-11; on the treatment of the wounded at Fredericksburg, see Gordon W. Jones, ‘The Medical History of the Fredericksburg Campaign: Course and Significance’, Journal of the History of Medicine, 1863, 18, 241-56 and George C. Rable, Fredericksburg! Fredericksburg! (Chapel Hill: University of North Carolina Press, 2002). Support for troops on the field was still an issue, and the subject of a lengthy exchange in the Christian Examiner, in the latter stages of the war (January, 1864); and see Have We the Best Possible Ambulance System (Boston: Walker, Wise and Company, 1864). For an overview of the subject, see John S. Haller, Jr., Farmcarts to Fords: A History of the Military Ambulance, 1790-1925 (Carbondale: Southern Illinois University Press, 1992).
perceived ‘[i]nefficiency, gross carelessness, heartlessness and dissipation’ of army surgeons. His complaint was only partly justified, since the tone of reporting was never uniformly negative. In the war’s early stages, the Cincinnati Lancet and Observer’s charge that far more was expected of army doctors than they were capable of delivering was generally appreciated. They ‘were required to keep men well, to clothe them, to feed them, and to keep them from death’, and all this when they were ‘powerless to enforce sanitary laws, or to provide clothing or food’. Some of the criticism, indeed, was directed at those doing the complaining rather than at the targets of the complaint. It was an accepted fact, the New York Herald noted, that ‘invalids are generally grumblers, and that our sick soldiers form no exception to the rule.’


27 For more positive reports see, e.g., New York Herald Tribune, 23 July 1862; Philadelphia Enquirer, 24 July 1862; the New York Daily Tribune, 29 July 1863; Dr George A. Otis, surgeon of the 27th Massachusetts Infantry to the New York Times, widely reprinted in, e.g., the Springfield (Daily) Republican, 19 April 1862; and the Albany Evening Journal, 28 July 1862.


29 New York Herald, 12 September 1862.
From the evidence of Letterman’s experience of conditions in the Army of the Potomac in 1862, of course, there are grounds for questioning the *Herald’s* claim that year that ‘the rations supplied to our soldiers in the field are the best in quality and the most abundant served out to any army in the world.’ The invalids in question may have had good grounds for grumbling. However, as the *Herald* acknowledged, negative reports of Union medical care fed into the agenda of ‘secessionist sympathizers’, who used them ‘to try and disgust our volunteers with the service’, thereby jeopardising the health of the main patient: the American nation. Consequently, although the paper acknowledged that Union medical provision was far from ideal, it nevertheless encouraged its readers to remember ‘that, if it is difficult to create a large army, it is still more difficult to create a medical staff commensurate to its wants.’ In common with Jarvis’s argument in the *Atlantic Monthly*, the message that the *Herald* wished to convey to a loyal, but, by the end of 1862 already war-weary and increasingly cynical northern population, was that ‘by no government in the world is greater attention and care bestowed upon the soldier, sick or well, than there is by ours.’

That this positive narrative did not prevail may, at least in part, be ascribed to two main factors. First, there was never a clear distinction drawn between the sanitary and the surgical as far as reports of medical conditions in the field were concerned. Second, the negative narrative was of far greater value, in both political and practical terms, to the medical reform agenda; consequently it was promulgated by public and professional alike. When, in Congress in the spring of 1862, William M. Dunn, representative from Indiana

30 *New York Herald*, 12 September 1862.
and aide-de-camp in the Army of the Potomac, reported on the distressing conditions in the Union armies, he had little to say about supplies or sanitary conditions; his ire was directed elsewhere. ‘Our soldiers have suffered incalculably from the incompetency, neglect, and, I am sorry to say, the gross intemperance of some of the surgeons’, he advised the House.\(^{31}\) And throughout the war, the juxtaposition of criticism of ‘incompetent and shiftless surgeons’ with praise for ‘the usefulness of the Sanitary Commission’ not only elided the sanitary and the surgical, but in the process presented the USSC as succeeding where the surgeon had failed. The medical elite, of course, did not believe that it had failed. Indeed, it believed that the evidence, in the form of the ‘medical statistics of the entire army’ would show ‘that there has never been so small a mortality in any army.’ In this context, ‘the slander, misrepresentation and abuse’ directed at Union surgeons was especially galling.\(^{32}\)

It may not be surprising that, in the face of such perceived slander, The Cincinnati Lancet and Observer concluded that the medical profession ‘has been on trial during this rebellion’. It was essential, the journal argued, that Union doctors ‘demonstrate to the people of the country at large’ that the medical profession had ‘been misrepresented by newspaper correspondents, and the travelling busybodies, and enthusiasts of so-called sanitary commissions’, who ‘have exaggerated the mortality, decried the ability of the

\(^{31}\) Willliam M. Dunn, House of Representatives, April 9, 1862, Congressional Globe, 37\(^{th}\) Congress, 2\(^{nd}\) Session, 1587.

\(^{32}\) New York Herald, November 3 1862. On this point see also New York Herald, 13 January 1862.
medical staff, and have even charged a want of humanity to it. In this regard, medicine’s bad press ultimately proved more benefit than hindrance because it was the negative narrative, above all, that challenged any residual complacency within the profession as to its short-term efficacy and its long-term direction. ‘There is no class of men in this country who can exert a stronger influence, by united action, for any important object, than the members of the medical profession’, an American Medical Times’ editorial pronounced in the Civil War’s early months: ‘with union and action we can become irresistible. We can make and unmake legislators, governors, and legislatures, if we choose.’ The war swiftly exploded such early optimism. As the debates over Union medical care emphasised, even the choice of military medical provision was not necessarily the prerogative of the medical profession.

The tortuous progress through Congress of the ‘Wilson Bill’ of 1862 was a case in point. Devised by the USSC but introduced by and named for Republican senator Henry Wilson of Massachusetts, it was designed to centralise and streamline the Army Medical Department along allopathic lines. In her close analysis of the process and professional ramifications of this bill, Blustein noted that not the least significant aspect of the debates surrounding it was what these revealed about contemporary attitudes toward medicine and the consternation that the competing medical systems caused. Largely, what the debates over the ‘Wilson Bill’ revealed was the extent to which mid-

33 The Cincinnati Lancet and Observer, April 1863, 230-1.

nineteenth-century Americans valued voluntarism, in matters medical if not sectional. Consequently, as medical reformers realised, the northern public, along with its politicians, was liable to prove as resistant as some doctors were to any attempt to impose uniformity on the medical profession.35

The northern abolitionist publication, The Liberator, highlighted the depth of feeling on the subject when it commented on the Massachusetts Homeopathic Medical Society’s (MHMS) response to homoeopathy’s exclusion from the Union armies. Homoeopathy, it was asserted, was ‘a well-tried and demonstrated system of medical practice’ an argument with which medical reformers were hardly likely to concur.36 For sanitary reformer and editor of the American Medical Times, Stephen Smith, indeed, as for many of his colleagues, the very idea that homoeopathic physicians should be accorded professional respect, let alone, as was suggested, discrete military hospitals dedicated to their particular brand of medicine was anathema.37

35 Blustein, ‘To Increase the Efficiency of the Medical Department’, 28-30, 36; for contemporary medical responses to the ‘Wilson Bill,’ see e.g., ‘Reorganization of the Medical Department of the Army,’ American Medical Times, 25 January 1862, 56-57; and ‘Selection versus Succession’, American Medical Times, 1 March 1862, 126-128.

36 The Liberator, 21 March 1862; 28 March 1862.

do not know why this class of medical practitioners are honored with such
distinction’, Smith sniped, ‘and we think other systems have a just cause of
complaint in being overlooked by a Government which they equally support,
and which all are anxious to serve.’

Smith’s argument was somewhat over-stated, since the other systems
in question or, rather, the single, non-sectarian system was already the
default position, given the orthodox background of most of the Union’s leading
medical men. The scientific standing of homeopathic practice, however, was
not the main public point of contention. For The Liberator it was about ‘fair
play and common equity’. In supporting the homoeopathic claim for parity with
orthodox medicine, the journal did so, as it emphasised, ‘on the ground of
equal justice to citizens; just as we should protest against a rule admitting only
Presbyterian, Baptist, Methodist, Swedenborgian, Unitarian, Universalist, or
Catholic clergymen to officiate as chaplains, to the exclusion of all others.’ It
‘does not follow’, it argued, ‘that, because the ‘old school’ or allopathic
practitioners have hitherto had the entire management of the medical and

1800 to 2000 (Cambridge: Cambridge University Press, 2006), 147-8; Bollet,
Civil War Medicine, 61; and on the changing medical landscape more
generally, see Warner, The Therapeutic Perspective; Bollet, Civil War
Medicine, 47-48, 161-195; Blustein, ‘To Increase the Efficiency of the Medical
Department’, 34; Devine, ‘Producing Knowledge’, 16-18.

38 Stephen Smith, ‘Homoeopathy in Military Hospitals’, American Medical
Times, 18 January 1862, 42-44, 42, 44; see also ‘The Public Services of
Physicians as Viewed from the Halls of Congress’, American Medical Times,
22 March 1862, 169-170.
surgical treatment in the army and navy, therefore they ought to have this monopoly continued in their hands.' Why, it enquired, should those who, ‘when at home, habitually employ homoeopathic physicians, in preference to all others, and who still desire to do so’, be ‘compelled to submit to treatment which they regard with aversion, because freedom of choice is tyrannously precluded; Why should such injustice longer continue? What constitutional right’, The Liberator demanded, ‘has allopathy over homoeopathy?’

Whilst The Liberator’s support for sectarian medicine may be regarded as aberrant by modern scientific standards, this was a journal whose abolitionist credentials lent its perspective some credence among those engaged in a war that, even in early 1862, looked set to tackle if not terminate chattel slavery. There had been a time, certainly, when The Liberator was positioned on the margins of even minority opinion, but the outbreak of civil conflict rendered it more mainstream, its editorial line more acceptable to northern audiences, and its concerns echoed by politicians. And in supporting what it regarded as straightforward ‘freedom of choice’ in medical matters, but couching it in First Amendment terms, The Liberator had touched on a much larger issue in the context of a conflict fought mainly by volunteer troops, citizen soldiers, not professional military men, whose patriotic understanding of what they owed their government did not necessarily mute their

39 The Liberator, 28 March 1862. For additional examples of this argument beyond the popular press, see Lainie W. Rutkow and Ira M. Rutkow, ‘Homeopaths, Surgery, and the Civil War: Edward C. Franklin and the Struggle to Achieve Medical Pluralism in the Union Army’, Archives of Surgery, 2004, 139, 785-791, esp.786.
expectations of what their government owed them. At this stage in the conflict, with the war going badly for the Union and several states due to hold gubernatorial elections that year, accusations of governmental tyranny, in any context, could not safely be ignored.\textsuperscript{40} For supporters of medical reform such as Oregon Democrat James W. Nesmith, of course, taking into account ‘the tastes and notions and prejudices and predilections of every soldier’ seemed irrational; ‘it would be almost as sensible,’ he argued, ‘to introduce clairvoyancers, spiritual rappers, homoeopathists, and practitioners of all the other systems of medicine that are known at the present day, in order to satisfy the caprice of every soldier who may happen to be in the Army.’ For Iowa Republican Senator James W. Grimes, by contrast, the popular ‘prejudice against…regular Army surgeons’ was reason enough to challenge any attempt to limit the medical options. It ‘is the duty of a statesman,’ he proposed, ‘to consult not only the reason of the people, but sometimes their prejudices’.\textsuperscript{41}

The Civil War, however, provided medical reformers a valuable weapon with which to sidestep the politics, cut through the confusion and tackle, simultaneously, both public prejudice and the sectarian argument. By

\textsuperscript{40} The Liberator, 28 March 1862; for a recent analysis of shifting northern perceptions of emancipation and the larger meaning of the war, see Chandra Manning, \textit{What This Cruel War Was Over: Soldiers, Slavery, and the Civil War} (New York: Random House, 2007).

\textsuperscript{41} James W. Nesmith, James W. Grimes, Senate, 27 February 1862, \textit{Congressional Globe, 37}th Cong., 2\textsuperscript{nd} Sess., 996-7. For more on this debate, see Blustein, ‘To Increase the Efficiency of the Medical Department’, 29.
bringing into the public arena arguments that had, in the antebellum era, been confined to the professional one, the war created the context within which orthodox medicine, at least, could present its case, not just for short-term sanitary and surgical improvements, but for longer-term professional change. Within the new, public discursive space created by the conflict medicine’s scientific, and indeed its social, standing could be debated and defined, enabling medical reformers to advance their professional agenda along with the Union armies. So far from a damning indictment, the charge that the Union was fielding ‘the worst medical staff of any army in the world’ served to reinforce and reinvigorate the reform impulse.\textsuperscript{42} For medical reformers, there really was no such thing as bad publicity. As volunteer surgeon and Medical Director of the Army of the Ohio Henry S. Hewitt noted, in the context of conflict, the ‘country sees and recognizes the [medical] profession as it never did before.’ That it did not always like what it saw, for Hewitt and for many of his colleagues, not a problem. It was an opportunity.\textsuperscript{43}

\textbf{No Pain, No Gain?}

\textsuperscript{42} New York \textit{Herald}, 28 November 1862.

At the war’s outset, northern public opinion largely concurred with the Secretary of War, Simon Cameron’s assertion that the nation’s ‘citizen soldiery…who have so promptly and patriotically left their homes in response to the call of the President and taken up arms in defence of the constitution and laws, and to vindicate and maintain American nationality,’ were ‘entitled to the tenderest care and most assiduous attention of the government in every respect; and most especially’, Cameron argued, ‘is it the duty of the government to promote their health and comfort.’ Medical reformers were swift to echo such sentiments. In defending the orthodox position, Smith, too, invoked those ‘citizen soldiers who have sacrificed the comforts of home in defence of their country’ in support of his case. ‘Around them’, he argued, ‘Government should throw its protecting care, and tenderly guard their sick beds from the ruthless band of medical charlatanism.’ By ‘making its voice heard for the protection of the health and life of the common soldier,’ Hewitt argued two years later, orthodox medicine could ‘assert its supremacy over all the forms of quackery and vindicate its claim to the gratitude of the nation, while it asserts its prerogative as the most enlightened and beneficent of all human institutions.’

Whether medicine really was ‘the most enlightened and beneficent of all human institutions’ was, as Hewitt well knew, hardly a given at the time. Physicians, proposed Theophilus Parvin, then president of the State Medical

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44 Cameron quoted in the New York Herald, 21 May 21 1861.

45 Smith, ‘Homoeopathy in Military Hospitals’, 44.

Society of Indiana, were ‘representatives of medicine’, but he questioned the extent to which individual doctors were ‘causing men to honor us, and, in honoring us, the Profession to which we have consecrated all our energies and abilities. Is our culture, our growth in such direction’, he enquired, ‘as best to advance our chosen science, not merely in public esteem, but likewise in actual merit?’47 At least one of his colleagues thought not, but in this case the war itself provided the solution. ‘War,’ announced Union surgeon and medical pioneer Edmund Andrews, ‘is a moral tonic. It comes to the social world as the whirlwind and the earthquake come to the natural. It finds many flimsy, social fabrics in its path, erected for the time of peace…[and] bears them away like chaff in its passage, until that which is truly strong and giant-like, alone remains.’ For the American medical profession in particular, ‘summoned to the battlefield to front the grim realities of war’, Andrews saw an opportunity for renewal at a time when it, in common with others, had ‘grown up too rank and luxuriant for safety.’ The ‘shock of war’, Andrews believed, was a necessary corrective for the ills of a body politic rendered placid by peace, feminized by its good fortune, and consequently lacking the ‘manly character’ required for national security and international success.48

In encouraging his colleagues to support the Union war effort, Andrews emphasised the risks, as well as the opportunities that the Civil War offered


them to develop their skills along with their courage. ‘In the Crimea,’ he told them, ‘the British surgeons dressed the wounds in the trenches where they fell; and the results’, he noted, ‘show that bullets have no natural repugnance to killing medical officers. Unless, therefore, a man can tie up an artery with a cool and steady hand, while the bullets are singing past him’, Andrews concluded, ‘he will not do for a surgeon.’ Invoking traditional eve of battle rhetoric, Andrews declared that the ‘ancient ideal of a true knight’ was ‘just about the real model for a surgeon.’ With the outbreak of civil war, Andrews declaimed, ‘God opens a new volume in the nation’s history, whose very first page is blazoned with war and carnage, and calls for men of sterner and loftier mould than before. Come up to the great work of the age’, he urged his medical colleagues, ‘and do your part like men.’ Andrews’ enthusiastic, possibly over-enthusiastic belief in the moral and medical benefits of the battlefield in the first few months of the Civil War may not, of course, have been shared by all his colleagues. Nevertheless, in its emphasis on surgery, specifically, as providing the path to medical and to national glory his perspective proved prescient; for both the northern public and for medical professionals alike it was surgery, above all, that symbolised Civil War medicine.49

That the public perception of Civil War medicine was determined, indeed over-determined by its surgical side was obvious to many Union doctors at the time. That it has remained so should not, perhaps, surprise us. Although Rutkow suggested that the ‘pomp and circumstance’ surrounding conflict effectively masks ‘the deadly ferociousness of the battlefield’, in fact it

was the most extreme physical outcomes of that ferocious reality that dominated the public and, some physicians feared, the professional understanding of the Civil War.\(^{50}\) The modern media adage, ‘if it bleeds, it leads’ was as true for the Civil War era as it remains today. This prompted one reviewer in the *Cincinnati Lancet* to express his relief at the appearance, in 1863, of Joseph J. Woodward’s volume on camp diseases in the Union armies. ‘We are right glad to have a work on military medicine’, he enthused. ‘Surgery, surgery, surgery—the lopping off of arms and legs—the resection of this joint and that joint has been the great topic with men entering the army. The people too’, he added, ‘have estimated the army surgeon for his skill as an operator’, with the unfortunate result that medical students had increasingly ‘been unable to see any interest in a lecture unless it had reference to operative surgery.’\(^{51}\)

Although the reviewer of Woodward’s volume suggested that it would ‘at least remove the delusion under which many have been labouring—that

\(^{50}\) Rutkow, n.10 (above).

\(^{51}\) Review of Joseph J. Woodward, *Outlines of the Chief Camp Diseases of the United States Armies, as observed during the Present War. A Practical Contribution to Military Medicine* (Philadelphia: J. B. Lippincott & Co., 1863), *Cincinnati Lancet and Observer*, January 1864, 44-45; on the traditional emphasis on the wounded of war, see Bollet, *Civil War Medicine*, 75; for the ongoing popular fascination with the wounds of the Civil War, see

the chief duties of the medical man are surgical’, he did so possibly more in hope than expectation, since the medical profession had been labouring under that particular delusion for quite some time. Fully a decade before the war, Henry J. Bigelow had identified both the public and the professional emphasis on surgery as potentially problematic. ‘Why,’ Bigelow enquired, ‘is the amphitheatre crowded to the roof...on the occasion of some great operation, while the silent working of some well-directed drug excites comparatively little comment?’ It was a rhetorical question, since Bigelow fully understood that ‘a surgical operation, even in the medical world, was apt to be looked upon with an undue appreciation.’ The ‘arbitrary interest’ in, and ‘arbitrary importance attached to the performance of most surgical operations’ was, however, in his view, ‘disproportioned to their intrinsic merit.’ His advice to medical students in 1849 was that they should ‘aim at being competent pathologists and physicians’, rather than striving to comprehend ‘the various methods of performing an amputation of rare occurrence.’

The Civil War, of course, made amputation rather less of a rare occurrence than Bigelow’s perspective of a decade previously had allowed. And, perhaps inevitably, amputation fast became the symbolic wound of the war, to the detriment of the public, and sometimes professional, perception of those surgeons who performed the operations. In 1849, Bigelow had noted, with some degree of cynicism, that it was often deemed better for a surgeon’s reputation were he known ‘as the hero of extraordinary operations which have

52 Henry J. Bigelow, *Introductory Lecture Delivered at the Massachusetts Medical College, November 6, 1849* (Boston: David Clapp, Printer, 1850), 10, 12.
proved unsuccessful, or even fatal, than as a follower of the usual routine of ordinary treatment.’ The conflict conditions pertaining during the Civil War hardly constituted ordinary treatment, but if any Union surgeon was hoping to acquire what Bigelow denoted the ‘notoriety which is a nucleus for surgical practice’ by performing what were often perceived as unsuccessful operations, it may appear, both from contemporary accounts and subsequent analysis that the war offered that opportunity in abundance. From the Battle of First Bull Run onwards, northern newspapers treated amputations seemingly as the sole measure of the severity of any engagement, of a surgeon’s skill, or more usually lack of it, and of Confederate maltreatment of Union prisoners of war. Whilst subsequent historians have traditionally focussed on the number of dead, for the northern press at the time it was the number of dismembered that served as shorthand for the struggle, and for the state of medical care during it.

53 Bigelow, Introductory Lecture, 10.

54 For reports of amputations at First Bull Run, specifically, see the Hartford Daily Courant, 20 July 1861; Lowell Daily Citizen and News, 20 July 1861; North American and United States Gazette, 20 July 1861; and the Philadelphia Enquirer, 20 July 1861; New York Herald-Tribune, 12 May 1862; New York Herald, 23 May 1864; Wisconsin Daily Patriot, 24 September 1861; Boston Daily Advertiser, 25 September 1861; and the Cincinnati Daily Enquirer, 25 September 1861; on modern weaponry as the cause, see New York Herald-Tribune, 26 June 1862; Maine Cultivator and Hallowell Gazette, 13 June 1863; for medical statistics on amputation presented by the northern press see the New York Evening Post, 7 August 1863; Philadelphia Enquirer,
In this regard, northern newspapers were not entirely out of step with medical opinion. Many Union doctors would have concurred with Sylvester D. Willard, secretary of the Medical Society of the State of New York that the war coincided with a ‘new era’ not just in sanitary procedure but in ‘the science of military surgery.’  

And, given the contemporary fascination with surgery, it was hardly surprising that many medical men saw in the Civil War the opportunity, as one of the Union’s leading surgeons, John Shaw Billings put it, ‘to acquire a reputation and surgical glory’. The Civil War, as Letterman pointed out, provided physicians a unique opportunity to acquire knowledge that would ‘go far toward filling the hiatus which exists in that branch of science in which we are now engaged, that of military surgery.’ This would, according to Hewitt, allow the United States ‘to present the world with the most perfect system of military surgery that has appeared, and make our observation and experience the point of departure and the standard of

8 August 1863; 22 August 1863; Providence Evening Press, 1 October 1863; New York Herald-Tribune, 7 October 1863; and the Cincinnati Daily Gazette, 9 March 1866.

55 ‘Medical Society of the State of New York’, letter from Sylvester D. Willard, M.D., Secretary, to the American Medical Times, 11 January 1862, in American Medical Times, 18 January 1862, 46.


57 Letterman, memorandum to Corps Medical Directors, April 27, 1863, in Medical Recollections, 114-5.
comparison for the future.'\textsuperscript{58} Only two years into the conflict, it seemed as if such ambitions were in the process of being realised. 'It is quite evident', observed one correspondent to the \textit{Cincinnati Lancet}, ‘that since this unholy warfare commenced, military surgery has received such an impetus in this country that hereafter it will form an important part in the medical literature of the age.’ The Civil War, he argued, had opened ‘a wide field of observation, from which surgery gathers its rich and varied laurels. The destructive missiles of war are becoming our teachers’, he observed; ‘for in proportion as they mutilate the more important tissues of the body, so is the skill of our art taxed to repair the injury inflicted.’\textsuperscript{59}

Skill, however, seemed to be in rather short supply if the northern press was to be believed. Following the Battle of Antietam in 1862, for example, the \textit{New York Times} suggested that Union medical support ‘would have disgraced the medical profession in the days when barbers monopolized the skill and science of the healing and surgical arts’, and presented its readers with the image of surgeons who ‘seized with morbid avidity the opportunity to test their


\textsuperscript{59} \textit{Cincinnati Lancet and Observer}, February 1863, 107-9; see also Wm. B. McGarvan, Surgeon, Twenty-Sixth Ohio Volunteer Infantry, ‘Amputation of Left Arm at the Shoulder Joint, and Resection of the Head of the Right Humerus’, \textit{Cincinnati Lancet and Observer}, May, 1865, 276-278.
dexterity with the knife." The New York Herald, too, was scathing about what it regarded as the ‘incompetency of army surgeons.’ Nothing, the paper charged, ‘has been more common than for amputation to be resorted to where it was not at all necessary, and instances have even been known’ when the surgeon ‘was so drunk that he took off the wrong limb.’ In light of such damning indictments, it was hardly surprising that Letterman concluded, in some dismay, that the public believed battlefield surgery to be ‘butchery.’

Gross misrepresentations of the conduct of medical officers have been made and scattered broadcast over the country’, he complained, and ‘because of the incompetency and short-comings of a few’ a great ‘injustice’ to the many had been perpetrated.

60 ‘Quackery and Brutality on the Battlefield’, New York Times, 19 October 1862.


62 ‘Report of Surgeon Jonathan Letterman, U.S.A., Medical Director of the Army of the Potomac, of the Operations on the Medical Department, from September 2 to November 7, 1862’, ORA, Series 1, Vol. 19 (XXXI), 113; on this point see also Reach, ‘Army Surgeons’, 340; Bollet, ‘Amputations in the Civil War’, 57-58. The debate over the necessity for and efficacy of amputation was ongoing during the Civil War, and contemporary opinions were assessed and summarised in the MSHWR, Vol. III, 2 (1883): 135-9. Contemporary criticism of over-enthusiasm for the procedure is discussed in Estelle Brodman and Elizabeth B. Carrick, ‘American Military Medicine in the Mid-Nineteenth Century: The Experience of Alexander H. Hoff, M.D.,’ Bulletin of the History of Medicine, 64:1 (Spring, 1990): 63-78. On this debate, see
Letterman’s suggestion, however, echoed by many of his colleagues, that it was a case of the many being blamed for the mistakes of a few sidestepped one of the main issues that exercised the public and the medical profession alike over the course of the war: the fluctuating quality of medical provision. Although Bollet, among others, has argued that Civil War medical care ‘evolved during the war as surgeons learned from experience’, at the performative level medical expertise remained erratic at best for the duration of the war. The bureaucratic structures that were put in place, and that supported the medical framework for improved sanitary and surgical care undoubtedly represented an improvement over the war’s early medical chaos. Over the course of the conflict, however, these did not necessarily secure

also William Williams Keen, ‘Surgical Reminiscences of the Civil War,’ in Keen, Addresses and Other Papers (Philadelphia and London: W.B. Saunders and Company, 1905) 433 and Letterman, Medical Recollections, 49; how common amputation actually was remains a matter of debate. Using the figures (29, 980) from the MSHWR and extrapolating from the Union to the Confederacy, Laurann Figg and Jane Farrell-Beck give a total of c.60, 000 amputations: Figg and Farrell-Beck, ‘Amputation in the Civil War: Physical and Social Dimensions’, The Journal of the History of Medicine and Allied Sciences, 1993, 48, 454-75, 454, 458-60, and MSHWR, Part III, Vol. II, 870-877; higher estimates can be found in, e.g., Mathew Naythons, M.D. (ed.), The Face of Mercy: A Photographic History of Medicine at War (New York: Random House, 1993), which proposes that ‘[s]ome 180,000 amputations were performed during the Civil War’. 64.

63 Bollet, Civil War Medicine, 442; Rutkow, Bleeding Blue and Gray, 250-1.
either the consistency or continuity of care that contemporary medical elites envisaged, or subsequent scholars have sometimes assumed. In part it was a personnel problem, as was noted at the time by one observer from the *London Medical Times and Gazette* embedded, to use modern terminology, with the Army of the Potomac: *Many surgeons left the army, he noted, just at the point when they had acquired enough experience to be useful. And it was this continuous renewal, this replacement of experienced by inexperienced personnel that caused the deterioration in medical care in the last years of the war.*

Within the profession, concern over the character of those attracted to such vacancies echoed antebellum arguments regarding both the suitability and the expectations of those drawn to the medical profession generally, and especially its surgical side. Surgery was deemed, even by those like Andrews who advanced what might be termed a robust medical masculinity derived from surgical performance rather than sanitary practice during the Civil War, potentially problematic in the broader context of medical modernisation more generally. ‘As surgical appliances are less complex, and more easily understood than medical, so surgeons, on the average, are more clear and accurate in their ideas than physicians’, he argued, ‘and less in danger of running away into obscure theories, which neither are, not can be definitely proved. Even quacks’, he suggested, ‘are obliged to keep somewhere near the truth, when they meddle with surgery.’ This, however, meant that ‘many

inferior men,’ men ‘not possessed of enough philosophical power to grasp easily the truth of medicine’, and whose knowledge was subsequently ‘superficial and narrow’ were drawn to ‘the surgical ranks.’ Too many surgeons, it was commonly believed, by layman and professional alike, had little ‘conception of the sacred duties of their calling’, and entered Union service from purely ‘selfish and mercenary motives.’ Some did so, another observer believed, simply in order to acquire a commission ‘which they intend using as a reputation trap to snare patients.’

In respect of surgery overall, public concerns again frequently coincided with professional ones. This meant that the popular opprobrium directed against Union surgeons on the battlefield could be redirected toward the argument for a coherent medical educational curriculum on the home-front. As such, the ‘monstrous fabrications of the newspaper correspondents’ provided a useful foil for those physicians who viewed with some suspicion the apparent ‘mania’ among some of their colleagues ‘to perform exsections’ and amputations, or to regard ‘a resection of simple nature, amounting only to a dressing’ as ‘an exsection of great magnitude.’ If, in some respects, the Civil War served only to confirm the suspicions of those who believed, as

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Bigelow had, that ambitious surgeons, in particular, ran the risk ‘of exaggerating a case in the presence of those who are competent themselves to judge’, it also offered the opportunity for surgeons to modify the popular, and largely negative perception of surgery. In 1849, Bigelow had assumed that years ‘must elapse before the surgeon will cease, as he must ultimately cease, to be identified with pain.’ The Civil War effectively fast-tracked, indeed in many cases rendered almost nugatory, the ongoing professional debates over one particular aspect of contemporary surgical procedure: anaesthesia.  

Even as medical journals continued to publish letters and articles detailing the desirability, but also the dangers of anaesthesia, on the battlefield and in the hospitals of the Civil War discussion was a luxury that few surgeons could afford. As countless reports and requisition orders attest, both ether and chloroform were regarded as ‘indispensible’ by those surgeons facing the aftermath of yet another military engagement. And whilst positive reports of the impact of anaesthesia on Civil War surgery in the popular press were somewhat swamped by negative, and largely sensationalist accounts of amputation, popular accounts of anaesthesia’s ability to render surgical procedure more palatable, for patient and surgeon alike, did exist. In many


69 Basil Norris, Assistant-Surgeon, U.S. Army, Medical Director and Purveyor of Troops in the Field to E.I. Bailey, Medical Director, Department of New Mexico, 5 March 1862, ORA, Series I, Vol. 9, 647.

70 Maurice S. Albin, ‘The Use of Anesthetics during the Civil War, 1861-1865’, *Pharmacy in History*, 2000, 42, 99-114. Confederate surgeons were even more determined to secure supplies of anaesthesia when they could,
respects, indeed, the widespread use of anaesthetics during the war sustained, and in a sense brought full-circle, popular understandings of the symbiotic link between the martial and the medical, the soldier and the surgeon, in modern warfare. Men ‘fight better’, one correspondent writing in 1864 proposed, in an echo of *Scientific American*’s argument in 1861, ‘when they know that torture does not follow a wound.’ The absence of even ‘one twinge of pain’, he asserted, ensured that ‘numberless lives are saved that the shock of the knife would lose to their friends and country.’ Nothing, he concluded, ‘could more perfectly demonstrate the value of anaesthetics’, than their use during the Civil War; they relieved ‘the soldier from untold misery, and his friends from untold anguish.’

Given the relative lack of popular, press coverage of its use, it may seem unsurprising, if possibly apposite, that the benefits of anaesthesia should have fallen victim to a particularly persistent strain of forgetfulness as especially since the Union blockade limited access to these. See, *e.g.*, L. Guild, Medical Director, Army of Northern Virginia, ‘Report, July 5, 1862’, ORA, Series I, Vol. 14, 634. For examples of the ongoing debates over anaesthesia see, *e.g.*, McGarvan, ‘Amputation of Left Arm at the Shoulder Joint…’, 278; Robert Jones, ‘On the Injurious Effects of Chloroform during Labor’, *Cincinnati Lancet and Observer*, February 1864, 106-112; and for an overview, see Stephanie J. Snow, *Blessed Days of Anaesthesia: How Anaesthetics Changed the World* (New York and Oxford: Oxford University Press, 2008), 50-62, 110-115.

71 Anon, ‘How Amputations are Made’, *The Weekly Vincennes Western Sun*, 9 July 1864.
far as the national narrative of the Civil War is concerned. As Bollet so pithily put it, even modern assessments of the Civil War can still give the impression that, as far as its surgery was concerned, one ‘might believe as many bullets were bitten as fired.’\(^{72}\) Even at the time, there was an obvious contradiction between the persistent public perception of Civil War surgery as butchery, and the growing professional determination to render surgical procedure less of an ordeal than it had been when the belief that ‘the more a patient cries and groans during a surgical operation, the more likely he is to survive it’ pertained.\(^{73}\) Yet this contradiction revealed a more fundamental truth about Civil War medicine, one that Martin Pernick highlighted when he identified a ‘new willingness’ among ‘conservative physicians to inflict some harm for the relief of suffering’ as originating in ‘midcentury social criticisms of professional callousness.’ For Pernick, whose focus was on the ethics of medical professionalisation, the ‘doctor’s choice between the pros and cons of anesthesia depended…on a synthetic, utilitarian measurement of the ‘lesser evil’—a calculus of suffering.’ In this respect, however, the professional compromise paralleled the public one.\(^{74}\)

\(^{72}\) Bollet, Civil War Medicine, 79.

\(^{73}\) Godey’s Lady’s Book, May, 1854.

\(^{74}\) Martin S. Pernick, ‘The Calculus of Suffering in Nineteenth-Century Surgery’. The Hastings Center Report, 1983, 13, 26-36, 31; Pernick, A Calculus of Suffering: Pain, Professionalism and Anesthesia in Nineteenth-Century America (New York: Columbia University Press, 1985), 122; the figure for the number of operations using anaesthesia given in the MSHWR is c.80,000, although given the time lapse between the war and the publication
In assessing popular assessments of medical ‘callousness’, Pernick highlighted the growth, in mid-nineteenth-century America, of two apparently competing social, moral and, by extrapolation medical constructs that he defined as ‘romanticism and antiromanticism’. Between the two, he argued, there ‘existed a profound dialectic of pain’, precisely because they were not mutually exclusive. ‘To regard either the sentimental benevolence of Dorothea Dix or the mechanical, ruthless efficiency of William Tecumseh Sherman as uniquely characteristic of midcentury America’, he stressed, ‘would be to overlook the process of polarization by which each helped produce and define the other.’

The combination of personal ambition and professional and national pride that medical reformers such as Letterman and Hewitt evinced may not be construed as sentimental as such, far less romantic. Nevertheless, for them, the knowledge that medical care could improve upon, in Hewitt’s words ‘the days of Pepin, Clovis, and Charlemagne’, sustained their efforts toward such improvement over the course of the conflict.

For the northern public, however, the ‘new form of masculine insensitivity’ that Pernick perceived as personified by Sherman did not really begin to assert itself until many years later. Even then, the view of the Civil War as ‘mechanical butchery’, a conflict in which ‘combat was reduced to a

of the statistics the MSHWR noted that ‘in treating of this subject we must confine our remarks to the number of major operations in which the agents [chloroform or ether] were definitely ascertained’. MSHWR, Vol. II, Part III, Chp. XIII, 887-898, 887.


meaningless hell’ owes more to subsequent wars, and especially the First World War, than it does to America’s civil conflict.\(^\text{77}\) During the war itself, the butchery was regarded as medical, not mechanical. Although, and again in the context of the use of anaesthesia during the war, Stephanie Snow has argued that its ‘humane influence upon surgery boosted the integration of nursing with military medicine by making more palatable the blood and gore of war and its injuries to feminine sensibilities’, the trauma was hardly gendered. A more widespread impetus to derive some meaning from the slaughter, to view the Civil War as a particularly brutal form of national salvation drama, largely determined the northern public’s response to the conflict and to medicine’s role in it. Between the positive and negative narratives of northern medicine at war, in effect, a rather different calculus of suffering was constructed through which public and professional alike calibrated, and tried to come to terms with the human cost of Union.\(^\text{78}\)

**Conclusion**

Ultimately, in assessing the impact of the negative narrative of Union medical provision, it must be emphasised that the Civil War only exacerbated an already existing public and professional relations problem. As Gert Brieger has noted, medicine was frequently the subject of ‘bitter denunciation and

\(^{77}\) Pernick, ‘The Calculus of Suffering’, 33.

\(^{78}\) Snow, *Blessed Days of Anaesthesia*, 117;
ridicule’ in the mid-nineteenth century United States. This state of affairs was hardly conducive to the medical reform agenda, but the Civil War, as many scholars have argued, altered the parameters of the debate and helped to secure an orthodox, professional coherence lacking in terms of antebellum medical training, practice, and intellectual outlook. It also provided the medical profession the opportunity to advance across several fronts: sanitary, scientific and surgical.

The extent to which the negative narrative informed much of this development, however, has been under-appreciated largely because the relationship between the professional and the public has been oversimplified.


In the context of the Civil War, the external, social dimension of medical modernisation has either been accorded an overly decisive influence or it has been sidelined altogether by too determined a focus on internal, scientific drivers. Although it has been argued that ‘public criticism’ in some indefinable way simply ‘forced improvements in medical care for troops’, in fact the relationship between public and professional was less direct and rather more discursive. Given that the Civil War was one fought mainly by volunteer troops, and that its medical provision was at least partly directed by an elite coterie of citizens in the form of the USSC, Union surgeons were hardly functioning within the kind of closed intellectual space that medicine later became. And over the course of the Civil War, they had cause increasingly to appreciate that there was a public dimension to the advancement of the medical reform agenda.\(^{81}\)

The argument for military medical reform as that played out in the popular press, professional publications, and political debate established Union surgeons on the front-line of the intellectual, social, and scientific changes already underway in a nation uneasily balanced between antebellum laissez-faire liberalism and the modernist organisational imperative of the Gilded Age and Progressive eras. And since medicine’s organised, public voice became, albeit temporarily, filtered through military channels, directed toward national ends, medical reformers like Smith and Hewitt understood that in the Civil War they had an opportunity to advance those reforms that had long exercised them. Their attack on professional sectarianism, in

particular, gained moral, material and managerial momentum from the national defence against political secession. In this respect, the central figure of the citizen-soldier, with all the patriotic, voluntary, and individual idealism that he implied, became the crucial catalyst, the means to medicine’s professional ends. By aligning the health of northern troops with that of the nation as a whole, medical reformers established a new professional and public discourse that equated the national body with the individual soldier’s body with themselves as defenders of both.

The Union physician’s role within this discourse was, however, a complex one. Located at the confluence of competing interpretations of the larger meaning of the Civil War, from a northern perspective, Union doctors carried the full weight of public and professional certainties concerning the superiority of American military and medical power at a time when the future of the nation itself seemed uncertain. Towards the war’s end, and in the years that followed, many Union physicians believed that they had, for the most part, and in the face of considerable odds, met those expectations. The Civil War, the Cincinnati Lancet observed, had been ‘of the saddest interest to our profession from its first incipiency. The surgeon on the battle-field and in the prolonged tedious days of the hospital’, the journal noted, ‘is the one above all others who has been brought into constant painful contact with the suffering results of conflict, disease and privation.’ Looking forward to the war’s end, it also looked forward to the commemoration of medical efforts during it. Nothing, it concluded, would be ‘more worthy of an enduring remembrance.’ And yet, by the time of the war’s semi-centennial, even as the old soldiers
prepared for their reunion at Gettysburg, it seemed that remembrance had not endured.  

For one of the north’s most noted physicians, Silas Weir Mitchell, this was nothing short of a tragedy. Addressing an audience in 1913, he highlighted the silence on the subject. ‘We gain nowhere a sense of the immensity of the task which as a profession we dealt with’, Mitchell complained. ‘We hear little or nothing of the unequalled capacity with which we met the call on energy and intelligence’, he added, far less any acknowledgment of ‘how perfect was our achievement through those years of disaster and final triumph.’ This, of course, was the professional, positive perspective on Civil War medicine, but it was public, not professional recognition that Mitchell was seeking. ‘Every village has its statue to the private soldier’, he noted, with some bitterness, but there ‘is not a state or national monument to a surgeon.’ Professional status, it seemed, did not translate into public recognition. Yet in bemoaning the absence of statues, Mitchell was perhaps missing the point. The many soldier statues erected across the nation in the decades following the conflict were largely reminders of the war dead. Mitchell might have taken some comfort from the fact that the lack of any medical monument was probably not the logical result of the negative narrative of Civil War medical care but rather the opposite; it

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82 *Cincinnati Lancet and Observer*, January 1864, 46.
suggested that, in the public mind at least, Civil War medicine was mainly associated with the living.\textsuperscript{83}