CHAPTER 2

CONCEPT AND ORGANIZATION OF CIVIL WAR MEDICAL SUPPORT

The yellow identification flag shared by Union and Confederate medical organizations was indicative of the similarity that existed between the two systems. And well they should be similar. Both systems were developed and refined early in the war by Surgeons General who themselves were the result of shared backgrounds.

The Surgeon General of the Confederacy was Samuel Moore. It was his task to organize a medical service in support of the army fighting for the new Confederacy. Prior to resigning his commission in the United States Army, Moore had served as a military surgeon since completing medical school in 1835. During his 26 year career he had served at posts all along the western frontier and had participated in the Mexican War. [1] Heading the Union Medical Department during the early, formative stages of the Civil War was William Hammond. To him fell the mission of turning a small, peacetime organization into a system that would meet the needs of a constantly expanding army. Hammond received a commission in the United States Army in 1849, and, as with Moore, served numerous assignments along the western frontier of the United States. [2]

Unfortunately, the two medical systems also shared the low level of knowledge common to the state of medicine in the mid-1800's. The true causes of infection and many diseases were unknown. X-rays and other diagnostic tools were years in the future. Surgery was at best crude and at worst a filthy experiment. [3] In a similar vein, the soldier, whether Federal or Confederate, suffered many of the same horrors. From the time of injury to his subsequent furlough, return to duty, or death, the patient was often at the mercy of untrained and uncaring litter bearers, injury producing rides in ambulances, and inexperienced physicians anxious to gain practical knowledge and build reputations. [4] With time and experience, however, medical systems of the highest order were soon developed. These would take the wounded soldier from the battlefield, through hospitals in the field, to general hospitals in cities to the rear, and, finally, send him home or back to his organization.

UNION MEDICAL SUPPORT

At the beginning of the Civil War, the Union soldier was poorly served by a Medical Department that "exhibited the evil consequences of imperfect knowledge of military administration." [5] In fact, many of the Federal wounded of the War's first major battle at Bull Run were left on the field and had to walk or find other means to make it back to the medical facilities in Washington, DC. Most, however, were taken prisoner and sent to Richmond. [6] From this

disastrous beginning grew a medical system that exists, in much the same form, today.

The medical support system that grew from the disaster of Bull Run was based on the formation of medical organizations organic to the division. Specifically, an ambulance train and field hospital were developed for assignment to, and support of, each division. The resulting flow of the wounded is shown at Figure 1. [7]

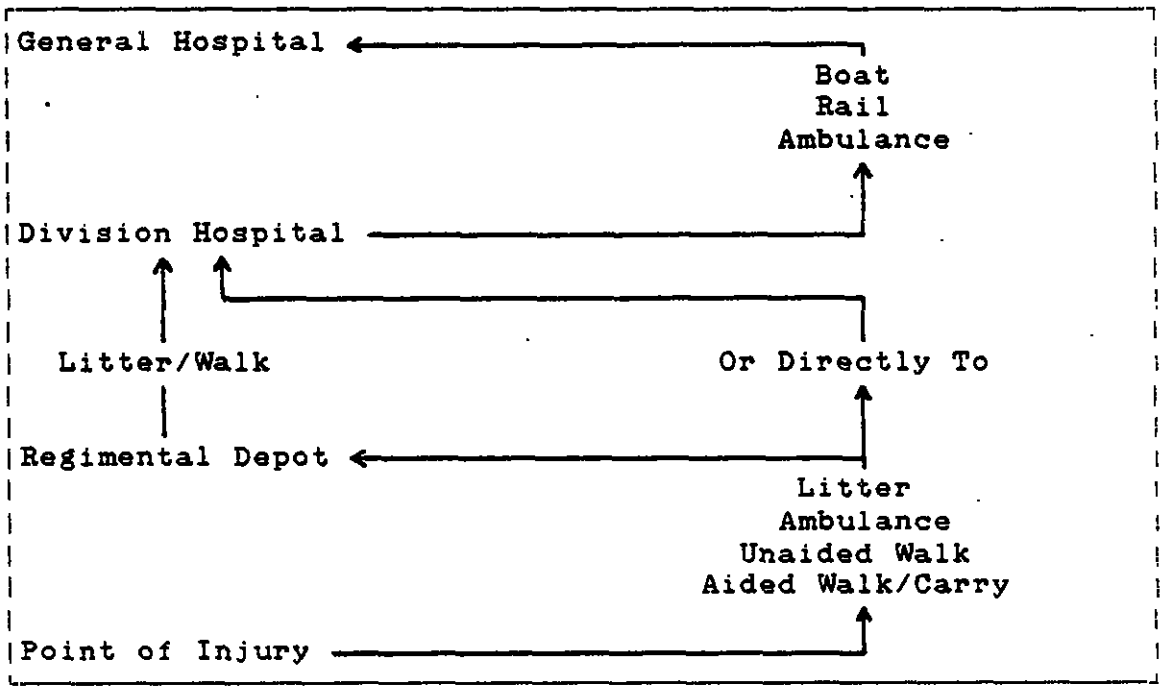

Fig. 2. Flow of the Wounded Under the Union Concept.

Surgeon Albert Hart of the 41st Ohio Volunteer Infantry described the manner in which Union combat medical support was delivered.

> When a battle was expected, the general location of the hospital was made by the military

> department or the corps surgeons. It was intended to be in the rear . . . and beyond the enemy's artillery fire . . . ; if possible a good supply of water must be at hand.
>
> Three assistant surgeons and one surgeon were detailed to follow each brigade. They established a temporary depot just out of reach of the enemy's musketry fire. Here the ambulances stopped. The detailed nurses with stretchers followed immediately behind the line of battle. [8]

When a soldier was injured he walked or was carried to a point behind the regiment or brigade where regimental surgeons and their assistants were located. Here medical personnel stopped the bleeding, applied temporary bandages, and splinted fractures. They did not, however, perform any major operations, such as amputations, unless immediately necessary to save the soldier's life. Casualties needing additional care were then loaded onto the regiment's wagon ambulance and evacuated to the division hospital. At this point in the medical system preceding measures were refined, major surgical procedures were conducted or completed, and the soldier was placed on a cot. The casualty stayed here, if he survived, until he was returned to his regiment for duty or evacuated to a general hospital. [9]

Such was the concept of Federal combat medical support. In practice, however, such variables as mobile

combat operations (especially pursuit or retreat), command and staff support or disinterest, and surgeon skill or inexperience had a direct impact on the accomplishment of the medical mission. Some personal accounts clearly show that the system often worked as planned:

> . . . a Shell burst over our heads & wounded me in the foot . . . , I went to the rear [and] . . . met hospital Steward he put me on his horse & took me out of reach of the Rebel Shells, he took me to the Ambulance . . . . then Sent me to the Field Hospital whare I got my foot dressed. [10]

Other accounts, of course, show that the medical support system did not always operate as intended. In the story of his hospitalization following the Battle of Stones River, one Union soldier "thought with pity" knowing that "numerous wounded were still on the field." [11] In general, however, by the time of the Chickamauga Campaign the Union medical organization had been thoroughly tested and refined and was capable of providing quality Civil War era medical support to the wounded soldier. [12]

CONFEDERATE MEDICAL SUPPORT

Only few official records of the Medical Department of the Confederate States exist today. [13] What we learn from the limited official documents and the more plentiful personal accounts is that the Confederate medical support system was very similar to that in the Federal armies. [14]

This should not be unexpected as 24 medical corps officers of the Regular Army of the United States resigned their commissions and joined the fledgling medical department of the Confederacy. Chief among these Southern medical officers was Dr. Samuel Moore who served as Surgeon General throughout the war. [15]

The Confederate medical system differed in the manner of execution rather than in the system's general concept. Assistant surgeons located themselves with the troops at battalion and regimental level, established aid stations, and provided first aid to the wounded. Once these temporary measures were taken, the wounded were sent to the brigade infirmary (hospital) established just out of rifle range. The primary battlefield difference then, between North and South, was that the Confederates often established their first hospitals at brigade level. Occasionally, though, these brigade infirmaries would band together and form a division hospital similar to the Federal concept. [16]

A second difference is shown at Figure 3. The surgeon responsible for the medical organization and personnel at the tactical level did not have command authority over the general hospitals to which the badly wounded were evacuated. On the other hand, the Director of General Hospitals had no control over the transportation of wounded to his hospitals. Instead, the army's medical director was responsible for planning evacuation. [17] The

best the soldier could hope for was that these doctors would work out the details so as to minimize delays in medical treatment. To this end, Confederate Surgeon C.H. Tebault claimed that 'the able Medical Director in the field was always in instant official communication with the Medical Director of Hospitals. Thus there obtained no loss of time or confusion in knowing where to send the . . . wounded.' [18]

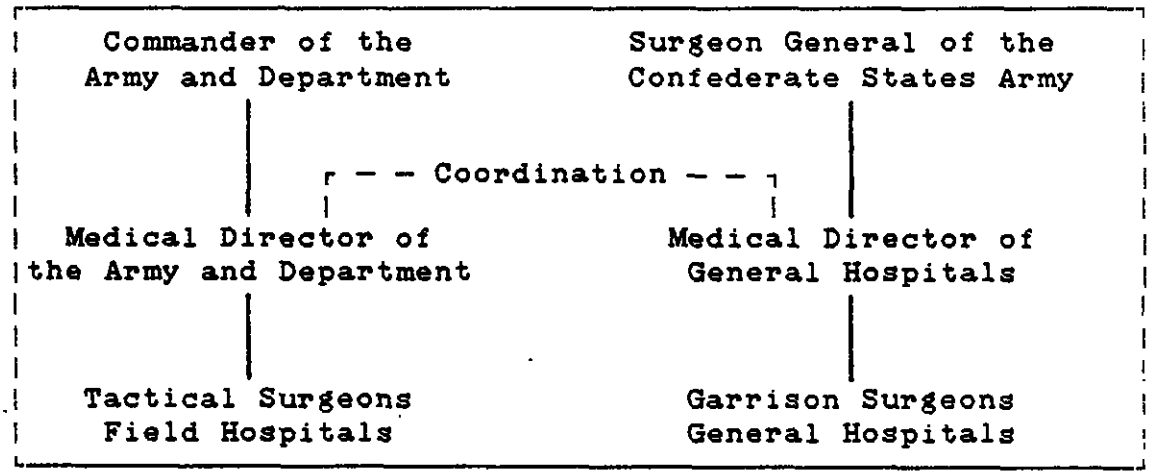

Fig. 3. Medical Staff Coordination, Confederate States Army.

A third difference was the South's development of an organization known as the Wayside or Way Hospitals. These were established by an Act of Congress on May 1, 1863. [19] Their purpose was to provide medical care, nourishment, comradeship, and a comfortable resting place to the wounded soldier being evacuated by rail. 'Soldiers suddenly taken ill, or convalescents going home on furlough, having overestimated their strength, were nourished and treated at these institutions.' [20]

Though minor differences did exist, both systems had the same goal, care to the casualties of battle. In both camps the wounded soldier was given a rapid examination by a battlefield physician and provided immediate first aid. He was then evacuated to a field hospital, at division for the North, at brigade for the South, for major surgery and other treatment. Once well enough, the soldier was evacuated, usually by train, to a general hospital located in a city to the rear.

THE U.S. ARMY IN 1990

Health service support to the modern battlefield is highlighted by staff specialization built on the experiences of the past. Planners and providers of health service care, supply, evacuation, and sanitation are all under the eye of a single staff surgeon. As a result, the current medical department enjoys a unity of command little seen in the Civil War. The explosion in knowledge and technology has done much to advance the modern day provision of medicine. No longer do we expect to see soldiers lying untended on the battlefield days after the fight, or suffering the same fate as their Civil War brothers with the same type of injury. [21] And yet, as much as things change, they remain the same.

The wounded soldier of the 1990's can expect, very nearly, the same conceptual method of care as that of the 1860's. The wounded are still treated first by a medical professional immediately behind the front lines (battalion

aid station). After stabilization the patient is still moved on an ambulance, or other handy conveyance, to a battlefield "hospital" (brigade level clearing station) where greater medical detail is provided. From this level of care, the casualty is still evacuated to hospitals of ever increasing capabilities, farther to the rear, until returned to duty or returned home. [22]

What has changed over the years is the manner in which medical care is rendered. Tactical evacuation by the wagon ambulance has given way to the helicopter while strategic movements by railroad car have been replaced by transport aircraft. Other benefits of technology mean that an amputation is no longer considered to be the expected treatment of a bullet-induced fracture and infections are preventable and treatable.

SUMMARY

The medical support systems discussed above were designed to provide quality care within the capabilities of era medical knowledge. The reader should keep in mind that the medical care provided to the Civil War surgeon should be evaluated within the scope of that War's understanding of medicine. A simple comparison of the two systems, separated by 126 years, is shown on the next page at Figure 4.

Description	Civil War	1990's
First Care	Bn/Rgt Depot	Bn Aid Station
Provided By	Asst Surgeon	Physician's Assistant
Moved By	Wagon Ambulance	Ground/Air Ambulance
Next Care	Bde/Div Hosp	Bde Clearing Station
Provided By	Surgeons	Physicians
Moved By	Ambulance/Rail	Helicopter/Airplane
Next Care	General Hospital	Corps Hospital

Fig. 4. A Comparison of Medical Support, Civil War-1990's.

ENDNOTES

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1. Horace Cunningham, Doctors in Gray (Baton Rouge: Louisiana State University, 1958) 28.

2. Mary Gillett, The Army Medical Department, 1818-1865 (Washington: GPO, 1987) 177-8.

3. Gillett, Army 3-26.

4. James Robertson, Soldiers Blue and Gray (Columbia, SC: University of South Carolina, 1988) 159-68. Additional details with many of the same conclusions can be found in Cunningham, Doctors and George Adams, Doctors in Blue (New York: Henry Schuman, 1952).

5. J.R. Weist, 'The Medical Department in the War,' Sketches of War History, 1861-1865, ed. Ohio Commandery of the Military Order of the Loyal Legion of the United States (Cincinnati: Robert Clarke, 1888) 71.

6. Gillett, Army 165-6.

7. United States, Surgeon General's Office, The Medical and Surgical History of the War of the Rebellion (1861-1865) 2 vols. in 6. (Washington: GPO, 1870-88) 2.3: 902-14 (Hereafter referred to as MSH); Adams, Doctors 66-7; Gillett, Army 288-98.

8. Albert Hart, 'The Surgeon and the Hospital in the Civil War.' Civil and Mexican Wars. 1861, 1846. Papers of the Military Historical Society of Massachusetts Vol. 13. (Boston: The Military Historical Society of Massachusetts, 1913) 271.

9. Richard Vickery, 'On the Duties of the Surgeon in Action' Albert Catsel, ed. Civil War Times Illustrated 17.3 (1978): 15-9; MSH 2.3: 902.

10. Eli Tarbell, 'Civil War Medicine: A Patient's Account' David Rausch ed. Pennsylvania Folklore 26.5 (1977): 46.

11. Eben Hannaford, 'It Seemed Hard to Die by Suffocation' Harpers 1863. Civil War Times Illustrated 6.3 (1967): 21.

12. James Huston, The Sinews of War: Army Logistics, 1775-1953 (Washington: GPO, 1966) 252.

13. Confederate government officials evacuated the capitol city of Richmond beginning the morning of April 2, 1865. During the evacuation the Confederate Provost Marshal set fire to tobacco warehouses to prevent their capture by the Union army of General Ulysses Grant. The fire, however, spread to most of the city and destroyed many government buildings, along with their documents and records. The Surgeon General's records, stored in a house on Bank Street, were among the first destroyed in this tragedy. As a result, very little official documentation is available from the Office of the Surgeon General of the Confederate States of America. Fortunately, a wealth of personal accounts and recollections were set down to compensate for this loss. Derring Roberts, "The Medical Officer's Convention" Confederate Veteran 15 (1907): 240iv; Michael Bradmore, "Some Aspects of the Confederate Medical Service" Virginia Medical Monthly 98.10 (1971): 535.

14. W.G. Allen, "Severe Cavalry Fighting at Chickamauga." Confederate Veteran 20 (1912): 87.

15. This number does not include the 28-35 medical officers who left the Union Navy; Harris Riley, "Medicine in the Confederacy." Military Medicine 118.1 (1956): 54; Cunningham, Doctors 31.

16. Julian Chisolm, A Manual of Military Surgery For the Use of Surgeons in the Confederate States Army With Explanatory Notes of All Useful Operations (Columbia, SC: Evans and Cogswell, 1864) 139; Richard Stark and Janet Stark, "Surgical Care of the Confederate States Army." Bulletin of the New York Academy of Medicine 34 (1958): 395. Cunningham, Doctors 113-6; John Jackman, Personal Journal, 1861-65 N. pag., see journal entries for the Battle of Murfreesboro, Jackman Journal, Manuscript Division, Library of Congress, Washington, DC; War Department Instructions, Surgeon General's Office, 7 May 1862, Box 2G425, Stout Papers, University of Texas, Austin.

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18. C.H. Tebault, "Hospitals of the Confederacy." The Southern Practitioner 24 (1902): 500.

19. OR, Series 4, Vol. 2: An Act of Congress, 1 May 1863, 534.

20. May Black, "Confederate Surgeons and Hospitals." Confederate Veteran 36 (1928): 183.

21. United States, Department of Defense, Emergency War Surgery (Washington: GPO, 1988) iii.

22. United States, Academy of Health Sciences, Health Service Support Futures (Medical Force 2000) (Fort Sam Houston, TX: Academy of Health Sciences, 1989) 11-6, ch. 1; United States, Field Manual 8-55, Planning for Health Service Support 1-3, app. A; Department of Defense, Emergency War Surgery 7-9; Robert J.T. Joy, personal interview, 25 Oct. 1989.