

## U. S. ARMY HOSPITAL: KEOKUK, 1862-1865

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The medical department of the U. S. Army established a general hospital to care for wounded soldiers at Keokuk, Iowa, on April 20, 1862. This small town of approximately 10,000 persons, which lay in the southeastern corner of Iowa along the west bank of the Mississippi River, had already felt the impact of the Civil War. It was a rendezvous and embarkation point for numerous regiments of volunteers who poured into the community to take passage on steamboats which would carry them to battle in southern theatres. By 1862 the sick and wounded were beginning to return for treatment after engagements at Shiloh and elsewhere. Transportation by hospital steamer was far more comfortable and easier than by railroad car.

Although Keokuk citizens were given only four days' notice to prepare to receive both Federal and Confederate wounded, they set to work promptly. Bedding, cots, cooking utensils, and other necessities and comforts were collected quickly. The Estes House, a five-year old hotel which was not operating profitably, became the main unit of a hospital complex which was to include half a dozen buildings as more and more patients arrived. Other units selected in the time ahead included the Medical College of the State University of Iowa, the Leighton House, 3rd and Johnson, opened July 10, 1862; the Simpson House, 6th and Johnson, opened Dec. 30, 1862; and a storeroom at Rice Hall, 4th and Main, opened Jan. 3, 1863. All of these units operated until the conclusion of hostilities, except the Rice Hall storeroom which closed Jan. 1, 1865. Several smaller installations, such as the Keokuk public school building and the "Pest" (small pox) House, were used to house distinct diseases or to contain the overflow when existing facilities were filled.

At the peak of its operations the Keokuk general hospital consisted of 16 wards with a total of 1,350 beds. The Estes House branch with six wards and the Leighton House with four wards were the largest individual units. The number of general hospitals (those which were not restricted to any specific military unit) maintained by the Union Army varied throughout the war. Generally, the figure approximated 180-190; only 17 of which exceeded the Keokuk capacity, largest in the Department of the Northwest.



*courtesy of Iowa State Historical Society*

**Estes House**

An installation of this size required the guiding hand of a highly competent medical doctor and administrator. Luckily, he was available at Keokuk in the person of Dr. Joseph C. Hughes, Iowa state surgeon-general and distinguished member of the Medical College faculty. To Hughes, a civilian, fell the task of coordinating this sprawling operation, pending the arrival of a regular Army surgeon.

Early in the morning of April 20, 1862 the steamer *Jeannie Dean* brought 296 sick and wounded men to Keokuk. Most of these patients had participated in the battle of Shiloh and were returning to their home state for convalescence. The first patient to register at the hospital was Pvt. William Gardner, Co B, 17th Iowa Infantry. The official hospital

records reveal that Gardner suffered from "chronic rheumatism—joints of knees stiff." He remained at the hospital until Oct. 30, 1862 when he was released from military service, the disposition record indicating tersely "no pension."

The hospital staff had little time to catch its breath from the original avalanche of patients before an additional 290 sick and wounded appeared on April 23, 1862. The patient register reveals that this group also suffered from a wide variety of afflictions, principal among them being chronic diarrhea, typhoid, rheumatism, jaundice and an occasional case of hepatitis. Distinctive cases received early in 1862 at the hospital included the following Iowans: Pvt. John Sadu, Co I, 15th Iowa Infantry, received May 14, for treatment of "old age and physical debility;" Pvt. Thomas McMahon, Co C, 17th Iowa Infantry, received on May 25, for treatment of a skull fracture incurred in a riot; Pvt. Samuel J. Hayes, Co C, 17th Iowa Infantry, received on June 19, for treatment of a congenital malformation of both feet; and Pvt. Elias Cartwright, Co F, 13th Iowa Infantry, received on June 21, for treatment of an injury to the "testicles spermatic cord."

Since battlefield casualties received treatment in field hospitals before transfer to a general hospital, surgery was not a major activity at the Keokuk installation. In those instances where surgery was undertaken, the need arose from emergency conditions that developed during the patient's convalescence. As a result, most of the surgical effort involved some form of interim treatment, usually a dressing of the wound or "stump."

When Northern surgeons were unavailable at the scene of the injury, other "operators" were pressed into service. Pvt. Samuel E. Allison, age 24, Co G, 5th Iowa Cavalry, admitted for treatment on March 8, 1865, had been wounded on Christmas Day, 1864. His arm had been "amputated at lower third of forearm—flap operation," the operator being identified as "Mayor McKee of the Confederate Army." Pvt. F. C. Gayle, age 19, Co B, 3rd Iowa Infantry, entered the hospital on March 3, 1865 for a "simple dressing" of his right arm, previously amputated "at middle of lower third," by a "rebel surgeon, name unknown." In certain emergencies, civilian



surgeons not under contract provided surgical assistance. One of these, a Dr. Colia, treated Pvt. Francis Stoll, age 24, 3rd Iowa Cavalry, for accidental gunshot wounds received while on furlough as Bentonsport, Iowa.

After the initial heavy influx of patients, additional arrivals were received in more manageable quantities. An efficient processing routine began to evolve. Doubtlessly the early administrative problems were the result of the haste with which the installation had been established as well as the prevailing organizational difficulties within the Army medical service.

At the outset of the war, there were very few regulations to guide the hospital administration. Considerable variation existed in the organizational structure of the Army's general hospitals: experimentation and adaptation were the order of the day. Where some sort of standardization finally emerged it was, in no small measure, the result of the leadership and concern manifested in such matters by the U. S. Sanitary Commission.

Existing guidelines, often vague and ambiguous, designated a senior surgeon to direct each hospital and specified his basic duties to include daily visits to the wards and maintenance of the hospital in a sanitary condition. However, in the performance of these functions the surgeon-in-charge was handicapped by a dual responsibility (to the surgeon-general for medical matters and to the military district commander for military matters) which was difficult to achieve because these commanders frequently issued conflicting or overlapping directives.

In actual practice, each hospital constituted an individual military post, directed by the surgeon-in-charge, who was also military commander of his staff and patients. In addition to the surgeon-in-charge, the normal table of organization of a general hospital provided for several administrative assistants. Chief among these men was the executive officer, also a medical man, who maintained the hospital records and directed the subordinate staff personnel. The chaplain was another vital staff assistant, largely concerned with the hospital library, burial details and mail distribution. In addition, a

considerable amount of his daily schedule involved writing letters for incapacitated soldiers who frequently lacked the necessary literary skills. This duty was an essential one in the maintenance of a patient's morale beset as he was by the extremes of convalescence: pain and/or boredom.

Of the several other categories of staff assistants, the hospital stewards constituted the most important permanent group. These men frequently druggists when in civilian life, supervised a large amount of the daily hospital routine. Each steward was assisted by a wardmaster who, in turn, supervised the nursing and cleaning details in his ward. Generally, the wardmasters, male nurses and some of the kitchen help were convalescent soldiers whose recovery had progressed to such a point that they could assume work assignments, pending return to their units in the field. This need to utilize short-term personnel in the performance of essential tasks around the hospital created many operating problems that persisted through the war.

The total number of operational personnel required to staff a general hospital ranged considerably. Of course, the number of patients on hand was the prime determinant. In the main, a hospital of about 1,000 beds would require, in addition to the administrative staff, about 20 wardmasters, from 40 to 80 "nurses," 13 to 16 cooks and assistants, a dozen or so storeroom workers; several "dead-house" attendants, plus headquarters clerks, messengers and other miscellaneous personnel. As indicated, most of these persons were convalescent soldiers in an advanced stage of recovery.

Then, as now, incipient bureaucracy was visible; the surgeon-in-charge and his staff were required to submit many reports on hospital activities. Included in this avalanche of paper work were daily and weekly reports to the medical director of the appropriate military department (Northwest, in the case of Keokuk); monthly reports to the surgeon-general and paymaster; quarterly reports of property purchased with the hospital fund to the surgeon-general, and returns of camp and garrison equipment to the quarter-master-general; annual returns of medicines and hospital stores to the surgeon-general; and such reports and papers as were from time to time required by superior authority. Among other

books generally maintained were the admissions register (by date), supplemented by an alphabetical register by name and an alphabetical register by state; records of casualties, surgery, deaths, discharges and transfers; records of strength present, as the Morning and Weekly Report Books; records of local government, such as the Order Book and accounts of hospital funds and hospital property; and correspondence records and an endorsement book. Yet the information recorded seem quite incomplete in light of current practices in the medical profession and in hospital administration.

Notwithstanding the efficiency of its administrative staff, no general hospital could function long without a competent medical staff. Keokuk was fortunate in both respects; initially, in the two individuals who served as its surgeons-in-charge and secondarily, in the quality of its medical staff. Hughes directed the hospital at the outset, relinquishing its administration after four months to Dr. Morse K. Taylor, U. S. Volunteers, who remained until the hospital was disestablished in September 1865.

To assist in the staffing of its military hospitals, the Army medical service developed various contractual arrangements to attract qualified physicians and surgeons to hospital work. While many modifications appeared in these contracts, seven major categories evolved. Regimental surgeons and assistant surgeons (both commissioned by state governors) together with acting assistant surgeons (AAS), U. S. Army, constituted the bulk of medical officers in military service, numbering about 6,000 and 5,500 respectively. Unlike the regimental surgeons and their assistants, the AAS were not commissioned officers though their pay was equivalent to that of a first lieutenant. The burden of providing medical care to troops in the field devolved on regimental medical officers; in the rear echelons, on contract men (AAS) assigned to general hospitals. Although these physicians and surgeons directed most of the daily medical routine in the Union hospitals, the surgeons and assistant surgeons of the U. S. Army and the surgeons and assistant surgeons of Volunteers, operating at the highest military staff echelons, administered the broad aspects of the general medical program. The remaining contractual categories included the medical officers of the Vet-



erans Corps and the acting staff surgeons (both groups were created to induce officers to remain in service as the war drew to its conclusion) and the surgeons and assistant surgeons of Colored Troops. The latter group received presidential commissions, but were assigned to black regiments and were ineligible for staff positions.

The number of surgeons available for duty in a hospital at any time usually varied with the number of patients present. Although 43 surgeons served at the Keokuk complex, 29 of them were present during 1862, the highpoint of military action in the West and in the number of patients processed through the hospital facility. From that time on, the number of surgeons decreased: 18 (some overlap) served during 1863; 14 (some overlap), during 1864; and 15, during 1865. However, at least three of the latter were definite short-termers, their service period lasting on an average of two and one-half months.

Several members of the Keokuk staff were prominent in local civic and education affairs throughout the war period. For example, Surgeon David L. McGugin served as president of the Keokuk Board of Health, and Drs. A. T. McCurdy, Hiram T. Cleaver, Sylvester Comer, Alden C. Latham, Abel C. Roberts and Archibald S. Maxwell were members of the Medical College faculty. Several staff surgeons also participated in religious, temperance and recreational programs sponsored by various groups and agencies within the city.

Within the first few months of its existence, the daily routine at the hospital became fairly well structured. A plan-of-the-day evolved which varied slightly from season to season. In January 1863 the hospital routine was as follows:

0630—Reveille in winter; 0500 in summer

—Morning roll call 15 minutes after

0700—Breakfast call in winter; 0600 in summer

0900—Surgeon's call in winter; 0830 in summer

1200—Dinner. Preceded by noon roll call when so ordered

1730—Supper

1830—Surgeon's evening call

2045—Tattoo and evening roll call

2100—Taps (lights extinguished)

In a general hospital the morning visit of the ward physician highlighted each day. As he progressed through the ward, he checked each patient, examined wounds, changed dressings and prescribed appropriate medication and diets. At the physician's departure, the wardmaster took charge and carried out the instructions left by the physician.

It was the weekly inspection tour of the surgeon-in-charge, however, that dominated the hospital routine. Normally on these occasions, the inspecting officer appeared in full-dress uniform and the patients had to appear as military as possible. Surgeon J. W. Taylor made his rounds on Sunday and was noted for his thoroughness which ranged ". . . through from cellar to garret — dining rooms, kitchens, storerooms, bath-rooms, as well as the sickrooms being visited and the management of them carefully scrutinized. Commendation or censure where deserved were [sic] freely given and instructions to subordinate officers in their respective duties fully made."<sup>1</sup> The calibre of Taylor's professional competency and dedication did not contract with time.

These inspection tours assured that hospital operations met Army standards. Over the years many visitors to Keokuk, official and unofficial, commented favorably on the treatment the sick and wounded received there. Although Army regulations required the surgeon-in-charge to inspect each ward every Sunday, visitors to the hospital were not reluctant to pass judgment on its effectiveness.

J. C. Todd, Iowa Military Agent, charged with looking after the battlefield needs of Iowa soldiers, stated — in his final report from Keokuk to Gov. William M. Stone — that, based on his extensive experience, "no hospital that I have ever visited during my term of office has been managed with more propriety and economy, and a truer regard for the interests of sick and wounded soldiers than the one here under the supervision of the Surgeon-in-charge, M. K. Taylor. He is one of the best executive officers I ever saw."<sup>2</sup>

<sup>1</sup> Keokuk *Daily Gate City*. Keokuk, Iowa: Jan. 27, 1863.

<sup>2</sup> *Ibid.*, Aug. 14, 1865.



The quantity and quality of available food are sensitive areas in military life; only liberty time and "sack time" can be considered rivals in the attention of military personnel. At the outset, Civil War hospitals received considerable criticism on their messing efforts. Many factors contributed to these unsatisfactory conditions but chief among them were ill-cooked and monotonous fare, untrained cooks and insensitive medical officers. It was not unknown for men suffering from different diseases to receive a standard diet irrespective of their distinct needs. As hospital administration improved, better food fare became available.

The amount and variety of food served actually depended on the amount purchasable by the daily ration. The government provided only the standard ration or its commutation value of 18 cents per day per man (slightly lower at Keokuk). If the patient needed or desired food not specified in the ration, his only hope of its appearance depended on donations to the hospital or the possibility that the "hospital fund" contained enough surplus to purchase the items. It took time to build up this fund since contributions to its represented the difference in money value between the amount of the individual ration drawn and the amount of the ration consumed. Normally, the fund had to be accumulated through abstinence and in some instances a deficit rather than surplus existed.

Three varieties of diet were developed (low, half and full) to meet the respective needs of the very sick, the sick and the convalescent patient. A typical menu, not supplemented by outside donations or purchased from the hospital fund, generally followed this pattern:

Full Diet	Half Diet	Low Diet
Breakfast	Breakfast	Breakfast
Coffee	Coffee	Coffee
Cold meat	Bread	Bread or toast
Bread	Butter	Butter
Dinner	Dinner	Dinner
Pork and beans	Mutton soup	Farina gruel
Bread pudding	and meat	Bread
Supper	Boiled potatoes	Supper
Tea with milk	Bread	Tea or cocoa
Bread and butter	Supper	Bread or toast
	Tea with milk	Butter
	Bread and butter	

The Keokuk hospital was not without complaints on the quantity and quality of its food fare. On one occasion, a group of soldiers complained of an insufficiency of food, claiming they were receiving less than the full ration due them and alleging that their return to health and usefulness was delayed thereby. Hughes responded quickly to the charges against his administration. He pointed out that the quartermaster actually controlled the furnishing of rations, that the ration only covered basic items, and that anything in excess of the basic ration had to come out of the hospital fund.

Since the fund frequently did not contain a surplus, the managerial capabilities of the surgeon-in-charge were strained to make ends meet. Where a surplus did exist it was tapped frequently to purchase supply and equipment items normally thought of as provided by the Quartermaster Corps. However, this group experienced a great deal of difficulty in structuring its procurement function and, as a consequence, many necessities were in short supply throughout the Army.

That Hughes was meeting the needs of the patients was apparent from the comments of some of the patients. One of them, taking issue with the more vocal malcontents, could recall only one instance in which the posted menu was not sufficient. The shortage, he recalled, developed when a large group of patients arrived unexpectedly and the ration already drawn had to be shared with them.

If food shortages did occur occasionally, they were only temporary conditions and were more than offset by the pleasant exceptions which holiday dinners provided to the normal fare. The principal national holidays, Thanksgiving, Christmas, New Year's and the Fourth of July were celebrated on full stomachs, if the men so wished. A variety of meats and sweets, fruits and vegetables, were provided on these occasions.

For the most part, generous donations by the townspeople and residents of nearby communities supplemented the regular menu. From the very first days of its existence the hospital relied on these generous people for many hospital and personal supplies. Individuals, as well as civic, religious and fraternal groups responded. Donations continued to be received throughout the war and took every conceivable form.

While food intake was very important to the men, their principal recreational activity was reading. The library facilities provided an excellent opportunity to while away the long recovery hours. Upon his appointment as chaplain, the Rev. C. A. Williams, sought to develop a library which would improve the morale of the men. He solicited contributions from everyone, near and far. In particular he sought donations of books of travels, science and poetry; histories; biographies; pictorials; magazines, standard literary and religious journals; and religious publications. Throughout the existence of the hospital the response to Williams' call for reading material remained considerable, constant and comprehensive. In June 1863 the library reportedly contained over 1,700 volumes and more than 1,500 magazines.

The hospital administration took special care to acknowledge every donation, regardless of its nature — books, milk, honey, towels, peas, onions, clothes or whatever. One unusual request for donations worthy of note came from Taylor who sought to increase the amount of wine on hand through acquisition of "grape, cherry, currant, blackberry and other pure and homemade wines which aid immeasurably in the cure of prostrating chronic disease."<sup>3</sup>

Recreational activities outside the hospital for the patients were not as highly organized as they would be in subsequent wars. However, the events which were held provided welcome relief from the monotony and depression of hospital life. Fortunately, Keokuk offered regular opportunities for the patients to attend lectures, plays, circuses, vaudeville programs, religious services, musical presentations and picnics. Public speaking forums were particularly plentiful. A long list of speakers mounted the rostrum in Keokuk during the 1861-65 period. They discussed many subjects but the one which received heavy and continued emphasis was temperance. This movement was still strong when hostilities broke out and many soldiers' temperance leagues were established. The Keokuk Temperance chapter flourished at this time and offered a steady stream of speakers on its favorite topic. Its prime mover was Mrs. M. K. Taylor, wife of the surgeon-in-charge; she was assisted by Williams.

<sup>3</sup> *Ibid.*, Sept. 7, 1863.



The picnic planned for Ballinger's Grove, July 4, 1864, is illustrative of a coordinated recreational effort on the part of Keokukians and hospital staff members. The program consisted of music selections, a virtually unending list of speakers, dinner and general amusements. Not all recreational events were this lavish, however; the second anniversary of the opening of the Medical College hospital branch warranted only an ice cream treat for the men.

Recreational activity probably reached a spontaneous high with the celebration marking Lee's surrender; townspeople and convalescents turned out in force to mark the end of hostilities. Pleasant weather prevailed as the citizens and soldiers attended church services, observed the firing of salutes and marched in a gigantic parade that traversed the city's center section. The day concluded with a magnificent display of fireworks.

The spontaneity of these recreational and festive occasions reflected the generally harmonious relationships that existed between the military and civilian sectors in Keokuk. Whenever large concentrations of military personnel exist within a predominantly civilian area, friction becomes almost a certainty; physical violence, a strong possibility. Strained relations develop as one sector reacts to the well-being of the other. Frequently, a definite pattern is noticeable. The initial flush of patriotism generally involves a warm welcome to the incoming military who assume the role of defender-protector. Genuine attempts are undertaken to have military personnel feel "at home." In time, the civilian populace range through an attitude of adaptation to one of tolerance. When the military remain long enough the period of tolerance on either side can be the seed time for major disorders.

The Keokuk experience did not vary essentially from this pattern of social relations. However, Keokukians and the military personnel never reached the phase where major disturbances developed. Utilization of the Keokuk area as a troop training center and rendezvous point, as a port of embarkation, and later, as a major hospital center assured a large concentration of military personnel; fortunately, the townspeople welcomed the Army and endeavored to keep misunderstandings to a minimum level. The passage of time revealed

many opportunities for sub-surface feelings to emerge. In this regard, Keokuk was no different from any other town where large number of military and civilians had to exist side-by-side.

During the war period, the Keokuk daily press reported many instances of military-civilian disagreements. (It is impossible to determine if the military personnel involved were from nearby camps or patients in the hospital.) For example, on one occasion a large fire consumed a two-story frame building on Main St., between the Billings House and Second St. Reportedly, some of the firemen returning from the blaze exceeded their normal duties and attacked the sentinel stationed in front of a military storeroom building. A major row developed between the firemen, some citizens and a few soldiers who came to the rescue of their assaulted companion. Although no guilty party was cited, liquor was blamed for this altercation. Civic leaders expressed regret that such ill-feeling was manifest between citizenry and military.

Alcohol received much of the blame for any trouble that appeared between the civilians and the military. Some regiments prohibited consumption of liquor by its members, but in general alcohol was not a difficult commodity to obtain. In the Keokuk military area, an official directive — prepared by Provost Marshal J. M. Hiatt and issued on Aug. 30, 1862—declared that “hereafter no sales of intoxicating liquors will be permitted to enlisted men of the U. S. Army in this city. Persons selling in violation of this order will be arrested, and stringent measures taken to prevent a repetition of this offense.”<sup>4</sup>

These and similar restrictions promulgated by the Army failed to reduce the consumption of spirits. Many sutlers engaged in bootlegging. In addition, liquor became available through camp followers or in gifts from home. Since “rank has its privileges,” no restraints were placed on alcoholic consumption by officers. Beer was permitted in some commands, however, under the impression that it was “good for the bowels.”

<sup>4</sup> *Ibid.*, Oct. 1, 1862.

In many confrontations between civilians and the military, devious flanking actions served as a prelude to the general attack. In one such maneuver in Keokuk, several soldiers camouflaged themselves in civilian attire and proceeded to the Fourteenth Street Brewery. During this engagement, they became embroiled with another patron; disengagement followed without serious results. The following day they reappeared at the brewery, this time in military uniform. They were refused service in accordance with existing military regulations. The soldiers then mistook one of two other patrons as their nemesis of the day previous and an all-out attack followed. The unfortunate victim, beamed and felled by a brick, incurred serious injuries. The soldiers next undertook a substantial redecorating program for the brewery's interior as well as the frame of one of the partners in the brewery ownership. The revelers departed somewhat ahead of several policemen, and a squad of soldiers was called to the scene of operations. Despite its hasty exit, the demolition squad was apprehended a short distance away and taken to the guard house to await trial.

Military personnel did not always "triumph" in disputes with Keokuk civilians. One of the patients from the Leighton House branch, answering to the name of McLoon, received serious injuries in a fracas with three civilians. The odds proved beyond McLoon's competency and he received two large gashes on the head, one evidently administered by a knife; the other, by a revolver or a brickbat. Taylor and Casey treated McLoon, and the three assailants were taken to the city jail.

Still another dispute, reportedly inspired by excessive alcoholic consumption, occurred in the bar of the Smith House, a German hotel near the levee. Some soldiers and one or two civilians were assembled there drinking and smoking when a misunderstanding developed between a soldier named Morrison and a civilian named McQuinston as to who could drink faster. Loud words followed large gulps. Morrison drew a revolver and slightly wounded McQuinston. Although the soldiers quickly dispersed, they were later apprehended and confined to the guardhouse.



Sometimes the soldiers combined forces to achieve their objective as witness the successful liberation effort made in behalf of a fellow soldier being held in the city jail. Other less hardy soldiers went down without a blow being struck. One soldier, quite intoxicated, fell and fractured his skull while weaving his way back to the post. Yet the soldiers were not always suspected of disrupting the peace. On one occasion several private citizens disguised themselves as soldiers. So attired, these persons reportedly accomplished a number of mischievous deeds during the night "such as knocking down our citizens, setting fire to out-buildings, and other acts of lawless violence."<sup>5</sup>

The Keokuk hospital undoubtedly faced many of the problems which confront institutions handling a large number of convalescents, one such persistent problem being the practice by some patients of slipping out of the ward after evening muster. When these foragers were apprehended, often at the end of their quest for alcohol, commitment to the guard-house followed. Frequently, the offenders were forced to wear derogatory placards or to march around carrying logs, a standard punishment of the times.

As the war years continued, the burden of wartime existence became an almost accepted part of daily life. Military-civilian relations moved into the tolerance phase. The major disturbance involving the hospital patients was directed against the Keokuk *Daily Constitution*. Since Keokuk was located close to the Missouri border, considerable southern sympathy surfaced periodically in the town. On Feb. 19, 1863 a large number of soldiers from the hospital entered the offices of this paper—long suspected of Copperhead sympathy—"broke up the presses, cast them into the street, from whence the debris was loaded into drays, carried to the river and dumped." Throughout the foray no one interfered with the purposeful soldiers. Lt. C. J. Ball and the provost guard arrived after the action was completed.

<sup>5</sup> *Ibid.*, March 2, 1864.

The participating soldiers, about 150 in number, issued the following explanation of their action:

We, the undersigned soldiers of the U. S. Army, being fully convinced that the influence of a paper published in this city called 'The Constitution,' edited by Thos. Clagett, has exerted and is exerting a treasonable influence (inexcusable by us as soldiers) against the Government for which we have staked our all, in the present crisis. We, therefore, consider it a duty we owe to ourselves, our brethren in the field, our members at home, our Government and our God, to demolish and cast into the Mississippi river, the press and machinery used for the publication of the aforesaid paper, and any person or persons that interfere, SO HELP US GOD.<sup>6</sup>

Taylor quickly denied any general dissatisfaction in the military's relationship with the townspeople. He hoped that there would be no further incidents to disturb the hitherto harmonious relations existing between the civilian and military sectors. Within a few months, the *Daily Constitution* resumed publication, its editorial policy undergoing a slight modification since the tide of the war had begun to run against the South.

Most military hospitals of the war period came under attack for harboring malingerers; the Keokuk hospital was no exception. The presence of strong pockets of Confederate sympathizers in the general geographical area assured a steady stream of such criticism. Reportedly, Taylor retained patients at the hospital long after they had recovered although some of them wished to be returned to active duty. Another charge concerned the retention of completely recovered soldiers for the sole purpose of keeping the institutions running.

These allegations failed to disturb the hospital administration which received solid support from the public and the press. J. B. Howell, editor of the Keokuk *Daily Gate City* and a regular visitor to the hospitals, denied strongly that any of the soldiers were retained beyond the point of full recovery. He detected no reluctance on the part of the patients to rejoin their regiments.<sup>7</sup> Howell recalled a conversation in Keokuk with a hospital inspector of the Union army

<sup>6</sup> *Ibid.*, Feb. 20, 1863.

<sup>7</sup> *Ibid.*, June 13, 1864.

in which the inspector (under orders from Gen. U. S. Grant to ascertain the extent of malingering in Army hospitals north of the Ohio River) reported he had found no evidence of such practices in Keokuk despite rumors to the contrary. As a matter of fact, the inspector advised that he was "agreeably surprised to find that the very opposite of this state of things existed in Keokuk." Shortly after this episode, Howell recalled, an inspection team from the U. S. Military Commission toured the hospital and concluded that "among more than a thousand patients only thirty-three of them appeared sufficiently well along in the recovery process to expect transfer to their units within a few weeks."<sup>8</sup>

Despite these sporadic strains in the military-civilian relationships in Keokuk, the general level of harmony remained high throughout the war. The military personnel were glad to be back in their home state, or near it, and appreciated the state and local efforts to make their convalescence pleasant. On many occasions, they expressed these sentiments, noting the pleasant and stimulating change in conditions from those experienced in field hospitals.

After the initial influx in 1862 and early 1863, the number of patients admitted for treatment of gunshot wounds received in battle decreased noticeably. As military action moved in a southeasterly direction, the more severely wounded men went to hospitals elsewhere, moving to Keokuk as their convalescent period began. For the remaining two years of its existence, the vast majority of patients received in Keokuk were suffering from the range of diseases which constituted the major health problems of the Union Army throughout the war: typhoid fever, typhus, continued fever, typho-malarial fever, acute and chronic diarrhea, acute and chronic dysentery, syphilis, gonorrhea, scurvy, delirium tremens, insanity and paralysis.

At the outset, emergency situations overtaxed the hospital capacity but by the midpoint of the war an equilibrium set in between the number of patients and the beds available. An

<sup>8</sup> *Ibid.*, June 11, 1864.



on-board patient count in January 1863 confirmed this situation: the Estes House branch had 525 patients and 652 beds; the Medical College branch, 265 patients and 273 beds; Rice Hall, 130 patients and 150 beds; the Leighton House branch, 320 patients and 328 beds; and the Simpson House branch, 260 patients and 277 beds. The need to set up hundreds of hospital cots at this time accounts for the bed-capacity exceeding the initially authorized limits of 1,350.

Throughout 1863 releases tended to exceed admissions and the total on-board number of patients began to decline slowly. As this condition developed, the temporary cots were removed. Most of the patients received were transfers from other hospitals. By the end of the year, 7,392 sick and wounded military personnel had been received. From Jan. 1, 1864 until its close on Sept. 30, 1865, the hospital received 3,129 additional patients, making a final total of 10,521 soldiers who had received treatment there. No patients arrived after Aug. 23, 1865 when Pvt. William E. Champan, Co E, 9th Iowa Cavalry, reported from Little Rock (Ark.) General Hospital, for convalescence.

Gen. Lee's surrender accelerated disestablishment of the Keokuk hospital. Several of the branches had closed earlier in 1865 as fewer and fewer patients arrived. The Medical College branch and the Leighton House branch ceased operations June 10, 1865. The Simpson House branch closed Aug. 8, 1865. Rice Hall, used as a hospital branch and storeroom had discontinued service at the start of the year. The patients remaining in various branches were shifted slowly to the Estes House, the last unit to close.

At one time there was conjecture that the Army hospital might become a permanent installation in Keokuk. Several locations on the upper Mississippi River were reportedly under consideration. Civic leaders extolled the attractiveness of Keokuk and its surrounding countryside, its healthful dry rolling ground, surrounded by pleasant groves. Also, being the highest point on the river, Keokuk was pictured as available throughout the boating season. Much of the local clamor was based on continuation of military action in the south as well as the access of the city to southern battlefields. With

the movement of the military conflict to more distant points and, in peacetime, the failure of Keokuk to develop economically to the extent envisioned, other locations assumed greater justification as military hospital sites.

On May 3, 1865 Secretary of War Edwin M. Stanton, issued a directive concerning the disposition of patients then held in military hospitals. Convalescents were to be mustered out, if warranted, or transferred to more permanent military hospitals. Only a handful of patients remained in the hospital as September (1865) began. Taylor proceeded with the close-out procedures; records and reports had to be completed and forwarded to Washington. Essential government property became surplus and had to be auctioned. On Sept. 1, 1865, under orders from the medical director of the Department of the Northwest, Taylor announced the scheduling of public auctions to begin September 15 at 9 o'clock. All property connected with the U. S. General Hospital went on the block. At the completion of closeout detail, Taylor left the hospital and was mustered out of the Army on Oct. 12, 1865.

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