

Saving the Sick and Wounded

Disease and battle laid waste to Civil War troops. Iowa soldier Cyrus Boyd reported that “the mumps are raging in the Army and every other disease known to human beings. I have the jaundice and am as yellow as a Yankee pumpkin.” Historian James McPherson writes, “Disease reduced the size of most regiments from their initial complement of a thousand men to about half that number before the regiment ever went into battle.”

Historian Russell Johnson notes, “The men most vulnerable to disease were those who came to the army from mostly rural backgrounds.” If they had grown up in urban areas, they would have been exposed to measles, mumps, smallpox, and other communicable diseases. In large, crowded camps with poor sanitation, malaria, typhoid fever, diarrhea, and dysentery also took their share. “In one year, 995 of every thousand men in the Union army contracted diarrhea and dysentery,” according to historian Geoffrey Ward. While serving in Arkansas, six Iowa companies of the U.S. Colored Troops lost a quarter of their men to disease.

Most soldiers used rifled muskets, which fired “soft-lead minie balls [that] lost their shape on impact, shattered two to three inches of bone, and carried pieces of skin and clothing into the wound,” according to historians Laurann Figg and Jane Farrell-Beck. Soldiers wounded in the stomach, chest, or head were unlikely to survive; they were given morphine to keep them comfortable.

Doctors did not hesitate to amputate, especially before 48 hours, when infection set in. As one Civil War surgeon said, “Life is better than limb.” In division hospitals, often miles from battle, ether was used for surgery. But because ether was explosive, chloroform was used in field hospitals, which were much closer to battlefields—and to stray bullets and cannon shot.

As early as July 1862, Congress passed legislation to pay for artificial limbs, \$50 for an arm or foot, and \$75 for a leg. Historians Figg and Farrell-Beck contend that only a minority of soldiers with amputations actually used prosthetics. Many were probably unaware of the legislation or didn’t qualify. More fundamentally, artificial limbs were heavy and painful and often fit poorly. There was honor in pinning up the sleeve or pant leg, or using crutches, because it reminded the public of one’s sacrifice on the battlefield. Iowan George C. Bradway wrote: “A Soldier from an [Illinois regiment] was run over by the cars and has his legs ground up, so he will have to have them taken off Above his knees. . . . He said he would not have cared if it had been done in battle but he did not

like to think he had been through 40 battles and then be wounded in that manner.”

Honor also accrued to those with other kinds of battle wounds. Louisa May Alcott, a Civil War nurse and later author of the classic *Little Women*, assured a wounded patient that his sweetheart “would admire [his] honorable scar as a lasting proof that he had faced the enemy, for all women thought a wound the best decoration a brave soldier could wear.”

Alcott was one of more than 21,000 women who worked in war-related medical settings. About 9,000 of that number provided bedside medical care. The rest cooked, cleaned, comforted soldiers, and tended to other tasks. Women nurses did not easily win acceptance or authority from doctors (or society), who believed that females lacked the necessary temperament, stamina, and intellect. They feared that women would get in the way, be shocked by gruesome injuries, and mortified by the sight of naked men. At first nurses had to be over 35 in age, plain in appearance, and maternal in attitude, to avoid providing temptation and risking social improprieties (although a *Chicago Times* writer contended that pretty nurses had a positive effect on hospitalized soldiers).

As the war progressed and the number of casualties mounted, hospitals jobs were opened up to more women. Stories and illustrations in magazines began to portray these women as heroic and capable. Historian Nina Silber writes that women in hospital work “crossed a formidable divide, from a relatively safe and secure world [at home] to one of unknown horrors and difficulties.” Looking back, Alcott wrote, “I was there to work, not to wonder or weep.”

War also tested male doctors from civilian settings. One challenge was working within a complex military hierarchy. More important, few doctors had experience in treating the kinds of injuries received in battle, much less the massive numbers of wounded soldiers that poured into hospitals at one time.

—by Ginalie Swaim

NOTE ON SOURCES

Essential sources include Laurann Figg and Jane Farrell-Beck, “Amputation in the Civil War,” *Journal of the History of Medicine and Allied Sciences* 48 (1993); Harry Herr, “‘The Privates Were Shot’: Urological Wounds...,” and James M. Schmidt, “‘A Multiplicity of Ingenious Articles,’” both in *Years of Change and Suffering*, ed. James M. Schmidt and Guy R. Hasegawa; Russell L. Johnson, *Warriors into Workers: The Civil War and the Formation of Urban Industrial Society in a Northern City*; James M. McPherson, *Battle Cry of Freedom*; Scott Reynolds Nelson and Carol Sheriff, *A People at War*; Geoffrey C. Ward, *The Civil War: An Illustrated History*; and Nina Silber, *Daughters of the Union: Northern Women Fight the Civil War*.