

WHO DID THE SURGERY DURING THE CIVIL WAR?

By Alfred Jay Bollet, M.D.

Criticism of the surgery performed during the Civil War began in the early days of the war and has continued ever since. Medical Director Jonathan Letterman of the Army of the Potomac was particularly distressed by it and discussed the subject at length in his official report of the medical care after the battle of Antietam. He wrote:

"The surgery of these battle-fields has been pronounced butchery. Gross misrepresentations of the conduct of medical officers have been made and scattered broadcast over the country, causing deep and heart-rending anxiety to those who had friends or relatives in the army, who might at any moment require the services of a surgeon. It is not to be supposed that there were no incompetent surgeons in the army. It is certainly true that there were; but these sweeping denunciations against a class of men who will favorably compare with the military surgeons of any country, because of the incompetency and short-comings of a few, are wrong, and do injustice to a body of men who have labored faithfully and well. It is easy to magnify an existing evil until it is beyond the bounds of truth. It is equally easy to pass by the good that has been done on the other side. Some medical officers lost their lives in their devotion to duty in the battle of Antietam, and others sickened from excessive labor which they conscientiously and skillfully performed. If any objection could be urged against the surgery of those fields, it would be the efforts on the part of surgeons to practice 'conservative surgery' to too great an extent."1

Among the criticisms of Civil War surgery that have been perpetuated has been the concept that each surgeon was free to do any operation he wanted, at any time. Much of the "butchery" was attributed to young surgeons who wanted experience, without regard for the welfare of their patients. Such outrages did occur on both sides at the beginning of the war. The fact that the problem was rapidly brought under control is rarely mentioned. I would like to document how decisions were made regarding the need for surgery, and who performed it, after the early days of the war.

Letterman issued an order reorganizing the Medical Department of the Army of the Potomac:
"HEADQUARTERS, ARMY OF THE POTOMAC
Medical Director's Office
October 30, 1862

SIR: In order that the wounded may receive the most prompt and efficient attention during and after an engagement, and that the necessary operations may be performed by the most skillful and responsible surgeons at the earliest moment, the following instructions are issued for the guidance of the medical staff of the army, and medical directors of corps will see that they are promptly carried into effect:

Previous to an engagement there will be established in each corps a hospital for each division, the position of which will be selected by the medical director of the corps.

The organization of the hospital will be as follows:

1st. A surgeon in charge; one assistant surgeon to provide food and shelter, &c.; one assistant surgeon to keep the records.

2nd. Three medical officers to perform operations; three medical officers as assistants to each of these officers.

3rd. Additional medical officers, hospital stewards, nurses of the division.

The surgeon-in-charge will have general superintendence and be responsible to the surgeon-in-chief of the division for the proper administration of the hospital. The surgeon-in-chief of a division will detail one assistant surgeon, who will report to and be under the immediate orders of the surgeon-in-charge, whose duties shall be to pitch the hospital tents and provide straw, fuel, water, blankets, &c., and, when houses are used, put them in proper order for the reception of wounded. This assistant surgeon will, when the foregoing shall have been accomplished, at once organize a kitchen, using for this purpose the hospital mess chests and the kettles, thins, &c., in the ambulances. The supplies of beef stock and bread in the ambulances, and of arrowroot, tea, &c., in the hospital wagon, will enable him to prepare quickly a sufficient quantity of palatable and nourishing food. All the cooks, and such of the hospital stewards and nurses as may be necessary, will be placed under his orders for these purposes.

He will detail another assistant surgeon, whose duty it shall be to keep a complete record of every case brought to the hospital, giving the name, rank, company, and regiment; the seat and character of injury; the treatment; the operation, if any be performed, and the result, which will be transmitted to the medical director of the corps and by him sent to this office..."¹

Letterman's system was put into effect, and continued after he left the Army of the Potomac. The system was described by several AOP surgeons who wrote of their experiences after the war. For example, Dr. George T. Stevens, who served with the Sixth Corps in that army during most of the war, described how the Medical Department functioned. "... One or more surgeons of well known skill and experience were detailed from the medical force of the division, who were known as "operating surgeons;" to each of whom was assigned three assistants, also known to be skillful men,...To the operating surgeons all cases requiring surgical operations were brought, and thus the wounded men had the benefit of the very best talent and experience in the division, in the decision of the question whether be should be submitted to the use of the knife, and in the performance of the operation in case one was required. It was a mistaken impression among those at home, that each medical officer was the operating surgeon for his own men. Only about one in fifteen of the medical officers was entrusted with operations."²

Dr. Albert Gaillard Hart, another AOP surgeon, wrote that: "Serious operations only were

performed in extreme cases at the temporary depot." Describing the function of the surgeons at the field hospital, he said, "If there were cases likely to need an operation, they were carried to an operating tent. Here the surgeons met, consulted, and performed the operations decided upon. Nearly all our 200 capital operations were cases sent back to us from the front with the hope of saving the limb."³

John Shaw Billings, whose post-war career made him one of the most famous of the Civil War surgeons, described the organization of the surgical team at the Battle of Spottsylvania in May, 1864: "A very few men performed operation which were unnecessary, amputating a few limbs which could have been saved, but the great majority were timid and anxious to shift the responsibility and to get the simplest dressings on as soon as possible."

Looking back in 1905, Billings made the same point that Letterman had made in the midst of the war: "My main criticism of the surgical work which I saw was that too much resection was attempted in cases of injury of the long bones. If a ball smashed the femur some surgeons wanted to get out all the fragments, although in doing so they made the injury much more severe."⁴ Thus, in retrospect he still felt that the problem was too few amputations, not too many.

The Medical Department of the Confederate Army had the same problems as occurred in the Union forces. Professor Julian J. Chisholm of Charleston wrote a manual of military surgery for Confederate surgeons at the start of the war. In the third edition, published in 1863, he addressed the issue of unnecessary surgery bluntly:

"Among a certain class of surgeons...amputations have often been performed when limbs could have been saved, and the amputating knife has often been brandished, by inexperienced surgeons, over simple flesh wounds. In the beginning of the war, the desire for operating is so great among the large number of medical officers recently from the schools, who were for the first time in a position to indulge this extravagant propensity, that the limbs of soldiers are in as much danger from the ardor of young surgeons as from the missiles of the enemy."

In the next paragraph he added: "It was for this reason that, in the distribution of labor in the field...it was recommended that the surgeon who had the greatest experience, and upon whose judgment the greatest reliance could be placed, should officiate as examiner, and his decision be carried out by those who may possess a greater facility or desire for the operative manual."⁵

Critics of civil War medicine are well aware of the unnecessary surgery performed early in the war, when none of the staff organizations of the army were yet prepared for the size and complexity of the Civil War armies. They are aware of the improvements made in some of the other departments, such as the Quartermaster and Commissary Departments, but they seem never to have noticed the changes that occurred in the functioning of the Medical Department.

The best summary of the quality of Civil War surgery which I know was written by Dr. Letterman when he wrote his report on the operations of the medical department of the Army of the Potomac between Sept. 2 and Nov. 7, 1862. He concluded: "I had better opportunities, perhaps, than any one else to form an opinion, and from my observation I am convinced that if any fault was committed it was that the knife was not used enough. So much has been said on this matter that, familiar as I am with the conduct of the medical officers on those battle-fields, I cannot, as the medical director of this army, see them misrepresented and be silent."¹

¹ Report of Surg. Jonathan Letterman, U.S.A., Medical Director, of Army of the Potomac, of the operations of the medical department, Sept. 2-Nov. 7, 1862, in the Report of the Operations in Northern Virginia, West Virginia, Maryland, and Pennsylvania, September 3-November 14, 1862. (Dated March 1, 1863) Official Records of the War the Rebellion, Series I--Volume XIX/1, p 106 et seq.

² G.T. Stevens. Three Years in the Sixth Corps, Albany, S.R. Gray, Pub. 1866, p 181.

³ Hart, Major Albert Gaillard Hart, MD. The Surgeon in Field and Hospital, Gaithersberg, MD: Olde Soldier Books, 1987.

⁴ Billings, John S. "Medical Reminiscences of the Civil War" Transactions of the College of Physicians of Philadelphia, 3rd Series, Vol 27, pp 115-121. 1905.

⁵ Chisholm, J.J. A Manual of Military Surgery for Use of the Surgeons in the Confederate Army. Columbia, Evans and Cogswell, 1864 (repub. Dayton, OH, Morningside Press, 1992), p 409.