
A Reexamination of Civil War Medicine

Currently scholarship has surged regarding the Civil War era’s health, medicine and the doctors who treated soldiers. In 2013, three studies arrived which changed the current understanding. Scott McGaugh’s *Surgeon in Blue: Jonathan Letterman, the Civil War Doctor Who Pioneered Battlefield Care* clearly and concisely describes the war’s contributions to battlefield emergency medical service. Kathryn Shively Meier in *Nature’s Civil War: Common Soldiers and the Environment in 1862 Virginia* uncovers soldiers’ responses to their deteriorating health while on campaign. Margaret Humphreys’ *Marrow of Tragedy: The Health Crisis of the American Civil War* describes the war as a near disaster that overwhelmed medical resources and knowledge.

Unregulated licensing of medical schools and doctors, anatomy learned primarily from textbooks, and the lack of public health data created the conditions in which the medical staffs of both armies were overwhelmed in the first two years of a war. Among the armies, one out of three deaths were caused by small arms and artillery fire and two out of three deaths were caused by microbes. This year, Shauna Devine’s *Learning From The Wounded: The Rise of American Medical Science* covers in depth how medical knowledge increased as doctors transformed their understanding of anatomy, disease, medical diagnosis and health care.

In Chapters One and Two, the author introduces the importance of Circular Number Two and the development of pathological anatomy as a field of study. This new emphasis aided in the development of a medical research community. Chapters Three and Four delve into the state of medical science before the war and how epidemics of gangrene and erysipelas offered an opportunity to create a
model for the integration of clinical observation that eventually led to the collaboration between hospitals and the Army Medical Museum.

Chapter Five closely examines the manner of autopsies, the collection of specimens and the previous cultural expectation that dead bodies were not to be autopsied. Chapters Six and Seven examine the lessons of the war that were applied to the cholera epidemics of 1866, 1867 and 1873 along with the powerful professional identity that wartime physicians developed during the decades after the war.

Devine details the availability of corpses for doctors to study, the mandated writing and collection of both autopsy and medical treatment reports. These efforts led to the creation of the medical museum and archive. *The Medical and Surgical History of the War of the Rebellion* [MSHWR], published by the Federal government between 1870 and 1888, consists of six volumes and was prepared under the direction of the surgeon general of the army.

The author discusses the decision of Federal Surgeon General William A. Hammond, who in 1862 issued Circular Number Two which ordered the establishment of the Army Medical Museum. By the end of the war the museum became a world renowned institution for the study of wounds and disease. New research was based upon the development of case studies that described experimental methods regarding hospital gangrene, erysipelas, cholera and battlefield wounds. Tens of thousands of surgical case studies and disease treatment clinical reports were gathered during the war. The studies were a major contribution to the growth of medical science after the war.

They also served as a basis for the MSHWR which offered them in a condensed form. *Learning From The Wounded* sets forth in depth the variety of medical staffs’ experiences that were summarized in the MSHWR. Devine thoroughly researched the case studies that were the source documents for the MSHWR. Through her perusal of these handwritten case studies, she thoroughly refutes the commonplace description of inexperienced surgeons hacking off limbs with dirty knives and saws while soldiers clamped their jaws on lead bullets.

There are episodes in *Learning from The Wounded* that are chilling. Devine covers the correct procedure for conducting an autopsy, the appropriate packing of limbs in alcohol filled casks that are accurately labeled, and the variety of
knife cuts used to create the appropriate flesh cap for an amputee’s stump. The graphic progress of hospital gangrene and erysipelas on flesh and bones is presented. Plastic operations on the face are detailed. Deathbed scenes are shown through the words of Walt Whitman. Microscopic slides of diarrhea are prepared and observed. A segment of the real war has gotten into Learning From The Wounded.

Most of the influential Federal doctors and Northern surgeons of the war are covered by Devine: John Shaw Billings, John Brinton, Jacob DaCosta, Samuel Gross, William Hammond, W.W. Keen, Joseph Leidy, Jonathan Letterman, Thomas McParlin and others. Devine acknowledges that Learning From The Wounded follows the medical experiences of doctors who served in the Federal medical department and does not fully consider Confederate surgeons. Among Devine’s future work may be the story of the Confederate Medical Service; if so, it is eagerly awaited.

Strengths of Learning From The Wounded include the wealth of extensive source notes and a thorough bibliography. A minor drawback is the lack of an appendix, which offers the text of Circular Number Two and Circular Number Five. Also, readers should keep handy both a modern and a mid-19th century medical dictionary; in the book there are terms used that do not appear in current everyday discourse.