Matchless Organization: The Confederate Army Medical Department

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Review

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*Matchless Organization* is a book caught betwixt and between; it demonstrates extensive research and examination of sources, generally well beyond earlier historical treatments of the subject. I congratulate Guy Hasegawa on the devotion he has paid to the archival search. He has mined the records of archives and nineteenth-century publications as thoroughly as anyone ever has. At the same time, the book’s very title shows those same sources capture him. By no stretch of the historical imagination was the “Confederate Army Medical Department” a “Matchless Organization.” As the author explains in the book’s preface:

When former Confederate surgeon Francis Peyre Porcher addressed a gathering of wartime colleagues in 1899, he paid tribute to the late Samuel Preston Moore, a fellow South Carolinian who has served for most of the Civil War as the Confederate army’s surgeon general. In citing Moore’s creation of “the matchless organization of the medical department of the Confederate army,” (xi)

Surgeon Porcher, and many Southern veterans of the failed War of the Rebellion, had, over the generation since 1865, developed a romantic notion of their efforts in the Lost Cause. Too many historians, and to some degree, Dr. Hasegawa, take these romantic recollections as accurate reflections of reality. There is no question in my mind that Dr. Moore and most of the people serving in the rebel army medical department wanted an efficient and helpful medical service. I am equally sure that many of them went above and beyond trying to achieve that goal, but “matchless organization” it was not—one need only look about 100 miles north of Richmond to find a much more effective one.

Dr. Hasegawa is an honest historian. He has published a variety of significant earlier papers and books on the War of the Rebellion medical issues. In the volume under review, after
describing the official hopes, as expressed in letters and regulations and reports, he frequently notes we lack data on how it worked in practice. For example, after discussing the complexity of the rebel general hospital situation and the roles the various officers in service to the wounded were supposed to play, he notes:

Both types of medical director reported to Moore, but the point at which their actions were subject to his approval is unclear. Because of delays in communication … the independence of medical directors probably increased with their distance from the capital. … Moore’s challenges included dealing with individuals and groups who placed the interests of their state over those of the central government (124-5)

It was, after all, a confederacy, and the ability and legislative desire of the central government to compel was limited. Moreover, the nature of the rebellion itself led many to have an independent streak of personal enthusiasm and firm belief in the rightness of their individual opinions, all making any overarching medical organization outside Dr. Moore’s office extremely problematic.

The book catalogs Moore’s strong desire, shared by some who worked for him, to build better medical organization and their awareness of the apparent fact that such an organization was theoretically possible. The book chronicles the efforts to set up the medical department before Moore and the office Moore established. Dr. Hasegawa plays to his previous strengths and details the material challenges facing the rebellion and Moore’s effort to find and use indigenous resources to make medicaments. The author details, where he can, the impact of Moore’s actions. Moore had a strong desire to improve knowledge but he did not have resources. Most significant were the tensions between Moore’s desires and the realities faced by various subordinates. (There are chapters devoted to Medical Directors, Medical Inspectors, and the Medical Purveyors.) All were frequently more beholden and, in fact, more responsible to other leaders because of proximity in field organizations.

The volume also recognizes the well-known reality that the medical profession in the rebellious states was underrepresented demographically when compared to the more urban states. And it was of remarkably diverse education and experience; sectarian practitioners were common. The volume outlines efforts to recruit and train, most of which were of limited success, in securing the high quality desired. Given such realities, Dr. Hasegawa is undoubtedly correct in his assessment that Moore could not have assigned extra doctors to prisons. Nor would such
assignments have made a difference in the disease and death common in such places as Andersonville. The inadequate attention to nutrition and hygiene meant prevention, not therapy, was the key to reforms.

Because of the prison issues, Dr. Moore was pardoned for his participation in the rebellion in 1866, much later than most military or medical figures. After the war he was engaged in civil affairs in Richmond and was (1874-75) the first President of what the author calls the Association of Medical Officers of the Confederate States Army and Navy (noting it operated under a variety of names), one of many emerging Lost Cause organizations.

I believe that Dr. Hasegawa, like a biographer fond of his subject, was captured by his sources and “wanted” to believe there was a “matchless organization” that the Lost Cause memories said there was. Still, time after time, his caveats at the end of sections and chapters demonstrate the inability to be matchless. In fact, the Confederate medical department was matchless only in its aspirations and imagination. The book well describes those aspirations and anyone with a serious interest in War of the Rebellion medicine should read it. The ten pages of appendices and the 50 pages devoted to notes and bibliography demonstrate the labor of love that is matchless and constitute an invaluable resource for future studies.

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