



CIVIL WAR: TRANSITIONAL ERA IN MEDICINE

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Dr. Richard R. McMeens corresponded with the Sandusky Register, describing battles and camp life until his death in late 1862.



The Civil War was a period of great and lasting change in the field of medicine and nursing in the United States.

Medical schools were founded, and doctors had to be better trained for their jobs. Knowledge of disease transmission and prevention also saw advances.

The U.S. Sanitary Commission was founded to improve conditions in the field, and nursing became a recognized profession, with women allowed to enter the field.

Women and the families of soldiers who were at home became involved in the war effort through volunteer activities intended to support the troops.

Newspapers such as the Sandusky Register served as vital communication links between those at home and troops in the field.

At the beginning of the Civil War, medicine was in a transitional period. Before this, people didn't have to go to medical school to become a doctor — they simply had to be a doctor's apprentice for some time.

In the 1860s, medical schools were being founded and doctors had to attend these schools, then serve as an apprentice with a practicing doctor so they could eventually practice medicine. One of several residents to keep up a correspondence with the Sandusky Register was Dr. Richard R. McMeens, who described battles and camp life until his death in late 1862. Shortly after the war started in 1861, Bellevue Hospital Medical College created a chair devoted to military surgery.

The medical college wanted to develop more qualified surgeons who could prevent needless death. A 120-page handbook for military surgeons also came out around this time, although anyone who wanted to become a military surgeon still needed more training than the book offered. The candidate had to be certified, in good standing, and possessing five years experience for a surgeon's mate and 10 years of experience for a surgeon.

The existence of microbes and germs was unknown in 1861, with operations done much as they had been in the previous 50 years. Surgical instruments were dipped into well water. That was all the sanitizing they received. Wounds were sewn up with unsterilized silk. Sometimes surgeons would moisten the thread with saliva when threading the needle. Doctors would stick their bare hands in a battle wound to feel around for shrapnel or bullets. Because of these practices, death rates were high. For example: 87 percent of soldiers with an abdominal wound

died. And there was no anesthesia as we know it today. Whiskey was used to sedate people and help take away pain.

Another problem: disease transmission and prevention was not well understood. Many patients in the hospitals were there because they were sick, not because they were wounded. Diseases swept through camps and killed soldiers who saw little fighting.

Hospitals were short on supplies, while field hospitals were a canvas tent in an open field. The floors were dirt, and patient beds were straw piles and blankets on the ground. In field hospitals, soldiers who'd been treated were sometimes put outside and exposed to the weather to make room for those in need of medical attention. Soldiers also had the problem of going unnoticed while lying wounded on the battlefield and not receiving attention for days. This occurred to local resident Jay Caldwell Butler at the Battle of Nashville.

Dorothea Dix was working as a copy clerk for the U.S. government in Washington, D.C., in 1862 when she noticed how bad the military hospitals were. She took it upon herself to march into the office of Acting Surgeon General R.C. Wood, where she told him the War Department didn't have adequate resources to treat its soldiers.

She asked to put together a female nursing corps of volunteers under the War Department. Her requirements, published as an article in the Sandusky Register, included: only plain-looking women over the age of 30 could apply, and married ladies were preferred; dresses must be brown or black; women's clothing could not have any jewelry, and their hair could not have bows or curls; and women could not wear hoop skirts. This was because hoops were cumbersome, and they made movement in narrow wards difficult. The ban on hoop skirts was even published in the Sandusky Register as an order from the government.

Nursing duties included administering medicine, distributing special diets ordered by the doctor, writing letters and attending to visitors. To make things easier, nurses also filled out a card with the patient's information and attached it to the head of the patient's bed, so staff could read it. Critics, meanwhile, said female nurses were too weak to help. The strongest of these critics were male doctors.

Nurses had to care for the wounded not just in hospitals but in tents, caves, under trees, in fields and in barns. Nurses would go out amid a battle to take care of the men, and after the battles the wounded would lie close together for miles.

Said Clara Barton: "The wounded laid so close it was impossible to move about in the dark. The slightest misstep brought a torrent of groans from some poor mangled fellow in your path." This was her experience. Men thought that women, when they saw such things, would faint. They were wrong.

Because they were so close to patients, nurses could often discover things about the patient the doctor had missed. Nurses also served an important function in letter writing, as they would write for soldiers who were unable. They would also write letters trying to find information about soldiers. One such letter appeared in the Sandusky Register in June 1863. Sarah L. Porter wrote a letter about a soldier named Joseph Cramer, who was in her care at a hospital in Washington, D.C. Porter couldn't get much information from him before he died, except that he was from Sandusky. After his death, she wrote a letter to the Sandusky Postmaster, asking Cramer's friends and family to contact her. Medical professionals did this so personal belongings of soldiers could be sent home, allowing some closure for families.

As stated, many soldiers in the hospital were sick, not wounded. In her book "Hospital Sketches," Louisa May Alcott noted: "I spent my shining hours washing faces, serving rations, giving medicine and sitting in a very hard chair with pneumonia on one side, diphtheria on the

other, two typhoid's opposite." Typhoid was one of the more prominent illnesses. Treatment for it was quinine, whiskey and turpentine. Sometimes, all nurses could do was comfort the patient. The U.S. Sanitary Commission, founded in 1861, had doctors who would inspect Union camps and mess tents. The commission also produced pamphlets on proper sanitation in camp, which included everything from personal hygiene to pinpointing the best location for a latrine.

Sanitation didn't exist, and camps were pitched on military strategy — not caring about good water or drainage. This changed when the Sanitary Commission was founded. Many hospital workers would contract the illnesses their patients suffered. Dr. McMeens, for instance, caught dysentery while working in a hospital.

Workers also suffered from exhaustion. When McMeens died in October 1862, it was originally attributed to heart disease, but it was later believed his death was the result of exhaustion. He and other doctors were known to work through the night, treating battle-wounded soldiers by candlelight.

There were articles in the newspaper instructing women how to make different medical supplies for the front. The most important supply: cloth bandages that soldiers could carry with them and use when they were wounded and trying to get to a hospital. The instructions said the cloth should be washed, boiled and ironed without starch, and there should be no hem.

Three types of bandages were used most frequently. The first was a 2.5-inchwide cotton "roller," which could be used for anything, although it had to be tightly rolled for easy application. Another cotton bandage was larger. It was referred to as a "many tailed bandage," and was typically 20 by 20 inches and was used for gunshot wounds. The third bandage was made of muslin. It was 1 square yard and could be used to bandage anything, as well as serving as an arm sling.

In addition to problems with medical supplies and conditions in the camps, food was a constant problem for Union forces in the Civil War. Everything was fried in bacon fat over a fire. Fresh local vegetables were rarely available because of price gouging by local farmers. Diet was something that wasn't always considered, so sick and healthy people got the same rations. Union hospital staff would go into the community to find donations of the proper nutritious food for the patients.

Food problems, accompanied by diseases, prompted Dr. McMeens to write this in a letter in 1862: "Young volunteers who left home in robust health, who had comfortable homes surrounded by relations and friends, now on their way back mere skeletons of their former selves."

To help with rations, notices were put in the Sandusky Register, asking community members to donate food to soldiers. They could drop them off with a member of a unit who happened to be in town. Potatoes, onions, sauerkraut, chicken, butter and dried or canned fruit were all in demand. Dr. Sexton also put a notice in the paper, requesting specific items. When rations were cut short, the soldiers and hospital staff would hunt in nearby fields.

Toward the end of the Civil War, medicine had changed. While amputation was still the answer to many wounds, other aspects were different. With the women's relief societies and changing military regulations, conditions did improve. Hospitals soon had floors, and doctors had to go to school and gain experience. The government soon realized these regulations would enable more men to survive and live after the war.

The improvements were applied to the practice of medicine and nursing, long after the end of the Civil War.