



Battle Lines

Newsletter of the Atlanta Civil War Round Table
Founded 1949



War Built Medical Skill

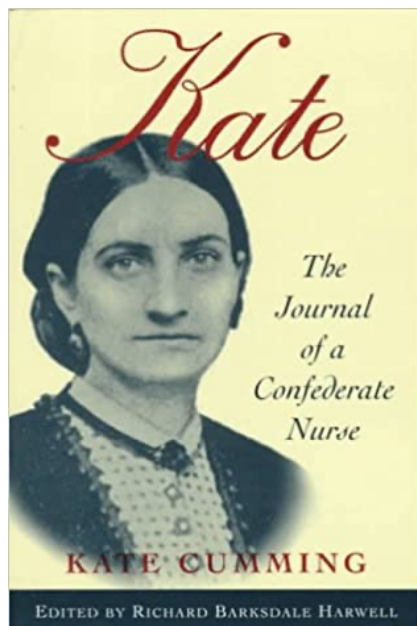
Though unprepared and ill equipped for war, the Confederate Medical Service was professional, publishing manuals and medical journals and requiring much from its physicians and institutions. Many Confederate physician veterans had distinguished careers after the War. Dr. Joseph Jones, pictured above in a portrait from the Tulane University collection, became an academic and public health physician. As Surgeon General of the United Confederate Veterans, he launched a study, the "Medical History of the Confederate States Army and Navy," in 1890.

The Campaign Year Continues

The President's Corner: In light of the fact that we will not be having any more Round Table dinner meetings until September (we certainly hope to be able to hold meetings by then, following all recommended precautions), we are finishing the 2019-2020 Campaign Year with written presentations.

Recently, while going through many documents that belonged to the late Beverly DuBose, Jr. relating to his time with the Round Table, we came across the following document. There were six typewritten copies, each bound with staples, clearly left over handouts from one of the early Round Table meetings. A little research revealed the story – this presentation on *Confederate Medicine* was given by Dr. Morgan B. Raiford at the October 20, 1955, meeting while B.D. DuBose, Jr. was President. I asked our own member Dr. Thorne Winter to review it for his thoughts – it turns out he knew Dr. Raiford long ago, and he found the article to be very interesting and worthy of sharing. As you might imagine, Thorne is something of an expert with a substantial library of books on this subject from his reading and interests over the years, and enjoys reading "... historical literature on the subject.

Continued, Page 2



Confederate Nursing

Inspired by her minister and Crimean War nurse Florence Nightingale, Scottish immigrant Kate Cumming joined volunteer nurses in April 1862 to tend the Confederate wounded at Shiloh. Her parents in Mobile, Alabama objected but Cumming had found her vocation. After a brief respite late in 1862, the dedicated Miss Cumming returned to the bloody battlefields and hospitals of the Confederacy where she served through the remainder of the War. Much of her service was in the hospitals of Atlanta and Georgia. She kept a journal that was later edited by Atlanta Civil War Round Table founding member and past president Richard Barksdale Harwell.

The President's Corner, Page 2

As you read this, remember that Dr. Raiford drew on the current literature of the time, 65 years ago, and without a doubt never expected this to be published as presented here. Some of the numbers (particularly relating to War casualties) are not as we now know, with the benefit of publications and research that significantly expanded just before the Centennial in 1961 and since. We have made only minor changes to his original text, so what you will read is what he wrote. Likely this was an outline, with Dr. Raiford extemporizing during his actual presentation but this is what we have. Our Editor, Carol Willey, would have much to say and offer had Dr. Raiford been able to ask for literary improvements. She has found all the supporting photographs and sidelines that accompany it. I hope you will find it interesting as written with Carol's additions.

By the way – to my knowledge, this is the only known surviving text from any ACWRT presentation during our first 20 years, though some recordings exist. Perhaps in the future we can transcribe some of them.

Be safe, and looking forward to the time we can all again meet in person.

John

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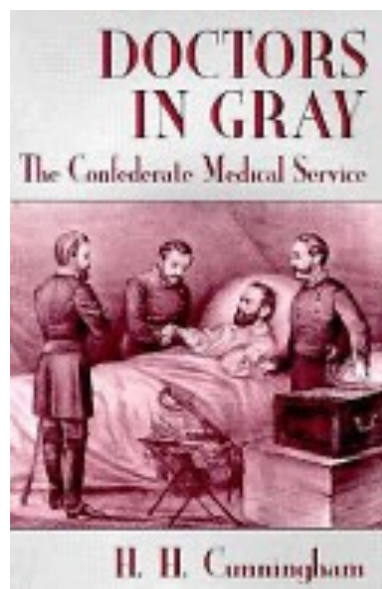
Confederate Medicine: Dr. Morgan B. Raiford, M.D.

Originally Presented to the Atlanta Civil War Round Table October 20, 1955

The total forces of the Confederate Armies did not exceed 600,000 men. To care for this number of troops there were fewer than 3,000 medical officers – 834 surgeons, and 1,668 assistant surgeons. Of this number, 755 came from Virginia. In addition, the Confederate Navy numbered 92 medical officers of whom 37 came from Virginia. In the whole Army there were but 24 medical officers who had seen previous medical service. To grasp the enormous task of the medical service, one must realize that more than 3,000,000 cases of wounds and disease were cared for by the officers of the Medical Corps of the Confederate Army during the Civil War. From this it can be seen that on the average, each Confederate soldier was wounded or sick about six times during the War.

One-third of all the men actually engaged on the Confederate side were either killed outright on the field, or died of wounds and disease. One-third of the entire army was thus at one time or another receiving medical care for wounds, while most if not all of the entire 600,000 men were sooner or later under the care of the Medical Department for treatment of disease.

The total number killed outright during the course of the War was estimated by Dr. Joseph Jones of New Orleans to be 53,973. The total number killed on Virginia soil was 17,093. The total number wounded during the War was estimated to be 194,026. When the totals of the wounded from the Battles of Antietam and Gettysburg, who were hospitalized in Virginia are added, it raises the total number of wounded cared for in the hospitals of Virginia to 121,946. About 60 percent of all the Confederate wounded passed through the hospitals of Virginia.



In 1958, not long after Dr. Raiford's Round Table presentation, Louisiana State University Press published H. H. Cunningham's classic study of the Confederate Medical Service, *Doctors in Gray*. A Ph.d., Cunningham was academic dean at Elon University in North Carolina. He later taught history at the University of Georgia.

Organization of the Medical Department of the Confederacy was authorized by an Act of the Confederate Congress February 26, 1861, but on April 27, the Secretary of War wrote President Davis that “the Medical Department of the Regular Army has not yet been organized.”

One of the rules governing the camps directed that “all conscripts be properly vaccinated.” Early in 1863, the War Department ordered that no exemption be allowed for functional heart disease, loss of one eye, slight deafness, loss of two fingers, hemorrhoids, or general debility. In 1864 exemptions were made for physicians over 30-years old, superintendents of public hospitals, and such physicians and nurses declared indispensable, and one skilled apothecary to each apothecary shop. Dentists were not exempted.

Paper work was the bane of military life, was a tax upon the patience of the Confederate officer, stealing from him hours of rest after the days’ work was done and a constant reminder of despised but indispensable red tape. Regulations for the medical department of the Confederate States appeared first on November 19, 1861. They required reports and returns: monthly reports of sick and wounded, returns of medical officers, returns and abstracts of hospital, medical property, Certificates of Disability, hospital supplies and muster rolls. Each hospital was required to keep a register of patients, prescriptions and diet book, case book and copies of requisitions, annual returns, and reports of sick and wounded, and an order and letter book.

There was nothing to show that the Confederate surgeon was a stickler for dress. In fact, the evidence leads to the belief that often he was glad to have clothes of any sort. According to regulations, they would have consisted of a double-breasted gray tunic extending half way to the knee, faced with black, with a stand-up collar, two rows of buttons on the breast, a black cravat, loose blue trousers with a black velvet stripe bordered with a gold cord, forage cap bearing the letters “M.S.” embroidered in gold and embraced in two olive branches, a star on the tunic collar, three rows of gold



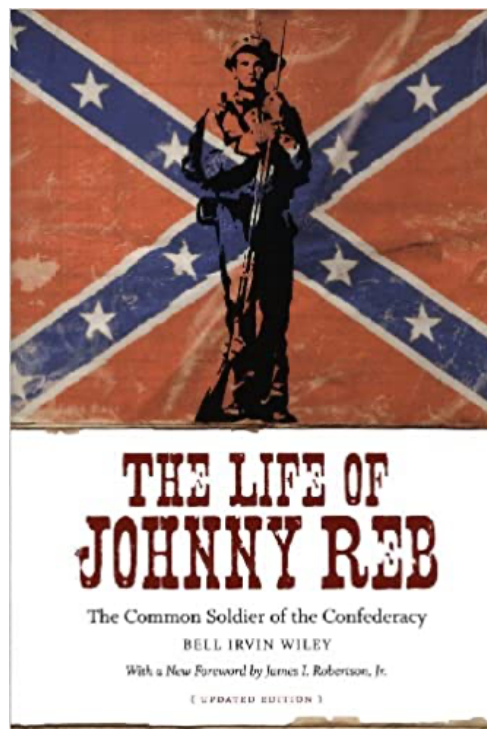
Dr. William Gibbs McNeill Whistler, Confederate Army Surgeon, dressed in an official Confederate Medical Service uniform. Photo by William E. Gray (Library of Congress)

braid on the sleeve, Jefferson boots, white gloves, sword belt and green silk sash would have completed the regalia.

At the head of the Medical Department was Surgeon General Samuel Preston Moore (1813 – 1889). He was born in Charleston, S.C., educated in that city, graduating in medicine in 1834. He served in the Mexican War, and in 1861 resigned from military service of the United States Army. He ably directed the Medical Department during the whole period of the war. He directed preparation of a Manual of Military Surgery and actively promoted the Confederate States Medical and Surgical *Journal*. Dr. Moore was considered one of the most efficient of the entire personnel in the Confederate Army. Of this department was noted “was there ever a department of public service characterized by such orderliness and precision, every paper emanating from that office was a model of dispatch and neatness,” stated a Union officer who inspected the office at the fall of Richmond in 1865.

At The Front

Closest to the line of battle was the assistant surgeon. Dr. William H. Taylor wrote: “Early in the morning there was a sick call. When those who claimed to be ill or disabled came up to be passed upon, diagnosis was rapidly made, usually by intuition, and treatment was with such drugs as we chanced to have in the knapsack and were handiest to come at. On the march...was a necessity still further simplified, and was, in fact, reduced to the lowest terms. In one pocket of my trousers I had a ball of blue mass, in another a ball of opium. If they were open (bowels), I administered a plug of opium; if they were shut, I gave a plug of blue mass.” (With this diagnosis, a doctor could not lose.) “Our Surgical work was usually very simple...it consisted chiefly of the application of plaster and bandages and the administration of stimulants, and superintending the placing of the badly wounded in ambulances for transportation to the field hospital.”



Past Atlanta Civil War Round Table President, Bell Irvin Wiley, quotes a Confederate surgeon William H. Taylor, cited here by Dr. Raiford, in his 1943 book *The Life of Johnny Reb*, Page 316. In 1908 Dr. Taylor, who served as a lecturer at the University of Virginia Medical School after the War, published an anthology, *De Quibus: Discourses and Essays*. Dr. Raiford's quotes are from the often humorous chapter 'Some Experiences of a Confederate Assistant Surgeon,' Page 298.

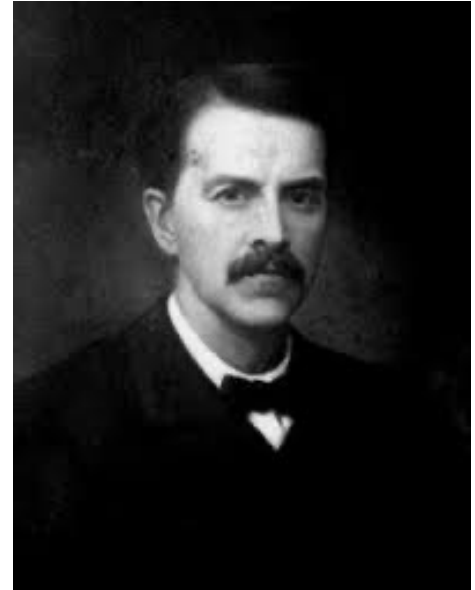
“Our most valued medicant was the alcoholic liquors, which were furnished us sometimes in the form of whiskey and at other times of apple brandy. These preparations were esteemed by the surgical staff very generally as a specific fomalaria especially...to which the surgeons which whom I was associated believed to be peculiarly susceptible...by instituting a grand sanitary soiree on the night of the day on which the supplies arrived in camp, we would tone up our systems and corroborate our constitutions by drinking up every drop of the prophylactic before morning.”

Of resourcefulness of Confederate surgeons, Dr. Hunter McGuire wrote long afterwards: “The pliant bark of a tree made for him a good tourniquet, the juice of the green persimmon a styptic, a knitting needle with its point sharply bent a tenaculum, and a penknife in his hand a scalpel. I have seen him break off one prong of a common table fork, bend the point of the other prong, and with it elevate the bone of a depressed fracture of the skull and save life. A piece of pine wood sharpened would trace out the wound marked by the leaden ball.”

Surgery In The Army

1. Gunshot wounds of the abdomen and chest constituted 19 percent of the war wounds. Abdominal wounds were almost certainly fatal.
2. Wounds of the face, head, and neck constituted 12 percent of the injuries.
3. The extremities received 65 percent of the military wounds. They afforded the chief field for the surgical intervention. Complications, secondary infections and hemorrhage were the most dreaded – the blood vessels were tied off with soldiers’ silk and cotton.

Disinfecting fluid consisted of creosote laid over the wounds to keep the flies away. “After the Battle of Seven Pines May 31, 1862, many of the wounded suffered from the most violent and uncontrollable inflammations.”



Dr. Hunter McGuire, Portrait Virginia Commonwealth University: Like so many of the physicians of the Confederate Medical Service, Dr. McGuire was respected North and South. After the War, He founded Medical Schools and served as President of the American Medical Association.

With amputations, in 1862, in the battles around Richmond, the mortality was 43 percent. The choice of anesthetic in the southern armies was chloroform when it was obtainable. During the last three years of the War, it was probably non-existent and whiskey was used to substitute for anesthetic.

Surgical instruments were at a premium in the South. The supply quickly exhausted, was added to by blockade runners. Many of the instruments used by the Southern surgeon were his private property. Many had been captured from the enemy, and many were crude improvisations. Bandages were generally lint, raw cotton, carded by hand, and baked in an oven. Ligatures were made from cotton, flax and horsehair. The war found the South without technical works on military medicine. The following texts were prepared for the Medical Department:

1861 – *A Manual of Military Surgery for the Use of Surgeons in the Confederate Army*, by Julian Chisholm.

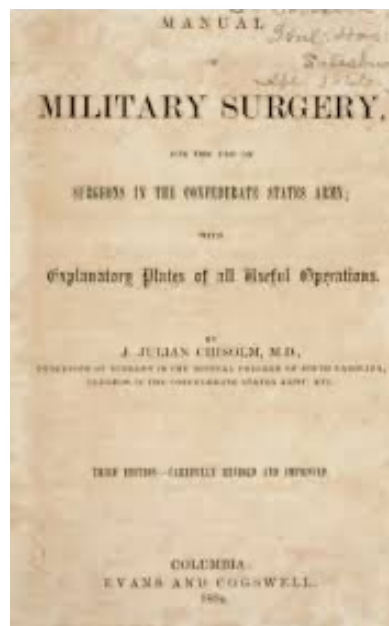
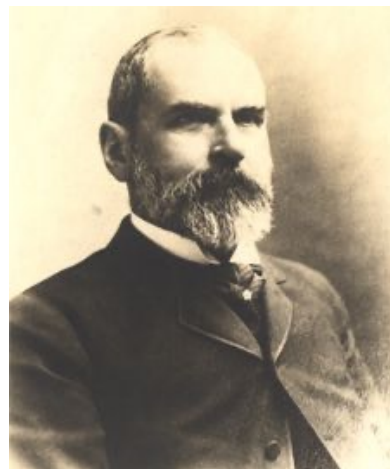
1862 – *Notes on Surgery of the War in the Crimea*, edited by A.N. Talley.

1863 – *Epitome of Practical Surgery, for Field and Hospital*, by Edward Warren.

1863 – *Resources of the Southern Fields & Forests*, by Francis P. Porcher.

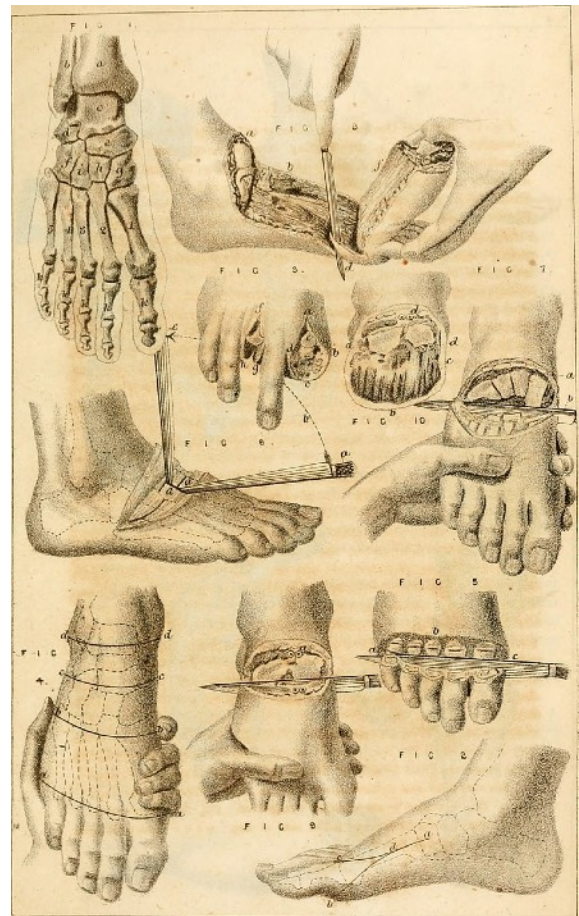
Erysipelas, tetanus, hospital gangrene and septicemia were the scourges of the hospitals and the complications of surgery. Septicemia accounted for 43 percent of all primary amputations.

Surgical practice in the Confederate Army underwent considerable change –



Confederate Surgeon Dr. Julian Chisholm, circa 1893: National Library of Medicine. (Above) Chisholm's manual of military surgery. (Below) The Confederate Medical Service published several Medical texts and journals.

a sounder practice in wound management, and a general tendency to greater conservatism was carried out during the last three years of the War. As in most wars, sickness was far more disabling than wounds. In the Army of Northern Virginia from July 1861 to March 1862, there were 148,149 cases of sickness. Malaria was more prevalent among the Southern troops but less fatal than the Northern Army. The Army of the Valley of Virginia had a total of 15,582 cases. Typhoid fever accounted for 25 percent of all the deaths from disease during the first year of the War and it was due to an epidemic among the Virginia troops in the summer and fall of 1861. Chimborazo Hospital had 2,135 cases – 885 deaths with 41 percent mortality. Charlottesville Hospital, from July 1861 to September 1863, *A Manual of Military Surgery for the Use of Surgeons in the Confederate Army*, by Julian Chisholm. had 1,312 cases and 313 deaths. Pulmonary infections accounted for 7,992 deaths in the Confederate forces up to December 31, 1862. Smallpox emerged with 2,513 cases with 1,020 deaths from October 1862 to January 1864. At the time of the Battle of Chancellorsville, 5,000 men were unfit for duty on account of disability arising from vaccination. In January 1863, Surgeon Blackford of the General Hospital of Bedford City, Virginia was forced to erect a separate building for smallpox patients. Measles accounted for 8,617 cases in the summer of 1861.



A Page from Chisholm's Manual: Dr. Chisholm's state-of-the-art manual of surgery was one of the first of any medical texts to describe the use of anesthesia with chloroform.

Respiratory diseases were frequent occurrences in the Confederate Army, influenced by the scarcity of clothing, blankets, and shelter tents. In reviewing some of the morning reports by Dr. Hunter McGuire in the Army of the Valley of Virginia, there are numerous notations where the illness and death of the soldier was due to exposure. Pneumonia accounted for 1,034 cases from January to October 1862. Chimborazo Hospital had 1,368 cases and 583 deaths.



National Park Service model of Chimborazo campus as it would have appeared during the Civil War.

Medical Journals

The *Confederate States Medical and Surgical Journal* was published in Richmond. It ran for thirteen issues, published monthly, and was the organ of the Association of the Army and Navy Surgeons of the Confederate States. General staff and surgeons of the 44 hospitals around Richmond formed an association which met at the Medical College of Virginia and continued their meetings until March 1865. These groups were a part of the post-graduate seminar that would discuss medical progress, case reports, hospital records, and articles for publication in the *Confederate States Medical Journal*.

Confederate Hospitals

Two areas were the medical centers of the Confederacy, Richmond and Atlanta. These two cities contained the largest number of hospitals and concentrations for the medical care of the troops throughout the War. The largest hospital during the entire war was the Chimborazo Hospital which accounted for approximately 7,800 beds and was made up of five divisions, one for each state and located in Richmond, Va. Second to it was the Winder Hospital, of 4,200 beds, made up of five divisions, one for each state, erected in Richmond in May 1862. One of the

interesting individuals in charge of the Robertson Hospital in Richmond from 1862 to 1865 was Captain Sally L. Tompkins. Capt. Tompkins was the only woman in either army who was afforded military rank. At her own expense, she cared for 1,337 patients in the Robertson Hospital during the war. Going over some of the diagnoses of the Robertson Hospital roster, one patient was discharged for "Badness," another from South Carolina was discharged from the hospital for "Morbid Behavior." Miss Tompkins was made Captain in the medical department of the Confederacy on September 7, 1861 at the request of President Jefferson Davis so she could maintain her official hospital status in the City of Richmond during the War.



Robertson Hospital in Richmond: Director, Sally Tompkins, refused to close when the Medical Service required professional qualifications and hospital regulations. Her hospital had remarkably low mortality rates so President Jefferson Davis appointed her Captain

Dr. Joseph Logan of Atlanta expressed after the Battle of Manassas that an attempt be made to erect a State Hospital in or around Richmond. On September 18, 1861, \$5,000 was raised by Dr. Henry Campbell and Dr. Joseph Logan. The Georgia troops in the Virginia area had three hospitals. Georgia Hospital #2 in October 1862, Georgia Hospital #3 in April 1863, and Georgia Hospital #4 headed by Dr. Flickling in May 1863.* The idea was to divide the hospital divisions of the larger groups into states so that visitors could reach them more easily, supplies and mail could more readily arrive to patients in these hospitals. The first hospital in the Atlanta area was established in February 1862 when 500 wounded soldiers came from Chattanooga and was headed by the efforts of Mrs. Myra J. Westmoreland whose home was located at Peachtree and Alabama Streets. Mrs. Isaac Winship was in charge of the area of the car-shed where thousands poured into the hospitals and homes throughout the Atlanta area.

***It has been impossible to discern the meaning of Dr. Raiford's tabulation here by press time. It is probably safe to assume that these Georgia hospitals were built after a first Georgia hospital.**

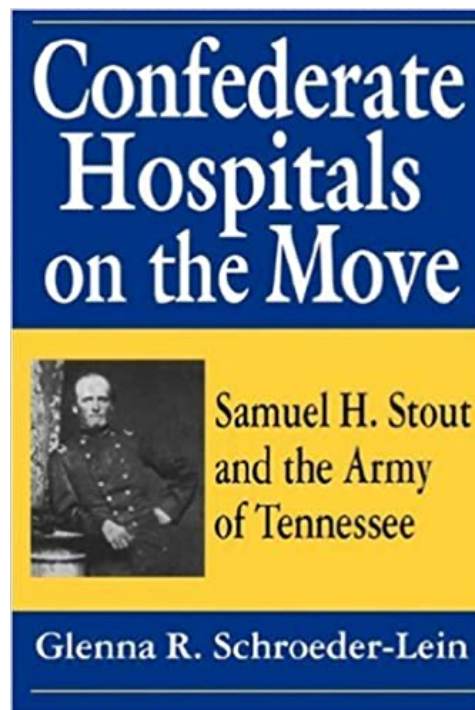
By May 1864, 19,000 wounded patients were treated in Atlanta. Miss Kate Cumming in May 1864, took a major lead in caring for patients. She was the Florence Nightingale of the Atlanta region. A total of 47 hospitals were located in the Atlanta area varying from private homes to a 200 bed unit of the Ponders (*Ponder House and compound buildings*) which was located east of the car-shed for the immediate evacuation of ill troops.

Other hospitals located in Georgia : Augusta had eight, Macon nine, Forsyth seven and Savannah two. In Athens there was the Athens Ophthalmic Hospital; however, no known records were kept at this institution and we know nothing of its detail operation. Approximately 80,000 Confederate soldiers were treated or passed through the Atlanta area during the entire war and 2,500 Federal troops passed through here, the latter on their way to the Andersonville prison. On July 10, 1864, orders for all hospitals in Atlanta were removed to south Georgia cities.

Dr. Samuel H. Stout was Medical Director of the Hospitals of the Confederate Army of Tennessee. He kept a very detailed record of his medical activities while under the direction of General Joseph E. Johnson.

These papers of Dr. Stout's amounted to 1,500 pounds of written material. They were never organized by Dr. Stout as he had intended in the years following the War. After his death, the "Stout papers" were sold by his daughter by the pound to various buyers throughout the South.

The organization of the Medical Department of the Army of Tennessee gradually disintegrated following The Battle of Kennesaw Mountain and the evacuation of Atlanta. Though organized reports were kept, much of the detailed data concerning all medical facilities, personnel, equipment, food and maintenance of the hospitals in and around Atlanta, was completely destroyed prior to the city's evacuation.

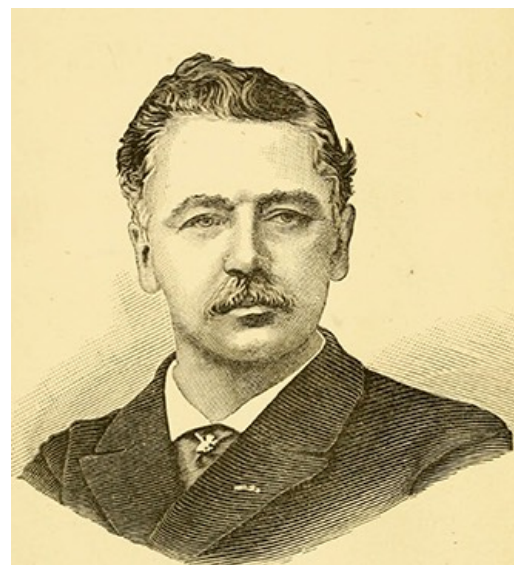


Dr. Samuel H. Stout was one of the most important military physicians of the Confederacy. Much of his work centered in Georgia before the Battle of Kennesaw Mountain.

Of military texts used in the Georgia area, the only book written in military medicine was by Dr. S. D. Gross of Augusta, Georgia in 1861, who published *A Manual of Military Surgery*. This was an 82 page text for young physicians entering the military service. Dr. Gross, previous to his residence in Augusta, was professor of surgery at Jefferson Medical College in Philadelphia.

Dr. Hunter McGuire, Jackson's Chief Surgeon

Medical history of the Confederate Army is not complete without referring to two outstanding individuals who have made contributions to medicine in their respective communities. Dr. Hunter McGuire was Chief Surgeon and Director of Staff of General Thomas J. Jackson, Valley Division. Dr. McGuire's collection of "Morning Papers" consisted of the morning sick calls and reports and notations of the illnesses of patients under General Stonewall Jackson. Dr. McGuire set a precedent on May 25, 1862. After Jackson's rout of General Banks in Winchester, Virginia, the entire Federal Hospital was returned to the Union by order of Dr. Hunter McGuire. Enemy surgeons were exempt from confinement in war prisons. This was a routine procedure after that, and accepted practice by both armies in regard to medical personnel. Dr. McGuire was later president of the American Medical Association; was active in the Society of Military Surgeons; and wrote two medical books dealing with events and causes of war and the death of Stonewall Jackson. He founded the University College of Medicine in Richmond in 1893. His son, Dr. Stewart McGuire, was later president of the Medical College of Virginia. His signature is on the diploma of the writer, as Chairman of the Board of Visitors (1937).



Dr. Edward Warren, 1885: From His book, *A Doctor's Experiences in Three Continents* (1885)

Dr. Edward Warren

Dr. Edward Warren, prior to his entering the medical service of the Confederate Armies, was a native of North Carolina. Following his graduation from the University of Maryland, he practiced surgery in Baltimore and

was outstanding in the surgical field as well as the civic affairs of the city. He wrote *Epitome of Practical Surgery for Field Hospital*, published in Richmond in 1863. He was Surgeon General of the State of North Carolina and professor of surgery at the University of Maryland. Following the War, Dr. Warren spent some time in Egypt and then later returned to the United States.

The “Last Years of the Medical Middle Ages”

Many of the medical advances developing in minds and laboratories that would open up new treatments a decade later were not available for the Army’s Medical Corps during the Civil War. It has been stated that the Civil War was fought in the last years of the Medical Middle Ages. Many of the outstanding advances in surgical techniques, the germ theory with the knowledge of bacteriology, the discovery of organisms causing infections and the Lister technique of asepsis, eclipsed much of the activity that was carried on by the Confederate Medical Service during the Civil War. The recognition of shock, cleanliness and the gentle handling of bruised tissues with a more conservative attitude of surgery was learned during the War years. These fundamentals benefited military departments on both sides. With advances of understanding in physiology, pathology, the treatment of wounds and diseases that occurred during the war became treatable. The various conditions that were considered dysentery (hookworm etiology in many cases) or loose bowels created a tremendous handicap for the military departments and was one of the primary delaying factors in many of the campaigns during the latter years of the war. This was due to the fact of poor food, poor preparation of the supplies that were available, and the disregard of many of the personnel for basic health measures. It is generally recognized that it was difficult to teach the soldiers the simple hygienic facts of military life, particularly in camp. As one writer expressed, “It was hard for them to become housebroken.” This element of disregard for personal hygiene, camp regulations, and the limitations of these on the march with the deterioration of supplies and equipment during the latter years of the war created a medical problem for the field and hospital



Confederate Infantryman:
Library of Congress

services that are not appreciated in modern military medical science. The hospitals of the Richmond area alone were very limited in their food supply and it was one of the most difficult duties of the administrative forces to acquire food adequate for the patients in the hospitals during the last two years of the war. This was also true in the Atlanta area; in fact, it became so difficult that Mr. Anderson, who was administrator of the hospitals in Marietta, assigned the patients who were ambulatory to making pottery so that it could be



Confederate Nurses in hospital camp: From *North Carolina Nurses, a Century of Care*.

utilized for barter in the rural areas for food to supply the hospitals of the Marietta and Atlanta regions. Without the tireless and unselfishness of the women of the South, the medical department of the Confederate Armies could never have existed on as high a level as they did during the war years. Thousands of these unknown nurse aids at home and in the field hospitals disregarded the social mores of the day and went to work assisting the soldiers in any possible way at their command. They were limited in experience, equipment and medical abilities but they made up these deficits by willingness to work, and following of the best medical supervisions of their day. The wounded soldiers away from their native states were accepted, treated with hospitality and given assurance of personal care that was essential for their convalescence by the women of the Confederacy.

Confederate Heroines—Red Cross of the Confederacy

The two that have gone down in history and recognized as major contributors were Captain Sally Tompkins of Richmond, and Miss Kate Cummings of Alabama. There were thousands of others who followed in the steps of these courageous ladies who gave relentlessly of their time and efforts and even to the detriment of their own personal health and welfare for the care of the sick and wounded in the Confederate Armies. They were not alone in the medical centers of Atlanta and Richmond, but

were scattered throughout the entire Confederacy. The rest homes, the wayside communities where the returning soldier could find hospitality, personal care for his wounds and a haven of rest enroute to his home during and after the War was the Red Cross of the Confederacy as well as a rough similarity to the United Service Organizations. These thousands of homes and individuals gave the soldier the needed physical and spiritual assistance in returning to their often broken homes to start life anew following four years of destruction. To start a new life in a country that had been devastated of all its natural resources was in itself a herculean task, and without the support of the remnants of the Confederate Forces and the support of the women of the South, the period of

Reconstruction that followed these years would have been practically unbearable.



Captain Sally Tompkins: 'Angel of the Confederacy' and the only woman of the Civil War afforded military status.

In the light of modern military medicine, it is difficult to appreciate the problems that had to be overcome by the medical departments of the Confederate Armies. It is recognized that the Surgeon-General, Samuel Preston Moore, did a calibre of work that has not been matched by any medical department since his day by assimilating his forces and maintaining a quality of service throughout the years with such limited resources. The training of military medicine made the physician a better doctor in his community following the four years of conflict. It was considered by many a great source of graduate education and there were continuous programs of educational effort carried on through the medical centers of Richmond, Memphis, Atlanta and New Orleans throughout the war years. The best organized was the Richmond area, which utilized their large hospital and the clinics of the Medical College of Virginia.

Conclusion

The Confederate Medical Service brings to us the realization that with a department that was limited in resources, in manpower and without benefit of modern medical technique,* carried on a gigantic task serving the health needs of the armed forces

of the Confederate armies with an ability that is difficult to evaluate in the light of medical advancements that followed the two decades after the Civil War. These medical discoveries that followed briefly after the War eclipsed much of the accomplishments of the Confederate Medical Services. We see from its incipency a department that was greatly limited in every conceivable area to carry out in duty what was essential to maintain the needs of the armed services of the Army and Navy of the Confederacy. By hard work and struggling to overcome these deficiencies, a caliber of service was created that we can only now appreciate. A gigantic task beset the Medical Service of the Confederate Armies.

*The writer's grandfather, Daniel Morgan Burgess (1836 –1923) was wounded in Pickett's charge at Gettysburg and again at Kelly's Ford. He was placed on a flat car of the Orange-Alexandria Railroad and reached Richmond in five days. An amputation of the right leg was done three times without benefit of anesthesia because gangrene had set in, at the Chimborazo Hospital. He was later captured by Sheridan's troops at the family plantation "Locust Grove" near Charlottesville, Virginia, and Sheridan used this plantation as his southern headquarters during his Valley Campaign.

Correction: On Page 4 of our April 2020 Edition, a caption reported that General Dodge's hat was pierced by a bullet August 19, 1862, during Sherman's Atlanta campaign. The date was August 19, 1864.

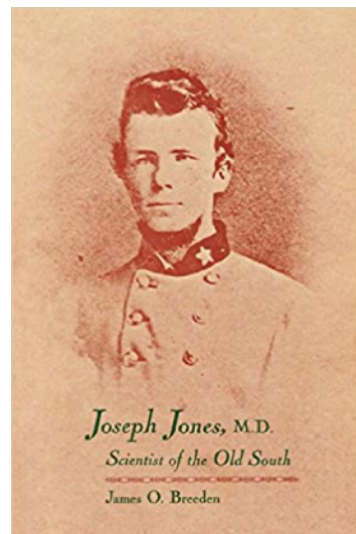


America's Deadliest War

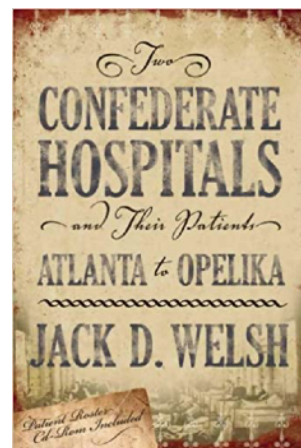
Seasoned military physician Samuel Moore, a veteran of the Mexican War, served as Confederate Surgeon General through the War. At least 618,000 military and 100,000 civilians died in the Civil War, more than in every other American war combined. At least 300,000 were Confederate combatants. Though its physicians were inexperienced and supplies scarce, the Confederate Medical Service saved countless lives. Statistics from: Civil War Medicine: The Confederate Side, Washington Post, Dr. Charles F. Ballou III, January 3, 1996. <https://www.washingtonpost.com/archive/lifestyle/wellness/1996/01/23/civil-war-medicine-the-confederate-side/>

Further reading:

In Dr. Raiford's talk, his sources of information are not cited but much data seems to come from "The Medical History of the Confederate States Army and Navy," an 1890 report written by Dr. Joseph Jones, M.D., Surgeon General of the United Confederate Veterans. The document is online: <https://civilwarhome.com/csmedicalhistory.html>. Dr. Jones, born in Georgia and educated at Princeton and the University of Pennsylvania, was a scientist and physician. After his school years, he returned to the South in 1856 and taught Medicine at Savannah Medical College, the University of Georgia and the Medical College of Georgia. When war broke out, he joined the Confederacy and for most of the War served as Surgeon Major. After the War, Jones settled in New Orleans where he was an academic and public health physician. Medical Historian James O. Breeden, Ph. D.'s 1975 book about Jones, from the University Press of Kentucky, is available for reading free of charge: https://uknowledge.uky.edu/upk_history_of_science_technology_and_medicine/7/. Breeden was educated at the University of Virginia and at Tulane University. For many years, he was an associate professor of history at Southern Methodist University. His book about Jones was to be the first of a two-volume biography. He apparently retired before writing the second book.



Medical historian Jack D. Welsh, M.D.'s 2006 book, *Two Confederate Hospitals and Their Patients: Atlanta to Opelika* from Mercer University Press, 2006, provides a detailed study of two of the Confederate moving hospitals that originated in Atlanta in 1862. Including approximately 18,000 patients from from 13 states and 860 numbered and named military units.



Confederate Hospitals includes 213 diagnoses and tracks the movements of the hospitals across three states following military operations. Welsh is David Ross Boyd Professor Emeritus at The University of Oklahoma Health Sciences Center, Oklahoma City.