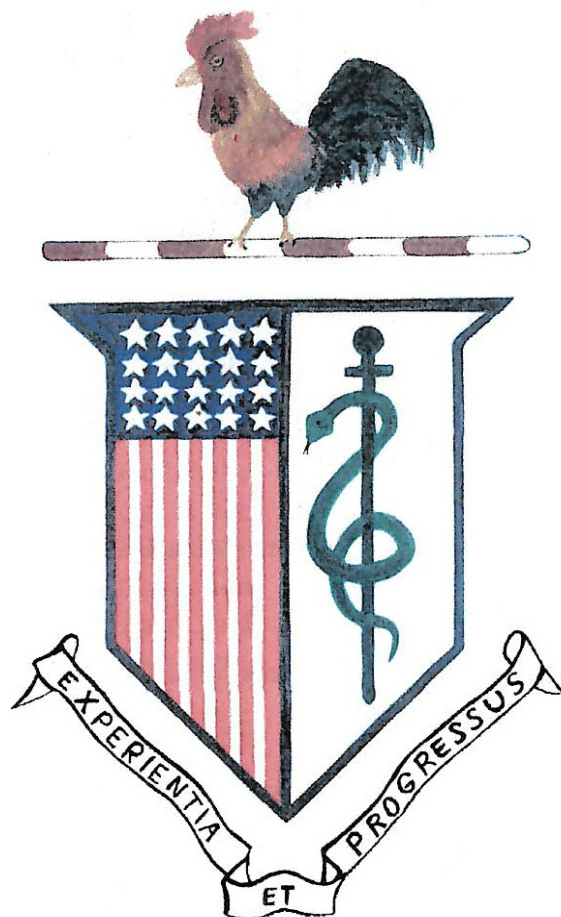


# THE JOURNAL OF CIVIL WAR MEDICINE

The Official Quarterly Publication of The Society Of Civil War Surgeons, Inc.



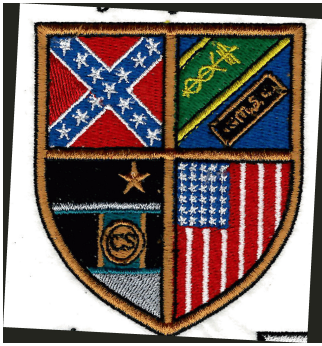
Vol. 23, No. 4

October/November/December 2019

This publication is dedicated to the Surgeons, North and South, who robbed war of many of its horrors, and, in doing so, added a brilliant page to the record of the humane character of the medical profession.

**39th Anniversary Year of the Society**

**“A Study of the History of Medicine and Surgery of the Civil War Era.”**



The Journal of Civil War Medicine  
The Official Quarterly Publication of the  
Society of Civil War Surgeons, Inc.  
October/November/December 2019; Vol. 23, No. 4  
ISSN: 1545-4975

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**THE SOCIETY OF CIVIL WAR SURGEONS** is incorporated under the Ohio Revised Code as a non-profit, 501-3c educational organization devoted to advancing the knowledge and understanding of Civil War era medicine, surgery, and the treatment of the sick and wounded. It publishes *The Journal of Civil War Medicine*, it fosters fellowship, provides a continuing forum for the education and the exchange of information, sponsors meetings and exhibits; collects and preserves source materials; and serves as a resource for those seeking authoritative

## EDITOR'S CORNER

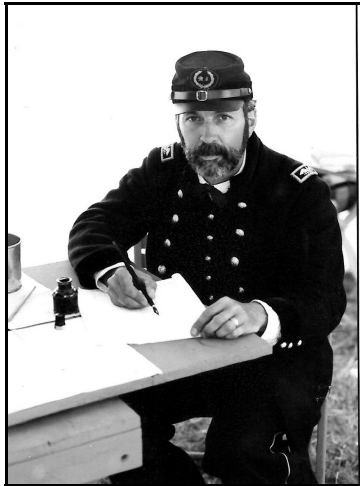
Dear Society  
Member:

A lot has happened since the last journal issue. The biggest thing was the hacking of the society's computer which resulted in losing all the twenty-three years worth of the journal, as well as several hundred articles that were saved on an external drive. Fortunately, our webmaster had all the issues on file and was able to send them to me. Also, most fortunately, no member information was compromised. However, this also meant that we had to recreate this issue of the journal from scratch; though this has not been too bad of a task. The unfortunate thing is the this current issue of the journal was about 95% complete, so trying to remember what was put in has been a challenge. To prevent a reoccurrence, we have initiated several redundant means of preventing the loss of material in the future, such as saving to more than one device, as well as to The Cloud.

We would like to extend a hearty Society welcome to these members who have joined since the last issue: Aidan Smith and Peter Vrooman. As always, there information will be found in Section III, Members' Information of this issue and in the new membership roster that will be published online in February 2020.

Many of you received an email in mid-September reminding you that your membership in the Society is due for renewal. **ONLY** those who received the email need to renewal. Everyone else is current at least through the end of 2020, if not longer. We would appreciate it if those needing to renew would take care of this promptly. Instructions for renewing were included in the email, or you can use the membership form at the end of this issue.

Of course, the big event for next year will be



our Fifth Annual Gathering in Lexington, Virginia on March 27th-29th, 2020. Our conference committee, Trevor Steinbach, Jackie Greer, and George Munkenbeck have been working hard to provide us with another grand meeting. Information, a registration form, and a call for papers notice can be found on the last few pages of this issue, as well as on the Society's web site.

We believe that we have an exciting issue for your education and entertainment. Among other items is our "Who Were They? Medical Personnel of the Civil War." We took a different approach in that the ten doctors presented are all Medal of Honor recipients.

We have a listing of Confederate Surgeon's uniform items for sale as well as two requests for help in identifying a picture and a statement.

At this time, my family and I would like to extend the merriest of holiday greetings to all of our members and their families for the upcoming holiday season.

So, without any further procrastination, we present the final journal issue of 2019.

Most Respectfully,  
Your Obd't. Srv't.  
Peter J. D'Onofrio, Ph. D.

## SECTION I Original Articles WHERE AND HOW TO AMPUTATE by B. Frank Palmer Surgeon-Artist, Philadelphia, Penn

The first signally successful invention of an artificial limb in this country, in 1846, aroused a spirit of inquiry among the profession concerning the points of amputation best adapted to the use of a scientifically-constructed substitute, and at the solicitation of many eminent surgeons, I wrote a series of short articles on

the subject, which we received with great favor.

Often, in cases which admit of most favorable amputation, (near the ankle) a most unwarrantable portion of the leg is removed, and not unfrequently the knee is permitted to remain semi-flexed so long as to become incapable either of full flexion or extension; while in innumerable instances a healthy joint is found *fully flexed and permanently* useless for want of a little care in healing. Such practice cannot be too strongly reprehended. Amputation at the knee or ankle joints is a very objectionable practice, and cannot be too speedily abandoned. In this operation the remaining condyles give enlargement and unfavorable shape to the end of the stump, and the *extreme length* interferes with a perfect combination of the artificial mechanism.

Amputation of the foot *through the tarsus* is worse for the patient, also, than above the ankle. Aware of the opposition this opinion will meet, I have not ventured to publish it, until able to give the result of experience in treating many cases. This operation *does not admit of a neat or durable substitute*, and the leg is more encumbered than if amputated above the ankle-joint. If removed through the tarsus, and particularly if no more of the bones than the astragalus and calcis remain, the *point of amputation is invariably drawn downward* by the contraction of the tendo Achillis (its antagonistic muscles being destroyed), and the patient is rarely, if ever, able to support any considerable portion of his weight upon the heel. The support is, necessarily, upon a socket inclosing the leg. The false foot and ankle are less perfect, the natural heel cord does not perform its function, and an adequate artificial tendon is supplied with great difficulty.

It is a subject worthy of debate whether, in case *all* the bones of the tarsus could be saved (and not more), it would not even then be preferable to amputate *above the ankle*.

It is obvious that artificial joints and tendons can never be made to act by mere volition, yet the well-adjusted substitute may be made to respond to the movement of the living member; and it requires no argument to show that the mechanical limb may be moved by *lever power* as readily as the natural one. The stump may be termed a lever, which, aided by

auxiliary appendages attached to the thigh or body, moves the false leg. Upon the length and fitness, then, of the stump depends in a great measure the success in locomotion. The *greatest length possible* should be saved (except when variations of the rule are demanded), and if the living portion be radically defective in length or flexibility, art, though it may mitigate the suffering, can never fully supply the deficiency.

In amputating a thigh, the condyles of the femur should always be fully removed, but *no greater portion*, unless the safety of the patient demand it. The best amputation possible is on the *leg, ten inches below the inferior edge of the patella*, though it is always advisable to amputate high enough to secure a good flap, which is very important, as it prevents such unpleasant sensations as arise from a slight tension of the thin skin too often found to be the only covering of a protruding bone. If a stump must necessarily be less than four inches in length *below the knee*, amputate *just below the tuberosity of the fibula*, so that the knee may be flexed, and an artificial joint applied without exhibiting a protruding stump. This rule will apply in amputation for ankylosis of knee, if the joint be not diseased; should it be *extended*, however, amputate *above the knee*. Perfect use of the knee-joint should always be secured, even if the stump is too short for use in walking.

Dr. Pancoast, in his work, has well said that the place of amputation “must be held subsidiary to another object, that of affording the greatest facility in the adjustment of the means of artificial support.” Such, also, was the opinion of the great Ambrose Paré and of Baron Larrey.

The method of Mr. B. Bell, of “amputating *above the knee* when the operation cannot be performed near the ankle or just *below the calf of the leg*,” is very extraordinary and erroneous. Yet Mr. Thomas Wakley, the distinguished surgeon, and editor of the London *Lancet*, has, through that eminent journal, given publicity to an equally objectionable theory, to wit: “Amputation of the *leg* should never be performed upon children, but the *lower third of the thigh* unhesitatingly selected; for this important reason, that the amputated limb ceases to grow in uniformity with its fellow, and the patient is doomed

to the additional inconvenience of having one knee-joint elevated perhaps some inches above the other, and imparting to his gait a peculiarly grotesque appearance.”

The *Lancet* is a potential journal, and to Mr. Wakley I am indebted for acts of personal courtesy while in London; also, for an elaborate article upon my Artificial Leg. I reluctantly take exceptions to anything published in the *Lancet*, but feel constrained to state, for the benefit of young unfortunates, that the strongest argument that could be adduced in favor of amputations *just below the knee joint*, is found in the fact that the limb *ceases to grow in uniformity with its fellow*; for thus the patient is enabled to support his weight *on the knee*, and, having a space of “some inches” in which to arrange the perfect artificial knee-joint, I provide in this case what is inferior only to the *best application possible*, which is to a stump of about ten inches below the knee, usually, or an amputation at the *lower third*. It is added in the *Lancet*, that in case of an “Artificial Leg” is to be employed, “if an entire *third* of the leg cannot be saved, it is far more to the advantage of the patient to select the *lower third of the thigh* as the point of amputation.” This is certainly a strange and unnatural view, and I am very happy to observe that it is not given as Mr. Wakley’s theory, but as the opinion of the present manufacturer of the Angolese Leg in London. The solution of this most objectionable opinion is found in the fact that, without the benefit of a later improvement than that of Mr. Potts, the present manufacturer has no adequate arrangement for an operating joint – it requiring, according to the *Lancet*, about “five inches for the knee,” which elongation of the thigh really *would* present a “peculiarly grotesque appearance.”

With the present means of adapting a substitute to a flexed knee, so as to give perfect motion of an artificial knee-joint, and without perceptible elongation or enlargement of the thigh, I find *very superior advantages* in the stump. Amputation at *any point below the knee* is preferable in all cases, if safety in healing may be apprehended, and if there be no abnormal condition of the knee-joint to forbid such an election. If the knee be diseased, or ankylosed, and the *joint fully extended* or only *partially flexed*, in such manner as *to prevent*

*supporting the wight of the body on the knee*, then, indeed, the lower third (or fourth) of the thigh should become the point of election; otherwise *never*.

The operation for the application of this leg should be so performed as to allow the end of the stump, when flexed, to fall *one inch* back of the thigh, to form a sort of grapple, as it fits the concavity of a socket, by which means the limb may be held securely in its place without any appendages connected to the waist or shoulders. The end of the stump is so secure from all pressure (in the hollow of this flexible socket) that use does not produce excoriation of inflammation, and I have in repeated instances applied the limb in the Jefferson College within six weeks from the day of amputation, without any danger of immediate or remote inconvenience to the wearer.

Professor Syme’s operation, at the ankle-joint, is recommended in a recent edition of Miller’s Surgery, as furnishing a stump “more useful in progression” than an amputation above the ankle. This opinion is entertained by many eminent surgeons, with whom I regret to differ. I do not recognize all that is claimed for this operation, yet it may be preferable to excision of the foot *through the tarsus*, as done by Baudens or Chopart, or removal at any point above the metatarso-tarsal joint, as performed by Lisfranc.

I occasionally have cases of *amputation through the tarsus* presenting well healed and eminently *useful* stumps. It is the case in Sédillot’s modification of Chopart’s operation, the cuboid and scaphoid bones remaining, to which the flexor muscles are so well attached as to *counteract* the antagonism of the tendo Achillis, thus retaining the heel in a position to support the weight. But I should observe that these cases are *very rare*, and I am almost weekly appealed to by patients who, having suffered this mutilation, find that the *careful treatment of years* will not heal the stumps. The contraction of the gastrocnemii muscles causes such depression of the cicatrized surface that the least attempt at walking keeps up ulceration of the cicatrix, which is often followed by *carries of the bones*. I have taken several such cases to the Jefferson College for amputation *above the ankle*, all of which resulted most favorably.

It is probable that no form of amputation

practiced within the last century has escaped my notice; and I have, I believe, examined the work of every leg-maker of any repute on either side of the Atlantic.

I have fitted about 1000 limbs to thighs amputated within *three inches of the perineum*; 1500 to thighs *not more than six inches long*; nearly 1000 upon the knee (flexed); about 12100 to short stumps retaining use of the natural knee-joint; 1400 to longer stumps (the best); nearly 500 others, including several for *disarticulation at knee and ankle joints, and through the foot*; some of the latter cases retaining only the os calcis, others the astragalus and calcis, others still, a part or all of the bones of the tarsus, and a few retaining the metatarsal bones. I have also made various instruments for congenital deformity.

An ample and well-adjusted *flap* is, in all cases, highly desirable. The double flap of Liston is admirably suited to my uses. In no case is the patient allowed to support his weight *upon the end of the stump*. Velpeau, Pancoast, Lisfranc, Baudens, and others cite cases in which it is possible to do this in case of *disarticulation of the knee or ankle*. I have seen a German, named Gebhardt, who placed the end of his thigh – amputated *above the knee* – upon a cushion of hair in a peg-leg, and thus walked; and two of my patients, Mr. Moorhead and Mr. Butler, both of this State, having been amputated at the *middle third of the leg*, can walk in the same manner; but it would be dangerous *in the extreme* to allow this in active use, as in case of a falling, or any *unusual* pressure, the bones might be *forced through the skin*. The weight of the body is supported by an even pressure around the whole leg, near the knee-joint (if amputated below the knee), and a flexible socket, attached by means of auxiliary side-joints, is laced to the thigh, usually, to enable the patient to graduate the pressure as he finds most proper.

If the thigh is amputated, the pressure is adjusted to its conical walls *near the body*, but there must be *no direct pressure against the perineum*, as excoriation would follow. The *end must be entirely free from all pressure, as well as in case of application below the knee*. The joints of the knee and ankle should be made perfectly flexible so soon as cicatrization will admit of full flexion and extension.

The stump should be tightly bandaged for several weeks previous to the application of the artificial limb, to facilitate absorption and give the stump conical shape.

I submit the following, for the surgeon's consideration, in amputating the *leg* and *thigh*.

#### PALMER'S PLACES OF ELECTIONS

1<sup>st</sup> place of election. The *lower third or fourth of the leg*. Flap operation. Remove the malleoli fully always.

2d. The lowest point possible between the first place of election and the upper third at which a good *flap* can be made.

3d. Immediately below the tuberosity of the fibula, if not practicable to save four inches below the patella, *with full use of joint*.

4<sup>th</sup>. The lower third of the thigh – *ten inches from perineum*. Always fully remove the condyles of the femur. Flap operation.

5<sup>th</sup>. *The utmost length possible*, if necessary to amputate above the fourth place of election. Flap operation.

And these points have the sanction of the most eminent surgeons, not only of this, but of other countries. See Professor Blackman's edition of Velpeau's Surgery, Gross's American System of Surgery, etc.

After the lapse of years since the above views were first given to the public, I find no occasion to modify them. The operation of Pirogoff, at the ankle, has, it appears, been abandoned by himself; and doubtless the other operations recommended at that point may prove less satisfactory than at first anticipated, which will still further confirm the correctness of my views. And in order to correct any misapprehension on this point, I will here say that the views of amputation given by Dr. E. D. H., in the *Pamphlet of Palmer & Co.*, New York, were, many of them, published by *him*, and under my *protest*. I *did* not, and *do* not sanction the publication of them, and am not, at this time, associated with him in business.

**NOTE:** The above article originally appeared in the March 1, 1862 issue of *The Medical and Surgical*

*Reporter*, Whole Series, No. 280; New Series, Vol. VII, No. 22, on pp. 517-520.

## MEDICAL QUOTES

Chemistry spreads the sensitive film on the artificial retina which looks upon us through the optician's lens for a few seconds, and fixes an image that will outlive its original.

*Holmes' Border Lines of Knowledge in Medical Science.*

Chemistry lends the power which flashes our messages in thrills that leave the lazy chariot of day behind them. It seals up a few dark grains in iron vases, and, lo! At the touch of a single spark, rises in smoke and flame a mighty Afrit, with a voice like thunder and arm that shatters like an earthquake.

O. W. Holmes

## A FEW SURGICAL FACTS, WHICH EXPERIENCE HAS FOUND USEFUL, AND WHICH ARE NOT KNOWN TO THE PROFESSION GENERALLY.

### Exemplified by Cases

By J. J. Chisholm, M.D.,

Professor of Surgery in the Medical College of  
the State of South Carolina.

CASE I. *A Simple Mode of insuring the proper healing of Anal Fistulæ after incision; avoiding the necessity of daily Plugging the Wound, which is so troublesome to the Surgeon and so very painful to the Patient.*

Mr. R — , aged thirty, of good health and robust frame, had been for a long time annoyed by a rising on the left buttock, which frequently formed an abscess and discharged. The escape of pus continued for some days, then gradually diminished until scarcely perceptible; the part, however, remaining always more or less moist. As business necessitated much horseback riding, the irritation was kept up by this

exercise. Upon examination, a probe traversed a blind fistulous passage of nearly two inches in length. The entire track was incised and *thoroughly painted, throughout its entire extent, with perchloride of iron*, for the double purpose of controlling hemorrhage, and slightly cauterizing the surfaces, so as to prevent quick union between the lips of the wound. A mass of firmly clotted blood filled up completely the interstice. Twenty-four hours after the application suppuration had already commenced, detaching the coagula, which were before firmly adherent to the wound ; granulations formed over the entire surface, and consolidation from the bottom was rapidly effected without the patient having been detained a single day in his chamber.

The daily plugging of the wound, which is so very painful as to make the patient shun the visits of the surgeon; the doubts of retaining the plug within the wound, and the confinement necessary when this treatment is carried out, are all obviated by the much simpler, safe, and more efficient method of painting with the perchloride or persulphate of iron. The tent is a relic of a former age, which should be discarded from the treatment of this surgical lesion.

CASE II. *How to Control troublesome Hemorrhage from Small Vessels without Complicating the Wound with Ligatures.*

Rachel, a healthy negro, aged twenty, entered the Negro Hospital, for the removal of a keloid tumor. The growth commenced in early childhood, from the irritation of the skin around the small puncture made in boring the ear for ear-rings by means of a red-hot sewing needle, a common practice among negroes. The tumor, as large as the fist, hangs from the lobe of the left ear by a pedicel of healthy skin about the size of the index finger. When this peduncle was divided, an active hemorrhage ensued from a number of subcutaneous vessels which had developed themselves into the nutrient arteries of the growth. As it is always very important, after the incision of such tumor, to heal the wound with the formation of as little cicatricial tissue as possible, other wise the return of the keloidal growth is certain, it was necessary to close the wound accurately, for healing by the first intention. Ligatures to the bleeding arteries would have interfered with the ready healing, and

were therefore inadmissible. Torsion was unsuccessfully tried; active styptics were contra-indicated; and as the vessels were too large and the bleeding too free to be controlled by direct pressure in those loose tissues, the following plan was adopted to stop the hemorrhage: *The arteries were seized and ligated with a thread, which after cutting through the inner coats and puckering the outer, would break, when the traction was continued, rather than cut through the outer coat.* By breaking the ligatures, the ends of the arteries were sealed up, a troublesome hemorrhage at once and permanently checked, and the wound left clean for obtaining quick union. Several arteries having been secured by this means, the edges of the wound were carefully approximated and retained by silver sutures, and the entire length of raw surface united by adhesion. No dressings were applied, the moisture in the line of incision being allowed to desiccate in the air.

CASE III. *A Great Improvement in the Treatment of the Patient after Cataract Operations.*

Mr. M —, aged sixty-three, in good health, has had failing vision in the left eye for several years, which was diagnosed by his physician incipient cataract. Eighteen months since, when sight was nearly lost in the left eye, the right also began to fail. The progress of the opacity was gradual, until within a few months, when under the excitement of politics, dimness increased with great rapidity, and in a week he lost all useful vision. When he presented himself for operation, a semi-hard cataract was seen in the left eye, and one of much softer consistency in the right. He could only distinguish shadows. The left eye, although for many years impaired, was the one selected for the operation of extraction. At the end of the second day after the operation, as the patient had been free of pain, his good feelings got the better of his discretion, and he was induced to overstep the bounds of propriety by partaking of a luxurious dinner, which brought on so violent an attack of indigestion, with its severe chills and distressingly gloomy and nervous feeling, that for several hours he felt assured that he would not see another day. The day after this attack he was allowed to get up, and on the fifth day, with adhesive pilaster closing his eyes, he was sent out to walk. This he continued twice a

day, walking one or two miles each times. When the first week after the operation had passed, he would open his eyes at twilight whilst walking, having them protected by a blue glass. By degrees more light was admitted to the eye, until the fourteenth day after the operation, when he could walk the streets at midday, his eye being protected from the glare of sunlight by the colored glass and from the upper oblique rays of the rim of his slouched hat. On the fifteenth day, Mr.— returned home, to a neighboring State, with a strong eye and such improved vision, as would enable him to see the line upon which he was writing his name, without using a lens. Before vision failed he was very near-sighted. Physicians are aware that no one act is so apt to derange the harmony of the animal economy, as to deprive suddenly persons in good health of their accustomed exercise. The importance of excluding for a few days strong light from an eye recently operated upon being equally recognized *a patch of dark sticking plaster, properly applied, will make a dark chamber at any time,* so that the very common practice of shutting out air and light from the room in which is placed a patient recently operated upon for cataract is now no longer required. The above plan of keeping patients in absolute darkness, and yet allowing them the enjoyment of exercise in the open air, so conducive to digestion and general well-being, is one of the greatest improvements in the surgical treatment of diseases of the eyes. The adhesive plaster, which is used only when the eye would be exposed to too strong light, is applied as follows: A piece one inch and a half long and one inch wide, with its upper corners rounded off, is thoroughly moistened and applied to the closed eyelids by pressing its inferior edge firmly upon the face, over the lower orbital and molar region. The upper portion of the plaster is then allowed to fall upon the closed upper lid, when, if previously properly moistened, it will hold the lid secure by its own weight even without mild pressure.

Another point of much importance in the successful treatment of cataract patients is, after the first twenty-four or forty-eight hours, allowing time for the union of the wound, to advise the patient to keep the eyes open, at intervals in the dark room, as long as it is found comfortable, night having excluded



all injurious light from the apartment. This accustoms the retina to moderate light, which when daily increased by gradually admitting more light into the chamber, will soon enable the eye, when shaded by a colored glass, to stand even some light after two or three weeks. The common practice of keeping the eye closed until eight or ten days have elapsed, when it is suddenly brought out in strong light for examination, cannot be too severely censured. The rational process of gradually introducing light from the second day of the operation will, by the tenth day, enable the eye to bear for several hours sufficient light to permit a very satisfactory examination. Experience has taught every surgeon that trouble after cataract operations often dates from the moment of inspecting the injured eye, and can readily be accounted for in the sudden and extreme changes of light to which the sensitive eye is during a few minutes exposed. Up to this examination all had gone well, immediately after it all is excitement, and the patient, racked with agonizing pain, is fortunate if, after several days of torture, an eye with very indifferent vision is saved. Ample experience has proved the value of the above suggestions.

**NOTE:** The above article originally appeared in the April 13, 1861 issue of *American Medical Times*, pp 238-239.

## QUININE AS A PROPHYLACTIC

Dr. William O'Meagher, surgeon at Camp Michigan, near Alexandria, Va., thus sums up briefly his experience in this subject. He says:— "It cures almost all miasmatic diseases; it renders mild, and in a great measure abortive, what would otherwise be a determined case of miasma; it prevents miasma when used as a prophylactic.

**NOTE:** The above article originally appeared in the March 1, 1862 issue of *The Medical and Surgical Reporter*, Whole Series, No. 280; New Series, Vol. VII, No. 22, on p. 526.

## AMPUTATION AT THE ANKLE JOINT

by William C. Bennett, M.D.

Mrs. V —, æt 40, applied for advice concerning a disease of the foot. When a babe a portion of this foot was amputated for some disease, name unknown to her. It healed and continued well until about two years since, when it became again diseased, and she went under the "care" of a botanico-eclectic quack. When I saw her in October a large mass of unhealthy granulations occupied the site of the old cicatrix. Most of the bones of the foot were evidently diseased, the patient's health was failing, and with my father's assistance, I amputated the foot at the ankle joint. I had intended to leave a portion of the os calcis as recommended by Pirogoff, but on cutting down so extensive was the disease, that I changed my plan and removed that also. Then came my trouble. The flap must be more or less cup-shaped, and blood and pus will accumulate there which is to be forced up by bandaging (quite thigh bandaging it needs) over the granulating edges of the wound — in short, an abscess with the opening at the top. The bandaging pained the patient; the pus flowed over the granulating surface preventing cicatrization; besides it was almost impossible to apply a bandage there so as to prevent all the pus from following the laws of gravitation. But in a few days more nature made a little opening in the depending part of the flap (which I, following authority, had been so careful to avoid). The pus ran down the hill instead of up; the wound cicatrized in a very short time, and the patient has an excellent stump, on which by a high shoe she can walk without difficulty.

**NOTE:** The above article originally appeared in the April 13, 1861 issue of *American Medical Times*, p. 241.

## XI. PUBLIC RESOLUTION — NO. 57.

A RESOLUTION to increase the compensation of matrons in the hospitals.

*Resolved by the Senate and House of*

*Representatives of the United States of America in Congress assembled*, That from and after the first day of July, eighteen hundred and sixty-four, hospital matrons shall be entitled to, and shall receive, ten dollars per month and one ration.

Approved July 4, 1864.

**NOTE:** The above was part of General Orders No. 231; War Department; Adjutant General’s Office; Washington, July 18, 1864.

|                |                            |
|----------------|----------------------------|
| GENERAL ORDERS | WAR DEPARTMENT             |
|                | ADJUTANT GENERAL’S OFFICE  |
| No. 390        | Washington, December 8, 63 |

Officers of the Medical Department, in charge of all Hospitals, ~~for Blacks~~, are authorized to employ as cooks or nurses either males or females, who will be paid by the Medical Purveyor or Storekeeper at the rate of ten dollars per month.

In cases where white females are employed, they will receive forty cents per day. All such persons will also receive one ration per day.

BY ORDER OF THE SECRETARY OF WAR:

E. D. Townsend.  
*Assistant Adjutant General*

OFFICIAL:

\*\*\*\*\*

“I used to be glad to prepare private soldiers. They were worth a five dollar bill apiece. But, Lord bless you, a colonel pays a hundred, and a brigadier-general two hundred.

“There’s lots of them now, and I have cut the acquaintance of everything below a major. I might as a great favor, do a captain, but he must pay a major’s price. I insist upon that! Such windfalls don’t come every day.

“There won’t be another such killing for a century.”

**NOTE:** The above quote was by an embalmer speaking with a newspaper reporter during the Civil War. The quote appeared in Drew Gilpin Faust’s *The Republic of Suffering*, on page 96, to highlight the commodification of the dead during the conflict.

## SECTION II Reprinted Articles

### CONFEDERATE MEDICAL PERSONNEL By DeAnne Blanton

If your Civil War—era ancestor, whether free or slave, white or black, served the Confederate army in a medical capacity, it is possible that you may find documentation of his or her role in records at the National Archives in Washington, D.C. Documentation of Confederate medical personnel is located in multiple records series of Record Group 109, War Department Collection of Confederate Records.

Record Group 109 chiefly comprises records created by the government of the Confederate States of America, with those of the Confederate War Department and army being the most voluminous. Many of these Confederate records were surrendered to or captured by Union forces during and at the end of the Civil War. Other Confederate records came into the collection during the second half of the nineteenth century through donation to, or purchase by, the federal government. This Confederate records collection remained in the custody of the U.S. War Department until transfer to the National Archives in 1938.

Prior to transfer, the Adjutant General's Office (AGO) cared for the Confederate records. The AGO reclassified Confederate record books and bound volumes into subject headings, called "chapters"; assigned numbers to the individual volumes; and added non-Confederate records to the collection, such as those created by the federal government or Union army relating to the Confederate government or military. The AGO also created reference compilations relating to individual Confederate soldiers and citizens and added these records to the larger collection of Confederate records.

Before embarking on genealogical research concerning Confederate medical personnel, one

should note that records do not exist for every individual who worked in a medical capacity, military or civilian. Many records created by the Confederate States of America were deliberately destroyed by Confederate officials to avoid their falling into enemy hands. Further, untold Confederate government documents burned in the fire that broke out in Richmond, Virginia, the Confederate capital, on April 3, 1865. Additionally, extant records relating to medical personnel almost exclusively pertain to individuals who were paid for their services. It appears that the Confederate government did not document the assistance of uncompensated medical volunteers.

Confederate medical personnel mainly consisted of medical officers, civilian employees, and soldiers on detailed duty. Medical officers were surgeons and assistant surgeons in the military service. Civilian employees included hospital attendants, stewards, druggists, nurses, matrons, wardmasters, manual laborers, cooks, and laundresses. The records relating to civilian medical employees do not solely concern Caucasians. Some records relating to the medical employment of African Americans also exist. This article does not discuss detailed soldiers on medical duty because their activities are documented by compiled military service records for Confederate soldiers, which are also in the National Archives.

### **Medical Officers**

Surgeons and assistant surgeons served with regiments, higher army commands, in specified districts, or in specific Confederate hospitals. There are three main series of bound records created by the Confederate Medical Department pertaining to medical officers. These bound volumes are all found in chapter VI, the subject designation for medical matters.

Register of appointments of medical officers, 1861-1863 (vols. 141, 143), provides the officer's name, rank, date of appointment, assignment, and remarks. The remarks mostly concern dates of promotion, resignation, furlough, transfer, or retirement, and dates and causes of death, if applicable. These volumes are arranged alphabetically by initial letter of officer's surname. List of medical

officers, 1861-1864 (Vol. 142), provides name, rank, assignment, date of commission, and remarks. For example, this small, unarranged volume shows that Waddy Thompson, surgeon, served with the Twelfth Virginia Light Artillery. He was commissioned July 28, 1862, and received a thirty-day furlough from July 5, 1864.

The most complete records showing the service of Confederate surgeons and assistant surgeons are in the reference file relating to medical officers for the period 1861-1865 (entry 461). This series, compiled after the Civil War by the AGO, comprises seven archives boxes of alphabetically arranged cards showing name of officer, rank, and citations to original Confederate records, such as correspondence files or regimental and hospital records, that mention, or provide further information about, the individual. The card for assistant surgeon V. Marcellus Neal reveals that his name appears on the muster rolls of the Thirty-seventh Alabama Infantry.

Genealogists researching Virginians should note records of medical officers from Virginia, 1861-1865 (entry 31). This series, also created by the AGO, includes a consolidated handwritten list and individual cards, both arranged alphabetically by name. The list and cards provide identical information about the Virginia officers: rank, date of appointment, place or regiment where he served, and remarks, which are similar in content to those found in the previously cited bound volumes.

To gain access to records pertaining to Confederate medical officers, one need only know the name of the individual. All of the series offer proof of service, and entry 461 (described above) contains leads to other records series one might investigate for more information. None of these records, however, offer any details about the officer's daily service and experiences or his medical and family background.

### **Civilian Employees**

Confederate medical personnel, other than medical officers, were civilian employees of the government of the Confederate States of America who mostly worked in army hospitals throughout the South. The main source of information about, and

references to, hospital personnel is hospital rolls, 1861-1865 (entry 28). This series comprises thirty-six boxes of trifolded muster and payrolls. (Muster rolls were descriptive personnel lists; payrolls note the amount and date of issue of wages.) In many instances, the extant hospital rolls cite black and white workers. These rolls were created at most, but not all, hospitals within the Confederate States of America. Temporary hospitals, such as those established on the battlefield, are not usually represented.

The rolls are arranged by state, thereunder by name and/or location of hospital, thereunder roughly by year and month. The individual rolls list the full names of stewards, wardmasters, cooks, nurses, matrons, and others employed at the hospital when the roll was filled out. However, enslaved African Americans are usually only listed under their first names. The names of the slaves' owners are also listed. Additionally, the rolls cite the employees' duties or job title, wages, and the dates they were attached to the hospital.

The role for the Empire Hotel Hospital in Atlanta, Georgia, dated February 23, 1862, shows that Elizabeth Tatum was employed as a nurse at \$10.00 Confederate a month; George W. Buckles was also a nurse, at \$7.50 a month; William ("colored") was employed as a cook, with his \$20.00 a month paid to R. Rogers; Teeny ("colored") was a laundress, with her \$8.00 wages paid to L. B. Davis; S.A.R. Summerlin worked as a matron earning \$18.50 a month. Many of the hospital rolls include an inspection statement. The Empire Hotel Hospital was found to be in "first rate condition."

In order to search the hospital rolls for references to a specific individual, one must know where the person may have been employed—either the name or location of the hospital. In the case of enslaved African American workers, one may need to know the name of his or her owner.

### Hospital Volumes

Record books relating to medical personnel survive for some Confederate hospitals, especially the larger ones. All of these hospital volumes are located in chapter VI; none have name indices. What follows is a list of the Confederate hospital bound records that

might be useful in genealogical research, if the place of employment is known. The volumes almost exclusively pertain to white employees and officers. While they can prove that a specific individual aided the Confederate cause in a medical position, the volumes do not offer details as to the individual's daily work experiences or family background.

Record book, Fort Morgan [Alabama] Hospital, 1862-1864 (vol.5)

Record book, St. Mary's [Dalton, Georgia] Hospital, 1862-1863 (Vol. 4)

Record book, Pettigrew General Hospital No. 13 [Raleigh, North Carolina], 1864-1865 (Vol. 525)

Record book, General Hospital No. 2 at Lynchburg [Virginia], 1863-1864 (Vol. 529)

### Hospitals in Richmond:

Record book, General Hospital No. 4, 1863-1864 (Vol. 181)

Record book, General Hospital No. 9, 1862-1864 (Vol. 81)

Record book, General Hospital No. 13, 1862-1865 (Vol. 256)

Lists of employees, General Hospital No. 21, 1862-1864 (Vol. 13)

Record book, General Hospital No. 24, 1863-1865 (Vol. 122)

Record of employees and patients, Chimborazo Hospital, 1861-1864 (Vol. 33)

Record book, Chimborazo Hospital No. 1, 1863-1864 (Vol. 448)

Record book, Chimborazo Hospital No. 2, 1864-1865 (Vol. 80)

Record book, Chimborazo Hospital No. 3, 1862-1864 (Vol. 455 1/4)

Record book, Chimborazo Hospital No. 4, 1863-1865 (Vol. 317)

Record books, Chimborazo Hospital No. 5, 1861-1863 (vols. 61 and 220)

Rosters of employees, Howard's Grove General Hospital, 1862-1864 (Vol. 342)

Requisitions for supplies and lists of employees, Howard's Grove General Hospital, 1862-1863 (Vol. 355)

Record of employees and accounts, Howard's Grove General Hospital, 1861-1865 (Vol. 191)

Letters and orders issued and received and personnel lists, Jackson Hospital, 1861-1865 (Vol. 414 ½)

Multiple lists of matrons, Negroes (sic), and medical officers stationed at Camp Winder General Hospital in Richmond are found in lists of employees, Division No. 2, 1863-1864 (Vol. 218). For example, one list shows that Mrs. S. M. Christian, aged seventy, served as chief hospital matron from June 1, 1864. The multiple lists of black employees are arranged by occupation and provide date of employment and name of owner. The lists show that Gabriel, aged seventeen, was a nurse; Blake, aged twenty-five, was a cook; and Grace, aged twenty-two, was a laundress.

Five Confederate volumes created at Richmond hospitals provide information specifically about African Americans working within the facilities. These records are:

List of colored employees, General Hospital No. 21, 1862-1863 (Vol. 14)

Lists of employees and accounts for food purchased, Chimborazo Hospital No. 1, 1862-1865 (Vol. 307)

Record book, Chimborazo Hospital No. 1, 1862-1865 (Vol. 310)

Lists of employees, Chimborazo Hospital No. 2, 1862-1865 (Vol. 85)

Jackson Hospital, lists of employees, Division Nos. 1-4, 1863-1864 (Vol. 187)

All of these volumes are within chapter VI, and none are indexed. Volumes 310 and 85 are difficult to read, as the paper is darkened and the ink faded with age. If you suspect your African American ancestor may have been a slave or free person of color in Richmond during the period of the Civil War, the five hospital volumes cited above might be worth consulting. However, when researching slaves, one might need to know the name of the owner.

The hospital books provide the names of the slaves employed— mostly first names, but in a number of cases, surnames as well— and the full

names of the respective owners. All except volume 310 list the occupation at the hospital, dates of employment, and remarks. Occupations are mainly cooks, nurses, carpenters, and hospital attendants. While the remarks sections are usually blank, some reveal dates of discharge, transfer, or death. Volumes 307 and 187 also cite the wages slaves earned for their owners. No other information about them is given in these records. Volume 187 shows that Jim Allen, owned by G. Mears, worked as a cook in the Second Division of the hospital; Julius, owned by Samuel Bailey, was a nurse in the Third Division; Leelia Taylor, a laundress, earned twenty-five dollars a month for E. S. Maynard; and Catherine, owned by Mrs. J. N. Cooper, began working at Jackson Hospital on October 10, 1864.

Although most of the black employees listed in these five bound volumes were slaves, we can also find documentation of some free blacks employed at the hospitals. For example, in volume 85, the "list of servants employed" shows that Candace Logan, listed as free, worked as a cook for five hundred dollars a year. William Jamison and George Cox, both listed as free, worked as nurses.

### Access

Researching a Southern medical officer or employee is not an easy task, but with a few clues to begin with, the records may provide the proof of their Confederate service, employment, or servitude. The Confederate records discussed herein have not been filmed as a National Archives microfilm publication. To view them at the National Archives Building in Washington, D.C., or to request further information, write to the Old Military and Civil Branch, National Archives, Washington, DC 20408.

### About the Author

DeAnne Blanton is an archivist in the National Archives and Records Administration's Old Military and Civil Branch. She received her M.A. in American history from Wake Forest University.

**NOTE:** The above article originally appeared in the Spring 1994, Vol. 26, No. 1 issue of *Prologue*.

## OUR CHRISTMAS HYMN

by John Dickson Bruns, M.D.  
Of Charleston, S.C.

“Good-will and peace! Peace and good-will!”  
The burden of the Advent song,  
What time the love-charmed waves grew still  
To hearken to the shining throng;  
The wondering shepherds heard the strain  
Who watched by night the slumbering fleece,  
The deep skies echoed the refrain,  
“Peace and good-will, good-will and peace!”

And wise men hailed the promised sign,  
And brought their birth-gifts from the East,  
Dear to that Mother as the wine  
That hallowed Cana’s bridal feast;  
But what to these are myrrh or gold,  
And what Arabia’s costliest gem,  
Whose eyes the Child divine behold,  
The blessed Babe of Bethlehem.

“Peace and good-will, good-will and peace!”  
They sing, the bright ones overhead;  
And scarce the jubilant anthems cease  
Ere Judah wails her first-born dead;  
And Rama’s wild, despairing cry  
Fills with Great dread the shuddering coast,  
And Rachel hath but one reply,  
“Bring back, bring back my loved and lost.”

So, down two thousand years of doom  
That cry is borne on wailing winds,  
But never star breaks through the gloom,  
No cradled peace the watcher finds;  
And still the Herodian steel is driven,  
And breaching hearts make ceaseless moan,  
And still the mute appeal to heaven  
Man answers back with groan for groan.

How shall we keep our Christmas tide?  
With that dread past, its wounds agape,  
Forever walking by our side,  
A fearful shade, an awful shape;  
Can any promise of the spring  
Make green the faded autumn leaf?

Or who shall say that time will bring  
Fair fruit to him who sows but grief?

Wild bells! That shake the midnight air  
With those dear tones that custom loves,  
You wake no sounds of laughter here,  
Nor mirth in all our silent groves;  
On one broad waste, by hill or flood,  
Of ravaged lands your music falls,  
And where the happy homestead stood  
The stars look down on roofless halls.

At every board a vacant chair  
Fills with quick tears some tender eye,  
And at our maddest sports appear  
Those well-loved forms that will not die.  
We lift the glass, our hand is stayed –  
We jest, a spectre rises up –  
And weeping, though no word is said,  
We kiss and pass the silent cup,

And pledge the gallant friend who keeps  
His Christmas-eve on Malvern’s height,  
And him, our fair-haired boy, who sleeps  
Beneath Virginian snows to-night;  
While, by the fire, she, musing, broods  
On all that was and might have been,  
If Shiloh’s dank and oozing woods  
Had never drunk that crimson stain.

O happy Yules of buried years!  
Could ye but come in wonted guise,  
Sweet as love’s earliest kiss appears,  
When looking back through wistful eyes,  
Would seem those chimes whose voices tell  
His birth-night with melodious burst,  
Who, sitting by Samaria’s well,  
Quenched the lorn widow’s life-long thirst.

Ah! Yet I trust that all who weep,  
Somewhere, at last, will surely find  
His rest, if through dark ways they keep  
The child-like faith, the prayerful mind;  
And some far Christmas morn shall bring  
From human ills a sweet release  
To loving hearts, while angels sing

“Peace and good-will, good-will and peace!”

**NOTE:** The above poem was taken from *War Poetry of the South*, Edited by Wm. Gilmore Simms, LL.D., New York: Richardson & Co., 1867 on pp. 196-199.

## HOSPITAL DUTIES

From the *Charleston Courier*

Fold away all your bright-tinted dresses,  
Turn the key on your jewels to-day,  
And the wealth of your tendril-like tresses  
Braid back in a serious way;  
No more delicate gloves, no more laces,  
No more trifling in boudoir or bower,  
But come with your souls in your faces  
To meet the stern wants of the hour.

Look around. By the torchlight unsteady  
The dead and the dying seem one —  
What! Trembling and paling already,  
Before your dear mission's begun?  
These wounds are more precious than ghastly —  
Time presses her lips to each scar,  
While she chants of that glory which vastly  
Transcends all the horrors of war.

Pause here by this bedside. How mellow.  
The light showers down on that brow!  
Such a brave, brawny visage, poor fellow!  
Some homestead is missing him now.  
Some wife shades her eyes in the clearing,  
Some mother sits moaning distressed,  
While the loved one lies faint but unfearing,  
With the enemy's ball in his breast.

Here's another — a lad — a mere stripling,  
Picked up in the field almost dead,  
With the blood through his sunny hair rippling  
From the horrible gash in the head.  
They say he was first in the action:  
Gay-hearted, quick-headed, and witty:  
He fought till he dropped with exhaustion.  
At the gates of our fair southern city.

Fought and fell 'neath the guns of that city,

With a spirit transcending his years—  
Lift him up in your large-hearted pity,  
And wet his pale lips with your tears.  
Touch him gently; most sacred the duty  
Of Dressing that poor shattered hand!  
God spare him to rise in his beauty,  
And battle once more for his land!

Pass on! It is useless to linger  
While others are calling your care;  
There is need for your delicate finger,  
For your womanly sympathy there.  
There are sick ones athirst for caressing,  
There are dying ones raving at home,  
There are wounds to be bound with a blessing,  
And shrouds to make ready for some.

They have gathered about you the harvest  
Of death in its ghastliest view;  
The nearest as well as the farthest  
Is there with the traitor and true.  
And crowned with your beautiful patience,  
Made sunny with love at the heart,  
You must balsam the wounds of the nations,  
Nor falter nor shrink from your part.

And the lips of the mother will bless you,  
And angels, sweet-visaged and pale,  
And the little ones run to caress you,  
And the wives and the sisters cry hail!  
Bet e'en if you drop down unheeded,  
What matter? God's ways are the best:  
You have poured out your life where 'twas needed,  
And he will take care of the rest.

**NOTE:** The above poem was taken from *War Poetry of the South*, Edited by Wm. Gilmore Simms, LL.D., New York: Richardson & Co., 1867 on pp. 218-220.  
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Gunshots caused a vast majority of wounds received on a Civil War battlefield, and the idea of being shot terrified the soldiers who fought them.

They thought about it, talked about it, wrote about it, and ultimately hoped it would not happen to them. But for many, their luck would eventually run out. Sgt. Henry Tisdle of the 35<sup>th</sup> Massachusetts

describes the feeling of being shot during the Battle of South Mountain on September 14, 1862:

“Just after we entered the wood was wounded by a rifle ball passing through my left leg just opposite the thighbone. As the ball struck me, it gave me a shock which led me to feel at first that the bone must have been struck and shattered and for a moment did not dare to move for fear it was so.

Found on moving that the bone was not injured and that I have only a flesh wound, which relieved my mind and thankfulness to God that I was not maimed or dangerously hurt came.

I think that the shot must have been fired by some straggling rebel or sharpshooter in a tree, as we had not yet got up to within reach of the rebel lines.

Found myself in a few moments growing weak and tying my towel above the wound to stop its bleed tried to make for the rear where the surgeons were. . .”

Tisdale survived his wound and returned to the front lines with the 35<sup>th</sup> Massachusetts later in the war.

**NOTE:** From the web site of the National Museum of Civil War Medicine.

## SECTION III Society Transactions

### MEMBER'S INFORMATION

#### AIDAN SMITH

247 N. Main St.; West Salem, OH 44287; 419-853-4278; Pvt/Hospital Steward, USA; E-Mail: apsmith1025@aol.com.

#### PETER N. VROOMAN

970 N. W. Connell Ave; Hillsboro, OR 97124; 503-640-8315; Captain/Dentist, 1st Louisiana S.B. E-Mail: victorianrosecookers@yahoo.com. Primary interest: Dentistry.

### WEB SITES OF INTEREST

The Official Records of the War of the Rebellion  
<https://ehistory.osu.edu/books/official-records>

The Medical and Surgical History of the War of the Rebellion

<https://collections.nlm.nih.gov/catalog/nlm:nlmuid-14121350R-mvset>

Or

<https://archive.org/details/medicalsurgical32barnrich/page/n6>

## WHO WERE THEY? MEDICAL PERSONNEL OF THE CIVIL WAR

by Pete J. D'Onofrio, Ph. D.

This segment will be a little different from previous versions of this column. All the doctors presented here were awarded the Medal of Honor for actions during the Civil War. One doctor, however, was awarded the MOH for actions after the Civil War.

### WILLIAM R. D. BLACKWOOD Surgeon, 48<sup>th</sup> Penn.



A post-war picture of Dr. Blackwood

William Robert Douglas Blackwood was born in Hollywood, Ireland, on May 12, 1838. Immigrating to the United States, Blackwood settled in Philadelphia where he entered and later graduated from the University of Pennsylvania medical school. His first service in the Civil War, it seems, was with the 149th Pennsylvania, part of Colonel Roy Stone's



First Corps brigade, which Blackwood entered as an Assistant Surgeon. His service with the 149th must have been brief, however, for on April 28, 1863, the twenty-five-year-old doctor was transferred to the 48th Pennsylvania and promoted to Chief Surgeon.

Blackwood served with the 48th for the final two years of the conflict, was breveted a lieutenant-colonel to date from March 13, 1865, and was honorably discharged with the regiment, on July 17, 1865.

Thirty-two years later--on July 21, 1897--Blackwood's heroics on the field of battle at Petersburg on April 2, 1865, was rewarded with a Medal of Honor. His citation reads:

For conspicuous gallantry and intrepidity in action at the risk of his life above and beyond the call of duty the Medal of Honor was awarded to WILLIAM R. D. BLACKWOOD Surgeon, 48th Pennsylvania Infantry, at Petersburg, Virginia on 2 April 1865: Removed severely wounded officers and soldiers from the field while under a heavy fire from the enemy, exposing himself beyond the call of duty, thus furnishing an example of most distinguished gallantry.

**JOSEPH KIRBY CORSON**  
Assistant Surgeon, 35<sup>th</sup> PVI



Joseph K. Corson

His citation reads:

With one companion returned in the face of the enemy's heavy artillery fire and removed to a place of safety a severely wounded soldier who had been left behind as the regiment fell back.

For conspicuous gallantry and intrepidity in action at the risk of his life above and beyond the call of duty the Medal of Honor was awarded to JOSEPH K. CORSON

**RICHARD J. CURRAN**  
Asst. Surgeon, 33d NYVI



Irish-born Assistant Surgeon Richard Curran pursued an education at Harvard, and called Seneca Falls, N.Y., his home just before the Civil War broke out. Curran was a natural leader and played an important role in the formation of two volunteer companies when the War began. Curran found his company, the 33rd New York Infantry, heading onto the battlefield at Antietam without any medical officers aside from himself. Without any orders as to where to proceed or who to report to, Curran followed the troops into fierce fighting. Curran survived his service during the Civil War, and returned to New York to later become the mayor of Rochester.

He was awarded the Medal of Honor for his actions during the Battle of Antietam. His citation reads:

Voluntarily exposed himself to great danger by going to the fighting line there succoring the wounded

and helpless and conducting them to the field hospital.

**ANDREW DAVIDSON**  
Asst. Surgeon, 47<sup>th</sup> OVI



Andrew Davidson, a native of Middlebury, Addison Co., Vermont, entered the U.S. Army in Cincinnati, Ohio on January 28, 1863, at age 35. He became an Assistant Surgeon with the 47th Ohio Infantry. He was awarded the Medal of Honor for his heroic actions at Vicksburg, Mississippi on May 3, 1863.

He was awarded the Medal of Honor for action on 5/3/1863 at Vicksburg, MS. (One of a party who volunteered to run the enemy's batteries with a steam tug, under cover of darkness) The citation reads: Voluntarily attempted to run the enemy's batteries.

**GABRIEL GRANT**  
Brigade Surgeon  
2d NYVI

Gabriel Grant was born on 4 Sep 1826 in Newark, Essex Co, NJ was a Newark, NJ physician with degrees from Williams College (1846) and the College of Physicians and Surgeons (1851). In 1854, he served on a special health commission to combat

the cholera epidemic in Newark. During the Civil War, Grant was surgeon of the Second Infantry Regiment of New Jersey Volunteers (Jun-Oct, 1861)



and French's Brigade, and was later designated Surgeon of U.S. Volunteers by Congress. Named medical director of hospitals at Evansville, IN, he was placed in command of the U.S. Army Hospital at Madison, IN. He served in the battles of Bull Run, Fair Oaks, Gaines' Mills, Peach Orchard Station, White Oak Swamp, Malvern Hill, Antietam, Fredericksburg, and Vicksburg.

Grant received the Medal of Honor for his action on June 1, 1862 at the Battle of Fair Oaks, Virginia — He removed severely wounded officers and soldiers from the field while under heavy fire from the enemy exposing himself beyond the call of duty thus furnishing an example of most distinguished gallantry. Grant served in the battles of Bull Run, Fair Oaks, Gaines' Mills, Peach Orchard Station, White Oak Swamp, Malvern Hill, Antietam, Fredericksburg, and Vicksburg

The official citation reads: "Removed severely wounded officers and soldiers from the field while under a heavy fire from the enemy, exposing himself beyond the call of duty, thus furnishing an example of most distinguished gallantry."

He died on - 8 Nov 1909 in Manhattan, NY Co., NY.

**BERNARD JOHN DOWLING IRWIN**  
**Assistant Surgeon, U.S.A.**  
**Medical Inspector 4th Division,**  
**Army of the Ohio**



The post-Civil War image depicts Irwin in frontal bust pose, in full dress, wearing epaulettes and medals of the Society of Cincinnatus, the Society of the Army of the Cumberland, and the Military Order of the Loyal Legion

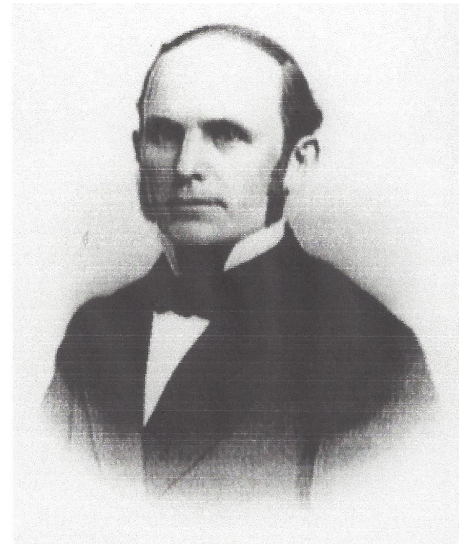
Born in 1830, General Irwin became an assistant army surgeon in 1856, and served in capacity during the Apache war against Cochise just prior to the Civil War. When a group of soldiers led by Lieutenant George Bascom were captured, Surgeon Irwin led an expedition of 14 men to their rescue, surrounding Cochise and tricking him into believing that he was facing a much larger detachment. The Apaches fled and Bascom and his men were saved—Feb. 13, 1861. His detachment joined Irwin and together they were able to track Cochise into the mountains and rescue a young boy that Cochise had captured previously. Irwin's actions were remembered, and although the medal of honor was not

established until 1862, he was awarded medal of honor for them on January 21, 1894. In terms of chronology of action—Feb. 13, 1861, Irwin stands first among Medal of Honor recipients.

He saw considerable service during the Civil War as a senior medical officer, receiving eventual promotion to Colonel, and promotion to Brigadier upon his retirement in 1904. Dr. Irwin is noted for establishing the first tent hospital during the Battle of Shiloh in April, 1862.

He died on December 31, 1929.

**GEORGE E. RANNEY**  
**Surgeon, 2d Michigan Cavalry**



George E. Ranney, a young and educated recruit, was born on 13 June 1839 in Batavia, N.Y. He enlisted as a private under Capt. H.A. Shaw, and assisted him in the recruiting of the 2nd Michigan Cavalry. However, his knowledge of medicine soon transitioned him to become the third Hospital Steward. Due to the vast influx of thousands of new recruits, which imposed strenuous conditions for surgeons, Ranney was temporarily assigned the duties of an assistant surgeon.

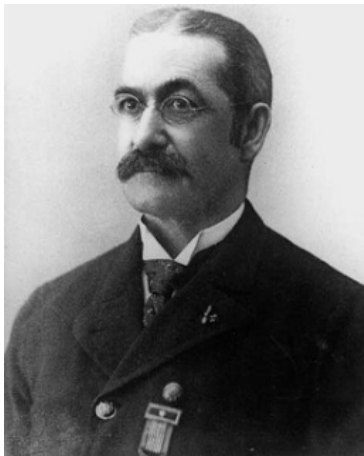
Overworked and exposed to many illnesses, Ranney fell too ill to complete his duties and was forced to leave the service. Upon his return a few months later, he was unanimously appointed to the

position of 2nd Assistant Surgeon, and returned to his former company. Ranney earned the reputation for nerve and self-possession; after many of his fellow combatants witnessed him perform an amputation in the middle of the battlefield, because the surgeon admitted that he could not work under such conditions.

Ranney was awarded the Medal of Honor for action on 5/14/1864 at Resaca, GA. His citation reads: "At great personal risk, went to the aid of a wounded soldier, Pvt. Charles W. Baker, lying under heavy fire between the lines, and with the aid of an orderly carried him to a place of safety."

Dr. Ranney died 11/10/1915 in Lansing, MI and is buried in Mount Hope Cemetery, Lansing, MI.

**JACOB FRANKLIN RAUB**  
Asst. Surgeon, 210<sup>th</sup> PVI



Jacob F. Raub was born on 13 May 1840 in Raubsville Northhampton County, Pa..

After he achieved his degree in medicine in 1864, Jacob Raub was appointed to assistant surgeon of the 210th Pennsylvania Volunteer. As part of the board of operating surgeons of the field hospital of the 5th Army Corps, he was positioned in the rear, well out of the distance of any ensuing dangers during the battle. However, at the battle of Hatcher's Run, Raub heard his regiment was without a surgeon, and volunteered to tend to the wounded in the middle of severe gunfire.

While administering help to the fallen, Raub spotted the enemy repositioning themselves for a

surprise attack from an undefended direction. He warned the generals of the imminent attack, and picked up a musket and ammunition and gallantly joined in the fight until the engagement ended. The results could have been disastrous for Raub's regiment if he had not spotted the attack. His citation reads: "Discovering a flank movement by the enemy, appraised the commanding general at great peril, and though a noncombatant voluntarily participated with the troops in repelling this attack." This occurred on 2/5/1865 at Hatcher's Run, VA.

After the war, Raub served as Medical Examiner for Pension Office from 1891-1905 and Postmaster of Mt. Bethel, PA from 1875- 1885.

He died 5/21/1906 and is buried in Arlington National Cemetery, Arlington, VA Gravesite: 3-1469

**JAMES HENRY THOMPSON**  
Surgeon, 12<sup>th</sup> Maine Inf.  
Surgeon, USV



James Henry Thompson, aka James Harry Thompson, was born on September 14, 1835 in the State of Maine.

James H. Thompson started his Civil War career as a surgeon in the 12th Maine Volunteer Infantry Regiment and was assigned in 1864 to the

Point Lookout prisoner of war camp in Maryland. Thompson later served at the Soldiers' Home and had a private practice in Milwaukee. Among the items donated to the Milwaukee County Historical Society from this doctor was a small, worn, leather-bound journal with sixty-two colored pencil sketches of what life was like for a Confederate prisoner

Thompson was awarded the Medal of Honor for action at New Bern, NC on March 14, 1862 for voluntarily reconnoitering the enemy's position and carrying orders under the hottest fire. The citation reads: "For conspicuous gallantry and intrepidity in action at the risk of his life above and beyond the call of duty, the Medal of Honor is awarded to John Harry Thompson."

He died on June 20, 1891 in Milwaukee, WI.

### MARY EDWARDS WALKER Civilian Contract Surgeon



Mary Edwards Walker (November 26, 1832 – February 21, 1919) was an American feminist, abolitionist, prohibitionist, alleged spy, prisoner of war and surgeon. As of 2016, she is the only woman ever to receive the Medal of Honor.[1]

In 1855, she earned her medical degree at Syracuse Medical College in New York, married and

started a medical practice. She volunteered with the Union Army at the outbreak of the American Civil War and served as a surgeon at a temporary hospital in Washington, DC, even though at the time women and sectarian physicians were considered unfit for the Union Army Examining Board.[2] She was captured by Confederate forces after crossing enemy lines to treat wounded civilians and arrested as a spy. She was sent as a prisoner of war to Richmond, Virginia, until released in a prisoner exchange.

After the war, she was approved for the highest United States Armed Forces decoration for bravery, the Medal of Honor, for her efforts during the Civil War. She is the only woman to receive the medal and one of only eight civilians to receive it. Her name was deleted from the Army Medal of Honor Roll in 1917 (along with over 900 others); however it was restored in 1977. After the war, she was a writer and lecturer supporting the women's suffrage movement until her death in 1919.

## HELP WANTED

Surgeon General William A. Hammond is reported to have stated that the Civil War was fought at the end of the medical middle ages." Even Drew Gilpin Faust states this on page 4 of her book *This Republic of Suffering. Death and the American Civil War*. Yet she does not cited where this statement might be found. Does any member know where or when Hammond said this and/or where I can find the source?

Please respond back to [socwsurgeons3560@gmail.com](mailto:socwsurgeons3560@gmail.com).

\*\*\*\*\*

I have posted a picture of Dr. George Emerson and Dillon Acker on page 171. Does any member have any information on these two doctors or know where I can find said information? Are they even Civil War? They are not listed in the *Roster of Regimental Surgeons* There is a G. Emerson listed in the "Med/Surg History" but not identification. Any help would be greatly appreciated. Again, please contact me at: [socwsurgeons3560@gmail.com](mailto:socwsurgeons3560@gmail.com).

## BIRTHDAY GREETINGS

Please extend a hearty Society greeting to these members who have/will celebrate the anniversary of their birth in this quarter:

### October

Boisaubin, Eugene- 25; Davis, Glenn-31; Friederich, Jeffrey-16; Gilliom, Russell-25; Herr, Harry-1; Hodges, Anthony-2; Kelly, Alan-10; Kline, Ruth Ann-25; Lechak, Phil-19; Meyers, David-5; Nicholas, J. Karl-20; Ream, John-27; Rutkow, Ira-?; Schwatka, Brian-9; Spar, Ira-10; Steinbach, Trevor-10; Stillman, Mark-9; Vance, Patrick-29; Winebarger, John-28; Yarrington, Ronald-30; Zaworski, Robert-18

### November

Archer, Ed-11; Catania, Clifford-7; Denius-Gillam, Pamela Jo-14; Doherty, Rhiannon-0; D'Onofrio, Barbara-25; Emig, Patrick-1; Johnson, Robert-25; Kelly, Alan-10; Ladd, Garry-16; Schwatka, Kimberly-18; Treaster, Sandi-26; Vrooman, Peter - 1

### December

Annabel, Spencer - 4; Cockrell, Darrell-24; Donovan, Daniel-10; Gill, Doug-5; Garnett, Doug-20; Hahn, Gerry-20; Krakauer, Randall-25; Kretchman, Lorraine-26; Laubacher, Mark - 3; Mays, Harry-16; Meister, David-15; Warthout, Randy-29; Turlo, Gerald-24

## AUTHENTIC CIVIL WAR RECIPES

### HARDTACK

Hardtack was made of the most basic ingredients available: water, salt, flour, and sometimes bacon grease or fatback. Because it was made from such simple ingredients, it was particularly easy to store for a very long time and didn't run the risk of going bad. It was, however, often infested by bugs and worms to the point that one of their nicknames was "worm castles." This simple bread was often very tough which led to other nicknames such as "molar

breakers" and "tooth dullers." Because it was so tough, many soldiers would break up the hardtack and mix it with water into a mush with molasses as a treat. Other times, they would fry the mush into a very plain pancake-type creation. Some soldiers even kept their pieces of hardtack as souvenirs, lasting for years after they had left the battlefield. If you'd like to make your own, here's how:

### Ingredients:

- 2 cups of flour
- ½ to ¾ cup of water
- 1 tablespoon of Crisco or vegetable fat or lard
- 6 pinches of salt.

Mix into a stiff batter and on a lightly floured surface, roll flat with a rolling pin to 1/3 of an inch thickness. Trim the edges and cut the dough into squares. Use a fork to poke holes into the squares. Bake on a lightly greased sheet at 350 degrees for twenty to twenty-five minutes or until golden brown.

### BEEF OR MUTTON SOUP

For the fighting men, meat was a coveted commodity. While they were soldiers, many were also hunters, and one can be sure that along the way they either brought or stole beef or mutton. Combined with whatever vegetables they had on hand, they would cook a stew over an open fire using various pots and pans. Once again, the point of these Civil War recipes was not to be fancy, but to feed the men and keep them going from one battle to the next. This recipe was very flexible, so depending on what was on hand, more or less ingredients could go into the soup.

### What the hell?? Ingredients:

- boil four quarts of water gently over a low fire with three pounds of beef or mutton.
- cut into small pieces, potatoes, carrots, onions, turnips, season with salt and pepper and
- let simmer for four hours.

## CONFEDERATE JOHNNY CAKE

Johnny cakes worked on the same principle as hardtack: simple, easy to make food that could be easily stored and transported. They were also called “journey cakes” as they could be taken on a long journey. The recipe for johnny cakes consisted mainly of cornmeal, hot water, milk, salt, and, if you were lucky, a little bit of sugar. These were also easy to cook over a campfire as they were fried in a pan over an open fire with the bacon drippings from an earlier meal. Here’s how to try some for yourself:

### Ingredients:

- 1 cup cornmeal
- 3/4 teaspoon salt
- ½ teaspoon sugar
- 1 cup water
- ½ cup milk
- Bacon drippings

Combine the cornmeal, salt, and sugar in a bowl. Boil the water and then add slowly as you stir the dry ingredients. Add the milk a little at a time to make sure the batter is not too runny. Heat the bacon grease in a cast iron skillet and drop in the batter by the spoonful. Brown on both sides and serve while hot.

## BOOK REVIEWS

*A Comprehensive Curriculum Guide for Teachers. The War Outside My Window. The Civil War Diary of LeRoy Wiley Gresham, 1860-1865* by J. E. Croon and Kimberly Conrad. Savas Beatie, 2019. Contents, Appendices, 128 pp. ISBN-13: 978-1611214727. MSRP: \$24.95.

This complete curriculum guide assists educators in bringing LeRoy Wiley Gresham to life in the middle or high school classroom. Use his “Young voice of the old South” to guide your students through a comprehensive Civil War study, as he did in his diary, starting at the age of twelve, and ending with his death at seventeen years old.

This resource includes rigorous, standards-aligned ELA and history lessons, extensive interdisciplinary connections across various content areas, Interactive Notebook Applications, dynamic mapping activities, detailed discussion topics for

Socratic Seminar, a multi-genre unit, standards-aligned assessments, connections to other primary documents and literature, and so much more.

This companion resource accompanies LeRoy’s diary seamlessly while providing teachers the framework through which to challenge and engage students with thoughtful and enriching learning opportunities.

Compiled by Peter J. D’Onofrio, Ph.D. *Louisa on the Front Lines* by Samantha Seiple. Seal Press, 2019. Contents, notes, bibliography, index. 243 pp. ISBN: 978-1580058049. MSRP: \$27.00.

*Louisa on the Front Lines* is the first narrative nonfiction book focusing on the least-known aspect of Louisa May Alcott's career - her time spent as a nurse during the Civil War. Though her service was brief, the dramatic experience was one that she considered pivotal in helping her write the beloved classic *Little Women*. It also deeply affected her tenuous relationship with her father, and inspired her commitment to abolitionism. Through it all, she kept a journal and wrote letters to her family and friends. These letters were published in the newspaper, and her subsequent book, *Hospital Sketches* spotlighted the dire conditions of the military hospitals and the suffering endured by the wounded soldiers she cared for. To this day, her work is considered a pioneering account of military nursing.

Alcott's time as an Army nurse in the Civil War helped her find her authentic voice--and cemented her foundational belief system. *Louisa on the Front Lines* reveals the emergence of this prominent feminist and abolitionist--a woman whose life and work has inspired millions and continues to do so today.

An eye-opening look at *Little Women* author Louisa May Alcott's time as a Civil War nurse, and the far-reaching implications her service had on her writing and her activism. This volume is well-written and easy to read. A must for those interested in Louisa May Alcott and Civil War nursing.

Compiled by Peter J. D’Onofrio, Ph.D.

*“Too Much for Human Endurance.” The George Spangler Farm Hospitals and the Battle of Gettysburg* by Ronald D. Kirkwood. Savas Beatie, 2019.

Contents, maps, photos, illus., appendices, bibliography, index. 305 pp. ISBN: 978-1611214512; MSRP: \$34.95.

The bloodstains are gone, but the worn floorboards remain. The doctors, nurses, and patients who toiled and suffered and ached for home at the Army of the Potomac's XI Corps hospital at the George Spangler Farm in Gettysburg have long since departed. Happily, though, their stories remain, and noted journalist and George Spangler Farm expert Ronald D. Kirkwood brings these people and their experiences to life in "Too Much for Human Endurance": The George Spangler Farm Hospitals and the Battle of Gettysburg.

Using a massive array of firsthand accounts, Kirkwood re-creates the sprawling XI Corps hospital complex and the people who labored and suffered there—especially George and Elizabeth Spangler and their four children, who built a thriving 166-acre farm only to witness it nearly destroyed when war paid them a bloody visit that summer of 1863. Stories rarely if ever told of nurses, surgeons, ambulance workers, musicians, teenage fighters, and others are weaved seamlessly through gripping, smooth-flowing prose.

A host of notables spent time at the Spangler farm, including Union officers George G. Meade, Henry J. Hunt, Edward E. Cross, Francis Barlow, Francis Mahler, Freeman McGilvery, and Samuel K. Zook. Pvt. George Nixon III, great-grandfather of President Richard M. Nixon, would die there, as would Confederate Gen. Lewis A. Armistead, who fell mortally wounded at the height of Pickett's Charge. In addition to including the most complete lists ever published of the dead, wounded, and surgeons at the Spanglers' XI Corps hospital, this study breaks new ground with stories of the First Division, II Corps hospital at the Spanglers' Granite Schoolhouse.

Kirkwood also establishes the often-overlooked strategic importance of the property and its key role in the Union victory. Army of the Potomac generals took advantage of the farm's size, access to roads, and central location to use it as a staging area to get artillery and infantry to the embattled front line from Little Round Top north to

Cemetery Hill just in time to prevent its collapse and a Confederate breakthrough.

"*Too Much for Human Endurance*": *The George Spangler Farm Hospitals and the Battle of Gettysburg* introduces readers to heretofore untold stories of the Spanglers, their farm, those who labored to save lives and those who suffered and died there. They have finally received the recognition their place in history deserves.

The author brings his experience as a Gettysburg Foundation docent at the George Spangler Farm Civil War Hospital Site to give a unique perspective to the history of this hospital.

Well-written and easy to read, this volume is a must for medical re-enactors of the Civil War era and, especially, those who present a living history at the Spangler Farm.

Compiled and Reviewed by  
Peter J. D'Onofrio, Ph. D.

*Such Is Military. A Michigan Doctor's Letters from Sherman's Army, 1863-1865; Military Medicine of the Civil War seen from the 19th Michigan Volunteer Infantry* by Horace W. Davenport. N.d., n.p. Transcript previously duplicated in a 15 copy edition. A second edition of ten copies was duplicated. Horace W. Davenport; Ann Arbor, MI; 67 pp.

*Such Is Military* comprises letters written by George Martin Trowbridge, M.D., who served as an Assistant Surgeon with the 19th Michigan Volunteer Infantry from October 1863 until the regiment was disbanded on June 24, 1865 in Detroit, Michigan.

During that time, Trowbridge wrote to his wife almost every day and sometimes several times a day. He intended his letters to be a diary. His 191 letters comprising 1089 pages are the basis for this transcript.

*Such Is Military* gives the reader a unique look at the life of a regiment Assistant Surgeon in Sherman's fast moving, hard fighting army.

Though this volume is difficult to find, once found it is a vast wealth of information on a surgeon's life in the field.

Reviewed by Peter J. D'Onofrio, Ph.D.



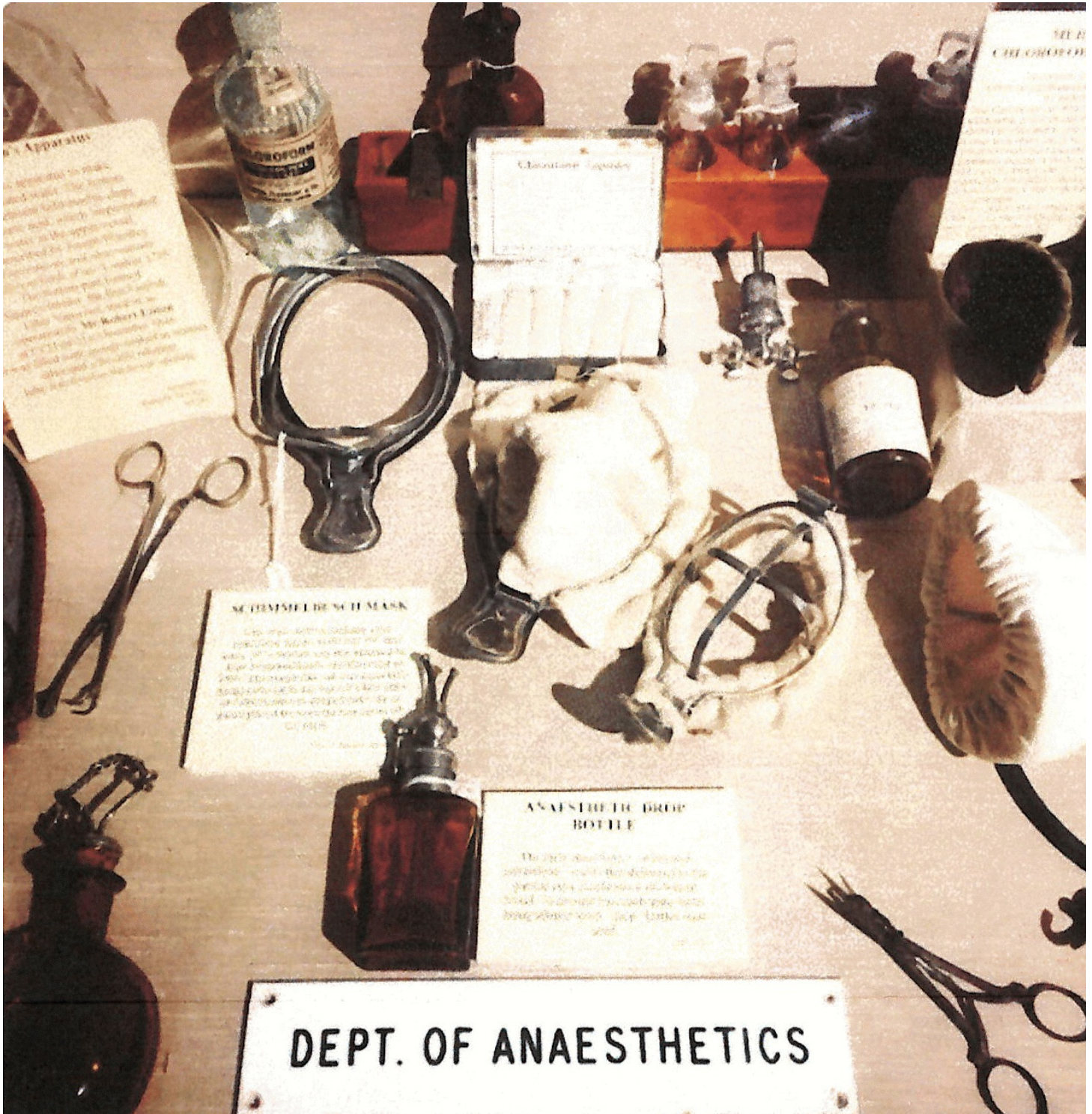
## PHOTO GALLERY



Dr. George Emersons (L) and Dr. Dillon Acker (R)



Bringing wounded soldiers to the cars after the Battle of Seven Pines. On June 3, 1862, wounded Union Soldiers were evacuated from the battlefield near Richmond. Soldiers added tree branches to the railroad cars to shield the wounded from the hot sun.



When chloroform was first introduced as an anaesthetic, many patients died after being administered too much. In 1848, 15-year-old Hannah Greener died from a chloroform overdose. Her original complaint? An ingrown toenail. From the Twitter page of the Old Operating Theatre.

## **ANNOUNCING THE 5<sup>th</sup> ANNUAL GATHERING (CONFERENCE) OF THE SOCIETY OF CIVIL WAR SURGEONS**



### **HOLIDAY INN & SUITES LEXINGTON, VIRGINIA**

It is our distinct pleasure to invite you to attend The Society of Civil War Surgeons annual Gathering (Conference) for March 27-28-29, 2020 in Lexington, Virginia.

The Gathering will offer the participant's dynamic sessions on historical medicine with experts in the medical field. The Gathering will also provide a major opportunity for exchanges between representatives of different specialties with the medical community on this transitional period in American Medicine.

The Society of Civil War Surgeons is open to anyone interested in any aspect of Civil War era medicine. We have Civil War Roundtable members, museum personnel, historians, researchers, historic site personnel, collectors, lecturers, as well as medical reenactors. The Society continues to play an important national leadership role in promoting education and dissemination of knowledge since 1980.

The Goal of the Society is to promote a deep and abiding appreciation for the rich medical heritage of the American Civil War. We are a 501© 3 not-for-profit educational corporation. We support learning and understanding of the past in context with the medicine of the present and future.

The gathering will start on Friday, March 27, 2020 at 9:00 am with a pre-conference session. Sessions and a lunch break will continue until 4:00 pm. Saturday, March 28, 2020 the group will begin the day with an exciting presentation on medicine. The remainder of the day will include a field trip to Virginia Military Institute Museum, Stonewall Jackson House, and the Lee Chapel & Museum focusing on the medical aspects of both sites.

Sunday, March 29, 2020, additional presentations will be provided between 8:30 am and the close of the Gathering at 12 noon.

The cost of the Gathering is \$125.00 per person for members and \$160.00 for non-members (includes a 1 year membership). This conference includes all lectures, the tours and lite snacks during the conference sessions.

Those staying in the Gathering Host Hotel, Holiday Inn Lexington, VA are provided with a hot breakfast. The Society has obtained a room rate of \$119.99 per night plus tax.

We would appreciate you distributing it to additional staff that might want to attend.

Thank you,

Conference Co-Chairs

Jackie Greer RN Johns Hopkins School of Medicine

Trevor T. Steinbach Ed.D Benedictine University

George Munkenbeck, MA Emergency/Disaster Management, Ret. US Coast Guard

**CALL FOR PAPERS**  
**THE SOCIETY OF CIVIL WAR SURGEONS GATHERING**  
**LEXINGTON, VA**  
**MARCH 27-29, 2020**

The Society of Civil War Surgeons is the primary organization for Civil War Medical Reenactors, those interested in Civil War Medicine, Civil War Medical Researchers, and other interested parties, such as Civil War Roundtables, historical societies, and museums.

Our annual Gathering will be at the Holiday Inn, Lexington, VA. We are seeking both members and non-members who are interested in presenting a paper on relevant topics related to the period between the Mexican War and the Indian Wars.

Any subject relating to the medical or surgical aspects of the war, treatment of the sick and wounded, or relating to any of the medical personalities of the era is suitable for presentation. Topics related to Lexington, VA, medical issues during the war, the Battle of New Market and medicine, or medicine within the Shenandoah Valley will be given additional consideration.

Please submit an abstract, including a short biographical sketch, of the proposed topics to the address **NLT November 1, 2019**. If you encounter difficulties emailing the documents, please contact me for an alternative submission method.

Presenters will be contacted by November 15, 2019 to confirm acceptance. At that time additional information regarding submission deadlines will be relayed.

The abstract and bio sketch will be included in the printed Gathering materials provided to all attendees. Acceptance of a presentation gives the Society permission to distribute the presentation electronically to members.

If accepted, please plan for the presentation to last 50 minutes, allowing 10 minutes for questions from the floor. We are looking at 3-4 presentations on Friday, March 27, 2020; 1-2 presentations on Saturday, March 28, 2020, setting the stage for our tours around Lexington, VA. Wrapping up with 3-4 presentations on Sunday, March 29, 2020 before dismissing the Gathering.

I will be requesting a copy of the presentation slides by March 7, 2020. This does not need to be the final slide presentation. I will be looking to confirm the slides and graphics are compatible with the computer equipment to be used at the Gathering.

Speakers are responsible for Gathering registration fees, accommodations and travel arrangements.

**Submit your abstract by November 1, 2019 to:**

**Jackie Greer, RN**  
**Secretary, Society of Civil War Surgeons, Inc.**  
**SOCWSSect@gmail.com**

**PLEASE PRINT**

**REGISTRATION FORM**

**PLEASE PRINT**

**The Society of Civil War Surgeons, Inc.**

**Presents a Series of Seminars at**

**The Holiday Inn & Suites, Lexington, VA, March 27-29, 2020**

**NAME:** \_\_\_\_\_

**SPOUSE'S/GUEST'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **C/S/Z:** \_\_\_\_\_

**Home:** ( ) \_\_\_\_\_ **Work:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

- 1. **CONVENTION FEE: \$125 per MEMBER:** Includes all lectures, tours of VMI, Stonewall Jackson House and the Lee Chapel & Museum. Light snacks will be provided during the conference sessions.
- 2. **CONFERENCE FEE: \$160 per NON-MEMBER:** Includes everything in No. 1 above, plus a year's membership in the Society.

This **DOES NOT** include: hotel room, valet parking, phone calls, etc.

I will \_\_\_\_\_ will not \_\_\_\_\_ attend the tour of VMI, Jackson House and the Lee Chapel & museum.

**TOTAL ENCLOSED: \$** \_\_\_\_\_

**FEE REFUNDS:**

All convention fees include a \$50.00 non-refundable booking fee. Conference fees cannot be refunded after **March 1, 2020.**

**NO REGISTRATIONS POSTMARKED AFTER MARCH 1, 2020 WILL BE ACCEPTED**

**NO WALK-ON REGISTRATIONS ACCEPTED**

**MAKE CHECK OR MONEY ORDER, PAYABLE IN U.S. DOLLARS** (we cannot accept checks/MOs drawn on foreign banks due to the exchange rates. We apologize for any inconvenience), **TO: The Society of Civil War Surgeons, Inc.**

**MAIL TO:**

*Society of Civil War Surgeons, Inc; c/o Peter J. D'Onofrio, Ph. D.; 539 Bristol Drive, SW: Reynoldsburg, OH 43068*

**REGISTRATION FORM & PAYMENT MUST BE POSTMARKED NLT MARCH 1, 2020.**

We also accept PayPal at [socwsurgeons3560@gmail.com](mailto:socwsurgeons3560@gmail.com)

| <b>CREDIT CARD PAYMENT</b>  |                                      |   |
|---|--------------------------------------|---|
| MASTERCARD -----<br>Credit Card No. _____                               | VISA -----<br>Expiration Date: _____ | DISCOVER _____<br>(The 3 or 4 digits on back of card) |
| Bank Name: _____ CSC# _____   |                                      |   |
| Name as it appears on card: _____<br>(PLEASE PRINT)                     |                                      |   |
| Signature: _____  |                                      |   |
| Do you want to be billed in 2 payments (Feb & Mar)?: _____ Yes _____ No |                                      |   |

**FOR SALE****Confederate Surgeon's Uniforms**

|   | List         | Asking       |
|---|--------------|--------------|
| 1. Surgeon's Frock Coat, Size 42R                         | \$250        | \$150        |
| 2. Surgeon's Black Trousers, Size 38X30                   | \$100        | \$75         |
| 3. Surgeon's Gray Trousers, Size 38X30                    | \$100        | \$75         |
| 4. Gray Vest, Size 40R                                    | \$90         | \$50         |
| 5. Surgeon's 5-button Sack Coat, light weight<br>Size 42R | \$100        | \$50         |
| 6. Surgeon's 5-button Sack Coat, heavy weight<br>Size 42R | \$100        | \$50         |
| 7. Surgeon's Straw Hat, Size 7 3/8                        | \$27         | \$20         |
| 8. Model 1840 Medical Officer's Sword,<br>Reproduction*   | <u>\$325</u> | <u>\$200</u> |
| TOTAL   | \$1,065      | \$670        |

Will sell all 8 items as a package for \$570. **Buyer pays Priority shipping.**  
Will sell individual items at asking price. **Buyer pays Priority shipping.**

| Miscellaneous items                        | List | Asking |
|--|------|--------|
| 1. Confederate Naval Surgeon's Cap, Medium | \$35 | \$25   |
| 2. 2-pc Confederate buckle, bright         | \$30 | \$25   |
| 3. 2-pc Confederate buckle, dull           | \$30 | \$25   |
| 4. Staff Colonel Shoulder Boards           | \$30 | \$15   |
| 5. Staff Lt. Colonel Shoulder Boards       | \$30 | \$15   |
| 6. Union Bummer Cap, Medium                | \$69 | \$25   |
| 7. Small leather wallet                    | \$20 | \$5    |

**Buyer pays Priority shipping.**

Interested parties please contact Pete D'Onofrio at [pjdsocws@gmail.com](mailto:pjdsocws@gmail.com) or call 740-919-0119 between 12 Noon and 8:00 PM, EST.

## ADVERTISEMENTS

### ARCHER APPRAISAL SERVICE

936 Blackstone Drive  
Knoxville, Tennessee 37934

#### Appraisal Services

I am a fee appraiser with more than 35 years experience in the field of Historic Medical and Surgical Artifacts and Book authentication and valuation. I provide a complete line of appraisal services for Historical Medical and Surgical Artifact and Book collection for Internal Revenue Service qualified donations, insurance, court proceeding and general valuation knowledge all in accordance with the Uniform Standards of Professional Appraisal Practice (USPAP).

I offer impartial, unbiased and objective opinions of value using the latest in valuation theory, technology, and a strong knowledge of the National Historic Medical and Surgical collecting market.

I work hard to make sure I have the best data available and have good relationships with market participants, brokers, dealers, museum professionals and all the moving parts that make up the Historic Medical Collecting community.

I understand that your reason (intended use) for needing an appraisal is the most important reason why you'll hire me. You need to know the real number and you can trust the truth will be delivered with impartiality, honesty, and integrity.

Please feel free to contact me to discuss your valuation or consulting needs.

Ed Archer  
Archer Appraisal Services  
936 Blackstone Drive  
Knoxville, Tennessee 37934  
865-207-4785  
cwmedbooks@aol.com

# SOCIETY OF CIVIL WAR SURGEONS, INC.

## Membership Application/Renewal

**PLEASE PRINT LEGIBLY**

**PLEASE PRINT LEGIBLY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: **HOME** ( ) \_\_\_\_\_ ; **WORK** ( ) \_\_\_\_\_

**FAX**( ) \_\_\_\_\_ ; **CELL** ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Birthday: \_\_\_\_\_

*(Mm/dd/yyyy)*

Civil War Rank (if applicable) \_\_\_\_\_ ; Unit \_\_\_\_\_

Civil War Position (check all that apply): \_\_\_\_\_ Surgeon; \_\_\_\_\_ Asst. Surgeon; \_\_\_\_\_ Nurse;

\_\_\_\_\_ Hosp. Steward; \_\_\_\_\_ Collector; \_\_\_\_\_ Historian; \_\_\_\_\_ Lecturer;

\_\_\_\_\_ Researcher: \_\_\_\_\_ Other(specify) \_\_\_\_\_

Primary Civil War Medical Interest: \_\_\_\_\_

**DUES:** Individual Membership: 1 year \$35.00 ( ) 3 years \$85.00 ( )

Family Membership\*: 1 year \$55.00 ( ) 3 years \$130.00 ( )

\* Please list the names of all family members. Indicate voting members, i.e. those over 18 years of age, with an asterisk \*).

|  |                  |   |
|--|------------------|---|
| <b>CREDIT CARD PAYMENT</b>   |                  |   |
| MASTERCARD _____   | DISCOVER -----   | VISA _____  |
| Credit Card Number _____   |                  | CSV No. _____<br><i>3- or 4-digit number on front or back of card</i> |
| Expiration Date: _____<br><small>(MM/DD/YYYY)</small>                | Bank Name: _____ |   |
| Name (as it appears on card): _____<br><small>(PLEASE PRINT)</small> |                  |   |
| Signature: _____   |                  |   |

Due are for a calendar year (January 1<sup>st</sup>-December 31<sup>st</sup>); Make check or money order payable **(in U.S. dollars; we cannot accept checks/MO's drawn on foreign banks due to the exchange rate charges)** to: The Society of Civil War Surgeons, Inc. Send to: Peter J. D'Onofrio, Ph. D., President; Society of Civil War Surgeons, Inc; 539 Bristol Drive, SW: Reynoldsburg, OH 43068-9405.