The Camp Olden Gazette

News from the Camp Olden Civil War Round Table

Fall/Winter, 2007

President's Gavel -- by Bruce L. Sirak

With the Board nominations and election over, I see a number changes that will take place on the Board and in committees in 2008. There are some new members, old friends returning, members changing positions, and a few who are just leaving. I am looking forward to working with the New Board and committees. I am also a little saddened to say good-bye to Janice Ford who Co-Chaired the Reenactment Committee with Mike Kane, Bill Ford, outgoing Museum Rep. and Barry Leilich, outgoing events coordinator. I know that they are not leaving our organization; they are just moving on to do other things. I also wish to welcome Carolyn Funk to the Board. Not only is Carolyn a new Board member, but also she with husband, Pete are relatively new membners of Camp Olden joining in 2007.

Now that it is the middle November, our thoughts can turn to Thanksgiving with its hot turkey just coming out of the oven served with gravy mashed potatoes and other fine foods, for dessert, pumpkin pie, and watching one of the many Thanksgiving Day Parades and football games on TV. Much of the credit for the adoption of this National Thanksgiving Day should be given to Mrs. Sarah Josepha Hale, the editor of Godey's Lady's Book in Philadelphia. For thirty years, she promoted the idea of a national Thanksgiving Day, contacting President after President until in 1863, President Abraham Lincoln responded by setting aside the last Thursday of November as a National Day of Thanksgiving. Over the next seventy-five years, Presidents followed Lincoln's precedent by annually declaring a national Thanksgiving Day until 1941 when Congress permanently established the fourth Thursday of each November as a national holiday.

Lincoln's original 1863 Thanksgiving Proclamation came - spiritually speaking - at a pivotal point in his life. During the first week of July of the year that the Battle of Gettysburg occurred. Four months later in November, Lincoln delivered his famous "Gettsysburg Address." It was while Lincoln was walking among the thousands of graves there at Gettysburg that he committed his life to Christ. As he explained to a friend: "When I left Springfield [to assume the Presidency] I

asked the people to pray for me. I was not a Christian. When I buried my son, the severest trial of my life, I was not a Christian. But when I went to Gettysburg and saw the graves of thousands of our soldiers, I then and there consecrated myself to Christ."

As Americans celebrate Thanksgiving each year, we hope they will retain the original gratefulness to God displayed by the Pilgrims and many other founding fathers , and remember that it is to those early and courageous Pilgrims that they owe not only the traditional Thanksgiving holiday but also the concepts of self-government, the "hard-work" ethic, self-reliant communities, and devout religious faith.

Sarah Josepha Hale, editor of Godey's Lady's Book, deserves recognition as the Mother of the American Thanksgiving. The following are the words that Sarah wrote in editor's column of the Godey's Lady's Book titled:

OUR NATIONAL THANKSGIVING

"All the blessings of the fields,
All the stores the garden yields,
All the plenty summer pours,
Autumn's rich, o'erflowing stores,
Peace, prosperity and health,
Private bliss and public wealth,
Knowledge with its gladdening streams,
Pure religion's holier beams —
Lord, for these our souls shall raise
Grateful vows and solemn praise."

We are most happy to agree with the large majority of the governors of the different States — as shown in their unanimity of action for several past years, and which, we hope, will this year be adopted by all — that the LAST THURSDAY IN NOVEMBER shall be the DAY Of NATIONAL THANKS-GIVING for the American people. Let this day, from this time forth, as long as our Banner of Stars floats on the breeze, be the grand THANKSGIVING HOLIDAY of our nation, when the noise and tumult of wordliness may be exchanged for the laugh of happy children, the glad greetings of family



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If you would like to submit an article to the Camp Olden Gazette, you can e-mail it to:

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The Surgeon At Work in the Field

The "Surgeon at Work" introduces us to the most painful scene on the battlefield. Away in the rear, under the green flag, which is always respected among civilized soldiers, the surgeon and his assistants receive the poor wounded soldiers, and swiftly minister to their needs. Arteries are tied, ligatures and tourniquets applied, flesh wounds hastily dressed, broken limbs set, and sometimes, where haste is essential, amputations performed within sight and sound of the cannon. Of all officers the surgeon is often the one who requires most nerve and most courage. The swaying tide of battle frequently makes him a prisoner, and sometimes brutal soldiers will take a flying shot at him as they pass. Upon his coolness and judgment depend the lives of a large proportion of the wounded; and if they fall into the enemy's hands, military rule requires that he should accompany them as a prisoner. An arrangement has lately been made between General Howell Cobb, of the rebel army, and Colonel Keys, of the army of the Potomac, by which surgeons are to be considered non-combatants and released from custody as soon as their wounded are in the hands of the surgeons of the enemy.

Harper's Weekly, July 12, 1862 edition

Did you know that Camp Olden Civil War Round Table and Museum is 15 years old this year? It was during the summer of 1992 that a few individuals who were interested in Civil War history got together for the first time to share their interest. From this beginning they organized into a more formal group with regular meetings and an elected Board of officers. The first public project of Camp Olden was the preservation of the Swamp Angel which is located in Cadwarter Park.

The History of Civil War Medicine Caring for the Men

Source: The National Historic Society's The Image of War 1861-1865, Vol. IV, "Fighting For Time" by George W. Adams.

When the Civil War began, the United States Army medical staff consisted of only the surgeon general, thirty surgeons, and eighty-three assistant surgeons. Of these, twenty-four resigned to "go South," and three other assistant

surgeons were promptly dropped for "disloyalty." Thus the Federal medical corps began its war service with only eighty-seven men. When the war ended in 1865, more than eleven thousand doctors had served or were serving, many of these as acting assistant surgeons, who were uncommissioned and working under contract, often on a part-time basis. For them uniforms were optional and were usually placed in general hospitals away from the fighting front.



Doctors and Nurses of the Sanitary Commission

The Confederate Army began by taking several state militias into service; each regiment had its own surgeon and an assistant surgeon, appointed by the state governors. The Confederate Medical Department started with the appointment of Daniel De Leon as acting surgeon general on May 4, 1861. Doctor De Leon was one of three United States surgeons who resigned, After a few weeks he was replaced by another acting surgeon general, who on July 1,1861, was succeeded by Samuel Preston Moore. Dr. Moore took the rank of colonel and stayed on duty until the collapse of the Confederacy.

Dr. Moore, originally from Charleston, had served twenty-seven years in the United States Army. He has been described as brusque and autocratic, a strict disciplinarian. He was also very hard working and determined, and he was progressive in his military-medical thinking. Dissatisfied with the quality of many of the surgeons of the state troops, he insisted that to hold a Confederate commission, every medical officer must pass examinations set by one of his examining boards. He disliked filthy camps and hospitals. He believed in "pavilion" hospitals, long, wooden buildings with ample ventilation and sufficient bed space for eighty to one hundred patients. Moore, with the compliance of the Confederate

Congress and President Jefferson Davis, began construction of many such hospitals when it was demonstrated that the casualties would be high and the war long. Dr. Moore maintained a cooperative relationship with Congress, successive secretaries of war, and President Davis, always subject to the availability of funds from the Confederate Treasury.

In that era of "heroic dosing" (prescribing huge amounts of drugs), Moore saw that the South would have shortages in

drugs, surgical instruments, and hospital supplies. He established laboratories in the South for drug manufacture and took prompt steps to purchase needed supplies from Europe. In the course of time, captured Union warehouses and hospitals played an increasing important role in the Confederate supply. As an additional precaution he procured and widely distributed a book on native herbs and other plants that grew wild in the South and were believed to possess curative qualities. As a result, despite

frequent shortages of some drugs, the Confederate record was a good one.

Meanwhile, in the old Union, Surgeon General Thomas Lawson, who was in his eighties, obligingly died only weeks after Fort Sumter? Clement A. Finley, who was himself 64, was named as Lawson's replacement as Surgeon General. Finley was a senior surgeon who had served since 1818 and was thoroughly influenced by Lawson's parsimonious values. Lawson had wanted to keep the Army Medical Department much as it had been throughout his career, which meant that the eighty-seven surviving members of the medical corps had neither the experiences nor the training that they would need for a major war. Now they would be the senior surgeons in a rapidly expanding army.

Fortunately, immediately after the outbreak of war there was a swarming of humanitarians of both sexes in the North who wanted to be help the citizen soldiers. Among the most clamorous was the Women's Central Association for Relief, of New York. By the way this organization's officers were all men. Soon there was a strong demand for the creation of a United States Sanitary Commission, patterned after the British Sanitary Commission, which had been formed to

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Clement A. Finley

clean up the filth of the Crimean War. The United States Sanitary Commission elected officers; the two most important were the president, Henry W. Bellows, a prominent Unitarian minister, and the executive secretary, Frederick Law Olmsted, who was the Superintendent of Central Park. The commission

asked for official recognition by the War Department stating that its purpose was to "advise and assist" that department.

Surgeon General Finley had no desire for a sanitary commission, but when that body promised to confine its activities to the volunteer regiments and to leave the regular army alone, he withdrew his objections. Secretary of War Simon Cameron then named a commission of twelve members; three of these members were army doctors.

The United States Sanitary Commission quickly grew to 2,500 communities throughout the North, the Chicago branch being especially proficient. The people of St. Louis insisted on being independent of the US Sanitary Commission and formed as the Western Sanitary Commission. This Commission accomplished great things. The women of the local branches kept busy making bandages, scraping lint, and sending culinary delicacies to army hospitals. The national organization maintained a traveling outpost with the Army of the Potomac to speed sanitary supplies to the field hospitals of that army. In 1862 and again in 1864 the Commission provided and manned hospital ships to evacuate the Army of the Potomac sick and wounded to general hospitals as far from the front as New York City.

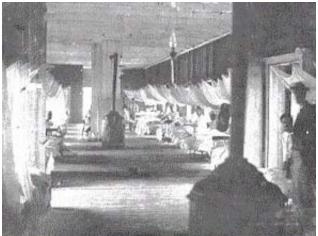
Early in the war, and later when it seemed appropriate, the Commission persuaded highly respected doctors to write pamphlets on sanitation and hygiene. These publications were widely distributed to both medical and line officers. Although the pamphlets often were not accurate by what is known today, they presented the best thought of that pre-bacteriological era and did some good where surgeons could

persuade their colonels to take the advice. In the absence of any medical inspectors, the Commission induced a number of esteemed doctors to examine recruitment camps and to report on cleanliness and on the professional adequacy of surgeons in these camps to hold their commissions.

Although the Southerners had some local and state relief organizations, they did not have an organization similar to the North's Sanitary Commission in scope or efficiency. Yet in the effects of camp disease and unsanitary conditions, the Confederacy and the Union shared common experiences indeed. The two armies had similar experiences as their forces were being trained, usually in an instruction camps as a gathering place for the troops of each state. Medical officers did not know how to requisition drugs and medical supplies. Commissaries did not know how to requisition rations. It has been said that "the Americans are a warlike but unmilitary people," and the first months of the Civil War proved that adage. Too many men, when entering the army had a lifetime of being cared for by their mothers and then wives. These men had a tendency to "go native" and ignore their personal hygiene of washing themselves or their clothing and, worst of all, to ignore all regulations about camp sanitation. Each company was supposed to have a sink, which was a trench eight feet deep and two feet wide, into which six inches of earth was to be put each evening. Some regiments, at first, dug no sinks. In other cases the men, disgusted by the sights and odors around the sinks, went off into open spaces around the edge of the camp. The infestation of flies that followed was inevitable; as were the diseases and bacteria they spread to the men and their rations.

Soon long lines of soldiers began coming to sick call with complaints of loose bowels accompanied by various kinds and varying degrees of internal discomfort. The

medical officer would make a quick diagnosis of diarrhea or dysentery and prescribe an astringent. The officer usually attributed the cause of the sickness to the eating bad or badly cooked food. Union Army surgeons were to come to use the term "diarrhea-dysentery," to lump all the cases together as one disease. In many cases it was only a symptom of more serious diseases of tuberculosis or malaria, though amoebic and bacillary dysentery that was introduced into



Typical Hospital of Either the North or South

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Committee Highlights -- by Kim Daly Education Report

We have received a few phone calls from Boy Scout groups wanting us to open the museum for special visits but as soon as a donation is mentioned they fade away. We also received a phone call to visit a Senior group at a local church but are waiting for them to call back. Nothing else new on the horizon. Talk up our school and scout programs. Welcome new Education representative Carolyn Funk. New ideas, new stamina, new blood. Yeah!!!

Scholarship Committee

Remember our ABC books for your holiday shopping. \$5.00 each and \$2.00 from each book goes to the Scholarship fund. A new fundraiser will be the book "Young Heroes of the Civil War" by Camp Olden member Carmen Fiore. Books will be available at the December general meeting and will cost \$10.00. This time \$3.00 from each sale goes towards Scholarship. We are always looking for fundraisers for the yearly Scholarships. If you have any ideas, please share them with the Committee.

A short Scholarship meeting is schedule for Tuesday, December 4 at 7:15 at Kim's house. Review the application and criteria and start to get information out to Reenacting units, Round Tables, Civil War newspapers etc.

Hospitality

Many thanks to our Hospitality volunteers for 2007: Kim D., Mario F. (twice), Stu & Julia, Ginny & John, John M. & Tom M., Warren and Mike & Corrine. All were delicious and we all appreciate your contributions to the support of the Club. Can you help in 2008? Mario's already signed up for February and November, the Board will do December, Covered dish in March and Sept., no meeting August. That only leaves 6 meetings to cover. Sign up sheet will be at Decembers meeting. Can you take a turn?

Sunshine

Congratulations Granddad Barry. Welcome Juliet Elizabeth Valarazo, born at 6:26 AM on October 12, 2007. Grandpa is very proud. Both mom and baby are doing fine. Now we just need to wait for the Sirak's special delivery!

Happy Birthday wishes to: December: Gary DeSiver-12, Donald Cooper-13, Claudia D'Autrecky-30, Michael Glasser-31. January: Kathy Conte-6, Audrey Sperling-13, Nadeene Brunini-23, Donald Grover-23, Tom Milacki-23. February: Janice Ford-6, Bruce Smith-8, Melissa Emley, Granddaughter of Connie Davis - 9, Leslie Peck-22, Pat Quinn-28. March: Jerrie Glass-26, April: Robert Ford - 5, Dick Glass - 10, Cindy Saperstein - 17, Kurt Daly - 21, Jane Peters - 30

Any news to share, important dates to acknowledge? Call or Email Connie: telephone number - 587-0584, or email address - conniemdavis@verizon.net or Kim: telephone number - 581-3549, or email address - daydreaming513@aol.com with the name of someone you know needs a missive from our Club or with some news you want to share.

Membership

CAMP ODEN WANTS YOU! Send you membership in before or hand it in during the February 2008 General meeting at take \$5.00 off the membership cost. Coupons are available in this newsletter and at the meeting. Membership prices are listed on the coupon. Membership not only supports the club but will entitle you to discounts on trips, a discount in the gift shop (10%) and entitle you to vote in the 2008 elections. Make checks to Camp Olden Civil War Round Table and mail to Kim Daly, 3865 Crosswicks-Ham. Sq. Rd., Robbinsville, NJ 08691



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the South by slaves brought from Africa. This disease caused a great number of illnesses and many deaths. The Union Army alone blamed the disease for 50,000 deaths, a sum larger than that ascribed to "killed in action." It was even more lethal in the Confederate Army.

The diets of both armies did not help and were deplorably high in calories and low in vitamins. Fruits and fresh vegetables were notablely absence in the soldier's daily diet, and especially so when the army was in the field. The food part of the ration was fresh or preserved beef, salt pork, navy beans, coffee, and hardtack, which was usually stale and often inhabited by weevils. When troops were not fighting, many soldiers buught fruits and vegetables in the open market. Often they would forage in the countryside, with fresh food a valuable part of the booty. In late 1864, when Major General W. T. Sherman made foraging his official policy on his march from Atlanta to Savannah, his army was never healthier. As the war went on, Confederate soldiers were increasingly asked to subsist on field corn and peas. Food preparation on both sides was as bad as the food itself, hastily, undercooked, and almost always fried.

No wonder, then, that at sick call, shortly after reveille, many men who claimed to be sick were marched by the first sergeant to the regimental hospital, usually a wall tent. There the assistant surgeon examined them, assigned some of the men to cots in the hospital tent, instructed others to be sick in quarters, and restored a few to light duty or to full duty. The less sick and slightly wounded would be expected to nurse, clean, and feed the other patients and to see to the disposal of bedpans and urinals.

In the event of an engagement, the assistant surgeon and one or more detailed men, laden with lint, bandages, opium pills and morphine, whiskey and brandy, would establish an "advance" or dressing station just beyond musket fire from



A Federal Field Tent

the battle. Stretcher-bearers went forward to find the wounded and, if the latter could not walk, to carry them to the dressing station. The assistant surgeon gave the wounded man a stout drink of liquor, which was expected it to counteract shock, and then perhaps gave him an opium pill or dust or rubbed morphine into the wound. Later in the war the advantages of a syringe to inject the morphine became apparent. The assistant surgeon examined the wound, with

special attention to stanching or diminishing bleeding. After removing foreign bodies, he packed the wound with lint, bandaged it, and applied a splint if it seemed necessary. The walking wounded then started for the field hospital, officially the regiment hospital tent, although in 1862 and onward there was an increasing tendency to take over a farmhouse, school, or church if they were available. Ambulances, if there were any took those men who could not walk. The field hospital was usually anywhere from three to five miles from enemy artillery and sometimes much farther.

At the field hospital the wounded, lying on clumps of hay or bare ground, awaited their turn on the operating table. There was usually little shouting, groaning, or clamor because the wounded were often quieted by shock and the combination of liquor and opiate. It was an eerie scene, with a mounting pile of amputated limbs, perhaps five feet high. The scene was especially awesome at night, with the surgeons working by candlelight. The work of the surgeon and assistant surgeons' might sometimes go on for three or four days with hardly a respite. And there was always the smell of gore. After a few months of fighting both Union and Confederate authorities decided that a surgeon and two assistant surgeons were needed because of the high numbers of casualties after a battle.

The surgeons tried to ignore both the slightly wounded and the mortally wounded in the interest of saving as many lives as possible. This meant special attention to arm and leg wounds. Union statistics showed that 71 percent of all gunshot wounds were in the extremities, probably because of fighting from cover behind trees and breastworks. Wounds of the head, neck, chest, and abdomen were most likely to be mortal, so the amputation cases went first on the operating table. The bullet or piece of shell had to be removed, often with the surgeon using his fingers for a probe. Between the extensive damage done by the Minnie bullets used to inflict wounds, and the haste and frequent ignorance in treating them, amputation was all too often the "treatment" prescribed.

In the operating area, everything about the operation was septic. The surgeon operated in a blood- and often pusstained coat. He might hold his lancet in his mouth. If he dropped an instrument or sponge, he picked it up, rinsed it in cold water, and continued work. When loose pieces of bone and tissue had been removed, the wound would be packed with moist lint or raw cotton, unsterilized, and bandaged with wet, unsterilized bandages. The bandages were to be kept wet, the patient was to be kept as quiet as possible, and he was to be given small but frequent doses of whiskey and possibly quinine. This was a supportive regime.

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The urgency of operating during the primary period—the first twenty-four hours was to avoid the irritative period—when infection showed itself. The surgeon seldom had to wait more than three or four days for "laudable pus" to appear. This was believed to be the lining of the wound, being expelled so that clean tissue could replace it and the wound could heal. In the rare cases when no pus appeared, it was called "healing by first intention" and was a complete mystery. Actually the pus was the sign that *Staphylococcus aureus* had invaded and was destroying tissue.

As to technique, the amputating surgeons had a choice of the "flap" operation or the "circular," both quite old. The former was quicker but enlarged the wound; the latter, when properly done, opened up a small area to infection. By the end of the war a small majority preferred the flap. The frequency of amputations was much questioned at the time. Yet, considering the condition of the patients, the difficulties of transportation, and the septic condition of the hospitals, amputations probably saved lives rather than limbs.

Men wounded in the abdomen by gunshot frequently died of peritonitis if they had not already bled to death from serious arterial injuries. Wounds of the head and the neck were frequently mortal. Some surgeons in both the Northern and Southern armies experimented for a while in sealing chest wounds. They would plug the wound with collodion, relieving the dreadful dyspnea, or breathlessness of the patient, but sealing in such infections as entered with the bullet. These cases were likely to be mortal, but the field surgeon seldom knew because the patient was soon evacuated to a general hospital. As for the frightful looking sabers and bayonets wounds, they consisted of barely two- percent of the wounds, most of which usually healed.

Surgical fevers disheartened the doctors. Four or five days after the operation on a wound, the patient would be recovering well, producing copious pus. Then suddenly the pus stopped, the wound dried, and the patient ran a terrific fever. Despite drugs, the patient would very likely be dead in three or four days. The diagnosis was blood poisoning. Erysipelas also affected both the Northern and Southern armies. With a case mortality of 40 percent, it received serious attention. It was recognized by a characteristic rash, and it was thought by some to be airborne, with the result that both Union and Confederate hospitals took steps to isolate erysipelas patients in separated tents or wards. The surgeons were in the dark as to how to treat this affliction, but it was noted that if iodine was painted on the edges of a wound, its spread on a patient stopped.

Civil War surgeons had not only iodine but carbolic acid as well, and a long list of "disinfectants" such as bichloride of

mercury, sodium hypochlorite, and other agents. The trouble was that the wound was allowed to become a raging inferno before disinfectants were tried. However, one of the good features of Civil War surgery was that anesthetics were almost always used in operations or the dressing of painful wounds. It was practically universal in the Union, and despite mythology, anesthetics were very seldom unavailable in the Confederacy. The almost universal favorite was chloroform, probably because ether's explosive quality made it dangerous at a



Letterman Seated on left

field hospital operating table, where there was always the possibility of enemy gunfire.

With the coming of the big battles of 1862, both armies more or less simultaneously evolved larger and better field hospitals. First,

regimental hospitals clustered together as brigade hospitals with some differentiation of duty for the various medical officers and with the chief surgeon of the brigade in charge. Soon brigade hospitals clustered into division hospitals, and by 1864 in most field armies there were corps hospitals. There the best surgeons would operate; one surgeon would be in charge of records, another of drugs, another of supplies, and yet another would direct the nurses who treat the sick and lightly wounded.

In time for Antietam, the Army of the Potomac, under its medical director Jonathan Letterman, developed the Letterman Ambulance Plan. In this system the ambulances of a division moved together, under a mounted line sergeant, with two stretcher-bearers and one driver per ambulance, to collect the wounded from the field, bring them to the dressing stations, and then take them to the field hospital. It was a vast improvement over the earlier "system," wherein bandsmen in the Union command, and men randomly specified in the Confederacy, were simply appointed to drive the ambulances and carry the litters. Frequently the most unfit soldiers were detailed, which often meant that, not being good fighters, they were little better as medical assistants. Often in the first year of the war they got drunk on medicinal liquor and ignored their wounded comrades in order to hide themselves from enemy fire.

Such improved organization was copied or approximated in the other field armies despite loud opposition from the Quartermaster Corps and from some field commanders, of

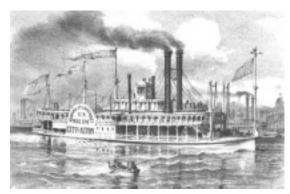
The History of Medicine Continued from Page 7. whom Major General Don Carlos Buell of the Army of the Ohio was notable for non-cooperation. They wanted to keep control of ambulances and drivers,

In general, the Union forces in the West were spared battlefield relief scandals by the fact that major battles were fought on the banks of rivers, whence wounded arid sick could be evacuated by river boats to Mound City, Illinois, St. Louis, and other cities with general hospitals in the safety and secure supply of the North. After the relatively prompt fall of Memphis, that city became the site of several general hospitals. Either individual states or by the United States Sanitary Commission or the Western Sanitary Commission maintained the evacuation boats. This led to confusion. _The state boats, especially those from Ohio and Indiana, were so persistent in their "raiding" the evacuation hospitals for Buckeyes and Hoosiers that General Grant had to forbid their removing any patients.

After losing control of their rivers, the Confederates made considerable use of railroads in evacuating men from field hospitals to general hospitals. They had no special hospital cars and felt fortunate when they could use passenger rather than freight cars. They became adept at maintaining dressing and supply stations where wounds could be tended and the patients fed. The Union Army, too, increasingly used railroads for evacuating men north. After the Battle of Chattanooga, a real hospital train was regularly used to move the sick and wounded from Chattanooga to Louisville. Some of the cars were equipped with two tiers of bunks, suspended on hard-rubber tugs. At the ends of such cars would

be a room for supplies and food preparation. The locomotive assigned to this train was painted scarlet, and at night a string of three red lanterns

burned on



City of Alton used as an Evacuation Boat

the front. Confederate cavalrymen never bothered this train.

The truth was that the military commanders, both Confederate and Union, hated to see fighting soldiers separated from the army; the fear was they would never return. The South was well aware it was fighting a much larger people. The Union generals were well aware that as the invaders, on the offensive, they needed a majority of the men on the battlefield. They also

realized that the deeper they penetrated the South, the greater the number of men needed to garrison important points and to guard ever-longer supply lines. And so there was never an actual separately enlisted and separately trained hospital corps in either army.

When Edwin M. Stanton took over as Lincoln's Secretary of War early in 1862, he realized that Dr. Finley, now a brevet brigadier general, would have to be replaced as surgeon general. Taking the advice of the Sanitary Commission, he appointed William A. Hammond, then a junior assistant surgeon. A Marylander, Hammond had served eleven years as an assistant surgeon before he resigned and became a professor in the University of Maryland Medical School. He was to accomplish many good things and to make many good suggestions during the fourteen months he served as surgeon general. It was obvious to him and to his supporters in the Sanitary Commission that the army needed a group of medical inspectors, chosen for merit and possessing enough rank to give orders to hospital commanders. It was obvious that the makeshift general hospitals—hotels, warehouses, schools, and churches—should be rapidly replaced by pavilion hospitals designed for their function. It was obvious that corps and division hospitals should become official and that something like the Letterman Ambulance Plan should be extended throughout the army. It was obvious that the quartermaster should not be able to remove ambulances nor line officers be able to remove experienced attendants from the medical field details.

Eager to educate his department in the best ideas of the time, General Hammond wrote a full-length textbook on military hygiene. He brought about the writing of Joseph J. Woodward's admirable *The Hospital Steward's Manual*. He gave every encouragement to the many medical societies that had sprung up in the army, ordering that interesting scientific specimens should be forwarded to Washington for inclusion in an Army Medical Museum. He began the collection of what has become the world's largest medical library.

Finley and Hammond secured Congressional authority to increase the regular Army's' Medical Department by several hundred men. The new surgeons were, first called brigade surgeons, later surgeons of volunteers. This group of surgeons contained unusually prestigious doctors. They were used chiefly as staff assistants. As for the increase in regimental surgeons and assistant surgeons, the Medical Department was to have little say. Higher authority had found it desirable to increase the army by a persistent raising of new regiments rather than by filling the depleted ranks of the old units. This allowed the state governors to continue their unfortunate practices of selecting and commissioning the surgeons and assistant surgeons. The surgeon general

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could only attempt to reject unfit professionals by extensive use of reexaminations and "plucking" boards.

General Hammond felt frustrated. Secretary Stanton leaned heavily on General Henry Halleck for military advice, and this usually supported the ideas of the old regular army medics who were jealous of Hammond, the interloper who had been promoted over their heads from captain to brigadier general. In addition, Hammond won the enmity of a large proportion of the American medical profession through his banning of the two mercurials, calomel and tartar emetic, from the list of commonly used army drugs. He may have been correct in his idea that these drugs were being overused, but this seemingly arrogant action lost him the sympathy of many medical colleagues.

In September 1863, Hammond was replaced by Joseph K. Barnes, of the surgeon general's office. It was almost a year before a court-martial of docile surgeons, although finding him "not guilty" on other counts, did vote Hammond guilty of, "conduct unbecoming an officer and a gentleman." He had to leave the army.



General Hammond

Even where successful, Hammond was only partially

so. After the medical inspector bill passed, Secretary Stanton decreed that half the inspectors were to be "political" appointees. When the ambulance corps bill of 1864 became law, what was essentially the Letterman Ambulance Plan was extended to all the armies. The Army Medical Department was to have the privilege of choosing the enlisted men to be put on ambulance and stretcher-bearer detail, and they could not be withdrawn, but there was still no ambulance corps per se.

Confederate Medical Department organization was very much what Surgeon General Moore thought it should be. Congress gave him a considerable body of medical inspectors and hospital inspectors, the former operating within the field armies and the latter in the general hospitals of each state, with the medical director of each state responsible for its hospitals. There was some debate with the quartermaster general about ambulances, but this was generally over the lack of them. Farm wagons most often constituted the ambulances of the Confederacy. Although Moore had much the same "arrogant" personality traits as did Hammond, he usually obtained prompt obedience to orders rather than conflict.

Both armies experimented with "special" hospitals, with admission limited to patients with the same disorders. The Confederates established several venereal hospitals and some ophthalmic hospitals. The Unionists began a venereal hospital at Nashville and the famed neurological hospital, Turner's Lane, at Philadelphia, where W. W. Keen is believed by some to have founded neurology in America.

In contrast, a "general" hospital did not limit its admissions. The sick and the wounded were evacuated to general hospitals so that empty beds could be made available in field installations when a new rush of wounded was expected. Buildings adapted for use as general hospitals were usually considered unsatisfactory because of the inadequate plumbing, the bad ventilation, and the "crowd poisoning" and "mephfluvia" which that generation thought bred and spread disease. Moore and Hammond believed a large building program of pavilion hospitals in 1862 was the answer. To the best of their abilities both sides carried this out, and followed it by still bigger construction programs in 1863 and 1864. The Union pavilions were longer than their Confederate counterparts. Some were as long as 120 feet, with a width of 14 or 15 feet, with a longitudinal ventilator along the 12- to 14-foot roof. This, along with floor ventilation, made the patients too cold and was later closed by wooden slats.

At the inner end, each pavilion, North and South, had toilets, sometimes flush and sometimes, seats over a sloping zinc trough in which water was supposed to run continuously. Reports show that often the water supply was insufficient and that toilets were flushed only after many uses.

Frequently the pavilions were built as though they were spokes spreading from a hub. The buildings at the hub were operating rooms, kitchens, offices, pharmacies and supplies, "dead house," icehouse, and other services. The grounds were usually joined by a wooden roadway on which food could be hauled or the wash taken up and delivered by a steampowered vehicle.

Hospital staff, besides the medical officers and hospital stewards, was mostly the convalescents. They were frequently weak and weary, often snappish and irritable. They did not like the dirty work they performed. They wanted to go home. The surgeon-in-charge, as the hospital commander as he was titled, was often in a dilemma. If he returned the patient to his regiment too soon, the man might relapse or die on the road to his unit. If he tried to hold on to the man too long, he might have to be forcibly returned to his regiment; and if he convinced an inspector to give a medical discharge, the hospital would be losing an attendant who had learned something about his work, and would be forced to rely on a new man who knew nothing. Union and Confederate sur-

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geons-in-charge faced the same problem, although occasionally in Southern hospitals there were hired blacks of both sexes. These people were considered only marginally successful. Some attempts in the North to use cheap male labor as hospital attendants proved unsatisfactory, the men being undisciplined, a "saucy lot" who even stole from the patients.

The brilliant results of Florence Nightingale in cleaning up the Crimean hospitals had been widely noted, with the result that early on it was decided that a corps of female nurses should be added to the army, with Dorothea Dix their superintendent. Miss Dix was widely known as a reformer of jails and as the "founder" of several state mental hospitals. Devoted and hard working, she was disorganized, unyielding in controversy, and deeply in the grip of Victorian ideals of propriety. Allowed to choose the nurses and to set the rules, she announced that her appointees must be at least thirty and plain in appearance, and must always dress in plain, drab dresses and never wear bright-colored ribbons. They could not associate with either surgeons or patients socially, and they must always insist upon their rights as the senior attendants in the wards.

It was not long before outraged surgeons virtually went to war with Miss Dix's nurses, frustrating them, insulting them, and trying to drive them from the hospitals. These were strong-minded middle-class American women, accustomed to ruling within the home and to receiving the respectful attention of their husbands and male acquaintances. For the most part they had no nursing training. The surgeons complained that they often substituted their own nostrums for the drugs prescribed and that they sometimes were loud and interfering when attempting to prevent amputations.

As time passed, younger and less self-righteous nurses began to appear in the army, furnished by the Western Sanitary Commission or some other relief agency. Some surgeons learned to suppress their male-chauvinist behavior. In September 1863, the War Department approved a new nurse policy that, although ostensibly a victory for Miss Dix, really defeated her. Under this edict, hospital commanders could send away Dix appointed nurses but were forced to accept Dix appointed replacements unless the surgeon general authorized the appointment of someone the surgeon-incharge preferred. The surgeon general was always willing.

The female nurses were much liked by the patients and were not so much nurses as mother-substitutes. They wrote letters for their "boys," read to them, decorated the wards with handsome garlands, and sometimes sang. Both armies used small contingents of Catholic nuns in certain general hospitals. They came from the Sisters of Charity, the Sisters of St. Joseph, the Sisters of Mercy, and the Sisters of the Holy

Cross. Having been teachers, some lacked previous hospital experience, but surgeons liked them because they had been bred to discipline. The patients liked them too, but called them all Sisters of Charity.

Hospital food improved perceptively when women matrons took over the supervision of kitchens. These women came from various sources, many supplied by the United States Christian Commission, a large organization that donated delicacies to hospitals but considered the saving of souls, by passing out religious tracts, its principal mission.

Because of the great fame of Clara Barton, and some women like her, an impression prevailed that women functioned in hospitals in the field. This was seldom the case. Miss Barton might best be described as a one-woman relief agency. However, the strong-minded but winning "Mother" Mary Ann Bickerdyke became so popular that in 1864 General W. T. Sherman officially appointed her to his own corps hospital.

Women could be found serving in various ways in Confederate hospitals, too, but the bulk of them were hired black cooks and washerwomen. In the conservative South there was a widespread feeling that a military hospital was no place for a lady, Only in Richmond were there significant numbers of women working in the city's many hospitals.

Richmond was indeed the hospital center of the Confederacy, with twenty hospitals in 1864 after many of the makeshift type had been closed and replaced by pavilion structures. The queen of them was Chimborazo, which had beds for 8,000 men and was often called the largest hospital on the continent. It was organized into four divisions, each with thirty pavilions. There were also five soup houses, five ice houses, "Russian" baths, a 10,000-loaf per day bakery, and a 400-keg brewery. On an adjacent farm the hospital grew food and grazed three hundred cows and several hundred goats. Almost as amazing was Jackson Hospital, which could care for 6,000 patients in similar ways. Out side of Richmond, general hospitals were neither so large nor so grand, but there were many of which the Confederates were proud. By late 1864 there was a total of 154 hospitals in the south, most located close to the southern Atlantic coast. They began to close down, often because of military actions of the North, early in 1865.

Washington was the natural hospital center of the Union Army because of its proximity to major battlefields. This proved unfortunate because the city had always been considered a sickly place, chiefly because of the large open canal that stretched across town and into which much sewage was dumped. Also, the metropolitan community had many standing pools in which anopheles mosquitoes bred. The intestinal disease and malarial rate of the hospitals were a natural result..

The History of Medicine Continued from Page 10

At the end of 1861 Washington had only 2,000 general hospital beds. The great slaughters of the Peninsular campaign, with the Second Battle of Bull Run immediately after, followed shortly by Antietam, flooded the hospitals of the Washington area, Baltimore and Philadelphia as well. Adaptation went so far as converting the halls of the Pension Office, with cots among the exhibitions, the Georgetown jail, and the House and Senate in the Capitol. From August 31 to the end of 1862, 56,050 cases were treated in Washington. Many of these adaptations were closed in 1863, replaced by modern pavilion hospitals. At the end of 1864 the city contained sixteen hospitals, many of them large and fine. There were seven at nearby Alexandria and one each at Georgetown and Point Lookout, Maryland. Outstanding was Harewood, said to resemble an English nobleman's estate, with professionally landscaped grounds, flower gardens, and a large vegetable garden. Its building consisted of fifteen large pavilions with appropriate service buildings and some tents.

The Western showpiece was Jefferson Hospital at Jeffersonville, Indiana, just across the river from Louisville. Built in the winter of 1863-64 with 2,000 beds, later increased to 2,600, at war's end it had plans for 5,000 beds. Its most interesting architectural feature was a circular corridor 2,000 feet long from which projected twenty-four pavilions, each 175 feet long.

By the last year of the war, there were 204 Union general hospitals with beds for 136,894 patients. This proved to be the maximum. In February 1865 the United States began closing down its hospitals.

The many men and women, North and South, who served in the hospital and sanitary services during the war were justly proud of their achievements. The morbidity and mortality rates of both armies showed marked improvement over those of other nineteenth-century wars, particularly America's last conflict, the war with Mexico. In that war a good percent of the deaths were from nonbattle causes. In contrast, in the Civil War some 600,000 soldiers died, but in the Union Army 30.5 percent of them died in or from battle, and in the Confederate Army the percentage ran to 36-4. Clearly, the physicians and sanitarians had held down the disease mortalities to levels that their generation considered more than reasonable. Better, they made some few halting strides in treatment and medication, and considerable leaps in the organization of dealing with masses of wounded and ailing soldiers. It was a ghastly business for doctors and patients alike; yet without the medicos in blue and gray, much of the young manhood of America at mid century might not have survived for the work of rebuilding.

Camp Olden Calendar of Events 2007 - 08

November

- 1 General Membership meeting,
 Election of new officers- 7 pm, Library
 William Saricini "Battle of Chickamauga"
 Hospitality: Corrine & Mike Mazzocchi
- 15 Board meeting, 7 pm, Groveville Firehouse
- 17 & 18 Remembrance Day Weekend Gettysburg
- 25 Museum meeting, 2 pm, Museum
- 28, 29, 30 & Dec 1 Hamilton Winter Wonderland at Kuser Park, Mansion is open for quick walk troughs only and NJ Model RR display open. 6-9 pm Wednes day, Thursday, & Friday, 12-3 Sat.

December

- $2,\ 5\text{-}9-\text{Kuser Farm Mansion Christmas Tours}\ \ 6\text{-}9\ \text{pm}$ except Saturday which is 12-3 pm.
- 4 Scholarship meeting, Kim's house 7:15 pm
- $\begin{array}{lll} 6 \text{ General Membership meeting, swearing in of new} \\ \text{ Board members- 7 pm, Library} \\ \text{ Charlie Zahn entertainment} \\ \text{ Hospitality: Board} \end{array}$
- $9- \hbox{Historic Society of Hamilton Wassail Party,} \\ Abbott \hbox{House 2-4 pm}$
- $20 {\sf Board\ meeting\ (if\ needed),\ 7\ pm}$ at the Groveville Firehouse

January, 2008

- 3 General Membership meeting, 7 pm, Library Speaker TBA and hospitality Connie Davis
- 17 Board meeting, 7 pm, Groveville Firehouse

February

- 7 General Membership meeting, 7 pm, Library Speaker – TBA, hospitality is Mario Florio
- 12 Lincoln's Birthday Celebration at the Union League in Philadelphia, PA
- 21 Board meeting, 7 pm, Groveville Firehouse
- 24 Museum meeting, 2 pm, Museum

March

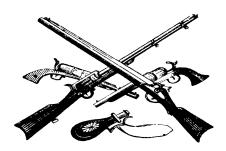
- $2-\hbox{Camp Olden Park clean up, 1 pm,}\\ \ \, \hbox{bring your gloves, rake, tools etc}$
- 6 Camp Olden Bring-a-dish-to-share

 Covered dish 6:30 pm, Library,
 followed by General Membership meeting, 7:15 pm

 Speaker: TBA
- 20 Board meeting, 7 pm, Groveville Firehouse

April

- $3 \text{General Membership meeting, 7pm, Library} \\ \text{Speaker and hospitality} \text{TBA}$
- 6 Camp Olden Park clean up, 1pm, bring your gloves, rake, tools etc
- 17 Board meeting, 7 pm, Firehouse
- 19 Mercer County Earth Day at Mercer County Park, Ice Skating Rink



She Crab Soup

by Tom Sine, Jr.

2 Tbsp. butter4 to 5 celery stalks, diced1 lb. lump crabmeat4 c. chicken or seafood

1 large yellow onion, stock

diced 1 qt. heavy cream or milk

4 carrots, diced Scallions to garnish

Roux:

½ lb. flour ½ lb. butter

Sauté onions and celery in 2 tablespoons of butter. Add stock and carrots and reduce by $\frac{1}{2}$. Add $\frac{1}{2}$ pound crabmeat and 1 quart of heavy cream or milk.

Prepare your roux in a separate pot. Combine ¼ pound flour and ¼ pound butter and cook on medium-low heat till thick and creamy. Add hot soup to roux 4 ounces at a time till about 12 ounces. Add mixed roux and soup to the remaining soup; stir to thicken. Salt and pepper to taste. Garnish with the scallions and the rest of crabmeat.

This recipe is taken from <u>What's Cookin, Gulf</u> <u>Coast Gourmet Meets Garden State Cuisine</u>. All proceeds from this cook book support the Gulf Coast Hurricane Katrina relief efforts.

President's Gavel Continued from Page 1.

reunion, and the humble gratitude of the Christian heart. This truly American Festival falls, this year on the twenty fifth day of this month. Let us consecrate the day to benevolence of action, by sending good gifts to the poor, and doing those deeds of charity that will, for one day, make every American home the place of plenty and of rejoicing. These seasons of refreshing are of inestimable advantage to the popular heart; and if rightly managed, will greatly aid and strengthen public harmony of feeling. Let the people of all the States and Territories sit down together to the "feast of fat things," and drink, in the sweet draught of joy and gratitude to the Divine giver of all our blessings, the pledge of renewed love to the Union, and to each other; and of peace and good-will to all men. Then the last Thursday in November will soon become the day of AMERICAN THANKSGIVING throughout the world.

Sarah Josepha Hale is buried in Historic Laurel Hill Cemetery, Philadelphia.

This article about Sarah Josepha Hale was sent to me a few years ago, and it seems appropriate as we move towards Thanksgiving.

Have a Happy Thanksgiving!

Bruce

Fall/Winter, 2007 Page 13.

The Camp Olden Gazette Goes Electronically In 2008

The Camp Olden Gazette will be electronically mailed to Camp Olden Civil War Round Table and Museum members in 2008. The newsletter will be mailed electronically in order to put the newsletter into our members hands in a more timely fashion. Electronic mailing will reduce printing and mailing costs, with the money saved used for other things. The electronic mailing will also reduce the amount of paper used in publishing the newsletter.

The first issue, Winter 2008 will be available to members on February 15, 2008. To receive your Newsletter through email, make sure that your email address is clearly printed on the your membership renewal form. If you would rather receive your Newsletter through the mail, please indicate so on the E-mail Address line of your membership renewal form.

Remember, if your dues are paid before or during the February general meeting on February 7, 2008, you will be able to deduct five dollars from your annual dues.

Camp Olden Civil War Round Table and Museum 2008 Renewal & Membership Application		
Name:		.
Address:		.
		.
Birthdays:		.
Telephone No.	(
E-Mail Address:		
Memebership:	Single (\$30*) Senior Single (\$25*) Student (\$15)	
	Family (\$40*) Sr. Husband & Wife (\$30*)	
* Take a \$5 discount if dues are paid before or during the February General Meeting		
Mail Dues with Completed Application to:		
Ms. Kim Daly, Membership Chair 2865 Crosswicks-Hamilton Square Road		
1	e, New Jersey 08691 Revised: 10.	11

Attention Camp Olden Members

We are still looking for old clothing, not just any old clothing but period Civil War style clothing. We are planning a dress up box to be used as part of our outreach. So if you want to find a new place for that old uniform that does not fit any longer, that dress that does not fit into the character that you have evolved into, or just want some new duds, drop it off at the Museum on any weekend that it is open.



No passion on Earth, neither love nor hate, is equal to the passion to alter someone else's draft.

-H. G. Wells

Camp Olden Civil War Round Table and Museum 2202 Kuser Road Hamilton, New Jersey 08690



Up and Coming Events

February 7 2008– General Meeting at TWP. Library – Speaker TBA

Speaker TBĂ January 3, 2008– General Meeting at TWP. Library –

December 6, 2007 - General Meeting at TWP. Library -

Charlie Zahn, Entertainment

Visit Us on the Web: www.campolden.org