

MEDICAL REMINISCENCES OF THE CIVIL WAR¹

REMARKS BY JOHN S. BILLINGS, M.D.

IN the Fall of 1861 I went to Washington to appear before the Medical Examining Board of the Regular Army. I had graduated from a medical college after a two years' course, each year having exactly the same lectures. I had had two years' hospital experience, and I had been demonstrator of anatomy for two years, so that while I had my doubts about my passing the ordeal of the Army Medical Board, from what I had heard of its severity, still I thought that probably I should get through. I came up before the Board, and at about noon of the second day I began to feel rather comfortable and thought I was getting on very well; but by noon of the third day there was a consultation between the examiners, and they began all over again, going back to anatomy and to the beginning of things. That went on for three days more and made me very uneasy. I did not learn the explanation of this until long afterward. When it was all over Dr. McLaren, the President of the Board, said to me that he hoped I would take service at once with him—that he could not get my commission for some time, but that I could be made a contract surgeon without delay. I agreed to this, was introduced to Surgeon-General Finley, got my contract and was told that I was especially detailed to go to the Union Hotel Hospital in Georgetown, which was under the direction of Surgeon McLaren.

I began service, and had three things with me that none of the other surgeons had: A set of clinical thermometers like those Dr. Keen talked about, a straight one and one with a curve; a hypo-

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dermic syringe, and a Symes staff for urethral stricturotomy. The hypodermic syringe was in constant requisition. The clinical thermometer was troublesome and was not used very much. The medical director of the army was Dr. Charles S. Tripler, who had seen me operate for stricture of the urethra the year before, and thought the results were very good. Consequently whenever any surgeon of troops about Washington applied for the discharge of one of his men for the reason that he had an impermeable stricture of the urethra, instead of granting the discharge, Dr. Tripler sent that case to me. There were quite a number of them, but I have no statistics of my cases.

One day in the Spring of 1862 I was in the hospital office when two men walked in—one a large man with an air of importance, the other a small man who had said very little. The large man said they would like to see some of the cases in the hospital. They did not give their names, but I thought it was proper to show the cases, and so took them around. Practically I had done most of the operations in the hospital. After spending about two hours they went down to the desk and the big man said to me, "Dr. Billings, I wanted to see the man who beat my student Adams." I told him I didn't know who "Adams" was. He said, "Don't you know the results of your examination?" I said, "No." He then said, "When you came up for examination they had finished their class, and the report was just ready to go in, when you were sent over with an order to be examined. They looked up your paper, found that you were born in Indiana, and thought they would make short business of it. At the end of the first day they concluded that probably you would pass, but hoped it would not be necessary to change the order of precedence in the roll, and that you could come in at the bottom. The second day they thought they would have to put your name higher up, and on the third day they concluded that you would be at the head of the class, but that, to be fair, they ought to ask you the same questions that they had asked Dr. Adams, who was previously the head of the class, and so they began all over again with you. I then learned that my callers were Dr. Ham-

mond, Surgeon-General, and Dr. Letterman, Medical Director of the Army of the Potomac. Dr. Hammond said to me: "Day after to-morrow all the surgeons in this hospital will be relieved, which will leave you in charge. You will be sent some contract doctors, and you are to go to the cavalry barracks at Cliffburne, on the hill back of Georgetown, turn them into a hospital, and move this hospital out there as soon as possible."

The surgeons were relieved. I did establish the Cliffburne Hospital, and when the wounded came in from the seven days' fighting before Richmond I was ready for them, and had very excellent opportunities for operative work.

I secured sixty Sisters of Charity, who took charge of the nursing side of the work. We should not think them particularly skilled at the present day, but they were very good for that period.

One of the difficulties at Cliffburne was that we had a large number of Confederate as well as of Union wounded. The old residents of Georgetown and Washington were mostly in sympathy with the Confederates, and came out bringing good things to eat and drink, with the desire that these things should be for the exclusive use of the Confederates. On the other hand, the ladies of the families of members of Congress and of officers in the departments were enthusiastic for the Northern side, and they also came with various good things, but with the specification that none should go to the rebels. We would not receive gifts from either party on these terms, but after a little explanation they were left to be used for those who needed them most.

I remember a member of Congress from New York City who came up and said: "You have got a lot of my boys here; I would like to do something for them, something that the papers will notice, you know. What do you think I had better give them?" I said: "They have all got more or less scurvy, and I think fresh strawberries would do them good. You might have a strawberry festival, and have a band here."

He agreed, and it was a great success, as the reporters duly proclaimed.

Long afterwards, Dr. Billings described his experiences at this battle as follows:

At the battle of Chancellorsville there was a good deal of joking among some of our line officers about the doctors not getting up to the front, that they kept in a comfortable place about a mile back, etc. This was mostly chaff, but there was a little bit of earnest in it; so I said I would go up and see. The regiment came under fire, and was then less than 200 yards from the Confederates, and I was, perhaps, 40 yards behind the firing line. I stopped behind a little frame house, giving notice to bring the wounded there. I soon found that the wounded who could walk would not stop where I was—it was entirely too close. At first the men that were more severely hit were brought back by members of the band, but very soon there were no more bandmen, and they never came back for a second load. When the men began to bring their wounded fellow soldiers in they would not stop where I was. Finally a shell went through this wooden shanty, making a deuce of a clatter, and that settled the question of the men stopping. The slightly wounded men would not stop, and the bearers of the badly wounded men would not stop, so I moved back about 200 yards and began to work there, but soon got an order from the medical director saying that I was still too close, and must go back to the Chancellor House about a mile away and establish my hospital there. The next morning the Chancellor House came under artillery fire and I had to move again. Fortunately I was able to get all the wounded out of the house and to move them back another mile or so into a little hollow without losing any of them. But one of my assistants was killed.

My experience in Chancellorsville was that of handling wounded without an ambulance corps, and getting them off when the troops were falling back. It is one thing to provide for wounded when the troops are advancing and leaving the hospital behind, and quite another thing to fall back with your wounded when the troops are retreating.

Let us take another field hospital scene—this was at the battle of Gettysburg. There I established the hospital at a farm house on the side of Round Top, perhaps half a mile behind the first

firing line. In the house we found dough kneaded and nearly ready for the baking pans, which had even been greased. There was a fine fire in the stove, but nobody about the house. I got my men to separate that dough into reasonably sized lumps and slip them into the oven. Then we found a big copper boiler which we filled with water and made coffee and some soup. In about twenty minutes the wounded began to come in, and we had about 850 before 12 o'clock that night. They all got hot coffee and hot soup, but there was not enough bread to go beyond the first hundred. The seriously wounded were in the house, and near it under the trees and in the big barn. The slightly wounded picked their own places on the outskirts. About midnight Dr. Letterman came in and said that he had just learned that this particular place was going to be shelled early in the morning, and that we should have to move on at once. I found a place a mile to the rear, where there was plenty of water and shade, and we began to move early in the morning. Here I had an ambulance train and the work of moving was safely accomplished. A few shells began to drop near as the first train of ambulances moved off, but no one was injured.

As usually happens, about the second day it began to rain and rained continuously for five days, and the supplies were slow in coming. Various State auxiliary associations brought fresh bread, mutton, fruits, etc., for their State regiments, but there were none for the regular troops. Finally there came along a wagon from the Fire Department of Baltimore. They said: "This is just the kind of place we want to find, that don't belong to any State." Baltimore was rather neutral. After the wagon had been unloaded they informed me that they had packed one box for the surgeon. I got the benefit of that box, and it was most judiciously packed.

Let us take another scene:

A little later, at the battle of Spottsylvania, in 1864, the Army of the Potomac had an ambulance corps well disciplined. In that campaign I was a medical inspector of the army, and had

a chance to look around and see what other people were doing. The first battle of the Wilderness lasted about three days. The wounded were taken back to Fredericksburg, the line of the Rappahannock was then abandoned and another battle began. A large number of wounded soon resulted, but there were no ambulances, nor had we the conveniences which the ambulances supplied. Huts and shelters were built of cedar and pine branches, and we did the best we could until the ambulances returned the next day. The day was hot and sultry, the air was filled with clouds of dust, and the woods were on fire in various places. It was hard to find water, and when found it was warm and muddy. The medicine wagons could not be brought up, for the roads were blocked. The surgeons worked in their shirt sleeves, using such materials as were in the field cases, and they worked well—far into the night. I shall not give you any more illustrative scenes. My general observations agree with those of Dr. Keen, that there was not enough of operating in the state of knowledge we then had. A very few men performed operations which were unnecessary, amputating a few limbs which might have been saved, but the great majority were timid and anxious to shift the responsibility and to get the simplest dressings on as soon as possible.

During the first year of the war there was no good organization for collecting the wounded. In the second year they had acquired the idea that the doctor might be considered a general staff officer, and there was an ambulance corps. In the third year there was an order issued that the chief surgeon of the corps and the division surgeon should be at the Division Hospital, because there they could be more easily found. The brigade surgeons were often made the operating surgeons. The result of this was that all the chief officers were gathered together at the Division Hospital; and there was plenty of work for them, but the other surgeons and assistant surgeons were without directions, and were left to exercise their own will and pleasure, if they had any. In the case of Dr. Keen, when he didn't get orders, he acted on his good judgment, but a good many did not have that quality, and hence did little or nothing.

Looking back at the war as I remember it, it is a wonder that so many of the medical officers did as well as they did, and that the results were as good as they were. My main criticism of the surgical work which I saw was that too much resection was attempted in cases of injury of the long bones. If a ball smashed a femur some surgeons wanted to get out all of the fragments, although in doing so they made the injury much more severe.

During the first two years of the war the records of the wounded in field hospitals were often very imperfect, for comparatively few surgeons made notes of their cases. During the last two years of the war the records were much more complete, as a medical officer and a hospital steward were often detailed for the duty of making such records.