The Realities of War

c. 1860-64, A large, Civil War Hospital issue, 'U. S. Army Hospital Dept.' marked surgical set by Kolbe' of Philadelphia. This four tier set was a special bone surgery collection of instruments used to deal with the trauma of war. At a minimum, a typical kit consisted of two surgical saws, cutting pliers, a curved probe, clamps, a retractor, a brush, and trepanning instruments. Surgeons would use the probes to inspect a wound before using the clamps, retractor, and saws for the amputation surgery itself.

Because limbs had to be discarded after the surgery, a false imagery of “butcher” doctors surrounded by piles of arms and legs soon arose. As Dr. Jonathan Letterman, the Army of the Potomac’s medical director and “the Father of battlefield medicine,” explained, “Gross misrepresentations of the conduct of medical officers have been made and scattered broadcast over the country, causing deep and heart-rending anxiety to those who had friends or relatives in the army.” In truth, some inexperienced and incompetent surgeons did exist, but the majority of doctors performed their surgeries with skill and efficiency.
The Realities of War

This series of photographs, compiled by the U.S. Surgeon General's Office, illustrates different types of arm amputations. During the Civil War, surgeons performed two types of amputation: circular and flap. A circular amputation involved rolling the tissue and skin up like a cuffed sleeve before cutting the bone. Afterward, the doctor would roll the “cuff” back down, sew it together, and create a stump. A flap amputation entailed creating two long flaps of skin and tissue that were folded and sewn over the cut bone. The soldiers depicted above are Private John Brink of the 11th Pennsylvania Cavalry (top left), Sergeant Warden (top right), Private Samuel H. Decker of the 9th U.S. Artillery (lower left), and Drummer Allison Shutte of the 7th Pennsylvania Reserves (lower right).
The Realities of War

THE CASE OF PRIVATE CARLETON BURGAN

Private Carleton Burgan, B Company, Purnell's Maryland Legion, age 20, was admitted to the general hospital in Frederick, Md., on Aug. 4, 1862, with pneumonia. He was given calomel, a strong unpredictable drug. On Aug. 6, doctors discovered that the calomel had caused an ulcer on Burgan's tongue. The ulcer soon spread to his cheek and the roof of his mouth. The ulcer became gangrenous. The gangrene disappeared on Aug. 27, but it had destroyed Burgan's upper mouth, palate, right cheek and right eye. The bone of his right cheek was removed to halt any further spread of the gangrene.

Burgan's condition made him a candidate for reconstructive surgery. Dr. Gurdon Buck of City Hospital in New York performed a series of operations to rebuild Burgan's face. Dental and facial fixtures were crafted to fill in the missing bone and support the skin. Burgan's case was the first involving total facial reconstructive surgery. He went on to live a normal life, with minimal visual and physical reminders of the damage.

Engravings showing Burgan at various stages during his surgery.
The Realities of War

As bullets hit their victims, shattered bone and shredded flesh became the calling cards of the Minnie Ball. Most of the surgeons who had come from civilian practices had little or no experience in dealing with such wounds. They quickly became aware of the surgical options: remove the limb, remove the fractured portions of bone, or clean the wound and apply a dressing. Union surgeons documented nearly 250,000 wounds from bullets, shrapnel, and other missiles. Fewer than 1,000 cases of wounds from sabers and bayonets were reported.

Private J. Luman was wounded at the battle of Mine Run, Virginia, on November 27th, 1863, when a minie ball passed through his skull. He was treated in the field hospital for several days before being evacuated to the 3rd division hospital in Alexandria. By December 8th, Private Luman was comatose and Surgeon E. Bentley applied a trephine and removed the splinters of bone associated with the wound. His condition failed to improve and he died five days later.
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Once treated, amputees often convalesced in one of the many makeshift wartime hospitals—such as the Armory Square Hospital in Washington, D.C. (pictured above). Surrounded by comrades suffering from gangrene, dysentery, or other diseases, amputees would heal before returning home or back to military service.
The Realities of War

Wounded soldiers were brought to this inconspicuous dwelling, turned into a temporary field hospital like most of the farmhouses in the area.

Tents were also used as Civil War field hospitals on rural battlefields or when all other available buildings were being used.
The Realities of War

While Gettysburg soldiers and residents witnessed the horrors of war first-hand, the rest of the nation was able to see the carnage of the battlefield through the photographs of Mathew Brady, Timothy O'Sullivan, James Gardner, and Egbert Guy Fox. Although photographs of earlier conflicts do exist, the American Civil War is considered the first major conflict to be extensively photographed (also see “History through Photojournalism” on page 369).
The Realities of War

After surgery, the wounded soldier would travel via ambulance and/or rail to a hospital away from the fighting. These bumpy rides often exacerbated the soldier’s pain, exposing him to the elements, extreme temperatures, and long travel without painkillers. The image above is of an ambulance train, 1st Division, II Corps, Army of the Potomac.