

Civil War Medicine – Fact or Fiction?

Created by Jacob Hamill, SCDNR Heritage Trust Archivist (2018). Adapted from *Civil War Medicine: Fact or Fiction* by P. Suzanne Smith, 2nd Place Winner of the 2012-2013 Civil War Trust Best Lesson Plan Contest.

Grade Levels

6 – 8th, High School U.S. History and English

Estimated Time

1 – 1 ½ hours for the lesson plan only. Several weeks to a month in time can be devoted to the more advanced/out-of-class components of this lesson.

Goal

Students will learn about the realities of medical care during the Civil War by reading fictional and nonfictional historical texts and by watching several lecture style videos. Students will learn that popular myths of medicine used during the Civil War continue to prevail, even today, and that historical fiction novels and movies are typically not reliable sources of information concerning the past.

Objectives

After completion of the activity and viewing the *Fort Lamar* documentary films, in addition to the Museum of Civil War Medicine films, students will be able to:

1. *Observe* historical events featured in the Fort Lamar documentary films.
2. *Summarize* key events of the documentary.
3. *Identify* the location of Fort Lamar and the Battle of Secessionville in South Carolina.
4. *Explain* the significance of the Battle of Secessionville in the context of the Civil War.
5. *Analyze* the similarities and differences between historical nonfictional texts/primary resources and historical fictional texts on the same/similar subject.
6. *Demonstrate* an understanding of the realities of medicine during the Civil War.
7. *Distinguish* between the popular myths surrounding medicine and surgery during the Civil War that are often present in historical fiction, and the realities of medicine during the Civil War as depicted in primary sources.
8. *Consider* how historical myths get started and become popularized.
9. *Compare* historical documents to fictional accounts and determine the accuracy and validity of historical fictional narratives.

Academic Standards

English

Inquiry-Based Literacy Standards (I)

- 6-1.1 Develop questions to broaden thinking on a specific idea that frames inquiry for new learning and deeper understanding.
- 6-2.1 Transact with text in order to formulate logical questions based on evidence, generate explanations, propose and present conclusions, and consider multiple perspectives.
- 6-3.2 Examine historical, social, cultural, or political context to broaden inquiry.
- 6-3.3 Gather information from a variety of primary and secondary sources and evaluate sources for perspective, validity, and bias.
- 6-4.1 Employ a critical stance to demonstrate that relationships and patterns of evidence lead to logical conclusions, while acknowledging alternative views.
- 6-4.2 Determine appropriate disciplinary tools and develop a plan to communicate findings and/or take informed action.
- 6-4.3 Reflect on findings and pose appropriate questions for further inquiry.
- 7-1.1 Develop questions to broaden thinking on a specific idea that frames inquiry for new learning and deeper understanding.
- 7-2.1 Formulate logical questions based on evidence, generate explanations, propose and present original conclusions, and consider multiple perspectives.
- 7-3.2 Examine historical, social, cultural, or political context to broaden inquiry.
- 7-3.3 Gather information from a variety of primary and secondary sources and evaluate sources for perspective, validity, and bias.
- 7-4.1 Employ a critical stance to demonstrate that relationships and patterns of evidence lead to logical conclusions, while acknowledging alternative views.
- 7-4.2 Determine appropriate disciplinary tools and develop a plan to communicate findings and/or take informed action.
- 7-4.3 Reflect on findings and pose appropriate questions for further inquiry.
- 8-1.1 Develop a range of questions to frame inquiry for new learning and deeper understanding.
- 8-2.1 Formulate logical questions based on evidence, generate explanations, propose and present original conclusions, and consider multiple perspectives.
- 8-3.2 Examine historical, social, cultural, or political context to broaden inquiry.
- 8-3.3 Gather information from a variety of primary and secondary sources and evaluate sources for perspective, validity, and bias.
- 8-4.1 Employ a critical stance to demonstrate that relationships and patterns of evidence lead to logical conclusions, while acknowledging alternative views.
- 8-4.2 Determine appropriate disciplinary tools and develop a plan to communicate findings and/or take informed action.

- 8-4.3 Reflect on findings and pose appropriate questions for further inquiry.
- E1-1.1 Use a recursive process to develop, evaluate, and refine questions to broaden thinking on a specific idea that directs inquiry for new learning and deeper understanding.
- E1-2.1 Analyze ideas and information from text and multimedia by formulating questions, proposing interpretations and explanations, and considering alternative views and multiple perspectives.
- E1-3.2 Examine historical, social, cultural, or political context to broaden inquiry and create questions.
- E1-3.3 Gather information from a variety of primary and secondary sources and evaluate for perspective, validity, and bias.
- E1-4.1 Employ a critical stance to analyze relationships and patterns of evidence to confirm conclusions.
- E1-4.2 Evaluate findings; address conflicting information; identify misconceptions; and revise.
- E1-4.3 Determine appropriate disciplinary tools to communicate findings and/or take informed action.

English

Reading – Informational Text (RI)

- 6-5.1 Cite textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text.
- 6-6.1 Provide an objective summary of a text with two or more central ideas; cite key supporting details.
- 6-7.1 Integrate information presented in different media or formats to develop a coherent understanding of topic or issue.
- 6-9.1 Determine the meaning of a word or phrase using the overall meaning of a text or a word's position or function.
- 6-9.2 Determine or clarify the meaning of a word or phrase using knowledge of word patterns, origins, bases, and affixes.
- 6-10.1 Analyze multiple accounts of the same event or topic, noting important similarities and differences in the perspective represented.
- 6-12.1 Engage in whole and small group reading with purpose and understanding.
- 6-12.2 Read independently for a sustained period of time.
- 6-12.3 Read and respond according to task and purpose to become self-directed, critical readers and thinkers.
- 7-5.1 Cite multiple examples of textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text.
- 7-6.1 Provide an objective summary of a text with two or more central ideas; cite key supporting details to analyze their development.

- 7-9 Apply a range of strategies to determine and deepen the meaning of known, unknown, and multiple meaning words, phrase and jargon; acquire and use general academic and domain-specific vocabulary.
- 7-10.1 Determine the author's perspective or purpose and analyze how the author distinguishes his/her position from others.
- 7-12.1 Engage in whole and small group reading with purpose and understanding.
- 7-12.2 Read independently for a sustained period of time.
- 7-12.3 Read and respond according to task and purpose to become self-directed, critical readers and thinkers.
- 8-5.1 Cite the evidence that most strongly supports an analysis of what the text says explicitly as well as inferences drawn from the text.
- 8-6.1 Determine one or more themes and analyze the development and relationships to character, setting, and plot over the course of a text; provide an objective summary.
- 8-9.1 Determine the figurative and connotative meanings of words and phrases as they are used in text; analyze the impact of specific word choices on meaning and tone, including analogies or allusions to other texts.
- 8-10.1 Use context clues to determine meanings of words and phrases.
- 8-12.1 Compare and contrast the structure of two or more texts with similar topics or themes and analyze how the differing structure of each contributes to meaning.
- 8-12.2 Analyze the author's choice of structures within the text and draw conclusions about how they impact meaning.
- E1-4 Read with sufficient accuracy and fluency to support comprehension.
- E1-5.1 Cite significant textual evidence in order to articulate explicit meanings and meanings that can be inferred from the text; identify multiple supported interpretations.
- E1-6.1 Determine a central idea of a text and analyze its development over the course of the text including how it emerges and is shaped and refined by specific details; provide an objective summary of the text.
- E1-7.1 Research events, topics, ideas, or concepts through multiple media, formats, and in visual auditory, and kinesthetic modalities.
- E1-9 Explain how the use of different mediums, modalities, or formats impacts the reader's understanding of events, topics, concepts, and ideas in argument or informative texts.
- E1-10.1 Determine an author's point of view or purpose in a text and analyze how an author uses rhetoric to advance that point of view or purpose.
- E1-12.1 Engage in whole and small group reading with purpose and understanding.
- E1-12.2 Read independently for a sustained period of time.
- E1-12.3 Read and respond to grade-level text to become self-directed, critical readers and thinkers.

English

Writing (W)

- 6-1 Write arguments to support claims with clear reasons and relevant evidence.
- 6-2 Write informative/explanatory texts to examine and convey complex ideas and information clearly and accurately through the effective selection, organization, and analysis of content.
- 6-6 Write independently, legibly, and routinely for a variety of tasks, purposes, and audiences over short and extended time frames.
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English

Communication (C)

- 6-2 Articulate ideas, claims, and perspectives in a logical sequence using information, findings, and credible evidence from sources.
- 6-3 Communicate information through strategic use of multiple modalities, visual displays, and multimedia to enrich understanding when presenting ideas and information.
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- E1-3 Communicate information through strategic use of multiple modalities and multimedia to enrich understanding when presenting ideas and information.

Social Studies

- 8-4.5 Compare the military strategies of the North and the South during the Civil War and the fulfillment of these strategies in South Carolina and in the South as a whole, including the attack on Fort Sumter, the Union blockade of Charleston and other ports, the early capture of Port Royal, and the development of the *Hunley* submarine; the exploits of Robert Smalls; and General William T. Sherman's march through the state.
- 8-4.6 Compare the differing impact of the Civil War on South Carolinians in each of the various social classes, including those groups defined by race, gender, and age.
- USHC-3.2 Summarize the course of the Civil War and its impact on democracy, including the major turning points; the impact of the Emancipation Proclamation; the unequal treatment afforded to African American military units; the geographic, economic, and political factors in the defeat of the Confederacy; and the ultimate defeat of the idea of secession.

Activity Type: In-Class/Out-of-Class

This is intended as an in-class and/or out-of-class activity. The teacher will provide the required materials for the in-class component. Students will need to find resources individually for the out-of-class component.

Materials

Materials may vary depending on the teacher and preferred resources.

- K.W.L. Chart
- “Fictional vs. Informational Texts” handout with reading excerpts
- Optional: Other Historical Fiction & Nonfiction reading examples

Fort Lamar History

- By the spring of 1862, Union forces under the leadership of Brigadier General David Hunter, commander of the Union's Department of the South, were poised to launch an assault on Charleston by way of land. A Union victory at the Battle of Port Royal in November of 1861 provided the Federals an excellent staging area for organizing an attack on the city. Logistical information provided by Robert Smalls, a runaway slave who

had commandeered a Confederate steamer, the C.S.S. Planter, opened the way for Union troops to advance on James Island.

- Capturing Charleston early into 1862 would have dramatically turned the tide of war in the Union's favor. The North could have utilized Charleston's large harbor and railroad connections to launch large-scale campaigns into the South's interior, potentially forcing the Confederacy to divert its eastern forces away from Virginia.
- To protect Charleston's southern flank, the Confederates, under the command of Major General John C. Pemberton, constructed a string of fortifications on James Island, extending from Fort Pemberton on the Stono River to a small fort built on the neck of the Secessionville peninsula. General Pemberton placed South Carolinian Brigadier General Nathan George "Shanks" Evans in charge of the island's defenses.
- The Secessionville fort, then known as the Tower Battery for the watchtower constructed at the site, was flanked by marsh on both sides and was built on the narrowest portion of the peninsula, which measured only 125 yards wide. Colonel Thomas G. Lamar was placed in command of the fort and tasked with overseeing its construction.
- On June 2, 1862, Union forces under the command of Brigadier General Henry W. Benham, who was placed in charge of the operation by General David Hunter, landed on the southwestern tip of James Island at the Grimball Plantation.
- A few minor skirmishes followed as Union forces began to unload supplies and organize troops, in turn prompting the Confederates to reinforce their fortifications.
- Worried that they did not have enough men to capture Charleston, General Hunter ordered General Benham to not advance on Charleston or Fort Johnson until he received reinforcements or direct orders to attack.
- Despite these instructions, in the early morning of June 16th General Benham launched a surprise attack on the Secessionville fort. This force, totaling around 6,500 men organized into two columns, was expected to easily overwhelm the Confederate garrison of 500.
- As the Union force approached the fort, they had to navigate through overgrown hedge rows and open cotton fields, slowing their advance. As the land approaching the fort narrowed, the left side of the Union column was pushed into the marsh, breaking the line and compressing the center, causing the second wave to run into the first.
- At this point, around 5:00 am, the fort's defenders were alerted to the Union's presence. As the Confederates rushed to their stations, Colonel Lamar took personal command of the 8-inch Columbiad cannon. When the Union lines were within two hundred yards of the fort, they were met with the mighty Columbiad's blast.
- Despite sustaining heavy fire from the fort's cannons, the Union forces managed to climb onto the fort's parapets where they fought hand to hand with the Confederate defenders.
- The fort's garrison was quickly reinforced by surrounding Confederate battalions, who were able to repel the Union's foothold.

- The marshes inhibited the Union army from launching a successful flanking maneuver to assist the main assault, as the water and pluff mud proved to be impassable.
- Confederate artillery fire to the Union's flank, in addition to Confederate reinforcements, forced General Benham to order a retreat. Despite the battle only lasting around two and a half hours, losses were heavy.
- The Union sustained nearly 700 casualties, with 107 killed, while the Confederates experienced around 200 casualties, with 52 killed. Most of the battle's casualties occurred either on the narrow peninsula immediately in front of the fort or on the fort itself.
- After the battle, the Secessionville fort, which was referred to as the "Tower Battery" at the time of the battle, was renamed to Fort Lamar in honor of its commander. Colonel Lamar, who was wounded during the battle, died a year later from fever contracted while serving on the island.
- By July 8th, the Union army vacated James Island and returned to Port Royal.
- For disobeying orders and losing the battle, General Benham was court martialed and demoted.
- Fort Lamar was placed on the National Register of Historic Places in 1979.

Medicine & Disease in the Civil War

For soldiers in the Civil War, the most dangerous threat to life was not gunfire but instead infectious diseases. Of the war's estimated 620,000 fatalities, almost two-thirds of this figure can be attributed to death by disease. The high rate and lethality of infection during the Civil War was due to a limited understanding of germs, unsanitary living conditions in army camps, and the drafting of soldiers either too young or too old with weak immune systems. Furthermore, many of the enlisted men in the Union and Confederate armies were from rural areas and had little prior exposure or resistance to common infectious diseases. Some of the most widespread illnesses included malaria, diarrhea/dysentery, typhoid fever, and tuberculosis. Vaccines for these diseases were largely unavailable, so doctors and nurses depended on morphine, quinine, chloroform and natural remedies to treat their patients.

Because of the unsanitary conditions of army camps, it was easy for bacteria and viruses to quickly spread among soldiers. Inspectors in the early years of the war often described camps as "littered with refuse, food, and other rubbish, sometimes in an offensive state of decomposition." Latrines and animals were often kept too close to the camp and the camp's water supply. Doctors frequently went days without washing their hands or equipment, passing germs from one patient to another.

Both sides were woefully underprepared at the start of the war in providing medical staff that could treat the sick and wounded. The Union only had around ninety-eight medical officers at

the start of the war in 1861, while the Confederacy only had twenty-four. Most of these doctors were unfamiliar with treating gunshot wounds and performing surgery. By the end of the war in 1865, the Union had nearly 13,000 doctors working in the field and in army hospitals, while the Confederacy had approximately 4,000. In addition, each side had thousands of nurses and other medical volunteers.

The large numbers of sick and wounded in the Civil War forced doctors to rethink and adapt their medical practices to better combat the challenges of war and to reduce fatalities. Doctors began to keep detailed medical records and reports, helping to curb bad medical practices and raising awareness for effective treatments. Union army surgeon William A. Hammond created a new hospital layout that was well ventilated and more sanitary. Another doctor, Jonathan Letterman, devised an effective three-step evacuation procedure for wounded soldiers and established the Ambulance Corps. Though often referred to as “butchers” during the war for their propensity to amputate wounded limbs, surgeons typically were as careful as possible when it came to amputation. By using sterile tools and chloroform as anesthesia, army surgeons reduced the mortality rate of amputations from 46% to 15% by the end of the war. To combat unsanitary conditions in camps, the United States Sanitary Commission was established to inspect camp cleanliness. Furthermore, the presence of women in nursing and other volunteer medical roles earned them the respect of male doctors and patients, paving the way for women in the medical field. The challenges imposed by the Civil War forced doctors and nurses to evolve their medical practices, in turn laying the foundation of modern medical science and practice in the United States.

Lesson

1. Distribute copies of the K.W.L. Chart. Tell your students they will be learning about medicine in the Civil War.
2. Ask them to write what they *know* about Civil War medicine in the “K” column and what they *want to know* about Civil War medicine in the “W” column. Either draw a large K.W.L. chart on the board or use a projector to display a “master” K.W.L. chart. Ask the students to share some of their answers with the class and record these answers in the appropriate column.
3. Tell the students they will also be learning about Fort Lamar. Give a brief overview of Fort Lamar and the Battle of Secessionville.
4. Show the Fort Lamar documentary films.
5. Review key historical events that took place on and/or near the Fort Lamar Heritage Preserve.
6. Next, distribute the “Fictional vs. Informational Texts” handout. Have the students read the three excerpts and list any facts, claims, or observations the excerpt makes about medicine or medical practices in the Civil War. The fictional account comes from *Gone*

with the Wind, while the two informational documents come from a memoir written by a nurse in Columbia, S.C., and from a letter written by a Union soldier stationed in Beaufort who later fought at the Battle of Secessionville.

Note: alternative text examples may be used depending on grade level and/or subject.

7. Ask the students to share their thoughts on the excerpts, including any similarities and differences between the three.
8. Next, show the students these video clips made for CivilWarScholar.com featuring the director of the Museum of Civil War Medicine, George Wunderlich. These videos were intended to debunk popular myths surrounding medicine during the Civil War:
 - a. Myth No. 1 – Anesthetics Seldom Used in Civil War:
<https://www.youtube.com/watch?v=UJCuzXubP-E>
 - b. Myth No. 2 – Biting on the Bullet for Pain:
<https://www.youtube.com/watch?v=51vgwxEORyU>
 - c. Myths About Antiseptics and Camp Life:
<https://www.youtube.com/watch?v=s5LUAJmCWLE&list=PL65370B6F90E8C6CC&index=5>

Note: These videos are very jargon heavy, especially for younger students, but the central point of each lecture is clear and easy to understand. If you are presenting this lesson plan to a younger class, consider pausing after each video to clarify information and answer questions.

9. After viewing the videos, have the students consider and answer the following questions:
 - a. What is a myth about medicine in the Civil War?
 - b. What is one medical fact we know and practice today that wasn't known or used during the Civil War?
 - c. How do myths become accepted as facts in our society?
 - d. After comparing informational to fictional texts, what is the role of historical fiction?
10. Finish the lesson by having the students fill out the "L" column of their K.W.L. chart. Have your students share what they learned and use these answers to fill out the class K.W.L. chart on the board or projector.
11. To continue this lesson plan for upper level classes, students can write a short paper and create a class presentation on a historical fiction novel of their choice and corresponding primary documents. Students should use their paper and presentation to compare their novel to historical documents/accounts, and assess the novel's accuracy and utility for teaching history.

K.W.L Chart

At the start of the lesson, fill the columns below with what you already *know* about medicine in the Civil War and what you *want to know* about medicine in the Civil War. At the end of the lesson, write what you have *learned* about Civil War medicine.

What do you know about the topic?	What do you want to know about the topic?	What did you learn about the topic?

Fictional versus Informational Texts: Depictions of Civil War Medicine

Below are excerpts from three different texts depicting hospitals and medicine in the Civil War. The first excerpt is from the historical fiction novel, *Gone with the Wind*. The second excerpt comes from the memoir of a nurse who worked at a hospital in Columbia, South Carolina, during the war, and the third excerpt comes from a letter written by a Union soldier stationed in Beaufort, South Carolina, who later fought at the Battle of Secessionville. Read each excerpt and below it, list any facts, claims, or observations you can identify based on the passage.

Gone with the Wind

By Margaret Mitchell, Published 1936

Chapter 8

“Certainly there was nothing romantic about nursing. To her, it meant groans, delirium, death and smells. The hospitals were filled with dirty, bewhiskered, verminous men who smelled terribly and bore on their bodies wounds hideous enough to turn a Christian's stomach. The hospitals stank of gangrene, the odor assaulting her nostrils long before the doors were reached, a sickish sweet smell that clung to her hands and hair and haunted her in her dreams. Flies, mosquitoes and gnats hovered in droning, singing swarms over the wards, tormenting the men to curses and weak sobs; and Scarlett, scratching her own mosquito bites, swung palmetto fans until her shoulders ached and she wished that all the men were dead. Melanie, however, did not seem to mind the smells, the wounds or the nakedness, which Scarlett thought strange in one who was the most timorous and modest of women. Sometimes when holding basins and instruments while Dr. Meade cut out gangrened flesh, Melanie looked very white. And once, after such an operation, Scarlett found her in the linen closet vomiting quietly into a towel. But as long as she was where the wounded could see her, she was gentle, sympathetic and cheerful, and the men in the hospitals called her an angel of mercy. Scarlett would have liked that title too, but it involved touching men crawling with lice, running fingers down throats of unconscious patients to see if they were choking on swallowed tobacco quids, bandaging stumps and picking maggots out of festering flesh. No, she did not like nursing!”

Chapter 17

“No, they were not an attractive lot. Moreover, many of them were dying, dying swiftly, silently, having little strength left to combat the blood poisoning, gangrene, typhoid and pneumonia which had set in before they could reach Atlanta and a doctor. The day was hot and the flies came in the open windows in swarms, fat lazy flies that broke the spirits of the men as pain could not. The tide of smells and pain rose and rose about her. Perspiration soaked through her freshly starched dress as she followed Dr. Meade about, a basin in her hand. Oh, the nausea of standing by the doctor, trying not to vomit when his bright knife cut into mortifying flesh! And oh, the

horror of hearing the screams from the operating ward where amputations were going on! And the sick, helpless sense of pity at the sight of tense, white faces of mangled men waiting for the doctor to get to them, men whose ears were filled with screams, men waiting for the dreadful words: "I'm sorry, my boy, but that hand will have to come off. Yes, yes, I know; but look, see those red streaks? It'll have to come off." Chloroform was so scarce now it was used only for the worst amputations and opium was a precious thing, used only to ease the dying out of life, not the living out of pain. There was no quinine and no iodine at all. Yes, Scarlett was sick of it all, and that morning she wished that she, like Melanie, had the excuse of pregnancy to offer. That was about the only excuse that was socially acceptable for not nursing these days."

Facts/Claims/Observations about Civil War Medicine:

Reminiscences of the Hospitals of Columbia, S.C. during The Four Years of the Civil War

By Mrs. Campbell Bryce, Published 1897, Pages 25-26

eBook available at <http://www.civilwarmed.org/explore/bibs/nurses/>

"I recall one thrilling experience here. I had been requested by some ladies at the "Wayside" to ask after two patients in whom we felt a deep interest; one had a ball in his neck, and the other had ben shot in the arm, severing an artery, which had been duly tied, but subsequently became undone by the sloughing of the wound. It was in such a condition it was thought dangerous to allow him to return to his home, so they were both sent up to the College Hospital. As I drove into the campus, Dr. Horlbeck come out with a splint in his hand. I asked if it was for this patient, to which he replied, "Yes; his arm needs attention." Dr. Le Borde came to the carriage to conduct me into the hospital, and took me to see the man with a bullet in his neck. While talking to him we were startled by the most agonized shriek I ever heard, and we both ran into the opposite room. I shall never forget the scene! Dr. Horlbeck stood with one foot on the edge of the bed, with his finger thrust in the wound, and the blood spurting up to the ceiling like a fountain.

Dr. La Borde exclaimed, “Man, how did you dare to open that wound alone, and without the necessary preparations?” I had been trying to learn to keep my wits about me under all circumstances, so stepped close to Dr. Horlbeck and said, “What can I do for you?” “Go for Chisholm. Tell him to bring his instruments, ligatures, and chloroform.” I ran to the carriage, and told Henry, my coachman, to drive for his life. In a few moments Dr. Chisholm was ready, and we drove back at full speed. I declined to witness the operation, but in a few minutes I saw a hand and arm laid on the window-sill. The poor fellow died during the night. He was from Florida, a gay, happy-hearted man. Mrs. Kenerly had a saucer of peaches and cream ready for him as soon as the doctor should finish dressing his wound, but alas, poor fellow, they were not for him!”

Facts/Claims/Observations about Civil War Medicine:

Emmett Cole Letter, January 26, 1862

The letter's original grammar and spellings have been kept.

Transcription available at: <http://blogs.lib.unc.edu/civilwar/index.php/2012/01/26/26-january-1862/>

Beaufort Jan. 26th, 1861 [1862]

Dear Sister

Although my hand trembles and I feel weak from being sick yet I will try and write you a short letter to let you know that I am getting well although I don't suppose you have heard I was sick before. I was taken with the Chill fever two weeks ago. we were then on the Plantations near the Ferry. the next day after I was taken I had to pile myself on top of an old baggage wagon and ride in to Beaufort. I was taken worse as soon as I got here. and I have not been out of the tent till today. you had better think I got tired of lying on the hard ground. but I would not go to the Hospital for it is just the same as signing a mans death warrant to send him there. but I am getting better fast so I will say no more about that. there has been a considerable number in this Co that got their discharge. more from homesickness than any other disease. I hope Leon Duffy

wont go to blowing around there for he showed himself out before he had left. Leieut. Mans went back also. I have nothing to say about him he may plead his own case and another miserable pup by the name of Greenfield. He is old Judge Greenfields son. He has skulked back there with the pretense of recruiting but all he wanted was to get home. prehaps he will be there at our house but you tell the boys there not to enlist under him. Wm. Wheeler is quite lame and I guess he will get a Furlough for three months to go home. And I want to come home when the War is ended and not before. but it is hard telling when that will be. but it is my opinion that Uncle Sam won't pay out \$2 000 000 a day any longer than he can help it. but there seemes to be strange work in the war department. things seem to move so slow. but pray Celestia that it may soon end and it will...

...from your Affectionate brother

Emmett Cole

Facts/Claims/Observations about Civil War Medicine:

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