

# ESSENTIAL CIVIL WAR CURRICULUM

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## The Wounded

By Glenna R. Schroeder-Lein

### Resources

If you can read only one book

Author	Title. City: Publisher, Year.
Bollet, Alfred Jay	<i>Civil War Medicine: Challenges and Triumphs</i> . Tucson, AZ: Galen Press, 2002, Intro., chap. 1, 3-8.

### Books and Articles

Author	Title. City: Publisher, Year.   "Title," in Journal ##, no. # (Date): #.
Barnes, Joseph K., ed.	<i>The Medical and Surgical History of the War of the Rebellion</i> , 6 vols. Washington, D.C.: Government Printing Office, 1870-1888.
Courtwright, David T.	"Opiate Addiction as a Consequence of the Civil War," in <i>Civil War History</i> 24, no. 2 (June 1978): 101-11.
Dean Jr., Eric T.	<i>Shook Over Hell: Post-Traumatic Stress, Vietnam, and the Civil War</i> . Cambridge, MA: Harvard University Press, 1997.
Devine, Shauna	<i>Learning from the Wounded: The Civil War and the Rise of American Medical Science</i> . Chapel Hill: University of North Carolina Press, 2014.
Hasegawa, Guy R.	<i>Mending Broken Soldiers: The Union and Confederate Programs to Supply Artificial Limbs</i> . Carbondale: Southern Illinois University Press, 2012.
Humphreys, Margaret	<i>Marrow of Tragedy: The Health Crisis of the</i>

	<i>American Civil War</i> . Baltimore: Johns Hopkins University Press, 2013.
Kuz, Julian E. and Bradley P. Bengston	<i>Orthopaedic Injuries of the Civil War: An Atlas of Orthopaedic Injuries and Treatments During the Civil War</i> . Kennesaw, GA: Kennesaw Mountain Press/Medical Staff Press, 1996.
Marten, James	<i>America's Corporal: James Tanner in War and Peace</i> . Athens: University of Georgia Press, 2014.
Miller, Brian Craig	<i>Empty Sleeves: Amputation in the Civil War South</i> . Athens: University of Georgia Press, 2015.
Schroeder-Lein, Glenna R.	<i>The Encyclopedia of Civil War Medicine</i> . Armonk, NY: M E Sharpe, 2008.
_____.	"'H.G.': A Medical History of James M. Taylor of the Ninety-Sixth Illinois Infantry," <i>Journal of Illinois History</i> 15 (Spring 2012): 21-40.

## Organizations

## Web Resources

URL	Name and description
<a href="http://www.civilwarmonitor.com/photo-essays/wounded-warriors-civil-war-amputation">http://www.civilwarmonitor.com/photo-essays/wounded-warriors-civil-war-amputation</a>	Wounded Warriors: Civil War Amputation is a photo essay on the wounded and amputations from the Civil War Monitor.
<a href="https://www.nlm.nih.gov/exhibition/lifeandlimb/exhibition.html">https://www.nlm.nih.gov/exhibition/lifeandlimb/exhibition.html</a>	Life and Limb: The Toll of the American Civil War is an article by the U.S. Library of Medicine discussing Civil War wounded. (Note that the claim on this website that 75% of operations were for amputations is exaggerated. The correct figure should be 35-40%.)

## Other Sources

## Scholars

Name	Email
Glenna R. Schroeder-Lein	<a href="mailto:grslein@yahoo.com">grslein@yahoo.com</a>

## Topic Précis

It is important to examine the nature and effects of wounds since one-third of Civil War deaths resulted directly from these wounds, and many more soldiers suffered non-fatal but permanently damaging injuries. The chief sources of battlefield wounds were artillery ammunition and bullets. Those most likely to be killed in battle were men hit directly by artillery projectiles of any sort, and those suffering a piercing wound in the head or trunk of the body. Most soldiers shot in the extremities were not immediate fatalities unless their limb was blown off or they were wounded in a major artery. Severe damage to arms and legs made amputation the treatment of choice in such cases. However, most wounds were not so severe and did not require amputation. Far more surgeries consisted of cleaning and stitching wounds, as well as removing bullets and bone fragments. Out of 174,206 known wounds of the extremities treated by Union surgeons, nearly 30,000 wounded soldiers had amputations with approximately a twenty-seven percent fatality rate. Historians estimate that there were some 25,000 Confederate amputations with a similar fatality rate. In some cases, surgeons on both sides performed resections or excisions (the terms were interchangeable), removing several inches of shattered bone or a mangled joint. These surgeons attempted to avoid amputation when only the bone and muscles, not the nerves and arteries of the limb, were damaged. This shortened the limb but often left some function. Because the surgery weakened the limb, it was more often performed on arms than legs. Union surgeons performed at least 4,656 resections or excisions, but these operations had a higher fatality rate than amputations. When a soldier sustained a battle wound, his initial treatment depended on the severity of the wound and his location on the battlefield. If the wound was minor, the soldier could walk to the nearest first aid station for bandaging and then return to the battle but the more severely wounded had to be removed from the field. Field hospitals were established as close to the battlefield as possible without being in artillery range or at risk of capture. Here doctors removed bullets, cleaned and bandaged wounds, and performed amputations as necessary. Nearly all surgeries, North and South, were performed with anesthesia, either chloroform or ether, although chloroform was preferred. General hospitals, which treated patients of any military unit, were located far behind the lines. Because doctors at that time were unaware of the role of bacteria in causing infection, wound infections were common and caused serious complications for patients. Some wounded soldiers, although too disabled for field duty, were still able to do guard duty, nursing, or clerical tasks and were organized in the Veteran Reserve Corps (Union) and the Invalid Corps (Confederate). Many amputees were candidates for artificial limbs. While most arm designs were more cosmetic than functional, artificial legs could provide significant mobility. Most soldiers returning from the Civil War experienced a greater or lesser period of readjustment to civilian life. The wounded veteran had additional concerns. He might have aches or any degree of pain at the site of his wound, including “phantom pain” affecting nerves associated with an amputated

limb, even when the wound had healed well. Some wounds never fully healed, secreting pus for years or discharging bone fragments on occasion. Wounded soldiers might well suffer psychological problems, such as post-traumatic stress disorder (at the time called nostalgia or homesickness). Some wounded veterans struggled with notions of their own diminished manhood because they were unable to provide for their families. But many wounded veterans did not suffer these discouragements in any significant way. The outcome of the war for the wounded veterans varied as much as their wounds did. Some died soon after returning home, others suffered for years, but many also lived quite long, happy, and relatively healthy lives.

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