



MEDICAL HAVERSACK

what's inside...

Artifacts in the Black Medical Haversack

- ▶ Bandages
- ▶ Bleeding bowl
- ▶ Leech box
- ▶ Stethoscope

Photographs in the Black Medical Haversack

Photograph, Dr. Henry Janes. *From Waterbury Historical Society.*

Photograph, Dr. Henry Janes's amputation kit. *From Waterbury Historical Society.*

Photograph, Dr. Henry Janes's general surgical kit (close-up). *From Waterbury Historical Society.*

Photograph, Dr. Henry Janes's medical bag. *From Waterbury Historical Society.*

Photograph, Azariah Grant from Dr. Janes's notebook. *From Special Collections, Bailey/Howe Library, UVM.*

Documents in the Black Medical Haversack

Hospital Record Card. *From Waterbury Historical Society.*

Related Books

Medical Practices in the Civil War.

Fighting Men of the Civil War, chapter 10.



MEDICAL HAVERSACK

Background Information

When the Civil War broke out, the entire United States Army medical staff consisted of fewer than one hundred men. When the war ended in 1865, more than eleven thousand doctors were serving in more than 200 field and general hospitals.

Two-thirds of Civil War fatalities were the result of diseases such as measles, diarrhea, typhoid, and malaria while one-third of the fatalities were due to battle wounds. Poor sanitation, diet, and soldiers with few immunities all contributed to the large number of fatalities from disease. Camp regulations called for the digging of large latrine trenches called “sinks.” Not all companies dug these sinks and some men, disgusted by the odors and mess, went off to the edges of the camps. Fly infestations and the spread of sickness quickly followed. A soldier’s diet generally consisted of salt pork, hard tack (see the recipe in the soldier’s haversack section), beans, and coffee. Fresh fruits and vegetables were few and far between. In addition to weakening a soldier’s immune systems, this poor diet led to scurvy. Many rural soldiers lacked immunity to diseases such as measles and smallpox that spread through the camps. Soldiers sometimes brought these diseases home, infecting their families and communities.

When wounded, soldiers were first brought to field hospitals where surgeons dealt with immediate needs. Surgeons operated wherever they could, outdoors on boards and indoors on tables. Many bullet wounds

MANY BULLET WOUNDS INVOLVED SHATTERED BONES AND TORN ARTERIES THAT INVARIABLY LED TO AMPUTATION. IN FACT, AMPUTATION WAS THE MOST COMMON SURGICAL PROCEDURE.



Dr. Janes’s surgical kit – large knives for amputation. From Waterbury Historical Society.

involved shattered bones and torn arteries that invariably led to amputation. In fact, amputation was the most common surgical procedure. While surgeons used anesthesia such as chloroform, they knew nothing of germ theory. Infections often festered as a result of the lack of cleanliness, and bacteria could easily spread from man to man on surgical instruments and caregivers’ hands.

Leeches were applied to treat many ailments. It was thought that leeches would drain “impure blood” from the body, curing the illness. When the “bleeding” had been completed, the doctor would remove the leech with salt and use it on another patient. Recently, leeches have been found to be effective in surgery because of an

anticoagulant they secrete that fights blood clots. Civil War surgeons had discovered that wounds infested with maggots often healed more cleanly and quickly.

The United States Sanitary Commission played an important role in Civil War medicine. Women made bandages, scraped lint (to be packed in wounds), and sent food to army hospitals. The Sanitary Commission maintained a traveling outpost that expedited the shipment of supplies to the field hospitals.



Civil War Hospitals in Vermont

Soon after the start of the Civil War, it became apparent that a new system of hospitals would have to be developed so that patients could be moved out of field hospitals for longer-term care. The first hospitals were in Washington, D.C. but as the war progressed, hospitals were built in cities further north. Three of the 192 hospitals built were in Montpelier, Brattleboro, and Burlington.

Montpelier's Sloan General Hospital was constructed in a pavilion design—a design first proposed by Florence Nightingale during the Crimean War (1853 - 1856). It was believed that “bad air” and crowded conditions were a leading cause of poor recovery rates of the soldiers. In addition to a new design, it was hoped that a location closer to home and in a healthier climate would help the men recover more quickly. Indeed, about 66% of the 8,574 patients treated in Vermont returned to duty while only 25% of patients in Washington, D.C., and Philadelphia hospitals returned. However, that said, many

of the patients who came north arrived in better physical condition.

While medical procedures remained primitive throughout the war, the new system of army hospitals was a major innovation that aided in saving lives.

For more information on Vermont's Civil War hospitals

- ▶ See Nancy Boone and Michael Sherman, “Designed to Cure: Civil War Hospitals in Vermont,” in *Vermont History* 69 (Winter/Spring 2001): 173 – 200.
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*Above; U.S. General Hospital, Brattleboro.
From Vermont Historical Society.*

*Right: U.S. General Hospital, Burlington.
From Special Collections, Bailey/Howe Library, UVM.*

*Below: Sloan U.S. General Hospital, Montpelier.
From Special Collections, Bailey/Howe library, UVM.*





Henry Janes—Civil War Surgeon

Henry Janes, a doctor in Waterbury, Vermont, in 1861 enlisted in the Vermont Third Regiment. He was the Head Field Surgeon at Gettysburg in charge of treating some 25,000 wounded soldiers.

After being brought from the battlefield to field hospitals, the soldiers were then transported to a central hospital named Camp Letterman a little north of the village of Gettysburg. In large canvas tents, nurses and surgeons busily attended to them. From there, an average of 800 men a day were shipped to hospitals in the North.

Henry Janes was committed to the long-term rehabilitation of soldiers. When he became the director of the Sloan Hospital in Montpelier, he continued to seek alternatives to amputation. He followed the progress of many patients using photography to record soldiers' wounds.

Henry Janes's medical records, including patient photographs, are preserved in the Special Collections Department of the Bailey/Howe Library at the University of Vermont. His medical instruments and personal photograph are preserved at the Waterbury Historical Society.



A page from Dr. Janes's notebook.

Mr. Azariah Grant, from Shaftsbury.

From Special Collections, Bailey/Howe Library, UVM.



CLASSROOM CONNECTIONS

Exploring Primary Sources

Compare the artifacts to today's medical instruments. Which ones are still in use today? Students may be surprised to find out that leeches are once again being used in surgery (although they are no longer moved from patient to patient). Students may note that, while the instruments might still be in use, new advances in medical science have changed the way the instruments are used. Explore what those new advances might be.

Asking Questions

After exploring the artifacts and photographs located in the medical haversack, have students brainstorm a list of questions related to Civil War medicine, nursing, hygiene, sanitation, and health. Resources to help them answer their questions can be found in this kit's resource books: *Fighting Men of the Civil War* (chapter 10), *Medical Practices in the Civil War*, the *Handybook for the U.S. Soldier*, and online at the medicine websites listed in the appendix.

Connecting Past to Present

Rules of Health, Past and Present

Examine the "Rules of Health" in the *Handybook for the U.S. Soldier* (located in the tan soldier's haversack). Create charts comparing Civil War-era rules of health to today's. Create a set of "Rules of Health" for soldiers today.

Time Travel Medicine

<http://www.theghosthunteronline.com/books/gettysburgteacherguide.html>

Step back in time with your students and experience some of the difficulties Civil War surgeons faced. This website details how to fill a tissue box full of spaghetti and other items through which students need to remove a marble (bullet) with kitchen tongs.

To extend the lesson to a discussion about bacteria and germs, the lesson suggests that you have students put their hands into the box to find the bullet and then press the palm of their hand on a piece of bread. Place the bread in a plastic bag for three days and then examine the bread that was touched by unwashed hands.