



THE CHARGER

THE CLEVELAND CIVIL WAR ROUNDTABLE

May 2026

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SPEAKER—Brian Burtka, S.J., teaches at St. Ignatius High School in Cleveland. A native of Detroit, he completed his M.A. in Public History from Loyola University, Chicago, in the spring of 2024 and interned

at Manassas National Battlefield Park. Brian began reenacting in 2013. Brian’s interest in Winfield Scott Hancock began during his first trip to Gettysburg. Brian began portraying Hancock in 2023, and he is frequently found with his political rival at the James A. Garfield Civil War Roundtable.

LOCATION: The Holiday Inn Independence at 6001 Rockside Road, Independence, Ohio 44131, off US Interstate 77

TIME: Social Hour at 6:00 PM and Presentation at 7:30 PM

For reservations email:

ccwrtreserve@gmail.com. To ensure dinner is reserved for you, the reservation must be made by Tuesday, May 5, 2026

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MEETING – May 13, 2026

PROGRAM – “General Winfield Scott Hancock, Commander of the U.S. Second Corps”

President's Message

At the April meeting of CCWRT, Doctor Fred Marquinez gave a speech on Advancements in Civil War Medicine. During his talk, my mind wandered to the TV show MASH, Mobile Army Surgical Hospital, and as he talked, I could see the improvements in medical and surgical care that started during the Civil War.

Dr Marquinez said, The American Civil War was one of the defining moments in our history, obviously over three million men fought and approximately three-fourths of a million men died. To put that in perspective that would be equivalent to 2.4% of the population of the US at the time.



During his presentation he showed a unique perspective on how many people died from combat, 250,000, twice that number from illness. It was not until World War Two that the number of combat deaths exceeded the number of medical deaths due to illnesses. The number of survivors that would suffer either permanent or temporary psychological or physical wounds is unmeasurable.

Dr Marquinez took us back in history to the first recorded evidence of military medicine, it was actually Homer's *Iliad* when he describes how Machaon removes the arrow from the side of Menelaus and sucks out the blood and applied some healing herbs.

The American Revolutionary War was our first experience with military medicine, and it was woefully inefficient at the time. During the French revolutionary wars, Dr. Dominique-Jean Larrey is considered the first battlefield surgeon. He went to the battlefield and saw these wagons just racing across the battlefield carrying ammo and supplies and

he said, "Why can't we use that to carry our wounded?"

He called them *ambulance ballast*, flying ambulances. He was also one of the first people to start the triage system. Triage means "to sort," he was one of the first to do that at a battlefield hospital. The Crimean war was the first time that general anesthesia was used. Although it was on an extremely limited basis at that time, and that's when Florence Nightingale made her fame in terms of improving care of soldiers at that time.

Dr Harvey Cushing, a native Clevelander, was a renowned neurosurgeon for long time. He was also the head of neurosurgery in the American Expeditionary Force during WWI. He said there are two groups of people in warfare, those organized to inflict wounds and those organized to repair them.

Dr Marquinez said there's little doubt that the Military Doctors are better prepared for their jobs; and a war is the only proper school for a surgeon. In order to properly analyze or evaluate the medical system at that time, it helps to know what they knew about disease and what the theory of medicine was. For centuries going back to the Ancient Greeks and Romans, they felt that disease was caused by an imbalance of one of the four humors—black bile, yellow bile, blood, and phlegm—and to restore health, the doctor had to get things back in order.

It was said the Civil War was fought during the time of a revolution or transition of medical knowledge, people started to have different ideas. People thought disease, was common in swampy areas, they thought these invisible poisons the four humors were coming out as decompositions or miasmas and the term "bad air," or malaria is where we get the term malaria.

Doctors during the 1800's also characterize diseases in terms of calisthenic or strong, or cultured or dynamic, they would determine their treatments based on those conditions. Heroic medical therapies which are things like bleeding and purging, were still being practiced but starting to decline.

During Dr Marquinez's talk we learned germ infections and germ theory, people ask why they did not know that they should have cleaned their medical instruments. Surgeons just picked the medical instruments up out of anywhere, the floor, another

surgical table, they should have known about sterilization. It was not really until later after the Civil War that Joseph Lister and Louis Pasteur published reports about “sepsis antiseptics and sterilization. They did not have this knowledge at the time of the war.

The process of getting into medical school during the 1800’s was different to what it is now. There were several medical schools, eight in Ohio. Medical school was two years of course of study. To get into medical school, no degree was needed. You had to be a white male and be able to pay tuition, which was \$85 at that time. That was the criteria, pretty much anybody could get in as long as you were white and male.

In America, Med school study was two years, in Europe it was four years. There were a number of topics like anatomy, botany pharmacy, obstetrics that students did not learn because the course of study was not included in the tuition. Professors sold tickets to their lectures, students bought tickets from their professors, which is how they made their money. The better lecturers, the better physicians got more money, medical schools were not associated with any clinics or hospitals, and any clinical experience was often not common.

It was possible to graduate from medical school at that time without ever having examined a patient or even witnessed an operation, you could hang out your shingle immediately after graduation.

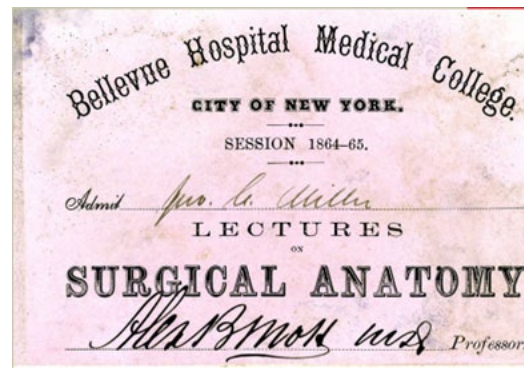
Dr Marquinez had lots of pictures with his presentation, one of which was a picture of anatomy class, he said obviously, we would do things a little different now, the MD’s had on their street clothes, and top hats.



What was the status of the Army medical department at the time?

Before the war started there were only 113 surgeons in the whole U.S. Army and Navy. When the war started almost one-fourth of these Doctors went south and joined the Confederacy.

The department of the Army is very much depleted after Fort Sumter, there was only one military hospital in 1860, which was Fort Leavenworth in Kansas. The Surgeon in charge of all Medical Care at this time was Doctor Thomas Larson, he had been there for decades and only survived a few months after the war started. His replacement was not a whole lot better; they were both considered utterly ossified and useless.



Things started to change when the civil war started, they had some exceptionally clever ideas. Dr William Hammond proposed a medical and surgical history of the war and of the rebellion, which is a detailed medical record of the whole Civil War. Improved care was his objective, and he had clever ideas, unfortunately Edwin Stanton did not like him. Stanton hated him.

Stanton had him Court Marshalled on trumped up charges. He was ousted from the Army. His replacement, Dr. Barnes, who actually did some particularly good things during this time and also each Army had its own medical director, the largest army at this time was the Army of Potomac. Doctor Charles Tripler was appointed medical director of the AOP, he was surprisingly good as well, but he was pretty much a strict constructionist he really could not get things done. He was not adaptable, luckily Doctor Donovan Letterman replaced him.

The government military surgeon could go one of three ways to join the Army or Navy and become a full-fledged Military Surgeon. These Surgeons were

held to the highest standards; they had oral boards and written Boards. They were the best ones and usually when they graduated, they were commissioned Majors. You could also join a state National Guard with the rank of Captain, each state had its own criteria, Ohio had a fairly good criteria as far as certain skills that they wanted some of the better doctors to have.

What will the status of the men coming into the service be? One of the jobs of the Army Doctors was to screen recruits when they went into the enlistment office. At the beginning of the war everybody thought the war was going to be over in six months, everybody wanted to get in. Sometimes they had illnesses and there were reasons they should not be in the Army. The doctors actually had to do exams and tried to wean out those that were unfit for duty, because if you were unfit for duty, you could not fight! If you were hurt, wounded or sick, you used up supplies that other people could be using, you would clog up the medical systems which was not good for anyone.

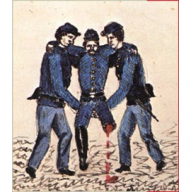
There were a number of conditions for which you could be disqualified from service, some were obvious, but some were not. You can have syphilis as long as it is secondary and tertiary, you cannot miss your trigger finger. You have to have four front teeth; you cannot tear the paper cartridges to load your rifle without your front teeth. Some people felt that the term 4-F came from those four front teeth. Dr Marquinez said he has tried to research that 4-f story and could not find if that is true or not and accept it as it is.

There were a number of psychological illnesses you could have that were disqualifying. Other disqualifiers were if you were convicted of a felony of some kind or extreme violence or baldness! Why would baldness be there? The Army felt that extreme baldness was a sign of chronic illness or weakness.

A lot of surgeons or soldier from rural areas provided pretty strong men, the problem was that they were not exposure to childhood diseases, they were very susceptible to becoming sick when they went to boot camp. Sometimes the whole Army would be sick at the same time.

Dr Marquinez told us the first step in treating a wounded soldier is to get him off the battlefield, there was no organized system to move wounded soldiers from the battlefield when the Civil War started. A lot

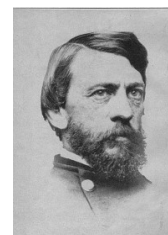
of people were on the battlefield fighting; bullets were flying in both directions, your friends were more than happy to leave the front line, they would be glad to take you back to the hospital. The Army would start losing not just one friend, you might lose four or five people off the line. Then those soldiers took you back and they might take their time or get lost getting back to the front line.



That is not a good system at all. Also, all the wagons are designated to be medical wagons, but they were under the control of the quartermaster. The quartermaster controlled everything, even though it might be a medical evacuation and another officer came by and said, I needed to transport my own stuff, he had rank and he could take it, unfortunately the wounded men suffered.

The first real fighting casualty was at the first battle of Bull Run, in July. At that time, they knew this was going to be a battle, they actually tried to arrange for medical transport. They paid musicians and carriage drivers, but unfortunately when the bullets started and the cannons started flying they left without transporting any wounded.

At the start of the Civil War there were 4700 casualties in total and many of them were still on the battlefield seven days later. One year later it was not a whole lot better. The second battle of Bull Run found 4,000 wounded and 600 still on the field five days later. The other issue was that you were trained and each regiment had its own hospital, which is usually directly back where the line was. The problem was the lines often shifted. If you were taken from the front line straight back to a hospital, if it was not your hospital you might be turned away. Again, it is not a good system.



The second type of transport was the four-wheel type and that was called the rocker, which was much better. One of the heroes of the civil war in terms of saving lives was Doctor Jonathan Letterman [pictured above]. He was called the father of

battlefield medicine when he came in, and he was supported by Doctor Hammond. He revolutionized everything with his general order 147 that established an ambulance core, including stretcher bearers.



Stretcher Bearers were taught how to load and unload patients on stretchers and if you ever use the stretcher, it is easy to drop somebody, they were trained. They had specific uniform markings that signified they were medical staff. Dr Martinez explained that all wagons were under the control of the medical department, not the quartermaster, which made a dramatic difference. The Army reorganized the entire system; they are trained the men on how to carry wounded. This is another example of training to improve medical outcomes. We saw a picture of the 57th New York moving wounded soldiers.

Ambulance trains [pictured below] were usually stationed outside or near the battlefields. They were ready. General Halleck was opposed to this. He said he did not want ambulances to be visible, he thought it would frighten the troops. Dr Martinez said, "If I was one of the troops going to battle, I would like to know whether there was some medical assistance nearby."



In the old system, before Letterman, going back to a hospital they could find maybe one transport wagon and maybe just some other Regimental Hospital. The Letterman system was much different, there were no regimental hospitals anymore, stretcher bearers took the wounded from where they were to a "field

hospital" and they would return back to the battlefield, which was their job, they would just keep going transporting people back and forth. They would first go to an aid station, then to a field hospital, then if necessary to General Hospital, civilian hospital or then back home.

Dr Marquinez explained, although this seemed kind of common now, this was revolutionary at the time. The first major test of the system was the battle of Antietam 4,000 killed on the battlefield 20,000 wounded. All were off the field within 24 hours. During the 20-minute span of the battle of cornfields there were 2000 wounded and by daybreak they were off the battlefield.



The Red Flag of a Dressing Station

The next big test of the system was the battle of Fredericksburg in December of 1862; all union wounded were off the battlefield by daybreak. The battle of New Berg Heights started at 12:30 They said they were all in hospital by 2:00 PM. The system worked very well at that point. The first stop for a wounded soldier was actually an aid or dressing station, this is where there would be an assistant surgeon, he would do triage, he would apply splints, tourniquets, bandages, whatever needs to be applied to help them get loaded onto wagons to move them to the field hospital, If necessary.

Nothing special but all you need is some personnel and some supplies. Dr Marquinez showed us a drawing from Harper's Weekly in 1862, showing on the left there is a surgeon at triage, soldiers at that point the more severely wounded were taken from the aid station to a field hospital. The field hospital

could be anything; it could be a permanent structure or temporary structure. It had access to any open-air water and transportation; and some shelter for the patients.

Each hospital had nine surgeons, three would do the operation and three would assist and three were administrations. They could do everything, they could do amputations, decrements, whatever needed to be done, and then just general care. They were actually the first MASH units because as soon as the battle is over or the wounded are out, they would pick up and move to the next site.

We saw a picture of the field hospital station. This is a reenactment, but it shows what it was like, it was usually open air outside in a field.



Field hospitals could also exist in buildings, these are the more prominent ones and some larger houses in Gettysburg, and in Antietam at churches and any other building could be a field hospital.

We saw a picture of a field hospital at Marietta, GA and on the inside there were pictures of it during the time the medical care was down on the bottom floor and the operating floor was the second floor, and they said if you pull back the carpet you could still see blood stains on the on the wooden floor.

Even though the US Capitol building was used as a field hospital, those people in another picture would be right there where that undeveloped area is, the Dome of the Capital was still under Construction when the Civil War Started.

The costliest battle obviously was the Battle of Gettysburg. More than 50,000 casualties, many killed obviously, 14,000 wounded Confederates had 18,000 plus the problem was at the end of the war and Dr Marquinez should say on July 4th when the southern troops started moving and the northern troops followed, most of the doctors went as well. Initially there were 650 union doctors when the Civil War started. Most were surgeons, most of them left

leaving 106 doctors to care for not only their own wounded, but all the confederate wounded.



Another example of a field hospital was at Gettysburg. Within two weeks after the battle, around 2000 tents were left there and they established what they called, Letterman Hospital with up to 2,800 beds for patients. It **closed** right after Lincoln gave the Gettysburg address.

The river system played a significant role in the movement of sick or wounded troops as well. We were shown another picture of what is thought to be one of the first modern war Hospitals using railroads to transport patients. Each hospital train could have surgical areas as well as general care units.

The Navy ships have been used for medical purposes since the times of the Greeks.

Before the war, there were few hospitals in major cities; if a hospital was in a city, in general they were only for indigent patients. Again, your medical care in 1850 was given at home, you have the doctor come to you.

After the war, the country needed new hospital construction. The new hospitals had a range of different patterns, this drawing Dr Martinez showed us is called an arc pattern, on the left that's Malware General Hospital in Philadelphia. On the right you can see the picture they called pavilion with extremely lofty ceilings, plenty of air circulation windows and plenty of sunlight. It is much more conducive to healing.

Many major cities had hospitals, Cleveland had its own General Hospital, Cleveland had a military Hospital adjacent or across from Camp Cleveland. The picture we were shown is in the Tremont area, there is a marker nearby the site. The Hospital had 320 beds, and they cared for over 3000 patients during the war and then it was closed.

The largest hospital by far was Chimborazo hospital, Richmond had over 8000 beds and treated almost 79,000 patients over 4 years. The mortality rate was under 10%, which to me is amazing, Dr Martinez

said. The Cleveland Clinic main campus has 1300 beds you think that is a big hospital.

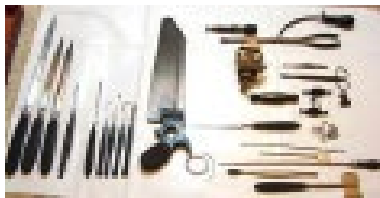
Dr Marquinez also had some ammunition in his collection, he showed us what he said was obvious, a 69 caliber ball, but obviously the main one used in combat was the mini ball, 58 caliber, one ounce of soft lead traveling at about 800 feet per second, which is relatively speaking kind of slow, water travels about 3000 feet per second. It is a slow-moving heavy piece of lead striking the body reforming almost immediately, as soon as it hits something, you no longer have a nice clean wound; you have very deformed wound as soon as it hits something. The devastation caused by these balls, fractured bones, tear muscle, tear blood vessel, tear tissue, it was actually horrible Dr Marquinez said.

He showed us an example of some of the terminal Ballistics in the study of the effect of a projectile on its target. There are two types of wounds that saw, you have the permanent cavity, which is basically the size or diameter of the bullet itself.

When a bullet hits soft tissue or water density tissue, there is a temporary cavity. It is like a shockwave, basically it tears all the tissue, it is not just the size of the bullet. now most of the bullets actually stayed in the body because they do not go straight inside the abdominal cavity or chest.

We will talk about the medical surgical history of the war. Dr Marquinez showed us actual drawings that were made during the time of slavery and to document all kinds of illnesses or injuries.

Pre-Civil war surgeons were not prepared for the carnage they faced when major surgery was performed. In Massachusetts General Hospital the premier Medical Center at that time and still today, they did 200 surgeries per year, during the civil war the surgeons would do that many operations in one day.



Surgical Tools

Doctor JWH Kemper said he can only speak for Indiana, but he said most of his surgeons had never

seen the inside of the body before the Civil War and most of them had never done any surgery. Doctor William Keane said they would operate in bloodstained coats and use them under infected hands, using instruments from infected flesh cases, then you squeeze out rags and use them in another case. That was state-of-the-art at the time though, we did not know better. Surgery was not just the amputations, it was many things, they might explore around in the body, they might remove tissues and skin debridement,

The biggest myth is that **anesthesia** was not used during the civil war, I hear that today, I hear that almost all the time and this is even from 2014 via a physician who talked about saws and a shot of whisky. That just was not true, anesthesia was used in over 95% of the cases, over 80,000 procedures were done under anesthesia, Ether and chloroform were actually discovered in the 1840s and were used in the Crimean war. Chloroform was the preferred agent. It was quicker acting, it was less flammable than ether, it was easier to use, it was still the drug of choice. Sometimes they use combinations of the two, but you would use whatever you had.

General anesthesia, when somebody says they will go through different stages, the first stage you will feel no pain, but they'll be period of agitation, and this was mistaken for people would look from the outside and seeing people thrashing around and thinking that they were not but in fact they were anesthetized.

Especially their uncontrolled movements, agitation looks like they were not, but they actually work. There are a couple ways they are giving anesthesia the most common thing is to use a cloth and form a cone and put chloroform or ether onto the cloth and then put it over the mouth of the patient and then we go to sleep. A more efficient way is to use a tin or a copper, like a funnel. I have an example here there will be a piece of foam right there, or cloth with either or with ether or chloroform held over the face until they start snoring. You would know that they were good for surgery.

In the South because of the blockades, they ran out of Chloroform pretty early on. Doctor Julian Chisholm invented a nasal inhalant which is pretty much the size of an inhaler we might see now.

They would basically put Chloroform right on the surface there and put it in the nose and the patient would just inhale that way. This would use 1/8 ounce

of Chloroform, the other method used two or three or 4 ounces of chloroform, it was very efficient obviously.



Administering Anesthesia

Dr Marquinez showed us his collection of medical instruments, which he said were pretty standard at the time. He also told us 70% of all survivable wounds were to the extremities, but unfortunately, they were not often salvageable, due to the massive tissue damage.

When the bone was shattered major blood vessels torn there is no hope of saving it even today from an amputation. The problem is that a lot of these wounds were called dirty wounds. The metal ball struck the soldier and dragged not only the ball itself into the body, but it dragged all the fabric, any mud, dirt and germs around the outside rolled into the wound and if that bullet happened to ricochet off the ground or a tree or something like that, again that carried everything in and again the bullets often did not exit the body.

We just set up an infection. If they decided to do surgery if they could do it within the first 48 hours it is called primary surgery, they knew that survival was better. If they had to be delayed by more than 48 hours it was a secondary surgery and the mortality went way up.

Amputations, there were two major types or two procedures, the circular method or flat method, At the time they could amputate a leg in under 10 minutes which was good because that is about how long the anesthetic worked and so they become particularly good at these procedures. Early on obviously people had surgery they were learning but as time went on, they had a lot of practice unfortunately.

To do the procedure you would clean the wound which meant actually scraping off the dirt. There

were no topical agents at all, a tourniquet would be applied to stop the bleeding. The doctor would use what he called a Kaitlin Knife that would cut through the skin and tissue, then use the capital saw, the big saw to cut through bone. The surgeon would use the tenaculum, the Medical Hook and that would pull the blood vessel out, allowing the Doctor to tie off the blood vessels, using cotton thread or silk ties, if you were lucky.

Again, during the blockade, the south did not have access to a lot of silk and cotton thread, they used horsehair for sutures. It is hard to tie knots, so they found that if they boiled the coarse horsehair, it would become much more flexible. By boiling it they also sterilized it, so they were using sterile sutures and ties compared to the clay cotton thread.

The next picture is an example of the circular method, again these are drawings from medical textbooks at the time, and it shows one of the patients in the operating room. Dr Marquinez said this is the more common procedure, it was quicker; it actually healed better because they had exposure to fresh air, but it was a little harder for a prosthetic. The other method was called the flat method where they would actually bring a piece of skin over the end of the Stump, It was much better for fitting into a prosthetic limb, but the problem was that the wounds kind of get infected more and especially if they are bouncing in the ambulances and all that. It also took more time.

The next picture was from an reenactment, obviously there's an anesthesia being given, there's a straw on the floor on the ground because it would soak up all the blood, but one reason Dr Marquinez told us, I know this is not real, the surgeon is standing on the opposite side of the patient; you would never do that obviously.



We saw a drawing from the time as well; you could see the pile of limbs underneath the operating table. Another type of surgery done was excision, if the

surgeon thought that the limb might be saved they might be able to cut out the damaged part and then reattach the skin or the rest of that, was not done as much but later on there was a lot of criticism for surgeons doing too many amputations and people said you should be saving limbs. The Doctors said fine we will not do as many amputations they did more of these procedures but as we will see later, they were not as good you can see that it is not the best result.

An old name for doctors/surgeons was “saw bones,” it came from a poem during this time as well, “let us talk bones, here you come yes when the rebels whack us, you are always ready with your traps to mangle us, saw us and hack us, again we don't use that term too much anymore.



Surgery Tent

Dr Marquinez explained, after the field hospital surgery, it is off to the recovery room. That is where the outcomes of these procedures will play out. “As they say in real estate location, location, location.” When the injury is closer to the center of the trunk of the body, more proximally the higher the mortality rate, if they are doing amputations of the hip, there is a 17% survival rate, if we are doing arms, 3/4 survived, doing the fingers and toes almost 100% survived.

The average mortality, this is without antibiotics without any modern treatments, was only 26%, which I can still find amazing. How did that compare to Europe again American surgeons were criticized for being untrained and not as good as European surgeons. When we compare amputation rates US versus those during the Crimean War the American surgeons were much better.

There are a lot of pictures which were taken of all these soldiers as well. If you were an amputee, or if

you are blinded in both eyes, you got a monthly pension of \$6 that would be about \$150.00 a month today.

The US government recognized that there was a vast number of amputees and the US government did make a commitment to help these amputees, it is called the great civil war benefaction. The government would provide money for prosthetic arms and legs, and this spurred the whole rehab and prosthetic industry. These are examples of prosthetic limbs and various kinds.



The story of James Edward Hanger, Hanger who was a confederate 18-year-old at the time, is actually an engineering student and he answered the call to serve the confederate army, on June 2nd and the next day, he won the battle of Philippi as he was running to the barn to get his horse a cannonball went right through struck him in the leg, Smashed leg his really badly and he became the first battlefield amputee, actually operated on by an Ohio surgeon, Doctor John Robinson at Camp Chase. While he was sent home, he survived obviously, he was given a peg leg which he thought was very inefficient, he said, “I can do better.”

He made his own peg leg from barrel staves and improved it making his own leg basically. He kept perfecting that artificial leg, He started making them for other amputees that he knew. Pretty soon he had his own business going. He was given a patent by the Confederates and then he actually did so well that after the war he got the US patent. His business was started in Staunton, VA. It is called Hanger Limbs or artificial limbs, and he founded the Hanger Company.

That company exists today; over the years they have done all kinds of specialty limbs for all kinds of injuries. Today there are over 700 Hanger facilities throughout the world. The company has a value of \$1.25 billion. For an 18-year-old kid, a confederate, he did well obviously.

Due to lack of Experience before the war, mortality was pretty high. With practice they did a lot better. The term is innovation, which means experienced teachers, they got a lot better. They were also more willing to take chances if they were going to do several types of procedures. Some of the innovations when it was arterial ligation in the old days, you would never even think about tying off and a major artery, but they did, they learned how to tie off arteries, and they were quite successful.

Think of the arteries in your neck, they were making ligations of that, and almost more than half survived. The location, the smaller the artery, the survival rate actually was quite good. Head wounds usually were fatal, unless it is kind of superficial, almost all had been fatal but again they did try if they had time for their procedures.

The case of Private Jacob Arnold who was in one of the battles of Antietam. He presented, was brought to the tent, he was paralyzed on his right side, he was confused, he was put away outside to die. But he survived, maybe we could do something, the surgeon actually used to use those tools you see up there, he is able to lift the skull fragment up, releasing the pressure and he survived.

Within a year all his paralysis went away and he was discharged. The most visible wounds were again superficial. These were some photographs taken at the time. Again, chest and abdominal wounds are usually fatal and even then, they say when balls are lost in the capacity of the belly, one need not amuse themselves by hunting for them.

They still thought that they should try to remove the bullet but usually it was not successful. On the right is James Garfield who was shot in the abdomen, through the abdomen or the back, as well, unfortunately his doctor, you have seen the research Doctor Willard Bliss kept probing his wounds unnecessarily and this is in 1881, he should have known better, he was criticized for that. He probably would have survived if he had a better surgeon.

Chest wounds are also usually fatal, again the puncture and the motion of the lungs, the heart, major blood vessels, most of the time they were fatal at best they might explore the wound and mostly provide a dressing but occasionally there were survivors.

This is a private from Pennsylvania, shot through the chest and the bullet fractured his chest. That was the

actual description it says over the next two years it continued to cause pain; he would drain and spit blood, but he survived.

The next case was Private Judson Sanford the 10th Vermont Volunteers, he was struck by a Mini ball, in the chest at the battle of Petersburg. He was bleeding heavily, he was taken to the field hospital and examined by the surgeon. They said this is a mortal wound, we cannot do anything for you He was put off to the side, and he did not die right away.

It was getting cold that night and he would see people going to the surgical tent, he said please take me in, finally somebody agreed to take him inside the tent. The surgeon looked at him, and he said this is a mortal wound, I give you one in a thousand chances of making it. He said, "I will take that chance. I will prove it; I will stay alive."

Sure, enough that surgeon examined him, it turns out the bullet actually was superficial it did not penetrate his chest. It actually went into his arm, and the doctor extracted the bullet from his upper arm, and he survived and he lived to be like 90 years old at the time afterwards.

Doctor Benjamin Howard was a Triage Surgeon as well and he would see people coming through with sucking chest wounds, open chest wounds. These people had horrible short breath and pain. The Doctor said I have got to do something. He produced a dressing and sealing, airtight sealing, a dressing that we could put over the wound. He found that it made the wounded soldiers feel better. Actually, he performed a study and presented what was published in the Heartburn Journal of Medicine, at the time it was effective at relieving dyspnea, or shortness of breath. Relieving symptoms, but it did not improve survival unfortunately, later that became the standard of care during World War One.

Plastic surgery Doctor Gordon Buck pioneered plastic and reconstructive surgery; most of these were done at civilian hospitals, where things were a little bit calmer. He was one of the first to do plastic surgeries with multiple phases or stages and he is one of the first to document photographs of the distinct stages of his procedures.

This patient actually used calomel which we will talk about later he was given calomel, and it caused this erosion of his face basically, over a series of

procedures he will be able to reconstruct his face. It shows some of the progress there, quite successful.

This is a different patient the description was mandible and inferior maxilla carried away. Basically, he reconstructed his jaw, and the outcome was amazing.

The private was shot, this is not referring to the rank of the person shot, but rather the body location. Most of these were fatal as well and if they survived, it was a chronic problem they would leak urine over a period of time. They did use catheters when samples were there. They could catheterize the bladder which would help the drainage. There was another picture with Benjamin Franklin there because he is one of the first to use or devised a silver catheter for his brother.

Charles Goodyear is in another picture because his vulcanized rubber was used for catheters as well.

One of the most important contributions to orthopedic surgery was made by Doctor Hodgeon, which allowed the patient's leg to be raised after the surgery allowing traction to remain and also allowing bandages to be changed underneath the wound.

Many people would survive the Amputation but unfortunately succumbed to an infection. The most feared of all wound infections was gangrene or they called it putridism, it had a high mortality rate. Nowadays we call that flesh eating bacteria, even nowadays mortality is about 15 to 20%, that is how bad this was. It was spreading rapidly causing sepsis. They could not do too much; they did not know that if you isolated some of these patients, other people did not get as infected. They would try to debride the wounds, but they tried different methods, they just did not know how to use it, there is not much else you can do. They might just amputate it or re-amputate it, but overall, all you do is to keep them comfortable.

There are pictures of possible gangrene as well; there is John Dixon who suffered a wound at the battle of Petersburg. This patient did survive. You can see the foot is all quite infected and gangrenous, it was amputated and the patient survived long term.

Although traumatic injuries and amputations got much of the press it was medical diseases that killed twice as many as the combat related illness injuries. Again, it was harsh conditions, filth all kinds of things; they will call the crowd poisoning as well our

camp fever is quite common. Better officers noted if they practice better sanitation practices like putting your drinking water above stream to where the people have their waste in the water, there was less illness.

John Letterman did say you should do all this, but it was not always followed. Unfortunately, they characterize the disease and the two types it called static or highly active disease like pneumonia rapid pulse fever all these things like that. The treatment at the time was cathartics or diuretics, they thought they tried to get rid of these poisons out of the body. They would give them a low diet which is basically broth and some protein, truly a little vegetable.

On the other hand, at later stages of the disease are called putrid or a-dynamic diseases, these are pretty much the later stages of the same diseases or tuberculosis or other things, and these patients were given stimulants or tonics, alcohol is considered tonic. They would give them that and then we would give them a high diet, or extraordinarily rich in protein. This is the origin of the term, "feed a cold and starve a fever."

Feed the cold like the future one and start, that is where that comes from these are examples of medications given, quinine and some other things. They did use syringes, but they did not use the syringe to inject directly, the tips were not that sharp. form that they actually make a little cut on the skin and then put the needle in to inject morphine or whatever they were given.

Diarrhea was by far the most serious of all the epidemic diseases caused so much illness and all kinds of problems, if you get dehydrated, malnourished, many died from it as well. Some common names the Virginia quick step, The Tennessee trots, affected both sides it was thought that if you were answering the call of nature of the field even though your enemies in front of you they would not fire upon you if you were relieving yourself or having to go. but just in case, they said, you should probably learn how to shoot while you were squatting!

How do they treat diarrhea? There are many things they try, this quite common disease, opiates actually do slow down the bowels, they do cause Constipation, atropine or belladonna did help with cramps. The primary treatment for most diseases was called calomel, which was mercury based. it was

called blue pill, or blue mass was basically mercury along with some other things to make it a little more palatable, unfortunately this caused all kinds of problems that were giving people mercury poisoning. It would cause neurologic problems; erosion of the soft tissue weakness fatigues all kinds of different problems as well. It actually did not work, sometimes it did more harm than good, and it was still considered state-of-the-art of the time.

They used things like bismuth, which is Pepto-Bismol basically, it does have some good things. You can see there are things we tend not to use now to treat people as strict quinine, and turpentine has been used since Roman times, they would not only drink it but also applied topically and probably did not help at all.

Then Hoffman's Andon, which was basically Ether and alcohol that probably would make people feel better while the epidemic diseases malaria is quite common. They did have quinine the new quantity would not only treat disease but also could prevent them; in order to prevent malaria, they would actually give it to soldiers on a regular basis, they would call it quinine caller quinine call and then bring them up and have them take the quinine. It is very bitter; to get them to take it they would mix it with whiskey, once or twice a day.

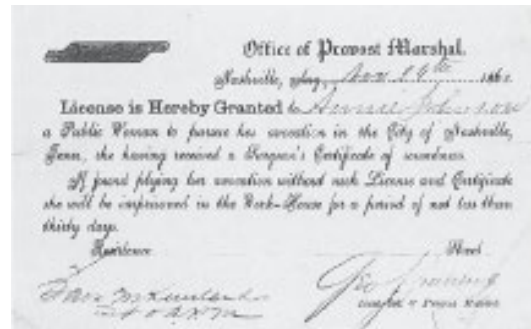
We have a lot more people taking it when they did that. Typhoid was a requirement as well tuberculosis from the disease called the consumption at the time, an unbelievably bad disease and smallpox also was quite common, and it was said that Lincoln had smallpox when he was given the Gettysburg Address.



Hospital Train

Measles quite common knowledge treatment for that and others but sexually transmitted diseases or STD's we call them now, they are quite common because you get sick and die. Joseph Hooker recognized that many of his men were becoming incapacitated when

they were camped outside of Nashville. There was a group of women prostitutes, which were following them. Obviously and they called them hooker's brigade. They would follow the men and then would get extremely sick. He recognized that and said we need to stop this; he made all the prostitutes get registered if they were examined by his surgeon.



If they were deemed clean, they could do what they like to do. Now hookers do not come from Joe Hooker. In Manhattan in the 1830s there is an area called Corlears Hook, which was an area where the docks were and factories and the women would work there and service men there, and they were the first ones to be called hookers! Not to be related to Joseph Hooker.

This is a prostitute License this was actually issued, and it says license granted to, Anna Johnson a public woman to pursue her avocation in the city of Nashville. having received the service certificate of soundness. If she finds her vocation without this license, she will be imprisoned in the workhouse for a period of no less than 30 days. If you were carrying one of these you were good to go, is it licensed to practice prostitution basically,

Dr Marquinez told us, they were aware, Pneumonia could be a primary disease also a complication of other diseases as well, it was quite common, Stonewall Jackson died of pneumonia, not from his wound. a quite common disease, extremely high mortality, there are a number of things that could be given for treatment, the notable ones and things like morphine and Brandy would make you feel better.

Camphor was used, Camphor is very aromatic and it is the main ingredient in Vicks vapor rub. If you can imagine putting on his chest you probably would feel better again. There's turpentine again cut these topically and then again blue masks and calomel so again more people probably died from the treatment, than they did from the disease!

Nutrition significantly affected both armies, it cost weakness it impaired the immune system, which meant they would be more prone to infections, poor wound healing, all kinds of things. The diet was poor, consisting of hardtack and flour, salt and mostly water. They knew the vegetables were good for them and had vitamins. The men called them desecrated vegetables, they had little nutritional value, especially after being heated up.

What they did have was a lot of alcohol, the men called it, O B joy full, or pop skull, 40 yards, it was said that you could only run 40 yards and then you would fall over. There was vitamin C deficiency or scurvy and nyctalopia, which is night blindness from vitamin A deficiency.

The vast majority of treatments prescribed by surgeons in good faith were not beneficial at all. There were some that were prescribed and have beneficial effects, I list some of those there, a lot of them that we still use today, growing Senta, of belladonna, paracord and morphine. These are all highly effective, the older treatments ineffective may have had placebo effect, but that is probably the most they could do. Other treatments "cupping" which was an older treatment would cause blistering of the skin, and they could either be incised or just left alone.

Fleams, which are the bloodletting instruments, I have examples of those on the table and the device of the lower left is called a scarf-A-acator or scarf locator, has I think 10 or 12 blades that come out, I can show you that as well, bleeding was still done at the time.

We think that Cupping is something nobody uses anymore, well actually Michael Phelps was using cupping during the Olympics, it is still being practiced today. There is still no exact scientific evidence that it works but again maybe it is a placebo, I do not know.

Another disease that affected the man was soldier's heart or PTSD went by many other names as well primarily nostalgia and the symptoms were the same anxiety or irritability, nightmares all these things that the men had. There was no treatment for it. They basically put it either asylums or old soldiers' homes or a lot of them committed suicide unfortunately.

Other than surgery, nursing was the best medical care you could get there were initial nurses who were basically untrained males sometimes those recovering

for other illnesses, unfortunately they got sick a lot of times themselves it was felt that it was inappropriate for a female to address the bodily needs of a male. Free blacks and slaves actually had experience, and they were actually quite good nurses. The only truly trained nurses were actually the Roman Catholic nursing orders sisters of charity and others.



Dorothea Dix started in the nursing program basically to teach and educate nurses as well, to be a candidate for her school you had to be at least 30 years of age and dressed in either black or brown. They did not want to excite any of the men. The US sanitary Commission functioned as a civilian organization, functioning pretty much like the USO, the Red Cross and also the Joint Commission they examined hospitals.

They looked at them and provided supplies to soldiers and all kinds of things. They looked at their established policies for medical care; they had articles published; they did pretty much everything. I am sure many men survive because of them,

The Doctors were exposed to the same dangers as the soldiers were, poor living conditions for food disease and combat action. 336 out of the total 12,000 union that served 336 died, some from injuries or wounds, but mostly from disease. Doctor Charles August Hartman was a Cleveland physician; he was the county coroner in Cleveland then joined the Ohio voluntary infantry. He was actually killed during battle. That medallion is actually in the Soldiers and Sailors Monument in Cleveland, on the inner W wall, I guess on the inner side. He is the only medical person honored there.

Medical records kept at the beginning of the war were very sparse or scanty and not exceptionally good. doctor Hammond and Dr Letterman and Dr. Barnes, they said we need to keep a medical record of everything we can learn from this in the future. They sent out words to all the surgeons to collect specimens, to collect histories put everything together and all these were kept they kept statistics on pneumonias and diseases black, white, everything.

All kinds of tests were kept and were published some years later. Six volumes, later there but it was the most comprehensive medical record of any war, even though the Europeans said this is amazing, that it has never been done before. These are examples of things that were in there, again generations later could learn from the experiences of civil war surgeons. they kept death rates by season, all kinds of things as well.

Doctor William Hammond directed medical officers in the field to collect what he called specimens of morbid anatomy, together with projectiles and foreign bodies, along with case histories and forward them to the Army Medical museum. They collected all these items; many were kept the museum was then moved to Fords theatre actually and now is located in Silver Springs Maryland. It is the National Museum of Health and Medicine. Its amazing facility there's also Army Medical Museum joint base San Antonio TX.

In the Museum in Silver Springs there are specimens from Lincoln's assassination, that melatonin probe that I talked about with ceramic tip is there about the tip, the bullet that was retrieved after autopsy and that's John Wilkes Booth cervical spine showing the path of the bullet paralyzed him.



General Daniel Sickles we know the story from Gettysburg, but he was struck by a ball in the leg, it was amputated that same day and he smoked a cigar to show his men he was not worried, the tourniquet was applied. He had a leg amputated, he put the leg they gave back to him, he put it into a small casket and kept it. When he heard that the army museum was looking for specimens, he sent his leg to the museum, in a box, signed DS, every year he would visit his leg.

Trying to put everything together and show what the Military Medical Services did during the war and were trying to do, we will talk about a case of Brigadier General Henry Barnum[pictured], he uses all of elements of the medical military system during the civil war. At The time he was a young lawyer he

entered the military, joined the New York militia, one year later experienced his first year of combat at the First Battle of Bull Run, he was shot and there is the picture of the exit wound also. In July 1862 at The battle of Malvern Hill, he is struck with a Minny ball, it passes through his hip bone, he continues to give commands but passes out a few moments later, from blood and shock, he is transferred to a triage hospital wouldn't be a scientist says this wound is fatal puts him to the side to die.



He did not die he, was listed under the dead roles, his own his wife was notified of his death, eulogies were read in his hometown, and his family requested his body be returned; he was still alive. The union troops left the hospital because of confederate hostilities and did not take him with them, the confederate army occupied the medical building and he recovered, well enough to be transferred to Libby prison.

Later he was involved with a prisoner exchange program and eventually was sent home to Albany New York. He sees a doctor in Albany, Alvin March, who treats the wound. And he gets better, eventually he gets better and goes back into the service. He is at Gettysburg, but the wound is still there, it is draining pus in April 1863, and it burst, and he takes medical leave. He goes home to New York, his son was born, he names him Malvern Hill, the place where he was wounded. The son ends up going to West Point, he fights at the battle of San Juan Hill, thirty-six years to the day when his father is shot in the hip, he is shot in the hip, he is wounded and he is surviving.

A new wound is at the battle of Lookout Mountain, he is shot again. He was in Medical Care and eagerly sees a different doctor. Then he is in another battle, the Peach Tree creek in Georgia. He is full of shrapnel at this point. The primary wound is still there, and he goes back to his original Dr. Sayer. Who said this is an abscess and we have to drain it. There was a hole there and they kept probing the wound. He puts a candle wick entirely through the

wound to keep it open. It has allowed the drainage to come out of his body. He left the military for many years.

He would use the pictures to document his injuries and increase his pension. He was given \$100.00 per month, which in today's money would be around \$2,500.00 per month. At the age of 58 he has pneumonia. He is buried in New York. At his autopsy, his pelvic bone is examined and removed, and you can see where the hole was, and this is new bone forming around the wound. When they did an enhanced CDs scan around it the remnants of the lead bullets could still be seen still visible and on display at the museum in Silver Springs, Maryland.



Civil War Recovery Room

The price of medicine is still considered to be brutal and barbaric, but you cannot judge the past by current medical standards. The country was not ready for this Civil war, and standard of Medical Care was overwhelmed at the beginning of the civil war. They were understaffed with no military budget poorly organize, poor sanitation, but later thanks to Jonathan Letterman that system of mass casualties, they learned more things about treating disease, you had to operate within the first 48 hours for sanitation improved, medical record keeping improved, Nursing as a profession evolved, and most importantly, they gained experience and training from the past in using a surgical technique, and the whole field of prosthetics just blew up.

Major General Paul Holley, chief surgeon who the eastern theater and you who know a war two save that I often wondered if I have been confronted loaf the primitive system which Letterman fell air to, at the beginning of the civil war, could I have had such

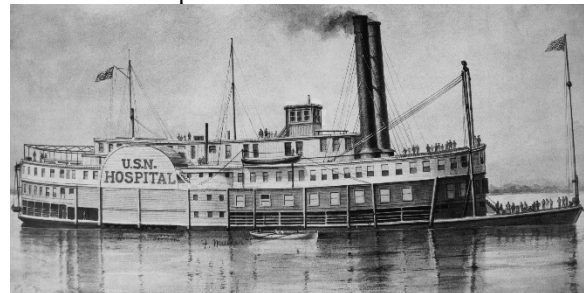
a good organization as he did. And the that was mounted a tour and will war two that didn't think that john Letterman Dr. Bonnie Grice ballot of the farewell will use the Jonathan Letterman William Hammond and others transforming did medical department into skilled units that transported soldiers from blue bell so expeditiously to places of safety pain relief and recovery and established a network and framework that is used today to rescue wounded soldiers.

CCWRT Questions:

Q>> How did the lessons of the civil war affect combat casualty care today? Fortunately, the way it was done at the top was that fellow was bleeding quite profusely, I do not think he will survive, but military as training in self-aid or buddy care, it is basically learned how to treat yourself or you buddy to you to stop the bleeding. You learn how to put a tourniquet on right away, or a pressure band aid on right away.

There is another system called Tactical Combat casualty care, this is an elevated level of training. Everyone who is deployed carries a tourniquet was low level and he has on his uniform, are under our late make good on odd and ending of tactical combat to a higher level of training everyone out if these tourniquet on his uniform one of the arm pocket one leg pocket it is one of the Lems is blown off, you have another one to use. You use the one on the patient first and the other one on yourself.

Medevacking has changed somewhat but you can see the distinct similarities. You still have to carry people on stretchers, this is a picture of a Huey Black Hawk Helicopter, taken in Iraq. Principles of a mobile hospital unit are the same as they were during the Civil War: the doctors and nurses, other staff, equipment, a large. tent, which is then moved to the next arena for operations.



First U.S. Navy Hospital Ship

They had hospital trains during the Civil War; Hospital ships were nothing new during the civil war and today they are just much bigger. Pictures of the Mercy Hospital and Comfort Hospital ships have more than 1000 beds each. Each hospital ship can carry 5000 units of blood for emerges. The I rack Cargo Plane is which can be converted into flying Hospitals within 90 minutes and transport wounded soldiers for medical care to major hospitals anywhere in the world, or back home across the ocean.

~Charles Patton

CCWRT Dispatches



THE CCWRT 2026 FIELD TRIP

The CCWRT 2026 Field Trip will be September 17-20, 2026. We will be traveling to the Shenandoah Valley to study the 1862 Valley Campaign. Check the CCWRT website and your CCWRT emails for details and registration information.

***CCWRT MEETINGS DINNER COST INCREASE FOR 2026-2027**

Due to rising food costs, the Holiday Inn has periodically raised dinner costs to the Roundtable since we began meeting there in 2021. Most of these costs have been absorbed by the Roundtable, and we have been able to keep the dinner charges to members unchanged since

2019 when we met at Judson Manor. While that charge to members has remained steady, we have run monthly deficits to keep the meal cost at \$35.00. For the past year the Executive Committee has focused on these costs and has taken proactive steps to minimize these deficits including menu selections, Holiday Buffet elimination, and recouping dinner costs from last-day member cancellations. While this has had a positive impact, we continue to face deficits that do not allow us to balance our costs. As a result, the Executive Committee has agreed to raise the dinner charge from \$35.00 to \$40.00 effective with the start of the next program year beginning September 2026. Additionally, we likely would need to charge an additional fee for special occasions such as the Holiday Buffet should we wish to reinstate it. Should that be the case, it would be announced in advance. We believe this step is necessary to maintain our financial health while providing beneficial programs for our Roundtable.

~Gary Taylor, Treasurer

***2026 NATIONAL HISTORY DAY WINNERS, 7 March 2026**

THE CLEVELAND CIVIL WAR ROUNDTABLE AWARD – 2026 National History Day

THEME: Revolution, Reaction, Reform in History

Sponsor: The Cleveland Civil War Roundtable

Eligible Projects: Exhibits, Videos, Websites, Presentations

Prize Amount: \$50 per project [portrait of US Grant]; certificate; commemorative US Flag, medal

Other Requirements:

The winning project will be the one that best reflects issues and examples of how the theme of Revolution, Reaction and Reform during the

Civil War Era of 1850-1876. Winning entries will demonstrate how one or more of the theme topics could be interpreted or found in the coming of the war, its conduct, the outcome of the Civil War, the aftermath of the war and its ongoing influence on American history. The winning project will illustrate how the people who lived during that troubled time identified issues surrounding the Civil War as either reforms, revolutions or reaction and took appropriate action to act on their beliefs.

ADDITIONAL PRIZE: The Executive Committee voted to extend a special NHD Winner Student Membership in the CWRT to students who received our awards this year. Please be on the lookout for them at future meetings.

SENIOR GROUP WEBSITE

THE FREEDMAN'S BUREAU

Ben Lidnsay and Winston Toplitz

SENIOR INDIVIDUAL WEB SITE

THE NORTH STAR: FREDERICK DOUGLAS

Ian Russell

SENIOR INDIVIDUAL DOCUMENTARY

Seneca Falls: Redefining American Democracy

Tngyi Zhu

SENIOR PERFORMANCES

A TURNING POINT AND SECOND CHANCE

Colin Shipp and Owen Shipp

SENIOR PAPERS

FROM OBERLIN TO HARPER'S FERRY

Michael Mattey

U.S. GRANT AND RECONSTRUCTION

James Johnston

JUNIOR GROUP DOCUMENTARY

FEELING RIGHT: STOWE'S REVOLUTIONARY NOVEL [placed 3rd overall in general competition]

Danah Jang and Tzurielle Parrino

JUNIOR INDIVIDUAL WEBSITE

PATH TO THE PRINCIPAL'S OFFICE [Mary Jane Patterson and American Education]

Mariyah Bahadur

****The Roundtable at National History Day: 2026***

THANK YOU to Judges!

The Cleveland CWRT had another memorable day at National History Day on Saturday, March 7, 2026, awarding eight medals for superior Civil War related entries. John Syrone presented two medals at the Junior Awards Ceremony and six more at the Senior Awards Ceremony with crowds of hundreds in the audience for both presentations.

Thank you to our judges for spending your Saturday and in the case of many of you doing several hours of preliminary work during the week for your judging assignments. Here are the Judges and their assignments:

-Senior Papers and Group Performance
Rich Hronek and Alexi Panehorne

-Senior Group Website
Bob Pence and Jack Prause

-Documentaries
John Syrone and Steve Brown

-Junior Division
William Vodrey and Andrew Mangels

I do not think I have had a moment where I have been prouder to be a member of the Cleveland Civil War Roundtable than Saturday around noon when we went through the process of selecting the medal winners. I was so impressed with the serious and deliberative process that each team went through to make their recommendations along with the thoughtful presentations of their recommendations and answering questions from the other judges during our final briefing to vet our decisions. Thank you for a job well done!

~Steve Pettyjohn

****National History Day: The Rest of the Story***

I have a quick story that relates directly to National History Day and reflects the dedication that we continue to show towards this community initiative and our reach as an organization. On Saturday, Rich and Alexi were judging individual papers. During the debriefing summary, both judges stated that they initially thought the Grant and Reconstruction Paper would be the finalist for our prizes. After consideration and reflection as well as conversations with the young high school student from Lutheran West, our judges decided to award his paper a prize. Rich and Alexi's tireless and careful analysis was the right decision. Here is the "Rest Of The Story"

After passing out awards with Steve Pettyjohn for both the Junior and Senior

Awards, I met my wife at Little Italy for dinner. After dinner we decided to walk down to Prestis for Dessert. While waiting in line, I saw the young man from Lutheran West with his family. I told him how impressed our judges were with his paper. His Father talked about how much of an impact his winning the award was for his son. The father walked over to the table where his wife was sitting to tell her who I was, a representative from the Cleveland Civil War Roundtable.

She walked up to my wife, Debbie, and related how life changing of an event this was for her son. She mentioned the hours and I will emphasize hours he spent researching, touring Oberlin, talking to Oberlin personnel and museum representatives, and writing his position paper. The mother's emphasis on Game Changing Event is indicative of why we put the work into this public education endeavor.

A big thanks goes out to Steve Pettyjohn for being our representative for this event and all the work all our judges performed for this event.

As a side note, the student does have a slight Learning Disability but for his parents and our organization, his disability was never an impediment to his resiliency, historical scholarship and passion that he displayed for Civil War History. He and his family are so excited for the next ventures this Award will lead him on his continual journey with history.

~John Syrone
Social Studies Department: Strongsville High School

The Editor's Desk



Tom Dula (pronounced “Dooley”) served in Company K, 42nd North Carolina Volunteers. Dula, at the end of the Civil War, after spending time as a POW at Point Lookout, Maryland, returned to Wilkes County, North Carolina, to his home in Happy Valley on the Yadkin River. Prior to the war Tom had an affair with a woman named Ann Melton, the wife of a local farmer James Melton. When Tom returned in 1865, he soon resumed his relationship with Ann Melton but eventually cohabitated in a cabin in the woods with Ann’s cousin, Laura Foster.

In May 1866, Laura Foster disappeared after she was seen riding her father’s horse toward a well-known spot used as a lover’s rendezvous. Her body was discovered in a shallow grave about a month later. She had been stabbed once in the chest. The next day, Tom Dula disappeared and eventually crossed the NC state line to work on the farm of Colonel James Grayson in Trade, Tennessee, using the name Tom Hall. When Tom’s identity was revealed, Colonel Grayson joined the Wilkes County, NC, posse searching for Dula who was believed to be Laura Foster’s killer.

After Tom Dula was captured, he was brought back to North Carolina, tried and convicted twice for Laura Foster’s murder (his first conviction resulted in an appeal and a new trial),

and he was hanged on May 1, 1868, in Statesville, NC. Dula’s case became famous at the time. From the gallows he continued to proclaim his innocence, and his lawyer, former CSA North Carolina Governor Zebulon Vance, was convinced of Dula’s innocence for the rest of his life. By the time of Tom’s death, local townsmen were already singing a short ditty:

Hang down your head, Tom Dula.

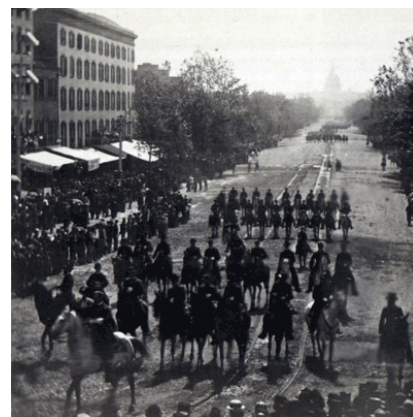
Hang down your head and cry.

You killed poor Laura Foster,

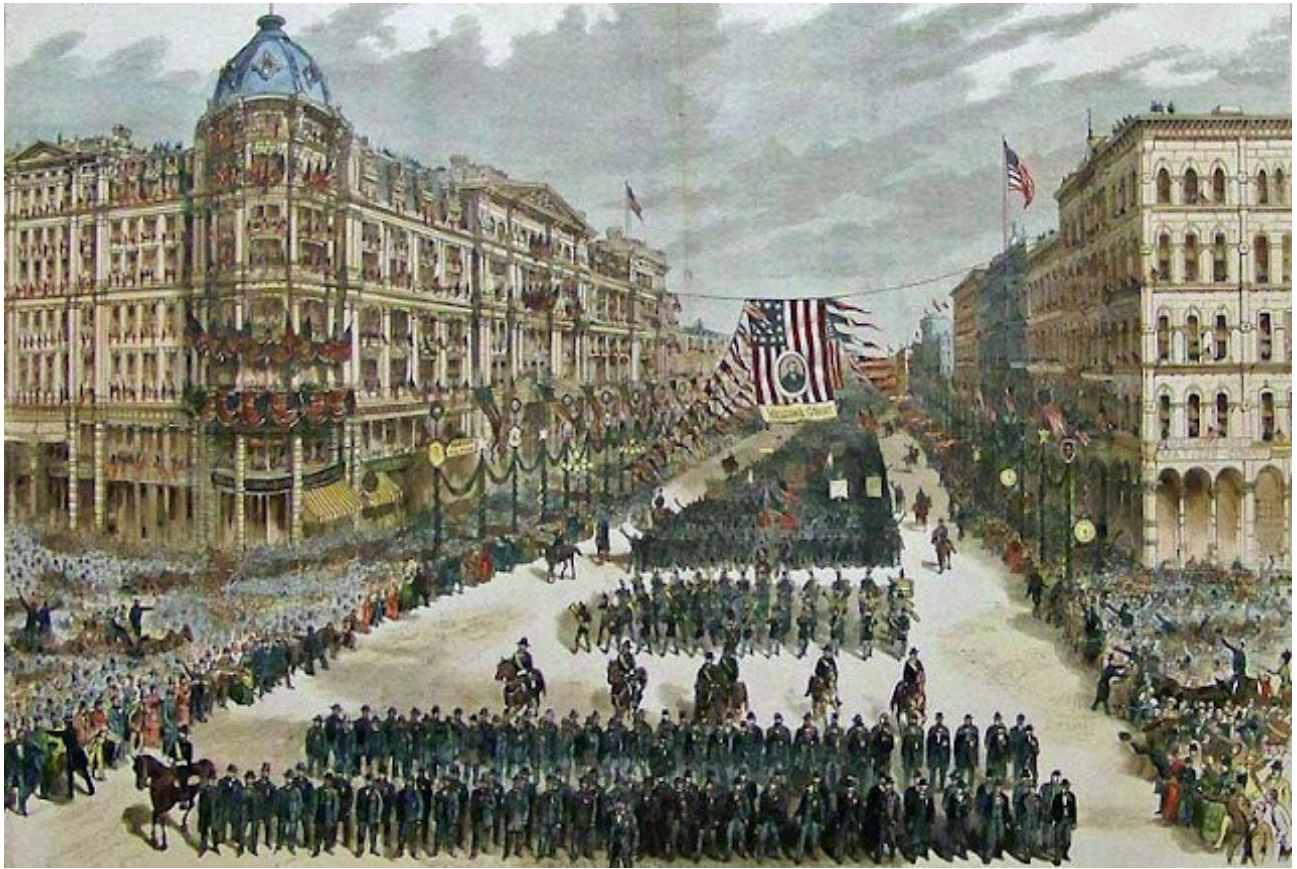
And now you’re bound to die.

The verse soon expanded into a full song, and ninety years later the American folk music singers, “The Kingston Trio,” brought the tragic story of Tom Dula and Laura Foster to a worldwide audience with their hit recording “Tom Dooley.”

~Kent Fonner



Grand Review of the Union Army, Washington, DC
May 23 and May 24, 1865



Chicago Welcomes U.S. Grant after His World Tour

The Night Chicago Claimed the Republic

By Don Iannone

On November 13, 1879, eight years after fire had reduced much of it to ash, Chicago set a table large enough to hold the nation.

The occasion was the return of Ulysses S. Grant from his two-year world tour, a journey that had carried him through Europe, Asia, and the Middle East, where he was received less as a former president than as a representative figure of the United States itself.¹ When he came home, cities competed to honor him. Chicago did more than host him. It staged an arrival.

The banquet took place in the Palmer House, rebuilt after the fire in a language of excess that Chicago had learned quickly and well. The dining room was lit to a steady brilliance. Gaslight caught in cut glass and silver service, multiplying itself across long tables dressed in white linen. Contemporary accounts describe pyramids of fruit, tiers of oysters on ice, game birds lacquered and arranged with a kind of sculptural care.² The room held roughly five hundred

guests, and yet the effect was not crowding but orchestration. Each place was set as if the city were proving it could control not only scale, but detail.

This was not incidental. Chicago in 1879 was a city determined to outgrow its own reputation. The East still saw it as provisional, muscular but unfinished. The banquet answered that perception without argument. It presented refinement not as inheritance, but as something built, like everything else in the city, from intention and force.

The guest list reinforced the claim. Grant sat at the center, flanked by men who had defined the Civil War: William Tecumseh Sherman, whose campaigns had broken the Confederacy's infrastructure, and Philip Sheridan, who had carried the Union's strategy through its final phases.³ Around them gathered politicians, railroad magnates, editors, and public figures, men whose authority extended across the rapidly consolidating nation. Their presence transformed the room into a living archive of American power.

And yet the evening did not hold to a single tone.

Mark Twain, serving as master of ceremonies, shifted it. While others spoke in the expected register of honor and national gratitude, Twain moved elsewhere. Twain, refusing the expected rhetoric of honor, turned instead to "The Babies," reminding a room full of generals and dignitaries that the future of the republic lay not in their achievements but in cradles scattered across the country. His speech drew laughter, sustained and genuine, but also something quieter. It displaced the center of gravity in the room. The men who had secured the nation were, for a moment, no longer its measure.

Reports from the evening note the response with a kind of careful amusement. Guests applauded. Some were visibly delighted; others, more reserved, seemed to register the turn without fully yielding to it.⁴ Twain had not broken decorum. He had exposed its limits.

Grant's own reply followed in a markedly different register. He spoke briefly, almost sparingly, expressing gratitude for the reception and suggesting that the honors he had received abroad were surpassed by those offered by his countrymen.⁵ There was no attempt to match the scale of the evening with language. His restraint, placed against the abundance of the room—the glitter of glass, the procession of courses, the density of expectation—became its own form of authority.

The significance of the banquet lies in this layering. Chicago constructed an event that displayed its capacity for magnificence: architectural, social, and logistical. The Palmer House functioned as both setting and instrument, its rebuilt interiors carrying the weight of the city's ambitions. Bertha Honoré Palmer, who orchestrated the evening with precision, understood that such moments could shape perception as effectively as any economic achievement.⁶

But the evening also revealed something less controlled. Twain's humor redirected attention toward an unformed future, while Grant's brevity resisted absorption into spectacle. Between them, the event opened outward. It was no longer only about what had been achieved, but about what might follow.

Why Chicago? Because by 1879 the city occupied a position that demanded recognition. It was the hinge between East and West, the clearinghouse of rail lines and commodities, a place where the country reorganized itself daily. To honor Grant there was to acknowledge that the center of American life was no longer fixed on the Atlantic coast. It had shifted inland, to a city that had burned, rebuilt, and refused modesty.

The Palmer House banquet has faded from general memory, overshadowed by larger narratives of growth and industry. Yet on that November night, Chicago paused its forward motion and did something rarer. It composed itself. It arranged light, glass, bodies, and voices into a single statement.

The city had survived. Now it would define what survival looked like.

Notes

1. Joan Waugh, *U.S. Grant: American Hero, American Myth* (Chapel Hill: University of North Carolina Press, 2009), 247–52.
2. “The Grant Banquet,” *Chicago Tribune*, November 14, 1879.
3. *Ibid.*
4. *Ibid.*, descriptions of audience response to Mark Twain’s remarks.
5. *Ibid.*, summary of Grant’s response.
6. Kenneth T. Jackson, ed., *The Encyclopedia of Chicago* (Chicago: University of Chicago Press, 2004), s.v. “Palmer House”; Ernest Poole, *The Story of Chicago* (New York: Macmillan, 1915), 198–201.

~Don Iannone writes fiction, nonfiction, and poetry. His short stories and essays have been published in various literary journals and magazines; most recently in Ploughshares. He holds a PhD in philosophy and is a faculty member at Transcontinental University, based in Malta. He and his wife Mary live in the Chagrin Falls area. He can be contacted at diannone@gmail.com.



“Out of Deference to the Government I Stopped Sherman for a Day.”

U.S. Grant, Mark Twain (Samuel Clemens), and his daughter, Susy Clemens



The Ohio Monument at Andersonville

Andersonville

By Dennis Keating

The tragic saga of the Confederate Camp Sumter Prison (known as Andersonville) in Georgia began with the arrival of its first Union prisoners in February 1864. Intended to house 10,000 prisoners, the number reached a high of 33,000, with over 40,000 held altogether. Before it was finally liberated in April, 1865, approximately 13,000 died due to malnutrition, lack of safe drinking water, lack of shelter, lack of medicine, and the overcrowded conditions. In part, this reflected the Confederacy's inability to provide adequate conditions. Later, the overcrowding would be increased by Ulysses Grant's refusal to continue prisoner exchanges that would help the available manpower for Confederate armies, as well as because of its treatment of black Union soldiers. There was also the harsh treatment imposed by the prison's commandant Henry Wirz, including the "death line" containing the prisoners, prisoners held in ball and chains, and escapees killed by vicious dogs. All of these factors contributed to the high death toll at the prison.

Before his March to the Sea campaign began in 1864, William Tecumseh Sherman agreed to a proposal by George Stoneman, his cavalry commander, to attempt a rescue mission in July, 1864. With over 2,000 men, Stoneman set out to liberate the camp after disrupting Confederate supply lines from Macon to Atlanta, but was caught between two Confederate forces. Allowing the larger part of his force to escape, Stoneman and 700 stayed behind to cover their withdrawal. On July 31, 1864, outnumbered and out of ammunition, they surrendered. They were exchanged a few months later. Thus, the only attempt to free the Union prisoners from their Andersonville captivity was aborted.

Meanwhile, that same July saw Wirz allow several prisoners to carry North a petition to reinstate the prisoner exchange policy to alleviate the overcrowding at the prison. The petition was rejected by Stanton and Grant.

After Sherman began his March to the Sea in November 1864, at one point he was within about 50 miles of Andersonville but did not attempt to free the prisoners there. Later, Sherman would offer different reasons for his decision. They included that it would divert his army from its mission, and that it would not have been possible to feed and care for such a large number of prisoners, many of whom were ill, especially when his own army was living off the land. It is also noteworthy that Sherman also did not divert his army to attack the major Confederate armaments and munitions hub at Augusta.

Two noteworthy postwar events related to what happened at Andersonville occurred. First, Henry Wirz was tried as a war criminal. Swiss-born, he was a doctor wounded at the battle of Seven Pines/Fair Oaks in 1862. He was tried by a nine-member Special Military Commission headed by Major General Lew Wallace beginning on August 21, 1864. Secretary of War Edwin Stanton read the charges, which fell into four categories involving the murder of prisoners. The terrible conditions at the camp were reported in a September 1864, inspection report by a Confederate doctor sent by the Confederate authorities. In addition to prisoner testimony, this report became important evidence of the maltreatment of federal prisoners under Wirz' oversight. Conditions only worsened after the report was made. The trial lasted 67 days with 167 prosecution and defense witnesses before Wirz was found guilty and sentenced to death. He was hung on November 10, 1865, at the Old Capital Prison. His was the only death sentence carried out for a Confederate officer.



The Execution of Captain Henry Wirz

The other major event was the revelation that a Union prisoner named Dorence Atwater who had kept a register of the dead Union prisoners secretly smuggled a copy out of the prison. He provided this list to Clara Barton, who had opened a Missing Soldier Office* after the war. They made a joint expedition in the summer of 1865 to Andersonville to try to document the burial sites of those prisoners who died and identify as many as possible. The site became a National Cemetery. Atwater would be court martialed for taking possession of his list instead of providing it to the government and spent time in prison for larceny before President Andrew Johnson pardoned him. After his release, he published the list jointly with Clara Barton.



Clara Barton and Dorence Atwater

On December 18, 1901, the Ohio Monument was dedicated to the 1,055 dead Ohio prisoners** at Andersonville, the tallest of the monuments in the cemetery. It bears the phrase “Death Before Dishonor.”

References

Davis, Robert Scott and Doug Bostick. *Andersonville Civil War Prison* (2010)

Futch, Ovid L. *History of Andersonville Prison* (2011)

Kantor, MacKinlay. *Andersonville* (A Novel) (1955)

Linder, Douglas O. *The Andersonville (Henry Wirz) Trial: An Account* (Famous Trials, UMKC School of Law, 2019)

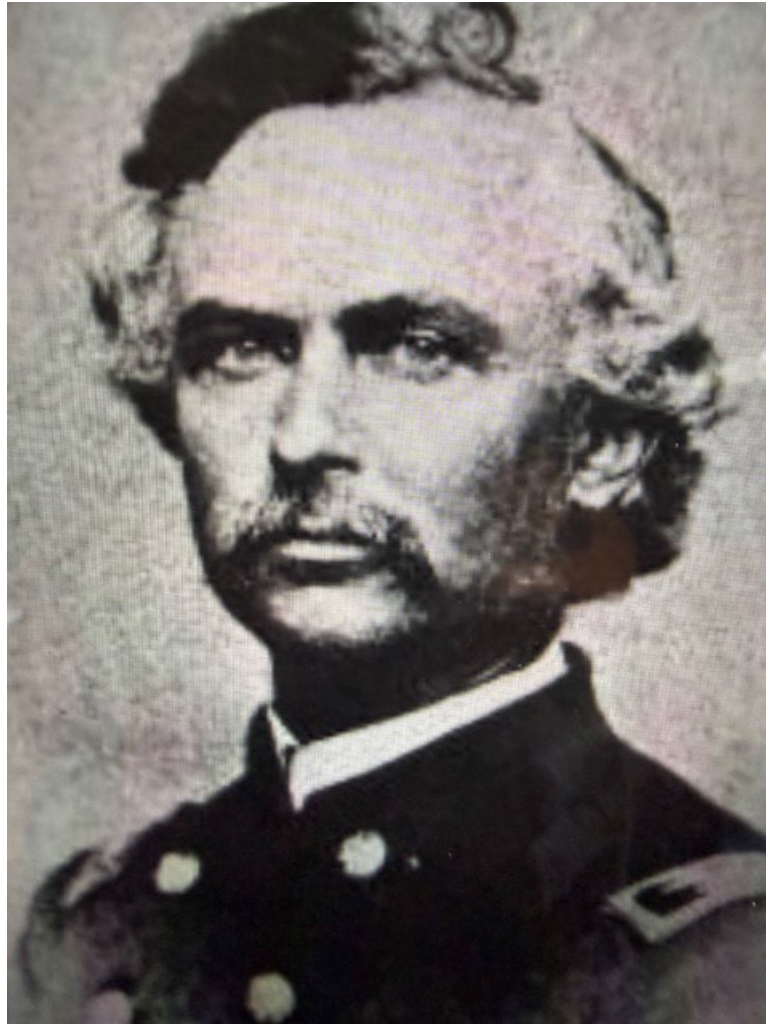
Marvel, William. *Andersonville: The Last Depot* (2006)

Reaves, Stacy W. *A History of Andersonville Monuments* (2015)

*Missing Soldier Office Museum, 437 7th Street, NW, Washington, D.C.

**One of those dead Ohio prisoners was Olmsted farmer Nathan Hawkins of the 103rd OVI. He was captured in East Tennessee in January, 1864. His wife only learned after the war of his death in Andersonville.

Dennis Keating, *Cleveland and the Civil War* (p. 71).



John Azor Kellogg

“It Strikes Me that Your Rear is in the Opposite Direction:” The Ordeal of Captain Kellogg

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John Azor Kellogg was born March 1820 in Bethany, Pennsylvania. He was the son of an American Revolutionary War soldier Nathan Kellogg and his wife Sarah (Quidor) Kellogg. The family moved to Wisconsin in 1840 and settled at Prairie du Chien.

John studied law and was admitted to the bar in 1857. On October 5, 1852 he married Adelaide Worthington of Prairie du Sac and had three children. He joined a militia unit as a 1st Lieutenant of the Lemonweir Minute Men which became Company K of the 6th Wisconsin Volunteer

Infantry. He was soon promoted to captain and took part in the battles of the famous Iron Brigade.¹

On the morning of May 5, 1864, Capt. Kellogg and the 6th Wisconsin deployed into the straggly second- and third-growth forest known as the Wilderness. As they moved forward, ducking under branches or around brambles and bushes, visibility was limited. They knew the Confederates were somewhere ahead and they stopped short of seeing any signs of the enemy and began to throw up breastworks.

Soon an orderly from Colonel Bragg, his regimental commander, appeared ordering Kellogg report to the brigade commander, Gen. Lysander Cutler for skirmish duty. As Kellogg walked back through the lines of the Iron Brigade, other captains, evidently pleased that they weren't chosen, began to teasing Kellogg with remarks about writing to his loved ones back home or shaking his hand saying that it might be "the last time we ever see you." Kellogg retorted, "I expect you fellows will be all wiped out before I get back" and "Look out you don't get run over by the line of battle, when they follow me in."²

When Kellogg reported at the general's tent, he found the Cutler pacing inside. Inviting Kellogg in, he explained:

"Captain, your work this morning will not be play. Out front – I do not know exactly how far, but probably within a mile – you will find the sharpshooters deployed as skirmishers. You will join them. Use your own company as you think best; take command of the line and advance until you raise the enemy and bring on an engagement. Take along plenty of orderlies and report frequently."³

Kellogg led his company forward in to the Wilderness. It was somewhat disorientating in that maze of scrub pine when Kellogg discovered a long line of graybacks approaching. His men halted and opened fire. Only thirty or forty yards away from the rebel line, Kellogg's men had the advantage of surprise and cover, being behind trees and logs whereas the rebels were in line. But when the enemy fired a volley, the captain wrote later, "How the bullets sung and whistle around us."⁴

Kellogg sent word back to Cutler who ordered the brigade to support Kellogg's company but the Confederates were too many and charged, outflanking the Yankee position. Kellogg's men were forced back in disorder but the Confederates caught up and the combat was hand-to-hand. The captain took a blow to the head and was knocked out. When he came to "he was foggy-headed, bleeding from his nose and ears, and too dizzy to stand up straight."⁵

Losing all sense of direction, Kellogg staggered off to find his regiment but instead stumble into men from the 13th Georgia Infantry. He was soon face to face with that unit's colonel who had become lost in the melee among the tangled trees. The Georgian colonel asked, "Captain, were you in the skirmish line out yonder?"

Kellogg responded: "I am a prisoner, sir, and must decline to answer any questions touching on our position or forces."

“That’s all right, Captain, but . . . do you know where Gordon’s brigade is?”

“Gordon’s brigade! Why I don’t even know where I am myself.”

“Then there are two of us in the same fix. To tell the truth, I am lost,” exclaimed the colonel. “I got through an interval in your lines, I think; at all events, I found myself in your rear without knowing how I got there, and was trying to get back when you uns run over us. We just lay still, and the Yankees passed us.”

“In which direction did they go?” asked Kellogg.

“Out yon,” the colonel said pointing.

“Then it strikes me that your rear is in the opposite direction,” said the captain.

“Well, yes. I reckon so,” the colonel said, before ordering a corporal to take Kellogg to the rear and turn him over to the provost guard.⁶

Kellogg was soon transferred to prison camps successively at Lynchburg and Danville, Virginia, Macon, Georgia, and Charleston, South Carolina. On October 5, 1864, while being transferred once again, this time to Columbia, South Carolina, Kellogg escaped by jumping from a moving train and making his way successfully back to Union lines. In his absence he had been promoted to major then colonel. Returning to duty, he saw the surrender of Lee’s army at Appomattox Court House on April 9, 1865, when was promoted to brevet-brigadier general.

After the war he returned to Wisconsin and was appointed U.S. Pension agent at LaCrosse until 1875 when he left to return to private law practice in Wausau, Wisconsin. Later, he was elected as a State Senator from 1877-80. John A. Kellogg died February 10, 1883 and is buried at Maple Lawn cemetery in Fairbault, Minnesota.⁷

¹ Kellogg, John Azor, *Capture and Escape: A Narrative of Army and Prison Life*, Madison: WS: Wisconsin History commission, Democrat Printing Company, 1908. pp. xi-xii & xv. [Capture and Escape: A Narrative of Army and Prison Life - John Azor Kellogg - Google Books](#)

² Marten, James, *The Sixth Wisconsin and the Long Civil War: The Biography of a Regiment*, Chapel Hill, NC: The University of North Carolina Press, 2025, p.132.

³ Kellogg, *Capture and Escape*, p. 7.

⁴ Ibid. p. 9.

⁵ Marten, *The Sixth Wisconsin*, p. 132-133.

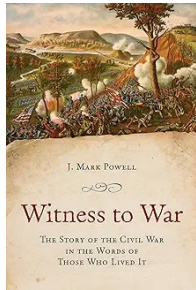
⁶ Ibid.

⁷ Kellogg, *Capture and Escape*, p. xiv. John Azor Kellogg Find-a-Grave. [John Azor Kellogg \(1828-1883\) - Find a Grave Memorial](#)

BOOK REVIEWS

Civil War Soldiers' Letters: A Review Essay

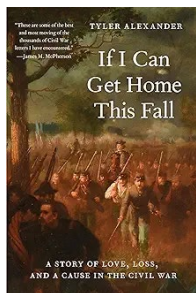
In 2013, the CCWRT historian, Dale Thomas, published *Civil War Soldiers of Greater Cleveland: Letters Home to Cuyahoga County* (available now through Amazon). Here are two more recent compilations of Civil War soldiers' letters:



J. Mark Powell, *Witness to War: The Story of the Civil War Told by Those Who Lived It* (Stackpole Books: 2026). This book contains 432 letters, about half of them from soldiers, from both sides. The author says:

“The purpose of this book...is intended to hold a mirror to that remarkable time and allow its people to reveal themselves to us.” He tells us that it is the result of reading more than 20,000 original letters over four decades. Of the 34 letters from Ohio soldiers, two of the included letters are from Ohioans serving in

Northeast Ohio regiments: Enoch Leavitt from the 2nd OVC and Anson Mills from the 23rd OVI.



Tyler Alexander, *If I Get Home This Fall: A Story of Love, Loss, and a Cause of the Civil War* (University of Nebraska Press, 2025). The letters are from Dan Mason, who served in the 6th Vermont Volunteer Infantry (Vermont Brigade) and then as an officer in the 19th U.S. Colored Troops. His letters were to his fiancée turned wife Harriet. The author writes: “His letters are elegant, candid, uncensored, graphic, humorous, full of romantic longing and relationship strife, and offer a great deal of insight into the factors that compelled so many off to war and sustained them throughout.” Mason survived the war only to die from

dysentery on November 20, 1865, while serving in postwar Brownsville, Texas. The author is a member of the Northeast Kingdom Civil War Roundtable of Newport, Vermont.

~Dennis Keating

FINIS!