



Poet as Physician

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Advances in medicine and surgery can best be appreciated by comparing the art today with that of yesterday. Walt Whitman, the American poet, had no medical training but daily walked the wards of the Civil War hospitals dispensing compassion to the victims of the war. Surgical skills have advanced during the intervening years, but the therapy of Whitman, the human touch offered to those in distress, has not kept pace.

Since World War II, urgent priority in evacuating battle casualties to a field unit for definitive care has repeatedly been shown to be one of the most important factors in the savings of lives and has been the goal of the United States Army Medical Department. Minutes are measured, and the emphasis is to expedite the wounded into well equipped units staffed by well trained personnel. As a result of such organization, statistics have shown that once a casualty reaches a hospital his chance of dying is less than one percent. Immunization of personnel, isolation of the sick, and improved medication reduced the staggering toll of death and disability due to disease, which so often determined the success or failure of a campaign. Formerly, prisoners held by the enemy could expect to be starved, enslaved or killed, but the Geneva Convention to which most nations are signatories ended this atavistic barbarism. It was not always thus!

In 1861 when Abraham Lincoln was inaugurated as president, Washington, DC was still a tranquil, rural city. The Capitol building was incomplete, the Washington Monument still being built. One year later with the Civil War in full progress it was totally transformed, with streets crowded with uniformed troops, regiments of cavalry wheeled through the broad avenues, horse drawn supply trains, and ambulances choked the avenues as messengers galloped between buildings integrating the business of the government. New temporary buildings were erected in the squares, and over the war years, fifty hospitals were in and around the city. Some were in new building, others in converted offices, hotels or churches. Some were in tents in the parks.

The newly erected hospitals were long corridor-like buildings with double rows of cots which were built adjoining an administration building. Those sick with typhoid, malaria, dysentery, pneumonia, and catarrh were bedded next to the wounded. Water was delivered in pails and waste slop dumped into canals, drains or rivers. Attendants stumbled over buckets of bloody, pus-stained bandages in pails blocking the aisles at the foot of each bed. Clouds of flies spread disease and deposited maggots into the wounds. Eighty to one-hundred men were in each ward under the care of a ward master and male nurses, twelve men to a nurse. Nurses were convalescent soldiers unfit for active duty with no training and often impaired by their own disabilities. The Crimean War had just ended and the contributions of Florence Nightingale were well known in America. It was not long before women volunteered their services, and increasingly as the war progressed, they staffed

the hospitals. Hospitals with women nurses were cleaner and patients better spirited as a result of their services.

Hospital surgeons had attended two years at medical school and were usually competent and worked diligently amputating limbs, draining abscesses and dressing wounds. In some hospitals, friction developed between surgeons and women nurses. The surgeons complained that they were overstepping their bounds, and the issue was usually the lavish use of soap and water and cleanliness insisted upon by the nurses.

When the war began, the medical department under the aegis of the senescent surgeon general was totally unprepared. There was one surgeon general, thirty surgeons, and eighty-three assistants in the entire medical department, and one half of these joined the Confederacy. Equipment was lacking; there were a few thermometers and not a single stethoscope in the medical department.

After the Battle of Bull Run this inadequacy of the medical department was fully bared. There were no plans to treat the wounded on the field, no available means of transporting the casualties, outdated equipment, a lack of dressings, insufficient hospitals, and no method of record-keeping. The army depended on the quartermaster corps to collect the wounded, and they responded to such a request whenever they had an opportunity. The horse drawn ambulances of the corps were manned by civilians, and the drivers were described "as the most vulgar, ignorant and profane I ever came in contact with...a disgrace to the sick and wounded." En route with their load of suffering humanity, they stopped at a tavern for a whiskey or to visit their friends unmoved by the groans of the wounded.

This shocking and chaotic state of the army forced Lincoln to appoint a new surgeon general. William Alexander Hammond was a respected doctor who had kept pace with the medical advances in Europe. One of Hammond's first appointments was Jonathan Letterman who was made medical director of the Potomac and who developed the army ambulance corps.

Walt Whitman, the American poet, traveled to Washington from Brooklyn, New York in the winter of 1862 seeking his brother who had been wounded in the Battle at Fredericksburg, and he remained in Washington until the end of the war volunteering his service to the care of the sick and the wounded. Whitman admittedly had no training as a nurse except for his love of humanity, and in his notes which he jotted on scraps of paper, there is an appreciation

of the sacrifices made by the young men of America during the war. His notes were not a political or strategic history of this conflict, but one drawn from aiding its victims. He wrote of the internal history, the minutiae of the war; not the valor. For several hours each day he visited hospitals recording the stories of the injured, cheering the patients, providing hope for the future, and bringing them books, fresh food (hospital patients received army rations of hard tack and biscuits) bought with his own salary as a worker in the paymasters office and later in the patent office.

Prior to his commitment as a volunteer he had traveled to the front lines and visited the regimental hospital at Falmouth, Virginia, where he described the mounds of bloody amputated limbs just outside the hospital, adjacent to which were rows of figures covered by blankets waiting for interment.

Falmouth, December 23-31, 1862: "Some were dying. I had nothing to give, but wrote a few letters to their folks. There are thousands here and hundreds die every day in the Camp, Brigade, and Regimental hospitals, the wounded lying on the ground, no cots or mattresses and the ground is frozen cold." Whitman accompanied the wounded from Falmouth when they were transported by rail on flat cars. Delivered to Washington, they were deposited on an embankment in a drizzling rain waiting for ambulances. Finally the ambulance wagons arrived, and they are lifted into the wagons. Hundreds more were due the next day and the next.

Hospitals

Whitman spent most of his time at the Campbell Hospital or the Amory Square Hospital, which were on Seventh Street. Hospitals were open to anyone who wished to enter, and on Sundays they were crowded with sightseers parading through the wards. There were relatives, often traveling from distant areas going from hospital to hospital looking for a familiar face—a family member listed as missing or wounded. Sometimes they were successful, more often not, and they returned home not knowing the fate of a son or father. If they did find their kin, they remained to nurse him. Citizens of the city walked the wards gazing at the pallid, emaciated occupants as if in a museum. Preachers walked about seeking converts, and hucksters plied their trade.

To truly understand the dire experiences of these patients, it must be remembered that the medical advances of Europe were for the most part unknown in America. Three out of five operations were amputations, usually done to avoid sepsis resulting from an open fracture. Guillotine amputations were done, sometimes with chloroform or ether, but often without either. The surgeons were hard working and conscientious but operated in a blood and pus stained coat, sharpening their knives on the sole of their boots, moistening sutures with their mouths to thread the needles which were stored in the lapel of their coats. There was a seven to ten percent death rate in the hospital.

Hammond reported for the three months of September through November in 1862 that there were 690 amputations done and 336 died. Of 217 excisions done in the same period, fifty-six died and of eighty-six ligations of major vessels forty-

two died. This report is from general hospitals and does not include figures from regimental and field hospitals.

Whitman also described the doctors and commented how they treated union wounded and equally treated a *secesh* in the next bed. Black or white he noted the doctors treated each equally in contrast to the ferocity and hate seen in the field of battle. The government had good intentions and in the later stages of the war liberally provided dressings and equipment, but the hundreds of officials, administrators, ward masters, and others in subordinate positions acted rigidly and without a spark of humanity toward their patients.

Wednesday, February 4th, 1862: "A poor fellow in Ward D with a nasty wound was propped up in his cot having some loose splinters of bone removed from his wound. The operation was long and painful, yet the patient bore it in silence. Clustered around his cot were the surgeons, medical cadets, and nurses. The chattering in the ward had ceased to silence when the operation began. The patient from a New York regiment was pallid with drawn skin and eyes full of determination." After the procedure, Whitman sat with the patient encouraging him to talk, trying to restore his confidence, and offering to write letters to his parents and his sweetheart.

Prisoners

Sometimes there were none. When revenge boils and passions are aroused, there are no prisoners. A strong force of Mosbys mounted guerillas in Virginia caught up and captured a slow moving column of ambulances carrying union wounded. Mercilessly, they dragged out the wounded throwing them to the ground, then circled the helpless casualties, stabbing them until the last mutilated soldier died. One officer was crucified with bayonets, pinned to the ground. A mounted union force then overtook the guerillas, captured them, and herded them into a circle surrounded by riflemen told them their only chance was "to run for it." None made it. Whitman later met some of these riflemen and asked whether anyone held their fire or didn't target the prisoners. None spoke up.

Whitman also heard a tale from a prisoner freed from the prison camp at Salisbury, North Carolina in October, 1864. There were 11,000 prisoners in the camp fed a meal of corn (cob and husk) together with sorghum molasses, and once a month, a small portion of meat was sometimes rationed. Some of the men lived in tents, but most lived in holes dug in the ground. They died of malnutrition, frozen limbs and some were wantonly shot by the guards as sport. When the camp was abandoned, only 2,500 survived, and 500 of these were too sick to travel. Prison camp life were days of enduring cruelty, starvation, lassitude, filth, vermin, despair, loss of self respect, idiocy, insanity, and often murders.

Conclusions

War is inhumane now as it was then, but mans' behavior has become less violent in the hundred and fifty years since the Civil War. Perhaps the ferocity has lessened because the enemy today is impersonal, remote, unseen.

Whitman's poetry sings the praise of the common man; mankind. During his Civil War experience he was an island of

compassion in a sea of violence and hatred. Alone he sought a kindred spirit and singled out the medical profession as rising above this tide of savagery. The profession takes pride in their long tradition of providing equal help to all victims caught in the tragedies of history. Such a tradition is the core of the profession and should be ever guarded against the insensitivity of those on the periphery; the officials, administrators, and other subordinates.

Whitman went even further. He saw himself not as a provider of healing who carefully dissects out and remedies the pathology. After the pathology is sorted out the patient was left; his fears, dreams, and his future. By providing sympathy, a

ready ear, and reconnecting the patient to society, he stressed a new dimension.

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