

LESSON 5: RECRUITING HEALTHY BODIES

INTENDED AUDIENCE

High-school students; first- or second-year undergraduates in history, social studies, or science

LEARNING OBJECTIVES

- *Outline the procedure for a recruiting physical examination given to Civil War soldiers.*
- *Identify the traits that Civil War Americans valued in their soldiers.*
- *Describe why a contentious relationship often developed between soldiers and their surgeons.*
- *Describe the tactics that soldiers used to deceive their doctors.*

TIME REQUIRED FOR LESSON

If the debriefing question has been assigned as pre-class work, the role-play and debriefing can be accomplished in an hour. The class discussion begins with a consideration of the briefing questions. The debriefing question is intended as a supplementary exercise to provide broader context to the classroom discussion.

KEY TERMS/WORDS

recruitment, physical examination, malingering, feigning illness or disability

MATERIALS REQUIRED

Readings that accompany this lesson.

BACKGROUND

Healthy and hardy men were elemental to creating an army of disciplined killers. It did not take long for officers and physicians to discover that not all men were created equal in body or in mind. While there were scores of soldiers who seemed invincible, who could handle forced marches, who could sleep through sleet, rain, and snow with the barest rations, wearing tattered clothing and no shoes, there were other men who could not make it off the drill field without collapsing from a weak constitution. Why some men persevered and others succumbed to the rigors of soldiering puzzled doctors. In an unprecedented move toward medical professionalization in the United States, doctors used Civil War armies as their labs, amassing an incredible amount of data through observations and case studies. So much information was gathered that it would most certainly have crashed most computer hard drives today. From this raw material they attempted to classify soldiers according to racial background, ethnicity, and body type as a means of predicting who would be a warrior in battle.

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No amount of evidence accumulated by the medical community could clear up the confusion in determining the true health of a recruit. The process of enlisting men was further mystified by recruits who either feigned illness or purposefully did not disclose a pre-existing condition. Collecting a lucrative bounty was the aim of such deception during the examination. Once in the ranks, these “bounty hunters” would then seek a medical discharge and return home with their wallets a little bigger than before they enlisted.

Nothing less than military discipline was at stake during the physical examination of soldiers. An army’s effectiveness as a killing machine depended upon the efficient working order of the individual parts. If enlisted men were able to fool army surgeons at will, it was then believed that others soldiers would feel sufficiently confident to try to trick their doctors and their officers.



PHILADELPHIA ZOUAVES PASSING INDEPENDENCE HALL.

Procession of Philadelphia Zouaves passing City Hall

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BRIEFING QUESTION

In the document below, doctors are given very specific instructions as to how they should examine new recruits.

- *From these instructions, have students determine what were valued as the essential qualities of any dependable and disciplined soldier.*
- *Explain how ideas about what it meant to be a brave soldier also helps us understand how Civil War era Americans perceived the relationship among mind, body, and emotions*

The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies 127 vols. (Washington: Government Printing Office, 1900) Series III, Vol. V: 763-65. **[Lesson 5 Attachment 1]**

ROLE PLAYING QUESTION

Have students assume that they have been asked by the U.S. War Department after the Confederate surrender at Appomattox to evaluate the challenges that surgeons had faced in performing their duties, including, but not limited to, the physical examination of soldiers.

- *From the documents below, identify the specific problems that faced army doctors throughout the war. Do students agree with the recommendations in the documents? Why?*
- *What differences existed between the mortality and discharge rates of white and black troops? What reason(s) might account for the differences?*
- *Various readings for this exercise note that inspection of new recruits could be thorough or cursory. What were the consequences of accepting a recruit in ill health or with a physical anomaly that would have affected performance?*
- *What might be done in the future to enhance the authority of doctors and their effectiveness in the field? Do students think it is possible to improve relations between soldiers and civilians while also giving surgeons more power over their patients? Explain your reasons.*

The Medical and Surgical History of the War of the Rebellion Part III, Vol. I, 24-28. **[Lesson 5 Attachment 2]**

The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies, 127 vols. (Washington: Government Printing Office, 1900) Series III, Vol. V: 765-67. **[Lesson 5 Attachment 3]**

DEBRIEFING QUESTIONS

In 1863, A Manual of Instruction for Enlisting and Discharging Soldiers was published. This booklet reflects dominant assumptions within the medical community about the body, race, and character as they evolved during the war. Have students examine and identify the ways that doctors mixed biology with cultural assumptions about the kind of men who were considered best prepared to fight and those men who were seen as inherently disposed toward malingering.

- *Discuss the competing demands that were placed on Civil War surgeons. How were they trapped by soldiers, by the military establishment, and by their own fundamental beliefs about race and the body?*
- *Define “moral infirmity.” Discuss the importance of a soldier’s moral stature or quality to the evaluation of soldiers for military fitness.*

Roberts Bartholow, A Manual of Instructions for Enlisting and Discharging Soldiers (Philadelphia: J. B. Lippincott & Co. 1863), 23-26, 92-98, 166-74. Complete text may be found on-line at: <https://archive.org/details/62430200R.nlm.nih.gov>

[Lesson 5 Attachment 4]



Unidentified USCT soldier

Courtesy of Citizens for the Restoration of Historical LaMott (CROHL)

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Michael Barton, Goodmen: The Character of Civil War Soldiers (University Park: The Pennsylvania State University Press, 1981). Text on-line:

<http://books.google.com/books?id=iPh2AAAAMAAJ&q=goodmen:+the+character+of+civil+war+soldiers&dq=goodmen:+the+character+of+civil+war+soldiers&hl=en&sa=X&ei=CHvEUcKfFreo4APF04CgBg&ved=0CDkQ6AEwAA>

Margaret Humphreys, Intensely Human: The Health of the Black Soldier in the American Civil War (Baltimore: The Johns Hopkins University Press, 2008). Text on-line:

http://books.google.com/books?id=y3mhcguyQoIC&printsec=frontcover&dq=intensely+human+the+health+of+the+black+soldier&hl=en&sa=X&ei=N3vEUa7eO_PD4AOvhYGgCg&ved=0CC8Q6AEwAA

Bell Irvin Wiley, The Life of Billy Yank: The Common Soldier of the Union (Baton Rouge: Louisiana State University Press, 1952). Text on-line:

<http://books.google.com/books?id=DmhLAAAAYAAJ&dq=wiley+billy+yank&hl=en&sa=X&ei=gXvEUfDKGMa4AP14ICgBg&ved=0CDMQ6AEwAQ>

WEB LINKS

Recruitment posters for black soldiers from the National Archives

<http://docsteach.org/activities/21/detail>

Collection of recruitment posters

<http://www.theatlantic.com/national/archive/2011/10/civil-war-recruitment-posters/247420/>

Philadelphia recruiting posters

http://www.civilwaralbum.com/misc12/philly_poster1.htm#top

Lesson plan, “Recruiting Civil War Soldiers: Posters and their Power” (grades 4-8)

http://www.etc.net/tah/LessonPlan_Documents/Recruiting%20Civil%20War%20Soldiers--The%20Power%20of%20the%20Poster.pdf

Civil War Enlistment (National Park Service)

<http://www.nps.gov/gois/historyculture/civil-war-enlistment.htm>

Recruitment of Black Soldiers (National Park Service)

http://www.nps.gov/history/history/online_books/civil_war_series/2/sec12.htm

“A Recruit’s Quest to Join the Army” (New York Times)

<http://opinionator.blogs.nytimes.com/2011/08/27/a-recruits-quest-to-join-the-army/?r=0>

Pennsylvania Education Standards (see <http://www.pdesas.org/standard/views>)
PA Core History and Social Studies standards

11TH GRADE

1.2.11.A-E; 1.6.11.A-B; 8.1.U.A-B; 8.3.U.A-D

12TH GRADE

1.2.11.A; 1.2.12.B-D; 1.6.12.A-B; 8.1.12.A-B; 8.1.U.A-B; 8.3.12.A-D

COMMON CORE 11TH-12TH GRADES

CC.1.2.11-12.A, B, I; CC.1.4.11-12.A, H, I; CC.1.5.11-12.A, D, G; CC.8.5.11-12.A-C, F, H; CC.8.6.11-12.H



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MEDICAL EXAMINATION

OF MEN FOR MILITARY SERVICE AND FRAUDS TO BE GUARDED AGAINST

The medical examinations of men for the military service were made in a large, well-lighted room, where they could be exercised briskly, and with the windows so arranged that the light fell equally upon third phalanx of all the every portion of it.

Upon entering the room the recruit, substitute, or drafted man was directed to divest himself of all his clothing. This was usually done in the presence of the surgeon, for this reason, that he was not then expecting to be noticed, and should he feel disposed to conceal any existing defects, as stiff joints, he would in this way be thrown off his guard, and the attempted fraud at once detected without further examination.

He was first questioned in regard to his name, age, nativity, occupation, his general health and that of his family, whether any hereditary taints existed, and if he had ever suffered from any disease or accident, and if so, what; thus endeavoring to obtain all the information possible concerning him and at the same time enable the surgeon to judge of his mental as well as his physical qualifications.

He was then placed under a stationary measuring rod, directed to stand erect while his height was accurately noted, and a graduated tape was passed around the chest over the inferior angles of the scapula and directly over the nipple, and the measurement taken both at inspiration and expiration. After this the color of the eyes, hair, and the complexion were noted, and a general inspection of the whole body was now made, noticing the muscular development and general appearance, at the same time looking carefully for any tumors, ulcers, varicose veins or chronic swellings of the extremities, or any defect that could disqualify him for the service.

The head was then examined for any depressions or irregularities that might exist; the eyes, eyelids, ears, nose, teeth, palate, and fauces carefully noticed.

The chest was then inspected; respiration and the action of the heart observed, and anything that could be discovered by inspection, auscultation, or percussion noted.

He was next directed to stand erect, place his heels together, and raise his hands vertically above his head, the backs together, and was told to cough and make other expulsive movements, while the abdomen, inguinal rings, and scrotum were examined for hernia; the penis was then examined for epispadia, hypospasia, and venereal disease; the groin for glandular enlargements, and the testicles for atrophy, induration, or other diseases.

He was then directed to bend over, the fingers touching the floor, the legs straight and widely distended, and separating the nates, the fissure, for hemorrhoids, fistula, prolapsus, or' any disease of the anus, was carefully inspected; and while in this position firm pressure was made on different portions of the spine to discover any disease or tenderness, if such existed.

Next he was directed to extend his arms straight from the body and then bring them together on the same level, behind and in front, pronate and supinate them rapidly, strike out from the shoulder, flex the arm upon the shoulder, and the forearm upon the arm, and open and close the fingers rapidly. In this way almost any defect of the upper extremities were discovered.

He was then told to walk rapidly, and then to run around the room several times, hop first on one foot and then on the other, with his heels together to raise himself upon his toes, then flex and extend the thigh, leg, and ankle, kick first with one foot and then the other, and make several leaps in the air. While thus excited he was again examined for chest diseases and also for hernia.

The eyesight was next tested by placing him at one end of the room while the surgeon stood at the other, and asking him the number or color of objects displayed to each eye separately. The hearing was also tested at the same time by modulating the tones of the voice while conversing with him, and covering one ear while endeavoring to discover any defects that might exist in the other.

The remaining portion of the record was then made out, result of examination recorded, and in case of rejection the disease or infirmity for which he was found unfit for military service written out in full.

In case of recruits and substitutes, when accepted, some mark or scar which was on their body was recorded for the purpose of future identification.

The number of men that can be examined per day with accuracy depends not only upon the character of the men examined, but whether or not they are drafted men, as much more time must be devoted to them in answering all their questions and listening to and deciding upon their claims for exemption than in the examination of recruits or' substitutes. Forty, however, is a fair average of all classes of the number of men that can be examined per day with accuracy.

Various modes were adopted for the detection of frauds practiced by recruits and substitutes to enter, and by drafted and enrolled men to escape the service.

The volunteer and the drafted man are governed by very different motives in presenting themselves for examination; for while the former tries to conceal every physical defect, the latter is equally anxious to magnify every slight ailment. If the volunteer resorts to false teeth, hair-dye, and falsehoods to conceal his age, bandages for varicose veins, and the application of ice for hernia, the drafted man also feigns deafness, blindness, liver and kidney complaints, or any other disease that will avail him in his extremity.

When deafness is feigned, the following method was found useful for detecting it: The man was seated directly in front of the surgeon and close to him; a watch was then placed against one of his ears and he was asked in a loud tone "if he could hear it," to which he usually answered in the affirmative. The watch was then withdrawn a few inches, and the question repeated in a low tone several times, gradually withdrawing the watch and sinking the voice until it was scarcely more than a whisper; while his attention was fixed upon the watch he did not notice how far the surgeon had moved from him, or in what tone he was speaking.

The would-be blind man was detected by telling him that he must accompany the surgeon to a place prepared to test the eyesight; and taking him up and downstairs, over logs, boxes, and impediments of all kinds, and if he avoided all these his blindness was not considered sufficient to unfit him for the military service.

Cardiac disease is often feigned, and men frequently present themselves for examination after having undergone violent physical exercise; in such cases they should be allowed to wait and sit quietly for at least half an hour, and then by careful examination the attempted fraud can usually be detected at once.

The frauds against which the examining surgeon has to guard, it will be seen, are as various as the characters of the men examined, and no rules can be given to govern in such cases; but to guard successfully against these frauds, aside from professional skill, he should be conversant with the frailties and idiosyncrasies of human nature and be able to turn his knowledge to account, for he must rely to a great extent upon his own judgment.

SOURCE

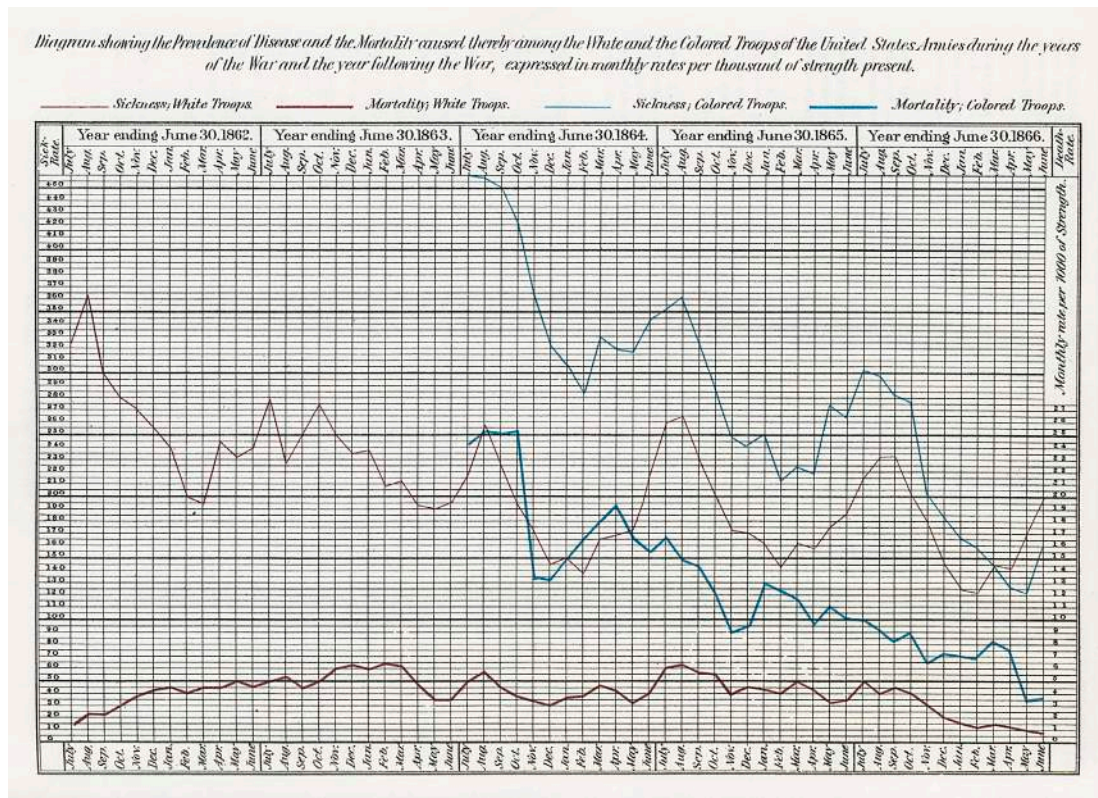
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DISCHARGES

ON ACCOUNT OF DISABILITY FROM DISEASE

The sick and mortality rates by no means express the whole of the loss to the army occasioned by disease. Large numbers of men were discharged as unfit for military service on account of diseases of a majority of instances originated in the line of duty.

The records of the Adjutant General's Office are understood to embrace certificates of disability on which 275,738 white soldiers of the regular and volunteer army were discharged, but the Surgeon General's Office has reports of only 215,312 such cases. Of these 48,374 were based on wounds, accidents and injuries; 4,439 on deformities, immaturity and senility, disabilities which existed prior to enlistment; and 25,915 on causes that were not specified. Dropping these, there remain 136,584 certificates in which the disease is stated. But if the cases in which the disease was not stated and those reported to the Adjutant General, but not to the Surgeon General of the Army, were distributed pro rata among the discharges occasioned by wounds, by conditions which should have prevented enlistment, and by disease, the number referred to the last cause would be increased to 198,849, equal to an annual loss of 82.2 men in every thousand of strength.



The files of the Adjutant General's Office include certificates pertaining to 9,807 colored men, while those in the surgeon General's Office number only 8,223; and of these 1,479 are based on wounds, 687 on causes which should have rejected the recruit, and 1,226 on unspecified causes. Dropping these, there remain 4,831 certificates in which the disease is specified. But if these

figures were treated as in the case of the white troops, the number of discharges due to disease would be augmented to 6,771, equal to an annual loss of 35.3 men in every thousand of strength.

These heavy losses were not wholly due to the diseases incident to military service. Many of the disabilities existed prior to enlistment; for instance, not all of the men discharged for consumption contracted the disease in the service, nor did all of those discharged for hernia become ruptured in the performance of military duty. Ignorance, carelessness and intentional fraud at the recruiting depots were at first responsible for the enrollment of this worse than valueless material; afterwards liberal bounties induced men to conceal infirmities in order to secure acceptance. In garrison or winter quarters their disabilities were in many instances not manifested; but when exposed to the hardships of a campaign, they swelled the sick list, crowded the hospitals, and were eventually discharged. Dr. TRIPLER reported that of 3,939 discharges for disability from the Army of the Potomac during the last quarter of the year 1861, 2,881 were for disabilities that existed at the time the men were enlisted. Medical officers serving in the field had their duties materially increased by the presence of cases of this character. Some adverted to the fact apparently to explain the large number of discharges reported from their commands; others entered a vigorous protest against the gross negligence of the recruiting authorities ...

The table shows many points of interest connected with the diseases which were the chief causes of disability. The first column of each of its divisions gives for the white and the colored troops respectively the total number of discharges for the specified diseases during the periods covered by the statistics, five and one-sixth years in the one case and three years in the other. The second column expresses these facts in ratios per thousand of strength. The third column shows to what extent each disease contributed to the totality of the discharges for specified diseases, while the last column, giving the mean annual ratio of discharges per thousand of strength, enables a comparison to be made between the disabilities of the white and the colored troops and the frequency of the consequent discharges.

AMONG THE U. S. FORCES. 27

TABLE XI.

Discharges for Disability from Disease in the United States Army from May 1, 1861, to June 30, 1866, with ratio per 1,000 of mean strength in Field, Garrison, and General Hospitals, ratio per 1,000 of total discharges and mean annual ratio per 1,000 of strength.

DISEASES.	WHITE TROOPS.				COLORED TROOPS.			
	Number of discharges during the 5½ years.	Ratio per 1,000 of the mean strength in field, garrison and general hospitals.	Ratio per 1,000 of total discharges for specified disease.	Mean annual ratio per 1,000 of strength.	Number of discharges during the 3 years.	Ratio per 1,000 of the mean strength in field, garrison and general hospitals.	Ratio per 1,000 of total discharges for specified disease.	Mean annual ratio per 1,000 of strength.
All diseases	198,849	424.7	82.2	6,771	105.9	35.3
Specified diseases only	136,584	291.7	1,000.0	56.5	4,831	73.6	1,000.0	23.2
Typhoid Fever	909	1.9	6.7	.37	10	.2	2.1	.05
Malarial Fevers	853	1.8	6.2	.35	30	.5	6.2	.16
Diarrhoea and Dysentery	17,389	37.1	127.3	7.19	359	5.6	74.3	1.87
Eruptive Fevers	427	.9	3.1	.18	36	.02
Debility	14,500	31.0	106.2	5.99	540	8.4	111.8	2.92
Syphilis	1,779	3.8	13.0	.74	86	1.3	17.8	.45
Rheumatism	11,779	25.1	86.2	4.87	874	13.7	180.9	4.56
Dropsy	2,224	4.7	16.3	.92	109	1.7	22.6	.57
Consumption	20,403	43.6	148.4	8.43	592	9.3	122.5	3.09
Scrofula	907	1.9	6.6	.37	147	2.3	30.4	.77
Epilepsy	3,872	8.3	28.3	1.60	174	2.7	36.0	.91
Insanity	819	1.7	6.0	.34	34	.5	7.0	.18
Paralysis	2,838	6.1	20.8	1.17	69	1.1	14.3	.36
Ophthalmia	1,463	3.1	10.7	.60	25	.4	5.2	.13
Deafness	1,127	2.5	8.5	.48	38	.6	7.9	.20
Heart disease	10,626	22.7	77.9	4.40	161	2.5	33.3	.84
Varicose Veins	1,969	4.2	14.4	.81	69	1.1	14.3	.36
Varicocele	1,290	3.0	10.2	.57	25	.4	5.2	.13
Asthma	1,220	2.6	8.9	.50	42	.7	8.7	.22
Bronchitis	3,729	8.0	27.3	1.54	96	1.5	19.9	.50
Inflammation of Lungs	1,092	2.3	8.0	.45	25	.4	5.2	.13
Inflammation of Pleura	495	1.1	3.6	.20	18	.3	3.7	.09
Hæmorrhage from Lungs	634	1.3	4.6	.26	4	.1	.8	.02
Hernia	9,002	19.2	65.9	3.72	358	5.6	74.1	1.87
Inflammation of Liver	1,354	2.9	9.9	.56	29	.4	6.0	.15
Piles	1,555	3.3	11.4	.64	43	.7	8.9	.22
Inflammation of Kidneys	1,069	2.3	7.8	.44	27	.4	5.6	.14
Anchylolysis	1,838	3.9	13.5	.76	105	1.6	21.7	.55
Diseases of Spine	1,547	3.3	11.3	.64	31	.5	6.4	.16
Ulcers	1,138	2.4	8.3	.47	46	.7	9.5	.24

The prominent causes of discharge among the white troops were consumption, diarrhoea and dysentery, and debility, which respectively occasioned 149.4, 127.3 and 106.2 of every thousand discharges for disease. Typhoid and malarial fevers are directly credited with but few discharges; but the disability in a large proportion of the 14,500 debilitated and the 2,224 dropsical men was no doubt due to these morbid agencies. Rheumatism and heart disease, which together caused scarcely one death per thousand of strength annually, contributed largely in diminishing the effective force of the army, the former having constituted 86.2 and the latter 77.9 of every thousand discharges on account of disease ...

The white troops lost annually by death from disease 53.48, the colored troops 143.4 in every thousand men; but these rates, while correctly expressing the facts of the official records, do not convey with accuracy the relations of death to disease. In view of the number of men discharged for diarrhoea and dysentery it is evident that the mortality rates for these intestinal affections would have been greatly increased had the undoubtedly serious cases that led to the issue of these certificates been followed up to their termination. In view also of the disproportion between the discharges from the white and the colored commands, the mortality from disease, as above expressed, requires modification. Among the former 82.2, among the latter only 35.3 men were discharged annually from every thousand present. No doubt many of these went home to die. If it be assumed that more deaths occurred among the 82.2 discharged white men than among the 35.3 colored men, the difference between the mortality rates of the two will be lessened. But even if the whole number of cases in each instance died ultimately of the disease which occasioned the disability, the greater mortality among the colored troops would still be evident, for the sum of the deaths and discharges among them numbers 178.7 annually per thousand of strength as against 135.68 among the white troops.

The infrequency of discharge among the colored troops may be attributed chiefly to their peculiar condition at that disturbed period of their history, and to the more rapidly fatal course which disease certainly ran when these men became its subjects. While 7.19 whites were annually discharged on account of diarrhoea and dysentery, 5.99 on account of debility and 8.43 on account of consumption from every thousand men, in the hope that the change of climate, scene and surroundings consequent on a return to their northern homes would tend to prolong existence, the corresponding figures for the colored troops were only 1.87, 2.82 and 3.09. The cases represented by the difference between these figures were retained in hospital until the occurrence of the fatal event, in some instances because of the imminence of that event, in others because of the homeless condition of the colored soldier.

SOURCE

The Medical and Surgical History of the War of the Rebellion Part III, Vol. I, 24-28.

SURGEONS OF BOARDS OF ENROLLMENT

WITH RECOMMENDATIONS AS TO THEIR FUTURE APPOINTMENT AND STATUS

Medical, like all other talent, should not be expected without proper compensation; and, although this Bureau obtained it, it is nevertheless true that the great majority of the late surgeons of boards continued in the position from a patriotic desire to serve their country, or a personal feeling of pride (that, having commenced, they would continue to end), fearing, perhaps, that in the case of resignation their enemies ascribe it to the fact they were obliged to do so for faults committed in the performance of their duties.

Many surgeons of boards received the appointment unsought, having been recommended by their respective members of Congress on account of their high standing in community. They were men of ability and honesty, and, indeed, in their recommendations of physicians for the position of surgeons of boards of enrollment, members of Congress seem to have selected, as a rule, only those who, on account of attainments, experience, and honesty, they considered best fitted for the position.

The position of the surgeon on boards of enrollment has been one of much responsibility.

Maligned by those whom he failed to consider entitled to exemption, and accused of exempting those not disabled, he has been placed between two dilemmas. If he exempted too great a proportion he was liable to censure from his official superiors. If the number of exempted men was small, the community accused him of forcing cripples and men at the point of death into the Army. Should he reject a large per cent. of substitutes or recruits, the district, being anxious to fill the quota and thus escape the draft, accused him of being hypercritical in his examinations, and said that he rejected able-bodied men.

On the other hand, he was liable not only to official censure in case he accepted disabled substitutes and recruits, but his pay was liable to be stopped, and all expenses attending the enlistment of the disabled man deducted therefrom.

His position being then one by no means enviable, it is a matter of no little surprise that the services of medical gentlemen of such ability in their profession were secured or retained.

I would recommend, instead of the present method of appointing surgeons of boards of enrollment that they be supplied by detail of those medical officers in the service who, by experience and talent, are evidently fitted for the position. I would also suggest that they have, while serving on boards of enrollment, the rank, pay, and emoluments of surgeons in the Army.

Should this be found impracticable, I would recommend that surgeons of boards of enrollment be appointed and commissioned as such only after due and careful examination as to their ability to perform the duties pertaining to the position, and that they have the rank, pay, and emoluments of surgeons in the Army.

It is also important that they be stationed in other States and districts than those in which they reside, and that their stations be changed at least once in six months, or after the completion of each draft.

This would obviate the great difficulty with which surgeons of boards of enrollment have had to contend, viz, the pressure of sectional feelings, and their being stationed where a proper discharge of duties would not interfere with their future professional prospects or their individual feelings.

There also should be detailed upon the staff of each acting assistant provost-marshal-general a commissioned medical officer of experience and ability to act as medical inspector, and, under the direction of such acting assistant provost-marshal-general, to have supervision of all medical matters pertaining to boards of enrollment in the State or division to which he may be assigned.

Such medical officer should examine and forward all medical reports of surgeons of boards, and report at least monthly the result of his labors. He should be guided in his decisions by the regulations of this Bureau, and by such other instructions as might be sent him by order of the Provost-Marshal-General.

The detail of such an officer would obviate many of the difficulties which have been encountered in the past experience of this Bureau.

I am convinced that no little injustice has been done surgeons of boards of enrollment by medical boards of re-examination at rendezvous camps. Surgeons of boards of enrollment, for instance, decided not to exempt drafted men with whom they were personally acquainted, and knew that there existed no physical or mental disability sufficient to entitle them to exemption. Yet, upon the arrival of these men at rendezvous camps, their representations of physical unfitness appeared so well founded that the boards of re-examination, although perfect strangers to the applicants, have recommended the men for discharge and reported the surgeon of the Board as negligent in the discharge of his duty.

This has also been the case with recruits and substitutes who received large bounties, and on their arrival at rendezvous camps feigned or produced such disabilities as to secure their discharge.

This has been a subject of much complaint from surgeons of boards, who have produced evidence in particular cases of this kind to prove their complaints well grounded. Circular No.15, Adjutant-General's Office, 1865, corrects this difficulty, but, unfortunately, it was issued but a few days before all drafting and recruiting were stopped.

It will, however, be a matter of great importance to the interest of the service, should any future recruitment of the Army become necessary by draft of through boards of enrollment, that the requirements of this circular be strictly observed and carried into effect

SOURCE

The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies 127 vols. (Washington: Government Printing Office, 1900) Series III, Vol. V: 765-67.

MORAL INFIRMITIES

THAT DISQUALIFY FOR MILITARY DUTY

The standard of qualification in respect to moral character is extremely low. The military service, in time of peace, presents so few attractions that men of good reputation, having other means of earning a livelihood, avoid it, and the ranks are filled up from the idle, the dissolute, and the unfortunate. Frequently, indeed, amongst unthinking civilians, a good moral character is considered unnecessary in a soldier, and a man is held to be fit for the military profession who is worthless for every useful purpose in civil life. No one at all familiar with the insubordination, discontent, and bad habits which one evil-disposed man may induce in a company, will question the propriety of some standard of qualification in this respect. An ordinance of the 21st of March, 1832, requires the substitute or volunteer to produce a certificate of good character from the mayor of the commune in which he last resided before he can be admitted into the French army. This measure had its origin in the necessity for preserving the morals of the young conscripts, of whom the army is principally composed, from contamination by association with men of profligate character. In the act for the enrolment of the national forces, it is wisely provided that no man convicted of a felony shall be permitted to serve in the army ; that is, he is not exempted, as others are, by reason of mental or physical disqualifications, but is ignominiously debarred the privilege of serving the country.

The conviction of a felony is, therefore, a ground of rejection under the enrolment act. If the fact were known, it would be a cause of rejection in the examination of a recruit for the regular army, but not for discharge from service.

Desertion and mark of branding with the letter “D” are properly considered in connection with the subject of moral character. It is the custom in the English service, and sometimes in our own, to brand deserters with the letter “D” under the arms in the axillary region, on the hip, and more rarely on the cheek. A man faithless to one flag will not be true to another; and hence evidence of this kind, of a want of principle or bad moral character, will be a cause for rejecting a recruit enlisting in the regular service or an already organized volunteer regiment, but will not constitute an exemption from the draft.

Under this head should be included obstinate, persistent, and incurable Malingering. The experience of all military surgeons is quite decided as to the disqualifying nature of this vicious habit. There are some simulators so resolute in maintaining their consistency in the character of invalids, so skilled in imitating the signs and symptoms of disease, and so thoroughly intractable, that nothing remains but to discharge them from the service. Malingering is not a ground of exemption from the draft, but is a cause for rejection in the examination of recruits for the army and for an organized volunteer regiment, or in the examination for re-enlistment. No malingerer should be discharged unless all known means of inducing him “to give in” have failed ...

CLASSES OF MEN FEIGNING, AND CHARACTER OF THEIR AILMENTS.

Our service should not be judged, in respect to the vice of malingering, by the standard of the French and English. Under the operation of the conscript law, France is repeatedly drained of her able-bodied men, and the desire becomes wide-spread to avoid a service which entails such calamities upon families. The English army, maintained exclusively by voluntary enlistment, is not popular amongst the middle and lower classes, and “hence recruits rarely enlist in consequence of a deliberate preference for military life, but commonly on account of some domestic broil, or from a boyish fancy, sometimes from a want of work and its immediate result, great indigence. Perhaps nine-tenths of the recruits regret the step they have taken, and are willing to practice any fraud or adopt any means which promises to restore them to liberty and the society of their former acquaintance.” The same facts are true of our regular army in time of peace. But the gigantic army called into existence by the necessities of the present war is composed of very different material; yet it need occasion no surprise that in the vast multitude of men who have taken up arms there are many who mistook zeal for the cause for aptitude for a military life. It is even less remarkable that there are not a few influenced by other considerations than patriotism in entering the ranks. Consequently it must be understood at the outset that the social status of the soldier previous to his enlistment has little to do with the determination of the question of feigning, in a given case. My own experience, however, has given me a decided opinion on this point. I have very frequently observed, indeed, that the malingerers in our hospitals are not derived from the class of well-informed educated soldiers, of whom there are quite a large number in the ranks, but from the class of workmen, laborers, and uneducated men. The appearance of the former amongst a flock of “hospital birds” is an anomaly which attracts immediate attention.

One of the most important subjects under this head is the question of the nationality of the malingerers in our army. The army is composed mainly of representatives of three nationalities, American, German, and Irish ; besides these there are a few Scotchmen, Frenchmen, and Italians, but they may be excluded from consideration, as insignificant in numbers as compared with the great masses of the others. It has happened to me to observe a larger number feigning and fewer wounded amongst the Germans than the Americans or Irish. I think it may be assumed in respect to the German that the *argumentum ad crumenam* [argument to the purse] is the argument which determines the choice of some in this controversy. I say this whilst remembering the devotion of the German race to national unity and liberty, and their attachment to their adopted country; but they love ease and money not less, — many of them more. Chronic rheumatism is the ailment which they most frequently feign or exaggerate; next, incontinence of urine and haematuria, and, lastly, diarrhoea.

The class of Americans who mainly simulate disease are the married men of mature age, — from thirty to forty, — mechanics or laborers by profession, who were induced to enter service, as I have already remarked, by a sudden zeal which had no foundation in a conviction of duty, or by the stimulus of large bounty. My observation inclines me to believe that much of the feigning practiced by them has its origin in nostalgia ; for, whatever may be our peripatetic habits as a people, there can be no doubt of the strong attachment to home felt by the inhabitants of the rural districts. Affections [sic] of the respiratory organs, of the urinary and genital organs, diarrhoea, dyspepsia, heart-disease, and epilepsy, are the disabilities usually feigned by Americans.

Contrary to the opinion of Mr. [British Army Surgeon Henry] Marshall [Hints to Young Medical Officers, 1828] who is great authority on these subjects, the Irish have seemed to me to simulate less frequently than the Americans or Germans. I am quite prepared to assent to the dictum of Dr. Davies, quoted by Marshall, that “the poorer class of laborers” are those who usually feign disease. Sun-stroke, chronic rheumatism, and “pain in the back” are the favorite diseases of the Irish.

Certain temperaments, as might be anticipated, are more prone to malingering than others, e.g. the bilious and melancholic or hypochondriacal, the nervous, the lymphatic; whilst the sanguine is least of all disposed to it. The typical malingerer has dark brown or hazel eyes, dark hair, and dark complexion; his face is stealthy, dogged, lowering; his eyes suspicious, furtive, restless; and his manner habitually constrained and exhibiting violent attempts at composure. These last physiognomical characteristics become more evident when the malingerer is subjected to a rigid cross-examination.

The diseases feigned by the various classes of malingerers are those which have either happened under their observation and with which they are therefore most familiar, or with which they are pretty thoroughly acquainted by report. It will be found, usually, that the diseases most feigned are those most prevalent in the army, provided they can be simulated with tolerable facility. This, then, is a measure of the varieties of simulated or factitious diseases which come under the observation of the military surgeon. It is a curious subject to trace out the various phases which this class of disabilities has assumed since the commencement of the present war. Beginning with very crude and imperfect attempts, there has been a gradual progression in completeness of detail and a closer adherence maintained to the natural types of disease. In a series of 10,991 discharges on surgeon’s certificate for all causes, examined by me at the Adjutant-General’s Office with reference to this subject, I find that the class of dissimulated infirmities — i.e. infirmities existing at the time of enlistment — preponderated at two periods :— at the period of the first enrolment of the three-years volunteers, and at the period of the second enrolment under the stimulus of large bounties. These rapidly declined after three months’ service; but then came into existence the class of feigned or factitious diseases. Chronic rheumatism, heart-disease, incipient phthisis, deafness, defects of vision, &c, feigned; varicocele, hemorrhoids, old wounds and injuries exaggerated, and chronic diarrhoea, ophthalmia, palpitations, spermatorrhoea, &c. produced, make their appearance more frequently subsequent to the discharges for feebleness of constitution, mental imbecility, cachexies, hernia, and various physical defects. In a series of discharges on surgeon’s certificate for the first part of 1862, the discharges for heart-disease amounted to 30 per 1000, whilst for the last three months of 1862 they reached the large proportion of 68 per 1000, and for the first two months of 1863 the enormous proportion of 137 per 1000. The discharges for hernia and epilepsy diminished in nearly the same ratio. Chronic rheumatism was more frequently simulated early in the war than any other disease, until the publication of a general order from the War Department prohibiting the discharge of men for this cause ...

EXAMINATION OF RECRUITS.

“The duty of inspecting conscripts and recruits is not only an important but a very difficult task, partly in consequence of the obscurity of the indications or symptoms of some disabilities. But to ascertain the existence or name of a disability is not the only difficulty a medical officer meets with: he has also to appreciate the disqualifying degree of an infirmity, for the purpose of deciding upon the fitness or unfitness of a man for the army.”

It will be perceived from the abstract of the French regulations and the composition of the councils of revision, given in the preceding chapter, that the qualification of conscripts considered in respect to military as well as medical relations is made a subject of prime importance in the French military system.

Paragraph 91 of the regulations of the bureau of the Provost-Marshal General says, “The duty of inspecting men, and of determining whether they are fit or unfit for the military service of the country, requires the utmost impartiality, skill, and circumspection on the part of the examining surgeon and board of enrolment; for upon the manner in which this duty is performed will depend in very great degree the efficiency of the army.” To insure the careful attention of the recruiting officer and examining surgeon, the recruiting regulations affix a pecuniary penalty for the negligent or careless performance of this duty. If a recruit be rejected, when he joins the depot or regiment, for a mental or physical defect which existed at the time of his enlistment, and which might have been discovered by proper care and diligence by the recruiting officer or surgeon, they are held accountable for all the expenses connected with the enlistment.

“The examination by the examining surgeon is to be conducted in the daytime, in the presence of the board of enrolment, and in a room well lighted and sufficiently large for the drafted man to walk about and exercise his limbs, which he must be required to do briskly.

“The man is to be examined stripped.” [Par. 94, Reg. of the Bureau of Provost-Marshal General]

The recruiting regulations require that the recruit be sober when enlisted. He should be washed before coming into the inspection-room. The propriety of conducting the examination in daytime only is obvious, for at night many important defects might escape detection which daylight would reveal. The necessity for having recruits or drafted men stripped for examination is so apparent that it would seem to be a work of supererogation to dwell upon it; but this regulation has been so frequently disregarded as to have become a gigantic evil. Early in the rebellion, it happened to me to be present at the muster in of several regiments of volunteers, and to make the physical examination of the men composing them. My duty consisted in walking through the ranks with the commanding officer, to point out those disqualified for military duty. I was not permitted to examine them stripped. During the progress of this hasty and most superficial examination I saw not a few blind, some variously deformed, and others decrepit from old age, and found it necessary to reject so many that the commanding officer was constrained to expostulate with me. “I know of several regiments,” says Surgeon-General Hammond, “in which the medical inspection was performed by the surgeon walking down the line and looking at the men as they stood in the ranks.” I think it may be assumed that this was the usual practice when the first troops were raised in this war, as was also the case sometimes in the Mexican War. Recruits or drafted men, actuated by motives of delicacy, may be disinclined to submit to an examination stripped. Such hesitation in a recruit may depend upon a concealed disqualifying infirmity, that he is unwilling

to have exposed. In either case, the surgeon should inform the man that the practice of examining men stripped is invariable, that the ordeal will not last long, and that his secrets are kept inviolate. If the objection arises from timidity and delicacy alone, the surgeon should be kind in his manner, and patient, and not frighten a good recruit away by abruptness or indelicacy; if it arise from supposed concealed defects, more thorough examination and scrutiny should be made.

In practice it will be found more convenient to make the whole examination after the man has been stripped. The clothes should be taken off in an apartment adjoining that in which the examination is conducted. Whenever practicable, this room should contain facilities for bathing and washing, so that the recruit may present himself in perfectly cleanly condition. Whenever practicable, also, the examination of recruits, if in considerable numbers, should be conducted in three rooms en suite, — the first for disrobing and washing, the second for the examination, and the third for dressing. Whilst one is being examined, another may be got in readiness, and thus no confusion or interruption occur. It is important that this first unpleasant experience of his new military life may be rendered as little unpleasant to the drafted man as possible; that in undressing and dressing he may not be exposed to the curious gaze of bystanders, and that he may feel that the persons whose duty it is to examine him do it in their official capacity in conformity to law. In the ordinary recruiting service the same precautions may be unnecessary; but kindness and delicacy are never expended in vain.

The age, stature, and what may be styled military aptitude of the recruit are determined by the military authorities. It becomes, then, more particularly the duty of the surgeon to point out mental and physical disqualifications, real or pretended. To do this with certainty and success, he must have a uniform and prescribed course of examination, which shall develop latent defects of structure, deformities, or diseases.

Uniformity of examination will promote facility and celerity, which are not unimportant when large numbers of men are to be examined. But facility and celerity are less important than thoroughness. The duty must be well performed, if not quickly.

When he enters the inspection-room, the recruit or drafted man should be required to walk briskly in a circuit around the room, increasing his speed with each turn, until he has made three or four rounds. He should then be halted, and made to hop the same circuit, first on one foot and then the other. In this way the surgeon will probably detect any defect of conformation or want of power of the inferior extremities. Immediately upon halting, the surgeon should place his hand upon the precordial region, to detect an abnormal action of the heart which this exercise may develop. He should then be placed in the position of a soldier under arms, with the heels together and the knees about an inch apart. Whilst in this position, his head, ears, eyes, mouth, and nose should be examined, and the completeness of the performance of their respective functions carefully ascertained. His head should be examined for fractures, depressions, cicatrices, or diseases of the scalp. He should be tested as to the functions of hearing, of speech, and of sight, and as to the state of his intellectual faculties. The auditory canal should be looked into for foreign bodies, for discharges, for vegetations or tumors; the tongue, posterior fauces, palate, and teeth, for defects, loss of substance, mutilations, or tumors; the eye, for diseases of lid, of lachrymal apparatus, of conjunctiva, of cornea, of iris, of lens, or of deeper structures. The whole contour of the head and the expression of countenance should be observed, to detect the physiognomy

of epilepsy, imbecility, or insanity. Next the neck should be examined for goitre, or other tumors, for cicatrices of old abscesses or burns, and for the integrity of the larynx or trachea. Next, in imitation of the recruiting sergeant or examining surgeon, the recruit should be required to stretch out his arms at right angles with the trunk of his body, then to touch his shoulders with his fingers and place the backs of the hands together over the head: in this position he should cough, whilst at the same time the surgeon's hand should be applied to the abdominal rings. The recruit will then extend his hands, and perform the motions of flexion and extension of the fingers, of pronation and supination of the forearm, the elbow being applied to the side, and the motion of circumduction of the arm from the shoulder.

The chest should, next, be explored with the utmost care; its size, configuration, and expansive mobility should be noted, and search be made for diseases of the lungs, aneurisms or other tumors, and diseases or malformations of the heart.

The abdomen should be examined for hernial protrusions, extensive cicatrices from incised wounds, for laxity of abdominal rings, for hypertrophy of organs, for tumors, or collections of fluid in the peritoneal cavity. The testes and cords should be examined for chronic enlargements, varicocele, cirsocele, hydrocele, or sarcocele.

The next step is to require the recruit to lean forward upon his hands and place his feet widely apart: whilst in this position, the surgeon should separate the nates and examine for hemorrhoids, fissures of the anus, fistula in ano, or urinary fistula.

The lower extremities should be examined with reference to extent of mobility or diseases of joints, for ulcers or old cicatrices, for nodes, caries, or necrosis, for aneurisms, for varices, or for malformations, deformities, or injuries of the feet. Each inferior extremity should be stood upon in turn, whilst all the joints of the other are being tested in all their motions; and the two extremities should be compared as to size, length, symmetry, and mobility.

An examination conducted in this way, if entered into with zeal, supported by a competent knowledge of anatomy, physiology, and pathology, can scarcely fail to expose all real and dissimulated infirmities and to develop the physical capacity of the recruit for the military service.

SOURCE

Roberts Bartholow, A Manual of Instructions for Enlisting and Discharging Soldiers (Philadelphia: J. B. Lippincott & Co. 1863), 23-26, 92-98, 166-74.