

# LESSON 9: SICK CALL

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## INTENDED AUDIENCE

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

## LEARNING OBJECTIVES

- *Analyze the various treatments that doctors prescribed.*
- *Evaluate how bodily health and allegiance to the army were interconnected.*
- *Describe the different types of malingering.*
- *Assess how Civil War surgeons addressed the health problems of individual soldiers.*

## TIME REQUIRED FOR LESSON

Students can respond to the background question as a homework assignment. The role-play and debriefing will occupy an hour. The topic is rich enough to permit class discussion to be extended for a second hour if necessary. The debriefing question is intended as a supplementary exercise to provide broader context to the classroom discussion.

## KEY TERMS/WORDS

sick call, malingering, diarrhea, dysentery, rheumatism

## MATERIALS REQUIRED

Readings that accompany this lesson.

## BACKGROUND QUESTION

Each morning early, regiments held sick call: soldiers lined up to report various ailments and maladies and receive treatment. In every sick call stood soldiers who were called “dead beats” by their comrades and suspected of malingering by their surgeons. Determining who was really sick and who was faking it fell on the shoulders of the regimental surgeons and their assistants. With more than 5,000 regimental surgeons in the army, it is no surprise that competence varied greatly, but the vast majority of doctors were capable and committed to carrying out their duty to their patients and to the army. There was a rub, however, a tension caused by military authorities who wanted doctors to keep as many men in the ranks as possible. Handing out certificates of disability infuriated headquarters, but doctors, having known many of the soldiers from before the war, felt pressured to excuse men who were also dear friends. It did not take long for the military to force soldiers to face medical boards composed of complete strangers, a move toward professionalization that helped surgeons meet the high command’s never-ending demand for more bodies at the front.

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Every morning soldiers lined up who were sick but capable of moving. They were marched by the sergeant to the doctor, who made examinations and prescriptions. Soldiers on both sides almost always felt aggrieved by doctors during sick call. Either they were not deemed sufficiently ill to be excused from duty or they were given medicine that some considered worse than the illness. The complaints were typical of soldiers growling about all aspects of the military, and surgeons provided an easy target for the wrath of the rank-and-file. Of all the ailments that surgeons confronted the most, diarrhea and dysentery topped the list. There were 1,739,135 cases with 57,265 deaths. Those suffering from bowel disorders might sink deeper after receiving a prescription of turpentine, castor oil, laudanum, and blue pills (blue mass). Many people today denounce the techniques and prescriptions of Civil War surgeons, but such mockery and condescension is ahistorical thinking. Civil War doctors had no clinical trials or tests available to vindicate medicines; doctors' reliance on therapies came from empirical proofs. If other doctors tried a therapy that proved efficacious, other doctors mimicked them.

The stereotype of the uncaring, drunken Civil War surgeon prevails to this day.

- *From the case studies below, describe how doctors treated their patients. Be sensitive to the ways doctors described their interactions with the patients and the details they noted about the patient's fatal condition.*
- *Assess how doctors framed their inquiries. Did they blame the patient? Themselves? Did they search for underlying causes of sickness in the environment? From examining medical findings, can you infer how soldiers viewed themselves as military professionals?*

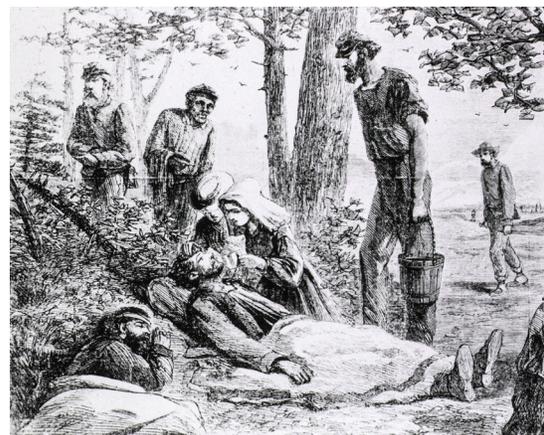
Reports from U.S. military camps in *Medical and Surgical History of the War of the Rebellion, Part II, Vol. I: 51, 104-05.*

**[Lesson 9 Attachment 1]**



*Civil War era medicine chest containing wax sealed vials of laudanum, morphine and other medicaments*

From the Mütter Museum Collection



*Nurse tending to wounded soldiers on the battlefield*

Courtesy of National Library of Medicine

### ROLE PLAYING QUESTION

Ask students to assume the role of a surgeon in the Army of the Potomac: Rumors from the ranks speak of men either deserting or “playing” the doctors so that they can return home with a medical disability. A batch of letters from a Union soldier named Charles Biddlecom falls into your hands. Biddlecom claims that he is sick with rheumatism, but you are worried that he is a malingerer. It is clear that the man is disgruntled with the army, but he also believes that the cause for Union is a good and moral one.



*Colored lithograph showing the Mower USA General Hospital Grounds, in Chestnut Hill Philadelphia*  
Courtesy of Historical Medical Library of The College of Physicians of Philadelphia

- *Assess Biddlecom’s morale, his bodily health, and whether he is a malingerer or likely candidate for malingering. Pay careful attention to the tensions and contradictions between his thoughts and actions. Students’ analysis must account for the reasons why he might be legitimately sick and why he is also a threat to “shirk” his way out of the army. In the end, will students grant him a medical disability?*

Letters from Charles Biddlecom to his wife, in *No Freedom Shrieker: The Civil War Letters of Union Soldier Charles Biddlecom*, ed. Katherine M. Aldridge (Ithaca: Paramount Market Publishing, 2012), 47-51, 101-03.

### [Lesson 9 Attachment 2]

### DEBRIEFING QUESTIONS

- *Does students’ decision regarding Biddlecom conform to advice and standards outlined in Ordranax’s Manual of Instructions for Military Surgeons?*
- *In comparing students’ explanation and reasoning with this medical volume, consider how Civil War surgeons determined who was healthy and who was sick. Ask students what were they on guard against and why were Civil War doctors so convinced that only the eye could detect the truth about a soldier’s condition? Were Civil War surgeons blinded in the end because they only thought they could know through observation?*

John Ordranax, *Hints on the Preservation of Health in Armies: For the Use of Volunteer Officers and Soldiers bound with Manual of Instructions for Military Surgeons*. Reprint of the 1861 edition with a biographical introduction by Ira M. Rutkow. (San Francisco: Norman Publishing, 1990) 80-81, 192-95, 205-06.

### [Lesson 9 Attachment 3]

## BIBLIOGRAPHY

Alfred Jay Bollet, *Civil War Medicine: Challenges and Triumphs* (Tucson, AZ: Galen, 2002)

Glenna R Schroeder-Len, *The Encyclopedia of Civil War Medicine* (New York: M. E. Sharpe, 2008) On-line at:  
[http://books.google.com/books/about/The\\_Encyclopedia\\_of\\_Civil\\_War\\_Medicine.html?id=fVZeGtxiMcYC](http://books.google.com/books/about/The_Encyclopedia_of_Civil_War_Medicine.html?id=fVZeGtxiMcYC)

Paul E. Steiner, *Disease in the Civil War* Springfield: Charles C. Thomas 1968).

Bonnie Dorwart, *Death is in the Breeze: Disease during the American Civil War* (Frederick, Maryland: National Museum of Civil War Medicine, 2009)

## WEB LINKS

*Civil War Preservation Trust, curriculum on diet and food*

<http://www.civilwar.org/education/pdfs/civil-war-curriculum-food.pdf>

*New York Times essay on smallpox in camps, "The Minister of Death"*

<http://opinionator.blogs.nytimes.com/2012/08/17/the-minister-of-death/>

*New York Times essay, "Brother Against Microbe"*

<http://opinionator.blogs.nytimes.com/2012/10/26/brother-against-microbe/>

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

## 11TH GRADE

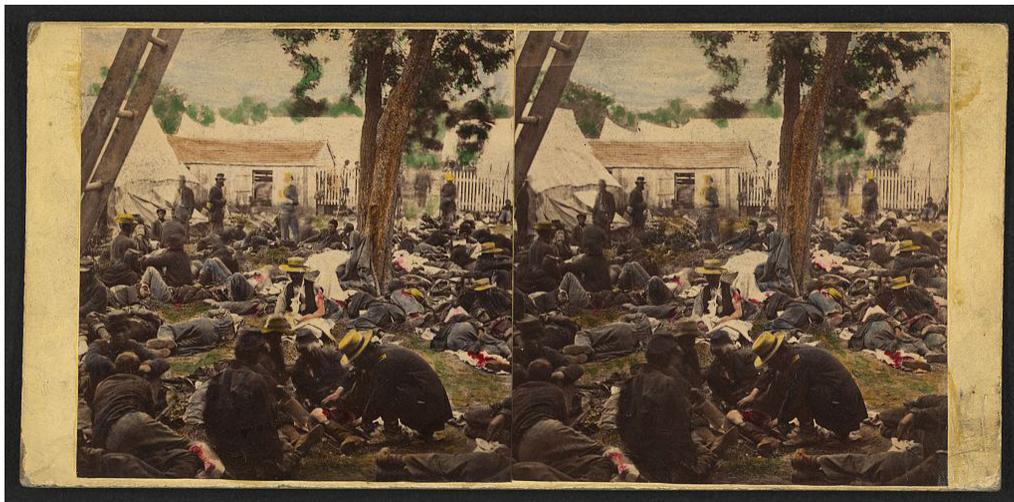
1.2.11.A-E; 1.6.11.A-B; 8.1.U.A-B; 8.3.U.A-D

## 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



*Tending the wounded at Savage Station, stereograph*

Courtesy of Library of Congress Prints and Photographs Division Washington, D.C.



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FOUR CASES OF

# DIARRHOEA AND DYSENTERY

REMARKS ON CHRONIC DIARRHOEA,  
BY SURGEON BENJAMIN WOODWARD, 22D ILLINOIS VOLUNTEERS,

JANUARY, 1864

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In September, 1861, Surgeon James Simons, U. S. A., Medical Director at Cairo, Illinois, directed me to take charge of the depot hospital at that point. There were, as nearly as I can remember, one hundred and sixty-eight patients, most of them suffering from diarrhoea or dysentery. A large proportion had contracted the disease while on duty in the malarious swamps of that region of Illinois and the adjacent parts of Missouri and Kentucky. The appearance of these patients was anaemic and bloodless, with lips and conjunctivae blanched, muscular tissues wasted, pulse rapid and feeble, tongue, in the recent cases, of a dirty lead color, generally furred at the root, while in those in whom the disease had become chronic it was red or purple, smooth, glossy, and presented a varnished look; it was, however, but rarely dry. The skin was harsh and dry, the urine scanty, limpid, and nearly free from color; dejections frequent, watery, almost destitute of color, and nearly every case complicated with either hemorrhoids or a tendency to prolapsus ani. For some time previously one of two plans of treatment had been employed in the hospital. The first consisted in the administration of astringents, usually dry persulphate of iron in from three to five-grain doses, with from one to three grains of opium, every two or three hours. The other plan was "Surgeon Tripler's saline mode." The diet of all the patients was alike — tea and coffee and toast twice a day, and meat and potatoes for dinner.

The history of nearly every case showed it to have had a malarious origin, while the character of the dejections and other symptoms proved that there was hepatic derangement. Generally the liver was torpid, there being little or no bile in the faeces. A very large number of cases complained of a sense of fullness in the abdomen, particularly in the region of the liver. On endeavoring to analyse and classify these cases, the evidence was conclusive to my view that in the latter group of cases, though the abdomen was flaccid, there was congestion of the liver and portal circulation, and I selected these for a full trial of Tripler's treatment, and ordered an ounce of sulphate of magnesia, a grain of tartar emetic, and four ounces of water. Of this mixture one-fourth was given every two hours, and as soon as the bowels were moved (and scybala were generally brought away in large quantities) gave four powders, consisting each of five grains of quinine, half a grain of ipecacuanha, and one of opium — one to be taken every three hours; or, when the liver was more than usually torpid, substitute for these four powders, consisting each of five grains of quinine, three of mercury with chalk, and half a grain of opium — one to be taken every four hours. As soon as the salines had operated well, there was generally relief from the sense of fullness and oppression in the portal region. I did not repeat the salines unless this sense of oppression returned, which was rarely the case, but relied on an after-treatment with quinine, ginger, and stimulants, and as generous a diet as the stomach would bear.

In the other class of cases I relied on quinine, gallic acid, when I could get it, and when I could not, tannic acid, and mercury with chalk. My experience with opium in camp diarrhoea has not been

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satisfactory, unless the liver was too active, when it moderated that action. In old chronic cases, when the tongue had become smooth and glossy, iron by hydrogen, with the bitter tonics, have fully answered my expectations. I made many examinations of the bodies of those who died from camp diarrhoea, and in every case in which the tongue had assumed the varnished appearance above alluded to the whole intestinal canal was more or less diseased, and the patients died of starvation, digestion being impossible. The blood in these cases was like what I have seen in Asiatic cholera. The mucous coat of the intestines was blanched, in many cases abraded or ulcerated, the solitary glands invariably enlarged, while the mesenteric glands were enlarged and softened.

I beg leave here to call attention to a form of diarrhoea which has been very common at the hospital at Tullahoma, Tennessee, during the fall of 1863. When the Eleventh and Twelfth Army Corps came from the army of the Potomac to join the army of the Cumberland, they left a large number of sick at this hospital. Many of these were cases of diarrhoea. To the practiced eye it was not difficult to detect scorbutus. There were frequent dejections, wandering pains in the muscles of the limbs, particularly those of the thighs and legs, lumbago, lassitude, and in many cases sponginess of the gums, and spots of purpura. These men had for a long time been without vegetables and the blood had become depraved. Having served in the army of General Pope in the spring of 1862, in the operations before New Madrid, Missouri, and Island No. 10, while the blockade of the Mississippi river existed, I had many opportunities of seeing this form of diarrhoea, the troops for many weeks being confined to a diet of bacon, hard bread, and coffee. Every known means of medication was resorted to, including the potash treatment, but it all proved nugatory, and it was not until vegetation commenced and the men could gather a few greens that any amendment took place. When the Eleventh and Twelfth Corps came here with this form of diarrhoea no form of medication was resorted to, but they were given all the vegetables and fruits they could eat. Every case recovered. It was found that when the vegetables were given to them in the raw state the effect was more marked. Potatoes, onions, and tomatoes sliced in vinegar were the most grateful and efficacious. After the battles of Lookout Mountain and Missionary Ridge, in November last, ninety-six wounded were brought from the front to this hospital. Many of them had scorbutic diarrhoea. In no case were medicines administered for it, but a fresh vegetable and fresh meat diet was relied upon, and it was remarkable to see how soon not only the diarrhoea abated, but the wounds took on healthy action.

The three following cases were forwarded on medical descriptive lists from the Troy Hospital, New York, Surgeon George H. Hubbard, U. S. V., in charge:

**CASE 99.** — Private Walter Marshall, company K, 93d New York volunteers; age 38; admitted November 18, 1864. Chronic diarrhoea. [This man was admitted to regimental hospital July 21, 1864, and was returned to duty July 24th. September 3d he was sent to the field hospital of the 3d Division, 2d Army Corps, suffering from diarrhoea. September 15th he was transferred to the depot hospital of the same division at City Point, Virginia, whence, September 19th, he was sent to Washington. September 21st he was admitted to Emory hospital, Washington, D. C., where he was treated for diarrhoea until November 1st, when he received a furlough and went to his home.

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While on furlough he was taken worse, and was admitted to this hospital.] He stated that he had suffered from diarrhoea for four mouths. He is now very much emaciated and debilitated; the expression of his face is anxious, there is a hectic flush on each cheek, and the eyes are suffused; pulse small and feeble; respiration 25; skin dry and harsh; tongue coated with a yellowish-white fur. There is total loss of appetite, great thirst, and some nausea. The abdomen is slightly tympanitic, and there is some tenderness over the transverse colon, but no pain. He has ten or twelve dark, offensive dejections daily. From the date of admission this case steadily progressed to a fatal termination. The only apparent improvement under treatment was in the number of the discharges, which became less and less frequent, so that at last he had but about two dejections daily. Forty-eight hours before death a high fever came on. He died December 2d. He was treated successively with pills of blue mass, opium, and ipecacuanha; pills of persulphate of iron, opium, and quinine; aromatic sulphuric acid and laudanum, acetate of lead and opium, nitrate of silver and opium, chalk-mixture, &c; milk-punch, eggnog, etc. Autopsy: There was an intussusception of the ileum six inches in length. The mucous membrane of the rectum was very much thickened, indurated, and extensively ulcerated. The mesenteric glands were enlarged. — Acting Assistant Surgeon Myron J. Davis.

**CASE 100.** — Sergeant John Hardy, company I, 125th New York volunteers; age 37; admitted from David's Island, New York harbor, November 30, 1864. Chronic diarrhoea. He stated that five months ago, while on the march to Petersburg, Virginia, he was taken sick with diarrhoea. He remained with his regiment ten weeks, most of the time performing duty. He was then sent to hospital at City Point, Virginia, where he was admitted August 13th, having ten to twelve dejections daily. From City Point he was sent to David's Island, where he was admitted August 25th, and thence to this hospital. He is now very much emaciated and debilitated; the expression of his face is anxious, eyes bright, pulse 90, small and feeble; skin dry and harsh; tongue red, papillae prominent. He complains of pains in the hypogastric region; his appetite is poor; he has some thirst. There is tenderness on pressure in the right iliac region and along the course of the transverse colon; the abdomen is flat. He has twelve dejections daily, which are dark and offensive. He has pain and difficulty in passing his urine. Ordered ten grains of Dover's powder to be taken at 8.30 P. M., and to be repeated half an hour after. Diet: Boiled milk.

*December 1st:* Condition unchanged. To take five grains of tannin and quarter of a grain of opium four times daily; an egg with an ounce of sherry wine at 10 A. M. and 3 P. M.; fifteen ounces of milk-punch during the day.

*December 2d:* Had eight dejections during the last twenty-four hours. Substitute five grains of citrate of iron and quinia three times a day for the tannin and opium. Diet and wine as before. A drachm of solution of morphia at bed-time.

*December 3d:* Had eight dark, offensive stools during the last twenty-four hours. Treatment continued.

*December 5th:* Did not rest well last night; is despondent; pulse feeble; has some fever; complains of

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pain in the hypogastric region and over the transverse colon; no appetite; had twelve stools in the last twenty-four hours. Stop the citrate of iron and quinia, and substitute pills containing each three grains of persulphate of iron, one of quinia, and quarter of a grain of opium. One to be taken four times a day. Milk-punch, egg and sherry wine continued. Solution of morphia at bed-time as before.

*December 8th:* Was rather better for a day or two, but is again somewhat worse. Substitute for the pills a chalk-mixture containing tincture of opium and tincture of catechu; renew the citrate of iron and quinia. Morphia at bed-time, and diet as before.

*December 9th:* Is much more comfortable; stools less frequent. Treatment continued.

*December 10th:* Remains comfortable. Treatment continued. *December 11th:* The diarrhoea is worse again. Complains of severe pain in the umbilical region. Substitute pills containing quarter of a grain each of sulphate of copper and opium and one grain of quinia. One to be taken four times a day. Morphia at bed-time, and diet as before.

*December 12th:* Is feeling better; takes his food; had twelve stools in the last twenty-four hours. Continue the pills, but take ten grains of tannin and one of opium at bed-time, instead of the morphia.

*December 15th:* Had eight stools in the last twenty-four hours. Treatment continued.

*December 16th:* Is not feeling so well; dejections more frequent. Treatment continued.

*December 17th:* Is feeling badly; face sunken, pulse feeble, skin hot and dry; complains of pain in the umbilical region; tongue dry, cannot take food; had fourteen stools in the last twenty-four hours. Treatment continued, with the addition of the following: Acetate of lead six grains, powdered opium two grains; make two pills. To be taken during the night.

*December 18th:* Is a little more comfortable. Treatment continued.

*December 19th:* Seems to be sinking, can hardly get him to take food; had twelve dark, offensive stools in the last twenty-four hours. Treatment continued. Mutton broth.

*December 20th:* Has severe pain in the umbilical region. Treatment continued. Apply a blister over the seat off pain.

*December 22d:* Is looking and feeling better, takes food, is free from pain; had six stools in the last twenty-four hours. Treatment continued, with the addition of enemata of laudanum.

*December 23d:* Is looking brighter; rested well last night; pulse 90, small and feeble; takes food; had six stools in the last twenty-four hours. Treatment continued.

*December 24th:* Six stools in the last twenty-four hours. Treatment continued, with the addition of four grains of sulphate of zinc in each enema. *December 30th:* Is not feeling quite so well, did not rest well last night, expression of face a little anxious, features sharp, pulse 90 and feeble, skin warm and moist; complains of pain in the epigastric and umbilical regions; vomited twice last night; takes food and stimulants; had eight dark, offensive stools in the last twenty-four hours. Treatment continued. Apply a blister over the seat of pain.

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*December 31st:* Can hardly speak above a whisper, face sunken, eyes rolled up; lies on his back: pulse small and feeble; complains of a smarting pain extending from the fauces to the stomach, tongue dry, cannot get him to take food, vomited four times last night; had fifteen stools in the last twenty-four hours. Treatment continued.

*January 1, 1865:* Is unconscious, extremities cold; seems to be sinking rapidly. Revived somewhat toward evening and regained consciousness.

*January 2d:* Is quite rational this morning, expression of face natural, pulse 90, small and feeble; skin cold; has no pain; is inclined to sleep most of the time; tongue dry and coated; had three stools in the last twenty-four hours. Substitute for former treatment pills containing one grain of acetate of lead, quarter of a grain of opium, and two-thirds of a grain of ipecacuanha; one to be taken every three hours; whiskey.

*January 3d:* Has not had any passage during the last twenty-four hours; left leg and foot oedematous. Treatment continued.

Died, January 4th, at midnight. Autopsy: Body very much emaciated. The mucous membrane of the ileum looked as though it had been coated with dirty varnish; it was not ulcerated. The mucous membrane of the ascending, transverse, and descending colon and rectum was indurated, thickened, and thickly studded with large ulcers extending from the caecum to the verge of the anus. The mesentery was highly congested, and the mesenteric glands were slightly enlarged and indurated. — Acting Assistant Surgeon M. J. Davis.

**CASE 101.** — Private Hiram Longendyke, company F, 7th New York heavy artillery; age 30; admitted December 2, 1864. Chronic diarrhoea. [The records of the held hospital 1st division, 2d Army Corps, show that this man was admitted to that hospital June 25, 1864. The diagnosis was rheumatism. He was thence transferred to the depot hospital of the same division, City Point, Virginia, where he was admitted July 5th — diagnosis not recorded. From thence he was sent to New York harbor, and was admitted to the hospital on Blackwell's Island, August 1st, as a convalescent. August 11th, was sent on furlough for thirty days, and on November 30th he was transferred to the McDongal hospital, Fort Schuyler, New York harbor, where the diagnosis recorded is chronic diarrhoea. December 1st, he was sent to this hospital, and admitted at the date above given.] Acting Assistant Surgeon A. W. Holden reports that he first saw the patient December 7th. He was then much emaciated, his countenance pinched and haggard, his lips parched and dry, the tongue covered with a whitish fur; abdomen sunken and sensitive to the lightest pressure; pulse about 90, weak and irritable. He stated that he had suffered from diarrhoea for a long time. He is using the following prescription, which was ordered to be continued: R. Subnitrate of bismuth two drachms, sulphate of quinia twelve grains, sulphate of morphia three grains; make twelve powders. Take one three times a day.

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*December 11th:* The general condition of the patient is unchanged. He has from ten to fifteen dejections daily. The stools are thin, in part slimy, in part feculent, and are accompanied by tenesmus. The patient complains of pain in the left lung. He has a cough and slight expectoration. Continue treatment; also the following cough-mixture: syrup of squill, camphorated tincture of opium, of each two ounces, fluid extract of ipecacuanha one drachm. Take a teaspoonful three times a day.

*December 20th:* The patient appears to be gradually failing. The diarrhoea is worse, and is accompanied by a good deal of tormina. Omit the cough-mixture; continue the bismuth powders: also tincture of the chloride of iron three times a day. The patient continued to grow feebler, and his diarrhoea resisted treatment.

December 21th, the case was transferred to the charge of Dr. McLean, who next day prescribed pills containing each a quarter of a grain of sulphate of copper, half a grain of opium, and a grain of sulphate of quinine; one to be taken every four hours. An ounce of sherry wine three times daily. The diarrhoea, however, continued unchecked, and the patient died January 8, 1865. Autopsy fifteen hours after death: The large intestine alone was examined; its mucous membrane was thickened, and, in the sigmoid flexure and rectum, ulcerated. — Acting Assistant Surgeon L. R. McLean.

**SOURCE**

*Reports from U.S. military camps in Medical and Surgical History of the War of the Rebellion, Part II, Vol. I: 51, 104-05.*

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# THE CIVIL WAR LETTERS

## OF CHARLES BIDDLECOM TO HIS WIFE

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Elmira, New York

October 6, 1863

*Dear Wife,*

*We are off this evening at 5 o'clock for some place. Probably we shall go direct to Alexandria. Peckham and Crocker are in the same batch. Say, I have the foundation of a discharge already laid in the shape of a bad cold and rheumatism. How long it will take to work up to a strong enough case for a discharge I do not know, but I think not long. We have had a pretty hard time since we have been here. The victuals have been just tolerable, that is all. Bread, beef, and pea coffee for breakfast, soup and bread for dinner, mush and milk for supper, and freeze to death nights, hence a cold and rheumatism. Well, so it goes. Were I at home again, I think I should stay, but let her rip; I am not going to whine over spilled milk. Take good care of the children and put the flannel on them the first cold weather that comes. Do not feel bad for it will all come right in a little while. Do the best you can and we will make everything smooth some of these days. You had better not write until you hear from me again.*

*I am your husband,*

*Chas. F Biddlecom*

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Near Culpeper, Virginia

October 11, 1863

*Dear Wife,*

*I left Elmira the evening of the 6th, to Baltimore the 7th, and the same night left for Alexandria, traveling the morning of the 8th, and the afternoon of the 9th we arrived here, or hereabouts. Yesterday, the 10th, we took in sixty rounds of ammunition and started to hunt up the Rebs, but it looked last night like a retreat. Whether it was meant for one or not, I can't tell, neither do I care much. For it is all the same whether we fight or run, the war will drag its dreary length along 'til the toil passes out of sight, which, pray to God, may soon happen.*

*Whatever may be the feeling at home there as regards the crushing out of this rebellion, the opinion here is that there is too much money speculation among the officers to have the war pushed to a final conclusion before another year. There is considerable red tape circumlocution in every move that is made here.*

*Yesterday we filed in with knapsacks and stood about an hour waiting for the order to march. Finally we got orders to unpack and rest in position. We rested about five minutes and slung again, trampled about three miles down the Rapidan, and stayed there all day waiting an order to cross. Finally we were ordered to pitch tents. So, we put up our dog kennels and fixed our beds for a good sleep (which, by the way, I have not had since I left Canandaigua week ago last Saturday). Well, we stayed there 'til 10 or 11 o'clock pm. During that time we struck tents, packed up, and fell in three or four times. Finally we got off and tramped about eight miles and stacked arms and bunked for the night, or so we supposed. But, in the course of an hour and a half we were routed up and ordered to fall in with knapsacks on. We stood about an hour waiting for the order to march, which never came. Finally, we fixed bayonets, stacked arms again, and dropped down to sleep again. We are here yet. 9 A.M. and no*

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prospects of a move today as the pickets are going well out to the front and everything looks like a stay of a day or so. Still, we may have to dig out in ten minutes. The fact is I don't believe there is a man here that knows anything about what is to come of tomorrow or in an hour. Yet, I doubt there is much of chance for a fight for some time to come.

George Peckham is not in the same company with me. He is in Co. F and I am Co. A. Crocker is somewhere, I suppose. I wish you would find out and write to me where he is, as we would like to find him if he is in this army.

With the exception of having a hard cough and a snotty nose I am all right. My right leg is considerably swollen and pains me some, probably it would give out on a hard march, as it showed indications of failure last night. It showed some indications of rain last night. If I had, it would have been all up with me today so far as marching or fighting is concerned.

Write to me as soon as you get this.

Direct to:

147th Reg't, NYS.Vols Co A  
Washington, D.C.

Be sure and direct your letter plain so there can be no mistake. Kiss the children for me and keep your courage good. With much love I am your husband,

Chas. F. Biddlecom

Tell Ches's folks that George is well.

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Thoroughfare Gap, Virginia

October 23, 1863

Dear Wife,

We left Haymarket last night about five o'clock and marched through to this point west of the mountains and went into bivouac about nine p.m. Where we shall go from here is yet a mystery. The pack up call has just sounded and we are off. I will finish this when we stop, which may be an hour, and may be in a week. When will I get a letter from home? Who knows? It does seem an age since I left home. We only moved about half a mile and went into camp on a side hill where it is impossible to sleep without rolling out of our tents. We have had pretty hard marching in the rain and through the mud, shoe mouth deep. Such sticky mud as this Virginia mud I never saw in my life, even in Illinois.

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Well, we have moved again, and it rained, of course, back through the Gap and through Haymarket and Gainesville to Bristoe Station and one mile beyond, making a march of twenty or some miles in a heavy rain storm and in mud ankle deep. I was completely saturated. We built a good fire after we pitched our tents and by twisting and turning like a piece of meat on a turnspit, we managed to dry ourselves so as to sleep tolerably comfortable. If I had my breakfast I should feel pretty well, but I have not had a bit to eat since yesterday morning and as a consequence I feel like an empty corncrib.

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It is now nine o'clock Sunday morning the twenty—fifth of October and a shiny day, but rather cool. Our wagons have come up and we shall soon have provisions in plenty. My health is first rate and my appetite is good, but I feel tired out and shall not stand such marching very long. As for fighting, I think there is not the most distant probability of any large battles in this department from the fact

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that General Lee has not force enough to face us. It is so far from here to the Reb's strongholds that the Federal forces can't get at them without endangering our lines of communication and leaving us short of rations. Again, Meade's policy seems to be to try and fight the Rebels at an advantage, or else not fight at all. So, I think the most of the fighting will be done in some other department, as we shall hardly be able to find any Rebels this side of Gordonsville. Lee is too smart to be outgeneraled and compelled to fight an open field fight where he does not stand the ghost of a chance. If Lee outgenerals Meade and gets an advantageous position on our flank or in rear of us, then we will have to fight him. As for his fighting on even chances, Meade is not the man to do any such thing.

Now, about getting discharged: in the first place, I have got to get into the hospital. Then, if I am not able for service, I shall have an opportunity to apply for a discharge. But, if I am well I shall get along first rate and am not homesick, nor do I mean to be if I can help it. Sometimes I think of home and its comforts, but I do not repine at my lot. No, not in the least. The truth of the business is there is no use in making wry faces over what may happen here, for those that are responsible are too far from us to care for it. When or where this war will end is, as yet, among the things that are beyond human ken.

Now, I must tell you about our leaders and company. Well, the Captain is one first-rate fellow. He lives with his men, carries his own baggage, and takes things as they come. He is not stuck up in the least and the men all like him. His name is McKinlock. He is from Oswego. The company is made up of every name and nation, trade and occupation under the sun. There is some first rate men and some so mean that the Gentleman in Black has long ago given them over and forsaken their company altogether. We have lost five men since I joined the company. Three taken prisoners and two have failed to return themselves after a march and have no doubt taken French lieve [sic]. They will be shot if taken. There is in this regiment something like five hundred conscripts and substitutes and I do think them the best men for service I ever saw together.

Esther, do not get lonesome or desolate or melancholy or anything else of that nature, but keep yourself cheerful and be sure that I shall come home again in good time. For I do not believe I shall be killed. As for dying a natural death, why, I might die at home as well as here. Remember that I have not been in the service but two weeks yet, and I may not be in more than that much longer. For I know well enough when I shall fail and that will be as soon as the fall rains set in. Now, just as soon as I get sick it will be all over with me, for as for getting well of colds and rheumatism in camp, it is out of the question.

George Peckham is in the hospital with a carbuncle on his ankle. I saw Sampson Fry today; he is in the First New York Sharpshooters. I mean to get transferred into that company if I can. Write as often as possible and let me know how you all get along and I will write as soon after this as I can. Do not wait to get a letter from me before you write, but write to me at least once every week and I will write every opportunity. Accept this as a homely, awkward letter written under very adverse circumstances by your husband,

Chas. F Biddlecom

PS. Accept my most heartfelt thanks for your letter of the twentieth.

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Culpepper, Virginia

February 6, 1864

*Dear Esther,*

*Your last came to hand last night and as I am on the sick list, I hasten to answer it. Yesterday was my regular day for picket duty. I went to the doctor to get some medicine for the diarrhea and he put me on the sick list against my will. For as the weather was fine, I wanted to go and I was fearful it might storm the next trip out. Perhaps it is well as it is, for the regiment left camp this morning on a three-day trip to try out what the Rebels are at.*

*. . . Well, the doctor's call was not sounded this morning and as my stomach and bowels were badly out of order I did not fall in with the company, but just remained in camp thinking in this way—that if I was not fit for picket yesterday, in as much as I was no better this morning, I was not fit to march. So, I stayed in camp and so far have had busy times running to the sinks [latrines] and back. Yesterday evening I had a terrible time vomiting and have eaten comparatively nothing since. How long this fit of indigestion will last me I can't tell, but it has hung to me pretty close for the last two weeks. Something is radically wrong with my stomach as most everything I eat passes my bowels without digesting. I puke and purge a great deal. I am troubled at the same time with severe pains in my back and shoulders and chest and what is very strange, nearly every one of us is troubled with cramps in the legs and arms. What causes it I can't imagine; only that it is something in our rations.*

*One thing I am certain of is that there is something in our soft bread that is not wholesome and tastes like soap and is apt to make me sick. The hardtack are the same as before but we don't get enough of them and nothing else in the bread line. Of meat we get  $\frac{3}{4}$  lb. of pork as a day's ration and it is a general thing pretty good. The fresh beef is very poor and tough and it is almost an impossibility to cook it so as to have it fit to eat. Of the rest of the rations I have no fault to find except that they are too small. The beans are good but the way they cook them here is sure to make men sick with colic and diarrhea. We soak ours in weak lye rinse, par boil in two waters, then boil to a mush. Still, they will make me sick in spite of all that. I rather think the coffee we get is an adulterated fixed up mess that is hurtful to me, for after drinking it I almost always have a bad feeling in my stomach. I drink as little of it as possible. We get potatoes and onions once in a while, but in such small quantities that they don't seem to satisfy our appetites for vegetables. The potatoes are small and a good many of them are touched with rot. The onions are these little, strong things called multipliers. Between the rotten potatoes and strong onions, our vegetable diet is quite poor. About once in two weeks we draw rations of rice and molasses, and if we got it every day we would be the better of it. But, we have to eat such as we can get and make the best of it, for there is no way of improving the rations. So, if I have none now and would not use it to buy things to eat with, why, I am sick just about one half of the time. If they don't feed us better, they must get along with what service men that are sick half of the time can render. I don't know any other way.*

*I understand the regiment has gone to Raccoon Ford on the Rapidan. From the sound of things I guess they are having a bit of a fight, as we can hear the report of cannon. Whether it is any more than our artillery shelling the woods I cannot tell. If it is a regular get go they are having, I hope they will finish the war. I think a very little sharp fighting would make a finish of it, for the army under Lee are very discontented and are trying to desert to our lines. 'Tis said they have had some severe brushes among themselves to keep their troops from deserting by regiment. I will write again as soon as I hear the result of this reconnaissance in force, for 'tis said we have 103 pieces of cannon and a correspondingly large force of Infantry and Cavalry [sic]. With much love to you all I remain as ever your affectionate husband,*

*Chas. F Biddlecom*

#### **SOURCE**

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**SECTION IV**  
**RULES FOR THE EXAMINATION OF**  
**SUSPECTED MALINGERERS**

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Whenever a disease is alleged to exist, by a recruit, the first duty of the surgeon is to determine whether it be of such a character as admits of being feigned. This is the starting point of all subsequent inquiry.

- A. *In cases of doubt, it is always safest to assume the disease as feigned, rather than as real, and to proceed to a minute and detailed examination of the party with all possible delicacy and moderation, and without any seeming suspicion.*
- B. *If the history and symptoms of the alleged disease, and the changes wrought by it in the economy, are at variance with the regular and ordinary course of the true disease, simulation may be suspected.*
- C. *The party should be questioned in relation to symptoms, in order to test their correspondence with those usually present in similar diseases, and by leading him on vaguely, with irrelevant inquiries touching other disorders, he will often, if a malingerer, expose himself by confounding symptoms belonging to dissimilar and opposite diseases.*
- D. *In investigating an internal malady, assume to believe in the existence of all the symptoms narrated; then apply the rule *contraria contrariis*, and ask leading and suggestive questions touching the presence of incongruous symptoms, such as amblyopia, haemorrhage from the left ear, swelling of the thumbs (Casper), coldness of the tongue, etc. The simulator will often entrap himself by an affirmative reply, based upon the supposition that he had mis-stated the symptoms of his malady and can now correct his mistake by adopting new ones.*
- E. *By calling attention away from himself, the party may often be made to perform acts entirely incompatible with the existence of his alleged disease, and thus expose his deception.*

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## SECTION V

# CONSTITUTIONAL DISEASES

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Whatever may have been said in favor of, or against temperaments, and whatever the disputes in relation to their classification, it is an admitted fact, that in every age, and among all men, they have been recognized as influencing the predisposition to disease. On this account, therefore, if no other, the surgeon should interrogate them as sources of aetiological influence. For, the physical aspect presented by the body in this particular expresses the predominance or exaggeration of the sanguineous, lymphatic, or nervous systems, and the consequent predisposition to those diseases

### VARICES

Varices which are fluctuating, knotty, and livid tumors, formed by the permanent distension and elongation of the veins, may be considered as exclusively confined to the lower limbs, so rarely are they encountered in the arms. Their existence in young men, whenever they cannot be explained by any local cause or professional influence, may be referred to some obstacle to the flow of the blood, either from compression of some venous trunk by a tumor, or by some lesion in the central organs of circulation or respiration. It is therefore under this aspect that investigations should be made, and whenever the presence of varices is added to other signs, even obscure, of any of the foregoing diseases, the decision should lean towards the side of rejection. Except in such instances, no attention need be paid to scattered and superficial varices which are without importance. But when they are deep seated, and detached, in knotty clusters, extending to the thigh, and even to the groin, they must be considered a disqualification for the military service. Sometimes swelling of a lower limb is noticed, which springs from no other cause than deep-seated varices often associated with serious internal disease. Such cases justify rejection.

Among soldiers, it must not be forgotten that varices which might be troublesome when men are forced to make long and rapid marches, do not prevent them from serving in some sedentary capacity.

### ABSCESS.

Acute abscess occurring in the limbs, if large, diffused, and situated beneath the deep fasciae, may occasion copious suppuration and extensive scars, and must be considered a cause for rejection. But if only superficial, and of slight extent, it would not be so.

Chronic and indurated abscess is always serious enough to constitute a disqualification.

Whitlow of the fingers is unimportant when superficial; but if deep seated, it is well to bear in mind the possible consequences which it may occasion, such as multiple and extensive incisions, deformity, stiffness, and even loss of the phalanges. In such cases rejection must follow.

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### **EDEMA OF THE LIMBS**

Edema of the limbs, which is often suggestive of organic disease of the heart and kidney, may be artificially produced by the application of ligatures impeding circulation. The possibility of such things should always awaken the attention of surgeons.

Elephantiasis of the limbs, when present, always constitutes a cause for rejection.

### **NEURALGIA-RHEUMATISM**

Chronic neuralgias, like sciatica and chronic rheumatic pains, which occasion a real impediment to the discharge of a soldier's duties, are too easily feigned not to be often alleged, although young men are much less subject to them than persons of more mature age. When the pains are very intense, and have lasted for some time, they always produce an emaciation, and sensible weakness in the strength of the limbs, whose muscles, diminished in volume, become flaccid, and whose form sometimes undergoes alteration. Where no apparent symptom reveals the presence of these affections, the surgeon may draw some conclusions from the profession of the party and his local habits. It is well known that country people are more subject to these diseases than city people, and that there are modes of living where they are most easily contracted. In uniting these various data, and in combining and comparing them, the surgeon will nearly always be able to distinguish the real from the feigned disease. Whenever this diagnosis cannot be established, the Board of Enrolment has no other resource than proofs derived from public notoriety.

Among soldiers a powerful auxiliary will be found in those active medicines which these diseases, when real require, and which, in cases of imposture, finally succeed in wearying, or intimidating malingers. Yet experience forces us to admit, that there are men whom the longest and most severe treatment fails to overpower. It is therefore justifiable to incline towards severity, rather than towards leniency, for fear of the contagiousness of example; but this severity should immediately cease, at the first intimation of a real impairment of health.

### **GOUT**

Gout is extremely rare in youth, being generally found only in old age. It is also of infrequent occurrence among soldiers and non-commissioned officers, whatever may be their age. It would, if present, constitute a disqualification for the military service.

### **PROFESSIONAL DEFORMITY OF THE HANDS**

Certain manual avocations impress upon the hands modifications of more or less extent, amounting sometimes even to real deformities. It is unusual, however, to find them existing to such a degree as to require the rejection of a party; for it must not be forgotten that a change of occupation most generally suffices to diminish sensibly these alterations, or even to obliterate them entirely. The surgeon need not spend much time upon them, unless they are very strongly marked, since the manual of arms will of itself tend to restore the hand to its normal condition.

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## MUTILATIONS OF THE FINGERS AND TOES

Mutilations of the fingers and toes are a disqualification for military service, whenever they consist in any of the following lesions:

### HANDS

- 1st. *Total loss of either thumb or one of its phalanges.*
- 2d. *Total loss of the index finger of the right hand or of one of its phalanges.  
Total loss of the index finger of the left hand or of two of its phalanges.*
- 3d. *Total loss of any two fingers or coexisting loss of two phalanges of two fingers.*
- 4th. *Coexisting loss of one phalanx of the three last fingers.*

### FEET

- 1st. *Total loss of either great toe or of one of its phalanges.*
- 2d. *Total loss of two of the lesser toes.*
- 3d. *Coexisting loss of one phalanx of all the small toes.*

It is particularly in relation to these mutilations that the serious question of how they occurred arises. For it is doubtless true that, both before and after admission to constitute a disqualification for the military service, it should afford a cause for rejection or discharge.

But this infirmity is often feigned, and the fraud then demands the closest attention on the part of the surgeon. It is only by a correct measurement, that we can assure ourselves of the inequality in length of the lower limbs, and consequently of the reality of the lameness ascribed to this cause.

For this purpose the subject should be laid horizontally on his back, and a comparative measurement, on both sides, be made of the space between the most prominent point of the crista ilii and the external malleolus, in passing the tape directly in front of the trochanter major.

### CONCLUSIONS

The foregoing instructions can hardly be considered in the light of a code of absolute prescriptions. Yet the pathological indications which they describe, when judiciously combined with the results of individual examination, will generally be found sufficient to guide examining surgeons, as also to enlighten Boards of Enrolment in confirming the decisions of their medical advisers.

It is also necessary in this connection to establish, as a leading principle, the propriety of the surgeon not resting satisfied with convincing himself alone of the existence of the fact to which his attention is called, but seeking also to impart a like conviction to his colleagues in the Board. It is well, therefore, whenever possible, to sustain his opinion by a sensible, material, and evident demonstration, instead of limiting himself to a simple declaration of it. But in following this course one danger must be avoided, and that is the tendency to be captivated by the ease of explaining external affections, to the neglect of internal diseases, which are nearly always of more serious character. Boards of Enrolment are in general disposed to reject parties for visible and palpable infirmities, although often of a trifling character, while they are much more strictly disposed towards

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visceral lesions which they cannot perceive. It becomes the duty of the examining surgeon, under such circumstances, to unfold the great importance of these structural alterations, and to explain the consequences to which they may give rise.

In conducting the personal examination of a party, kindness, forbearance, and patience of attention to his statements should be exhibited; he should be saved from indiscreet curiosity, and proper precautions be observed to spare the becoming sensitiveness of families, on the score of hereditary diseases.

In conclusion, examining surgeons should remember the double duty they are called upon to discharge, in securing healthy recruits for the army, and in protecting the interests of the infirm. Whenever, therefore, they entertain any serious doubt of the physical capacity of an individual, they must act conscientiously, and as the law directs, by advising his rejection.

**SOURCE**

*John Ordranax, Hints on the Preservation of Health in Armies: For the Use of Volunteer Officers and Soldiers bound with Manual of Instructions for Military Surgeons. Reprint of the 1861 edition with a biographical introduction by Ira M. Rutkow. (San Francisco: Norman Publishing, 1990) 80-81, 192-95, 205-06.*