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Margaret Humphreys, *Marrow of Tragedy: The Health Crisis of the American Civil War*. Baltimore: Johns Hopkins Univ. Press, 2013. Pp. xiv, 385. ISBN 978-1-4214-0999-3.

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The past couple decades have seen a spate of new books documenting Civil War medicine.<sup>1</sup> Is yet another necessary? The answer is “yes,” for Margaret Humphreys (Duke) offers something new by adopting a gendered approach to show how masculine and feminine behaviors and attitudes affected medical care. In addition, while most earlier work has concentrated on medical treatment in combat zones, she examines the care given in general hospitals established in towns and cities throughout the country. She explains how the Army Medical Department and concerned civilians adapted and created medical facilities and nongovernmental organizations to deal with an unexpectedly large number of sick and wounded men.

Humphreys describes the role of women as nurses, physicians, and social workers, revealing both their achievements and their limitations. Most female physicians of the period had little surgical knowledge. Their training at less conventional medical colleges left them unlikely, even discounting gender bias, to be accepted as surgeons in the Medical Department. Only three female physicians served in the US Army during the war, two as nurses and one, Mary Walker, as a Contract Surgeon.<sup>2</sup> Just one woman practiced (briefly) as a physician for the Confederate Army. Female doctors found greater acceptance among their professional colleagues and the lay public, especially in civilian communities facing a physician shortage. Many women served as nurses in both armies during the war.

Chapter 1, “Understanding Civil War Medicine,” summarizes the state of medical practice in 1860. Chapter 2, “Women, War, and Medicine,” describes the transition of women from their traditional roles caring for the sick in homes to working in the new wartime hospitals and, by extension, the Army. Chapter 3 discusses “Infectious Disease in the Civil War.”

Chapters 4, “Connecting Home to Hospital and Camp,” and 5, “The Sanitary Commission and Its Critics,” concern the establishment, purpose, and evolution of the US Sanitary Commission (USSC), precursor to the American Red Cross. The Commission also figures in chapter 9, “Mitigating the Horrors of War,” on its attempts to provide relief to enemy POWs, besides training surgeons about camp hygiene and providing medical supplies. It was an organization torn between its humanitarian impulse to improve the conditions of confederate prisoners, suffering in Andersonville-like camps, and its duty to the northern cause, which discouraged public criticism of those camps. These three chapters constitute the best current analysis of the evolving role of the USSC.

In chapter 6, “The Union’s General Hospital,” Humphreys uses Satterlee General Hospital in a case study of rear-echelon medical care. She explains how novel the concept of a hospital was at the beginning of the war, when most patients were treated in the home by doctors making house calls and nursed by their sisters, mothers, or wives. She highlights the perspectives on hospital life of physicians, nurses, and patients.<sup>3</sup>

1. The classics are George Worthington Adams, *Doctors in Blue: The Medical History of the Union Army in the Civil War* (NY: H. Schuman, 1952), and H.H. Cunningham, *Doctors in Gray: The Confederate Medical Service* (Baton Rouge: LSU Pr, 1958). Since they were published, the *Journal of Civil War Medicine* was founded in 1980 and at least a dozen books have covered aspects of the topic, including Frank R. Freeman, *Gangrene and Glory: Medical Care during the American Civil War* (Madison, NJ: Fairleigh Dickinson U Pr, 1998), and Alfred Jay Bollet, *Civil War Medicine: Challenges and Triumphs* (Tucson, AZ: Galen Pr, 2002).

2. Walker received the Congressional Medal of Honor for her service, the only woman who has achieved that distinction.

3. Her concentration on the general hospitals betrays Humphreys into misleading comments on the apparent low mortality rate of the wounded after Gettysburg (2 percent): the most seriously injured (and most likely to die) had remained at Camp Letterman, near the battlefield, because the Army felt they could not survive the rigors of a train ride to Philadelphia.

Chapters 7, “Medicine for a New Nation,” and 8, “Confederate Medicine,” turn to healthcare in the Confederacy, which was as decentralized as the polity itself.

The benevolent impulses of the south remained on a states'-rights basis. While the USSC decried this attitude—condemning the woman who walked past a Wisconsin bed to tend to an Illinois one—and saw it as being in concert with the very roots of the rebellion, the southern woman who tended the wounded had no difficulty in choosing to help only “our boys.” Without a national organization such as the USSC to organize and stream benevolence to hospitals where it was needed most, confederate women’s relief work remained resolutely local. If women traveled to Virginia to nurse, they headed for hospitals in their states; they likewise channeled food, clothing, and other support to the men of their state regiments. (193)

In chapters 10, “A Public Health Legacy,” and 11, “Medicine in Postwar America,” Humphreys argues that the concepts of sanitation and organization that took hold during the war became prevalent in the nation’s cities and towns through hospital hygiene and public health campaigns.

Humphreys ventures onto shaky ground in claiming that countermeasures against contagion prepared the way for acceptance of the germ theory of disease. She observes that the terminology of contagion theory was later used to describe processes of infection by microorganisms, but admits that the two theories represented radically different concepts. Moreover, the evidence supporting her argument is not clear-cut. Humphreys reports, for example, that an American surgeon proudly proclaimed that the improved hygiene in American hospitals—a result of applying better sanitary principles learned during the war—ensured a lower mortality rate and made Listerian methods unnecessary.

Margaret Humphreys has made a significant contribution to the literature of Civil War medicine and of medicine in general by sharply focusing on rear-echelon military healthcare. She adroitly uses primary and secondary sources to explain the implications of such innovations as hospitals, nongovernmental organizations, reforms in sanitation, and the employment of women as nurses and other healthcare workers. For anyone interested in war and medicine, *Marrow of Tragedy* shines a bright light on previously unexplored aspects of the Civil War and their impact on American society.<sup>4</sup>

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4. The opinions expressed herein are those of the author and are not necessarily representative of those of the US Army Medical Research and Materiel Command, the Department of Defense, or the US Army, Navy, or Air Force.