Surgeon in Blue: Jonathan Letterman, the Civil War Doctor Who Pioneered Battlefield Care

Rea Redd

Follow this and additional works at: https://repository.lsu.edu/cwbr

Recommended Citation
DOI: 10.31390/cwbr.15.4.20
Available at: https://repository.lsu.edu/cwbr/vol15/iss4/20
Review

Redd, Rea

Fall 2013


Saving Lives On Battlefields: Jonathan Letterman’s Innovations During the Civil War

The American Civil War was fought before the medical community understood germs, which had been seen under a microscope but had yet to be named. During its first battles the wounded were left where they fell unless they hobbled away with the help of a comrade. Wounded soldiers, lucky to find themselves away from the battlefields, sat on cities’ curbs and on the front steps of homes and waiting for caregivers to arrive.

In July 1861, Williams S. King, the medical director of Irvin McDowell’s Federal army arrived only a few days before the troops began their march toward Manassas Junction, Virginia. King estimated that he would need 20 wagons of medical supplies to accompany the army. The quartermaster of the army denied the request. Though 50 wagons were available for ambulance duty, they were driven by musicians who had no other specific task to perform in this instance. As the Federal army retreated from the battlefield, wounded soldiers found no bandages, lint, or sponges in make-shift hospitals at Centerville and Sudley Springs.

Surgeon In Blue tells the story of Jonathan Letterman, the Union army medical doctor who imposed a semblance of order, procedure, accountability and compassion on to the chaos of battlefield medicine. Letterman’s work built a foundation for modern procedures of emergency care and evacuation of the wounded on battlefields.

In March 1849, Jonathan Letterman was among 188 graduates from Jefferson Medical College of Philadelphia. He promptly travelled to New York
City and as one of 52 applicants to the U.S. Army he demonstrated his knowledge of Latin, natural philosophy [physics], anatomy, and clinical practice. By 1861 Letterman, a Federal army doctor had spent 13 years at army outposts in Florida, Minnesota and the Far West in climates ranging from high mountains to deserts to swamps. Before the war his work had mainly consisted of treating illness and disease; on the average, soldiers reported sick every five months. Respiratory ailments and scurvy were common; arrow wounds were less so. Through all this Letterman contended with inadequate staffing, lack of medical qualification standards and little authority over medical supply logistics. (20-22, 32-35, 40-41, 45-46)

Scott McGough is the author of *Surgeon in Blue: Jonathan Letterman, The Civil War Doctor Who Pioneered Battlefield Care and Battlefield Angels*, a history of U.S. army medical care from the Revolution to Afghanistan. He depicts the 1861 Federal army as filled with incompetent civilian doctors who used lax army regulations to provide haphazard physical examinations of recruits and incompetent quartermasters who supplied what was handy but not what was needed. In part, the remedy for this situation came from Simon Cameron who recommended to Lincoln the creation of a sanitary commission to advise medical officers, inspect camps and diets, and review purchasing and logistics. Lincoln approved the recommendation. (50-53)

McGough views Letterman as begin in the right place at the right time. McClellan reformed the Army of the Potomac and William Hammond, the surgeon general, deeply reformed army and navy medical procedures. Having a keenly analytical mind and a holistic understanding of personal health, Letterman moved up the chain of command. Quickly issuing new, mandatory regulation, he produced changes in nutrition, camp latrines, and disposal of lice-infested uniforms and hospital garments.

The July 26 1861 appointment of George B. McClellan, a son one of the founders of Jefferson Medical College, as the commander of the Military Division of the Potomac set a new tone for the army’s medical service. He promptly removed William King as the medical director and he installed to Charles Tripler, a combat surgeon during the Mexican War and author of the 1858 Manual of the Medical Officer of the Army of the United States. In December 1861, Letterman went to the New York City as a medical purveyor who purchased supplies for the medical department. (57-59) By spring 1862 he was the medical director of the Department of West Virginia and constructed one
of the army’s first pavilion style hospitals. In June, William A. Hammond, Surgeon General of the U.S. Army, promoted him to major and made him the medical director of the Army of the Potomac. He embraced the position and relied upon his analytical skills including the ability to ask the right questions of established procedures and to build a system amid chaos and resistance. (70-73)

He arrived at Harrison’s Landing, Virginia on July 1 during the Battle of Malvern Hill and faced the necessary evacuation of nearly 13,000 casualties to Fortress Monroe, Virginia. With McClellan’s backing Letterman mounted a campaign against camp diseases at Harrison’s Landing. Over the next two the months the Army of the Potomac’s disease rate declined by 33 percent. On August 2, McClellan issued General Order 147, the foundation for Letterman’s system of battlefield evacuation of the wounded. His first success came at the battles of South Mountain and Antietam. It was repeated at Fredericksburg and Gettysburg. Less successful endeavors included Second Manassas and Chancellorsville. (86-90)

He now controlled an ambulance corps staffed by trained teamsters and stretcher bearers, all acting within clear chain of command. At Antietam Letterman arrived before the battle and selected field hospital locations, stockpiling supplies at each. At Gettysburg, he arrived late on the first day of the battle and found mixed results. His staff in the First and Eleven Corps had followed his orders and had established field hospitals beyond the range of artillery fire. However their sites at the Lutheran Seminary and the Adams County Alms Farm were overrun and captured. Also Meade held back medical supplies in favor of munitions and food wagon trains. Letterman anticipated this situation and shifted the medical supplies from Frederick to Westminster. By the late evening of July 1, he was riding on the Taneytown Road and selecting hospital sites.

On March 11, 1864 Congress made the law of the land Letterman’s system for removal of battlefield wounded, hospital inspection and medical procurement. But on December 22, 1864 Letterman resigned from the army. His recent marriage, the viciousness of army politics, and possibly the emotional weight of the Army of the Potomac’s casualties in 1864, contributed to his decision. He moved his family away from the war by becoming an engineer for a petroleum company in San Francisco, which later failed. In 1866 he published his memoirs, Medical Recollections of the Army of the Potomac, and in 1867 won an election to become coroner of San Francisco. Both the untimely death of
his wife in October 1867 and his work as exhausted him. He died in 1872.

Scott McGough’s *Surgeon In Blue* is the first full length biography of Letterman. The author’s narrative is accessible to a variety of readers. It is not a detailed account of military campaigns nor is it a densely written example of medical history. It offers minimal insight into Letterman’s character and motivation. Jonathan Letterman did not leave a trove of personal letters. A current edition of his *Medical Recollections of the Army of the Potomac* is 204 pages in a slim trade paperback edition. Letterman’s narrative is similar to an analytical treatise: clear, precise and dispassionate.

McGough gives other medical reformers credit where credit is due. He notes that Letterman in early 1863 “could set aside the continuing refinement of battlefield care that he had organized. Fredericksburg validated the Letterman System. Though the system was Letterman’s achievement, it had been built in part on the work of Napoleon’s surgeons more than sixty years before and of Union army surgeons under Ulysses S. Grant earlier in 1862.” (153)

McGough’s work accomplishes several tasks. It puts Letterman and his work in the context of the mid-19th century U.S. army. *Surgeon in Blue* offers a clear depiction of the personalities and political vendettas of the Army of the Potomac, the presidential cabinet, the U.S. Congress and the U.S. Sanitary Commission. McGough has researched the appropriate archival material and enhanced his efforts by consulting historians of the National Park Service and the U.S. Army, the Gettysburg Licensed Battlefield Guides, and the staff of the National Museum of Civil War Medicine. *Surgeon in Blue* offers the compelling story of American physician’s life lived during the sobering era of the American Civil War.

*Rea Andrew Redd is the Director of Eberly Library, Waynesburg University and the author of The Gettysburg Campaign Study Guide, Volume 1 (2013).*