Healing, Organization, and the Civil War’s Forgotten Hero

The Civil War was a war of paradoxes. It brought unity in the midst of division, and freedom in the midst of danger. But the greatest paradox of all, and one that is too often forgotten, is that in the midst of violence and death, great healing took place. The Civil War saw advances in battlefield medicine and medical procedures that are still relevant to this day, advances that paved the way for the Union Army’s win. Yet, while the names of generals such as Ulysses S. Grant and George B. McClellan are taught to even the youngest of schoolchildren, the name of another man – just as instrumental in securing a Union victory – has gone largely uncelebrated for far too long. Major Jonathan Letterman, also known as the “Father of Modern Battlefield Medicine,” played an integral role in shaping the course of the Civil War. People may not know that Letterman was the driving force behind disease prevention, that he founded the first true Ambulance Corps, that he instituted a game-changing system of medical supply distribution, or that his arrangement of field hospitals transformed the Union Army, but they should. His organization, innovation, and foresight as Medical Director of the Medical Corps of the Army of the Potomac revolutionized Civil War medicine, contributed to the victory of the Union Army, and set the stage for the future of modern military battlefield medical procedures. In a war, every soldier counts. Individuals have the power to turn the tide. And Letterman was the catalyst for that wave, paving the way for future generations and beyond.

When Jonathan Letterman was promoted to the position of Medical Director of the Army of the Potomac on July 4, 1862, a year after the Civil War began, he arrived to a Union Army Medical Corps lacking efficiency, innovation, and effective methods of treating the wounded. He saw troops suffering from malaria, scurvy, lack of proper food and sleep, exposure to the elements, and low spirits. The army’s Medical Corps lacked supplies (they were depleted or abandoned), hospital tents, an ambulatory service, and a general sense of discipline and accountability (Letterman 5, 7-8). And, by Letterman’s approximation, 1 out of 5 soldiers were sick (Letterman 8), although experts today believe that the disease rate was even more severe – closer to 40% (“Setting the Standards”). Following the First Battle of Bull Run in 1861, it had become pitifully clear that radical change was needed in the army’s Medical Corps, after wounded soldiers were left for days on the battlefield, dying of both dehydration and their wounds. One Union soldier claimed that “the bodies of the dead and dying were actually three and four deep” (English), and the suffering and carnage was extreme enough to tug at the heart of even a rival Confederate soldier, who, upon witnessing the absolute failure of the Union’s Medical Corps, recalled that “Many [Union soldiers were] necessarily left out in all the inclemency of weathers to die. To pass by it was enough to soften and sicken the hardest heart. I will not dwell upon the awful scene” (Powers). Thus, Major Jonathan Letterman, an experienced surgeon in his own right, was brought to the Army of the Potomac with a mission rooted in misery from the past and hope for the future: to do something, anything, to ameliorate the dismal state of the army’s Medical Department.
Letterman first focused his attention on what was, to him, one of the most pressing concerns that the Army of the Potomac was facing – the overwhelming prevalence of disease, especially scurvy. While today, the spread of debilitating disease in the military is virtually nonexistent, during the time of the Civil War, more soldiers died from disease than from wounds (Letterman 112). Letterman explained that because scurvy is a comparatively mild disease, it is all the more dangerous, in that the “evil” disease saps the energy and spirits of soldiers who are not sick enough to report themselves, and significantly decreases the hardiness and endurance of the army (Letterman 7). Thus, by his second week as Medical Director, Letterman had already written a letter to Brigadier-General S. Williams with instructions on how to improve the health of his army. He demanded a supply of “antiscorbutics,” fresh food including potatoes, onions, cabbage, tomatoes, squashes, beets, lemons, and non-stale bread. He also took a forward-thinking approach to how lifestyle affects illness and asked that daily drills for troops be limited in number and that soldiers be allowed to sleep naturally at night (Letterman 12-14). The results were immediate and dramatic. Scurvy, along with typhoid and diarrhea, virtually disappeared from the army. By the time the Army of the Potomac left Harrison’s Landing, where they had been camping, the soldiers were healthier and in much higher spirits than ever before, and, by extension, the Army of the Potomac was, too. Letterman had complete confidence that General McClellan’s army was more than ready to face another campaign (Letterman 16-18, 22, 109). It is important to realize how revolutionary Letterman’s ideas were at the time. Although today, disease prevention is a large part of military medicine, in Letterman’s time, before bacteria were even known to cause illness, preventing disease in the first place was a radical idea. Yet Letterman knew that an army without disease was an army that could win, and that there was more to battlefield medicine than simply treating the wounded:

A corps of Medical officers was not established solely for the purpose of attending the wounded and sick; the proper treatment of these sufferers is certainly a matter of very great importance, and is an imperative duty, but the labors of Medical officers cover a more extended field. The leading idea, which should be constantly kept in view, is to strengthen the hands of the Commanding General by keeping his army in the most vigorous health, thus rendering it, in the highest degree, efficient for enduring fatigue and privation, and for fighting. [The Medical Director should direct his Inspector] to instruct Medical officers in the proper mode of performing their duties, and particularly to impress upon them that the duties of Medical officers are not confined to prescribing drugs, but that it is also their duty, and one which is of the highest importance, to preserve the health of those who are well. (Letterman 100 - 101)

Letterman was ahead of his time in this regard, and the changes he instituted in his army have served as the basis for disease prevention ever since the Civil War. If “prevention of disease is the highest object of medical science,” as indeed some assert, then Letterman could be
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remembered for his contribution to preventative military medicine alone (“The American Civil War”). But preventing disease was only the start of Letterman’s impact, and only a harbinger of the real work to come.

Once Letterman felt that the immediate issue of rampant disease was under control, he turned his energy and attention to another pressing concern – the lack of a proper ambulatory system. The First Battle of Bull Run had clearly demonstrated the need for an organized Ambulance Corps, but up until the point where Letterman came into office, the army had only been relying on hired civilians to transport wounded soldiers. These civilians, for the most part, had no sense of responsibility or urgency in their task, and were few in number (Woodworth). To make matters worse, what few ambulance vehicles the army did have were often used by high-ranking officials to carry their personal belongings and to transport troops (Letterman 20-21). Fortunately, by August 2, 1862, after less than a month in office, Letterman had created the American military’s first ambulatory system (pulled by horses, of course), the feat for which he may be the most well-known. And what a system it was! He mandated that each Ambulance Corps of each army regiment have one transport cart, one four-horse and two two-horse ambulances, that each battery of artillery have one two-horse ambulance, and that the headquarters of each Army Corps have two two-horse ambulances. He set regulations about the number of men to attend each ambulance, and he required those men to do drills to practice carrying wounded soldiers to and from the ambulances. He implemented daily and weekly inspections of the ambulances, horses, and harnesses, and mandated that ambulances be utilized only for transporting the sick or wounded soldiers and medical supplies. In creating a hierarchy of officers, including captains, first lieutenants, second lieutenants, and sergeants, to manage the inspections, drills, etc., he ensured the ambulances would be ready for action at a moment’s notice (Letterman 24-30). That moment came sooner rather than later, and on September 17, 1862, Letterman’s ambulance system was severely put to the test during the Battle of Antietam. The Civil War’s bloodiest battle left 17,000 wounded soldiers in its wake, spread across an area of many miles, but within 24 hours, the Ambulatory Corps was able to clear the battlefield of all the wounded – a marked difference considering the tragic aftermath of the First Battle of Bull Run! (Grabowski). His ambulatory system held up again and again, most notably during the Battle of Fredericksburg, with 12,000 Union casualties, and during the Battle of Gettysburg, with 14,000 Union casualties (“Jonathan Letterman”). Letterman himself observed that armies that used his ambulatory system fared markedly better than those that did not (Letterman 31); as one historian puts it, Letterman’s system “refined battlefield evacuation from a post-battle scavenger hunt to one marked by military discipline” (Berg). Yet, as before, solving one military medical issue just meant that another one could take its place, and Letterman had his work cut out for him still.

An ambulance is no good if there are no medical supplies to treat the wounded, and Letterman next tackled the issue of an inefficient supplies distribution system by doing what he
did best: implementing organizational regulations. He wanted to find a way to reduce the waste of large quantities of medical supplies for the regiments in the army. The issue was that under the old system, three months’ worth of medical supplies were given to a regiment at one time, causing many officers to dispose of supplies that were too cumbersome in amount. The inevitable result was that when those supplies were actually required, they were not available. For this reason, on October 4, 1862, Letterman established the “Brigade Supplies” system. His new system made it so that only one month’s worth of supplies would be distributed to a regiment at a time, and appointed a surgeon in charge of each brigade, who would have the responsibility of managing and making requisitions for supplies (Letterman 51-53). This new system of medical supply distribution ensured that at any point in time, a surgeon or medical officer would have supplies readily available to treat sick or wounded soldiers.

Now that there existed a system to efficiently and safely transport wounded soldiers, and a system ensuring that medical supplies would be readily available at all times, Letterman threw himself into the task of creating a legitimate system of field hospitals to effectively treat the wounded, for no such system had been in existence in any of the Civil War armies. Letterman knew from personal experience that battlefields were defined by chaotic confusion, and as a result, wounded soldiers would often suffer unnecessarily because no organizational system was in place for their treatment. Thus, in October, 1862, he instituted a system of field hospitals. Each division would have a hospital with a surgeon in charge, two assistant surgeons (one to organize supplies and the other to take detailed records), three medical officers for operations, three medical officers to be assistants to the aforementioned three medical officers, and additional medical officers, hospital stewards, and nurses. Furthermore, medical officers would be selected based on skill, not rank. This may seem like an obvious rule, but Letterman had seen that many practicing medical officers were not really qualified for their tasks (Letterman 58-63). Moreover, Letterman created a three-tier evacuation system involving three types of treatment centers, and he is credited with implementing the system of triage that modern hospitals still use today. The evacuation system involved a field dressing station for basic battlefield first aid, a field hospital for more complicated procedures, and a large hospital, further away from the action, where the wounded would be taken should they need additional care (“Jonathan Letterman”). And, by triaging patients when they arrived at hospitals, Letterman ensured that the greatest number of soldiers would recover and be able to rejoin the army (Grabowski). After all, every wounded man who recovers is one more man who will live to fight again, and although Letterman’s actions were rooted in compassion, he had a pragmatic side and knew that the key to a Union victory could be the very soldiers his system would save.

Although Major Jonathan Letterman resigned from the position of Medical Director of the Army of the Potomac in January of 1864, he left behind a legacy that echoed throughout history and continues to echo even into modern times. In March of 1864, Congress passed a law that made “Letterman’s Plan” mandatory for the entire U.S. Army, effectively immortalizing his
series of systems. In fact, to this day, Letterman’s Plan serves as the basis for the U.S.’s military medical system (Grabowski). He had revolutionized the field of military medicine with the changes he implemented and demonstrated that organization and order can be just as effective in saving wounded soldiers as actual treatments. Because of the steps Letterman took to maintain the health and wellbeing of McClellan’s troops, the Civil War can be considered the advent of preventative medicine (“The American Civil War”). Furthermore, the success of his Ambulance Corps demonstrated that “speed to care” has monumental effects on a soldier’s chance of recovery (“Setting the Standards”), the efficiency of his “Brigade Supplies” system proved the importance of organization, and his system of triage established a hierarchy of treatment that is still relevant today. When Letterman resigned, the prevalence of sickness in the army was at a meager 3%, and his own words convey the perfect blend of compassion and pragmatism that made such remarkable health possible: “I had a twofold object in perfecting the physical condition of the troops. First, that the Commanding General should have an army upon whose health he could rely. Second, that those who might be wounded should be in a condition to bear the shock, and the operation, the suppuration, and confinement, with every prospect of recovery” (Letterman 112, 184).

And yet the question still remains: would the Union Army ultimately have been victorious if Letterman had never enacted his series of systems? We will probably never know for certain, but it is very possible that the discipline, hope, and healing that Letterman provided to the Army of the Potomac were the keys that gave the Union Army that extra strength, that extra spirit, to succeed in their quest for a unified America. After all, a healthy army is a strong army, and “Letterman’s Plan” – his work with disease prevention, his Ambulance Corps, his “Supplies Brigade” system, and his network of field hospitals – without a doubt increased the health and vitality of the Union Army. In this way, Major Jonathan Letterman’s actions had dramatic impacts on both the Civil War and modern times, actions that transformed the field of military medicine, advanced the cause of the Union Army, and served as the basis of future modern military battlefield medical procedures. People say that the flap of a butterfly’s wings creates ripples in the air with larger, greater effects. It makes sense, then, that the actions of one man – a healer and a revolutionary – could cause a metamorphosis of the most beautiful and powerful kind.
Figure 1: “Ambulance Train”  
Source: Manuscripts and Archives Division, The New York Public Library. "Ambulance Train"  
http://digitalcollections.nypl.org/items/510d47dd-e74e-a3d9-e040-e00a18064a99.

Figure 2: “Jonathan Letterman with the Medical Staff of the Army of the Potomac”  
Source: “Jonathan Letterman with the Medical Staff of the Army of the Potomac.” U.S. National  
Library of Medicine Digital Collections, collections.nlm.nih.gov/catalog/nlm:nlmuid-  
101436488-img.
Appendix

The following is a small excerpt from “Medical Recollections of the Army of the Potomac.” The full text is 194 pages, so below is only the text from pages 5-8. For the full text, please see the following online resource: https://archive.org/details/medicalrecollect00lettuoft/page/7/mode/1up

Full citation:


Internet Archive, archive.org/details/medicalrecollect00lettuoft/page/7/mode/1up.

IN obedience to orders from the War Depart-
ment, dated June 23, 1862, I reported on the 1st day
of July to Major-General McClellan at Haxhall's
Landing, on the James River, for duty as Medical
Director of the Army of the Potomac, and on the
4th took charge of the Medical Department of that
army.

On arriving at the White House, June 28th, I found
there was no communication between that depot and
the headquarters of the army, then en route for
James River. At the former point I met Mr. Olm-
stead and several other members of the Sanitary
Commission, whose labors, here as elsewhere, were
arduous and successful. It was necessary that the
medical supplies and the transports for the wounded
and sick should "be sent up the James Kiver to meet the wants of the army. And as it was impossible to obtain the requisite orders from Dr. Tripler, then Medical Director as the telegraph wires had been cut and feeling sure that that experienced officer would approve my exerting authority in such a case, I directed Assistant-Surgeon Alexander, U. S. A., and Assistant-Surgeon Dunster, U. S. A., the Medical Director of Transportation, to proceed up that river with their supplies and vessels with all possible despatch. They reached Harrison's Landing in time to be of the greatest service. The troops for several consecutive days and nights had been marching and fighting among the swamps and streams which, abounding in this part of Virginia, render it almost a Serbonian bog. The malaria arising from these hotbeds of disease began to manifest its baneful effects upon the health of the men when they reached Harrison's Landing. The labors of the troops had been excessive, the excitement intense; they were obliged to subsist upon marching rations, and little time was afforded to prepare the meagre allowance. They seldom slept, and even when the opportunity offered, it was to lie in the mud with the expectation of being called to arms at any moment. When it is remembered how short a time this army had been under discipline, we are surprised that it should have
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submitted so cheerfully to the orders of the command-
ing General, and endured the sufferings which, for the
sake of the country, those orders of necessity entailed.
This marching and fighting in such a region, in such
weather, with lack of food, want of rest, great excite-
ment, and the depression necessarily consequent upon
it, could have no other effect than that of greatly in-
creasing the numbers of sick after the army reached
Harrison’s Landing. Scurvy existed in the army when
it reached this point. The seeds had doubtless been
planted by want of vegetables, exposure to cold and
wet, working and sleeping in the mud and rain, and
the inexperience of the troops in taking proper care of
themselves under difficult circumstances. This disease
is not to be dreaded merely for the numbers it sends
upon the Keports of Sick: the evil goes much further,
and the causes which give rise to it undermine the
strength, depress the spirits, take away the courage
and elasticity of those who do not report themselves
sick, and who yet are not well. They do not feel sick,
and yet their energy, their powers of endurance, and
their willingness to undergo hardship, are in a great
degree gone, and they know not why. In this way
the fighting strength of the army was affected to a
much greater degree than was indicated by the num-
ber of those who reported sick. All these hardships
reacted upon the Medical officers in common with the
rest of the army. A number of them became sick from the exposure and privations to which they had been subjected, and those who did not succumb entirely to these influences were worn out by the excessive labor required of them during the Campaign upon the Peninsula, especially by that incident to the battles immediately preceding the arrival of the army at Harrison’s Landing. The nature of the military operations unavoidably placed the Medical Department in a condition far from satisfactory. The supplies had been exhausted almost entirely, or had from necessity been abandoned the hospital tents had been almost universally left behind or destroyed the ambulances were not in condition to render effective service, and circumstances required a much larger number of Medical officers to perform the duties of that portion of the Stan 7. It was impossible to obtain proper reports of the number of sick in the army when it reached Harrison’s Landing. After about six thousand had been sent away on the transports, twelve thousand seven hundred and ninety-five remained. The data on which to base the precise percentage of sick and wounded could not then be obtained; but from the most careful estimate which I could make, the sickness amounted to at least twenty per cent.
On the 1st of July I directed the "Harrison House" to be taken and used as a hospital. It was the only

Works Cited


Internet Archive, archive.org/details/medicalrecollect00lettuoft/page/7/mode/1up.


