

Chirurgeons, Physicks, and Quacks: Medical Support to Ohio's Soldiers, 1812-1815

In 1812, medical art had not changed significantly since the Revolution. The Hippocratic theory remained in vogue: that an imbalance in one of the four humors – blood, phlegm, yellow bile, or black bile - caused all diseases and disabilities. Treatment included bleeding, purging, blistering, vomiting, and counter irritation and, during the War of 1812, military practitioners employed those time-honored techniques. Surgery was likewise rudimentary and most often involved setting fractures, reducing dislocations, lancing boils, and performing amputations, although more advanced procedures – cataract surgery, for example – had been performed successfully.

The Army relied upon both physicians and surgeons to fill its medical ranks and did not draw a distinction between the two disciplines as both branches had medical training. With too few medical practitioners either available or willing to accept a commission, the Army did not limit surgeons to treating only injuries or physicians to treating only ailments.¹

During the war, sickness and disease resulting from the combined effects of inadequate shelter, insufficient clothing, poor diet, and a lack of camp hygiene caused more casualties in the Northwestern Army than did combat action. Typhus, diarrhea, dysentery, and pneumonia were the most common complaints and these were not unexpected illnesses. The Army had encountered them during the Revolution. Von Steuben's, *Regulations for the Order and Discipline of Troops of the United States*, still in use in 1812, recognized the connection between camp hygiene and disease and devoted a chapter to camp cleanliness. But, the surgeons, physicians, and many of the line officers, newly recruited from civilian life, were ignorant of the diseases associated with military life and unfamiliar with the need for camp sanitation. Consequently, these old problems resurfaced and became new (to them) problems for the medical staffs and commanders to resolve.

Unlike other organizations within the War Department in 1812, the Administration paid little attention to the Army's Hospital Department until the following year. On 11 June 1813, the Administration recalled Dr. James Tilton from retirement and appointed him Physician and Surgeon General of the United States Army. Tilton had authored *Economical Observations on Military Hospitals and Cure of Diseases Incident to an Army* and his appointment gave the fledgling Medical Department a respected voice in the Administration. Even then, support was modest. In 1814, for example, Congress appropriated just \$255,000 for the Medical and Hospital Department - \$10,000 less than the amount appropriated for forage for officers' horses.²

Army regulations authorized a fairly robust medical department for the Northwestern Army. On paper, the medical structure within the 8th Military District consisted of a hospital surgeon, numerous garrison surgeons, a surgeon for each regiment, and one or two surgeon's mates to assist each surgeon, plus assorted stewards and ward masters. Smaller posts might have some sort of medical support, oftentimes a militia surgeon. But personnel vacancies and numerous turnovers created a hollow organization. Six surgeons occupied (either officially or unofficially) the position of hospital surgeon and the number of doctors assigned to Ohio's regular regiments fluctuated from none to the full complement of three.³

Throughout the war, the surgeons and surgeon's mates of the Northwestern Army contended with incompetent practitioners, vacancies within the medical staff, and inadequate treatment

facilities; all of which intensified the soldiers' distress and made the physicians' duties more challenging and frustrating. The fact that the surgeons and their mates were as successful as they were is a testimony to their dedication. General Green Clay complimented the quality of the medical care the soldiers received at Fort Meigs after the first siege. "Here has been a fine field for young surgeon's, many limbs have been taken off and other operations with the attention and experience of [older] practitioners."⁴

From its inception, the Northwestern Army had no single person serving consistently as its chief surgeon to oversee medical operations. The hospital surgeon was the senior ranking doctor within the district and was the director of the district's medical staff. In addition to his purely medical responsibilities, he provided inspection reports, prepared personnel evaluations, and submitted returns to the War Department. These reporting requirements unfortunately absolved the Inspector General of any involvement with the hospital department and effectively denied the hospital and regimental surgeons a valuable service and, possibly, a valuable proponent. What little contact the Inspector General had with the hospitals and the medical staff appears to have been merely to forward second hand information to the War Department.⁵

Among the hospital surgeon's other duties was to certify recruits fit for service. Recruiting parties would escort potential recruits to the regiment's rendezvous point where the hospital surgeon would perform a cursory physical examinations. If the surgeon pronounced the volunteer fit, he would be administered the Oath of Enlistment and provided a portion of his bounty money. If the surgeon disqualified the recruit, he was sent home. Major Todd reported such an instance at the Chillicothe rendezvous. "... on this day Thompson Cross a private in the 17th Infy, was discharged [from] the service of the U States on account of disability arising from deafness and having a scrotal hernia ... [He was} recommended for discharge by the surgeon of the Regiment previous to enlistment."⁶

Brigadier General William Hull appointed Abraham Edwards as his hospital surgeon when Dr. Richard Allen refused the position. Allen had been the chief surgeon of Wayne's army and was currently serving as attending physician to the then-mobilizing Ohio militia. Hull ordered Captain Abraham Edwards, a recruiting officer in the 17th Regiment of Infantry and a former surgeon's mate in the pre-war army, to take charge of the Medical Department.⁷ Edwards, like most of Hull's army, was later part of the force surrendered at Detroit in August 1812.

Garrett C. Pendergrast was the Northwestern Army's next hospital surgeon. Pendergrast arrived in Upper Sandusky from New York in late 1812 and was startled with what he found. Pendergrast noted in a letter to the Adjutant General that he was the "only gentleman of the Hospital Department attached to the Northwestern Army" and requested two surgeon's mates be sent to Ohio. He added that the militia surgeons were of little assistance, commenting that "most of them were ignorant of curative and operative surgery." Pendergrast was also appalled at the pilferage of hospital stores, blaming the loss on the "waggoners" of the Quartermasters Department. "Many of the casks of wine, brandy, spirits, and molases [sic] are more than three fourths empty & some of the barrels were filled with water", he wrote.⁸

But by March 1813, Pendergrast was gone. General Harrison had approved Pendergrast's request for an eight week furlough to settle personal business. When Pendergrast did not return (he finagled an assignment to remain in Virginia) Harrison selected Hugh Stanard as Pendergrast's

replacement. Stanard was the senior surgeon in Joel Leftwich's Virginia Brigade then stationed at Fort Meigs. Harrison wanted Stanard confirmed as hospital surgeon, but the Senate instead commissioned him as a hospital surgeon's mate. Understandably upset with the demotion, Stanard soon left the Northwestern Army and eventually became the regimental surgeon for the 48th Infantry Regiment.

John R. Martin replaced Stanard. A former surgeon's mate in the 19th Infantry Regiment, Martin also did not serve long in the District. In November 1813, he accompanied Harrison's army to the Niagara Frontier and established a hospital at Fort George, Newark, Upper Canada. From there, General Brown ordered him to Sackett's Harbor where he remained one day and "decamped" for Albany without orders to meet with Doctor LeBaron, the Apothecary General. The commanding officer at Sackett's Harbor accused Martin of desertion but did not pursue him "for the want of a few Dragoons, which no doubt the celerity of his movement would have required."⁹ From Albany, Martin went to New York, Burlington, and Greenbush where he behaved "very indecorously". In March 1814, Martin was in Erie, Pennsylvania, and, in April, he was in Cincinnati. In June, Martin returned to Buffalo and in September he was on furlough in New York where he remained for the rest of the war with "a disease of the left leg" which resulted in its eventual amputation.¹⁰ Tilton recommended the well-travelled Martin's dismissal from the service in December 1814.

With Martin absent, the role of Hospital Surgeon fell on Doctor William Turner. Turner had been a garrison surgeon's mate in the pre-war Army and had also participated in a non-medical capacity in Hull's Detroit campaign. The War Department appointed him surgeon for the 17th Regiment of United States Infantry while he was on parole. The Ohio Adjutant General, Thomas Van Horne, described Turner as "a gentleman, a good companion and ... a good Regimental physician and surgeon."¹¹ In July 1814, Brigadier General McArthur ordered Turner, as the senior surgeon in the 8th District, to assume the duties of hospital surgeon, and, later that year, to accompany him on the raid through Upper Canada. When the War Department ordered him to rejoin his regiment in late 1814, Turner submitted his resignation and the War Department transferred Doctor Adam Hays, hospital surgeon in Baltimore, to replace Turner. Hays remained in the 8th Military District for the few remaining months of the war.

The lack of a permanent Hospital Surgeon deprived the Northwestern Army of not only a senior physician, it precluded any type of medical planning in support of operations. The inability to plan ahead on a long range basis to meet the Army's anticipated medical needs forced the surgeons and their mates to operate in an inefficient and ineffectual manner. An Ohio militia man relied upon the assistance of others when he fell ill following the Thames campaign. "I was taken the day before with the ague and was unable to march I went on board of a boat that was going to Detroit we set of [sic] about Dark down the river about fourteen miles and then landed and I was sick and unable to get out of the boat and no one with me to help me out of the boat."¹²

Ideally, all surgeons assigned to the Northwestern Army were either graduates of approved medical schools or were able to pass a written or oral examination. Regulations required an applicant to appear before a board consisting of two or more hospital surgeons and several regimental surgeons who would evaluate him on his medical knowledge. In practice, the board, if held, would convene at the regimental headquarters and its composition would consist of the hospital surgeon, the regimental surgeon, and whatever other physicians were available, military or civilian. The regimental commander sometimes served as the board's president.

Candidates appearing before boards for regimental positions did not always reside within the regiments' recruiting area. Doctor Thomas Tebbs, a Virginia resident, sought a position as a surgeon's mate in the regular army. Tebbs appeared before a board in Washington consisting of two doctors and the commander of the 36th Infantry Regiment. One of Tebbs' letters of recommendation outlined his credentials. "Mr. Tebbs has studied some years with Doct. Spense, and has attended the several courses of lecture at Philada. ... having also had the advantage of being a member of the Medical Society and the dissecting class."¹³ The board examined Tebbs and "adjudge[d] him adequate for the position".¹⁴ Tebbs was assigned as surgeon's mate to the consolidated 17th and 19th Infantry Regiments then in New York.

Upon recommendation to the position of either surgeon or surgeon's mate, the board's senior surgeon or regimental commander would forward the applicant's name to Washington for Senate confirmation to the position. While awaiting confirmation, the candidate would conditionally serve in the recommended positions under warrant. Once the Senate confirmed the appointment, the Adjutant General would send the applicant official notification of the appointment and direct him to notify the War Department of his acceptance of the position. The officer's date of rank would correspond to the date of the Senate's confirmation.

As with initial appointments, letters of recommendation were also important to ensure confirmation. Colonel John Miller of the 19th Infantry Regiment wrote Senator Worthington, "In making those appointments allow [sic] me to suggest the propriety of promotion [of] Doct. Marvin to the rank of Surgeon, and I mention as surgeon's Mates, the names of Doct. [Daniel] Turney of Circleville, and Doct. Thos. Campbell of Steubenville -- with Doct. Turney I presume you are well acquainted and I can assure you that no man stands higher where he is known, than Doct. Campbell."¹⁵

Because of the shortage of medical personnel, not all applicants appeared before a board. Based solely upon the recommendation of a single local physician, Colonel Anthony Butler of the 2d Rifle Regiment endorsed Dr. James Knight as a surgeon's mate, writing, "He has been engaged for 4 years as a student of medicine, the latter part of which time he has been considerably employed in the chirurgical department."¹⁶ Captain Eleazer Wood recorded in his journal that there was no head of the Hospital Department in the 8th Military District who could serve on a medical board until mid-1813 and, as a result, noted that the surgeon's taken from the militia were "a young and inexperienced set of men." For many, he added, their only claim to the title Surgeon was that they had a lancet in their pocket or "by some means or other had obtained the title of doctor".¹⁷

General Harrison would also appoint surgeons and surgeon's mates to regimental positions but neglect to notify the War Department of the appointments. Charles Marvin in a letter to Doctor Tilton claiming back pay wrote, "My claims are not all founded on an appointment from the War Department, but one from Genl. Harrison to act in the capacity of surgeon."¹⁸ Because accession into the Medical Department was so informal, one observer felt that what little medical care the soldiers received was administered by "downright quacks".¹⁹

Perhaps the most egregious example of political patronage and self-promotion is that of Levy Rogers of Clermont County. Rogers was a former Methodist preacher, attorney, state senator, and a non-graduate of the University of Pennsylvania Medical School. As a legislator, Rogers had successfully introduced a bill regulating medical practices in Ohio. When the position of regimental surgeon for the 19th Regiment opened, Rogers recommended himself for the position

and procured the endorsements of his fellow senators in order to receive the appointment and subsequent confirmation. Rogers was wholly unfit for the position. The regimental deputy commander referred to Rogers as, “a Methodist preacher, quack, and pettifogger.” In a letter to the Secretary of War, Harrison reported Rogers as, “... a perfect quack, alike destitute of talents, medical experience, and education.” In September 1813, a court martial found Dr. Rogers guilty of “crimes and misdemeanors” and dismissed him from the service. The court also recommended he “hereafter be incapable of holding any post in the Military Establishment of the United States.”²⁰

In another example, Dr. Martin reported on the professionalism and competence of the garrison surgeon’s mate at Detroit, Doctor Michael Cunningham. “Permit me to report Dr. Cunningham as being so notoriously, habitually devoted to drinking as to be wholly unfit to perform the duties of his office”.²¹ Dr. James Tilton, the Physician and Surgeon General of the newly revived Medical Department in Washington, endorsed Martin’s recommendation to relieve Cunningham and the War Department replaced him in August 1814, four months after he arrived at his post. His replacement, Doctor William M. Scott, was no better. Tilton recommended his name be struck from the rolls, stating” [Scott] is not only incompetent in medical knowledge, but so sottishly abject in his conduct as to be utterly unworthy of trust or confidence.”²²

The dismissals were well warranted. Orderly Sergeant Alfred Brunson of the 27th Regiment, United States Infantry, described conditions at Detroit’s Fort Shelby. “Here began and ended a great mortality among the soldiers, which carried off about eight hundred men, more than all the loss in this campaign by the casualties of war on this frontier. The surgeons treated their patients as for common bilious attacks, but they died as many as six or eight a day. The surgeons had been careless, and more intent upon their own comforts than those of the sick...”²³

In the militia, civilian physicians often, but not always, accompanied units into the field. Robert Yost noted in his diary that at Fort Seneca in late 1813, he saw many of his fellow citizens “alanguishing in despair for want of Care.”²⁴ The commander at Fort Greenville described his situation to Governor Meigs and asked for assistance. “I have ... no Surgeon or Doctor has as yet been appointed. I think ... I am intitled [sic] by the laws of my state to a staff. [S]hould you concur Sir in that opinion please to let me know where I am to Obtain Hospital Stores and whether I can call for a Surgeon from Any Regr. or appoint one -- Medical Aid must be had here immediately.”²⁵ General Tupper, whose sick list for December 1812 approached 260, commented on the psychological effect a surgeon’s absence and lack of medicine had upon his soldiers. “There is an uncommon despondency strikes every soldier with the first attack of the disease of the camp - You cannot convince them they will survive the disease.”²⁶

The War Department sometimes contracted civilian doctors to care for the soldiers, often to the chagrin of regular Army physicians. At Chillicothe’s Camp Bull, Doctor Edward Scott received \$100 a month as a contract surgeon. Doctor Nathaniel Boulton of the 28th Regiment of Infantry decried such a practice, stating, “The United States are now paying citizens as much as would pay at least ten mates ... that is a very disagreeable business – they are almost always careless of hospital stores, instruments, etc. and they know it is difficult to make them accountable.”²⁷ Harrison echoed that complaint to the Secretary of War when he wrote of “the great waste of Hospital stores and medicines by the Militia Surgeons and mates at the smaller posts.”²⁸

Doctor John Hamm, a contract surgeon for the 19th Regiment in Zanesville, resigned in July 1814 when the War Department prohibited him from engaging in both private practice and public service at the same time. Hamm had injudiciously advertised in the *Muskingum Messenger* that he continued to practice “physic, surgery, etc. to both town and country.”²⁹ Colonel Paull, commander of the 27th Regiment of United States Infantry at Zanesville, wrote the Secretary of War about the two surgeon’s mates assigned to his regiment from civilian life. “It is to be lamented that love of lucre and not love of country has such a powerful influence on the Medical Department.”³⁰

The War Department’s belief that all medical personnel were qualified physicians possibly explains the initial lack of specific guidance on the duties and responsibilities of the surgeon and the surgeon’s mate, probably believing that their duties were obvious. Apparently, not all medical practitioners were as astute as the War Department believed. Brigadier General Winchester’s general order on the subject spelled out their duties: “Attention to the sick being a primary object in all well regulated armies it is the duty of the surgeon and the mates to visit the tents of the sick and afflicted every morning and frequently much oftener to administer medical aid and comfort to the patient. Great responsibility rests on this class of the army and the duties should be performed with punctuality and tenderness. The commanding General has great confidence that this will be the rule of conduct among the Physicians attached to this army.”³¹

In 1814, the War Department officially defined the duties of the Medical Department, reflecting much of Winchester’s earlier directive. In an effort to document battlefield trauma, disease, and care, all medical personnel were required to maintain detailed journals noting injury, ailments, treatment, recovery, and weather.³² The War Department required that these journals be provided through the district hospital surgeon to the Hospital Department in Washington in order to advance the science of military medicine. Submission of these reports was important and Doctor Tilton complained to the Secretary of War on their absence, “In the eighth military district there has been no hospital surgeon and great derangement has prevailed during the campaign. I have been informed that a Doctor Turner, a regimental surgeon, has very improperly assumed that direction, but he has not thought proper to make any report to me.”³³

Tilton had reason to insist upon such information. Typical reports provided few details. In his monthly report for January 1814, Doctor Charles Marvin, surgeon of the 19th Regiment at Sackett’s Harbor, noted 73 soldiers had fallen ill over the previous month. Citing a variety of ailments including pleurisy, fevers, diarrhea, influenza cough, and mumps, Marvin noted that the complaints were “much slighter than that of December last.”³⁴ Marvin added that hospital stores, furniture, and medicines were sufficient for the cases that had occurred.

The War Department did a credible job sending hospital stores to the Northwestern Army, all things considered. Fort Fayette, in Pittsburgh, served as the main supply depot for the Northwestern Army, and provided medicine, hospital stores, and other non-medical materiel to Harrison. *Niles Weekly Register* reported in 1812 that the War Department sent medicine chests sufficient for ten regiments to the Northwestern Army.³⁵ A few months later, in mid-summer 1813, the War Department notified Harrison of two, “very large” chests of medicines en route to him. Contents of the chests included Peruvian bark (quinine), Turkish opium, flowers of sulphur, camphor, castor oil, ipecac, calomel, mercurial ointment, corrosive sublimate and a variety of

spirits: brandy, sherry, and wine. This shipment was in addition to a “double allowance of medicines, stores, and instruments” sent earlier in the year.³⁶ To supplement the War Department’s issued drugs, physicians also treated soldiers’ complaints with home remedies: horseradish, skunk cabbage, thorn apple, butternut, elder, thoroughwort, and slippery elm.³⁷

One of the surgeon’s duties was to account for the medicines and hospital stores. William Turner at Chillicothe signed for supplies that included liquor, tea, sugar, chocolate, port wine, red wine, brandy, rice, tape, pins, and flannel for use at the recruiting rendezvous.³⁸ Abraham Edwards reported to the Secretary of War that all hospital stores entrusted to his care had either been issued to the troops or surrendered at Detroit, with some exceptions. Among those items he was able to save were a case of amputating instruments, two cases of trepanning instruments, a case of pocket instruments, several catheters, Cullens’, *First Lines of the Practice of Physic*, Cooper’s, *Dictionary of Practical Surgery*, and Duncan’s, *The American Dispensatory*.³⁹ In the left wing of the army, Brigadier General Winchester directed a board of inquiry be held because “... the Hospital stores have been embezzled to a considerable extent on its way to this place (Camp Defiance) ...”⁴⁰

Perhaps not too surprisingly, many surgeons carried with them their own instruments as well as the medical and scientific books they preferred to consult. Hosea Blood, a colleague of Edward’s when Hull surrendered Detroit, itemized the articles lost during his captivity. In addition to his personal effects, Blood claimed compensation for the following medical items: *The Elements of Surgery* by John Dorsey, Cooper’s *Dictionary*; Thomas’ *London Practice of Physick*; John R. Coxes, *Medical Dictionary*; 1 broken set of amputating instruments, and 1 spring lancet in a silver case.⁴¹

Unlike casualty treatment, which is primarily a medical duty, military preventive medicine was a commander’s responsibility. Lieutenant Colonel Campbell admonished Dr. Rogers telling him that he, not the surgeon, was responsible for the health of his soldiers. “... in the course of my duty as it relates to the health of the troops under my command ... I shall pursue my own course ... if I think it necessary.”⁴² Campbell’s comment reflects the advisory role surgeons played in preventive medicine. Although surgeons and surgeon’s mates held commissions, they could not issue orders or compel commanders to comply with their recommendations. They were special staff officers responsible solely for the treatment and care of the sick and wounded.

Preventive medicine began with smallpox immunizations upon enlistment and, while on campaign, included the physical layout of the camp. Sinks and kitchens, tents and picket lines were all located with an eye towards order and sanitation. General Orders reinforced the need for both personal and camp cleanliness. Orders published at Fort Meigs on 9 April 1813 directed the garrison to conduct a “rigorous police to preserve the health of the camp.” Commanders and duty officers were required to ensure the men kept their tents and the parade ground as clean as possible and to bury “every species of Filth”⁴³ A month later, General Green Clay at Fort Meigs directed that each “particular corps will vie with each other in the cleanliness of the ground they respectively occupy.” Green also ordered the Officer of the Day make it “his indispensable duty to see that the sick and wounded are properly attended and have every comfort.”⁴⁴

The soldiers, however, did not always obey these orders and their officers did not always force them to. Camp cleanliness remained a concern at Fort Meigs throughout the spring and summer

of 1813. The day after the first siege of Fort Meigs ended, General Green Clay republished a general order governing camp cleanliness and threatened violators with “the duty of Camp Culler man and [to be] employed [sic] with removing the filth for one week.”⁴⁵ Six weeks later, with camp police still an issue, Clay attempted to shame the officers for their neglect. “... Will Officers never learn that attention to the health and comfort of the men is perhaps the most important and honorable of their duties?”⁴⁶

The militia naturally suffered from the same illnesses as the regular army. Within the 4th Division of the Ohio Militia during the summer of 1812, a “poisonous malaria, generated by the luxuriant vegetation ... taking the form of intermittent fever” incapacitated the garrison of Camp Avery on the Huron River.⁴⁷ Dr. Manning, regimental surgeon at Camp Avery, upon arrival at Huron found the garrison’s physician, Doctor Peter Allen and his mate, Dr. Goodwin of Burton, both sick. Manning remained at Huron while Allen and Goodwin returned home to recover. To assist Manning, Brigadier General Simon Perkins detailed “six healthy men” to serve in the hospital; two as attendants and four as nurses.⁴⁸ Reverend Joseph Badger, an itinerant preacher who would later blaze the trail from Huron to the Rapids, replaced Manning in November 1812 and served as both chaplain and nurse. According to one report, Badger pounded corn and made hasty pudding and called it “priestcraft”, a concoction “more popular than the surgeon’s prescriptions of calomel and jalap.”⁴⁹ Two years later, Dr. Boulton described the lake shore area where many of the militia was stationed as, “astonishingly fruitful in the productivity of marsh miasmata”, poisonous vapors believed to cause disease.⁵⁰

The arrival of cold weather exacerbated conditions. The thinly clad and poorly shod soldiers, both regulars and militia, suffered severely. The men of Edward Tupper’s column lacked shoes and stockings as did Lieutenant Colonel Campbell’s regulars. During the Mississinewa Expedition in December 1812, Campbell reported many of his men were so badly frost bitten that he expected some to lose their toes.⁵¹ In the left wing of the army under General Winchester, “typhus fever raged with violence, so that sometimes three or four would die in a day. Upwards of three hundred were daily on the sick-list...”⁵²

Although a general hospital existed at the 8th Military District headquarters in Chillicothe and another in Urbana, they were not comparable to those the Army established in New York or Vermont. To care for the sick and injured, the Northwestern Army primarily relied upon regimental-level facilities. In the field, the hospital at Fort Winchester measured 18 by 24 feet where many of the sick and convalescents were left when Winchester marched to the Rapids. Stanton Sholes, a captain in the Second Artillery, erected a 20 by 30 foot hospital in Cleveland to care for the sick of Hull’s paroled army. Sholes equipped his hospital with “a double tier of bunks lined the log walls and bark covered the floor.”⁵³ Doctor Emmons G. Gould established a similar facility at Urbana and, at Fort Meigs during and after the first siege, the sick and wounded were cared for in the blockhouses and in tents, some laying on rails “barely sufficient to keep them out of the water”.⁵⁴ An Ohio militia man described the treatment facility in Detroit: “...several houses were occupied for the benefit of the sick; they were dignified with the name of *hospitals!* The smell was enough to make a well man sick in five minutes.”⁵⁵

Along the Niagara front, where many of Ohio’s regulars served after the Battle of the Thames, Major William A. Trimble of the 19th Regiment assumed command of the temporary hospital at Buffalo, created to care for the wounded and convalescent from the fighting earlier that summer.

To help with the large number of casualties, the Adjutant General's Office at Queenston directed all women attached to the army to "pass to Buffalo and be employed in the hospital."⁵⁶ Later that year, Captain Daniel Holt commanded the detachment of convalescent soldiers of the consolidated 17th and 19th Infantry Regiments at Buffalo. Doctors Perrine and Tebbs assisted Holt, but conditions were poor at best. In December 1814, Holt wrote the Adjutant General stating he had 120 men under his command, but lacked camp equipage, medical stores, blankets, and tents. He added that those items could not be obtained through the deputy quarter master. Holt's complaints resulted in several of the sickest men sent to the general hospital at Williamsville, New York, and issuance of the necessary supplies and medical stores. In February 1815, Holt, with "80 or 90 men well enough to travel" rejoined the regiment in Erie.⁵⁷

Recovering officers enjoyed the privileges of rank and could apply for a leave of absence to recuperate at home. Surgeons would attest to the officer's condition and the officer would then request permission to go home through his chain of command. He would also sometimes notify the War Department of his pending absence. If an extension was wanted, the officer would contact the Adjutant General for permission. In all cases, a surgeon's certificate was required to return home.

In late 1814, Doctor Adam Hays wrote about the overall medical situation in the 8th Military District. Noting that all but one regimental surgeon had resigned, Hays detailed the medical staff available. The 2nd Rifle Regiment had a surgeon's mate, but the surgeon had resigned. The 17th Regiment of Infantry had two surgeon's mates, but no surgeon. The 19th Regiment fared the best with Dr. Robert Moore as its surgeon who enjoyed the assistance of a surgeon's mate. The 28th Regiment had neither a surgeon nor any mates; Dr. Boulton had "fled for his life" in fear for his health. Hays added that he had no mate to assist him and there was but a single garrison surgeon's mate in Detroit.⁵⁸ He noted that "there has been no kind of system in this district, but [he would] endeavor to cleanse the Augean stable." He recommended completing the regimental medical staff and sending out two hospital mates and three garrison surgeons to replace the contract physicians. Hays hinted that he also might "take the rank of civilian" because the situation was so dire. Upon receipt of Hays' letter, Tilton endorsed Hays recommendations, commenting, "I suppose the service to be severe in the 8th District."⁵⁹

Nothing resulted from Hays' suggestions. Medical support for the Northwestern Army in 1814 and 1815 remained as it had been in 1812 and 1813: individual surgeon's attempting to do the best they could with what was available. With the return of the Army to a peace establishment, and the arrival of spring, the sick and the convalescent returned home to recover. Apparently, no general hospital remained functioning in the 8th Military District after the war to care for those veterans who were too sick or injured to travel.

Probably the single most significant lesson the Army's medical community learned from these wartime experiences was an awareness of the lost opportunities to advance the state of military medicine the war had presented. After the war, the War Department created a permanent medical organization to plan and conduct studies on the effectiveness of various forms of treatment and assist in campaign planning. It took longer, though, before the military conceded that physicians and not line officers were the individuals best qualified to evaluate the health of the troops.

¹See Mary C. Gillette, *The Army Medical Department, 1775 – 1818*. (Center of Military History: Washington, D.C., 1981) for a thorough description of Army medical practices of the period and from which this monograph has liberally drawn. Dr. Greg Baran has also contributed significantly to this article and his insight and suggestions are greatly appreciated.

² Congress appropriated \$264,576 for forage; other appropriations included \$8,505,360 for army and militia pay; \$460,000 for camp and field equipage; \$2,540,000 for bounties and premiums, \$2,036,000 for clothing; \$3,500,000 for the Quarter Master Department; \$700,000 for ordnance stores; and \$500,000 for fortification. *Niles Weekly Register*, Volume 6, 33 and 41.

³ The 17th and 19th Infantry Regiments, two units that saw more active service than the other Ohio regiments, seldom had their full complement of medical personnel. The 26th Regiment had a single surgeon's mate to minister to its soldiers. The 27th Regiment benefitted from the services of both a surgeon and a surgeon's mate. The surgeon for the 2nd Rifle Regiment, formerly of the 19th Regiment, resigned when ordered to Detroit in late 1814, leaving the regiment with a single surgeon's mate.

⁴Green Clay to Captain M. Harrison, 8 July 1813, Fort Meigs, David Trimble Papers.

⁵ Todd to Bell, 22 July 1814, Chillicothe, M566, Roll 59, NARA.

⁶ Todd to Bell, 16 August 1814, Chillicothe, M566, Roll 59, NARA

⁷Hull to Eustis, 9 June 1812, Urbana, *Document Transcriptions of the War of 1812 in the Northwest, Vol. 7, Letters to the Secretary of War, 1812, Relating to the War of 1812 in the Northwest*. Richard C. Knopf, (Anthony Wayne Parkway Board. Columbus: Ohio State Museum. 1957).

⁸Pendergrast to Cushing, 22 January 1813, Upper Sandusky, M566, Roll 29, NARA.

⁹ Thomas A. Smith to Adjutant and Inspector General, 7 December 1813, Sackett's Harbor, M566, Roll 32, NARA.

¹⁰ Martin to Dallas, 22 March 1815, New York, M566, Roll 75, NARA.

¹¹Horne to Gano, 11 July 1812, Detroit, *QPHPSO*, 15 (January-June 1920): 72-75.

¹² "Robert Yost, His Book", *Ohio History* (Volume 23), 154

¹³ Riplett to Secretary of State, Loudon, 17 August 1814, M566, Roll 59, NARA.

¹⁴ Carbery to Gardner, Washington, 12 December 1814, *ibid*.

¹⁵Miller to Worthington, 24 November 1812, *Document Transcriptions of the War of 1812 in the Northwest, Vol. 3, Thomas Worthington and the War of 1812 in the Northwest*. Richard C. Knopf, (Anthony Wayne Parkway Board. Columbus: Ohio State Museum. 1957).

¹⁶Butler to Monroe, 28 October 1814, Lexington, M566, Roll 38, NARA.

¹⁷ George W. Collum, *Campaigns of the War of 1812 – 15 against Great Britain, Sketched and Criticized; with Brief Biographies of the American Engineers*, (New York: James Miller, 1879), 402-403

¹⁸ Marvin to Tilton, 18 October 1814, New Lisbon, Ohio, William Trimble Papers, Ohio Historical Society.

¹⁹Samuel R. Brown, *View of the Campaigns of the North-Western Army, &c. comprising sketches of the campaigns of Generals Hull and Harrison*, (Troy, NY: Adancourt, 1814), 114.

²⁰ Alexander A. Meek to Major General Gano, Detroit, 11 November 1813, "Selections from the Gano Papers", *QPHPSO*, Vol. 17, Issue 3, 99-100. Also, Phillips F. Greene, "Levi Rogers: Frontier Doctor, Pastor, and Statesman", *The Ohio State Medical Journal*, No. 62, (1966); Campbell to Cushing, 24 May 1813, Chillicothe, M566, Roll 39NARA; Harrison to Armstrong, 19 May 1813, Franklinton, *Document Transcriptions*, Vol. 7.

²¹Martin to Bell, 19 July 1814, Erie, M566, Roll 5, NARA..

²²Tilton to Monroe, 5 December 1814, Wilmington, M566, Roll 59, NARA.

²³*Alfred Brunson, A Western Pioneer: or, incidents in the life and times of Rev, Alfred Brunson, A.M., D.D., embracing a period of over seventy years* written by himself. (Cincinnati: Hitchcock and Walden, 1872), 149.

²⁴ Yost, 152

²⁵C. Lanier to Meigs, 8 Sep 1812, Ft Greenville, *Document Transcriptions of the War of 1812 in the Northwest, Vol. 2, Return Jonathon Meigs, Jr. and the War of 1812 in the Northwest*.

²⁶Tupper to Meigs, 24 December 1812, Near McArthurs Block House, *ibid*.

²⁷Nathaniel L. Boulton to Tilton, 2 January 1815, Chillicothe, M566, Roll 65, NARA. Doctor Boulton exaggerated the disparity in salaries between contract and public physicians, Regular army surgeons received \$45 a month in 1813 and surgeon's mates received \$30.

²⁸ Harrison to Armstrong, 9 July 1813, Cleveland, Logan Esary, *Messages and Letters of William Henry Harrison*, Vol. 2, (Indianapolis: Indiana Historical Commission), 485-486.

²⁹*Muskingum Messenger*, (Zanesville, Ohio), 9 February 1814, Roll 14478, Ohio Historical Society.

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- ³⁰Paul to Armstrong, 29 June 1814, M566, Roll 54, NARA.
- ³¹General Orders, Camp near Defiance, 1 October 1812, "Papers and Orderly Book of Brigadier General James Winchester".
- ³²*Register, Rules and Regulations for the Army*, 2 May 1815.
- ³³Tilton to Monroe, 31 December 1814, Wilmington, DE, Semi-annual report, M221, Roll 66, NARA.
- ³⁴"Monthly Report of the Sick in the Detachments of the 17th, 19th, and 26th Regiments, commanded by Major G. Tod at Sackett's Harbor for the month of January 1814", George Tod Collection, Western Reserve Historical Society Archives, MS 3202, container 2, folder 4, courtesy of Eric Johnson.
- ³⁵*Niles Weekly Register*, 9 January 1813, Vol. III, 296.
- ³⁶Armstrong to Harrison, 14 July 1813, War Department, *Document Transcriptions*, Vol.1.
- ³⁷Howard Dittrick, "The Equipment, Instruments, and Drugs of Pioneer Physicians of Ohio", *Ohio History*, 48, 206.
- ³⁸George Tod Papers, MSS 3202, Folder 4, Western Reserve Historical Society.
- ³⁹Edwards to Eustis, 16 October 1812, Dayton, *Document Transcriptions*, Vol.7.
- ⁴⁰"Papers and Orderly Book of Brigadier General James Winchester", 264-5.
- ⁴¹Allen J. Ferguson, "A Personal Inventory from the War of 1812", *Military Collector and Historian*, Vol. 34, No. 3.
- ⁴²Campbell to Rogers, 17 June 1813, Chillicothe, NARA, M566, Roll 20. Von Steuben's *Regulations for the Order and Discipline of Troops of the United States*, still in widespread use during the War of 1812, provided general guidance for the overall preservation of health and the prevention of disease. Lessons learned from the Revolutionary War identified many of the basic concepts of preventive medicine to include immunization, location and design of campsites and shelters, sanitation, disposal of excreta and waste, protection of water supplies, and reduction of disease transmission. Experience showed, and orders dictated, that soldiers should air their bedding, keep their clothing clean, wash their hands two or three times a day, properly cook their meals, and dispose of offal and refuse. Line officers were to conduct periodic inspections of the camps to ensure compliance.
- ⁴³Lindley, *Fort Meigs and the War of 1812*, 4.
- ⁴⁴General Order, Camp Meigs, 16 May 1813, David Trimble Papers, MSS 1990, Folder 1, Ross County Historical Society.
- ⁴⁵General Orders, 10 May 1813, Camp Meiggs, "Prologue to Victory, General Orders, Fort Meigs to Put-in-Bay April-September 1813", *The Register of the Kentucky Historical Association*, Vol. 60, (1962).
- ⁴⁶*Ibid.*, 29 June 1813
- ⁴⁷Whittlesey, "General Wadsworth's Division, War of 1812", 119.
- ⁴⁸General Order, 21 October 1812, Camp Avery, Perkins Papers, MSS 5132, Folder 39B, Western Reserve Historical Society.
- ⁴⁹"General Wadsworth's Division, War of 1812", 119.
- ⁵⁰Boulton to Tilton, 9 October 1814, Cleveland, Enclosure to Tilton's letter, M566, Roll 59, NARA.
- ⁵¹Harrison and Campbell to Monroe, 3 January 1813, Franklinton, in John Brannon, *Official Letters of Military and Naval Officers of the United States during the War with Great Britain in the Years 1812, '13, '14 & 15*. (Washington: Way and Gideon, 1823), 115-116.
- ⁵²McAfee, *History of the Late War in the Western Country*, 185.
- ⁵³Stanton Sholes, "A Narrative of the Western Campaign of 1813", *The Mississippi Valley Historical Review*, Vol. 15, No. 4 (March, 1929), 519-520.
- ⁵⁴Larry L. Nelson, *Men of Patriotism, Courage, & Enterprise, Fort Meigs in the War of 1812*, (Heritage Books, 2003), 84.
- ⁵⁵Brown, *View of the Campaigns of the North-Western Army*, 114
- ⁵⁶General Orders, Adjutant Generals Office, 22 July 1814, Queenston, William. A. Trimble Papers, MSS 267, Box 1, Ohio Historical Society.
- ⁵⁷Holt to Gardner, 2 December 1814 and 1 February 1815, Camp near Buffalo, M566, Rolls 47 and 72, NARA.
- ⁵⁸Hays to Tilton, 2 January 1815, Chillicothe, enclosure to Tilton's letter of 15 January to Parker, M566, Roll 82, NARA.
- ⁵⁹Tilton to Parker, 17 January 1815, Wilmington, M566, Roll 82, NARA.