

KENTUCKY CIVIL WAR RECRUITS: A MEDICAL PROFILE*

by

JOHN DAVID SMITH**

The Civil War remains the most thoroughly explored field for research among American historians. Battles are fought and refought, strategies analysed in the light of modern military thought, and seemingly every minute aspect of the Brothers' War is probed, then probed again. Yet with the exception of Bell I. Wiley,¹ George W. Adams,² Horace H. Cunningham,³ and a few others,⁴ historians have devoted surprisingly little attention to the medical side of the conflict. Whereas most previous studies focus on medical conditions in camp or at the front, little is known of the medical history of the civilian soldier who fought the fight.

This article is a medical analysis of men enrolled in the Civil War drafts from one state, Kentucky. Fortunately, eight Kentucky doctors left detailed reports of the induction physicals which they conducted in the years 1863-1865. Not only do these afford invaluable insights into the health of the Union Army's rank and file, but the reports provide a barometer of the state of American medicine at mid-nineteenth century.

Medical examiners in Kentucky, like those throughout the other Union states, were overworked, underpaid, and subjected to harassment.⁵ One veteran Kentucky military doctor, E. P. Buckner, considered "the examination of men for military service . . . the most responsible, laborious, trying, sometimes perplexing, and often most thankless, work that a surgeon is ever called upon to perform."⁶ Buckner joined seven other

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**John David Smith, A.B., A.M., Ph.D., Director, Historic Columbia Foundation, 1616 Blanding Street, Columbia, S.C. 29201, U.S.A.

¹ Wiley, *The life of Billy Yank: the common soldier of the Union*, Indianapolis, Bobbs-Merrill, 1962, (1st ed. 1952), pp. 124-151.

² Adams, *Doctors in blue: the medical history of the Union Army in the Civil War*, New York, H. Schuman, 1952.

³ Cunningham, *Doctors in gray: the Confederate Medical Service*, Baton Rouge, Louisiana State University Press, 1958.

⁴ Richard H. Shryock, 'A medical perspective on the Civil War', *Medicine in America: historical essays*, Baltimore, Md., John Hopkins University Press, 1966, pp. 90-108; Stewart Brooks, *Civil War medicine*, Springfield, Ill., C. C. Thomas, 1966; Paul E. Steiner, *Diseases in the Civil War: natural biological warfare in 1861-1865*, Springfield, Ill., C. C. Thomas, 1968; John David Smith, 'The health of Vermont's Civil War recruits', *Vermont History*, summer 1975, 43: 185-192.

⁵ See Eugene C. Murdock, 'Pity the poor surgeon', *Civil War History*, March 1969, 16: 18-36.

⁶ J. H. Baxter (compiler), *Statistics, medical and anthropological of the Provost-Marshal-General's Bureau, derived from records of the examination for military service in the armies of the United States during the late War of the Rebellion of over a million recruits, drafted men, substitutes, and enrolled men*, 2 vols., Washington, D.C., U.S. Government Printing Office, 1875, vol. 1, p. 372. This source will be cited hereinafter as SMA.

military surgeons from the Commonwealth who filed reports summarizing the medical condition of more than 38,000 men they had examined preparatory for military service. Since Buckner and his colleagues – Drs. John M. Best, John W. Compton, John C. Maxwell, James Gardner, Stephen F. Gano, James D. Foster, and Alfred Spalding – examined men in eight of Kentucky's nine congressional districts, their summaries give a thorough survey of medical conditions in the state.⁷

Congressional districts were the local units for the administration of the four Civil War drafts of July 1863, and March, July, and December 1864. Conscription represented a last-ditch effort by the Lincoln government to fill ranks depleted by battlefield casualties, medical unfitness, and large-scale desertion. By the summer of 1862, enlistments had slowed to a trickle. The early volunteers, seduced by visions of glory and glamour, learned quickly the horrors, hardships, and deprivations of war. Badly in need of men, the Union implemented a draft system, almost a year after the Confederacy had resorted to the same expedient.⁸ Conscription is seldom popular, but less so in a democracy. Northerners objected violently.⁹ In Eugene C. Murdock's words, they considered it "un-American . . . coercive; it was almost unpatriotic to allow one's community to be drafted; the draft simply had no place in a free society."¹⁰

The Enrollment Act of 3 March 1863 created the Provost-Marshal-General's Bureau of the War Department and thereby established the machinery to implement the draft.¹¹ Prior to a draft, a complete enrollment of all men liable for service was made of males, twenty to forty-five years old. Each congressional district contained a board of enrollment composed of three men: a Provost-Marshal, a Commissioner, and "a licensed and practicing physician and surgeon."¹² The act specified clearly that all draftees were to "be carefully inspected by the Surgeon of the board, who shall truly report to the board the physical condition of each one."¹³ In accordance with the Enrollment Act, boards of enrollment were established in Kentucky's congressional districts in May and June 1863.¹⁴

⁷ No report was filed from the Third Congressional District.

⁸ Most historians agree that the Civil War draft in the North was really designed to stimulate volunteers. Although only 46,347 men were drafted, over one million men were enlisted in the last two years of the war. See Fred Albert Shannon, *The organization and administration of the Union Army*, 2 vols., Cleveland, Ohio, Arthur H. Clark, 1928, vol. 1, pp. 259-323; Allan Nevins, *The War for the Union*, 4 vols., New York, Scribner, 1960, vol. 2, pp. 462-466; vol. 3, pp. 128-130; Eugene Converse Murdock, *Patriotism Limited, 1862-1865: the Civil War draft and the bounty system*, Kent, Ohio, Kent State University Press, 1967, p. 13 and chapters 1-3; *idem*, *One million men: the Civil War draft in the North*, Madison, State Historical Society of Wisconsin, 1971, *passim*.

⁹ See, for example, Adrian Cook, *The armies of the streets: the New York City draft riots of 1863*, Lexington, University Press of Kentucky, 1974.

¹⁰ Murdock, *op. cit.*, note 8 above, p. 4.

¹¹ Shannon, *op. cit.*, note 8 above, vol. 1, pp. 295-323; and vol. 2, pp. 106, 116, 121-125.

¹² U.S. Congress, *United States Statutes at large*, XII: 36th-37th Congress, 1859-1863, Session III, Boston, Mass., Little, Brown, 1863, pp. 732, 733.

¹³ *Ibid.*

¹⁴ U.S. War Department, *The War of the Rebellion: a compilation of the official records of the Union and Confederate armies*, 127 vols., and index, Washington, D.C., U.S. Government Printing Office, 1880-1902, Ser. III, vol. 5, p. 908. This source will be cited hereinafter as OR. The boundaries, composition, and headquarters of each of Kentucky's districts are found in SMA, vol. 1, p. 510. Kentuckians fiercely resisted conscription. According to E. Merton Coulter, the two 1864 drafts in the Commonwealth "were failures in every respect. It was difficult even to set the machinery to working as enrolling officers were hard to find." *The Civil War and readjustment in Kentucky*, Gloucester, Mass., Peter Smith, 1966, (1st ed. 1926), p. 190. So

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What little is known about Kentucky's medical examiners indicates that they were a diverse group. In 1863 four of the surgeons – Best, Maxwell, Spalding, and Gano – spanned the ages of forty to fifty-six years.¹⁵ Although a native Ohioan, in the antebellum years Best lived in McCracken County, Kentucky.¹⁶ Maxwell assumed his position with combat experience, having served as surgeon with the 37th Kentucky Mounted Infantry.¹⁷ In July 1863, Confederate forces set ablaze his Marion County home during the Third Battle of Lebanon.¹⁸ Spalding received his M.D. degree in 1843 from Dartmouth, in his native New Hampshire. After settling in Kentucky, he purchased an iron foundry in Greenup County and became one of the better-known horse breeders in eastern Kentucky.¹⁹ Gano graduated from Transylvania University's strong Medical Department in 1828 and later emerged as one of central Kentucky's foremost physicians. As early as 1837, he represented Scott County as a Whig in the Kentucky legislature. Later in the century Gano was a leader in the Kentucky State Grange.²⁰

Compton, Gardner, and Foster left even less of a record of their lives. Like Maxwell, the first two men served with volunteer regiments, the 17th and 24th Kentucky Infantries respectively, before joining their boards of enrollment.²¹ Foster, one of Laurel County's pioneer physicians, performed government service again in 1885 – this time examining the Civil War veterans applying for pensions.²² Except for his official report, Buckner remains an unknown figure.

Statistics indicate that these Kentucky physicians worked briskly.²³ Each examined more than forty men per day, according to the Provost-Marshal-General's Bureau, the "fair average, . . . that can be examined per day with accuracy."²⁴ In the Second Congressional District, for example, Compton examined the largest number of men, approximately 8,500 over a period of twenty-one and one-half months. His claim of examining one hundred men per day²⁵ raises doubts about Compton's thoroughness,

opposed were they to the draft, that only 7.3 per cent (1,900 of 26,000) Kentuckians drafted in 1864 were held to personal service. The remainder either furnished substitutes or paid commutation money. See 'Drafts in Kentucky during Civil War', *Senate Documents, IX: 61st Congress, 1909, 1st Session*, Washington, D.C., U.S. Government Printing Office, 1909, p. 5. Kentucky had the eighth largest total amount of commutation money paid by any of the states. Murdock, *op. cit.*, note 8 above, p. 31.

¹⁵ Ages were obtained from the following sources: Best – Seventh Census of the United States, McCracken County, Kentucky, Schedule I, p. 143; Maxwell – *ibid.*, Marion County, Kentucky, Schedule I, p. 343; Spalding – *The biographical encyclopedia of Kentucky*, Cincinnati, Ohio, J. M. Armstrong, 1878, p. 233; Gano – *ibid.*, p. 632.

¹⁶ Seventh Census, McCracken County, Schedule I, p. 143.

¹⁷ SMA, vol. 1, p. 370.

¹⁸ Richard H. Collins, *History of Kentucky*, 2 vols., Covington, Kentucky, Collins, 1878, (1st ed., 1874), vol. 2, p. 540.

¹⁹ *Biographical encyclopedia of Kentucky*, *op. cit.*, note 15 above, pp. 233-234.

²⁰ *Ibid.*, p. 632; Collins, *op. cit.*, note 18 above, vol. 2, p. 697.

²¹ Unit numbers were obtained from Civil War pension application cards, National Archives, Washington D.C. See also, Thomas Speed, *The Union regiments of Kentucky*, Louisville, Kentucky, Union Soldiers and Sailors Monument Association, 1897, pp. 457, 531.

²² Russell Dyche, *Laurel County, Kentucky*, London, Kentucky, *Sentinel-Echo*, 1954, pp. 95, 129, 139, 143, 149, 205.

²³ Collectively the doctors examined 38,396 men. Buckner, Gano, and Foster each served as examining surgeons for twenty-sixth months, the longest tenure among Kentucky's surgeons. The remaining physicians held their positions for twenty-two months or less. SMA, vol. 1, p. 505.

²⁴ Dr. J. H. Baxter in OR, Ser III, vol. 5, p. 764.

²⁵ SMA, vol. 1, pp. 365, 367.

however. Gardner, Buckner, and Maxwell each examined between four and eight thousand men at an average daily rate of seventy-five.²⁶ Stationed in the populous Bluegrass region for twenty-sixth months, Gano examined more than four thousand men.²⁷ Best and Spalding, located in more sparsely settled sections of the state, examined less than that number.²⁸ Best's daily rate of examination, forty-five, was the lowest among the doctors, but his examinations probably were conducted with more care than were those of his colleagues.²⁹

The doctors examined four classes of men: enrollees,³⁰ draftees, recruits (or volunteers), and substitutes. In their reports the physicians commented on a variety of subjects including the diseases endemic to the districts, their causes, and disqualifying infirmities of the prospective soldiers. Reports also discussed the frauds attempted by the four categories of men. Two features of the reports are the doctors' conclusions on the best-suited nationalities for military service, and the qualifications of blacks for army duty.³¹ These reports provide an invaluable medical profile of Kentucky's Civil War recruits.

Collectively the doctors identified forty-three different diseases prevalent in their congressional districts.³² In one respect, this multiplicity of diseases was in line with American medical thought at mid-nineteenth century, especially what medical historian Richard H. Shryock terms "its emphasis upon specific diseases rather than . . . on the general state of the patient's 'system.'"³³ Practitioners in these years focused more clearly on particular diseases or injuries *sui generis* than on the condition of the "total" patient. The emphasis of the 1860s on specificity appears dramatically in the doctors' reports. Few of them, in fact, cited the same illnesses. No disease was named by all eight. The long list of diseases reflects to a great degree the lack of

²⁶ Ibid, pp. 371, 372, 373, 377, 370.

²⁷ Ibid., p. 381.

²⁸ Ibid., pp. 363, 384. Best and Spalding examined 2,312 and 1,734 men, respectively. Spalding listed his examinees by race: 932 whites, 802 blacks.

²⁹ Ibid., p. 363. Required to examine between 75 and 125 men daily, the doctors could not possibly have given each man careful inspection. See 'Historical Report - Enrollment Branch, Provost-Marshal-General's Bureau', printed in OR, Ser. III, vol. 5, p. 717. On the carelessness and incompetence of some Civil War examining surgeons, see Adams, op. cit., note 2 above, pp. 11-13. "Judged by modern standards, the best of them [Civil War surgeons] were deplorably ignorant and badly trained. But in comparison with the older generation of practicing physicians of their own time they appear in a better light." (p. 49).

³⁰ Enrollees were an unusual classification and, among Kentucky's examining surgeons, were cited by only Buckner and Foster. Enrollees were "men who had been enrolled, but who believed that they were disqualified by physical infirmity . . . [and] present[ed] themselves voluntarily to the medical officer for examination. If their claim for exemption proved to be well founded, their names were erased from the rolls; but if otherwise, they continued, like others, to be liable to the draft." SMA, vol. 1 p. 3. Foster examined approximately 2,000 men in this category. Buckner reported that he was able to examine 50-60 such men per day. He implied that they were less liable to attempt frauds than substitutes, but more prone to feign illnesses than draftees. All in all, Buckner rated enrolled men "generally pitiable and contemptible; pitiable for their despicable lack of patriotism and manliness, and contemptible because of their utter destitution of honest purpose and truthfulness." Ibid., pp. 382, 377, 373. The total number of Kentucky males enrolled for the Civil War drafts was 104,082. *Final report to the Secretary of War, by the Provost Marshal General of the operations of the Bureau of the Provost Marshal General of the United States*, House Executive Documents, IV, part 1, 39th Congress, 1st Session, Washington, D.C., U.S. Government Printing Office, 1866, p. 158. This source will be cited hereinafter as FRPMG.

³¹ See Dr. J. H. Baxter to examining surgeons, 1 May 1865, in SMA, vol 1, pp, 161-162.

³² Ibid., vol. 1, pp. 363, 366, 371, 373-374, 383.

³³ Shryock, op. cit., note 4 above, p. 98.

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uniformity of nomenclature and the sparse knowledge of the causes of disease.³⁴ Significantly, such common infirmities as bronchitis, tonsillitis, asthma, neuralgia, and heart disease were reported by just one physician.³⁵ After uncovering a district's prevalent diseases the examining surgeon next diagnosed their causes.

American physicians at mid-nineteenth century lagged notably behind their European colleagues in diagnostic medicine. Not only did American military doctors fail to keep abreast of the latest surgical methods, but they rarely employed the simplest instruments – achromatic microscopes, clinical thermometers, and stethoscopes – introduced in Europe years before. American surgeons of the 1860s worked before the discoveries of Pasteur and Koch, and therefore were unfamiliar with bacteriology and the germ theory of disease.³⁶ Civil War era practitioners believed that infections were disseminated through the air by “noxious miasmas” caused by filth. Military doctors, according to Shryock, subscribed to “the sanitary ideal of the era: the conviction that pure water, good food, fresh air, and general cleanliness would prevent nearly all human ills.”³⁷

Kentucky's military surgeons placed much faith in the “miasmatic thesis”. Several explained disease as a function of physiography, climate, and atmospheric conditions. Sudden and violent changes of temperature, humidity, dampness, and stagnant water – what Best called “peculiar electric states of the air and earth” – fomented illnesses.³⁸ Diet, too, was considered a major cause of disease. Kentuckians were prone to eat and drink in excess, wrote Gano. In Buckner's judgment the people ate an overabundance of hot bread, pork, and ham. “They retire . . . early,” he added, “with their stomachs filled with ill-masticated and indigestible food; hence dyspepsia.” He also blamed maladies on Kentucky “*mean whiskey*”. Among eastern Kentuckians, Spalding saw a possible link between physical impairment and the citizens' “rather immoderate use of tobacco”. Foster reported still another explanation for disease – psychological causes. In the Eighth District, he explained, citizens were so harassed by Confederate cavalry and guerilla bands, that “Anxiety and fear have been the most prolific causes of disease.”³⁹

The best measure of the health of Kentucky's Civil War recruits is an analysis,

³⁴ Intermittent fever and simple pneumonia were listed by five doctors; bilious fever, typhoid fever, and rheumatism by four; and remittent fever and dysentery by three. Eight maladies – typhoid pneumonia, dyspepsia, diphtheria, flux, diarrhoea, pleurisy, tubercular deposits, and bowel disease – were reported by two doctors. The remaining twenty-eight ailments were noted only one time each, with by far the greatest number of these in the reports of Best and Buckner.

³⁵ This distribution was compiled from the prevailing diseases listed by each of the surgeons. See note 32 above.

³⁶ According to Shryock, *op. cit.*, note 4 above, p. 93, “American surgeons of the 1860's were either unfamiliar with bacteriology or did not take it seriously.” But the work of such pioneers as Pasteur and Koch came too late to affect the Civil War military surgeons. See Adams, *op. cit.*, note 2 above, p. 50.

³⁷ Shryock, *op. cit.*, note 4 above, pp. 102, 93, 103; *The development of modern medicine*, New York, Knopf, 1947, pp. 183-184; ‘Medicine and society in transition, 1820-1860’, *Medicine and society in America*, New York University Press, 1960, p. 135; Adams, *op. cit.*, note 2 above, p. 51; John Duffy, *The healers: the rise of the medical establishment*, New York, McGraw-Hill, 1976, pp. 98, 218, 230. The standard heroic therapeutic treatments of the Civil War era were bleeding, blistering, purging, and the administration of large doses of dangerous drugs, especially calomel. See James O. Breeden, *Joseph Jones, M.D.: scientist of the Old South*, Lexington, University Press of Kentucky, 1975, pp. 54, 126.

³⁸ SMA, vol.1, pp. 363, 366, 374, 381, 382, 385. Each of the doctors devoted considerable space in their reports to the physiographic and disease environments of their respective districts.

³⁹ *Ibid.*, pp. 382, 374, 385, 383.

descriptive and quantitative, of the diseases which disqualified the majority of men. In their reports each physician described those infirmities which most frequently led to exemptions. Exhibiting the medical thought of their day on the nature of disease, the doctors responded in generalities or cited symptoms of diseases as diseases.⁴⁰ Maxwell, for example, replied that the maladies he encountered in the Fourth District were “nothing special”, just “the ordinary diseases incident to any people.”⁴¹ Fortunately, others were more specific. The three ailments which most often led to exemptions were hernia, organic disease of the internal organs, and fractures. In Compton’s examinees, hernias resulted from overt strenuous work – clearing land, erecting buildings, training horses, and working coal mines.⁴² Organic diseases of the internal organs encompassed a number of specific disorders and Buckner used this category to exempt men with chronic pleurisy, pneumonia, bronchitis, asthma, and bowel, liver, and kidney diseases.⁴³ Gano’s list of organic disorders which disqualified potential soldiers included, in order of frequency, diseases of the stomach, bowels, liver, digestive organs, and lungs.⁴⁴ Foster exempted twenty-seven men for haemorrhage of the lungs and chronic bronchitis, twenty-one for chronic dyspepsia, and nineteen for chronic gastritis.⁴⁵ Fractures and irreducible bone dislocations from falls – injuries often incurred in farm work – also took their toll among the examinees. Less frequently cited disqualifications were wounds, loss of teeth, varicose veins, tuberculosis, and illnesses resulting from malaria.

In 1865 the War Department published statistics documenting each state’s exemptions in the draft of 14 March 1864. Kentucky’s statistics confirm the examining surgeons’ remarks. Of the 961 Kentuckians exempted from this draft, the ten most common disqualifications and their frequencies were: hernias, 135 cases; fractures and dislocations, 125; organic diseases of internal organs, 91; permanent physical disability, 68; wounds, 65; tuberculosis, 56; loss of teeth, 49; deformities of feet, 36; loss or impairment of eyes, 34; and deformity of chest and curvature of spine, 34. Only fourteen of the more than 4,000 Kentuckians examined were disqualified for mental imbecility and insanity. And, unlike other states in this draft, none was exempted for neck tumours or total loss of nose, voice, or tongue.⁴⁶

The thorniest problem facing the surgeons in their examinations was identifying the numerous frauds perpetrated by the examinees. Frauds fell into two broad categories. On the one hand, enrollees and draftees, hoping to avoid induction into the army at all costs, feigned or magnified pre-existing medical conditions. Recruits and substitutes posed just the opposite problem. These men, eager to enter military service, went to

⁴⁰ The latter problem is especially prevalent in the surgeons’ reports. In his analysis of Confederate medicine, Cunningham warned that Civil War “disease statistics leave something to be desired.” Numerous references to diarrhoea, for example, are misleading. “Since diarrhoea actually is a symptom of many diseases rather than a disease,” explains Cunningham, “many cases diagnosed as dysentery were certainly nothing more than cases of loose bowels.” Op. cit., note 3 above, p. 184.

⁴¹ SMA, vol. 1, p. 370.

⁴² Ibid., p. 367. Of course this is not meant to imply an absolute cause and effect relationship between hard labour and hernia. Hernias are strongly hereditary in nature.

⁴³ Ibid., p. 375.

⁴⁴ Ibid., p. 382.

⁴⁵ Ibid., p. 383.

⁴⁶ United States War Department, *Annual report of the Secretary of War at the second session of the Thirty-Eighth Congress*, Washington, D.C., U.S. Government Printing Office, 1865, Table no. 11, facing p. 66.

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great lengths to conceal infirmities which otherwise would disqualify them from entering the army.⁴⁷

In their reports the doctors dwelt heavily on the problems posed by these frauds. "The resources of their frauds are *numerous*, if not *inexhaustible*," wrote Buckner. "All that *brazen effrontery*, *lying*, and *general rascality* can do they will attempt." "An examining surgeon," he continued, had to be "absolutely incredulous; . . . cautious, watchful, sharp, shrewd, cunning, and quick. . . . Otherwise he will [be]. . . whirled at the will and by the dexterity of every *unfit recruit*, *sound drafted man*, and *rascally substitute*."⁴⁸ Foster considered knowledge of medicine and human nature the best guarantee against imposture. "I might write for a week," he noted, "upon the various tricks and artifices of drafted and enrolled men, recruits, and substitutes."⁴⁹

Kentucky's military surgeons complained most about the feigned diseases and disabilities among draftees. Best listed four pretended ailments which he most frequently observed: hernia, stricture of the urethra, haemorrhoids, and bladder stones. In cases where he suspected that the draftee's urinary disorder was a sham, Best proposed "the introduction of a metallic catheter"; for alleged bladder stones, a long, slender instrument known as "a sound". In most cases the man healed suddenly and miraculously.⁵⁰ Of all the drafted men examined by Buckner, only two "had the candor and honesty to say frankly that there was nothing whatever the matter with them." He became convinced that draftees were liars. They came to the examination with affidavits "carefully and cunningly prepared by some pettifogging dapper case-lawyer" or by a dishonest physician. "The lungs, the heart, the bowels, the kidneys, the liver, the bladder, the anus, and rectum – these," wrote Buckner, "are the *great fortresses* of drafted men."⁵¹ Draftees even resorted to self-mutilation to become exempt from the army. An eastern Kentuckian, for example, cut off two fingers in hopes of avoiding the service. "He was a tall, narrow-chested man," Spalding recalled, "and would have been rejected even with two good hands."⁵² Other fraudulent maladies reported for draftees were deafness, impaired vision, lumbago, rheumatism, heart disease, neuralgia, and consumption.⁵³

Recruits and substitutes employed as many stratagems to enter the army as draftees did to avoid service. In the Fifth Congressional District, Gardner encountered men who were either too young or too old to join the army.⁵⁴ Others, epileptics and men whom Gano termed "imbeciles", tried, albeit unsuccessfully, to conceal their conditions.⁵⁵ Men came before Best and Buckner trying to hide hernias only to discover that the doctors were wise to their ploy. Buckner met numerous recruits, lured to enlist by a high local bounty, with large and knotty varicose veins, severe haemorrhoids, obscure hip ailments, and tubercular deposits. The recruits insisted that

⁴⁷ The pioneer study of medical frauds in the Civil War drafts is Peter T. Harstad, 'Billy Yank through the eyes of the medical examiner', *Rendezvous*, spring 1966, 1: 37-51. See also, Murdock, *One million men*, op. cit., note 8 above, pp. 121-153.

⁴⁸ SMA, vol. 1, p. 373.

⁴⁹ *Ibid.*, p. 384.

⁵⁰ *Ibid.*, pp. 363-364.

⁵¹ *Ibid.*, pp. 377, 378.

⁵² *Ibid.*, p. 387.

⁵³ *Ibid.*, pp. 367, 378, 382, 383.

⁵⁴ *Ibid.*, p. 372.

⁵⁵ *Ibid.*, p. 382.

they were hale and hearty. And substitutes, whom Buckner despised, were even worse. Too often, he wrote, they were “the scamps and scoundrels of the world”, men who tried every ruse “upon the credulity of the surgeon.” In one instance Buckner discovered a hernia in a substitute who claimed perfect health. “The man quickly, as if his modesty were abashed by the exposure of the genitals, clap[ped] his hands to the parts and dexterously reduce[d] it in a moment.” To check for deafness, Buckner closed the man’s nostrils, required him to fill his mouth with air, and then listened closely to discern whether any wind passed through a “perforation in each tympanum.” The doctors had to be on guard for all manners of subterfuge by Kentucky’s bounty-hungry soldiers of fortune.⁵⁶

Just as they were alert to frauds, Kentucky’s medical examiners noted carefully the traits of the nationality groups they examined. Significantly, the doctors believed that certain races were better suited to military life than others. By far most of their examinees were native Americans. The doctors agreed, even with but limited experience examining foreigners, that American citizens were best equipped physically for army duty. According to Best: “The people of the United States, possessing as they do a fine physique, active temperament, and great powers of endurance, including their familiarity with fire-arms and horsemanship, may be successfully compared with any nationality and held as superior to any other in their aptitude for military service.”⁵⁷ Gardner, Gano, and Foster concurred. In their judgment Americans were unsurpassed in physical and mental fitness, what Foster summarized as “symmetry, activity, intelligence, and muscular strength.”⁵⁸ Westerners in general, and Kentuckians in particular, were cited by Compton and Maxwell as natural soldiers. Such men, explained the former surgeon, had benefited from years of fighting the Indians and clearing the frontier. They were “hard-fisted” yeomen, an “athletic and muscular” race, with “the physical ability to do, the bravery to dare, and the intelligence to accomplish the greatest military triumphs.”⁵⁹

Only Maxwell and Buckner specifically compared Kentuckians with men from other nations. It was their opinion that Canadians and Irishmen equalled the physical aptitude of soldiers from the Commonwealth. Buckner praised the Irish as possibly even surpassing Americans in physical prowess. Yet he criticized them for disloyalty and for running away to avoid induction into the army. Buckner had reservations about the Germans he examined too. Unlike the healthy Kentuckians, the Germans were “*physically* worthless.” Revealing his own nativism, Buckner wrote that Kentucky’s German male population had already been rejected from military service by the armies of Europe, and came to America weak and disabled. In their new country they laboured in menial jobs, as tailors, tanners, shoemakers, gardeners, milkmen, vine-dressers, rag-pickers, and small shopkeepers.⁶⁰

⁵⁶ *Ibid.*, pp. 364, 372-373. Unlike the U.S. Government and most of the states, Kentucky refused to offer bounties to stimulate volunteering. Local bounties, however, were paid by the city of Louisville and seventeen counties. Coulter, *op. cit.*, note 14 above, p. 190. The total amount of bounties paid in the Commonwealth was \$692,577, the third lowest figure among all the states and the District of Columbia. See Murdock, *Patriotism Limited*, *op. cit.*, note 8 above, p. 206; and SMA, vol. 1, p. 163.

⁵⁷ SMA, vol. 1, p. 364.

⁵⁸ *Ibid.*, pp. 372, 382, 384. ⁵⁹ *Ibid.*, pp. 367, 368, 370.

⁶⁰ *Ibid.*, pp. 370, 379. Buckner was favourably impressed, however, with the honesty of the German substitutes he examined. See p. 373.

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When these doctors praised the qualifications of their countrymen for military service, they referred to Caucasians, not Negroes. Reflecting the pervasive racial bias of the mid-nineteenth century,⁶¹ in their reports Kentucky's doctors differentiated between "Americans" – meaning whites only – and blacks. The military surgeons approached blacks as aliens, curiosities, objects to be studied and observed, never on a par with the whites.⁶² Such prejudice was national in scope, not limited to the Commonwealth.⁶³ All recognized the implications for social change implicit in the arming of almost 180,000 Afro-Americans to fight the Confederacy.⁶⁴ This was not only the first large-scale use of blacks as soldiers in the history of the United States, but of the western world as well. The Civil War served as a testing ground for the Negro soldier. How would he fight? How would he behave? Kentucky's doctors, almost to a man, credited the Negro with possessing the physical qualities necessary for military service. According to Buckner, "The negro, in many of his physical characteristics, is well calculated to make as good a soldier as ever marched to the field of battle."⁶⁵ The black soldier, praised Compton, displayed "bravery, determination, and physical manhood."⁶⁶ It must be recalled, however, that since their reports were filed *after* the war, the doctors already had ample evidence of the strength of Lincoln's sable arm.

With the exception of Gardner, each of the doctors rated the Negro a superb physical specimen. Spalding was of the opinion that the blacks he examined from Mason, Fleming, Montgomery, and Bath Counties compared "very favorably" with white examinees. A few, he reported, were literate and able to sign their names.⁶⁷ They toiled mostly as farm-hands, labourers in iron furnaces, and as wood-choppers. Others made charcoal or drove teams of horses and mules.⁶⁸ In the Fourth District, where black recruits and substitutes largely filled the draft quotas, Maxwell disqualified a

⁶¹ This subject is evaluated carefully, and from two different perspectives, in George M. Fredrickson, *The black image in the white mind*, New York, Harper & Row, 1971; and John S. Haller jr., *Outcasts from evolution: scientific attitudes of racial inferiority, 1859-1900*, Urbana, University of Illinois Press, 1971. For the development of scientific racism in the antebellum period, see William Stanton, *The leopard's spots: scientific attitudes toward race in America, 1815-1859*, Chicago, University of Chicago Press, 1960.

⁶² The Civil War served as a scientific laboratory for American students of anthropometry. Comparative body measurements of black and white recruits were used in the post-war decades to support institutional racism. See John S. Haller jr., 'Civil War anthropometry: the making of a racial ideology', *Civil War History*, December 1970, 16: 309-324.

⁶³ Writing two and one-half years after Appomattox, a Civil War military surgeon recalled the attitude of the white community, including doctors, toward the use of black troops. "Men looked at this startling innovation with different eyes. The earnest believer in a common humanity rejoiced; the careful statesman hesitated; the prejudiced denounced; and the pure scientist looked upon it as a grand experiment on a scale of such magnitude as to render its results decisive. Every step, therefore, of the enlistment of 180,000 negroes was watched, by friend and foe, with a lively interest." Sanford B. Hunt, 'The Negro as a soldier', *Quart J. psychol. Med. med. Jurispr.*, October 1867, 1: 164.

⁶⁴ The paranoia of white Kentuckians over the question of black troops is the focus of John David Smith, 'The recruitment of Negro soldiers in Kentucky, 1863-1865', *Register of the Kentucky Historical Society*, October 1974, 72: 364-390. In spite of the intense opposition of many citizens of the Commonwealth, 23,703 of the 178,895 Afro-Americans who fought for the Union came from Kentucky. Only Louisiana, with 24,052 black troops, exceeded Kentucky's total. See OR, Ser. III, vol. 5, p. 662.

⁶⁵ SMA, vol. 1, p. 379.

⁶⁶ *Ibid.*, p. 368.

⁶⁷ Unique among the border slave states during the antebellum period, Kentucky did not prohibit the teaching of blacks to read and write. See Clement Eaton, *The freedom of thought struggle in the Old South*, New York, Harper & Row, 1964, p. 129.

⁶⁸ SMA, vol. 1, p. 386.

smaller percentage of blacks on medical grounds than whites. "The colored man in this locality," wrote Maxwell, "if bone and sinew, muscle, chest measurement, and general physique, are the criteria, presents the greatest physical aptitude for military service." Maxwell was confident that the Kentucky Negro, "by reason of his contact with a higher civilization," surpassed blacks in tropical climates and was "fully endowed, physically, . . . to run the race in successful competition with the soldiers of the most favored nationality."⁶⁹

Buckner marvelled that not more than ten per cent of the 1,600 blacks he examined were rejected. On one occasion he examined one hundred Negro recruits and only failed to accept five (three for hernia, one for loss of right eye, one for difficulty with ankle joints). In another instance, of fifteen black draftees who reported for their examination on the same day, none was disqualified. "The same thing could not occur among a like number of white men, except by a miracle," wrote Buckner. Summarizing his observations among black recruits, Buckner noted that blacks rarely suffered from scrofula, haemorrhoids, hernias, fractures, and disorders of the liver, stomach, bowel, kidney, bladder, and heart. They were more prone to rheumatism than whites, however.⁷⁰ Buckner's comments regarding the diet and health of the blacks support some of the most recent scholarship on slave medicine.⁷¹ "Being well fed, upon coarse and common food, but substantial, nutritious, and abundant, they are generally finely developed. The muscles are powerful, the joints large, the chest round and full, and the abdomen rather concave than otherwise."⁷² Significantly, none of the physicians reported any marks on the ex-slaves indicative of beatings or other harsh treatment.

Foster, too, was favourably impressed by the physical condition of the blacks. Yet he had doubts about the intellectual abilities of those he examined in Garrard and Madison Counties.

For symmetry, muscular strength, and endurance, I do not think the Kentucky negro can be surpassed by any people on earth. The stoutest and most muscular men I ever examined were the negroes I examined at this office. If they had the *mental* qualification, I would think the white man was not their superior for military duty. I think the negro, if he was better informed, and, as a consequence, possessed of more moral courage, would be more enduring, as he is certainly more muscular, than the white man.⁷³

The doctors agreed that slavery more than adequately prepared Kentucky's blacks for military duty. Bonded agricultural labour, explained Compton, developed in the average Negro man the great chest and arm strength "which enables him to handle a gun or sword with much facility and effect." And slavery provided blacks with another

⁶⁹ *Ibid.*, p. 370.

⁷⁰ *Ibid.*, p. 379.

⁷¹ Robert William Fogel and Stanley L. Engerman argue that the slaves received more than adequate nutritional and medical care. See *Time on the cross: the economics of American Negro slavery*, Boston, Mass., Little, Brown, 1974, pp. 109-115, 117-126. More recently, Leslie Howard Owens challenged assertions that the slaves were well fed and provided with sufficient medical care: "All things considered, it is doubtful that the slave's diet bestowed upon him even the appearance, if little else, of good health." In Owens' opinion, "Poor judgment, despite economic and humanitarian concerns, brought about continual abandonment of health guidelines as they applied to slave work gangs." *This species of property: slave life and culture in the Old South*, New York, Oxford University Press, 1976, pp. 50, 32, 65. Todd L. Savitt, the foremost student of slave medicine, argues that "Despite their efforts, slaveowners, overseers, and regular and irregular physicians failed to satisfy the health care needs of Virginia's slave population." *Medicine and slavery – the diseases and health care of blacks in antebellum Virginia*, Urbana, University of Illinois Press, 1978, p. 171.

⁷² *SMA*, vol. 1, p. 379.

⁷³ *Ibid.*, p. 384.

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quality considered essential in the soldier, what Compton called training in obedience since childhood, and what Foster mistook for intellectual weakness. According to the former doctor, the black soldier obeyed his officer, just as the slave served his master. "Having an innate idea of time, and possessing unusual imitative powers, he will readily learn the most difficult evolutions." But Compton warned that the Negro soldier in the field required white officers who, like the slave masters, were familiar with "the idiosyncracies of the negro." Military surgeons had to keep a close eye on the blacks, cautioned Compton. Not only did they differ "physiologically and psychologically" from the whites, but their "phlegmatic temperament" made Negroes predisposed to strumous disease.⁷⁴

To Compton's biased eyes, the Negro soldier, much like a child, required constant supervision. When sick, said the surgeon, the black trooper

is entirely incompetent to give a correct history of his case, . . . He complains but little of pain, sleeps much, and seems to feel no interest in his welfare, and generally answers in the affirmative all questions asked him in a medical examination. . . . Nothing is positive or decided in his answers. He will take no medicines of his own accord; every dose should be given him by a reliable nurse. His rations should be measured to him in health and disease, . . . in health he will eat too much, . . . in disease he will eat nothing until convalescent, . . . then eat too much, and of the grossest food he can procure.

Compton also advised doctors to beware of sick blacks under the influence of Afro-American superstitions. So potent were these over the Negro's mind and body, that "they tend to prolong his illness, and frequently . . . destroys his life through his taking some supposed antidote for his poison."⁷⁵

Although Kentucky's medical examiners agreed that blacks made adequate soldiers, their opinions differed as to the Negro's medical make-up. Best and Buckner, for example, credited the Afro-American with possessing almost extraordinary powers of endurance. He was allegedly superior to the white man in resisting fatigue and malaria. So impressed was Buckner with the blacks' endurance that he recommended their use as garrison troops in Southern forts, "as neither a hot climate nor malarial fevers effect them in any material degree."⁷⁶ Implicit in Buckner's remark, however, was the commonly held belief that black troops should be assigned to menial service or fatigue duty. Combat duty was reserved for the superior, Anglo-Saxon race.

Compton reported that blacks were not the physical equals of whites in cold, wet climates, or "exposure of any kind."⁷⁷ Gardner stated categorically that the Negroes he examined were inferior to the whites "physically, in vitality and endurance; . . . Wounds and diseases from which white troops readily recover often prove fatal to the colored."⁷⁸ Others noted specific deficiencies in the black man. While Gano observed that Negroes were defective in the formation of their feet and ankles,⁷⁹ Compton reported that inflammatory diseases ran their course more rapidly in blacks than in whites. They soon became asthenic or typhoid as well. Compton found, not

⁷⁴ *Ibid.*, p. 368.

⁷⁵ *Ibid.*, pp. 368, 369.

⁷⁶ *Ibid.*, p. 380. Buckner asserted, however, that whites surpassed blacks in their ability to endure cold weather. For a discussion of "black" diseases, see Savitt, *op. cit.*, note 71 above, pp. 7-47.

⁷⁷ *SMA*, vol. 1, p. 368.

⁷⁸ *Ibid.*, p. 372. Gardner took special note of the high frequency of ventral hernia among Kentucky blacks, "probably superinduced by neglect during infancy; they being allowed to cry excessively before the abdominal parietes become perfected."

⁷⁹ *Ibid.*, p. 382.

surprisingly, that the Negro responded poorly to antimonials or blood-letting because “both rapidly depress his vital powers, and do irreparable damage if pushed too far.”⁸⁰ Poor eyesight and a susceptibility to scrofula were other ailments which Kentucky’s medical surgeons cited as being peculiar to the Afro-American.⁸¹ Confirming the medical tenets of racial inferiority of his day,⁸² Spalding asserted that the “physical efficiency” of mulattoes was weakened by their white blood. Even so, some of the healthiest blacks he examined were born of mixed unions. One Negro substitute, who must have shocked Spalding’s Victorian sensibilities, was the son of a mulatto father and a white mother. He performed his military duties admirably and throughout his service remained in excellent health.⁸³

Like this black soldier, Kentucky’s Civil War fighting men were generally a healthy lot. According to the Provost-Marshal-General’s *Final report* issued in 1866, the Commonwealth had the fifth lowest percentage of draftees exempted for medical causes from among the twenty-two states and the Districts of Columbia subject to the four Civil War drafts. 21.6 per cent, roughly 4,000 Kentuckians, were disqualified from among nearly 19,000 draftees examined in the state. Only New Jersey, West Virginia, Kansas, and the District of Columbia had lower ratios of exemption.⁸⁴

Their good health explains why some Kentuckians went to such lengths to feign illnesses. Others tried to camouflage pre-existing infirmities. The burden of exposing these fakes and frauds fell upon the poor examining surgeon. As Buckner explained, it took unusual abilities to serve in this capacity. Only a man “who respects himself, who has nerve, purpose, will, and an iron resolution, who loves his country, and is determined to do his whole duty as defined by law,” could shoulder the responsibility.⁸⁵ These qualities were essential for practitioners lacking knowledge of later work by Pasteur and Koch in bacteriology, and Lister in antiseptic surgery. With few medical instruments, and no medical records or laboratory tests to draw upon, Kentucky’s examining surgeons based their diagnoses largely on external symptoms and observation. They touched, probed, listened, and, most importantly, brought a thorough grasp of human nature to the task. The doctors may remain obscure, but their observations afford a unique medical profile of those nameless Kentuckians who fought for the Union.

SUMMARY

This paper analyses the medical reports submitted by Kentucky’s military examining surgeons during the American Civil War. In their induction physicals, the military doctors recorded carefully the diseases endemic to their recruitment districts, their causes, and the disqualifying infirmities of the civilian soldiers they examined. The examinees fell into four categories: enrollees, draftees, volunteers, and substitutes. The doctors devoted considerable attention in their reports to the difficulties they experienced during the examinations, especially the frauds attempted by the four classes of men. Reflecting the racial and scientific attitudes of their day, Kentucky’s military surgeons paid close attention to the capacity of the Negro for military service. The Civil War was a testing ground for the Afro-American soldier. Realizing this, the practitioners raised many of the same questions posed by leading medical men of the mid-nineteenth century. All in all, the Kentucky doctors found their examinees, white and black, to be a hearty and healthy lot. Their observations were well founded. The Commonwealth had the fifth lowest percentage of draftees exempted for medical causes from throughout the Union.

⁸⁰ *Ibid.*, p. 368. ⁸¹ *Ibid.*, pp. 375, 380, 386.

⁸² These are summarized in John S. Haller jr., ‘The Negro and the southern physician: a study of medical and racial attitudes, 1800-1860’, *Med. Hist.*, 1972, 16: 238-253, especially pp. 252-253.

⁸³ SMA, vol. 1, p. 386. See also Hunt, *op. cit.*, note 63 above, p. 176; and Haller, *op. cit.*, note 61 above, pp. 28, 30.

⁸⁴ FRPMG, Table no. 25, p. 487. ⁸⁵ SMA, vol. 1, p. 378.