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Article Summary: The US Army brought medicine to the frontier, accompanying the troops wherever they went. They shared the dangers, hardships, and boredom of the soldiers and their families. Most practiced their profession well, and contract physicians carried a great deal of the work load than the regular officers. The doctors' families often accompanied them to the frontier, establishing homes and rearing and educating their children.

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Photographs / Images: Assistant Surgeon Leonard Wood on mule; Dr Thomas G Mower; Surgeon James P Gimball; Dr Thomas G Maghee; Dr Mary Walker; Assistant Surgeon William H Corbusier; Mrs William (Fanny Dunbar) Corbusier; Corbusier family and quarters, Fort Grant, Arizona Territory, 1886

19th CENTURY ARMY DOCTORS ON THE FRONTIER AND IN NEBRASKA

By James A. Wier

For many historians the history of the military in the West means the history of campaigns against the Indians, the armaments of troops, and buildings on military posts. To others it means the history of heroic and colorful military figures such as George A. Custer, Nelson A. Miles, George Crook, Ranald S. MacKenzie, or their Indian opponents like Crazy Horse, Red Cloud, Chief Joseph, Dull Knife, or Sitting Bull. To these historians the medical problems, the diseases and illnesses, and the Army doctors are either curiosities or minor sidelines to the major themes of history. To historians the Army doctor and Medical Corps become important only because they maintained good records of the men who came under their care and wrote medical histories of their posts, accounts which in some instances are the best or most readily available and sometimes the only existing record. Some authors unfortunately have used the doctor in comic relief—in horror stories concerning boiling the heads of Indians in the cook pot, or to portray an incompetent, lazy, perhaps drunken bungler to whom the sick or injured would turn only as a last resort. Stanley Vestal said, "The Army surgeons were among the most inveterate headhunters on the Missouri. Tales are told of how certain of these gentlemen cut the heads off Indians killed in battle and boiled them in the camp kettle until the flesh was gone—'for scientific purposes.' One surgeon was known among his fellows as the 'head-boiler'."¹

The fact that four Army doctors won the Medal of Honor for heroism in the Indian wars does not fit this stereotype. Recently it has been said that Assistant Surgeon Leonard Wood never heard a shot fired in anger while on the missions for which he won his award. These doctors all received their awards years after the event; admittedly medals issued many years after the

fact may cast doubt on the validity of the award, but few question the fact that the events meriting the awards actually took place. Awards given to line officers for extraordinary duty during this period were issued after a similar time lag and with no better documentation. Admittedly most awards then were not so well researched as are those today.

Assistant Surgeon Leonard Wood won the Medal of Honor in the campaign against the Apache Indians under Geronimo while leading a detachment of troops and Indian scouts. He was known as one of the few men who could equal or outdo the Apache in the field. Dr. Wood at one point in the campaign marched 20 miles one day, rode 70 miles that night on a volunteer mission, then marched 35 miles the next day through difficult, waterless country, completing the last 7 miles at a dogtrot with the Indian scouts. He reached camp ahead of the foot soldiers. After serving as a medical officer until the outbreak of war with Spain in 1898, he served as colonel, brigadier general, and major general of volunteers. He was military governor of Cuba and later became chief of staff of the Army in April, 1910.

Another Medal of Honor winner was Assistant Surgeon B. J. D. Irwin, a red-haired, hot-tempered Irishman. In 1861 in the Southwest, he led a detachment of 14 men of the 7th Infantry from Fort Buchanan to Apache Pass to give medical aid and support to a detachment of infantry commanded by Lieutenant George N. Bascom which was under attack by Apache Indians. His citation reads, "He voluntarily took command of troops and attacked and defeated hostile Indians he met on the way."

Assistant Surgeon Henry Tilton won the Medal of Honor for caring for wounded in the September 30, 1877, Battle of Bear Paw Mountain against the Nez Perce Indians. His citation states that he "fearlessly risked his life and displayed great gallantry in rescuing and protecting wounded men." Tilton was stationed in Nebraska at Fort Omaha in 1893.

Acting Assistant Surgeon John O. Skinner was awarded the Medal of Honor for his heroism in rescuing and treating a wounded man in the campaign against the Modoc Indians in California. As a contract surgeon at the time and hence a civilian, it took a special act of Congress to authorize the award in 1915. Ironically, one reason for rescinding the Medal of Honor given Dr. Mary Walker for her service in the Civil War



Assistant Surgeon Leonard Wood on mule "Shafter." Courtesy of US Signal Corps, National Archives.

was that she was a contract doctor, a civilian, and hence not eligible for the award. Recently, however, the Army reinstated her medal after pressure from members of Congress and from women's groups.

At one point there was a bitter struggle between two one-time frontier Army doctors to see who would gain control of the Army, the chief of staff or the adjutant general. These two men, Leonard Wood and Fred Ainsworth, started their careers as assistant surgeons in the Southwest. Another officer started his Army career as a physician in the frontier posts of the West: Assistant Surgeon Albert Myer, then interested in Indian signaling methods, perfected techniques using flags and torches that led to his becoming the first chief of the Army Signal Corps during the Civil War.

These men—Wood, Ainsworth, and Myer—won fame but not as Army doctors. Others won fame in the service while serving as physicians more for their avocations than for their medical duties. Such doctors as Washington Matthews, Elliott Coues, and James Cooper were renowned as naturalists, ornithologists, or historians while practicing medicine. Coues and Cooper left the Army to become full-time naturalists.

In general, the best-known Army doctors were famous as non-physicians, but the real heroes were those who, without fanfare and acclaim, did the job they were hired to perform—caring for sick and injured military men and, if the surgeon was so inclined, their families and the Indians. Some admittedly had time for a lucrative private practice. Mrs. Kimball in describing the duties of Assistant Surgeon James Kimball at Fort Sidney, Nebraska, in 1881 said:

The Indians were peaceable for the moment and the Chief Medical Officer found himself in addition to garrison work a busy doctor in civil life; for he had all the surgery up and down the Union Pacific Railroad for 200 miles. As this service then included frequent railroad accidents and private stabbings, the fees were considerable.²

Mrs. Corbusier, with her husband Assistant Surgeon William Corbusier at Camp Sheridan, Nebraska, related: "After the Indians were located at Pine Ridge, some cattlemen drove in their herds and assumed control of the ranges with a pretty rough lot of men—there were frequent shooting scrapes after which father's services were always in demand."³ Dr. Corbusier probably charged for his services, though they would have been extended without charge if necessary. All doctors cared for the indigent, and

many treated all persons who presented themselves for treatment, particularly in the earlier days. Assistant Surgeon S. P. Moore at Fort Laramie, Wyoming, in 1849-1850 said, "I presume I saw and prescribed for every sick emigrant passing the fort, and many were necessarily left under my charge."⁴

Many of these physicians worked as hard and were perhaps as heroic as the more flamboyant Medal of Honor winners. Examples might include Assistant Surgeon W. C. Gorgas, who, though not immune to yellow fever and well aware of the danger, defied orders and exposed himself to care for his patients and to study the disease. He contracted yellow fever and nearly died. Another might be Dr. George Sternberg who in Florida nearly died from yellow fever. On another occasion, though losing his new bride in the cholera epidemic at Fort Harker, Kansas, he remained at his post to treat the ill. Another acting assistant surgeon, Samuel Phillips, in the face of a cholera epidemic, volunteered to go to Fort Riley, Kansas, after another physician fled in terror with his family.

The medical officer shared the dangers of the campaign, whether from Indians or from disease. From 1860-1890 at least eight Army doctors were killed by Indians. In 1866 alone 10 doctors died of yellow fever and three of cholera.

The first physicians in Nebraska were the Army doctors with the Lewis and Clark Missouri expedition. Surgeon John Gale and surgeon's mates William N. Nicoll and Perry O. Meloan arrived at Council Bluffs on September 29, 1819, and moved several miles up the Missouri to the site of Cantonment Missouri (later Fort Atkinson, Nebraska) on October 2, 1819. These doctors had accompanied two units of the US Army, the Rifle Regiment and the 6th Infantry Regiment. Major Stephen Long and his exploring expedition arrived in Nebraska September 26, 1819, just ahead of the other Army units. He did not have a physician with him at the time. Dr. William Baldwin had died enroute. Dr. Edwin James joined the Long expedition on May 27, 1820, before it continued west on June 5.

The Rifle Regiment came up the river from Belle Fontaine, just outside St. Louis.⁵ Ten officers and 347 men of its first battalion embarked August 30, 1818, in 10 keelboats for the upper Missouri River country. There were two more boats with civilians, sutlers, and contract employees. Dr. John Gale, surgeon for the Rifle Regiment, was accompanied by Post

Surgeon William J. Clarke, who joined the group at Fort Osage east of present-day Kansas City. The battalion reached Cow Island just north of present Fort Leavenworth on October 18, 1818, some 380 miles up river after spending 50 days enroute. Here Dr. Gale said the men pitched tents and were under cover for the first time. The troops planned to winter at Cantonment Martin, and log and frame buildings were constructed for shelter. On November 1, Drs. Gale and Clarke moved into their finished quarters. On November 3 Gale noticed that "the hospital store [was] finished this day and the sick removed to it."

Dietary staples that were carried with them, such as flour, bacon, and salt pork, had been replenished at Fort Osage and were to be resupplied periodically by contractors who would bring them up river from St. Louis. Along the way fresh meat was provided by hunters, usually officers and surgeons, sent out from the expedition. The enlisted detachments carried the game back to camp. Notes in the log of the trip are replete with references to the variety of game along the way and during the winter at Cantonment Martin. Deer, elk, turkeys, geese, and bear were frequently encountered. The abundant fresh meat might explain why the men were free of scurvy until the next winter. Dr. Gale in the journey's log does not mention disease among the troops, but in the trip up river and at Cantonment Martin the men of the battalion had seven accidental gunshot wounds and three deaths, one stab wound of the lung, one case of frozen feet, and one injury by a falling tree. At the cantonment Drs. Gale and Clarke amputated the leg of one soldier who had received a rifle shot to the knee. Obviously disease was present but probably was not a major problem, for Gale did not report on it.

One problem of the Medical Department was evidenced the next spring when Dr. Clarke resigned his commission and departed down river August 12, 1819. The surgeon general, who found it difficult to recruit and keep doctors on the frontier, had asked for more pay for regimental surgeons.

On August 30, 1819, Colonel Chambers, the rest of the Rifle Regiment, and elements of the 6th Infantry arrived at Cantonment Martin. With this contingent were Drs. Nicoll and Meloan, surgeon's mates, with the two regiments. At this time the steamer *Western Engineer* arrived with the Long scientific



Dr. Thomas G. Mower (upper left). Courtesy of Army Surgeon General's Collection, National Library of Medicine, Washington. . . . Surgeon James P. Kimball. From Maria B. Kimball, A Soldier-Doctor of Our Army (Boston, New York: Houghton-Mifflin Company, 1917). . . . Dr. Thomas G. Maghee (lower left). Courtesy of Wyoming State Department of History. . . . Dr. Mary Walker. From her book Hit (New York: American News Company, 1871).



expedition to accompany the troops up the river to Council Bluffs, Nebraska, where Cantonment Missouri was to be built. Long's expedition arrived first on September 26 and built its own camp, the Engineer Cantonment.

Dr. Thomas Mower, 6th Infantry surgeon, did not arrive until November 10 as his steamboat ran aground at Franklin, Missouri, and the party had to proceed in keelboats. At this time the two Army units with over 1,000 men had four doctors in attendance. There were some civilians present—several wives of Army officers, some laundresses, wives of enlisted men, and the sutler and his employees.

The garrison at Cantonment Missouri in its first year suffered one of the worst disease experiences in Army history. According to Dr. Mower the troops were afflicted immediately after their arrival with dysentery, which persisted until the end of 1819. During inclement weather they were forced to construct their camp before the height of winter. In January pulmonic inflammations were common. These set the stage for the scurvy epidemic which was in its early stages about the middle of January, 1820. Food supplies had been dwindling and by February were nearly limited to bread and salted meat which Surgeon Gale said on February 5 had become "putricient and deleterious." He added, "By deserting it of external impurities, boiling it in changes of water with addition of charcoal, it becomes more wholesome and palatable." Both Gale and Mower deplored the inadequate diet, but apparently their hunters were unable to bring in enough fresh meat for the troops and resupply of other stores was impossible because of ice on the river. Gale commented that a nutritious diet of fresh animal and vegetable food was needed. On February 25 he said nearly all the men in the Rifle Regiment were suffering the disease to at least a slight degree. On March 10 he recorded that Lieutenant John Ellison had died the day before, and six soldiers had died that day. Three hundred and sixty were on sick report. It was decided as soon as the ice on the river broke up to send all those who had scurvy but might recover down river to Fort Osage, where it was hoped they could be supplied with fresh meat, vegetables, and milk. Gale added that their medicines were gone and that the men were subsisting on meal and salt meat. On March 20 he said, "As none have recovered or convalesced, melancholy and despondency prevail among those sick."

On March 25, 1820, four line officers along with Drs. Nicoll and Meloan, sailed for Fort Osage in four boats with 80 sick Rifle Regiment men and 20 from the 6th Infantry. Fortunately on April 1 Dr. Gale noted that the epidemic was abating. Wild onions which could be used for food had appeared, and with milder weather the sick were moved to the woods to subsist on game. He added that 160 men from both regiments had died of the disease; it is estimated that over 500 troops suffered from scurvy. Colonel Virgil Ney, who researched the epidemic, estimated the troop strength at about 750; other estimates place it closer to 1,000.⁶ Cholera alone 30 years later had an impact almost as devastating on the troops in Nebraska.

The book *History of Medicine in Nebraska* places a Dr. Presley Craig in Nebraska with the 6th Infantry and says that he departed for Belle Fontaine on June 3, 1820.⁷ He is not mentioned in the Gale record of the Missouri expedition. Heitman's *Army Register* has a Dr. Presley Craig as a surgeon's mate, 6th Infantry, joining April 12, 1820.⁸ In the *History of Medicine in Nebraska*, Dr. Nicoll is incorrectly identified as Nichols and as Nichol. Dr. Meloan of the Rifle Regiment is not mentioned.

Dr. Mower later served in the East as a senior member of the Medical Corps. Dr. John Gale is known in Nebraska for his alliance with the Omaha-Oto-Iowa Indian girl Nicomi. He abandoned her and their daughter when he was ordered East. The daughter eventually married Joseph LaFlesche Jr. and raised a talented family which included Susan LaFlesche, the first American Indian woman to become a medical doctor.

The last physician to arrive at Cantonment Missouri in the summer of 1820 was Dr. Edwin James, who joined the Long expedition on May 27, 1820, as botanist, naturalist, and surgeon for \$2.20 per day. James and the Long party departed June 5, 1820, up the Platte River toward the Rocky Mountains. James kept a journal of this trip. He was the first man to climb Pikes Peak, which was first named for him. Later it became known as Pikes Peak and another peak west of Denver was named for James.

Other Army doctors served at Fort Atkinson until it was abandoned in 1827. The first hospital in Nebraska was opened there in December, 1819, at the original Cantonment Missouri, according to Dr. Mower. After the cantonment was washed away by flood in mid-June, 1820, the post was rebuilt as Fort

Atkinson atop the river bluffs and a new hospital constructed.

The next Army doctor of record in Nebraska was Surgeon Samuel G. E. DeCamp who accompanied Stephen W. Kearny and the dragoons up the Platte River in 1845 on the summer campaign to the Rocky Mountains. The troops had no trouble with Indians, but one soldier accidentally shot himself and DeCamp amputated the arm in the field. In 1846 Kearny and the dragoons established old Fort Kearny on the Missouri at the site of present Nebraska City. It was moved west to the Platte River and re-established as new Fort Kearny in 1848. From that time forward there were permanently stationed troops in Nebraska which necessitated a complement of Medical Department personnel and doctors.

Assistant Surgeon James Walker, Missouri Volunteers, the first surgeon at new Fort Kearny, probably was at old Fort Kearny with the battalion. The Volunteers were disbanded in 1848 and Walker was replaced by Assistant Surgeon W. E. Fullwood. Historian Merrill Mattes states that the fort was without a doctor until spring when Dr. Fullwood joined the command. Scheduled to arrive in December, his escort was prevented by a Missouri River ice jam from reaching Fort Kearny. Mattes continues:

He wasn't much help, however, when he did arrive because he promptly fell ill and was confined to his bed with a mysterious malady. On April 18, 1849, without benefit of a doctor, a Mrs. Denman gave birth to a baby girl, the first child of record born on the premises. Meanwhile, on April 19, Captain Ruff reported 26 men on the sick list mainly with scurvy. "One man died with it on the 5th inst.," wrote Ruff, "and two others are daily looked for." Thus began the Fort Kearny cemetery, but its size increased alarmingly as the deadly cholera marched westward with the emigrants.⁹

Scurvy continued to be a problem particularly in the winter for some northern posts. In 1859 Assistant Surgeon Edward W. Johns at Fort Laramie used watercress to supplement the hospital diet as long as it held out. He tried to administer cactus juice to the troops, but they would take it only when mixed with whiskey. Johns mentioned that in October, 1859, at Fort Kearny, he ordered potatoes for his family at \$1.50 a bushel. They were shipped through to Fort Laramie without damage; he couldn't understand why the quartermaster couldn't do the same.¹⁰

In September, 1864, scurvy broke out in the troops at Fort Cottonwood (later known as Fort McPherson), Nebraska. The surgeon recommended fresh fruit, of which there was some

local supply. A Captain Mitchell with an escort loaded seven patients in an ambulance and drove south to a canyon where wild plums were abundant. They were attacked by Indians, and four or more troopers of the 7th Iowa were killed in what became known as the Cottonwood Massacre.

The Indians fared better with regard to scurvy than Army troops. Author Mari Sandoz in her *Love Song to the Plains* scornfully speaks of the troops suffering from scurvy.

Simple observation of Indian practices would have saved many lives. In the midst of winter the Omahas chopped into muskrat houses for the store of tuberous roots, dug for young sproutings in the swampy brakes where piles of decaying cane and rushes warmed the earth; they chewed the sweetish flesh from the glossy, purple-brown hackberries that clung to the rounded straight-standing trees along the bluffs all winter.¹¹

Augustus Myer, a soldier in the Dakotas in the 1850s, said the troops suffered from scurvy until they imitated the Indians who dug up roots to eat.¹² Many Army surgeons knew that wild onions, berries, cactus juice, and raw potatoes would cure or prevent scurvy. Despite this, in their efforts to be scientific and to define specific causes for scurvy, they often took no action until the disease became epidemic among the troops. The medical supply system supplied items such as potash and citric acid, thought to be preventatives, but they were ineffectual. Try as it did, the supply system could not provide a continuing source of fresh meat and vegetables over the long supply lines in winter.

In 1849 cholera devastated travelers in the Platte and Missouri Valleys and continued intermittently until nearly the end of the 1860s. Cholera, transmitted by fecal contamination of food and water, is an acute intestinal disease, characterized by sudden onset, vomiting, profuse watery stools, rapid dehydration, and collapse. Fatality rates were as high as 75-80 percent. Death could be very rapid; a soldier alive and well on arising could be dead before sunset.

While cholera occurred in the troops, it was not so devastating in Nebraska and Wyoming as it was along the Mississippi and lower Missouri Rivers and in Kansas and down the Santa Fe Trail. Cholera was reported from Fort Kearny in 1855 but actually occurred in troops of the 6th Infantry enroute from Jefferson Barracks. In this small unit there were 24 cases and 14 deaths. The emigrants along the trail, who suffered heavily, placed a heavy load on the few Army doctors.¹³ On one

occasion an emigrant train reported the surgeon at Fort Kearny refused to take a cholera case. Assistant Surgeon George Wood at Fort Laramie reported in 1852 that there were 1,000 deaths in emigrants along the Platte. He added:

The military hospital was constantly crowded with sick. They were lying about the garrison and in tents in the surrounding country; were waited upon by the hospital attendants, visited by the soldiers and treated by the medical officers. Almost all had the disease severely; nearly all died.¹⁴

In portraying the frontier Army in popular literature and in the movies, it would seem that the greatest hazard was combat with the Indians; however, disease was a worse offender. In the 30-year period from 1866-1895, 932 soldiers were killed and 1,061 were wounded in 1,065 engagements with Indians. In 1886 alone there were 2,724 cases of cholera with 1,217 deaths, and 1,520 cases of yellow fever with 443 deaths.

Some of the terminology designating physicians can be confusing. The term doctor could mean a physician, dentist, minister, or one of the many allied scientists such as geologists, botanists, or archeologists. If the doctor practiced medicine, he could be a complete charlatan, or a well-trained, university-educated physician—or anyone in between.

The Army doctors then, as now, reflected the state of efficiency found in civilian medicine. On the frontier Army doctors were better educated and trained than were their counterparts practicing in nearby civilian communities. Regular Army doctors generally were a select group who met high standards of education and character, while in civilian life almost anyone could practice medicine due to the irregularity of certification. After 1832 Regular Army physicians were required to pass rigorous entrance examinations before acceptance into the service. Dr. Kimball said of his examination in 1867:

The examination lasted a week; there were six candidates and I was the only one that passed! You can imagine it was something of an examination as we were examined in Latin, Greek, French and German; arithmetic, algebra, trigonometry and calculus,⁴ geography, political and physical, botany and natural physics, etc., and then a most exhaustive examination in medicine and all its branches.¹⁵

Following the Civil War many contract physicians also had passed the examination but did not receive Regular Army commissions due to congressional action which prevented vacancies from being filled.

In the Army there were three broad categories of physicians: those integrated into the Regular Army, volunteer physicians-

surgeons, and contract surgeons. Prior to 1821 the rank designation of Regular Army physicians was changed frequently. When Drs. Gale and Mower arrived in Nebraska there were garrison or post surgeons assigned to geographic stations and regimental surgeons and surgeon's mates assigned to the separate regiments. Generally after 1821 physicians entered the service as assistant surgeons with rank equivalent to that of first lieutenant. After three to five years of service while still an assistant surgeon, they gained rank equivalent to that of captain. Then after examination and longer service, promotion could be made to surgeon with rank equivalent successively to that of major, lieutenant colonel, and colonel. The surgeon general in Washington, DC, was the only officer to carry the rank of general. For a time after 1892, all medical officers with the rank of colonel were designated deputy surgeon generals without regard to duties performed. The term surgeon denoted the officer as a physician and did not necessarily mean that he performed surgery.

The volunteer surgeon, appointed only during wartime, joined volunteer regiments, and generally was commissioned by state governors. The rank structure and terminology was the same as for regulars except for the easing of time restrictions for promotion. Not infrequently regular officers were given volunteer commissions at a higher grade while serving with volunteer units.

The contract physician, or acting assistant surgeon, was a civilian hired for a specific time to give medical care to the troops. Some were on duty for just weeks or months, while others hired by the year renewed their contracts annually and served their entire professional careers with the Army. The acting assistant surgeon, a hired civilian, never was promoted regardless of his qualifications or his length of service with the Army. This created some ill will and obvious inequities. Ashburn said:

Acting Assistant Surgeons, medical men serving under contract, had to be employed in large numbers, at times considerably in excess of the number of regular medical officers. These men, it is only just to say, had on the average harder service than the commissioned medical officers. They were usually stationed in small posts and were very apt to draw field service. Their official status was poor and unsatisfactory. The mule, without pride of ancestry or hope of posterity, neither horse nor ass, unloved and unlovely, the recipient of contumelious language, was the Army's standby in time of trouble. The contract surgeons' status was somewhat similar. Neither commissioned or enlisted, without regiment or corps, having no hope of promotion and dubious rank,

they survived because they were needed, were respected for their personalities, were as necessary as the mules, harder worked and quite as much an ever present help in trouble.¹⁶

Many were unhappy with their status as contract doctors. Dr. Maghee fretted during his contract years because of slights from regular line officers or because he was unable to get quarters for his family. He vowed he would get out if he could not get a regular commission—as soon as he had saved money enough.

For the Army doctor, particularly in the West, life was spent on small posts of one or two companies of troops, and he was usually the only physician for the post and frequently for miles in any direction. McKay, reminiscing about seven years of Army experience said, "Except at Fort Sill [Oklahoma], I served at no post at which more than two companies comprised the garrison, and even in these cases there was not always the full complement of officers."¹⁷

Most Army doctors were considerate, compassionate physicians, dedicated to treating the sick and injured, whether soldier, dependent, civilian, or Indian. Many were naturalists with special interests in ornithology, botany, and geology. They were proud of their medical heritage but also loved the outdoors and camaraderie of the frontier posts, and exalted in the danger and excitement of the occasional campaign. Assistant Surgeon Rodney Glisan, a religious, teetotaling, sensitive physician, said in 1885: "As fond as I am of professional study and miscellaneous reading, I feel confident that the humdrum life of the frontier garrisons would be perfectly intolerable if the chase had no attraction for me."¹⁸ Acting Assistant Surgeon McKay, on duty at a temporary camp in Colorado, spent much of his time hunting and fishing; he had only two patients in his tent hospital, one a civilian blinded by a premature mine explosion, and the other his own pointer dog accidentally shot on a hunting trip. Mrs. Corbusier speaking of Assistant Surgeon Corbusier at Camp Sheridan, Nebraska, recalled: "Father and Captain Crawford hunted grouse, and in winter we always had a row of them hanging on the north side of the house."

There were some surgeons who loved the non-demanding life with little work; some were alcoholics or misfits. Hein mentioned "Dr. Matthews of San Francisco who had abandoned a lucrative practice in that city, at 'the lure of the wild' to join us in the wilds because he was tired of civilization, as he said, and

preferred to spend the rest of his life among the soldiers, cowboys and miners and be able to indulge in a spree when he felt so inclined.”¹⁹ Dr. H. M. Matthews, a contract physician, served briefly in Nebraska in late 1865 and early 1866 at Forts Kearny and McPherson and at Alkali Station.

Two opposite personalities on duty concurrently as contract surgeons were Drs. Maghee and Powell, who were at Fort McPherson in 1873 and in Wyoming in 1874. Both men have been the subject of articles in *Nebraska History*.²⁰ Dr. Thomas Maghee was a serious, moral man, who did not drink, smoke, or chew; David Powell was gregarious, flamboyant, and something of a rounder. Powell was a friend of William F. (Buffalo Bill) Cody and later appeared in his shows. Powell, according to Maghee, lived it up in frontier saloons and separated from his wife, who was with him at McPherson; Maghee deplored drinking on the frontier among officers and men and yearned to bring his wife from the East to join him. Maghee was a splendid doctor who constantly strived to improve his knowledge and ability. Powell’s professional ability may have been adequate. He had worked in an Omaha drugstore full-time before going to medical school and did part-time work there during summers. He later practiced medicine in Wisconsin.

Both men during their summer at Fort McPherson were gone most of the time. Maghee accompanied an expedition escorting Professor O. C. Marsh on a search for fossils to northwest Nebraska and Powell accompanied three shorter forays with troops searching for Indians and lost livestock.

On arrival at Fort McPherson, Maghee boarded with Powell and his wife. Maghee first commented that he liked Powell except that he teased his wife too much, but a few days later he changed his mind and said, “I don’t think much of him.” He, however, praised Dr. Amos L. Flint highly.

Poor Dr. Maghee was bothered by the drinking at Fort Brown. He said, “This habit officers have of drinking hospital liquors is the most trying thing I have to meet.” Five days later he put in his diary, “My life is made miserable by this infernal habit of guzzling. There are no kinds of liquors anywhere except in the hospital and I am worried to death by them for just two ounces.” He had several hospital stewards whom he had to discipline for drunkenness.

Neither Powell nor Maghee stayed with the Army. Maghee could not obtain a regular commission and decried the status of contract surgeon, particularly his inability to get quarters and the slights he endured from officers or enlisted men because of his lack of rank.

Several regular medical officers in Nebraska illustrated the best in Army medicine. These were Walter Reed and James Kimball, who served at Fort Sidney and Fort Robinson, and William T. Corbusier who was stationed at Camp Sheridan.²¹ Reed was best known for his quiet confidence, compassion, and dedicated care for his patients. He later gained world-wide recognition for his research on the causes of yellow fever. The Walter Reed Army Medical Center in Washington, DC, is named for him.

Corbusier and Kimball were quiet, sober, dedicated physicians, who skillfully treated soldiers, civilians, and Indians. Corbusier at Camp Sheridan was also given the responsibility of supervising the issue of cattle at the Spotted Tail Indian Agency. Concerned about injustices done the Indians, he was one of the few doctors who understood the role of Indian medicine men and worked with them in treating Indians. While at Camp Sheridan, Dr. Corbusier treated Oglala Chief Red Cloud for tapeworm, for which he received a fine Navajo blanket. He was invited to observe the Sun Dance in June, 1879, and Red Cloud later interpreted the festivities for him.

Both Kimball and Corbusier studied Indian cultures and languages. Mrs. Corbusier said at the Rio Verde agency in 1874, "The doctor was making the best of his time. Teaching English and learning the Indian languages became almost an obsession with him."

Dr. Valentine McGillicuddy before he became agent at Pine Ridge Agency was a contract surgeon at Fort Robinson and frequently cared for the Indians at Red Cloud Agency. On one occasion he cared for them though ill with blood poisoning. On another occasion he surgically removed a dead baby from an Indian mother in a tipi under the hostile stares of other squaws.

In contrast to the compassion of most Army surgeons for the Indian, some physicians' only interest in him was as a source of anatomical material. Vestal, as previously mentioned, described Army surgeons as inveterate headhunters. Eaton apologized for not including Corbusier's name in a story as the medical man

referred to because of his gruesome boiling of the flesh from the heads of specimen skulls he proposed shipping to the Smithsonian Institution. Eaton added, "This was only the enthusiasm of the average sawbones and not to be marked against him, but it occurred to me that his relatives might not be pleased if they saw it in the published story."²²

Bourke has a wild tale about the hospital steward at Fort Laramie who took the bones of Spotted Tail's daughter to make a skeleton²³ just as Spotted Tail arrived for a peace conference from which he planned to return with his daughter's remains. A similar tale is told about Dr. George Sternberg at Fort Riley. Other surgeons did not limit their anatomical interest to Indians. Acting Assistant Surgeon Byrne in Colorado along with a civilian colleague dissected a slain outlaw's corpse and disposed of the remains.²⁴ They were somewhat chagrined when rumors spread that his wealthy parents in the East were seeking their son's body. At Fort Atkinson, Nebraska, in 1821 Private John Shepherd was hanged for the murder of a Sergeant Slemens; his body was turned over to the surgeon for dissection.²⁵

However, during and since the Civil War, Army doctors had been directed to collect specimens representing differing types of wounds and diseases for the Smithsonian Institution and the Army Medical Museum. Corbusier stated that the four skulls he sent in "showed the so-called explosive action [of bullets] passing through the skull, which broke it into many pieces." Sometimes the specimens were collected to satisfy the surgeon's desire for continuing education or to provide instructional aids for hospital stewards and nurses.

As did others, the doctor brought his wife to the frontier. For most wives western life could be difficult at best. For some used to luxury in the East, the spartan existence must have been a shock. Dr. Rodney Glisan said:

"The young officer of the Army—sometimes marries one of these gay butterflies of fashion, who love so well to flutter and flirt as ballroom belles. And he finds, that while love in a cottage, surrounded by all the comforts of wealth and society, may be poetical and delightful to his bride, yet when the honeymoon is spent in a log cabin on the frontier, with occasionally nothing to eat but pork and beans—no music save the fife and drum—few visitors, except the naked and hungry savages—romance often gives way to sad repinings on the part of his young wife. However a true and noble woman will always adapt herself."

Many Army wives must have been the "true and noble women" that Glisan described, for they shared the dangers and



Assistant Surgeon William H. Corbusier (upper left). Courtesy of Army Surgeon General's Collection, National Library of Medicine, Washington. . . Mrs. William (Fanny Dunbar) Corbusier. Courtesy of W. T. Corbusier Collection. . . Corbusier family and quarters, Fort Grant, Arizona Territory, 1886: Fanny (in chair), teacher Miss Ida Teed (seated on steps), Dr. Corbusier (in uniform); mounted (left) are Harold D., Phillip W., Francis A., William T., and Claude R. Corbusier. Courtesy of W.T. Corbusier Collection.



the hardships with their men, making a home and bringing up their children.

Travel at best could be tiring and difficult, and hazardous at worst. The dangers could be compounded when women traveled late in their pregnancies. During the winter of 1870-1871 in Oklahoma, Post Surgeon Brown and his young wife, enroute to Fort Sill, were overtaken by a storm which forced them to make camp. Between Forts Arbuckle and Sill there was a foot of snow on the ground and the temperature was near zero. The escort made the camp as comfortable as possible until the weather moderated and Mrs. Brown and child were able to travel. Some of the troops were so severely frostbitten that Dr. McKay at Fort Sill amputated the toes of one man and one or more fingers from others.

Women sometimes accompanied the troops on field expeditions though not when major contact with Indians was expected. Mrs. Custer was perhaps the most well-known woman to do this, and General Custer had quite an entourage to provide comfort for his Libby. Much less pretentious were the arrangements for the surgeon and his wife. Mrs. Fanny McGillicuddy was stationed at Fort Robinson with her husband in 1876-1877, when in March the doctor was ordered to accompany troops of the 3rd Cavalry to the Black Hills to protect settlers attacked by Indians. Fanny preferred to go with the doctor rather than to remain at the post, though she would be the only woman in camp. She rode out with the command wearing a long green habit, a beaver jacket, and cap to protect her from the bitter wind as they journeyed to False Bottom Creek 14 miles from Deadwood. Tents were pitched and Sibley stoves set up before nightfall. After a dinner of roast beef and vegetables served in the mess tent, the doctor and his wife crawled into their beds of buffalo robes spread on the ground. They were in the field near Deadwood until May.

On their return to Fort Robinson, Crazy Horse insisted that an Army doctor see his sick wife. According to Mrs. McGillicuddy, Crazy Horse returned to the agency partly because his sick wife had not responded favorably to the ministrations of a medicine man.²⁶ On his visits to her McGillicuddy was accompanied by his wife, who became a great favorite of the Indians.

In many stories of Army doctors related by wives, the doc-

tor and the wife were almost always loved and respected by the Indians. Most of the accounts were written years after the fact, though some are substantiated by letters and diaries. Frequently the wife tells of the devoted enlisted men who cared for her. One trooper's comments have been preserved. Trumpeter William Drawn of the 2nd Dragoons in September, 1857, commented:

The Lieutenant has his lady and her female attendants with him, which, is all the ladies we have with us and this is enough. Ask a soldier which he would rather have to wait upon, one woman or five horses, and he will tell you the horse by all odds. I don't believe ladies know the trouble they are on a march, to a body of troops, or they would stay home, where they ought to be, in time of war at least. They do not consider that a soldier has his own tent to pitch, his horse to care for, and his supper to cook after coming into camp; but think he has nothing to do but wait upon them, bringing them wood and water, spreading down carpets in their tents, etc.; and it will probably be ten or eleven o'clock at night before he can lie down to sleep, knowing at the same time that he must be up by three in the morning to get breakfast in time to strike the tents, shake carpets for the ladies, roll up feather beds (pretty things for the prairie) pack wagons, etc., in order to be in readiness to start at five. God bless the ladies, I say, and keep them out of the way of hostile savages, but as long as they travel with troops they must necessarily be attended to as they cannot attend to themselves.²⁷

After arduous and hazardous travel the young wife might arrive at her destination to find inadequate quarters. When Dr. McKay and his wife arrived at Fort Sill in 1868, home was a tent with a frame and packed dirt floor. There was but one house on the post. In one of the storms the doctor said that he and Mrs. McKay braced themselves against the tent frame to keep it from blowing down. For the wife of the contract surgeon it was worse, for he could be outranked for quarters by the most junior officer on the post. Dr. Maghee waited nearly a year and a half for funds to bring his wife to Fort Brown and until he had quarters assigned. When she arrived, they, like the McKays, were in a small wall tent. Enroute from the railhead the doctor procured planking at Fort Stambaugh, Wyoming, with which to put down a floor.

Quarters were "good or bad" depending on what occupants had been used to. In 1866 Assistant Surgeon S. M. Horton and his wife were at Fort Kearny in frame quarters when Captain and Mrs. Burt arrived with the 18th Infantry. Mrs. Burt said of Fort Kearny, "Alas what a painful contrast to beautiful Fort Leavenworth. The old dilapidated houses afford scanty quarters for the officers and their families. Not a tree or blade of grass was to be seen." As the Burts went on west things were worse. She described Fort Sedgwick, Colorado, as a forlorn post and

said, "At this spot we were to leave Captain Neill, his wife and young lady daughter. Mrs. Neill was very discouraged at the surroundings, the quarters were very dilapidated and nothing was in sight but the river bottoms and sand plains. Wood was \$105 a cord and potatoes \$8 a bushel."²⁸

Mrs. Fanny Corbusier related experiences at Camp Sheridan, Nebraska. She arrived with her husband by train at Sidney in 1877, and rode in an ambulance to Fort Robinson and to Camp Sheridan. In a March, 1961, article in *Nebraska History*, her son described their experiences as his mother related it to him. This was later incorporated into the book *Verde to San Carlos*, based on the life of his father Surgeon W. T. Corbusier. Fanny and sons accompanied the doctor to most posts at which he served following the Civil War. Some were primitive and some comfortable by the standards of the time. She said of Camp Sheridan:

Our quarters. . . [in] a one-story frame building, were quite comfortable. A gallery ran along the front and a vestibule gave entrance to three rooms, one on each side and one in the back. The latter opened into the dining room and back of this were the kitchen and servants room. A cellar beneath the kitchen was surrounded by sawdust, held in place by boards, to keep out the cold. Against the fence at the back yard were the stable and chicken house, and near the back gate stood the water barrels which were to be seen at every frontier post.

Their effort to raise vegetables the first year failed when the garden was washed away by a cloudburst, but the second year they raised as "fine vegetables as can be found in the most fertile parts of the country." Later at Fort Washakie, Wyoming, their garden was eaten by grasshoppers two years in a row. At Camp Sheridan they gathered bushels of wild plums, both red and yellow, many of which were pickled and preserved. The men put up a barrel of spiced preserves by her recipe.

Families did not necessarily eat poorly. In 1869 the Corbusiers at Fort McDermitt, Nevada, received a Thanksgiving box of apples from Sacramento. They had a fine dinner of chicken pie, baked calves' head, calves' head soup, rice, potatoes, canned tomatoes, string beans, squash, current jelly, potato salad, pickles, apple, mince and squash pies, custard with float on it, and fine cheese. Previously the Indians had been fed at the soldiers' barracks. Chief Winnemucca, in a castoff dress uniform and plug hat, his sons and daughter, and other Indians were guests. Mrs. Corbusier had baked 20 "man-sized pies" which disappeared in a twinkling.

At Christmas at Camp Sheridan Mrs. Corbusier said:

Our Christmas day and dinner were all that could be desired. We had sent a wagon to the railroad, one hundred and sixty-two miles away, as we did about once a month for supplies that we had ordered at Grand Island. There many articles were quite reasonable, eggs 10¢ a dozen, butter 15¢ a pound, chickens 10¢ a pound, turkeys and ducks 12¢ a pound. We sent to Chicago for Booth's Oysters which came in flat tins packed in ice so that the dinner we sat down to was a scrumptious one.

The Corbusiers entertained regularly. During the Dull Knife escape and breakout in 1878 at Fort Robinson, Mrs. Corbusier said they usually had five or six officers to dinner. In about two weeks they had 40 or more officers of different regiments.

On the Fourth of July, 1879, they celebrated as had never been done before in that country. We invited the officers and soldiers at Fort Robinson, Dr. McGillycuddy, the agent at Pine Ridge and his employees, the Indians among whom were Red Cloud, American Horse, Young Man Afraid of His Horse, and several minor chiefs, and the men on the cattle ranges around us.

The US Army, a major factor in the exploration and settlement of the early West, brought medicine to the frontier. The Army doctor accompanied the troops wherever they went and shared the dangers, hardships, and boredom of those in his care. Most practiced their profession well by the standards of the time, and most tried diligently to keep professionally up-to-date. Contract physicians having neither rank nor stature carried a great deal of the work load under more trying circumstances than the regular officers. The doctor's family, like that of other officers, followed or accompanied him to the frontier; most wives, given the limitations of the frontier, were able to establish comfortable homes, and rear and educate their children.

NOTES

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4. Samuel P. Moore, "Sanitary Report from Fort Laramie" (Washington, DC: Executive Document No. 96, 34th Congress, *Statistical Report on the Sickness and Mortality in the Army of the United States*, compiled from records of the Surgeon General's Office, January, 1839-January, 1855).
5. Most of my remarks about the Rifle Regiment and the Missouri Expedition were drawn from the Journal of Surgeon John Gale, as edited by Roger L. Nichols in *The Missouri Expedition, 1818-1820* (Norman: University of Oklahoma Press, 1969). See also Sally A. Johnson, "Cantonment Missouri, 1819-1820," *Nebraska History*, 37

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