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Medical Services Available During the Revolutionary War Including Treatment for Soldiers Wounded in Action

Jessica Lathrop

The Revolutionary War signals the beginning of true American history, the point at which we evolved from thirteen fledgling colonies maintaining a separate existence from one another under the watchful, restrictive eye of Great Britain into a collective force of American citizens, fighting together for independence, freedom, and autonomy. While every boy and girl learns about the American Revolution during grade school, and although aspects of the Revolutionary War permeate our daily culture from annual holidays to celebratory liquor labels, there is a lot left unexplored within the history of the Revolutionary War.



Figure 1. Revolutionary War wound care. Photo courtesy of NPS.gov.

One of the often uncharted avenues of information pertains to the care and treatment of wounded soldiers, from medical services available during the late eighteenth century to the treatment of veterans. This paper seeks to examine, at least briefly, the various methods of medical care for wounded soldiers and their families as well as the options within the colonies for long term and short term veteran treatment.

Brief Overview of the Revolutionary War—Casualties and Wounded

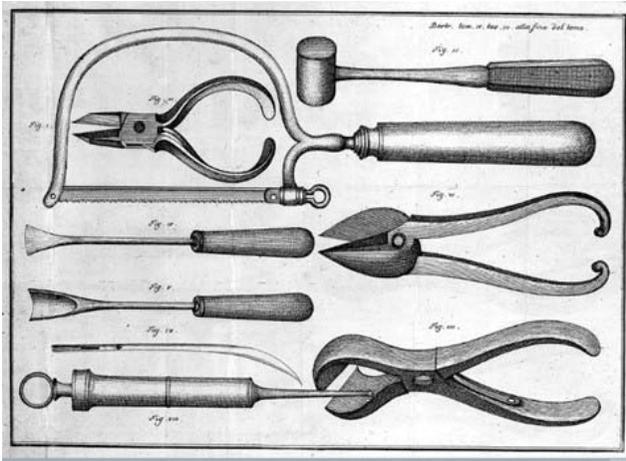


Figure 2. Elements of a mid-eighteenth century surgeon's kit. Photo credit: Wellcome Images.

It is important to note some basic statistics of the Revolutionary War in terms of wounded soldiers and related casualties in order to gain a fair scope of the challenges faced during this time. It is extremely difficult to get an accurate number of casualties from the war for several reasons, but perhaps most notably due to the large number of casualties that stemmed from famine and disease during the war rather than the war itself. Historian Edwin G. Burrows estimates that some 25,000 American patriot soldiers died during the Revolutionary War, with approximately 6,800 soldiers having actually died due to battle.¹ This is an extremely conservative number, however, with some medical professionals during that era having calculated a much higher casualty rate of 70,000—or 10,000 per year.² According to Census Bureau statistics, the general population of the collective colonies in 1775 was approximately 2.3 million people.³ A death toll of 70,000 would equal 3 deaths per 100 Americans, or 1 in 4 soldiers. These statistics are important to keep in mind regarding the scope of the medical care throughout the Revolutionary war.

Wound Care—Treatment of Injury during Battle



Figure 3. Revolutionary War medical doctor's instruments. Photo credit: Paul Revere Memorial Association.

Generally, when a soldier is wounded in battle, there are different levels of severity in regards to the injury sustained. The treatment of injuries that did not result in loss of life would have differed both in the availability of treatment as well as the urgency of care received. The treatment varied depending on the type of wound as well. The most popular treatment for wound care during the Revolutionary War was the application of lint to the wound site. The use of lint was instrumental as a form of bandage to keep the wound from continuing to bleed, to absorb blood in the form of a type of compress, and also to ward off any further damage to the wound.⁴ In fact, the use of lint became preferential over any other type of ointment or bandage due to the mild and healing effects of the soft lint against the tender injury. Opium was often a treatment to manage pain.

At the beginning of the war, it was not uncommon for men to be left injured in the fields for up to three days.⁵ This resulted in the development of military hospitals, established and structured much like the hospitals in Europe, with one surgeon and two assistants to serve each hospital in addition to orderlies, nurses, and occasionally housekeepers.⁶ Each regiment was to have their own

hospital. Generally, surgeons trained through an apprenticeship, as there were a limited number of medical schools and professionally trained instructors.⁷ Therefore, care of wounded soldiers often widely varied from location to location, and knowledge or prevention of infection caused by unsterile medical practices was not common or regulated.

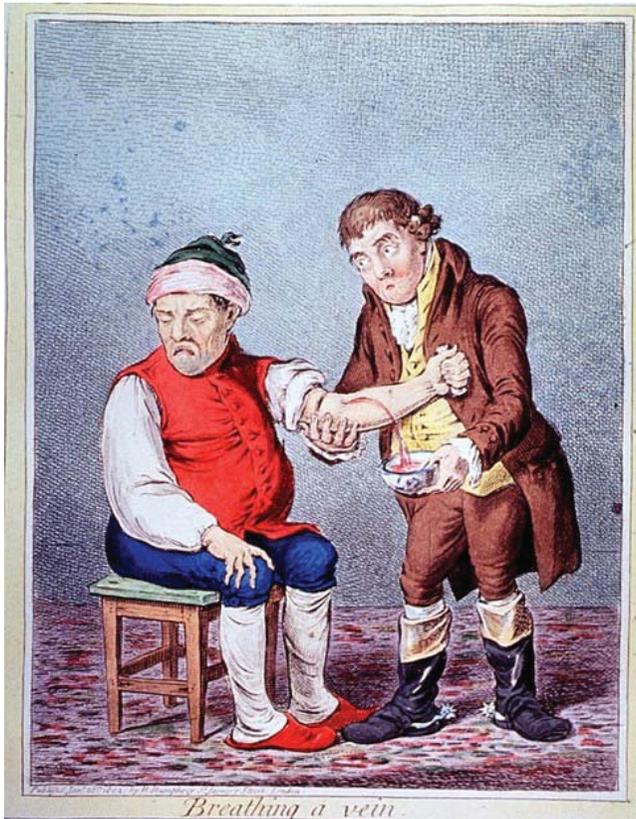


Figure 4. “Breathing a vein,” by James Gillray, published by Hannah Humphrey, hand-coloured etching, published 28 January 1804. Courtesy of the National Portrait Gallery.

General wound care, aside from the treatment of lint to the wound, varied depending on the type of wound. Inflammation was often treated with warm baths, bleeding (to release the swelling), laxatives, and medication meant to induce sweating. Wounds such as incisions, cut tendons, and lacerations were typically treated with plaster and bandages to hold the wound together, and only given

sutures in cases of transverse (latitudinal) wounds. Puncture wounds were usually left untreated, except in severe cases.⁸

Wounds to the extremities, such as gunshot wounds, fractures, or severe lacerations, often resulted in amputation of the limb. This was in itself a very risky and poorly effected treatment, as it carried a sixty-five percent mortality rate.⁹ Those who did not die were generally disabled and treated with standard veteran care.

Frequently the threat of death, as mentioned before, was not from injury itself, as only ten percent of soldiers actually died in battle. Rather, the highest mortality rate seemed to occur within the hospitals themselves. “The danger was not just to the patient. During the revolution, more surgeons died in proportion to their numbers than line officers.”¹⁰ Risk of infection and disease ran rampant through the treatment centers, as it was difficult with the technology of the day to prevent or even fully understand the risks of infections. As knowledge spread throughout the area regarding the terminal risk of hospital settings, it was advised that “If the weather was ‘at all moderate,’ [Robert Hamilton] advised regimental surgeons to erect tents for the accommodation of at least part of the sick, as they can be more easily kept clean, and a free circulation of air obtained.”¹¹

Treatment of Disabled and Invalid Veterans

The early American colonies held the general order that soldiers sent to battle on behalf of the colony and the American people were to be taken care of in the event of injury. This essentially meant that if a soldier was hurt during battle, whether temporarily or permanently disabled, care would be provided by the colony. Colonies established a treatment plan for disabled soldiers first in Virginia in 1644, then Maryland in 1661; New York in 1691; North Carolina in 1715; New Hampshire in 1718; Rhode Island in 1718; South Carolina in 1747; Georgia in 1755; Delaware in 1756; and finally New Jersey and Pennsylvania in 1777.¹² In many cases, these laws covered support for family members of fallen soldiers as well in the circumstance that the family (widows and children) were incapable of providing for themselves. Modelled after the English “Acte for the Relief of Souldiours” of 1593, the American colonies kept the key components of veteran care, with each colony bearing slight differences in the quality of provisions provided to veterans and/or their families.

Conclusion

In general, there was a large amount of uncertainty in regards to the treatment and care of wounded soldiers. Medical technology was rudimentary, often with simpler injuries being treated as severe injuries due to lack of training or knowledge—for example, the amputation of broken or fractured limbs rather than re-setting the bone. Lives were generally at risk from infection and disease rather than actual wounds. The Revolutionary War, while records are sparser and more limited than historians would like, did provide a great deal of knowledge and experience for the medical profession. This promoted developments in advanced care and specialized treatments that included the standardized use of the microscope. In conclusion, the varied and undefined medical care developed into a more consistent healthcare system.

Notes

1. Edwin G. Burrows, *Forgotten Patriots: The Untold Story of American Prisoners During the Revolutionary War*, (New York: Basic Books, 2008): xi.
2. Louis C. Duncan, "Medical Men in the American Revolution 1775-1783." *U.S. Army Medical Department: Office of Medical History*. Web. R.U. Patterson The Surgeon General, (2009): 370.
3. S.N.D. North, "A Century of Population Growth: From the First Census of the United States to the Twelfth, 1790-1900," *Department of Commerce and Labor Bureau of the Census*, Government Printing Office (1909): 8.
4. Duncan, "Medical Men in the American Revolution 1775-1783," 10.
5. Jack Edward McCallum, *Military Medicine: From Ancient Times to the 21st Century*. (Santa Barbara: ABC-CLIO, Inc., 2008), 15.
5. Ibid.
6. M. M. Manning, et al., "Treatment of War Wounds: A Historical Review," *Clinical Orthopaedics and Related Research* 467, no. 8 (2009): 2.
6. Duncan, "Medical Men in the American Revolution 1775-1783," 10-11.
7. Bernard D. Rostker, *Providing for the Casualties of War*, (Santa Monica: RAND Corporation, 2013): 114.
8. Ibid., 113.
9. Tabitha T. Marshall, "Surgeons Reconsidered: Military Medical Men of the American Revolution," *Canadian Bulletin of Medical History* 27, no. 2 (2010): 302.
10. Bernard D. Rostker, *Providing for the Casualties of War*, (Santa Monica: RAND Corporation, 2013): 109.
11. Tabitha T. Marshall, "Surgeons Reconsidered: Military Medical Men of the American Revolution," *Canadian Bulletin of Medical History* 27, no. 2 (2010): 302.

12. Bernard D. Rostker, *Providing for the Casualties of War*, (Santa Monica: RAND Corporation, 2013): 109.

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