

MILITARY MEDICINE IN THE WAR

Greg Baran: During the War of 1812 medicine was extremely primitive compared to our standards today. For example, there was no technology at all. The stethoscope wasn't even invented. There was no anesthetic. No attempt at hygiene.

Lee Davis: Disease was the major cause of death in soldiers. It was mostly because of crowded conditions and poor nutrition, poor sanitation. There was smallpox. You had all the, the diarrheas, the bloody fluxes. You had malaria. You had food poisoning.

Donald E. Graves: Amoebic dysentery was known as the soldiers' disease. It's caused by very primitive sanitation and water that's not good which gets into food which is not good.

Greg Baran: The number one killer was infection. It's estimated that as high as forty percent of raw recruits died of infection, whereas seasoned troops who developed a bit of immunity only about seven percent of those died. And infection control was an issue in terms of where they got safe drinking water from, where the latrines were situated to prevent contamination. But those things happened by chance and not by grand design.

A typical field hospital would have the medicinals to treat a wide variety of problems. We'd produce our medicines from scratch. They'd be weighed out and compounded and rolled into pills, or produce elixirs.

Lee Davis: Until the 1840s, there was no advancement really, other than some instrumentation and very little in medication.

Greg Baran: At the time of the battle, it's important to realize that there'd be one surgeon and one assistant and perhaps a thousand soldiers. In general there's a twenty percent chance of death after being hit by a musket ball. If injuries occurred in the head, in the chest or in the abdomen, chance of death was almost certainly one hundred percent. However, fortunately most injuries occurred in the limbs.

There was no formal triage, but people who could be saved tended to get treated earlier.

Lee Davis: They had no anesthesia. They did their operations with strong arms and fast surgeons.

Greg Baran: If an amputation was going to be undertaken the soldier would be brought after waiting perhaps hours, days, even weeks after a significant battle.

Lee Davis: If a soldier was injured below the elbow and the injury was such that there was a lot of bone damage and torn up soft tissue, it would be life saving to amputee the arm. And the reason for that is infection would set in if you didn't do it, and your death rate would be a hundred percent. As it turns out if you amputate below the elbow, you have literally an eighty-five percent chance of survival. So you've really increased this man's chance of living if you amputated.

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Douglas DeCroix: The state of medicine and the damage that could be inflicted on these people is something I think that it's difficult for a modern individual to truly understand, unless you have a grasp of the technology. Both the military technology and the medical technology. The military technology is always going to be ahead of the medical ability to repair things.

Greg Baran: it's surprising that the actual shapes of a lot of the instruments haven't changed in two hundred years. A saw then is a saw now; a long amputation knife then is the same now. Two differences occur: one is that they're all stainless steel, surgical steel, now so they can be sterilized, which was something that was not done two hundred years ago. Second of all some of the instruments are motorized.

Lee Davis: Now the amputation was done without anesthesia. And the speed of the surgeon was essential. And usually an arm was two minutes or even less.

Donald Graves: As if you hadn't lost enough blood, they would often bleed you and then give you vomitant and a diuretic. And if you survived the medical treatment you were a strong man. Amazing stories, I mean surgeon William Horner once amputated a man's leg below the knee, was propped up, calmly smoking a pipe through the whole operation. People in those days expected to have pain as part of their lives.

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