

[Author Interview--Guy R. Hasegawa \(Matchless Organization\)](#) [Part 1](#)

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Hello H-CivWar Readers:

Today we feature Guy R. Hasegawa to talk about his new book [Matchless Organization: The Confederate Army Medical Department](#), published by Southern Illinois University Press in June 2021.

Guy R. Hasegawa is a retired pharmacist and editor. He is the author of *Villainous Compounds: Chemical Weapons and the American Civil War* and *Mending Broken Soldiers: The Union and Confederate Programs to Supply Artificial Limbs*.

Guy, to start our conversation, you have already written a few books on Civil War era medical topics, how did you decide to do this one on the Confederate Army Medical Department?

GRH: Although I'm interested in many aspects of Civil War medicine, I had become especially intrigued by the Confederate Army Medical Department and how it managed to keep itself going throughout the war. The central figure in that organization was Surgeon General Samuel Preston Moore, but there is little written about him other than mentions of his stern character and organizational skill. Since Moore apparently left no diary or cache of personal papers, my initial hope—primarily to satisfy my personal curiosity—was to learn more about him by studying the operations of his office in Richmond. I found some information about office personnel, but it said little about how or why things were done. I then concluded that the best course was to study the decisions emanating from the Surgeon General's Office.

The decisions themselves, and the records pertaining to them, are difficult to appreciate without context. How, for example, can communications about hospitals be understood without knowing those facilities' role and the influences upon them? As I educated myself about various aspects of the department's operations, I came to realize that the information and insights I was accumulating might be useful to others. The potential audience would include readers looking not only into Confederate medicine but also into other aspects of the Southern war effort. After all, an army's effectiveness is strongly linked to its health, and the Medical Department did not exist in a vacuum. It interacted with the Quartermaster and Subsistence Departments, for example, and had to deal with the interests of politicians and military commanders.

*Part of deciding to write a book is examining what has already been published. The only book-length work of relevance is H. H. Cunningham's *Doctors in Gray*, first published in 1958. Cunningham's work is excellent but wide-ranging, extending from government offices in Richmond to the ailments of soldiers in the field. It would not overlap much with what I had in mind, which was focused on departmental operations. *Doctors in Gray* is based on Cunningham's Ph.D. dissertation, whose source material is nicely documented. The book itself, though, does not link statements with specific reference sources and is thus of limited helpfulness to researchers. Although Cunningham assembled an impressive bibliography, he omitted many sources that I had found to be vital.*

As a longtime researcher of Confederate medicine, I saw a place for Matchless Organization. It goes beyond Doctors in Gray in detail, describes how the Medical Department reacted to circumstances and interacted with other divisions of the War Department, and serves as a solid reference source and foundation for further research.

What is your argument in *Matchless Organization*?

GRH: Let me first say that, in general terms, my research mission was to learn how the Medical Department functioned rather than to prove a point or answer a specific question. Confederate archival material is far from complete, and my experience had taught me to go where the information led me. What emerged was a view of the Medical Department that can be expressed in the following argument:

The Confederate Medical Department, under the leadership of Surgeon General Moore, did a creditable job of providing medical care in spite of substantial challenges. Those challenges included personnel and materiel shortages, worsening conditions in the South, interference from various parties, a physician workforce primarily composed of men without previous military service, and an overall lack of experience in conflicts as large and intense as the American Civil War.

I believe that the department's accomplishments can be accounted for by its robust organization and its ability to adjust to the changing conditions.

I want to get back to the resilience and accomplishments in a moment, but first I want to chat a little about your sources. When reading, you very quickly run into a passage where you make a mention about a lack of sources and records. How difficult was it to find source and thus tell this story?

GRH: Well, first, the research was done and the manuscript submitted before the COVID-19 pandemic struck, so that wasn't an issue.

Many records of the Surgeon General's Office were destroyed in the Richmond fire of April 1865. Thus, there are no complete sets of incoming or outgoing correspondence, circulars, or orders. Also missing, I imagine, are some reports that Surgeon General Moore wrote to the president or secretary of war that might have gone a long way toward clarifying various matters. Moore was especially sorry about the loss of compiled statistics about illness, wounds, survival rates, and so forth. There were, however, medical facilities in Richmond that didn't burn, and medical officers throughout the South usually kept their own copies of official correspondence. Much of this material now resides at the National Archives and Records Administration (NARA) facility in Washington, DC.

There was plenty of archival material to examine, but some of it was scattered in unfamiliar or unexpected files. A big problem was that the records' spottiness made them difficult to interpret. That meant doing more background reading and consulting multiple sources when a single, but nonexistent, explanatory report might have clarified things upfront. My investigations often ended in blind alleys and left questions unanswered.

I was, luckily, able to retrieve tons of information without leaving my computer. The army Official Records and the Medical and Surgical History of the War of the Rebellion are available online or on DVD. The subscription service Fold3 has Confederate compiled service records, some

correspondence of the Adjutant and Inspector General's Office (AIGO), the Confederate citizens file, and Confederate amnesty applications. The online NARA catalog allows access to various AIGO records, including special orders. Old newspapers can be examined via subscription services and through a free Library of Congress site. Numerous books and articles that touch on Confederate medicine are available online. First-hand accounts were generally the most useful, but more recent works with complete bibliographies often provided leads that warranted follow-up. A couple of caveats about online sources: First, searching in printed material can be frustrating because poor print quality, which is common in old newspapers, can make optical character recognition inaccurate or impossible. Second, the indexing of handwritten documents, when it occurs, depends on staffers or volunteers reading names, which is sometimes done incorrectly.

Much NARA material is not online and must be examined in person. This involves knowing (or guessing) where to look and then scrolling through microfilm or requesting, waiting for, and finally leafing through paper records. The process is tiring but gratifying when it yields a gem. Archival repositories other than NARA were usually quite accommodating in sending copies of requested materials.

It's hard to say whether the research was more difficult for Matchless Organization than for my previous projects. It certainly took more time because of the range of topics covered and the need for additional background reading and sleuthing. However, my general strategy of looking in many places and following leads was the same. In some ways, researching Matchless Organization may actually have been easier. First, I've been looking into Confederate medicine on and off for more than 20 years, so I already had some source material that ended up in the book. Second, that long involvement has given me insights into the topic, so I was a bit better at interpreting what I was finding and deciding how to follow up. Third, I've gained some efficiencies over the years as a researcher, especially with NARA's Confederate collection. Fourth, it's easier nowadays to access published and archival materials online. None of this is to say that the research was a piece of cake, because it wasn't. Frankly, if the research were easy, someone else probably would already have done it. For me, the challenge of research is what makes it rewarding.

I also wondered about medicine and medical education at the time. How did you become an M.D. and then a surgeon in the military? Were these well-educated and qualified individuals?

GRH: At the time of the Civil War, there was essentially no regulation of medical practice. Educational requirements for becoming a physician, licensure, and accreditation of medical schools did not exist, so anyone could claim to have medical expertise and treat any patients willing to take their chances with that practitioner. Most new physicians had probably served an apprenticeship under a seasoned physician.

Medical schools offered a single course of lectures per year. A course—we'd probably call it a semester now—typically lasted several months and consisted of lectures in several subjects, such as anatomy, surgery, and pharmacy. Admission often required no more than the ability to pay lecture fees. To receive an M.D. degree, a student had to attend two courses of lectures, which did not have to be at the same school or in consecutive years. If both courses were at the same school, then the first and second courses were likely to be identical. Schools varied in the amount of dissection or laboratory work and in the time devoted to examining patients. There might be an exam to pass and a

thesis to write, but almost anyone with adequate funds who wanted an M.D. degree could find a school to award it.

Many practitioners who attended medical school took only a single course and never received a degree, and many evidently did not consider medicine to be an all-consuming career. It's common to encounter physicians, with or without a degree, who had other occupations or entered the army as common soldiers. To be fair, some physicians devoted themselves to medicine and went well beyond the minimum in attaining knowledge by, for instance, traveling to Europe for additional training. Articles in the Confederate States Medical and Surgical Journal and other periodicals by active or former Confederate surgeons reveal those men to have been intellectual, keenly observant, and much more well-informed than would be expected from completing just the typical medical-school curriculum.

Early in the war, many physicians were elected as surgeons by their regiment or appointed by their governor. They then entered Confederate service as medical officers when their state units were absorbed into the Confederate Army. After it became clear that many such men were unqualified, they—and all men applying to become medical officers—became subject to examination by a medical board. Surgeons who failed the exam were asked to resign, and those who did not were dropped from the ranks. The exams were modeled after the fairly rigorous ones used by the U.S. Army but were probably made easier to pass so as to fill open positions. It appears that new applicants were required to have an M.D. degree from a respectable school during the latter part of the war, but that prerequisite may not have existed earlier. In any event, the exams were credited with weeding out many incompetent surgeons and keeping unqualified applicants from entering the medical corps.

The physicians most competent to treat the Confederate sick and wounded were probably those who had resigned from the U.S. Army, but there were only about 25 of those among the thousands of men who served as Confederate surgeons. Other very able physicians might include those who had accumulated education and experience through years of practice. I don't think that age limitations were enforced rigidly by medical boards, but many seasoned practitioners would probably have been judged to be physically unsuited for the rigors of army life, although they could serve as civilian contract surgeons. Physicians who had practiced medicine for the past five years were exempt from conscription and felt no need to join the medical corps to avoid being drafted as soldiers.

Thus, most Civil War surgeons were fairly young and had been in civilian practice or recently attended medical school. They had probably never treated a gunshot wound, amputated a limb, or advised a commander (who himself had recently been a civilian) about proper camp sanitation. One young man reported passing the medical board examination and being appointed assistant surgeon without ever having treated a sick person or even lanced a boil.

Many soldiers were frightened at the prospect of being treated by a Civil War surgeon, especially a young one with whom they were unacquainted. However, given the state of medical knowledge and education at the time, the need to provide care to a huge army, and the available pool of civilian physicians, the Confederate Medical Department probably did as well as could be expected in selecting its medical officers.