

Fotografisk dokumentasjon av krigsskader 1861–1865

Michael 2017; 14: 63–75.

Under den amerikanske borgerkrig (1861–1865) opprettet U.S. Army Surgeon General William A. Hammond (1828–1900) Army Medical Museum i 1862 for å dokumentere de medisinske sidene ved krigens gang. Blant annet ble det tatt et stort antall fotografier som gir ettertiden et frapperende innblikk i tidens kirurgi og behandlingsresultater. Noen av disse fotografiene befinner seg ved Universitetet i Oslo.

I årene 1861 til 1865 raste den amerikanske borgerkrigen, og den ble meget blodig. Litteraturen om konflikten er omfattende.¹ De tapstall som nevnes, er noe forskjellige, men det ser ut som om det var rundt 40% døde og sårede blant troppene, og at ca. 650 000 mistet livet. I tillegg kom alle de sårede som levde videre med skader, og dertil de sivile tapene.

Nordstatenes sanitetssjef, den legeutdannede general William Alexander Hammond gjennomførte en rekke reformer, blant annet ved at han i 1862, kort etter sin utnevning, opprettet Army Medical Museum for å dokumentere den militærmedisinske aktiviteten.² Blant annet ble det i årene 1870 til 1888 gitt ut en seks binds rapport med tittelen *Medical and Surgical History of the War of the Rebellion (1861–65)*, der det blant annet er et stort antall bilder og kasuistikker.³

Da de prekliniske instituttene ved Universitetet i Oslo flyttet fra bygningene i Sentrum, kom det under ryddingen fram en bunke med 38

1 Både på papir og på nett finnes rikholdig informasjon og det vises til denne. Blant annet har en wikipedia-artikkel (https://en.wikipedia.org/wiki/American_Civil_War, nedlastet 7.1.2017) en fylldig litteraturliste, egnet som utgangspunkt for videre søk.

2 Museet eksisterer fortsatt etter diverse omorganiseringer, siden 1989 som National Museum of Health and Medicine i Silver Spring, Maryland.

3 Tilgjengelig på nettet.



Figur 1: Penetrerende skudd gjennom buken.

fotografier som stammer fra Army Medical Museum.⁴ De er i størrelsen 19x15 cm, er oppklebet på kartong og har en forbløffende fotografisk kvalitet. På baksiden er det limt opp en kasuistikk med omtale av den sårede, av skadene og om hvilken behandling han hadde fått.⁵

4 Se Larsen Ø. Kirurgiske resultater fra 1860-årene – krigskirurgi stadig aktuelt. *Tidsskr Nor Lægeforen* 1991; 111: forside, 657, 659. De 38 bildene befinner seg nå ved Seksjon for medisinsk antropologi og historie, Institutt for helse og samfunn, Universitetet i Oslo. Hvordan de i sin tid kom til Oslo, vites ikke.

5 Nederst bak på hver plate står anført "Surgeon General's Office, Army Medical Museum, Photographic Series". Av løpenumrene på bildene går det fram at det har vært mange flere, men det vites ikke om det har vært flere ved Universitetet i Oslo.

Surgeon General's Office.

ARMY MEDICAL MUSEUM.

PHOTOGRAPHIC SERIES, No. 84. *Recovery after a Perforating Gunshot Wound of the Abdomen producing Artificial Anus.*

Lieut. G. P. Deichler, Co. I, 69th Pennsylvania Vols., aged 22 years, was wounded by a conoidal musket ball, at Hatcher's Run, Va., in March, 1865. The ball entered the right iliac region, and, passing through the ascending colon, made its exit a little to the left of the last dorsal vertebra.

The patient was taken to a field hospital, and from thence to Armory Square Hospital, at Washington, where he was admitted on April 1st, in an exhausted condition, with grave symptoms of peritonitis. There was a copious fecal discharge from both wounds. Appropriate dressings were applied, a fourth of a grain of sulphate of morphia was ordered to be given every second hour, and stimulants were directed.

On April 7th, sloughs separated from both wounds, and left a clean granulating surface. A large piece of sphacelated omentum was removed from the anterior wound.

The opiate treatment was continued till April 27th, when there was a fecal evacuation by the anus, for the first time after the injury.

On June 12th, the discharge from the wounds was very slight. The edges of the wounds were now refreshed and approximated by adhesive strips.

On August 10th, the anterior wound was firmly healed. There was a small fistulous sinus at the posterior wound, discharging pus scantily. On this day the photograph was taken, and the patient left the hospital for his home in excellent general health.

The particulars of the case were communicated by Acting Assistant Surgeon Charles A. Searle, U. S. A.

Photographed at the Army Medical Museum,

BY ORDER OF THE SURGEON GENERAL:

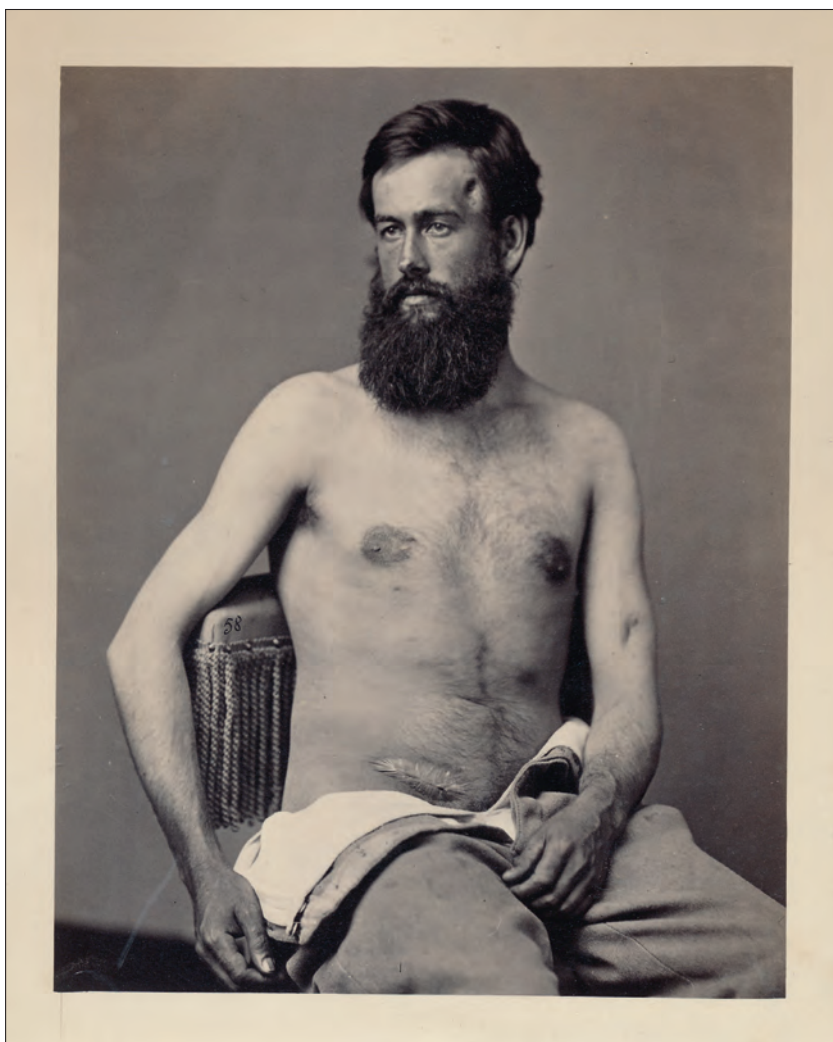
GEORGE A. OTIS,

Br't Lt. Col. and Surg., U. S. V., Curator A. M. M.

Figur 2: Tekst bakpå bilde gjengitt i figur 1.

Det er medisinske og kirurgiske suksesshistorier som illustreres på bildene. Når man leser kasuistikkene, er det helt klart at disse pasientene må ha vært usedvanlig heldige som har overlevd både skadene og behandlingen, tross etterfølgende plager og funksjonshemning. Sykehistoriene maner til ettertanke, og kanskje især vedrørende det meget store antall sårede som *ikke* overlevde.

De bildene som er gjengitt her, er et for så vidt tilfeldig utvalg som viser spredningen på skadetyper. Figur 1 og 2 gjelder en penetrerende bukskade



Figur 3: Rekonvalesent etter tre krigskader.

hvor det er nærmest uforståelig at pasienten kunne overleve med datidens medisinske muligheter for å beherske både selve skaden og den uunngåelige infeksjonen. Fototeknisk er figur 1 interessant, fordi man her har brukt et speil for å få både forsiden og baksiden av pasienten med på bildet, en

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PHOTOGRAPHIC SERIES, No. 58.—*Case of Corporal Bemis, thrice severely wounded in Three Battles.*

Private Edson D. Bemis, Co. K, 12th Massachusetts Vols., was wounded at Antietam by a musket ball, which fractured the shaft of his left humerus. The fracture united kindly, with very slight angular displacement and a quarter of an inch shortening.

Promoted to be corporal, Bemis received May 6th, 1864, at the battle of the Wilderness, a wound from a musket ball in the right iliac fossa. He was treated in the Chester Hospital, near Philadelphia. There was extensive sloughing about the wound, but it ultimately healed entirely, leaving a large cicatrix, parallel with Poupart's ligament. Eight months after the injury, Bemis returned to duty with his regiment.

On February 5th, 1865, Corporal Bemis was again severely wounded at the engagement at Hatcher's Run, near Petersburg, Virginia. A musket ball fractured the squamous portion of the left temporal bone, and the patient states that the surgeons found it lodged in the substance of the left cerebral hemisphere, whence it was extracted, together with several fragments of bone, on February 8th, 1865.

The photograph was taken July 15th, 1865. The wound in the head was then nearly healed. There was a slight discharge of healthy pus from one point. The pulsations of the brain could be felt and seen under the integument. The mental and sensory faculties were unimpaired. The Corporal had been discharged from service, and recommended for a pension.

Photographed at the Army Medical Museum,

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Figur 4: Tekst bakpå bilde gjengitt i figur 3.

teknikk som både sparte kostbart fotografisk materiale og forebygget forvekslinger.⁶

Pasienten på figur 3 og 4 hadde stått over skadene fra tre forskjellige av krigens slag. Etter det siste måtte en muskettkule ekstraheres fra hans venstre hjernehalvdel. Det står tørt i kasuistikken at pulsasjoner i hjernen kunne

⁶ Se Horgmo ØH. Mirrors in early clinical photography (1862–1882): a descriptive study. *Journal of visual communication in medicine* 2015; 38: 184-95. Der er også dette bildet gjengitt som fig. 10, s. 192.



Figur 5: Tilhelet lårbeinsbrudd høyre side.

sees gjennom hjernehinnen. Han ble anbefalt for å få pensjon, hvilket han måtte ha fortjent.

Forkortninger av skadede ekstremiteter ser ut til å ha vært vanskelige å unngå (figur 5 og 6), på tross av ekstensjon. Denne pasienten var særlig uheldig, idet han brakk opp igjen skaden før den var tilhelet. Bemerk typen krykker, som går igjen på alle bildene av denne typen.

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SPECIMEN No. 2461.—PHOTOGRAPHIC SERIES, No. 73. *United Gunshot Fracture of the Shaft of the Right Femur.*

Corporal David A. Smith, Co. I, 20th Mass. Vols., was wounded on February 5th, 1865, at Hatcher's Run, Va., by a conoidal musket ball, which entered the middle of the external surface of the right thigh, fractured the femur, and made its exit from the inner and posterior aspect of the thigh.

He was admitted into the Second Corps Hospital, and was treated by Buck's method, for six weeks. Extension was made by a weight of sixteen pounds.

He was transferred to Armory Square Hospital, at Washington, March 18th, 1865. The fracture gradually united with four inches shortening, and very considerable angular deformity. On April 30th, the patient fell from his chair, and fractured the imperfectly consolidated callus. The opportunity was embraced to straighten the limb, and to employ as much extension as the patient could bear.

On July 25th, 1865, the photograph was taken. The man was discharged from service the same day. The fracture had firmly united, with three inches shortening. There was still a small fistula and a slight purulent discharge. The general health was remarkably good.

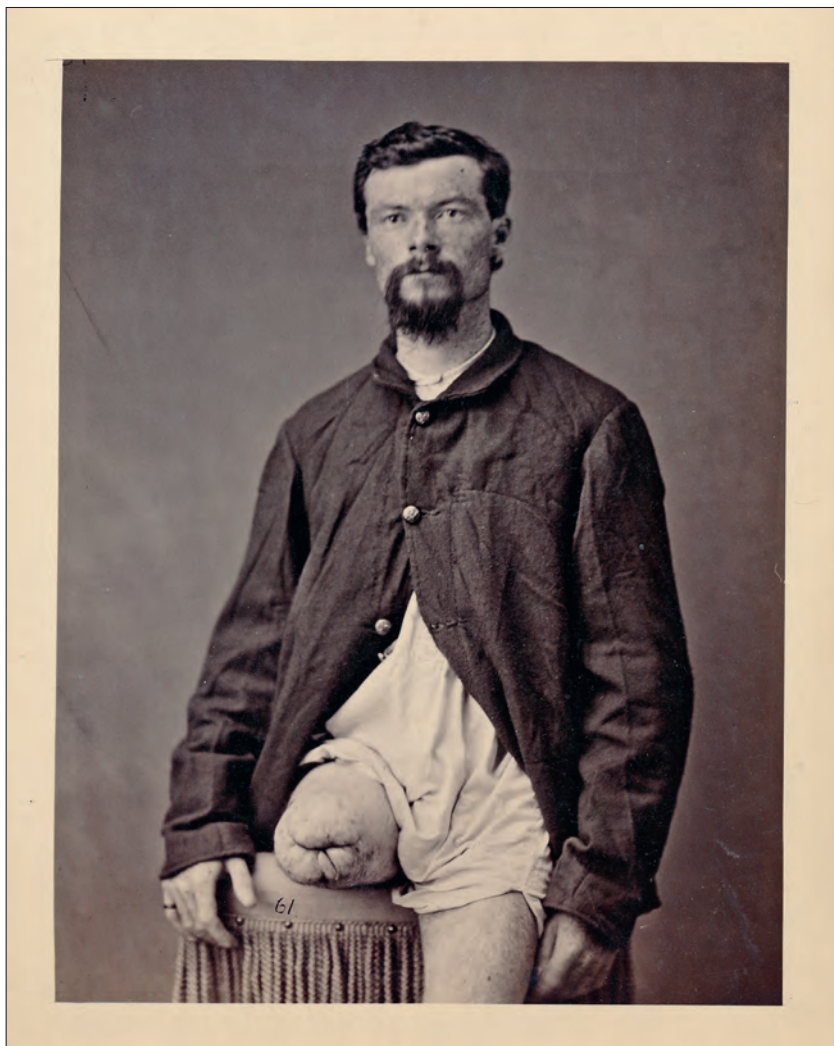
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Figur 6: Tekst bakpå bilde gjengitt i figur 5.



Figur 7: Amputasjon med komplikasjoner.

Amputasjon kunne gi langvarige senplager, dersom pasienten overlevde de medfølgende infeksjonene. Figur 7 og 8 viser en pasient som tross sitt manglende høyre bein må ha vært svært heldig. Hans helse anføres som eksellent, på tross av at et stort beinstykke, avbildet på baksiden av bildet sammen med teksten, var blitt fjernet i ettertid.



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PHOTOGRAPHIC SERIES No. 61. *Thigh Stump from which a Cylindrical Sequestrum has been extracted.*

Private William Cotter, æt. 27, Co. E, 9th New Hampshire Vols., underwent primary amputation of the right thigh at the lower part of the middle third, on account of gunshot fracture of the lower third of the femur, at Petersburg, Va., July 30th, 1864. The operator made a long posterior skin flap, which was turned up and attached anteriorly by sutures.

On August 3d, 1864, the patient was admitted to Douglas Hospital, at Washington. The stump was swollen from the retention of pus by the bag-like flap. Two sutures were removed and an incision was made in the dependent portion of the flap, and the stump was poulticed.

On August 13th, the swelling was much reduced and the constitutional irritation had greatly abated; the ligature from the femoral artery came away on that day.

On November 29th, 1864, the wound was cicatrized with the exception of a small fistulous orifice, through which dead bone had been felt for two months previously. An incision was made here and a cylindrical sequestrum, nearly six inches long, was extracted. (Specimen 252, A. M. M.). The sequestrum was surrounded, as usual in such cases, by a thick shell of new bone. Within it, near the middle, was a beautiful transparent osseous flake.

The patient was photographed, July 16th, 1865. The fistula in the stump had not entirely healed. Various stimulating injections had been unsuccessfully employed. The patient's general health was excellent.

The facts of the case were communicated by Assistant Surgeon Wm. F. Norris, U. S. A.

Photographed at the Army Medical Museum.

BY ORDER OF THE SURGEON GENERAL:

GEORGE A. OTIS,

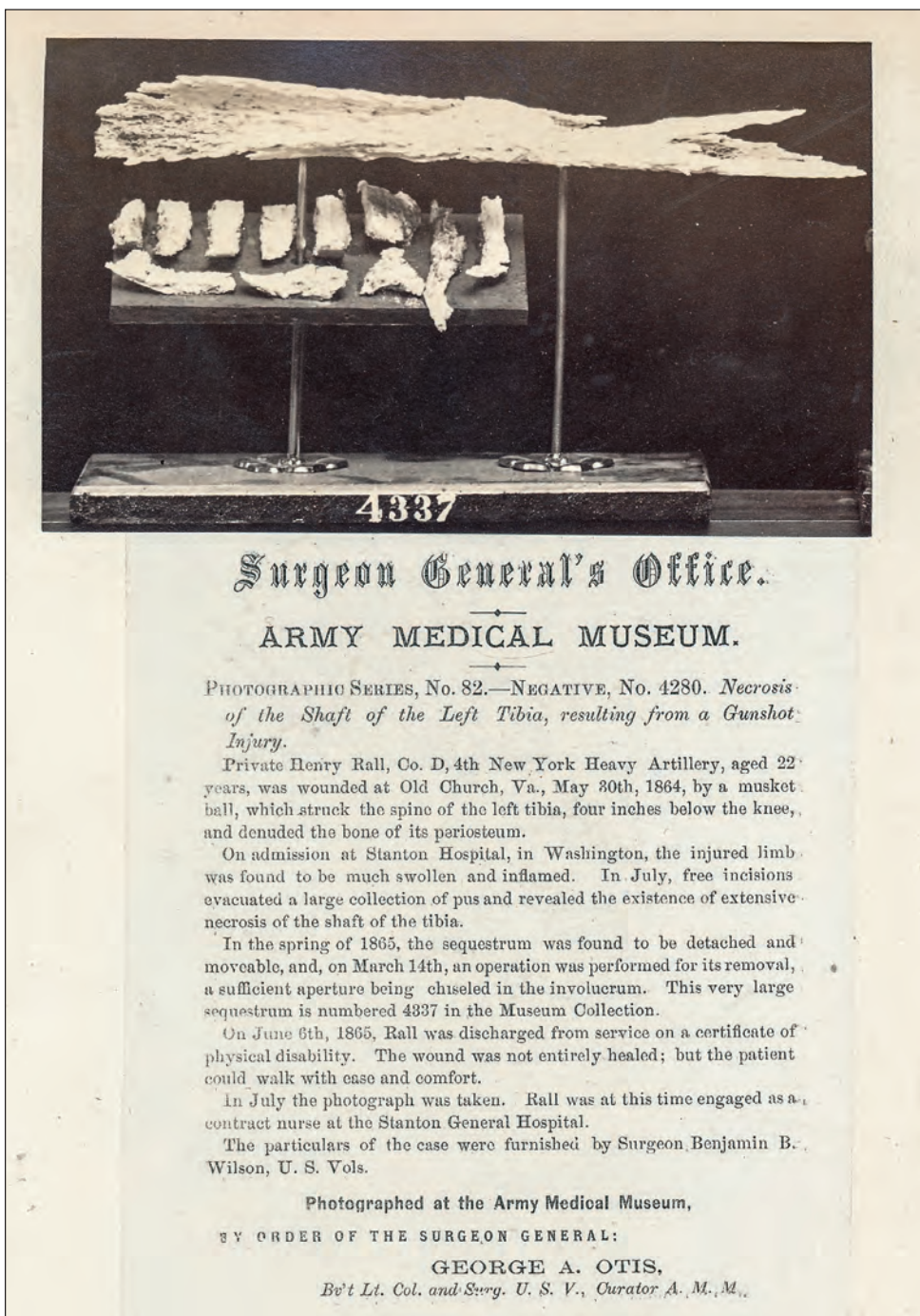
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Figur 8: Fotografii og tekst bakpå bilde gjengitt i figur 7.



Figur 9: Nekrose etter skade i leggen.

Figur 9 og 10 illustrerer for så vidt det samme, men her hadde pasienten unngått amputasjon, tross beinnekrose og sekvestrering – og han kunne være i fullt arbeid som sykepleier.



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ARMY MEDICAL MUSEUM.

PHOTOGRAPHIC SERIES, No. 82.—NEGATIVE, No. 4280. *Necrosis of the Shaft of the Left Tibia, resulting from a Gunshot Injury.*

Private Henry Rall, Co. D, 4th New York Heavy Artillery, aged 22 years, was wounded at Old Church, Va., May 30th, 1864, by a musket ball, which struck the spine of the left tibia, four inches below the knee, and denuded the bone of its periosteum.

On admission at Stanton Hospital, in Washington, the injured limb was found to be much swollen and inflamed. In July, free incisions evacuated a large collection of pus and revealed the existence of extensive necrosis of the shaft of the tibia.

In the spring of 1865, the sequestrum was found to be detached and moveable, and, on March 14th, an operation was performed for its removal, a sufficient aperture being chiseled in the involucrum. This very large sequestrum is numbered 4337 in the Museum Collection.

On June 6th, 1865, Rall was discharged from service on a certificate of physical disability. The wound was not entirely healed; but the patient could walk with ease and comfort.

In July the photograph was taken. Rall was at this time engaged as a contract nurse at the Stanton General Hospital.

The particulars of the case were furnished by Surgeon Benjamin B. Wilson, U. S. Vols.

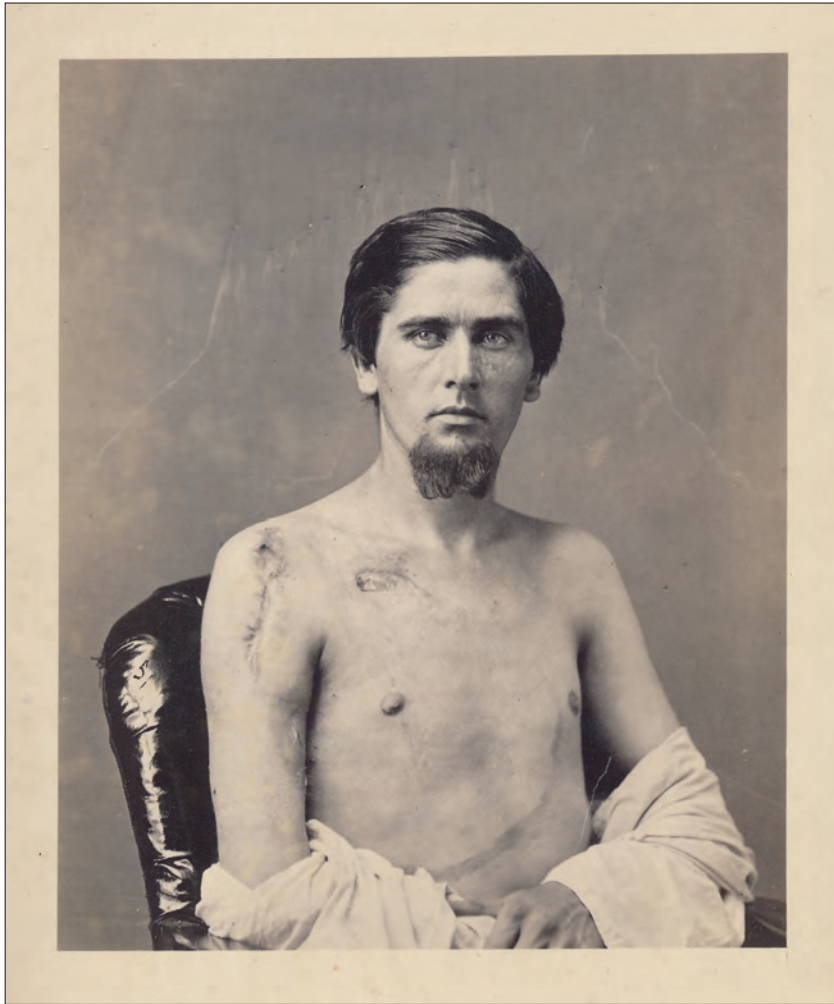
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Figur 10: Fotograf og tekst bakpå bilde gjengitt i figur 9.



Figur 11: Tilhelet skulderskade.

Pasienten som hadde fått knust høyre humerushode av en muskettkule (figur 11 og 12), hadde et alarmerende tilbakefall i behandlingsforløpet i form av erysipelas. Men tilhelingen fortsatte likevel.

Sett i historiens bakspeil formidler disse fotografiene og kasuistikkene flere budskap. Vi skjønner hvor framsynt general Hammond var da han iverksatte en systematisk dokumentasjon for å kunne evaluere det militærmedisinske arbeidet, for senere å kunne dra nytte av erfaringene. Fotografering var forholdsvis nytt i 1860-årene, og viste her sine muligheter i klinisk medisin. Ved at bildene også viser pasientene som *mennesker*, noen i deres

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PHOTOGRAPHIC SERIES NO. 51. *Successful Excision of the Head of the Right Humerus.*

Sergeant Chauncey A. Winser, Co. A, 6th Wisconsin Vols., was wounded at the battle of Gravelly Run, March 31st, 1865, by a conoidal musket ball, which entered below the middle of the right clavicle, and, passing outwards and backwards, shattered the head of the right humerus. The same day the head of the bone was excised by Surgeon Hull, 6th Wisconsin Vols., through a straight incision parallel to the axis of the arm.

May 4th, 1865, Winser was transferred from the field hospital to Judiciary Square General Hospital, at Washington, in good condition. Save an interruption from an attack of erysipelas, which supervened about the middle of May, the case continued to progress most favorably.

June 13th, 1865, when the patient was photographed, the prospect of an useful limb was very encouraging.

Photographed at the Army Medical Museum,

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Figur 12: Tekst bakpå bilde gjengitt i figur 11.

sivile klær, trekkes krigen for oss nærmere det samfunnet den utspant seg i. Ved å se på bildene fornermer vi smerten og ulykken krigen og skadene medførte, særlig sett i forhold til det store antallet mennesker som ble berørt. Vi forstår hvor viktig senere tiders store innsats for skadeforebygging, rask hjelp og rask evakuering til høykompetent behandling er.

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