MASTER SURGEONS OF AMERICA

SAMUEL PRESTON MOORE

SAMUEL PRESTON MOORE was born in Charleston, South Carolina, in 1813. His father and mother were Stephen West and Eleanor Screven (Gilbert) Moore. His grandfather and grandmother were Samuel Preston and Susanna (Pearson) Moore. His first American paternal forebear was Dr. Mordecai Moore, the physician of Lord Baltimore, the founder of Maryland.

Dr. Moore was educated in the city of his nativity. Graduating in medicine in 1834, he was appointed assistant surgeon (with the rank of captain) in the United States army, March 14, 1835, when he was twenty-two years of age. His service in the old army, lasting for 26 years, was a very varied one, and prepared him well for the execution of the onerous and most responsible duties to which he was called when in 1861 he threw in his lot with his fellow-citizens of South Carolina.

On July 30, 1861, Dr. Moore was assigned to duty in Richmond as acting surgeon-general of the Confederacy, and his name was, on November 29, 1861, presented to the Provisional Congress of the Confederate States for confirmation.

Probably the most difficult work that he had at the start was to secure a sufficient number of competent surgeons. The troops in the field were all volunteer troops who had been allowed to select their own officers, medical officers included, and their selections were not always the best. In the enthusiasm of the early days of the war many doctors had volunteered for service as soldiers, not as surgeons. Some of these were officers, and some even in the ranks. Proper laws applying to the medical personnel were slow in getting passed. But in course of time medical examining boards were provided for, which improved conditions wonderfully. It is estimated that there were, first and last, about one thousand surgeons and two thousand assistant surgeons in the Confederate army and navy—both branches of the service being looked after by the one medical department.

These cared for in the 4 years of the war six hundred thousand Confederate troops and about two hundred and seventy thousand Federal prisoners of war, the latter of whom had to be looked after for a much longer period than normally would have been the case because of the stern policy of the Federal government

late in the war of permitting no exchange of prisoners, a policy that resulted in the crowding at one time of thirty thousand prisoners into a space at Andersonville intended to accommodate only ten thousand, and in a distressing death rate in most of the Confederate prisons—but one not equal, it must be said in justice to the Confederate surgeons and their chief, who strove manfully to reduce it, to the death rate in the Federal prisons, the percentage of deaths in the former being about 8.3 and in the latter 12. It is said that the Confederate surgeons cared for during the war more than three million cases of wounds and disease.

Moore's next most difficult work was the erection of an adequate number of hospitals in properly selected places throughout the South—such hospitals as in the late great World War would have been called base hospitals.

A continuing and increasing difficulty was the securing of medical and surgical supplies for these base hospitals and for field and camp. Though the Federal blockade pressed heavily, the medical department of the Confederacy did not cease at any time during the war from getting in large quantities of supplies from abroad. In addition, there was a good amount of trade with Mexico, and there was always a vast amount of smuggling along the extended borders of the North and the South. Another source of supply was capture. The result of all this was that there was at no time an absolute dearth of medical supplies. Many Confederate surgeons said after the war that they never failed to have an ample supply of the three most important drugs: quinine, morphine, and chloroform.

From the beginning of the war Dr. Moore occupied himself with the question of substitutes, and with the study of the medicinal qualities of indigenous plants. A rather amusing correspondence is preserved—and printed in the "Records"—carried on between Surgeon-General Moore and one of the generals in the field in reference to the use of quinine, he maintaining that the general had erred in issuing an order that quinine should be given to the troops as a prophylactic. He held that it should be reserved for use in cases of actual sickness and that a preparation of native plants should be relied on for prophylactic purposes. His standby was the following: "Dried dogwood bark, 30 parts; dried poplar bark, 30 parts; dried willow bark, 40 parts; whiskey, 45 per cent strength; 2 pounds of the mixed bark to 1 gallon of whiskey. Mascerate 14 days. Dose for tonic and anti-febrifuge purposes, 1 ounce three times a day."

As with medicines, so with hospital furniture, bedding, and other necessary articles, it was in course of time found necessary for the medical bureau to assume direct control of the manufacture of them. Competent operatives had to be secured for the work. Disabled soldiers were used as far as practicable, but what with his laboratories, his distilleries, and his establishments for making equipment, he had to have detailed many men, experts in their line, whom commanding officers were loath to give up and anxious to get back into ranks. The surgeon-general was compelled to wage a constant warfare to keep up his organi-

zation. What he was striving for until the very end was permanence of assignment of men to the work under his control and their exemption from all military duty. He maintained that they should not be expected to bear arms even in extreme emergency.

Dr. Porcher says of him in an address before the Association of the Survivors of the Confederate Surgeons of South Carolina at Columbia, South Carolina, November, 1889:

"Within his domain, which was a very extensive one, he had absolute power and the *fiat* of an autocrat; the Emperor of the Russias was not more autocratic. He commanded and it was done. He stood *in terrorem* over the surgeon, whatever his rank or wherever he might be—from Richmond to the trans-Mississippi, and to the extremest verge of the Confederate States. And though appearing to be cold and forbidding, we do not think that Surgeon Moore was cruel, arbitrary, or insensible to conviction. We have ourselves experienced some of his stern rulings, which were afterwards fully compensated for."

One respect in which the surgeon-general, in Dr. Porcher's opinion, erred, was in his opposition to the granting of furloughs except in extreme cases. Dr. Porcher maintained that the mental outlook of the average Confederate soldier was different from that of the average soldier in any other army; that the Confederate soldier was, when depleted by wounds or sickness, peculiarly subject to an extreme degree of nostalgia that became dangerous in its effects. "The promise of a furlough was found to be superior to the whole pharmacopœa, and would literally rescue a sick or wounded soldier from the jaws of death." This peculiarity of the Southern soldier may in some measure account for the higher mortality in the Northern prisons than in the Southern prisons. Moore, accustomed in the old United States army to men on the average much less sensitive and high-strung than were the Confederate soldiers, was a foe to easy furlough.

Dr. Moore did not overlook the value of the meeting from time to time of men of the same profession for the discussion of topics of mutual interest and for gaining inspiration from contact with each other. In August, 1863, there assembled in Richmond, under his auspices, a large number of surgeons, who organized the "Association of Army and Navy Surgeons of the Confederate States." He also endeavored to have supplied in a measure the lack of professional literature throughout the South by encouraging the publication of *The Confederate States Medical and Naval Journal.* This came out monthly in Richmond from January, 1864, through February, 1865. In short, he seems to have neglected none of the known methods for consolidating the members of the medical and surgical profession in the South in his effort to make of them a most efficient instrument in the conduct of the war.

The last report made by Surgeon-General Moore to the Secretary of War is dated February 9, 1865. It is a special report in reply to a circular sent out by

the Secretary asking for a report from each department head as to the means on hand for carrying on the war. It was generally felt that conditions were becoming critical. One would not suppose this, however, from a perusal of the reports, which, if not optimistic, are certainly determined. Dr. Moore replied, in part: "The department has on hand, of some articles, a twelve months' supply, of others a limited supply, but if allowed to retain its skilled employees at the various laboratories, purveying depots and distilleries, and to import medicines freely through our lines in Mississippi and Alabama, no fear need be entertained that the sick and the wounded of the army will suffer for the want of any of the essential articles of the supply table."

At the close of the war Dr. Moore elected to remain a resident of Richmond. Since he had sufficient means to supply the wants of himself and family, he did not endeavor to practice his profession to any great extent, preferring, after the arduous labors he had performed, to pass the remainder of his life in comparative ease. Being, however, a very public-spirited citizen, he served his adopted city and State well as a member of at least two boards. One of these was the executive board of the Virginia Agricultural Society, of which he became a member in 1874, continuing until 1881. Since he always took his duties seriously, his services in connection with the State fairs were valuable. His was a striking figure in the crowds at the exhibitions.

His services were even more valuable as a member of the city school board, from 1877 until his death. It is said of him that every morning he, with military precision, went to the office of the superintendent of schools for consultation. He advocated the teaching of vocal music in the schools, but the medical man in him came out plainly in the arguments he made that the singing would greatly develop the lungs of the pupils. He was the author or instigator of a series of eye-sight tests, with the purpose of having the teachers give pupils of defective vision advantageous seats with reference to the blackboards and windows. On the day before he died he was at the superintendent's office as usual, and talked in the most interested way of the forthcoming high school commencement, in making arrangements for which he had spent much time. This picture of Moore giving of his best in his declining years to the service of youth reminds us of the rôle played in a broader way by his great chieftain, Robert E. Lee.

Dr. Moore was a member of Lee Camp Confederate Veterans and never gave up his interest in Confederate affairs. According to his own wish, no flowers were placed on his coffin or on his grave at the time of his interment, but on his breast was laid a small Confederate flag, and to the lapel of his coat was pinned a Confederate badge. He died on May 31, 1889, in the early morning, and was buried on June 2, in the afternoon, in Hollywood Cemetery. His comrades and the citizens of Richmond and of the South universally recognized that a most notable figure had passed.

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