

48. Death of a Wisconsin Officer

ANOTHER characteristic scene of that dark and bloody 1863, from notes of my visit to Armory-square hospital, one hot but pleasant summer day. In ward H we approach the cot of a young lieutenant of one of the Wisconsin regiments. Tread the bare board floor lightly here, for the pain and panting of death are in this cot. I saw the lieutenant when he was first brought here from Chancellorsville, and have been with him occasionally from day to day and night to night. He had been getting along pretty well till night before last, when a sudden hemorrhage that could not be stopt came upon him, and to-day it still continues at intervals. Notice that water-pail by the side of the bed, with a quantity of blood and bloody pieces of muslin, nearly full; that tells the story. The poor young man is struggling painfully for breath, his great dark eyes with a glaze already upon them, and the choking faint but audible in his throat. An attendant sits by him, and will not leave him till the last; yet little or nothing can be done. He will die here in an hour or two, without the presence of kith or kin. Meantime the ordinary chat and business of the ward a little way off goes on indifferently. Some of the inmates are laughing and joking, others are playing checkers or cards, others are reading, &c.

I have noticed through most of the hospitals that as long as there is any chance for a man, no matter how bad he may be, the surgeon and nurses work hard, sometimes with curious tenacity, for his life, doing everything, and keeping somebody by him to execute the doctor's orders, and minister to him every minute night and day. See that screen there. As you advance through the dusk of early candle-light, a nurse will step forth on tip-toe, and silently but imperiously forbid you to make any noise, or perhaps to come near at all. Some soldier's life is flickering there, suspended between recovery and death. Perhaps at this moment the exhausted frame has just fallen into a light sleep that a step might shake. You must retire. The neighboring patients must move in their stocking feet. I have been several times struck with such mark'd efforts—everything bent to save a life from the very grip of the destroyer. But when that grip is once firmly fix'd, leaving no hope or chance at all, the surgeon abandons the patient. If it is a case where stimulus is any relief, the nurse gives milk-punch or brandy, or whatever is wanted, ad libitum. There is no fuss made. Not a bit of sentimentalism or whining have I seen about a single death-bed in hospital or on the field, but generally impassive indifference. All is over, as far as any efforts can avail; it is useless to expend emotions or labors. While there is a prospect they strive hard—at least most surgeons do; but death certain and evident, they yield the field.

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