



Nebraska History posts materials online for your personal use. Please remember that the contents of *Nebraska History* are copyrighted by the Nebraska State Historical Society (except for materials credited to other institutions). The NSHS retains its copyrights even to materials it posts on the web.

For permission to re-use materials or for photo ordering information, please see:

<http://www.nebraskahistory.org/magazine/permission.htm>

Nebraska State Historical Society members receive four issues of *Nebraska History* and four issues of *Nebraska History News* annually. For membership information, see:

<http://nebraskahistory.org/admin/members/index.htm>

Article Title: Treating the Wounded at Fort Robinson

Full Citation: Roger T Grange Jr, "Treating the Wounded at Fort Robinson," *Nebraska History* 45 (1964): 273-294

URL of article: <http://www.nebraskahistory.org/publish/publicat/history/full-text/NH1964Wounded.pdf>

Date: 3/20/2012

Article Summary: Two doctors stationed at Fort Robinson recorded information about the medical treatment given to soldiers and Indians wounded in the Cheyenne Outbreak in 1879. The article includes detailed reports concerning soldiers and a list of Indians and their injuries.

Cataloging Information:

Names: Dull Knife, Little Wolf, Edward B Moseley, CV Pettys

Subjects of Detailed Medical Reports: Thomas Ferguson, Frank Schmidt, Peter Hulse, James Emory, Edward F Pulver, Daniel Timmany, James E McHale, Edward Glavin, WH Good, WW Everett, Henry P Orr, Bernard Kelley, Peter W Painter, Amos J Barbour, Edward F Ambrose, Willard D Reed, George Brown, James Taggart, George Nelson, Henry A Du Blois, Henry W Wessels

Place Names: Fort Robinson, Nebraska; Indian Territory, Oklahoma

Keywords: Cheyenne Outbreak, Northern Cheyenne Indians, Third Cavalry, Dull Knife, Little Wolf, Edward B Moseley, CV Pettys

Photographs / Images: Fort Robinson as it appeared during the outbreak, "Dull Knife's Defiance" (from sketch by Maynard Dixon)

TREATING THE WOUNDED AT FORT ROBINSON

ROGER T. GRANGE, JR.

THE Cheyenne Outbreak, which took place at Fort Robinson in 1879, has become an epic of the American frontier. The Northern Cheyenne Indians, led by Dull Knife and Little Wolf, escaped from Indian Territory (Oklahoma) and fought their way northward. They separated and the 149 men, women and children in the group led by Dull Knife were captured on Chadron Creek on October 23, 1878 and taken to Fort Robinson where they were imprisoned. Rather than return to the southern reservation, they staged a bloody outbreak at the Fort.

There are many official records and historical summaries; the story of the Cheyenne Outbreak is well known and the event has inspired many authors of popular histories and novels. Mari Sandoz has told the story from the Indian point of view in *Cheyenne Autumn*¹ while Howard Fast's novel, *The Last Frontier*,² follows the action through the eyes of the pursuing cavalry. Other novels based on the outbreak include *The Brass Command*,³ by Clay Fisher, which is the least accurate, and *Arrow In The Moon*,⁴ by

¹ Mari Sandoz, *Cheyenne Autumn*, McGraw-Hill, 1953.

² Howard Fast, *The Last Frontier*, Duell, Sloan and Pearce, 1941.

³ Clay Fisher, *The Brass Command*, Houghton Mifflin, 1955.

⁴ Margaret and John Harris, *Arrow in the Moon*, Morrow, 1954.

Dr. Roger T. Grange, Jr., Director of the Nebraska State Historical Society Museum, formerly served as Curator of the Fort Robinson Museum.

John and Margaret Harris, a version from a civilian point of view based on Bronson's eyewitness account in *Reminiscences of a Ranchman*.⁵ The latter represents one of the historical sources as does the Cheyenne account recorded in Grinnell's *The Fighting Cheyenne*.⁶

It might seem, with such a wealth of published material, that yet another account of the action is unnecessary, but there are aspects of this Indian war struggle which can be amplified. One of these is the medical treatment given to the wounded.

During the Cheyenne Outbreak two doctors were stationed at Fort Robinson, Assistant Surgeon Edward B. Moseley and Acting Assistant Surgeon C. V. Pettys.

Among the army records of the outbreak at Fort Robinson are some data concerning the soldiers who were killed and wounded in the fighting. Dr. Moseley made a carefully detailed report of autopsy examinations of the dead and the treatment of the wounded soldiers and recorded it in the medical history of the post. The accounts are gruesome but from this record there emerges a picture of the medical department and military medical treatment of the Indian War period.

After the outbreak a military board of inquiry was convened at Fort Robinson to investigate the struggle with the Indians. Both Dr. Moseley and Dr. Pettys were called as witnesses and during their testimony described the routine care they gave to the Cheyenne during their period of captivity before the fighting began, adding further to this eyewitness account of military medical practice during the late 1870's.

Dr. Moseley stated: "I had medical charge of them [the Cheyenne] for some time after they first arrived.

⁵ Edgar Beecher Bronson, *Reminiscences of a Ranchman*, A. C. McClurg, 1910, reprinted, University of Nebraska Press, Bison Book, 1962.

⁶ George B. Grinnell, *The Fighting Cheyennes*, University of Oklahoma Press, 1956.

They seemed in pretty good condition; none of them were broken down nor did any subsequently die from any hardship they had before arriving here. One man had a comparatively fresh gunshot wound in the leg when he got here, which was attended to and he recovered.⁷ While under my charge they consumed considerable medicine, at first most were cases of chills and fever; afterwards for constipation, headaches and debility which I believe to arise from overeating and want of exercise. I went through regularly every morning and treated all who applied for it, and went through again as often as was necessary. . . . I have observed no cruel or inhuman treatment on the contrary in my opinion these Cheyenne prisoners have been leniently dealt with as I have remarked more like distinguished guests than prisoners."⁸

Dr. Pettys also testified concerning the treatment of the Indian prisoners. "I had charge of them for a while and after an interval during which I was in the field I had them again. They all seemed to be healthy and happy while I had charge. They seemed to be very nervous as to what would be done with them, almost every day they asked me through the interpreter what would be done with them. They told me they did not want to go south, that many died there and that they would do most anything rather than to go back there. I think they told me that as many as 50 died while they were in the Indian Territory.

"There were no deaths by disease among them since their arrival here. They had been here but a short time since before I took charge of them. They had a great deal of ague among them evidently brought from the south. One girl had hysteria from that cause, some had chills up

⁷ Old Sitting Man refractured his leg during the escape from the barracks and was shot. Grinnell, *The Fighting Cheyennes*, p. 422.

⁸ Special File, Military Division of the Missouri, Board of Proceedings of Officers, Jan. 25, 1879: Inquiry into Cheyenne Outbreak, Jan. 9-22, 1879. RG98. Microfilm.

to the time they broke out. This disease was not contracted here."⁹

Fort Robinson, like other frontier military posts, had a hospital. It was a log structure located west of the parade ground and typical of its time. Often designed to be torn down after a few years when saturated with "hospital poison",¹⁰ these crude hospitals were little more than barracks where sick or injured soldiers were isolated from their healthier comrades. Though they might have a dispensary, storeroom, office and kitchen in addition to an open ward, the frontier post hospitals did not include such refinements as special operating rooms.¹¹ The Medical Department included doctors and hospital stewards but other hospital attendants were merely drawn from the ranks.¹² Hospitalized soldiers were given medicines and a diet somewhat more varied than their regular mess.¹³ Surgery was little advanced over that of the Civil War battlefields and military doctors still had divided opinions as to the values of antiseptic surgical procedures and the causes of post-operative infections.¹⁴

For those unfortunate enough to receive a serious wound in combat, even in a limb, death was often inevitable, and sometimes the sooner the better. Much of what follows is not for the overly sensitive reader, but war has never been pleasant.

The Cheyenne prisoners had managed to conceal a few weapons when they were captured and taken to Fort Robinson; these were hidden in the log barracks which served as their prison. They preferred death on the spot to being sent back to Indian Territory. Water, fuel and food were

⁹ Board of Proceedings of Officers, Jan. 25, 1879.

¹⁰ P. M. Ashburn, *A History of the Medical Department of the United States Army*, Houghton Mifflin, 1929, p. 132.

¹¹ Ashburn, *A History of the Medical Department*, p. 118.

¹² Ashburn, *A History of the Medical Department*, p. 117.

¹³ Don Rickey, *Forty Miles a Day on Beans and Hay, The Enlisted Soldier Fighting the Indian Wars*, University of Oklahoma Press, 1963, p. 330.

¹⁴ Ashburn, *A History of the Medical Department*, pp. 132-134. Rickey, *Forty Miles A Day*, pp. 323-331.

withheld from the Indians in an effort to overcome their resistance to returning to the southern reservation but one January night they took matters into their own hands. Surgeon Moseley's report¹⁵ continues the story. . . .

On the night of January 9th 1879 at about 9:45 o'clock the Cheyenne Indian prisoners to the number of 150 of all ages broke through the windows of the Barrack in which they were confined and escaped to the bluffs where some of them remained until the 22nd of January when the last of [them] were killed or captured.

The outbreak was well planned and executed. The building in which they were confined has windows on all four sides. These had been obscured during the day by blankets hung before them and preparations made for flight. The arms in their possession were removed from their places of concealment and bundles of property, clothing, corn, saddles, etc., made up.

At an appointed signal a fire was opened on the sentries (six in number) who were posted around the building from carbines and pistols in the hands of the Bucks in the building who fired between the chinks in the logs and through the windows at the Guard who were in the bright moonlight plainly visible at distances from five to fifteen feet. This first fire disabled most of the Guard, and instantly the Indians poured out of the windows on all sides and made a rush for the bluffs, distant about two miles they kept pretty much together for the first five hundred yards and for that distance were a good mark for the remaining portion of the Guard and for the men of the two companies forming the regular garrison who turned out very promptly and opened fire on the fugitives killing nine bucks and two squaws and wounding a number who were afterwards brought into the Post alive.

The pursuit was kept up by troops from the cantonment about a mile distant who soon arrived on the scene mounted and succeeded in killing or capturing a number of the savages who fought desperately whenever found.

A portion of them however, succeeded in eluding immediate pursuit but their trail was found and followed in

¹⁵ Ricker Collection, ms Tablet 43, Record of Medical History of Post, pencil copy of Fort Robinson Hospital Record. Nebraska State Historical Society. Spelling retained as copied by Ricker from the original records.

the snow and a series of skirmishes occurred with more or less loss to the troops until the 22nd when the remaining Cheyennes were surrounded in a washout about twenty feet long and five deep and being charged by Companies "H" and "E", "A" and "F" 3rd Cavalry under Command of Captain H. W. Wessells, Jr. were all killed except five squaws and children most of whom were wounded who were brought in to this Post.

During this whole period the fighting was of the most desperate character being from a hand to hand struggle up to a range almost always inside of fifty yards. The great proportion of fatal wounds is remarkable and their concentration on the trunk of the body shows a deliberation and skill in handling the improved breech loading arms with which they were liberally supplied which explains why this particular tribe have obtained their reputation as the best warriors on the plains. The conduct of the white troops is worthy of the greatest praise. Taken by surprise the first night they rallied in the most prompt manner and followed the flying enemy even barefooted in the deep snow with the thermometer at 10 F. until ordered back by their officers.

In the final charge the men advanced under a heavy and fatal fire to the edge of the hole in which the enemy were hidden and in a few minutes of short work finished the affair.

By an unfortunate fatality a large number of the killed were of the very best and most respected men of the command. I append brief histories and accounts of post mortem appearances in a number of interesting cases.

Report 1

On the morning of the 9th January 1879 the Commanding Officer of Fort Robinson placed irons on the wrists of "Wild Hog" a Cheyenne Chief then a prisoner in the post. To do this a portion of the Guard were obliged to be called on to assist and in the struggle that followed Private Thomas Ferguson "E" 3rd Cav. was stabbed with a knife in the hands of Wild Hog. The blow which was somewhat weakened by the arm being seized took effect in the sternum of Prvt. Ferguson, making (sic) a punctured wound about 3/4 inch long and 1/2 inch deep. The bone was indented to a moderate extent but the cavity of the chest was not opened. The hemorrhage was very moderate and from cutaneous vessels only and was readily checked

by one suture with in the edges of the wound were drawn together, and then secured by isinglass plaster. The wound healed by immediate union and Prvt. Ferguson was returned to duty Jan 19 1879.

Report 2

On the night of January 9, 1879 Private Frank Schmidt, "A" 3rd Cavalry was walking post over the building used for quarters for Cheyenne Indians at Fort Robinson Neb.

At the first signal of their outbreak he was shot by a carbine in the hands of an Indian who fired through a window glass at him. The ball struck the buckle of his belt bent it considerable and then entered his body about two inches above and to the right of his umbilicus penetrated the walls of his abdomen passed downward and backward cutting through the vena cava asundens and the intevertebral cartilage between the fourth and fifth lumbar vertabrae fractured the transverse proccess (sic) of the fifth and escaping from the body on the right side of the spine lodged in his overcoat. The abdomen was found to contain a large quantity of partially coagulated blood but no wound could be found in the intestine. On receiving the wound he gave one loud scream, raised his hands and fell backwards five minutes afterwards he was drawing an occasional breath but no pulse could be felt at the wrist. Ball preserved:

Report 3

Private Peter Hulse "A" 3rd Cavalry, while on post over Cheyenne Indians at Fort Robinson, Neb on the night of January 9th 1879, was shot by an Indian inside the building. In my original list of wounded I stated that this wound was made by a pistol ball, having formed by opinion from the small size of the wound of entrance. I now think this wound must have been made by a rifle throwing a ball of small diameter but great weight; the amount of splintering produced in the femur being too great to be the result of a small ball and light charge of powder. This ball struck the right thigh about halfway between the anterior superior spinous process of the Illium and the patella and about an inch outside of the median line passed upward and inward and made its exit in the middle of the right buttock in its passage, fracturing the femur as high up as the surgical neck and tearing out from the shaft of the bone fourteen fragments from one to two inches long and of different widths. Considerable hemorrhage occurred

at once but ceased spontaneously. Shock was very well marked and pain was very much complained of. He was at once removed to the hospital, his clothing removed, the limb placed in an easy position and supported cold water dressing applied to the wound and one grain morphia administered by the mouth as well as small quantities of stimulants. Shock persisted until (sic) the next day about noon when he seemed to be in pretty good condition. Owing to the small size of the wound of entrance a thorough probing with the finger was impossible and from the posterior wound the seat of the fracture could not be felt.

Believing the wound to be caused by a pistol ball it was thought that the fracture might be comparatively a simple one and it was decided to try and save the limb, especially as the patient was a very healthy, vigorous man. The limb was treated by extension by adhesive strips on the sides of the leg with weight attached running over pulley at foot of bed - the foot of bed being elevated on bricks. The limb was supported on both sides by sand bags and the wound covered with water dressings and oakum padded under the patient to receive the drainage. Pain continued to be a prominent symptom and required large doses of morphia to control it which was freely given to the extent of three grains a day. After the first three days the appetite was tolerably good and the patient consumed milk, eggs, custards, bread, and toward the last a little meat. He had from the first a strong aversion to beef tea and stimulents and it was found to be impossible to get much of either into him, no matter in what form. Very little normal pus was discharged from the wounds but a dark grumus matter began to flow at the end of a week and continued from that out. His mind was affected as early as the fifth day and a low form of delirium prevailed - just how much of it owing to the morphia could not be determined.

No great trouble in keeping the limb in position was experienced but the usual trouble with the sinking of the mattress, incipient bed sores, etc.; had to be contracted and this was made worse by the location of the posterior wound. On the 24th January the patient died of exhaustion, very much emeciated and suffering great pain to the last. On making the post mortum examination the femur was found dreadfully shattered, there being fourteen small fragments driven in different directions into the muscles which were dark looking and dissected up by a blackish looking matter of very offensive smell, in fact conveying

the idea of mortification. If the extent of this fracture had been known during life, no attempt to save the limb would have been made but it would have been immediately taken off at the hip joint which would have given him a slight chance for life or at any rate an easy death; as it was it gave him a miserable death after fifteen days suffering.

Report 4

On the night of the Cheyenne outbreak at Fort Robinson, Neb Private James Emory "C" 3rd Cavalry, one of the Guard, while in a small room used by the Guard as a dormitory, was struck by a carbine ball, probably 50 calibre which was fired through the door by one of the escaping Indians. The ball entered the outside of the right thigh about four inches above the knee joint passed directly across in front of the Femur without touching the bone, and escaped on the inner side making a very large flesh wound through which the finger could be passed readily. The amount of shock and pain was quite moderate and the patient was very cool, stating that he thought when he received the wound that he was struck by a heavy club. He was moved to Hospital and $\frac{1}{2}$ grain morphia administered which gave him a good nights rest. Subsequent treatment consisted of keeping the wound constantly wet with lead water and laudanum lotions until suppuration was well established, combined with a light diet and afterwards poultices of flaxseed with a diet of eggs, milk, soup, etc. He is now under treatment with the wound rapidly filling up and a moderate degree of suppuration.

Report 5

Edward F. Pulver "L" 3rd Cavalry was a Corporal of the Guard on the night of January 9, 1879 at Fort Robinson, Nebraska. He was shot by an Indian through the window with a revolver. The ball struck him a little to the left of the middle of the biceps muscle of the right arm, passed backwards and escaped almost directly opposite without injuring the bone. The hemorrhage was moderate and ceased of itself. The pain in the wound was not very great but was complained of considerably as being in the first and second fingers of the right hand. This pain was of a frickling (sic) stinging nature combined with numbness and difficulty of motion. His treatment consisted of morphia at night with sedative lotions in due time followed by poultices to the wound and by Belladonna ointment to the fingers. At the present time he is under treatment with the wound almost closed and the discharge

to minimum. The fingers are still painful and much less than at first; motion not much better. The ball probably passed just inside the Brochial artery without injuring it, but cutting or injuring the median nerve. No secondary hemorrhage.

Report 6

Private Daniel Timmany, "E" 3rd Cavalry was on Guard outside the Indian prison at Fort Robinson, Neb and was shot by a Cheyenne with a revolver from the inside of the building through a window. The ball struck the right arm a little to the outside of the middle of the Biceps muscle, passed directly backwards and escaped nearly opposite without having injured the bone, making a wound remarkable for its similarity to that received by Corpl. Pulver at about the same time. He was at once brought to Hospital and found to be suffering from considerable hemorrhage which was readily checked by pressure. This was not considered to come from the Brochial artery but probably from some muscular branch; was not troublesome enough to require ligation at the time and has never recurred. No indications of injury to nerves have been observed. He is now under treatment with the wound almost entirely closed and a trifling discharge. Motion of arm and hand good.

Report 7

Private James E. McHale, "F" 3rd Cavalry; one of the Guard at Fort Robinson, Neb, was shot by a Cheyenne Indian, January 9, 1879. He was in the Guard room attached to the Indian Quarters and was wounded by a ball from a Carbine which was thrust between the logs of the partition. The ball struck his revolver directly on the side and split into fragments, one of which glanced off without producing any injury. The other flattened out to the size of a silver quarter dollar, entered his right thigh on the outside and a little above the middle. It passed inward, downward and backward, making a large ragged wound and lodged in the substance of the Biceps Femoris muscle at a depth of about five inches from wound of entrance. From this location it was removed with the long ball forceps after considerable trouble; hemorrhage moderate. Pain severe; shock slight. Treatment morphia to control pain and sedative lotions of leadwater and laudanum to thigh for several days until inflammation which was quite high, was moderated. Afterwards poultices of flaxseed. Now under treatment with wound suppurating largely but granulating

well. General condition good, appetite strong and has plenty of the most nutritious food.

Report 8

Private Edward Glavin "E" 3rd Cavalry, one of the sentries over the Cheyenne prisoners at Fort Robinson, Neb, was wounded by a shot from an Indian, fired from the inside of the building. The ball struck him in the ball of the right thumb, making a laceration of slight depth which was drawn together with isinglass plaster and healed without trouble. Returned to duty January 12th, 1879.

Report 9

Private W. H. Good "L" 3rd Cavalry, while riding in column with his Company on January 10, 1879 in pursuit of Cheyennes was wounded by a carbine ball fired from a high bluff not more than fifty yards distant. He fell from his horse and was carried into the bed of a small stream and laid on the ice so as to be out of range; he was remarkably cool and remarked that he had "got an Indian yesterday but that they had got him today." A trivis (sic) was made and he was brought to Fort Robinson but died on the road about three hours after receiving the wound. On post mortum examination, the wound of entrance was found about three inches above and to the left of the umbilicus just below the edge of the rib. The opening was filled with a mass of small intestines and omentum which had escaped to the size of half a man's fist. The ball passed downward and backwards wounding the small intestines in two places and entirely cutting it across in one place and struck the body of the last lumbar vertebra on its left side, glanced backward and escaped between the transverse process and the top of the sacrum. The transverse colon was not wounded nor were any large blood vessels. Considerable blood was effused in cavity of abdomen apparently from veins and small arteries in the mesentery and intestines.

Report 10

Private W. W. Everett, "H" 3rd Cavalry while scouting escaped Cheyennes on January 10, rode up within fifteen feet of a buck who was in a hole in the ground and covered with a blanket. Everett called to him - "Come out surrender" when in an instant the savage threw up his blanket and fired with his carbine, shooting the soldier through the abdomen. The Indian was immediately killed. The

wounded man rode about a mile on his horse then met an ambulance and was brought to the Post Hospital. He was found to be in a state of profound collapse, pale, bathed in sweat and icy cold. Pain of the most excruciating (sic) character and agitation and anxiety of mind was marked he was at once given large doses of morphia hypodermically and the syringe working miserably as usual; additional quantities by the mouth. Hot water was placed to the feet and hands and some reaction took place during the night. Hiccough was for a time quite troublesome as was vomiting, but both ceased when came under the full effects of the morphia. Very severe pain in the penis also came on suddenly and persisted until the urine was drawn by a catheter, when it disappeared. The quantities of urine was not over three ounces. The patient died the next morning (11th inst), quietly and without pain, apparently of shock. Autopsey body frozen. The ball was found to have entered the abdomen about 3 inches above and to the right side of the umbilicus, passed backward and to the right wounding the lower edge of the right lobe of the liver, lacerating it very moderately and escaped from the body on the back just below the edge of the eleventh rib and about four inches from the median line. The ball passed between the transverse colon and the liver without injuring the colon. The amount of blood lost was trifling and death was caused from shock from the wound of the liver. The intestines were stained by bile which must have escaped from the liver as the gall bladder and duct were not injured.

Report 11

Corporal Henry P. Orr "A" 3rd Cav. while leading a small party of men to flank the position held by the Cheyennes in a ravine was shot by an Indian concealed within twenty five yards of him. The carbine ball entered his left arm about half way between the point of the shoulder and the elbow comminuted the humerus and entered his chest in the interspace between the fourth and fifth ribs passed through the left lung entered the pericardium and cut a groove in the left ventricle of the heart which opened its cavity, then passed through the middle lobe of the right lung and penetrating the upper half of the fifth rib lodged under the skin from where it was removed during autopsey. Large quantities of partially coagulated blood were found in both sides of the chest. The pericardium contained about an ounce. On being struck he fell forward and never moved or uttered a sound. The



Fort Robinson as it appeared during the outbreak.



Dull Knife's Defiance, from sketch by Maynard Dixon.

heart and the ball have been preserved for the Army Medical Museum.

Report 12

Private Bernard Kelley "E", 3rd Cavalry while in the field in pursuit of hostile Cheyenne Indians on Jan'y 11th was shot by a carbine ball (said to have been an accidental shot from one of his own Company) which entered at a point just over the center of the sacrum and half an inch to the left of the median line, passed downward and outward through the glutcal (sic) muscles and the left femur just between the two Trochanters, fractured it and escaped from the point of the thigh about two inches above it middle and an inch to the outside of the median line. He was brought to the Post Hospital at Fort Robinson the same day and was found to be suffering from a high degree of shock, pale, cold and weak from hemmorage which had occurred at intervals since the receipt of the wound. He was given one grain of morphia and hot water placed at his feet and small quantities of beef essence given at frequent intervals. During the night he rested a little from shock but complained greatly from pain in the wound and of weakness. The thigh was supported in a comfortable position by pillows and wet compresses were kept over the wound. About one P.M. a brisk hemmorage commenced from the posterior wound which on examination was found to be of such serious nature as to require immediate interference to save the man's life. He was immediately placed under the influence of chloroform and the posterior wound enlarged with the idea that the hemorrhage came from the sciatic artery. This was found not to be the case; however the blood flowing from the upper portion of the wound and probably originating from the branches of the profunda femoris. This opening allowing of a free introduction of the finger, the wound was thoroughly explored and the femur was found to be hopelessly comminuted. The bleeding still continued, it was decided to amputate the limb at the hip joint which was done at once by Asst Surg. Edward B. Moseley U. S. A. assisted by A. A. Surg. C. V. Pettys U. S. A. The femoral artery was compressed against the brim of the pelvis by A. A. Surg. C. V. Pettys and the limb was removed by transfixion from without, joining the incision made previously to explore for the seat of hemorrhage. To that forming the anterior flap which was rather long and forming the posterior flap from the muscles on the back of the thigh. About four ounces of blood was lost as well as could be judged, mostly from a general

oozing from the surfaces of the flaps. The neck of the bone was seized by forceps and the head was removed from the autatalum with some difficulty owing to the short leverage obtained. The vessels were tied with silk ligatures and the flaps brought together with silver wire. The patient was then covered with blankets and bottles of warm water placed about him and as soon as possible after he reacted from the chloroform he was given teaspoonful doses of Brandy and water. He had taken the anetheria (sic) well and seemed to come out of it in good condition recognizing those about him, asked if his leg was off and complained of pain, etc., and his pulse gradually improved in strength and decreased in rapidity. While in this improving condition and before he could be stopped by the attendants, he suddenly raised his head and shoulders quite high and looked down where his leg had been, then instantly fell back, the eyes rolled up, respiration became irregular and he was dead inside of three minutes. Death occurred about two hours after the completion of the operation.

Report 12½

Farrier Peter W. Painter "C" 3rd Cavalry, while riding in column with his company on the Indian trail Jan. 11, was wounded by a carbine ball fired by Indians in ambush not more than thirty feet distant. The ball struck him upon the outer and back portion of the left shoulder, passed along the line of the spine of the scapula making an open flesh wound of about three inches in length. He was brought to the post hospital, Fort Robinson, the next day and cold applications placed to the wound, followed by dressings of simple corate, in due time. It healed rapidly and he was returned to duty Feb. 17, 1879.

Report 13

Pvt. Amos J. Barbour "H" 3rd Cav. was shot by Cheyenne Indians, Jan 17, 79. He with a few others were following the trail in advance of the column when a sudden volley was fired at them from one side of the trail at a distance of about fifty yds. He was struck by a Carbine Ball which entered the front of the front of the chest through the costal cartilage of the fifth rib about two inches to the outside of the sternum. It passed directly backward and downwards cutting a groove in the wall of the right ventricle of the heart, opening its cavity, passed through the lung and escaped between the eleventh and twelfth ribs about one inch to the right of spine. He

dropped dead and the Indians charged, captured the body, scalped him and took his arms and ammunition and all of his clothing except his shirt. The scalp was taken from the right side of the head was about four by five inches in size. No other mutilation of the body was made.

Report 14

1st Sergt. Edward F. Ambrose "E" 3rd Cavalry was wounded Jan 22nd, 1879, in the final attack on the rifle pit of the Cheyennes when within feet of the enemy. He was struck by a carbine ball which entered his right arm on the inner edge of the biceps muscle and about the middle of its length. The ball passed downward and backward about four inches and escaped about the middle of the triceps and probably wounded the trochial artery and median and avlnor nerves. Profuse arterial hemorrhage at once occurred which was checked by a scarf tightly bound around it. At first and afterwards by a tourniquet at the same time all the fingers were found to be numb and motion lost. The treatment consisted of perfect rest in bed with large doses of morphia internally. Cold water to the arm and eventually poultices to the wound when suppuration became well established. The swelling and inflammation in the arm was quite considerable and small abscesses formed in the track of the ball and required to be opened. No secondary hemorrhage occurred after his arrival at the hospital. The wound healed slowly but was entirely closed by March 10. During all the time great pain continued to be felt in the hand and fingers which was treated by stimulating and sedative lotions friction warmth, etc. By the time the wound was healed the pain had commenced to decrease gradually and improvement on this respect continued gradually and by the 1st of April a slight degree of motion could be made by the fingers which steadily increased. He was sent to his Company April* with the wound perfectly healed but defective motion of all the fingers of the right hand.

Report 15

Sergt Willard D Reed "H" 3rd Cav. was wounded in the final charge on the Cheyennes Jan 22d, 1879. He had one knee on the edge of their intrenchment and was in the act of firing when struck by a carbine ball on the outer portion of the left thigh about four inches above the knee joint and two inches outside of the median line. When brought to the Hospital two days afterwards the wound could be traced about 3 inches upwards and backwards but

no ball could be found. It is believed that he was struck by a ball from a re-loaded cartridge containing a very small quantity of powder as the Indians are known to have used such at the time. The ball probably glanced behind the femur and lodged. It is believed not to have been drawn out by the clothing or other means. The wound was treated by cold water applications, followed by poultices and healed without trouble. The knee joint was not affected. He was returned to duty April* with a good leg.

Report 16

Farrier George Brown "A" 3rd Cavalry was shot Jan. 22d, 1879 in a charge on Cheyenne Indians. He rushed up to the edge of their entrenchment and discharged his carbine at them and fell instantly, struck by a carbine ball. He uttered several loud screams and made an attempt to throw off his cartridge belt and then fell back dead inside of two minutes after he was struck. The autopsy showed that the ball entered his chest through the sixth rib about four inches to the right of the middle of the sternum, passed downward and backwards through the lung, diaphragm and right lobe of the liver and escaped from the body just below the twelfth dorsal vertebra. The right lobe of the liver has been forwarded to the Army Medical Museum and shows a very extensive laceration.

Report 17

Sergeant James Taggart "A" 3rd Cav. was shot in the charge on Cheyenne Indians Jan 22, 1879 by a carbine ball which struck him on the right side of the neck just at the angle of the jaw, passed inwards, downwards and backwards fracturing the fourth and fifth cervical vertebrae and escaped on the opposite side of the neck. Three and one-half inches below the angle of the jaw between the sterno cleido mastavoid and trapazeus muscles. It passed behind all the large blood vessels without injuring them. Death was instantaneous.

Report 18

Private George Nelson "A" 3rd Cav. was shot in the charge Jan 22, 1879 and fell within 20 ft of the enemy. He was struck by a carbine ball which entered through the middle of the enciform cartilage, passed downwards and backwards through the left lobe of the liver, passed behind the transverse colon between it and stomach without wounding either. Struck upon transverse process of

twelfth lumbar vertebra glanced backwards and escaped from body 2 inches to left of center of spine. The small intestines were not injured nor were any other organs than those above mentioned. The liver which has been forwarded to the Army Medical Museum shows very extensive laceration of the left lobe. Death seemed to be immediately.

Report 19

Pvt. Henry A. Du Blois "H" 3rd Cav., while following the Indian trail on Jan 22, 1879, was wounded by a Carbine ball fired from a distance of about 25 yds. His horse was shot under him at the same time. The ball entered his chest between the second and third ribs about three inches to the right of the sternum, scraping the lower edge of the second rib bare but not breaking the bone, passed backwards and outwards and escaped from the body through the third rib just at the edge of the scapula about half way between the inferior angle and the glenoid cartilage. He was placed in a travois and brought to the Post Hospital at Fort Robinson, but died about two hours before his arrival on the afternoon of the twenty fourth. The autopsy performed the next day showed that the ball had cut a groove on the outer portion of the middle lobe of the lung. The lung was collapsed and crowded into the upper portion of the chest by a large effusion of blood which occupied that side of the chest. The wounded portion of lung was so tightly adherent together as to be hardly distinguishable from healthy tissue and required some force to separate the edges.

Report 20

Captain Henry W. Wessels, Jr. "H" 3rd Cavalry while leading a charge on the Cheyennes on Jan 22, 1879, was wounded by a pistol ball which struck him on the right side of the head on the front of the temporal bone, glanced backwards cutting a wound about three inches long in the temporal muscle and escaped without doing any damage to the bone. He was brought to his knees by the force of the blow and a brisk hemorrhage ensued from the temporal artery which was torn across. This was ligated by A. A. Surg. C. V. Pettys, U. S. A. who also sewed up the wound and continued in charge of the case until Captain Wessels left the Post on leave of absence February 2d, 1879, with the wound not quite healed.

Edward B. Moseley
Asst. Surg. U. S. A.

The captured Cheyenne were taken to their former barracks prison and to the guard house where the wounded were treated by Drs. Moseley and Pettys. After the fighting had ended an inquiry was held at Fort Robinson. Even during the board of inquiry proceedings Dr. Pettys' testimony was interrupted when he was called away to treat Wild Hog who had attempted suicide.¹⁶ Many of the questions put to the witnesses by the officers on the board were intended to determine if the Indians had been treated well prior to the outbreak and to reveal whether or not the large number of women and children killed and wounded in the struggle was the result of deliberation or accident.

Dr. Pettys reported: "The woman with six wounds was identified by Captain Wessels as being one who was killed by a volley near the saw mill. She was standing behind a stump. He thought she was a buck when she thus stood. I saw the dead; two had been scalped. The Indians wounded were taken into the Indian building and into the guard house. I was present at the final engagement and took care of the wounded there. One officer and two soldiers and a Sioux scout were wounded in the last engagement, three men killed. The Indian wounded numbered three or four one of whom died on the way home. One man was taken in the last action mortally wounded. I bandaged the wound in his leg and then asked him through the interpreter if I could do anything further for him and he said no, he wanted to die and be thrown in the pit where the others had died."¹⁷

A list of the wounded Indians was included in the board of inquiry proceedings and, although not as detailed as the surgical records and autopsies in Dr. Moseley's report, does give a hint of the fatality rate among the Cheyenne and the medical assessment of their condition.

¹⁶ Board of Proceedings of Officers, Jan. 25, 1879.

¹⁷ Board of Proceedings of Officers, Jan. 25, 1879.

"List of Indians wounded that have arrived at Camp Robinson, Neb. to January 24, 1879, from various engagements with the troops.

1. Yellow Woman, G.S.W.R.A. upper third, Ball penetrating R L [illegible word]. Died.
2. Short Woman. G.S.W. R. Hand, Head and chest & back, thigh fractured.
3. Red Woman. G.S.W.L. Thigh (flesh) Little finger fractured, scalp wounded.
4. Buffalo Girl (child) 5 years. G.S.W. thigh flesh wound severe.
5. Little Boy 7 years G.S.W. Head Humerous. serious.
6. Stub Foot 16 years. G.S.W. Arm twice and lower third of thigh.
7. Big Head. G.S.W. Thigh, upper third (Buck) flesh.
8. Medicine Robe (old woman) G.S.W. Fore arm middle. Flesh.
9. Medicine Woman G.S.W. Head R Eye shot out dangerous.
10. Little Bear G.S.W. Scalp slight 10 years.
11. Moccason (sic) Woman G.S.W. Thigh L. third, flesh. 50 years.
12. Lost Woman. G.S.W. R Shoulder, serious.
13. Medicine [illegible word] Girl 6 years left shoulder. Head of humerous.
14. Lame Girl 6 years. G.S.W. Left side [illegible word] lung.
15. Little Girl 5 years. Penetrating wound of abdomen died 12 hours after being brought in.
16. Baby Girl, 1 year, fracture both thighs upper third. Died one hour after being brought in.
17. White Antelope G.S.W. of thigh and knife stab done by buck after both were wounded died one hour after being brought in.
18. Squaw. G.S.W. Thigh upper third comminuted fracture. Died 10 hours after being brought in.

19. Noisy Walker (buck) G.S.W. thigh and knee.
20. Baby (girl) 6 month fracture L thigh died Jan 12, 79 morning.
21. Hogs Girl G.S.W. R. arm flesh.
22. Boy G.S.W. both legs fracture of tibia leg.
23. Girl G.S.W. ankle spent Ball slight fracture of bone.¹⁸

This list is not a complete record of the treatment of Indians wounded in the outbreak. For example, Tangle Hair was wounded during the first night and the surgeon dressed his wounds¹⁹ but he is not on the list.

A summary of the medical treatment of the wounded in the Cheyenne Outbreak can be drawn from the two surgeons' accounts quoted above. The wounded received minimal treatment in the field, mainly bandaging and the use of improvised tourniquets to stem arterial bleeding. The fighting up to 40 miles from the post, or two days travel, was in rugged terrain and wounded men rode their own horses or were transported in an improvised travois until the final portion of the trip to the hospital could be made in an ambulance wagon. Twenty-five percent of the soldiers wounded in the field died en route to the hospital. A similar death rate existed among wounded Indians dying before arrival at the hospital.

Minor wounds were closed with simple sutures or isinglass plasters. Pain was controlled by ½ grain doses of morphia taken by mouth; morphine injections were ineffective due to faulty syringes. Blankets and warm water were used to treat shock and injured limbs were supported by pillows or sandbags. Traction was employed by means of sandbags and pulleys, with the bed elevated on bricks.

The bullet was removed if it could be found but there was considerable difficulty in correctly diagnosing the na-

¹⁸ Board of Proceedings of Officers, Jan. 25, 1879. Abbreviations used in this list are: G.S.W., gun shot wound; R.A., right arm; R, right; L, left.

¹⁹ Grinnell, *The Fighting Cheyennes*, p. 426.

ture of the wounds. Treatment consisted primarily of cold water compresses to keep the wound moist, and the use of lead water and laudanum lotion. Once suppuration was established the wound was dressed with flaxseed poultices or simple corate. Brandy and water were used as stimulants.

Amputation was avoided in an effort to save a man's leg whenever it seemed at all possible to do so. The only amputation performed in the hospital was an emergency and resulted in death.

The medication and treatments listed above do not exhaust the medical knowledge of the day, but they nevertheless summarize the actual treatment of men wounded in action. By modern standards the medical care of the wounded at Fort Robinson was little more than first aid. How successful were the post surgeons in their efforts? More than 3/4 of their patients recovered. An effort to assess the results of their work is of interest.

Eight men were injured in the initial combat on the night of January 9th; one died instantly and the remaining seven were treated in the hospital. One of these (14%) died. Thirteen men were hit in the field; five died instantly and two did not live to reach the hospital. The remaining eight were treated by the surgeons and two (25%) died of their wounds. The higher hospital death rate among men wounded "in the field" as compared with those wounded at the Fort may in part reflect the less rapid treatment of men wounded some distance away from the post. Immediate treatment may have been an important factor, but the higher number of instantaneous fatalities suggests that the more serious nature of the wounds suffered in the field is probably the most important difference. The action on January 9th was at night and the combatants were often running whereas in later fighting the Cheyenne employed daytime ambush tactics which permitted more accurate shooting. The overall record shows that thirteen soldiers were treated in the hospital. Three (23%) died and ten (77%) recovered fully or with only limited disability.

Lack of fully comparable data makes a comparison of the death rate among the Cheyenne wounded inaccurate, but at least twenty-three wounded Indians were treated at Fort Robinson after the initial night battle. Six (26%) were recorded as having died. The other seventeen (73%) may all have recovered although seven were very seriously wounded and might well have succumbed after Dr. Pettys' list was made. In any event it would appear that the death rate among wounded Indians was slightly higher than among wounded soldiers. Although this could reflect unequal medical treatment, nearly half of the wounded Indians, and half of those who died of their wounds, were very young children. It seems most likely that the heavy calibre ammunition caused more severe wounds to children than to adults. In all probability the wounded Indians were given medical care almost as good as that given the troops although the brevity of the surgeon's records may reflect somewhat less interest in these patients. The total casualties among the Cheyenne Indians were considerably higher than among their military adversaries; at least 64 Indians were killed, seven were missing and 78 were recaptured.

The Cheyenne were victorious in their defeat for the survivors of the outbreak at Fort Robinson were eventually given a reservation in Montana. The heavy price of this northern home is summed up by Dr. Moseley's final report: "The widows and orphans of the Cheyennes were turned over to Red Cloud, and left this post for the Agency on the 31st, '79."²⁰

²⁰ Ricker Collection, Tablet 43, Nebraska State Historical Society.