# Life of the Civil War Soldier in Camp: Disease, Hunger, Death & Boredom

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# <https://www.battlefields.org/learn/articles/life-civil-war-soldier-camp>

Only a tiny fraction of any soldier’s time was spent in combat. Instead, the vast majority of his existence revolved around the monotonous routines of camp life, which presented its own set of struggles and hardships.

The war was largely a young man’s fight — Union enlistment records indicate that more than 2 million soldiers were age 21 or under when they joined the cause — and some estimates place only 10 percent of the Federal force over age 30. Recruitment tactics of the era typically raised companies from a single geographic area, meaning these units reflected the demographics of those communities. In rural units, a particular ethnicity and social class often predominated, but urban units were remarkably diverse.

Once in the ranks, military life turned out to be far different than what the soldiers had expected.  Patriotic enthusiasm blinded most of these volunteers to the reality they were signing up to experience. The American Revolution was a distant memory.  The War with Mexico was popularly remembered as a glorious victory. Certainly, argued the conventional wisdom, this sectional crisis would be resolved in a few short, painless months.

Volunteers viewed the battlefield as a great stage upon which Southerners thought they would “secure their liberty” and Northerners thought they would “save the Union.” While they understood that deaths would occur, no one envisioned their potential demise in any but heroic circumstances, but four years of the daily struggle to survive in military camps would prove otherwise. Twice as many Civil War soldiers died from disease as from bullets, shells and bayonets. By varying estimates, between 400,000 and 500,000 soldiers lost their lives on this less gallant of stages. What was the basis of this noncombat struggle, and how did the common soldier cope?

During the fair-weather campaign season, soldiers were, on average, engaged in battle one day out of 30. Their remaining days were filled with almost endless drilling, punctuated with spells of entertainment in the form of music, cards and other forms of gambling. The arrival of newspapers or mail from home — whether letters or a care package — in camp was always cause for celebration. Despite such diversions, the impact of sickness and disease from the noncombatant foes of poor shelter, unhealthy food, and a lack of hygiene could not be ignored.

After the first months of the war, the shelter half, or “dog tent,” became the most practical means of overnight shelter. While portable and lightweight, shelter halves provided minimal protection for their two inhabitants. Sgt. Austin C. Stearns of the 13th Massachusetts described his shelter as “simply a piece of cloth about six feet square with a row of buttons and button holes on three sides; two men pitched together by buttoning their pieces together and getting two sticks with a crotch at one end and one to go across at the top and then placing their cloth over it and pinning it down tight.”   To protect the soldier from the damp ground, a tarred or rubberized blanket could be used. A stout wool blanket kept the chill off. Unfortunately, many soldiers discarded these heavy blankets on a long march or when entering combat and regretted it when the weather changed. As the war moved forward, an exhausted soldier often merely lay on his blanket at night in an effort to simplify his life and maximize periods of rest.  Such protracted exposure to the elements negatively affected for his life expectancy.

Rations on the march varied from plentiful to scarce. On paper, the Union army enjoyed the best rations of any army in history up to that time, but logistical difficulties inherent in feeding armies of tens of thousands resulted in occasional shortages. The Confederacy, while fighting on predominately “home turf,” often found it difficult to consistently deliver full rations to its troops on the march, largely due to procurement (purchasing) and transportation problems.

The full Union marching ration consisted of one pound of hard bread (the infamous hardtack), three-quarters of a pound of salted pork or one-and-a-quarter pound of fresh meat, along with coffee, sugar and salt allotments. At the beginning of the war, the Confederacy adopted the Union ration, but reduced it by 1862.  Fresh meat and coffee became increasingly scarce. As fresh fruits and vegetables disappeared from military diets, soldiers’ immune systems deteriorated and vitamin deficiency diseases such as scurvy became common.  The Union army responded by issuing dried vegetables. As described by Corp. Joseph Van Nest of the 101st Ohio, these delicacies consisted of “a combination of corn husks, tomato skins, carrots and other kinds of vegetables too numerous to mention.” This bounty had been dried and compressed into a sheet or block and, when boiled, expanded to many times its previous size. While nicknamed “desecrated vegetables” by the boys in blue, they consumed them willingly enough as a variation in an otherwise bland diet. Unfortunately, unbeknownst to the food scientists of the era, most of the needed vitamins had disappeared during processing.

Confederate soldiers usually had to forage for fresh vegetables. During the deprivations of the 1864 Atlanta Campaign, one Johnny Reb wrote, “Our men get a vegetable diet by cooking up polk, potato tops, May pop vines, kurlip weed, lambs quarter, thistle and a hundred kind of weeds I always thought poison. I thought it trash…"  On the march, “foraging, " a polite terms for what was really theft, would be employed by both sides in an attempt to improve the daily diet. Civilians learned to hide whatever they could..

The food took a back seat on the march to the need to move weapons, but still trumped the replacement of uniform components. Threadbare patriots consequently appeared, particularly in the Confederate armies, and the “battlefield requisition,” or taking what you needed from the dead, became a prime means of supply for the South. As Sgt. John Worsham noted at the end of the war:

“Nearly all equipment in the Army of Northern Virginia were articles captured from the Yankees…. Most of the blankets were those marked ‘US,” and also the rubber blankets or cloths. The very clothing that the men wore was mostly captured, for we were allowed to wear their pants, underclothing and overcoats. As for myself, I purchased only one hat, one pair of shoes, and one jacket after 1861.”



Soldiers North and South suffered from the infestation of body lice in their clothing and bedding. Due to constant outdoor living, often under poor sanitary conditions, the “grey back vermin” became a visible representation of all of the invisible bacteria and germs unknown to mid-19th-century science.

Brandy Station, Va. *Library of Congress*

In winter, soldiers occupied permanent camps, which allowed the supply chain of wagons and railroads to catch up to their daily needs. Only periodic shortages existed, but were vividly remembered by the Southerners.  But there were difficulties that emerged from remaining in one place for an extended period of time. The majority of soldiers, being from rural backgrounds, had not been exposed to such a wide cross section of the human population and its communicable diseases. When accumulated in camps of tens of thousands, soldiers without natural immunities would fall sick with the likes of measles and chickenpox. Those same large numbers, residing in one spot for more than a month, caused horrendous situations in relation to sanitation. The use of "sink pits" as latrine mechanisms ultimately led to the presence of human fecal bacteria in the water supply. These conditions created the greatest killer of the war: amoebic and bacterial dysentery, an infection of the intestines resulting in severe, often long-term diarrhea.

Jokingly called a case of the “quickstep,” because a soldier had to perform the quick-step march they had all been taught to get to the latrine in time, dysentery did more damage than the infernal killing creations of man. The creation of penicillin and other antibiotics was still decades away, leaving medical staffs of the Civil War few tools to combat the war’s greatest killer. Not until World War II did the number of battle casualties approach the losses from disease.

Just prior to the Civil War, a new type of rifled musket and bullet were developed that increased the severity of the injuries to the soldiers. The new musket had a rifled barrel and fired a conical bullet with a hollow grooved base, called the Minié ball. The new rifled muskets had a much longer range and better accuracy, and the projectiles traveled faster. Additionally, when a Minié ball struck a soldier the top of the cone flattened out, resulting in massive damage to tissue and splintering of bone.

The vast majority of wounds documented during the Civil War were caused by the Minié ball, while the rest were from grapeshot, canister or other exploding shells. Few men were treated for saber or bayonet wounds and even fewer for cannon ball wounds.

Over two-thirds of the shot injuries were to the arm or leg. The Minié ball caused exit wounds that were much larger than the entrance wound and often carried foreign material into the wound, which caused a dramatic increase in the development of infection.

If the injury caused little or no damage to the bone, the wound was often treated by only removing the bullet, foreign substances and bone splinters. But if the bone was badly damaged, Civil War surgeons quickly learned that the best chance of survival was through the use of amputation. The limb was lost, but the soldier had less chance of developing life-threatening complications like gangrene, infection, and blood poisoning. Amputation accounted for three out of every four operations. When estimates from both the Confederate and Union sides are combined about 50,000 amputations were done throughout the war, which left the surgeons with the reputation of being butchers.

Unfortunately for the soldiers and the surgeons, the Civil War was fought just years before the widespread acceptance of the Germ Theory and the understanding of the need to clean the wound and the sterilize instruments and equipment. While some antiseptic substances like iodine and bromine were used, the reason for their effectiveness was unknown. The discovery of antibiotics was still decades in the future.

Amputations done within 48 hours of injury had the highest survival rate and were preferred by the surgeons for this reason. Amputations were the most dangerous when inflammation of the wound had begun and the patient was suffering from its effects. The likelihood of surviving an amputation also depended on the distance of the operation site from the trunk of the body. Mortality rates dropped as the farther the wound was from the truck. For example, amputations at the wrist joint had a 10.4 percent death rate, while amputations at the shoulder joint had a 29.1 percent death rate.

Each army hospital was to have three medical officers chosen to be responsible for performing all major operations. Three additional medical officers were assigned to each member of the operating staff, with one assistant selected to administer anesthetic to the patients. 95 percent of operations performed during the Civil War were done with the patient under some form of anesthesia, usually chloroform or ether.