

**INDIAN TERRITORY FORTS:
CHARNEL HOUSES OF THE FRONTIER, 1839-1865**

*By Philip A. and Beatrice J. Kalisch**

Troops stationed at forts in Oklahoma during the sixteen year period 1839 to 1855 were, on the whole, a sickly lot, according to careful statistics compiled by the Surgeon General's Office of the War Department. The minute data revealed in the tables assembled upon receipt of the quarterly reports of each post surgeon furnish an insight into the level of physical well-being that the soldiers enjoyed and clearly reveal the anything but glamorous character of frontier duty in the pre-Civil War Army.

The gathering and compilation of these statistics was instigated by Joseph Lovell (1788-1836), Surgeon General of the United States Army from 1818 to 1836. Unaware of the microbial causes of diseases, Lovell based his rationale for the records along the lines of the then current concept of the injurious effects of certain climates and specific conditions of the atmosphere. Beginning in 1818 surgeons were required to keep meteorological records at their posts and investigate the relation of disease incidence to climate and weather. Lovell also required the submission of quarterly reports showing the sickness and mortality at each military post.¹

In 1840, the first rather crude compilation of this data was published, embracing the twenty year period of 1819 to 1839. The second collection covering the years January 1839 to January 1855 appeared in 1856, and was the result of each post surgeon's report on the medical topography of his station. They were to describe the geographical position of the military post, the surrounding country, the geological formations, its flora, fauna, characteristics of the climate, the nature and causes of

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¹ See *Statistical Report on the Sickness and Mortality in the Army of the United States, 1819-1839* (Washington: Joseph Gideon, Jr., 1840), pp. 2-3.

the local diseases, and how these maladies could be traced to general and environmental causes. A uniform tabular statement, modeled after the "Sanitary Report" of the British Army, with specific categories and types of diseases was used throughout the sixteen year period and contributed much to the reliability and comparability of the data. Statistics of troops on marches or engaged in warlike operations were excluded so that the reports would yield solid information regarding the diseases suffered by the soldiers at each of the garrisons.²

Fort Smith, established in 1817, just to the west of the border between Arkansas and Indian Territory was the longstanding gateway to the Southwest for explorers and travelers. Another important post, Fort Gibson, was built further up the Arkansas on the Neosho river tributary in 1824. At nearly the same time Fort Towson, about fifty miles west of the Arkansas line and six miles north of the Red river was constructed. Fourteen years later Fort Wayne was located on Spavinaw Creek and was manned by a small detachment from 1838 to 1842. Colonel Zachary Taylor in 1842 established Fort Washita to protect the Chickasaws and Choctaws from raids by southwestern tribes.³

Taylor in an 1841 letter to a fellow officer in Washington, D.C., testified that the Oklahoma frontier was not exactly a healthy place and recommended the continuance of forts Smith, Gibson, and Towson along with two or three minor posts "to keep proper order among the lawless villains who congregate on or near the boundaries between different nations" and make the area secure for the more timid.⁴ Fort Arbuckle, the last of the forts located in Indian Territory during the 1839-1855 period,

² *Statistical Report on the Sickness and Mortality in the Army of the United States, Compiled From the Records of the Surgeon General's Office; Embracing A Period of Sixteen Years, From January, 1839, to January, 1855* (Washington: A.O.P. Nicholson, 1856), pp. 3-8. Hereafter cited as *Statistical Report on Sickness and Mortality, 1839-1855*.

³ Burns, Ed and Arrell M. Gibson, *Fort Smith: Little Gibraltar on the Arkansas* (Norman: University of Oklahoma Press, 1969), p. 223.

⁴ Letter, Zachary Taylor to Maj. E.A. Hitchcock, U.S.A., Washington City (D.C.), Fort Smith, Arkansas, November 8, 1841. Library of Congress, Zachary Taylor Papers, MSS.

was founded in 1850 to protect overland caravans from attack by the Kiowas and Comanches.³ In early 1840 there were 1,054 troops stationed at the active posts in Indian Territory including 807 at Fort Gibson, 91 at Fort Towson, 88 at Fort Smith, and 68 at Fort Wayne. However, Secretary of War, John Bell, recommended that at least two regiments or about 2,000 men would constitute a sufficient permanent force on the Southwestern frontier.⁴

"One hundred men in good health, and sound in spirit, are better than a thousand dispirited, dissatisfied invalids, either to give chase or battle to the Indians," announced Surgeon General of the Army, Thomas Lawson in 1840.⁵ He insisted that a healthy location for a military force was worth more to the soldiers than a dozen physicians. Lawson recommended to Secretary of War, Joel R. Poinsett, that in locating troops west of Fort Smith where the object was to watch the Indians and protect the frontier settlers, "the first object to be considered was the healthfulness of the position; the second may be facilities of transportation; and the last, the military position, or the defensibilities of the place."⁶

The records reveal that Surgeon Lawson was correct in emphasizing the fact that the environmental location of the early forts was extremely important in relation to sickness and disease. Fort Smith was surrounded by lakes and marshes which were sometimes inundated by the Arkansas and Poteau rivers. Fort Gibson was placed on river bottom land only twenty feet above the ordinary low water mark of the Neosho and Fort Wayne was originally constructed along a creek

³ *Bears and Gibson*, p. 206.

⁴ 27th Congress, 1st Session, "Letter From the Secretary of War Transmitting A Statement of Troops Stationed at Forts Gibson, Towson, Smith, and Wayne," *House of Representatives Document No. 59* (Washington: Gales and Seaton, 1841), pp. 1-4. (See Table I - Appendix A at the end of this article.)

⁵ 26th Congress, 2nd Session, "Report of the Surgeon General, September 1839 to October, 1840," in *Public Documents Printed by Order of the Senate of United States* (Washington: Blair and Rives, 1841), p. 196.

⁶ *Ibid.*, p. 197.

bottom. Fort Washita, located in a small grove on the border of an extensive prairie, and Fort Arbuckle, placed in a wooded area on higher ground, were among the healthier posts in the southwest at that time.⁹

The effect of the unhealthy location of Fort Gibson was underlined when in January, 1843, the Neosho river suddenly rose thirty-five feet, inundating the surrounding bottomlands. The next year the area was again flooded this time overtaking a large number of cattle in the cane-brakes near the water and drowning them. The post's gardens were ruined and the commissary was also flooded. When the waters subsided, several weeks later, "so great was the amount of putrefying animal and vegetable matter, that travelers, passing in steamers on the Arkansas, were compelled to enter their rooms and close the doors."¹⁰

In addition, the quality of the water supply frequently presented a problem at the forts. For instance at Fort Washita all the wells, springs, and streams in the vicinity were strongly impregnated with lime. Thus rainwater had to be collected for everyday use.¹¹

Congress in 1802, legislated that weekly rations for soldiers as either 1 ½ pounds of beef or ¾ pound pork along with 18 ounces of bread or flour and 1 gill of rum, whisky, or brandy. In 1838, the spirit ration was abolished and "six pounds of coffee and twelve pounds of sugar to every hundred rations, to be issued weekly" was ordered to replace the stronger brews. These particular regulations were in effect up to 1860 and thus

⁹ Data on the geographical positions of the military posts is drawn from United States War Department, Surgeon General's Office, *Army Meteorological Register for 12 Years from 1843 to 1854, Inclusive. Prepared under the Direction of Thomas Lawson* (Washington: A.O.P., Nicholson, 1855), *passim*.

¹⁰ Assistant Surgeon R.H. Coolidge, "Medical Topography and Diseases of Fort Gibson" in *Statistical Report on Sickness and Mortality, 1839-1855*, p. 268.

¹¹ Assistant Surgeon T.C. Madison, "Medical Topography of Fort Washita" in *Statistical Report on Sickness and Mortality, 1839-1855*, p. 271.

reveal the typical diet at the Oklahoma forts from 1839 to 1855.¹²

Even troops stationed in the damp climate of Florida suffered less from disease and lost fewer men by natural causes than the soldiers at the southwestern forts. The Surgeon General reported in November, 1840 that of all the military posts in the entire country which had been occupied by troops for the past several years, "Forts Gibson and Wayne are decidedly the most sickly."¹³

Surgeon General Lawson added that "Fort Gibson, in particular, is an exceedingly unhealthy position; it has not only given greater a number of deaths, but, I believe, has invalidated more men, for the last ten years, than any other military station in the United States." He attributed much of the unhealthiness to the southwesterly prevailing winds during the summer season which came to the fort across the immense tract of low land, intersected with lakes, lagoons, and the confluence of streams.¹⁴

Lawson termed Fort Gibson as "manifestly an improper position" and recommended that it be abandoned because the soldier had the right to expect from the government in time of peace, "protection, as far as is compatible with the nature of the service, against the invisible enemy — that most destructive foe to all armies, malarial disease."¹⁵ It was largely for this reason that Fort Gibson became known as the "charnel-house of the frontier."¹⁶

Soldiers during this period, with the exception of the Mexican War years, were characterized as "not of the most desirable character, consisting principally of newly arrived

¹² U.S. War Department, Surgeon-General's Office, *A Report on the Hygiene of the United States Army with Descriptions of Military Posts* (Washington: Government Printing Office, 1875), pp. xxi-xxiii.

¹³ "Report of the Surgeon General, 1839-1840," p. 196.

¹⁴ *Ibid.*

¹⁵ *Ibid.*, pp. 196-197.

¹⁶ *A Report on the Hygiene of the U.S. Army*, p. 264.

immigrants, those broken down by bad habits and dissipation, the idle, and the improvident." For example, in 1852, 16,064 men volunteered for the Army but only 2,726 or 16.9 per cent of these men were found fit for enlistment.¹⁷

The regulations required that in examining a recruit, the medical officer was to look at him stripped, "to see that he has free use of all his limbs; that his chest is ample; that his hearing, vision, and speech are perfect; that he has no tumors, or ulcerated or extensively cicatrized legs; no rupture or chronic cutaneous affection; that he has not received any contusion or wound of the head that may impair his faculties."¹⁸ Furthermore the surgeon was required to certify on his honor that the recruit passed by him was not a drunkard or subject to convulsions and indeed was "free from all bodily defects and mental infirmity" which might impair his performing the duties of a soldier.¹⁹ Leading causes for the failure of volunteers to pass the examination were being too young, unable to speak English, judged intemperate, rejected as undersized, afflicted with varicose veins, and rejected as over age. Recruits had to be between the ages of eighteen and thirty-five and stand at least five feet four and a half inches high.²⁰

Over-all the average age of the men in the early 1850's was twenty-four, the mean weight was 148 pounds, with the average height approximating 5 feet 7 inches. Indeed on 240 of a sampling of 1,800 recruits were 5 feet tall and over.²¹ Men at the Oklahoma garrisons were most likely to have formerly been employed as farmers, laborers, and clerks.²² As to the fate of the men who enlisted as soldiers, 8,000 service records pulled consecutively from the files in the Adjutant General's office in

¹⁷ "Statistics of the Recruiting Service" annexed to the *Statistical Report on Sickness and Mortality, 1839-1855*, pp. 625-626.

¹⁸ *Ibid.*, p. 626.

¹⁹ *Ibid.*, pp. 626-627.

²⁰ *Ibid.*, pp. 626, 629, 631.

²¹ *Ibid.*, p. 638.

²² *Ibid.*, p. 633.

1862 reveal that 2,550 received honorable discharge; 2,329 deserted, 1,054 were disabled, 929 died in service, 616 were eliminated by order of the Adjutant General's Office, 230 were killed in battle or died from wounds, 190 were court martialed, and 102 were killed accidentally.²¹ Thus, as one can readily see from the above, after the honorable discharges and desertions, physical disability and deaths from natural causes were the next most common fates of the soldiers.

Several of the surgeons at the Indian Territory military posts thought that the lack of acclimation was one of the biggest causes of disease and sickness among the troops. The fact that fatal cases occurred predominately among men who were recently from more northern and colder climates prompted them to make this observation. Prolonged exposure to the weather in "very indifferent shanties" during the course of erecting permanent quarters was another cause of disease.

The surgeon at Fort Arbuckle noted that "recruits are notorious for being frequently sick; owing, principally, to their not knowing how to adapt themselves properly to the vicissitudes of this climate." Indeed a soldier stationed in Indian Territory had to constantly be on the alert as it might be summer one day and winter the next. The physician recounted that on one not altogether untypical day, the afternoon was very warm but as night approached, the wind suddenly veered from the south to the northwest and by sunrise the next morning the thermometer had fallen to 15 degrees above zero, 61 degrees lower than at 3 p.m. the preceding day.²²

The majority of the soldiers at Fort Arbuckle were foreigners at this time with Germans and Irish comprising the major nationalities. Surgeon Glisan attributed the unusually large number of wounds and injuries at his post to the fact that all the men had been working on the construction of quarters and building bridges. He observed that the Germans and the Irish soldiers "know nothing of the use of the broad-axe,

²¹ *Ibid.*

²² Assistant Surgeon Hedney Glisan, "Medical Topography of Fort Arbuckle" in *Statistical Report on Sickness and Mortality, 1839-1855*, p. 274.

however expert the former may have been with the broad-sword or the latter with the spade, in their own country." Nearly 3,400 wounds and injuries at the Indian Territory garrisons from 1839 to 1855 testify to the accuracy of his statement.

Malaria was by far the leading cause of illness among the troops with nearly 14,000 cases of the various types reported at the Oklahoma forts over the sixteen year period. Surgeons at the early Oklahoma forts were fully aware that those soldiers exposed to night air in marshy terrain were particularly liable to attacks of malaria. They knew also that swampy lands were dangerous in that respect even by day but the disease was always attributed to foul gases, decomposing vegetable matter and so forth. It was not until half a century later that the mosquito was identified as the primary agent in the spread of malaria.

The first symptoms of malaria included languor, general discomfort, chilliness, and depression, with influenza like pains in the limbs, back and eyes. When the true attack began, the chilliness became aggravated into a violent shivering fit, with chattering teeth, and sometimes diarrhea and vomiting. After the onset no amount of external warmth or covering could make the sufferer feel warm although his temperature might be as high as 106 degrees or more. Following this stage, it was observed that the victim of malaria then felt intensely hot, though the body temperature was about the same as during the chilly stage. This might last four or five hours and then profuse sweating began. Finally the temperature would fall, the pain gradually disappearing, and sleep would generally come.²⁶ Another attack, however, would follow in twenty-four, forty-eight, or seventy-two hours according to the type of malaria, and so on for some time, the attacks generally lessening in severity, until they ceased altogether.²⁷

²⁶ *Ibid.*, p. 273.

²⁷ See Leon J. Warsaw, *Malaria: The Biography of a Killer* (New York: Rinehart and Co., 1949), *passim*.

²⁸ *Ibid.*

The surgeons at the military posts noted that the soldiers who had been victims of malaria were often sallow, wasted, and languid with their muscular and mental strength much reduced. In addition, malaria so weakened the men's constitutions, that it was common for other diseases to follow.²⁸ Out of the twenty-two military regions in the United States during this period, only the soldiers on the Gulf Coast of Florida suffered more from malaria than the men at the Oklahoma forts.²⁹

Malaria was so common at Fort Arbuckle that Surgeon Glisan remarked that anyone who, "after a residence here of three years, has escaped unscathed, is looked upon as the most fortunate of mortals."³⁰ There was scarcely a single day throughout the year in which some soldier was not ailing with the disease. Indeed about the first of October of each year, it was not uncommon to have twenty out of a command of 120 to be on sick report with malaria. As might be expected, cases of malaria shot up during the spring of 1853 when the men were engaged in bridging Wild Horse creek and were working daily in water up to their waists.³¹ Glisan did notice that soldiers sleeping in raised bunks, three feet high, seemed much less affected by malaria than those who slept on the ground. He was sure that malaria was fostered by the decomposition of superabundant vegetable growth and dead timber by solar heat, intensified by the fact that the large timber had been previously cut down for building purposes.³²

The treatment of malaria fevers with large doses of quinine was initiated by Assistant Surgeon Charles McCormick at Fort Gibson in the summer of 1843. The physician testified that he normally prescribed ten grains of the sulphate of quinine at bedtime and again the following morning. Aside from bleeding,

²⁸ *Statistical Report on Sickness and Mortality, 1839-1855, passim.*

²⁹ *Ibid.*, p. 434.

³⁰ Glisan, p. 273.

³¹ *Ibid.*, p. 274.

³² *Ibid.*, p. 273.

there was no other treatment for cases of fever, "unless perhaps a single purgative dose of calomel and rhubarb to cleanse the primae viae, and excite the functions of the liver."²²

Pneumonia hit hard among the troops stationed at Fort Smith during the winter of 1846-47. Prior to the outbreak, Surgeon Bailey observed that the autumn and early winter had been very mild with an average temperature of 55 degrees in November and 47 degrees in December. In January, the temperature plunged to 10 degrees and fluctuated widely throughout the following two months with spring arriving at least three weeks late. A large number of the men soon developed bronchitis and catarrhal infections and many of these cases quickly deteriorated into pneumonitis.²⁴ Pneumonia was often ushered in by a severe chill with some soldiers initially "seized by pain in the nape of the neck and cerebellum, attended with giddiness, redness of the conjunctivae, and delirium." Bleeding was Doctor Bailey's favorite remedy followed by blistering and doses of opium and calomel, and he was sure that this treatment "doubtless saved a good number of patients."²⁵

The post surgeons generally did not consider medical treatment of the Indians as part of their duties. According to Assistant Surgeon T. C. Madison in 1852, the Choctaw and Chickasaw Indians near Fort Washita were hard hit by scrofula, scurvy, rheumatism, and typhoid pneumonitis, or "winter fever." He observed that "the majority of them are too lazy to work, and are, consequently, badly clothed and badly fed." The rampant scurvy was due to their disinclination to grow vegetables and even the wealthiest of the Indians rarely procured vegetable for consumption during the winter months.

²² See Assistant Surgeon Charles McCormick, "Report of the Administration of Quinine in Large Doses," *Statistical Report on Sickness*, pp. 624-644 and "Report of Assistant Surgeon Joseph H. Bailey, Fort Towson, October 14, 1843," pp. 469-672.

²⁴ *Statistical Report on Sickness*, p. 251.

²⁵ *Ibid.*, p. 282.

Thus the disease among them was of little concern to him.²⁶ At Fort Gibson, Surgeon McCormick attributed the large number of deaths among the Indians in the area to their open houses, poor clothing, and intemperance.²⁷

Notwithstanding the thousands of cases of malaria and the occasional severity of pneumonia, the disease responsible for the most deaths during the sixteen year period was cholera. Over two hundred cases of asiatic cholera at the Oklahoma forts in only a three year period yielded twenty-seven deaths during 1849, 1851, and 1852. The bacterial origin of the disease was not at all understood, and more than thirty years were to elapse before it was discovered by Robert Koch. Although cholera bacilli is now known to be spread through contaminated water supply, foods, or directly from man to man, the surgeons were prone to blame the epidemic on such factors as climate, night air, evening mists, overindulgence in strong drink, and the geological structure of the earth. Some soldiers were sure that beans were responsible for cholera attacks and they discarded their stores as a precautionary health measure.²⁸

Boiling out of India, the third epidemic of cholera in the nineteenth century had reached the United States by 1848. The first mention of this disease at the Oklahoma forts came from Surgeon Bailey at Fort Smith in June, 1849 who reported the arrival of steamers from New Orleans with cholera cases. A traveler on one of the boats, the Robert Morris, wrote that "we had scarcely left New Orleans before the cholera was found on board."²⁹ Seven had died by the time the steamer reached Fort Smith.³⁰ At Fort Gibson, 120 miles further up the Arkansas river, Surgeon J. B. Wells noted the "constitution of

²⁶ C.E. Rosenberg, "The Cause of Cholera: Aspects of Etiological Thought in Nineteenth Century America," *Bulletin of the History of Medicine*, XXXIV (1960), pp. 331-354.

²⁷ *Statistical Report on Sickness*, p. 281.

²⁸ *Ibid.*, p. 272.

²⁹ Letter from Thomas Armitage to C.C. Willets, from Fort Smith, April 19, 1849, reprinted in *New York Tribune*, May 15, 1849.

³⁰ *Ibid.*

atmosphere" which was favoring the development of epidemic cholera.⁴¹ While his diagnosis of cause was incorrect, his prediction of outbreak was all too true as 181 cases of cholera occurred at Fort Gibson in July and August of 1849.⁴²

The epidemic began on the night of July 15th when four privates of the 5th infantry were carried into the hospital in quick succession. All had collapsed and were pulseless, "agonizing under spasms, vomiting and purging rice-water-like discharges." Death followed six to eight hours later in each of the cases. As other cases occurred in the following days, Surgeon Wells resorted to a treatment composed of morphine and aromatic spirits of ammonia in camphor water. If this failed he went to a dose of creosote in mucilage and in some cases covered the victim's body with hot mustard cataplasm and irritated the spinal column with hot spirits of turpentine. The proportion of sick to dead in this epidemic at Fort Gibson approximated a ration of ten to one and Surgeon Wells attributed the recoveries to his medical treatment.⁴³

The following year of 1850 saw additional cases brought in boats to the landing at Fort Smith in March but Surgeon Bailey reported that the disease did not spread in the town or the garrison. This luck did not hold out however, and on May 31st, two companies of the 5th infantry arrived at the post from Corpus Christi, Texas, with a number of the soldiers suffering from cholera which was broken out two or three days before. Acting Assistant Surgeon N. Spring wisely placed the sick in a hospital some 160 yards distant from the encamped troops. This measure failed to protect the healthy, however, as four days later five men in the barracks were violently seized with the disease. Eighteen other cases rapidly followed with several being of a "highly aggravated character" and as a result seven soldiers died. As to the question of contagion relative to malady, the doctor observed that seven of the fifteen attendants who waited on the cholera sick of the post command

⁴¹ *Statistical Report on Sickness*, p. 280.

⁴² *Ibid.*

⁴³ *Ibid.*, pp. 280-281.

contacted the disease, two of them dying and the four others barely escaping death. Although Dr. Spring did not go into detail on his treatment of the victims, he did mention "bleeding to six ounces, with happy effect."⁴¹

One disease which was least encountered in Oklahoma by the soldiers was phthisis or tuberculosis with only 2 cases per 1,000 men. Only the men serving in New Mexico (1.3 cases per 1,000) were less likely to be afflicted while the other twenty regions all experienced higher rates than Oklahoma with the South Atlantic Region showing an incidence of 9.2 cases per 1,000 soldiers.⁴²

As might be expected such discomforts as diarrhea, dysentery, rheumatism, and constipation weigh heavily in the statistics. Such totals as 540 cases of gonorrhoea, 281 cases of syphilis, and 175 occurrences of delirium tremens, reveal the troopers at the Oklahoma military posts around 125 years ago to be no better in relation to dissipation than those of today. Some 669 instances of ulcers and 230 cases of severe headaches also indicate ample tension.

In summary, the health cost of those who served at the Oklahoma posts was heavy. Over the sixteen year period from 1839 to 1855, an aggregate strength of 10,012 men at the forts were afflicted with 35,520 cases of disease and 255 deaths. Numerous men, of course, were released from service before their ailments resulted in death and in many instances the same men would be incapacitated for a time with several specific or recurring diseases. However, on the whole, we can assume that the men in search of adventure during this era, who was assigned duty in Indian Territory, might very well have spent most of his time and energy fighting personal disease and sickness.

⁴¹ *Ibid.*, p. 281.

⁴² *Ibid.*, p. 496. See Table 11, *Appendix B* for compilation of diseases and deaths at forts in the Indian Territory 1839-1855.

APPENDIX A

TABLE I
 NUMBER OF MEN ASSIGNED TO THE OKLAHOMA MILITARY POSTS
 AS OF JUNE 30TH OF EACH YEAR

Year	Number of Men	Year	Number of Men
1839	1,217	1847	340
1840	1,401	1848	308
1841	574	1849	472
1842	1,420	1850	505
1843	913	1851	448
1844	904	1852	271
1845	699	1853	444
1846	600	1854	374

APPENDIX B

TABLE II (1)

A Compilation of the Diseases and Deaths Occurring at Forts Smith, Gibson, Towson, Wayne, Washita, and Arbuckle, From 1839 to 1868

Classes of Diseases	Specific Diseases	Cases	Died	
FEVERS	Congestive Terminations of Malaria	9	7	
	Fever Affecting the Nerves	127	2	
	Malaria: Attacks Recurring Daily (Quotidian)	8,366	4	
	Malaria: Attacks Recurring Every Third Day (Tertian)	4,046	—	
	Malaria: Attacks Recurring Every Fourth Day (Quartan)	206	—	
	Malaria: Alternately Abating and Returning (Persistent)	1,347	14	
	Typhus Fever	21	9	
	ERUPTIVE FEVERS	Rubeola (Measles)	30	4
		Erysipelas (St. Anthony's Fire)	76	10
DISEASES OF THE ORGANS CONNECTED WITH THE DIGESTIVE SYSTEM	Asiatic Cholera	208	27	
	Diarrhea	2,744	16	
	Acute Dysentery (Intestinal Disorders)	1,219	18	
	Chronic Dysentery	92	22	
	Enteritis (Inflammation of the Intestines)	35	6	
	Acute Hepatitis	23	—	
	Chronic Hepatitis	6	—	
	Obstipatio (Constipation)	918	2	
	All other Diseases of the Digestive System	1,105	11	
	DISEASES OF THE RESPIRATORY SYSTEM	Bronchitis	210	4
Catarrhus (Inflammation of Mucous Membranes)		1,898	2	
Pulmonary Phthisis (Tuberculous)		25	20	
Pleuritis (Inflammation of the Lungs)		231	1	
Pneumonia		162	16	
All Other Diseases of the Respiratory System		67	4	

DISEASES OF THE BRAIN AND NERVOUS SYSTEM			
Cephalalgia (Headache, Pain in the Head)	230	—	
Delirium Tremens (Psychic Disorder)	176	9	
Epilepsia (Epilepsy or Seizures)	91	1	
Neuralgia (Severe, Lancinating Pain Along a Nerve)	106	—	
All Other Diseases of the Brain and Nervous System	124	13	
DISEASES OF THE URINARY AND GENITAL ORGANS			
Gonorrhoea	640	—	
Stricture of the Urethra	12	—	
Primary Stage Syphilis	203	1	
Secondary Stage Syphilis	78	—	
All Other Diseases of the Urinary and Genital Tracts	208	—	
DISEASES OF THE SEROUS AND EXHALENT VESSELS			
Ascites (Serous Fluid in Peritoneal Cavity)	9	2	
All Other Diseases of the Serous and Exhalent Vessels	23	4	
DISEASES OF THE FIBROUS AND MUSCULAR STRUCTURES			
Pernio (Congestion and Swelling of the Skin)	35	—	
Podagra (Gout)	8	—	
Rheumatism, Chronic and Acute	1,210	2	
Abscesses	1,513	1	
Ulcers	669	—	
Burns	133	—	
Concussion of the Brain	12	2	
Bruises	1,592	1	
Fractures	57	1	
Dislocation of a Joint	59	—	
Wounds and Injuries from Physical Punishment	22	—	
A Partial Dislocation of a Joint	380	—	
Wound Caused by Cutting	536	3	
Laceration of the Flesh	102	—	
Wound Caused by Puncture	94	—	
Piercing Wound	51	5	
WOUND AND INJURIES			

TABLE II (3)

Classes of Diseases	Specific Diseases	Cures	Died
MISCELLANEOUS	Dobilitas (Weakness)	191	1
	Ebrietas	426	6
	Hemorrhoids	158	—
	Hernia	72	—
	Skin Diseases	129	—
	Eye Diseases	610	—
	Scurvy	143	3
	All Other Diseases	2,127	18
	Totals	(35,520)	(266)

The above data is based on the Quarterly Reports of the Surgeons at Forts Smith, Gibson, Wayne, Washita, and Arbuckle and is adapted from the *Statistical Report on the Sickness and Morbidity in the Army of the United States, 1839-1865*. Some of the names of diseases have been translated from Latin for the sake of clarity.