MILITARY MEDICINE, 180, 2:241, 2015

The Unusual Case of Private George Lemon

Laura Cutter, MA, MLIS

The case of Private George Lemon is considered one of the most remarkable cases documented in the "Medical and Surgical History of the War of Rebellion" (MSHWR).¹ Lemon, a shoemaker from Bird Hill, Maryland, was one of two men to survive a secondary amputation at the hip joint during the Civil War (Fig. 1), an operation performed only nine times. (MSHWR differentiates between four types of amputation: primary [performed within 48 hours], intermediate [2 days to 1 month], secondary amputation [after 1 month], and reamputation [a second amputation following a first.])

Lemon was injured at the battle of the Wilderness on May 5, 1864, when a conoidal musket ball shattered his upper left femur. He remained in a temporary shelter tent, but was captured by Confederate troops. Rescued 8 days later, Lemon did not arrive at an Alexandria, Virgina hospital until June 14.

Lemon's surgeons chose not to amputate, focusing on the infection, diarrhea, and bedsores decimating his body. Over the next year, Lemon's infection persisted and fragments of bone detached, causing abscesses. Finally, the risk of septicemia was too great. On October 12, 1865, Army Surgeon Edwin Bentley successfully amputated Lemon's leg at the hip joint. Amputation at the hip offered a grim prognosis. During the

American Registry of Pathology, National Museum of Health and Medicine, U.S. Army Medical Research and Materiel Command, 2500 Linden Lane, Silver Spring, MD 20910.

The National Museum of Health and Medicine, a Department of Defense museum founded as the Army Medical Museum in 1862, is committed to documenting the nation's military medical heritage while sustaining a repository of contemporary medical technology to advance military medicine. This series of articles illuminates objects and collections of interest to Association of Military Surgeons of the United States readers. (For more about National Museum of Health and Medicine, visit www.medicalmuseum.mil.)

The contributor hereby certifies the contribution to be a work of the U.S. Government, which has been prepared by an officer or employee of the U.S. Government as part of his or her official duties, and therefore precluded from copyright protection under 17 USC §105. The contribution is in the public domain by operation of laws of the United States of America.

The opinions and assertions contained herein are those of the author and do not necessarily represent the views of the National Museum of Health and Medicine or the Department of Defense (DoD), any of the military services or other DoD components or any other government agencies, and does not constitute an endorsement by the DoD of any of the opinions expressed, or any information, products or services contained therein.

doi: 10.7205/MILMED-D-14-00522



FIGURE 1. Bentley's secondary amputation at hip joint. Private George Lemon, Co., C, 6th Maryland (CP 1118). (Courtesy of Otis Historical Archives, National Museum of Health and Medicine, Silver Spring, MD/Released.)

Civil War, only 66 such surgeries were performed, with a mortality rate of 83%. Most were primary and intermediate amputations, 48 in total, with only three recoveries between them. Records indicate that the primary causes of death were combinations of shock, pre-existing infection or illness, and hemorrhage.

Lemon proved an exception, as he steadily improved. He was transferred to Harewood Hospital in January 1866 and began using crutches. Released 1 month later, Lemon resumed his trade and was granted a pension of \$15 per month. In 1867, Lemon reported that his health was excellent and he was "able to walk to the village of Westminster, a distance of seven miles, without fatigue."

In the survival of such traumatic injuries, we can see one of the lesser-known lessons of the Civil War-patience. In subsequent wars, particularly the Spanish–American War, surgeons more frequently began waiting until patients had a chance to stabilize before performing complex surgeries. It is certain that other advancements and changing conditions were important factors, but the delicate balance between the strength of the patient and the urgency of treatment is evidenced by George Lemon's case and remains relevant today.

REFERENCE

1. Otis GA, Huntington DL: The Medical and Surgical History of the War of Rebellion, Chapter X, section II. Washington, DC, Government Printing Office, 1883.