

Capt. Henry
Augustus Sand,
103rd New York



*forwards
forward*
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Capt. Sand of 103^d N.Y.
On the 30th Sept. I was requested to see Capt. Sand
wounded at the battle of Antietam Sept. 17th. I
visited him at 9 o'clock P.M. His friends informed me that
the surgeon who had been attending to him said he
thought his thigh bone was partially fractured. I found
the limb (left) put up with the long splint & counter of
-tension perineal strap with an inside adaptation
splint a quantity of hard coagulated blood lying
between splint & limb, resulting from hemorrhage
occurring the previous evening - he was pale and
dyspnoeic, but felt comparatively easy as I was
informed by his friend that his surgeon expected by another
week to take him in hand in the morning. I did not distrust
him to make an examination particularly as during our
night lead to a renewal of the bleeding, and this in his
then enfeebled state was to be avoided if possible, so
I did not at this time further meddle with his case -
On the 2nd Oct. I was requested as his surgeon failed
to attend to him, to take charge of his case - I visited
him about 9 A.M. - Present Condition Very pale and
Countenance anxious, voice strong, and speaks cheerfully
Limb still enclosed by the splint - I removed Coagulated
- blood. Least movement ^{of leg} gives acute pain in neighbourhood
of hip joint, pulse 120 & small, I removed splints and
examined wound. I found it about 1/4 an inch external
to femoral artery and 3/4 of an inch below popliteal ligament
the point of entrance of musket ball and another that of exit
posteriorly opposite fascia of great Trochanter, on moving limb
false point of motion early discovered and - crepitus very
distinct on passing finger into wound felt the fracture of
bone which I perceived was badly comminuted.
As it gave him hemorrhaging pain - I was obliged to attend

any further examination - The wounds had begun to suppurate
and in order to facilitate the dressing and cleaning
of the wounds & believing I could thereby make him more
comfortable & fulfil the indication of treatment better
I applied the adhesive straps and counter of tension
apparatus as I had seen Dr. Furber use of the N.Y.
Hospital apply in case of fractured femur and
with the happiest results (his case being case of
simple fracture from accident) My patient expressed
himself as feeling more comfortable with this than
he did with the splint - As he had not slept for some
nights I prescribed 1/2 gr. of Morphine T. S. S.
and my poor patient at my visit this morning expressed
himself as feeling more comfortable - Slept last night
for the first time for a week, looks pale & countenance
suffered in the expression Pulse 98 feeble Appetite
good speaks cheerfully
6th There has been little change to notice in his condition on
my daily visits till to day - He has now two bad sores
on the sacral region which give much pain - the anterior
and posterior wounds are suppurating freely, As the
movement gives him pain, It is with great difficulty
can attend to his sores and wounds - The suggestion
idea that a fracture had would relieve us of the difficulty
I therefore desired his friends to procure one from New York
accordingly did so & sent for one - his pulse is now 110 soft
not hard - speaks hopefully 7th 8th 9th 10th 11th 12th no better
change in his condition excepting that there is an
improvement in dressing sores and wounds, from
the pain produced by moving referred particularly to
joint, he also gets thinner daily & perceptibly, but
his Rancor not being acted for some days I pro-
posed to receive by desiring it to be operated by Enemata

and external wound 21st Feels more easy but under
lying ground Pains 12th and thereby emaciation after
appetite not so good. Has been having Quinine
3 times daily for the last week & continues
desiring the immediate superintendence of his excellent
brother 22, 23, 24 25 no change I expect to see
but for the worse 26th some bloody and fetid liquor
coming out of the wound attracted by forceps
about 2 1/2 feet of which appeared to be the fascial
of the thigh followed by a copious blast of
unhealthy pus. as there seemed to be considerable
fluctuation with a view to loose a free exit
for the discharge Dr Fowler who accompanied
me at this visit made a longitudinal incision
through the external wound for about 4 inches in length
down to the fracture allowing a state free
escape for the pus - several specks of bone
were also removed - this explained the bad
state of the limb which was then bandaged care-
fully from the toes upwards and the Apparatus
Refracted - 27th has a better night having given
him a large dose of Morphine 28th & 29th drinking
profusely - Drunken & vomiting all in the last 24
hrs his appetite quite gone cannot survive a
while
30th at 10 p.m. 10 P.M. he died he was rational and
able to speak to within an hour or so of his death
and thus passed to another and I believe a better world
but like the early prime of manhood whose devotion
to his country seemed to him to require that he
should give up the comforts & happiness ~~of his home~~
~~to risk his life on the distant field~~
to risk his life on the distant field

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and in conclusion I must say, that it is difficult to choose
which to admire most, his fearless bravery and self denial
on the field, or his cheerfulness and resignation
under sufferings calculated to test the courage
of the most heroic spirits.

I believe no nobler spirit than his has been sacrificed
to his Country during the late war -

On the 31st I made Post-mortem & the pathological
specimen resulting from it - I sent to the Surgeon
Generals Office - an examination of which will be
found to confirm the Diagnosis of seat of
fracture. -

C. W. Drayton,
late Surgeon Major.

Capt. Sand of 103rd New York. On the 30th September I was requested to see Capt. Sand wounded at the battle of Antietam September 17th. I visited him at 9 o'clock P.M. His friends informed me that the surgeon who had been attending to him said he thought his thigh bone was partially fractured. I found the limb (left) put up with the long splint & counter extension perineal strap with an inside adaptation splint, a quantity of hard coagulated blood lying between splint and limb resulting from hemorrhage occurring the previous evening.

He was pale and exsanguine, but felt comparatively easy. As I was informed by his friend that his surgeon assisted by another were to take him in hand in the morning, I did not disturb him to make an examination, particularly as doing so might lead to a renewal of the bleeding, and this in his then enfeebled state was to be avoided if possible, so I did not at this time further meddle with his case.

On the 2nd of October I was requested as his surgeon failed to attend to him, to take charge of his case. I visited him about 9 a.m. Present condition very pale and countenance anxious, voice strong, and speaks cheerfully. Limb still enclosed by the splints. I removed coagulated blood. Least movement of leg gives acute pain in neighborhood of hip joint. Pulse 120 and small. I removed splints and examined wound. I found it about half an inch external to femoral artery and three-quarters of an inch below Poupart's [or Inguinal] ligament. The point of entrance of musket ball and another, that of exit posteriorly opposite fossa of great trochanter. On moving limb false point of motion easily discerned and crepitus [a grating sound] very distinct. On passing finger into wound, felt the fractured bone which I perceived was badly comminuted [fractured into tiny fragments]. As it gave him excruciating pain, I was obliged to abandon any further examination.

The wounds had begun to suppurate and in order to facilitate the dressing and cleanse of the wounds & believing I could thereby make him more comfortable & fulfill the indication of treatment better, I applied the adhesive straps and counter extension apparatus as I had seen Dr. Gurdon Buck of the New York Hospital apply in case of fractured femur and with the happiest results. (This however being cases of a simple fracture from accident.) My patient expressed himself as feeling more comfortable with this than he did with the splint. As he had not slept for several nights, I prescribed half gram of morphine.

[October] 3rd. My poor patient at my visit this morning expressed himself as feeling more comfortable. Slept last night for the first time for a week. Looks pale & countenance haggard in his expression. Pulse 98. Feeble. Appetite good. Speaks cheerfully.

[October] 6th. There has been little change to notice in his condition as my daily visits tell today. He has now two bed sores on the sacral region which give much pain. The anterior and posterior wounds are suppurating freely. As the least movement gives him pain, it is with great difficulty I can attend to his sores and wounds. This suggested evidence that a fracture bed would relieve us of this difficulty. I therefore desired his friends to procure one from New York. They accordingly did so—sent for one. His pulse is now 110. Appetite not bad. Speaks hopefully.

7th, 8th, 9th, 10th, 11th, 12th. No noticeable change in his condition excepting that there is an [ing] differently in dressing sores and wounds from “severe pain” produced by moving, referred particularly to the joint. He also gets thinner daily & perceptibly weaker. His bowels [] having acted for some days...

21st. Feels more easy but evidently losing ground. Pulse 125 and thready. Emaciated and appetite not so good. Has been having Quinine in Sherry 3 times daily for the last week & nutritious [] the immediate superintendence of his excellent Mother. 22nd, 23rd, 24th, & 25th. No change. I regret to say but for the worse. 26th, some disorganized Tip hanging out of the wound extracted by forceps. About 2.5 feet of what appeared to be the fascia of the thigh follows by a copious flow of unhealthy pus as there seemed to be considerable fluctuation with a vein to have a free out for the discharge. Dr. Ganley who accompanies me at this visit made a longitudinal incision through the external wound for about 4 inches in length down to the fracture, alieving a still freer escape for the pus. Several specula of bone were also removed. This lessened the odemate [?] state of the limb which was then bandaged carefully from the toes upwards and the apparatus readjusted.

27th Had a better night having given him a large dose of Morphine. 28th & 29th sinking rapidly. Diarrhea and vomiting set in. The last 24 hours has hickups. Appetite quite gone. Cannot survive a great while.

30th. At half past 10 P. M., he died. He was rational and able to speak to within an hour or so of his death and thus passed to another and I believe a better world. One in the early prime of manhood whose devotion to his country seemed to him to require that he should give up the comforts & happiness of home to risk his life on the tented field and in conclusion I must say that it is difficult to know which to admire most—his fearless bravery and self denial on the field, or his cheerfulness and resignation under suffering calculated to test the courage of the most heroic spirits.

I believe no nobler spirit than his has been sacrificed to his country during the late war.

Per the 31st, I made post mortem & the pathological specimen resulting from it. I sent to the Surgeon General's Office an examination of which will be found to confirm the diagnosis of seat of fracture.

Bio of Surgeon Edward McDonnell

the German Reform Church on Main Street in Sharpsburg became a makeshift hospital for the Federal IX Corps, including many soldiers from the 16th Connecticut—a rookie regiment that suffered significant losses in the 40-Acre Cornfield. Irish-born surgeon Edward McDonnell kept a casebook in which he detailed the treatment of some of the wounded in the small brick building.

Surgeon Edward McDonnell's casebook is housed in the National Archives at Washington D. C.

Bio of fallen soldier Henry Augustus Sand

Henry Augustus Sand was the son of German-born, Brooklyn merchant, Christian Henry Sand (1804-1867) and his wife Isabella Julia Carter (1808-1883). Sand grew up in an affluent family and spent two years studying in Lausanne, Switzerland, when he was 18. After serving in Company K of the 7th Regiment in 1861, he re-enlisted as a Captain at New York City on 12 March 1862, and was commissioned into Company D of the 103rd New York that same day. On 17 September 1862, he was wounded at the Battle of Antietam when the color bearer fell and he seized the flag, planting it far ahead and urging the men to come forward. His left thigh was shattered by a minié ball and he succumbed to his wounds on 30 October.