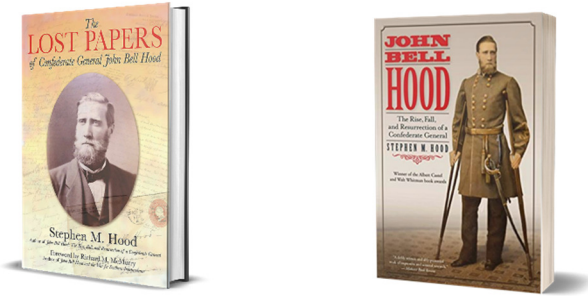


The John Bell Hood Addiction Myth

Repeating something ad nauseam ingrains falsehoods as truth.

A recently discovered doctor's reports, together with General Hood's long-lost personal and professional papers, prove the general was not addicted to opiates. It is time to rewrite some Civil War "history."



NO CIVIL WAR COMMANDER wounded in the line of duty has been the subject of as much unsubstantiated speculation as Confederate Lt. Gen. John Bell Hood. The intensity of his pain, his reliance on opiates and their effects on his mood, demeanor, mental capacity and judgment have been written about extensively— all without any primary evidence. The recent publication of two documents detailing his medical history provides a long-overdue opportunity to separate fact from fiction.

Hood was first injured in combat with Comanche and Lipan Apache warriors near Devil's River, Texas, on July 20, 1857, when an arrow pierced his left hand and pinned it to his saddle. Six years later, on the second day of the Battle of Gettysburg, shell fragments severely damaged the general's left arm, wounds that resulted in partial incapacitation of that limb for the rest of his life. His third and most grievous injury came on September 20, 1863, at Chickamauga, and necessitated the amputation of his right leg 4 inches below the hip.

Hood's descendants recently made public a previously unknown cache of the general's papers that included reports written by his physician, Dr. John Thompson Darby, of his treatment at Gettysburg and Chickamauga. Those documents reveal much that was previously not known about Hood's injuries, his treatment and use of pain medication. The detailed Chickamauga report is approximately 3,500 words long, with daily entries from September 20 through November 24, 1863, and is the focus of this article.

Darby, who had arrived on the scene to take charge of Hood's recovery and rehabilitation on September 24, was an experienced surgeon. Born in 1836 in St. Matthews Parish, S.C., Darby studied at the College of Charleston and earned his medical degree from the University of Pennsylvania in 1859. He practiced medicine in Philadelphia for two years, returning to his native state at the outbreak of the Civil War, and joining the Confederate Army in 1861. First assigned as a surgeon in Hampton's Legion, Darby thereafter served as chief surgeon and medical director of various commands in the Army of Northern Virginia and the Army of Tennessee. After his surrender in 1865, Darby traveled to Europe, where he volunteered with the Prussian army. He returned to the United States in 1868, serving as an instructor and administrator in South Carolina and New York until his death in 1879.

Darby's journal provides fascinating details, not only on Hood's wounding and the amputation procedure, but also on his recovery, including medication dosages. According to the doctor's journal, about 2 p.m. during the September 20 fighting, "the ball entered on the external and posterior portion of the thigh below the middle of the middle third as it was resting in the saddle with the leg and foot everted; the body and head of Gen. Hood being turned to the right, as he was looking back at the line of a division he was leading in position for an advance on the enemy." Based on this information, which doubtless came from Hood, it seems highly likely that Hood was a victim of friendly fire.

The general was immediately transported to the field infirmary, where surgeons W.O. Hudson of Hood's Division, D.C. Jones of Brig. Gen. Jerome Robertson's Brigade, and Army of Tennessee surgeons T.G. Richardson and E.A. Flewellen, in consultation, decided on amputation. Darby reported: "The shock was not so great as is usually seen in such a serious fracture. Chloroform was given and the operation performed by Surgeon Richardson, assisted by Surgeons Hudson & Jones at 4 P.M."

According to Darby, Hood experienced "very little excitement from the operation" and remained at the infirmary until the afternoon of the following day, when, about 3 p.m. he was borne by litter five miles south, en route to the West Armuchee Valley, Ga., residence of Colonel Francis H. Little of the 11th Georgia Infantry. Darby noted that Hood was in stable condition, and after passing a quiet night on the September 21 was carried the remaining 25 miles the next day, arriving at the Littles' after nightfall on the 22nd, "having stood the trip remarkably well." Darby added that Hood's appetite was good, and his "spirits cheerful."

Darby arrived at the Littles' on September 24 and took charge from Jones, who had been with Hood since the operation. Darby noted that Hood had developed a cough, "produced by the clouds of dust made by wagon trains on the road upon which he came to the Little's [sic] residence," but that he had been sleeping well, and his appetite and spirits were good. Darby wrote that he was "much surprised how so little constitutional disturbance" Hood showed, and that according to Jones, such had been the case since the operation. Darby added optimistically, "Never had thought otherwise than he would recover."

After a restful day on September 25, however, Hood suddenly "became very restless at 9 p.m. with considerable excitement." At 9:30 p.m., Darby administered morphine for the first time, a quarter-grain (approximately 15 milligrams) dose that induced sleep 90 minutes later. The next morning Hood awoke nauseated, and by 11 p.m. had developed a high fever. Darby noted that he was "very restless" and "refused morphia." The next day would be the worst day of the general's recovery. Darby wrote on September 27:

Complains of fatigue and loss of appetite for his food. Wound dressed at 8 a.m. Removed three stitches. Wound looking well. Fever came on earlier than usual, much excitement by 8 p.m. Much complaint of ringing in his head, and great burning in his bowels, with heavy weight about the heart and chest, face flushed, eyes infected, pulse very frequent full and cordial, great restlessness, much depression of spirit and anxiety; frequent calls for attention. These symptoms increased to an extent that gave little encouragement for hopes of a recovery. At 3 o'clock in the morning great complaints of the wound caused me to dress it. Found the wound looking well, little too much [illegible] on the lower and [illegible] of the limb. Removed the four remaining stitches at 5 a.m., fell asleep, fever decreasing.

Hood only slept for three hours and, according to Darby, awoke "feeling much better." That afternoon, however, the doctor noted "much anxiety expressed in countenance," but as the day progressed Hood's condition seemed to stabilize. Given half a grain of morphine at 10 p.m., he was asleep within an hour. His fever broke at 1 a.m., and he awoke the next morning "feeling refreshed by sleep, with his condition decidedly improved."

The general did very well over the next four days. He had a healthy appetite, and his spirits were good. On October 2, Darby made the first recording of medications other than sleep-inducing morphine: “Commenced in the morning with 5 grains of quinine and 60 drops of iron during the day.” With his patient sleeping well, on October 3, Darby reduced the nightly morphine dosage to a quarter grain. Hood continued to improve until October 7, when complications again surfaced. Darby wrote:

Awoke feeling anxious in regard to hemorrhage from his wound. Dressed the wound at 9 am. Blood oozing from three distinct points though the granulating surface opposite the end of the bone. Iron increased to 100 drops per diem. Appetite good. [Illegible] to remove a ligature, (the only one remaining). Supposing the intense pain felt at times on the upper and outer portion of the thigh and about the knee was due to this ligature having enclosed a branch of the anterior caudal nerve. The slightest effort made to remove this ligature caused intense pain in the groin near the exit of the vessels beneath the [illegible]. Spasmodic twitching in the stump by the efforts made to remove the ligature. Suffered much pain in the stump and pain and fever during the day. Spasmodic muscular action very general and sufficient to awake him from his sleep. The abscess is conducive to this condition as there was much swelling and some [illegible] about the parts surrounding the tuber ischia. Fearful of being compelled to open the abscess which on account of the hemorrhagic inclinations in the wound is a serious step. Twas at night great restlessness and pain. 1 grain of morphia given at bed time—no effect. 1 grain given two hours later produced sleep.

On the following day the general’s pain and anxiety persisted, with Darby constantly in attendance. Late that day Hood’s pain subsided, his appetite improved and—unlike on the previous night—the usual one-half grain dose of morphine enabled him to fall asleep at 9 p.m. He awoke the next morning feeling “somewhat refreshed,” and his condition continued to improve throughout the day.

October 10 dawned with Hood “much improved in spirits and in condition.” Darby noted that his patient’s anxiety had subsided and his appetite was restored. The iron, quinine and morphine regimen continued, and on October 11 Darby began giving Hood “a half bottle of sherry wine and three milk punches daily.”

His condition steadily improved. On October 16, Darby recorded that Hood “sat up thirty minutes whilst his bed was being made up,” and two days later was taken on his bed to the porch of the house for three or four hours. “The change,” wrote Darby, “seemed to improve him.” By October 17 an abscess had developed on the stump, and for the next few days he suffered from pain, swelling and fatigue, but his condition improved by the 23rd. Presumably referring to medications, Darby wrote, “treatments continued,” and noted he had decreased the iron dosage to 60 drops.

On October 24, Darby mentioned Hood’s Gettysburg wound:

As much as possible he now rests and has been for several days on the left side so that the pus might better gravitate and make its way out. The old wound of the left arm prevents his reclining on the left side as much as I would wish...and has during the whole of the treatment interfered greatly with changes of position.

The next day Darby recorded that the iron therapy had been discontinued but the quinine doses increased to 10 grains per day due to fever. Otherwise Hood’s strength and appetite impressed the doctor, although on October 26 he noted his patient was experiencing some minor pain, specifically from the abscess and from the bowels.

Over the next few days Hood continued to strengthen, and on October 29 Darby received salutary news from Richmond. “Received a letter from Gen. [Braxton] Bragg today,” wrote the doctor, “recommending

his [Hood] immediate removal to the rear.” The general was elated upon hearing the news, and the next day Darby wrote:

“Much improved in spirit since I have consented to his moving on tomorrow. Very restive about remaining where the enemy might make him a prisoner. The wound has improved so much that I have consented to his going and hope all may go well with him. My intention was to have awaited ten days longer, which I considered to be a safe time for his removal.”

The original plan was for Hood to be transported via litter 19 miles to the railroad, beginning the two-day journey on October 31. As it turned out, heavy rain delayed his departure until November 1. Darby wrote:

Left for the RR nineteen miles distant. The Genl was placed on a cot with hard mattress and transferred on the shoulders of men. We commenced the journey at 10 am. After going ten miles found he stood the trip so well, gave up the idea of remaining at the fort which had been erected to pass the night, as the weather became cloudy and indications of a rain were serious for the night and the following day. Arrived at the RR at 6½ pm making the destination in 8½ hours with ease.

Darby did not identify where Hood boarded the train for Atlanta on November 2. We only know that the party departed by rail at 7 a.m. and arrived in Atlanta at 4 p.m., where Hood would remain until November 9.

While the general was in Atlanta, Darby reported that he “improved forcefully” and on November 4 “slept without morphia for the first time.” At 4 p.m. on November 9, Hood and Darby departed by train for Richmond. The doctor reported, “The strong desire he has to have an artificial limb adjusted prompts an immediate departure to Richmond, where the necessary means for procuring the limb can be obtained.” The train was in Augusta the next morning, and on November 11 reached Wilmington, N.C., where Hood remained for three days. Darby noted Hood’s improving condition and recorded that he had “slept without morphia” the previous two nights.

Darby wrote on the 14th that Hood was “anxious to continue the journey,” and the next day the party left for Richmond, reaching the Confederate capital on the 16th. “Arrived at Richmond at 2 p.m. in good spirits,” Darby noted, “and in far better condition than when he left Atlanta.” Hood received visitors the next day, and by November 20 the doctor reported that his patient had “walked across the room twice today on his crutches.”

The following day Darby recorded:

“Walked across the room three times today. Strength daily increasing. Appetite good since arrival and sleeps well at night without morphia.”

Hood’s endurance continued to improve, and on November 24 Darby made his final entry in the journal: “Abscess entirely closed and the cicatrix in good condition. Strength improved so much as to be able to cross the room four or five times without rest.”

Hood would eventually return to duty in March 1864 and command an infantry corps in General Joseph E. Johnston’s Army of Tennessee. Although no war-era commentators are known to have written of Hood’s mentioning any pain, numerous modern authors have elaborated on the excruciating and debilitating

discomfort he must have suffered after his return to duty, and his subsequent need for painkilling medications.

It's worth noting that in Darby's entire 3,800-word report the word "pain" appears only 11 times. The last time Hood complained of pain, according to Darby, was on October 20, 1863. In fact, in a November entry Darby specifically recorded that the general was suffering no pain whatsoever. Yet some writers have claimed that Darby was typical of Civil War-era physicians, in that he indiscriminately administered opiates for pain to his patients. Others have even speculated—without any evidence—that Hood's pain and need for drugs was so intense as to drive the general to the brink of madness.

Exhaustive research by Atlanta area historian Dr. Stephen Davis reveals that the genesis of rumors about Hood's opiate usage was Percy G. Hamlin's 1940 biography of fellow Confederate General Richard Ewell, *Old Bald Head (General R.S. Ewell): The Portrait of a Soldier*, in which Hamlin suggests that John Bell Hood might have used painkillers after returning to duty.

During the 20th century's latter half, the myth of Hood's dependence on opiates took on a life of its own, with multiple authors—citing only each other as sources—asserting he used painkillers. Despite a total lack of real evidence, many couldn't resist the temptation to dramatize the degree of pain Hood experienced. For example, in his two-volume *Autumn of Glory: The Army of Tennessee 1862-1865*, published in 1967 and 1970, Thomas Connelly speculated of Hood, "His old leg wound may have been irritated by the long, damp ride over rough roads."

In the May 1988 *Civil War Times Illustrated* (the forerunner of this magazine), James Street Jr. expounded on Hood's wounds, his pain and his obvious need for painkilling drugs to cope with it all. "The pain from the stump of his right leg must have been horrendous when he rode strapped to his saddle," Street speculated. "The bouncing and jolting, the abrasive rubbing of the stump against the rough cloth of a dressing or pad could not have been endured without some sort of pain-reliever. An opiate was the standard prescription." Note that Street claims knowledge of how much pain Hood experienced, when he experienced it, the fact that he needed a painkiller and the type of drug he used—but doesn't identify the source of his information.

In Ronald H. Bailey's 1985 book *The Battles for Atlanta*, he wrote, "By the accounts of some contemporaries, Hood suffered such intense pain that he was taking laudanum, an opiate that could impair mental judgment." But while Bailey says the general's contemporaries claimed to have witnessed him using opiates, he never identifies those witnesses. Even respected academician Steven Woodworth, in an essay that appeared in the 1994 book *The Campaign for Atlanta and Sherman's March to the Sea*, reported that Hood "at times resorted to alcohol and opium or a derivative of laudanum." Woodworth's only source was a 1972 booklet—whose author provided no primary source for his claim.

Civil War history is of course permeated with myths, biases and falsehoods—and change is often slow in coming. As late as 1997, for example, Craig Symonds wrote in *Stonewall of the West*, his biography of Maj. Gen. Patrick Cleburne, that Hood took "an early dinner and a laudanum-induced sleep" on the night before the November 1864 Battle of Franklin. In his 2002 book *The Finishing Stroke*, John Lundberg claimed Hood was "confused and half asleep" when Lt. Gen. Alfred P. Stewart visited him at his Spring Hill, Tenn., headquarters on the night of November 29, 1864. Stewart and others present that night wrote nothing about Hood acting out of the ordinary, let alone being "confused and half asleep," yet Lundberg was apparently compelled to add his assertion, citing only Wiley Sword—who had speculated that Hood's mind was perhaps "clouded" by laudanum.

In 2009 Webb Garrison Jr.—citing speculation by Connelly, James McDonough and Sword—wrote in his book *Strange Battles in the Civil War* that Hood “assuaged his pain with laudanum, which affected his judgment.”

An example of how these baseless rumors of Hood’s dependence on drugs evolved to a drug addiction myth can be seen in Eddy Davison and Daniel Foxx’s 2007 book *Nathan Bedford Forrest: In Search of the Enigma*, which elevates the general’s alleged laudanum usage to the level of abuse. Hood’s wounds, Davison and Foxx claimed, should have disqualified him from army command, “not to mention his addiction to alcohol and laudanum.” Without proof or evidence, Hood’s “possible” and “occasional” drug and alcohol use had evolved into a depiction of the commander as a full-fledged drug addict and also an alcoholic. Author Russell Blount, who has generally been supportive of Hood, also perpetuated this myth in his book *The Battles of New Hope Church*: Hood, Blount declared, “often turned to laudanum and whiskey for relief.”

Perhaps the most preposterous commentary appeared in Barbara G. Ellis’ *The Moving Appeal* (2003), where the toxic mixture of “Hood and drugs” was so prominent that it warranted mention in the index. Eschewing evidence of any kind, Ellis declared that Hood’s abilities were “increasingly skewed by a growing dependence on opiates,” and that Confederate President Jefferson Davis mistook Hood’s look of enthusiasm and resolve on the battlefields as “eyes ablaze with a need for narcotics.”

Asked to justify their assertions about Hood in the absence of any evidence, many authors will state unequivocally that Hood *must* have suffered intense pain from his injuries and thus needed medication, and that Civil War–era physicians prescribed drugs haphazardly, ignorant or dismissive of their addictiveness. But while some amputees suffered chronic pain, not all did. And although some doctors doubtless prescribed opiates indiscriminately, Darby’s reports show that he did not do so.

It’s also worth noting that among the recently discovered cache of Hood’s personal papers are 59 letters from Hood to his wife, Anna, whom he married in 1868, written after the war. Penned between November 28, 1869, and January 13, 1879, Hood’s letters make no mention of any pain or discomfort in his leg or arm, and there is no allusion to pain medication of any kind.

Stephen M. Hood, a relative of John Bell Hood, is the author of the award-winning *John Bell Hood: The Rise, Fall, and Resurrection of a Confederate General* and *The Lost Papers of Confederate General John Bell Hood*.

- Originally published in the April 2015 issue of *Civil War Times*.