



"The Buffalo Carcass on the Company Sink": Sanitation at a Frontier Army Fort

By Carla Kelly

On Sept. 29, 1870, Lt. Harry Link, commanding Company E of the Seventh Infantry, sent an indignant letter to Lt. Levi Burnett, post adjutant at Fort Benton, Montana, complaining about Dr. Campbell, the post surgeon:

Fort Benton, Montana
Sept. 29, 1870

1st Lt. Levi F. Burnett, 7th Infantry
Post Adjutant

Sir,

I have the honor to request that the buffalo carcass deposited on my company sink by Dr. Campbell be removed at once; the stench that arises from it is so great as to prevent the members of the company from visiting their only place of retirement.

I am, sir, very respectfully, your obedient servant,

Harry H. Link
1st Lieutenant, 7th U.S. Infantry,
Commanding Company E

The buffalo carcass on the company sink. Nineteenth-century **sanitation at military forts** often constituted a shock to the system, even without the unwelcome addition of a large animal carcass deposited in the soldiers' latrine. To the chagrin of modern researchers, the records are silent on a number of questions, such as, how could a buffalo fit into a latrine? Why would a post surgeon deposit such an item in such a place? Who was given the task of removing it? Suffice it to say that E Company's soldiers probably spent a few uncomfortable hours.

Granted, Fort Benton was not Fort Buford, even though companies of the Seventh Infantry also

served at the Dakota garrison during the Indian Wars. The buffalo carcass incident, although amusing to readers today, points out the larger issue of abysmal sanitary conditions at most western forts during the nineteenth century. Sanitation at these frontier outposts throughout the West was rudimentary, challenging, and often discouraging, reinforcing the belief that Indian Wars campaigning or keeping the peace among homesteaders or railroaders was probably less hazardous to the typical soldier than the dangers he faced from microbes. Conditions at some army garrisons—**Fort Buford** in the winter, most certainly—were scarcely better than those found in the Middle Ages. That anyone survived an enlistment at a typical army post is a testimonial to the hardiness of the men, women, and children, and their impressive immune systems.

The **medical records** kept at western forts by post surgeons are a major source of information about a variety of topics ranging from medical practices, to catalogs of local flora and fauna, to habits and customs of Indian society. Post surgeons were regarded as a fort's scientists, and often given assignments bearing little relationship to their other duties as medical practitioners. For example, Captain James Kimball, Fort Buford's first army post surgeon, composed a detailed description of the terrain surrounding the post, with an equally vivid depiction of its animals and local inhabitants. He also described the fort's buildings, listing their dimensions and general condition. What the post surgeons wrote also told much about soldier life and its challenges.

To suppose that clothing was the only difference between modern people and American citizens of the nineteenth century would be to err. People of the nineteenth century inhabited a different country, one removed from modern society by years, rather than miles. They did not think like their twenty-first century counterparts, or act like them, or speak like them. People today might call them quaint, as people two hundred years from now will call contemporary society quaint.

It is in the simple events of life that people of today find parallels with nineteenth society: eating, sleeping, working, answering nature's call, breathing. These are elements so common that they must have seemed scarcely worth mentioning in many nineteenth-century documents. Something as rudimentary as a kitchen illustrates the matter. Everyone in the nineteenth century knew what a kitchen looked like: it was taken for granted. As a consequence there are few photographic images of kitchens from the nineteenth century, and few detailed descriptions. The reconstruction of **Fort Union Trading Post** illustrates the dilemma that this reality can cause. Visitors are often puzzled by the red roof on gray pillars behind the Bourgeois House. When informed that it is the kitchen, they invariably ask why the structure is unfinished. The reconstruction of the trading post was based on paintings, sketches, verbal descriptions in journals, and a few photographic images. No one ever wrote about the kitchen, painted it, or photographed it. Beyond the archaeology, which established the foundations and fireplace, and the roof, which appears in paintings, not enough is known to continue the reconstruction.

The same would be true of **sinks** (bathroom facilities) and **latrines**. A photographic image of an army sink is rare, indeed. An exterior shot is hard to find; an interior shot, nonexistent. Perhaps this reluctance to capture a photographic image of a latrine behind the barracks was due to modesty. It might also be attributed to a reluctance to waste glass plates and developer photographing something everyone already knew about. Modern researchers are the poorer for it, unfortunately.



Figure 1. Snow is piled high by the boardwalks at the officers' quarters in winter at Fort Buford in 1892–93. Earlier officers quarters lacked boardwalks and were less sturdy buildings, but snow and early winters, thawing-freezing cycles, and difficulties of maintaining proper sanitation were constants. (SHSND A2042)

Air is one example of the difference in emphasis from one era to the next. The average person scarcely thinks about air, except when it's smoggy, perhaps, or smells of skunk, or smoke. Throughout the latter half of the nineteenth century, the medical community paid considerable attention to the amount and quality of the air allowed inside confined spaces. Beginning at least with the strides in military medicine made in Europe during the Crimean War, and carrying through in the United States with the Civil War, surgeons placed tremendous emphasis on the cubic air space required for each soldier to function well and healthily. They were well aware that some diseases were airborne. They were unaware that others were caused by microbes and bacteria unseen by the human eye.

Two letters from Fort Buford substantiate this. Charles McChesney, post surgeon in 1870, wrote the commanding officer to complain about the overcrowded guardhouse: "It is my opinion that during the cold weather of the fall and winter months a continuance of this number of occu-

pants will generate Typhus Fever from crowd poisoning.”¹ In 1877, came this letter from Captain P.F. Harvey, post surgeon, to the post adjutant: “I have the honor to recommend that the pig-pen in the vicinity of the cattle corral be put in better sanitary condition by policing and disinfection. The prevailing winds coming from that direction are liable to bring injurious effluvia to the compound.”²

Physicians were on the edge of this knowledge, however. In 1877, while Captain Harvey fretted over pig smells, French chemist Louis Pasteur—who already had begun his exploration of microorganisms and germ theory regarding fermentation of yeast—began his anthrax studies that would revolutionize medicine and its practice. In the case of anthrax, Pasteur discovered that the virulent disease was caused by bacillus surviving in the carcasses of dead animals and in the soil in the form of spores.

Pasteur’s discovery that **infectious diseases** were caused by microbes is one of the most important in medical history. It heralded sweeping changes in medical practices and led directly to Joseph Lister’s work in antiseptic surgery. After 1882, Pasteur also performed pioneering studies in the nature of viruses, entities too small to be seen with the microscope, but which transmitted deadly diseases.³

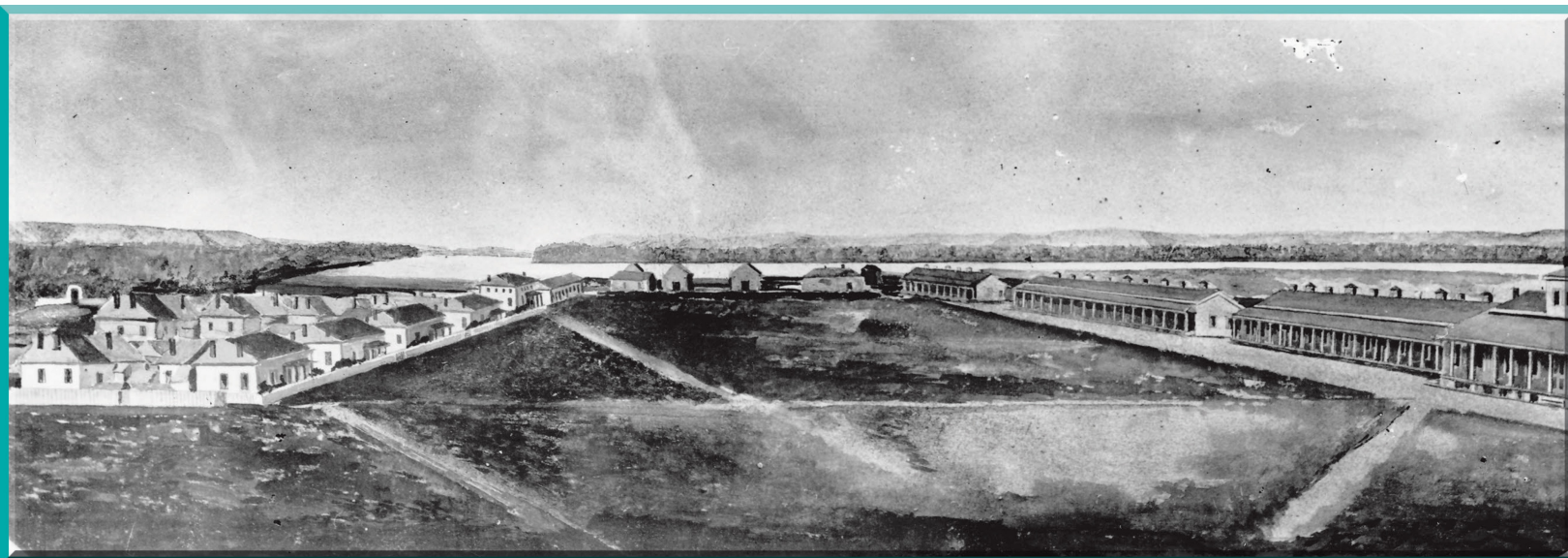
On the post-Civil War American frontier, Pasteur’s studies, if available at all, formed the *exotica* found in medical journals not always accessible, especially

to post surgeons serving in remote, isolated garrisons. For the major part of the century remaining, the chief medical doctrine involved fresh air, and plenty of it. The doctrine itself was sound, even if the reasons behind it were incorrectly understood.

This is not to say that post surgeons—among the American medical profession they were generally regarded as skilled practitioners—were unaware how disease spread. Early in Fort Buford’s history, the garrison suffered from diarrhea and intestinal disorders that were blamed on the well water. Under the surgeon’s advice, the wells were restricted to use by animals only. The garrison drew its water from the Missouri River, instead, and the complaints ended. Well water at the confluence today is still unpleasant to the taste, and highly saline, but in and of itself does not cause diarrhea. The greater problem at Fort Buford was likely the result of bacteria from the fort’s sinks seeping into the well water. Yes, the water was bad, but why? Coliform bacteria is a chief cause of diarrhea, something of which even the best medical minds of the 1860s and 1870s were unaware.

In their zeal to keep the command healthy, the post surgeons lobbied long and hard for better barracks, providing more air space. They also devoted considerable time and effort to endless and ultimately unsuccessful attempts to sanitize Fort Buford’s sinks. Even in the closing years of both the fort and the century, the post surgeons were never totally able to subdue the problem of what to do with the garrison’s waste, both animal and human.

Figure 2. Fort Buford, Dakota Territory, 1870s. Conditions at some army garrisons like Fort Buford were scarcely better than those found in the Middle Ages, especially during the winter months. (SHSND A3837)



Pit-vaulted privies with sheds of adobe and wood were located behind each officers' quarters, supposedly twenty-five yards from the houses. The pits were dug to a depth of ten feet.⁴ As early as June 1869, Captain James Kimball, post surgeon, noted that officers' sinks were too close to the quarters, and should be filled in and dug elsewhere.⁵ In 1877 a different post surgeon wrote, "It is necessary that general police and disinfection of the Post be at once commenced and carried on energetically till thoroughly accomplished to prevent or diminish sickness among the command." He recommended that the sinks behind the officers' quarters "and all others" be disinfected with copperas or carbolic acid, and that the buildings over the trenches be whitewashed.⁶

The records are not totally clear on the matter of latrines for the enlisted men, but they do state that the adobe barracks built in 1867 were served by two sinks, one located in the fort's southwest corner and the other in the southeast corner 110 feet behind the barracks. By anyone's standards, they were quite large: trenches thirty feet long, eight feet wide, and between ten and twelve feet deep. A portable wooden shed was placed over the trench. Dirt and lime were periodically dumped into the sinks: once a week was the surgeon's recommendation. It is not known what these portable buildings looked like inside; probably their appearance varied from post to post, depending on the skills of the local carpenters. They may have had partially boarded floors with openings that the men would straddle, or raised platforms with holes. No actual descriptions exist in Fort Buford's medical records, which is hardly surprising. Army sinks probably fit into that category of nineteenth-century culture understood by all who lived it—so common and ordinary that no one felt the inclination to describe it, all Victorian sensibilities aside. An April 1890 medical records entry described the latrines as "**unsightly and uncomfortable sheds,**" which leaves much to the imagination.⁷

On the other hand, this somewhat graphic and grim entry from Captain Kimball on August 12,

1868, left little to the imagination regarding the condition of sinks at Buford:

Sir:

I have the honor to report that during the last ten days, three cases of Centro spinal meningitis have appeared in the command of which one has proved fatal and another it is feared will speedily do so; and also that cases of Acute diarrhea are on the increase. Upon a thorough inspection of the company sinks, I find them to contain a large amount of matter, probably the result of the recent heavy rains, which renders liquid the fecal contents and the mass remaining stagnant, the exhalations arising therefrom are offensive in the extreme. Since, owing to this liquid condition of the contents of the sinks, it is in my opinion impracticable to properly cover them over with fresh earth or to thoroughly disinfect them, I would respectfully recommend as being in my opinion a necessary sanitary conclusion that the old sinks be filled up and new ones instituted.⁸

Dr. Kimball's records state that construction on new sinks began the next morning. Apparently it took about nine months for the post's two large sinks to fill. As early as June 1869, Captain Kimball noted that the southwest sink was still deep enough, and would be adequate for several more weeks, but the southeast sink was filled to within three feet of the surface. He added that rain would render it horrendous, and that it should be filled in promptly, and another dug.⁹ Understandably, that southeast sink would have filled faster. Most workshops and storehouses—where the men spent more of their time—were on the east side of the post.

In that same June entry, Kimball noted that the wastes from the stables, slops, and garrison garbage were taken about one hundred yards east of the fort and dumped. He felt that this was adequate from a hygienic point of view, but that aesthetically, the fort's detritus (debris) should be taken one hundred

yards southeast and dumped into the ravine there.¹⁰ In an earlier entry in January, Kimball also wrote that refuse from the fort was carted five hundred yards away from the post, deposited in pits, and burned.¹¹ This may be a reference to human waste; Kimball does not specify.

Human and stable wastes were not the only challenge. In the June 1869 entry, Kimball also described a problem at the slaughterhouse, located behind the adobe storehouses on the east side of the post, where the blood was allowed to flow onto the ground, created a great stench, and caused “immense swarms of flies.” He added in a telling sentence that the offal (waste parts) from the slaughter was usually removed promptly by the Indians, but not always fast enough. Kimball recommended that a tub be placed under the slaughterhouse spout to catch the blood.¹² This, apparently, was an ongoing problem. In a February 1877 sanitary report, the current post surgeon wrote, “The immediate premise of the slaughterhouse is littered with animal debris partly in a state of decomposition and emitting foul odors.”¹³

The truly primitive nature of sanitary conditions is evidenced in the guardhouse. John Billings, a surgeon who spent most of his military career in Washington, D.C., compiling statistics on army

hygiene, decried the practice, common on every post, of using tubs or buckets in the cells for the prisoners to relieve themselves.¹⁴

The tubs in the guardhouse were also a problem at Fort Buford. By December 1873, Post Surgeon J.V.D. Middleton recorded that the urine tubs had been removed and the prisoners were permitted outside to relieve themselves.¹⁵ No actual mention is made then of a guardhouse sink until a reference in 1877 by Post Surgeon Captain Harvey, who described its **“offensive and unwholesome condition,”** and made the recommendation that new pits be dug and “the buildings shifted accordingly.”¹⁶

These problems with hygiene were common to posts all over the United States and her territories. What became more difficult—nearly intolerable, in fact—was a problem related specifically to forts in areas of prolonged winter, among them Montana, Dakota, and northern Minnesota. During the long winter months, and certainly during times of blizzard or extreme snow or cold, sanitation was reduced to its most primitive levels.

Every year of Fort Buford’s existence, March and April entries in the fort’s medical records emphasize



Figure 3. Fort Buford water tower and sawmill, 1891–93. Post surgeons reported diseases such as diarrhea, dysentery, and typhoid fever that we know today result from contamination of drinking water by human and animal wastes. In the 1880s the post began drawing its drinking water from the river instead of from wells, and such illnesses were reduced. In the 1890s waterworks replaced drawing water directly from the river. (SHSND C0765)

the necessity for a prompt and energetic “police” of the grounds. The nature of this police becomes obvious: during the winter months when it may have been difficult to get to and from the sinks, all the people of the garrison tossed human waste outside their quarters, allowed it to freeze, and left it there until the spring thaw.

For the skeptical, several entries make this amply clear—March 22, 1877: “For sanitary reasons I have the honor to again recommend the removal of slops and refuse in the rear of company quarters and that barrels be used hereafter for their disposal. . . . It is necessary that general police and disinfection of the Post be at once commenced and carried on energetically till thoroughly accomplished to prevent or diminish sickness among the command.”¹⁷ Consider this brief entry from March 1880: “Old Corral has been used as a sink. It is absolutely filthy. Root house behind companies C & E also used as a sink.”¹⁸ During winter soldiers went no farther than they had to, to answer the call of nature.

Probably when the adobe barracks on the south side of the garrison were remodeled in 1873, the two large sinks behind them were filled in. An October 31, 1873, entry indicates such a possibility: “Work of repairing the men’s quarters and grading the parade ground is still in progress. A fence has also been put up around the back part of the men’s quarters enclosing the sinks.”¹⁹ This June 7, 1878, entry from Captain P. F. Harvey may also be interpreted that each barracks had its own sink: “I have the honor to recommend that the premises back of F and C company quarters be more thoroughly policed and that immediate measures be taken to abate the nuisance created by the company sinks throughout the Post.”²⁰

Additional support for the likelihood of company sinks behind each barracks came in the summer of 2000, when Don Johnson of Hemisphere Field Services, Inc., conducted a resistivity test to determine the location of the 1867 barracks on the west side of the parade ground. In addition to his barracks findings, Johnson noted in his

report that there was another “resistivity low” behind the barracks that was probably a trench, and stated that a latrine was one “possible interpretation.”²¹

No matter the number of sinks, the health problems were undisputable. Captain Harvey’s two August 1878 entries are indicative, and quite chilling, from a medical standpoint. He noted an earlier increase in low-grade fevers of men in several companies (eight in C Company alone), then wrote the following:

The slops and other waste matter thrown out and allowed to freeze during the winter in the rear of the officers and Men’s Quarters were not removed as recommended in February and March last, until they had undergone a considerable diminution by thawing and the ground had become soaked with the putrescent liquids resulting therefrom. It may be that these neglects have been instrumental in producing the large ratio of fever prevalent during the summer. But to the unusual and protracted heat together with inattention to personal hygiene must be ascribed the principal genetic agency.²²

Captain Harvey’s June 1878 entry described the especially fetid (stinking) condition of the sinks behind Company C, the same company with eight men ill with what Harvey diagnosed in his August report as typhoid fever. The men were obviously poisoning themselves with the unsanitary conditions in which they lived, and which were forced on them by the region’s harsh climate. The fact that the entire garrison wasn’t carried off by typhoid fever annually must point to a certain resilience to disease perhaps inherent in nineteenth-century living.

For people in today’s sanitized society, it is almost difficult to comprehend what conditions were like at Fort Buford. The odors alone at the post after a long winter must have been positively shocking, not to mention the sight of human waste thawing

when the snow was gone. All the careful use of lime and dirt under normal conditions literally went out the window during the winter, when it was difficult, if not impossible, for the men, women, and children of the garrison to make the trek to the outhouse or sinks.

This doesn't even begin to account for the mounds of manure that must have accumulated during the winter around the quartermaster stables, and later the cavalry stables, as well. Fort Buford downwind in early spring was probably an unforgettable olfactory experience. To compound the matter, consider this April 13, 1876, entry: "I have the honor to report that the bodies of two dead mules are lying by the river just below the post garden. They are rotten and extremely offensive. I respectfully recommend that they be thrown into the river at once."²³

Typically, in late fall or early winter, the quartermaster department slaughtered the livestock which formed the winter beef ration. According to Assistant Post Surgeon J.V.D. Middleton in a December 1874 report, the slaughtered beef was "packed in ice and snow." One reason this was done was to eliminate the necessity of feeding the livestock during the long winter, and perhaps also to avoid the mounds of manure such livestock would generate from November to April. Middleton's chief complaint against the practice of slaughtering the beef at the beginning of winter focused on its deterioration as a good source of food.²⁴

After a long winter, even vegetable matter seemed to conspire against Fort Buford. A letter from Fort Buford's Post Adjutant to the Department of Dakota on April 21, 1871, stated the following—"Subsistence stores is to throw away the following at a point in the river below the steamboat landing: 5853½ pounds of potatoes, 40 gallons of kraut, 78 gallons of curried cabbage, 459 gallons of cucumber pickles, 150 gallons of mixed pickles."²⁵

The hospital was probably the only place on the post where the sanitation was even tolerable. The

hospital had its own sink outside, but also two earth closets indoors for the use of patients.²⁶ Designed by Reverend Henry Moule in England, the earth closet had been in use for some ten or fifteen years, and operated in much the same manner as today's water-free, composting toilets. In 1860, Moule and a partner took out a patent on his earth closet, which contained a reservoir of earth under the seat calculated to be effective for up to twenty-five uses: The **Moule earth closet** was a handsome piece of bathroom furniture with a wood cabinet. The lid was raised while in use, and then a foot-operated mechanism dropped dirt over the waste deposited. After up to twenty-five uses, the box-like reservoir underneath was removed and dumped.²⁷

The **dry-earth closet** was by far the most successful latrine with any potential for a western fort like Buford, where a reliable, convenient water source, summer and winter, was climatically problematic. In Circular No. 4, his 1870 Report on Barracks and Hospitals, John Billings expressed his enthusiasm for the dry-earth system, noting that these "portable commodes, or night-chairs, . . . have been furnished to the principal hospitals, and have been found to fulfill their purpose."²⁸ In addition to hospital use, he urged their adoption in garrison guardhouses.

In May 1890, after years of struggling with noisome and disease-carrying sinks, dry-earth latrines were built at Fort Buford for the barracks. By August 1890, according to the medical records, the pit privies had been filled in, and the "unsightly sheds" gone forever.²⁹ According to Michael Hill in his *Buildings of Fort Buford*, what replaced them were permanent buildings thirteen by forty feet with two entrances. Behind the entrances and toilets was a corridor running the length of the building, with doors on either end large enough to accommodate the "patent cart," into which the dry-earth receptacles under each hole were dumped.³⁰ Post returns from May 1890 until the closing of the post in 1895 list a "scavenger," whose wages were \$60 a month, and whose sole duty was to see to the maintenance of the dry-earth closets.³¹

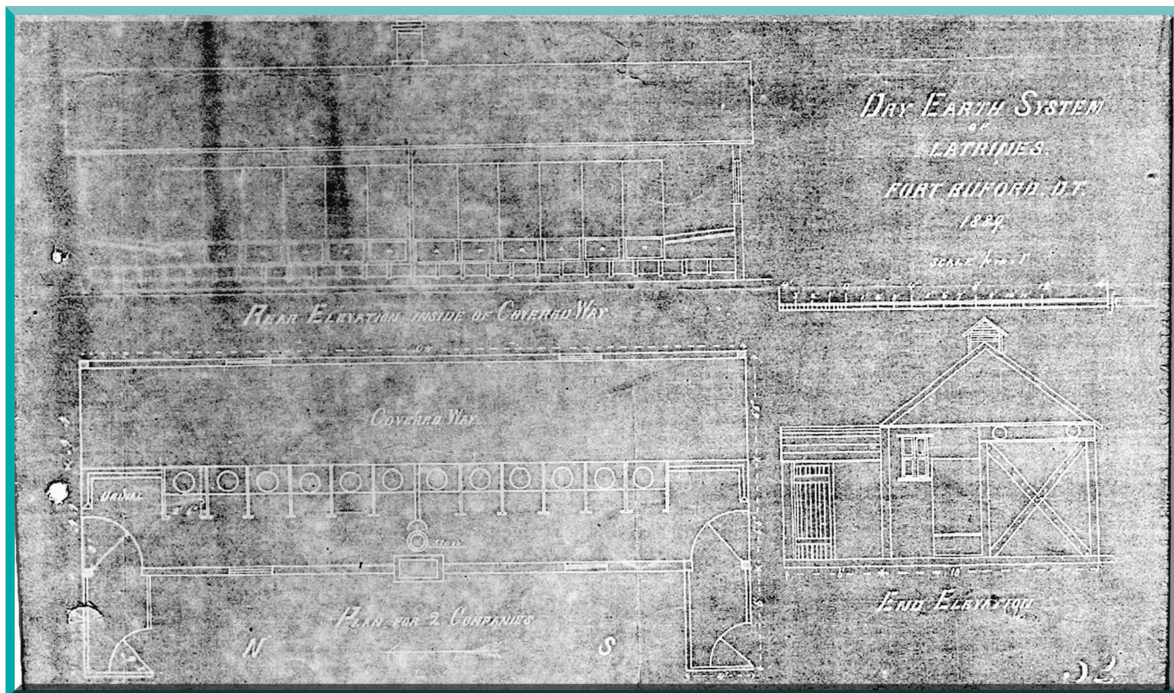


Figure 4. Dry Earth System of Latrines, Fort Buford, D.T., 1889. John S. Billings, a former Civil War surgeon by this time with the Surgeon General's office in Washington, D.C., and an authority on design and hygiene of post hospitals, began to favor the dry earth closet (much like today's composting, water-free toilets) over the pit latrine for western frontier posts. (SHSND Archives, Fort Buford plans and drawings)

According to Hill, Fort Buford had four single sets (thirteen by twenty feet), and two double sets (thirteen by forty feet), of **dry-earth latrines**.³² Each double set contained twelve individual compartments. By each of the two doors were trough-like gutters set close to the floor for use as urinals. The building also contained a heating stove.

The new buildings had one drawback, which the post surgeon pointed out in his August 1890 medical inspection report, and which was probably remedied soon. The large sliding doors at either end had not been hung properly, and the flies swarmed inside (probably as they always had, in the old sinks).³³

Not until September 1892 did the dry-earth system begin to replace the old vault privies behind the officers' quarters. According to the post's medical records, some of the old privies were still in use on Officers' Row as late as August 1894.³⁴ Whether they were entirely converted to the new system

is not known. The larger drawback to the earth closets, one which could never be overcome at Fort Buford, came with winter. In the February 1891 medical report, the post surgeon described this discouraging situation:

The tin gutter running below the anterior edge of the holes and intended to collect and carry the urine into a separate receptacle, is not only useless, but quite objectionable in winter, as it forms a solid frozen mass which not only fails of its purpose but is very much in the way. Experience at this post seems to indicate that, in this climate, it would be best to do without this gutter and let the urine fall into the excrement box.³⁵

A similar report from Fort Assiniboine, near present-day Havre, Montana, listed a similar problem in the 1890 annual report to the Secretary of War. There, Captain L.A. LaGarde, post

surgeon, pronounced the dry-earth closets a dismal failure. His description is graphic, and sounds quite like the problem at Buford: “As it is now, [the scavenger] goes to the rear of the closet, pulls the box, and in winter he chips the mass as best he can, empties what is possible in his cart, drops part on the ground, and the rest remains frozen in the bottom.”³⁶

As at Fort Assiniboine, winter defeated the best-laid sanitation plans at Fort Buford. November and December 1892 entries point out that not

much had changed at Fort Buford since the earliest days. November: “There is no underground drainage at this post. Surface drainage is necessarily in abeyance during the winter months, all surface water being frozen.” December: “Surface drainage is suspended during winter months on account of the extreme cold. Garbage and refuse are systematically policed.”³⁷

As late as March 1895 (the fort would close in less than six months), Captain E.C. Carter, post surgeon, recorded this dreary entry, and it reads

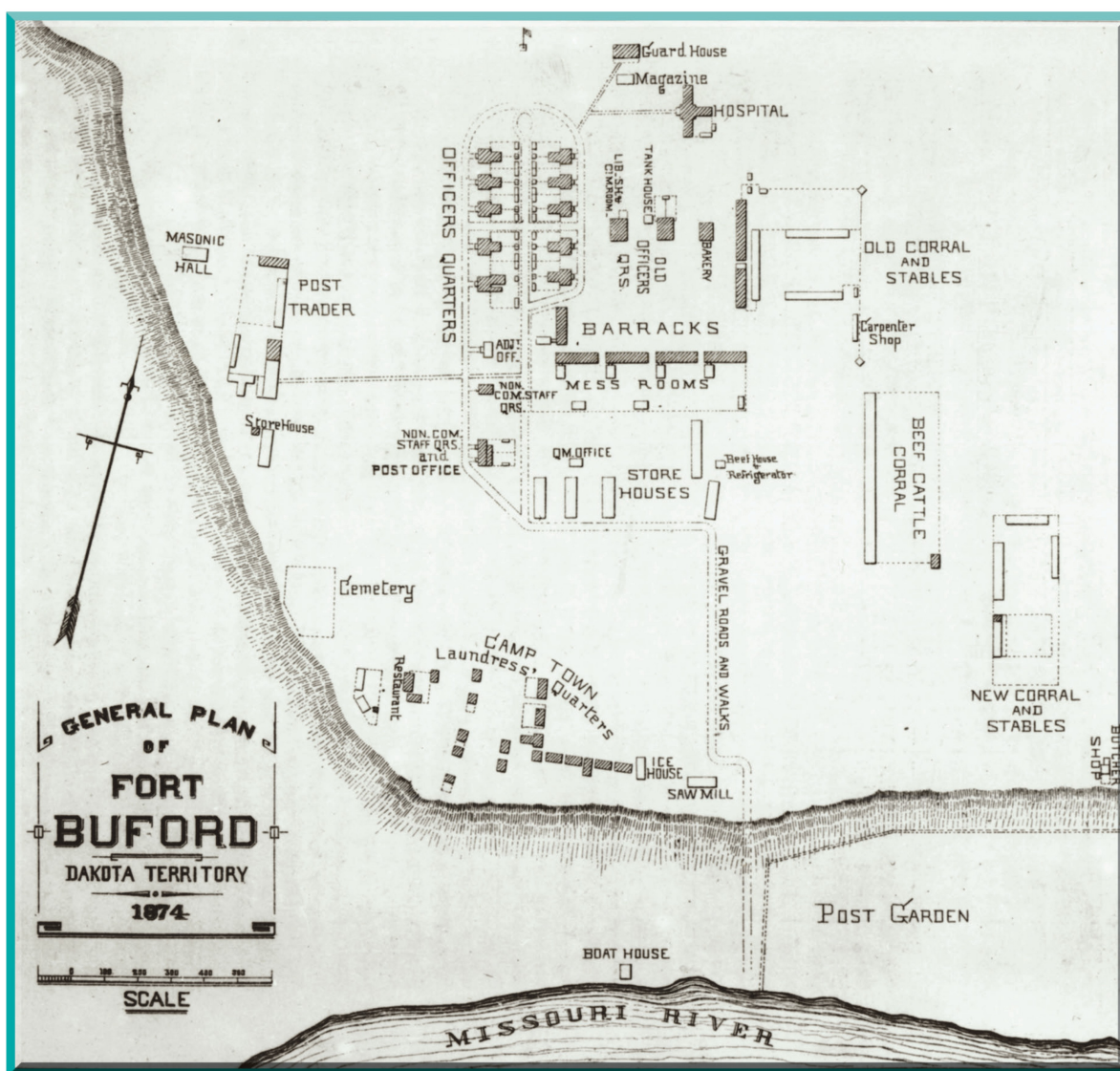


Figure 5. The general plan of Fort Buford, Dakota Territory. The plan shows the general location of officer's quarters, barracks, cattle corals and stables. Note the proximity of the fort to the Missouri River. (SHSND, 0474-007)



Figure 6. Officer's Quarters at Fort Buford, 1870s. (SHSND, 0377-051)

like one from the early 1870s: “The thawing of the ground and refuse matter deposited during the winter months necessitates a thorough policing of the grounds, particularly in rear of quarters. Slops are carted off.”³⁸

That thawing-freezing cycles complicated sanitation at this northern post is further verified by a letter reprinted in *Wonder of Williams: A History of Williams County*, published by the Williams County Historical Society. The letter came from Reg Forsyth, a former soldier who was stationed at Fort Buford between 1885 and 1890. In 1934 Forsyth wrote to a relative in the area: “Are the waterworks still used at the post? They were put in when I was there and the pipes were laid nine feet in the ground. The funny thing was that after the spring opened up along about the first of June, those pipes would freeze up and we would have to haul water for two or three weeks until they thawed out again.”³⁹

How ironic. No matter how illustrious its record on the northern plains, how distinguished its history, how many its barracks, how grand some of its officers' quarters, Fort Buford remained, through its entire existence, a hostage to winter. Also holding back cleanliness, sanitation, and good health was the total absence of bathing facilities for the enlisted men in garrison. This was not

a problem peculiar to Fort Buford, however. It afflicted nearly all frontier forts. In Don Rickey's classic, *Forty Miles a Day on Beans and Hay*, one veteran officer of some thirty-six years in the U.S. Army could not think of a time when he had ever seen a bathhouse for enlisted men at a frontier garrison.⁴⁰ What made it particularly onerous at Fort Buford was the relatively short time during summer when anyone motivated enough to bathe could do so in the Missouri River, which Kimball called “so rapid and dangerous at this point.”⁴¹ A man could attempt to wash with a basin, but there were no provisions at all in the overcrowded barracks for even the most primitive ablutions during the winter. Later on, there is mention of a washing room that had towels and basins.⁴²

The matter of a bathhouse may have been addressed in 1875, according to a series of endorsements in the medical records. While there is no indication that this bathhouse was ever built, I cautiously submit that some type of bathhouse may have been constructed, mainly because for the next few years' medical reports, the post surgeons do not mention the lack of bathing facilities, as they had in nearly every monthly inspection report previously. These endorsements came from the May 1875 medical records, and were signed by Lt. S. W. Groesbeck, post adjutant. He noted that a bathhouse on the river bank was “believed to be feasible,” and

requested that Dr. Middleton supply the proper dimensions for the tubs and the building, and suggest some way to provide hot water and heat the structure. The endorsement added that force pumps—presumably the Johnson force pump used in fighting fires—could be used in the bathhouse.⁴³

The next endorsement came from Dr. Middleton a day later on May 7, 1875. He endorsed the use of twelve zinc bathtubs, like the ones in use at the post hospital. The tubs would require compartments seven feet long by five feet wide. He suggested that they be arranged six per side of the building, with a five-foot-wide passageway between them, and that the bathhouse's dimensions be forty-five feet long by twenty feet wide, and ten or twelve feet high.

Dr. Middleton listed the cost of each zinc tub at \$11.50, which he feared would be too expensive. Instead, he recommended that tubs made of wood and lined with zinc would be just as good and more cost efficient. After allowing that there was “no practical means of heating the water at the post,” he suggested that a fire-brick furnace with an iron boiler be built.⁴⁴

Was the bathhouse actually built? Although the endorsements were all approving, there was no additional mention of such a building. In his diary, Private Wilmot Sanford made no mention of it. In fact, in his two-year diary at Fort Buford, he mentioned having a “good wash,” only one time, and that was in January 1875 before the bathhouse was even proposed.⁴⁵

Research into the matter can support a cautious “yes,” that a bathhouse was built in 1875, partly because of this final mention on September 30, 1875, in the post medical records: “Bath house now being built?? Hurry it along.”⁴⁶ If a bathhouse of some type was erected, and if it was put on the river bank, as the endorsements indicate, it may not have lasted long, considering the meandering habits of the Missouri River, and the unreliable nature of the river's rising. Indeed, a

June 7, 1878, entry in the medical report suggests this: “The entire absence of bathing facilities at the Post is a positive misfortune to the men of the command.”⁴⁷

Not until May 1890 was a bathhouse built for the enlisted men at a cost of \$1,926.40. The bathhouse, a frame, single-story building forty-five by eighteen feet, contained seven bath tubs, and signaled Fort Buford's emergence from its own sanitary Middle Ages.⁴⁸ Of course, Reg Forsyth's comments in that 1934 letter to his relative about the pipes freezing every year suggest that although there was a bathhouse, it may not have been usable during portions of the winter.

In all the literature about Fort Buford, nowhere does anyone call the post a pleasant assignment. Like other garrisons in isolated portions of the United States, it was a duty to be endured. If at times it felt like exile, so be it; soldiers went where they were needed. In his memoirs, General George A. Forsyth wrote:

A military necessity for the soldier's presence at a certain point arose, and orders were issued for a post to be built. A command was marched out, say, on to a wide plain far from every one else, and halted beside a stream. It had been told to ‘build a post,’ and a post was built. . . . And so small frontier forts were created in this manner all over the West.⁴⁹

About the Author

Carla Kelly is a writer and researcher on military and medical history. She works as a ranger for the National Park Service at Fort Union Trading Post National Historic Site, near Williston, North Dakota. For the National Historical Publications and Records Commission grant, Kelly researched the buildings of Fort Buford. She appears in the award-winning video from that project, *Fort Buford: Splendid Isolation*. Kelly is also the author of seventeen novels.

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2. Fort Buford Letters Received, July 23, 1877, RG 393, NA.
3. Reni J. Dubos, "Louis Pasteur," *Encyclopedia Americana*, vol. 21 (Danbury, Connecticut: Grolier Incorporated, 1986), 516–517.
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5. Fort Buford Medical Record, June 1869, RG 94, NA (SHSND, roll 4293).
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