Dark Woke Essay for the William M. Locke Prize

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Thesis: *The Civil war marked a great shift in American medicine. This shift was realized in two main ways: (i) structurally, in the ordering of spaces; and (ii) perceptually, in the gaze of the individual doctor. The result of these changes was a rapid development of a normative medicine which penetrated all the aspects of life which formerly were not the subject of medicine.*

1 Early American medical thought

The history of medicine in America, from Independence to the Civil War, is far from a history of institutions. Like many aspects of life in the young republic, medical care was a largely local, often familial, service. Of course there were cities, and these cities had hospitals, but these were far from a widespread phenomenon, and there was slight communication between them. The doctor provided treatment at the home of the patient, and only when they presented an ailment or injury too severe for a family member, often a mother or wife, to tend to. Although formal training was offered, many town doctors did not receive it, and were at most trained by apprenticing with another doctor, often a relative.

The specific institutions and methods of medicine in the pre-Civil War period are not the focus of this paper, which is instead concerned with the impact of the Civil War on American medicine.

However, a cursory glance at the medical philosophy which then existed in the United States will be beneficial, if simply to establish a point of reference which elucidates magnitudes of changes to be examined. The specific texts selected as references for this section are George Wallis' 1794 *Art of preventing diseases* and William Yates' 1797 volume *A view of the science of life*, which provide valuable insights into the ideas surrounding disease and medicine with which the authors were contemporary.

It is natural to begin with the definition of the disease, being that upon which all medicine is established. According to Wallis, "[b]y Disease is meant a general or local affection, by which the system is disturbed, or the action of a part impeded, perverted, or destroyed".[1] Importantly, Wallis and Yates differ on their interpretation of how fundamental disease is: Yates asserts that "[d]iseases differ form each other, only in the degree of accumulation [withholding of stimuli], or exhaustion of the excitability in the whole, or parts of the body";[2] whereas Wallis holds that diseases are unique forms which target individual constitutions or humours.[3] The prevalence of taxonomical classification of disease at the time of the authors suggests that the latter understanding was more widespread, although it should also be noted that the distance which separates these two views is far from irreconcilable.

Yates' approach to disease yields naturally to a methodology of identification, in that one disease may be distinguished from another by the "the degree of accumulation, or exhaustion of the excitability" presented by the patient.[4] Wallis similarly identifies a disease as "discovered and distinguished by an enumeration of certain symptoms or appearances with which it is always as-

1. George Wallis, *The art of preventing diseases, and restoring health, founded on rational principles, and adapted to persons of every capacity* (New-York: Printed by Samuel Campbell, no. 37, Hanover-Square, MDCCXCIV, 1794), 202, http://resource.nlm.nih.gov/2576023R.

2. William Yates, *A view of the science of life: on the principles established in The elements of medicine, of the late celebrated John Brown, M.D.; with an attempt to correct some of the important errors of that work; and cases in illustration, chiefly selected from the records of their practice, at the General Hospital, at Calcutta* (Whitehall[Pa.]: Printed by William Young, bookseller no. 52, Second-Street, corner of Chesnut-Street, Philadelphia, 1797, 1797), 31, http://resource.nlm.nih.gov/2578023R.

3. Wallis, *Art of preventing diseases*, 58.

4. Yates, *A view of the science of life*, 31.

sociated".[5] Clearly, then, the proper identification of disease was understood to depend upon the accuracy of the doctor's gaze, with the patient being simply a vessel for the interaction of constitutions and afflictions, with the role of the doctor being then to identify the truth existing in the workings of the body of the infirm. Indeed, Wallis even goes so far as to say of the idea that "all men are the best judges of their own constitution": "I can by no means allow this to be a truth".[6]

The final piece of early American medical philosophy which I wish to identify are the means by which a person was thought to become afflicted by a disease. Wallis lists three causes of disease: "Predisposing – when the constitution collectively, or in part, is in such a situation as is most favorable to produce disease"; "Remote, or inducing, which depend on the state of the climate – situation mode of life – indiscretion – or the elective power of morbid particles, called *miasmata–virus–effluvia*"; and "Proximate or immediate, which are such as from their action constitute the immediate source of the disease".[7] Notably, there is no mention of the transmission of disease between two infected bodies, a theme which Yates makes explicit, writing that "[c]ontagion has been enumerated as a cause of pestilential diseases. But as the existence of such a power is by no means provided, it ought not to be admitted in philosophical disquisitions".[8]

Hence a very basic picture of medical thought in post-Revolutionary America is formed. This medicine was capable of recognizing disease and, to an extent, classifying them as collections of symptoms which manifested inside of the body of the patient. Yet it was not robust, and did not have a suitable explanation for the transmission of disease which accounted for the fact that a sick person, when placed into a room which otherwise would not induce disease in a healthy person, was capable of producing this effect. More fundamentally, however, this philosophy of medicine did not have the institutional foundation which would allow it to expand and contract with demand: in the late 18th century, there did not exist a medico-technical apparatus capable of handling, in a

5. Wallis, *Art of preventing diseases*, 202.
6. Wallis, 57.
7. Wallis, 202–3.
8. Yates, *A view of the science of life*, 33.

swift and effective manner, any event which should require a great volume of treatment.

2 The ordering of spaces

A great shift in the way two fundamental medical spaces were ordered occurred during the Civil War. The first was made possible by the interaction of the medical and the disciplinary, characteristic of the classical epidemic, bringing about the synthesis of a gaze which penetrated every level of the army. The second was a revolution of the physical space of the hospital, an institution which was not formerly widespread in the United States, but whose construction was necessitated *en masse* by the War. Taken together, these two movements, made simultaneously under the unceasing pressure of a truly industrial war, constitute the first part of the transformation of American medicine which took place between 1861 and ’65.

(2.1) An epidemic of bullets The medical history of the Civil War may, at least in some ways, be written as the history of a series of great epidemics which stuck the United States between 1860 and ’65. This portrayal is obviously an oversimplification, but I believe that there is great insight to be found in studying at least the evolution of medical institutions during the War through this lens. Indeed, when understood as responding to epidemics, many of the great re-orderings which the medical field underwent during the War years become much easier to see. It is this simple shift in viewpoint which, by virtue of its ability to provide far-reaching insights, served as the initial impetus for this paper.

Before arriving at these insights, however, it must be understood what exactly is meant by the term ’epidemic’. In *The birth of the clinic*, Michel Foucault describes an epidemic as being “more than a particular form of a disease ... it was an autonomous, coherent, and adequate evaluation of disease”.[9] Thus an epidemic is understood not simply by the symptoms through which the disease

9. Michel Foucault, *The birth of the clinic: An archaeology of medical perception*, Translation of Naissance de la clinique - Originally published: New York, Pantheon, 1973 (New York: Vintage Books, 1994), 23, ISBN: 0679753346.

manifested itself, but also through its place in a social body. This separation of a disease from the direct physical form of its subject is a weaker form of a process which shall be discussed in some detail in Section 3: the identification of patient and disease as fundamentally distinct entities. For this section, however, it is only important to understand that the epidemic was a disease which was tied to various conditions; as Foucault puts it, the "essential basis is determined by the time, the place, the 'fresh, sharp, subtle, penetrating' air of Nîmes in winter or the sticky, thick, putrid air of Paris during a long, heavy summer"[10].

An organizational structure which facilitated the synthesis of a homogeneous picture of an epidemic through superimposing and cross-checking medical gazes was present in the Armies of the United States during the American Civil War, at all levels of administrative functioning. Regimental surgeons and hospitals were tasked with documenting individual cases, meteorological data, and various other information situated at a similar level. Then there were the surgeons of the general hospitals, tasked with investigating and recording extraordinary cases which may be exemplary, but also with conducting research into the nature of various conditions which were difficult or time-consuming to treat. Lastly, situated near the highest administrative level, were the doctors who worked directly for the USSC, and whose duty it was to visit and write high-level reports on the conditions of hospitals under the Sanitary Commission's control. Taken together, the USSC encompasses four parallel, unlimited series which extend the space of medical knowledge infinitely: the study of topographies (conducted at the top level by doctors like S.B. Hunt),[11] meteorological observations (like those collected by Lyman),[12] monitoring epidemics (see the reports on outbreaks in hospitals),[13] and the description of extraordinary cases (e.g. Howard's report on a case of death

10. *ibid.*

11. S. B. Hunt, *Medical Topography of the region west of the Mississippi*, United States Sanitary Commission Records (GPD E621 .U657 1996a).

12. Dr. Lyman, *Weather Record Jan.-Feb. 1863*, United States Sanitary Commission Records (GPD E621 .U657 1996a).

13. J. Jones, *Investigation on Hospital Gangrene*, United States Sanitary Commission Records (GPD E621 .U657 1996a), Prof. J. Jones.

during the administration of chloroform).[14]

It is these parallel gazes which, through their integration into the military-political structures of the Armies of the United States, were able to cover a domain which was in many respects broader than that of the institutions to which they were formally subordinate. Indeed, everywhere the Armies of the Union went, they were followed by, or moved in lockstep with, the ever-vigilant gaze of a medicine of epidemics. Furthermore, there is often not just an isomorphism between the realized structures of the military and medical, but a whole series of such correspondences between their possible configurations: that is to say, a reorganization of one institution is accompanied by a similar reorganization of the other. In this sense, the medical gaze which knows an epidemic forms a negative copy of the individualizing disciplinary gaze; what the positively-determined structures of the military do not cover, the medical gaze steps in to observe. Through the union of these two institutions, a complete and totally penetrating gaze is inscribed upon a space of disease and disorder which is opposed, at each point, to their very workings.

There is no better example of this gaze than the camp inspection. Conducted by the Sanitary Commission, these inspections were far from strictly 'medical', and in this aspect they demonstrate the great expansion of the domain of medicine. The choice of camp inspection form to examine is somewhat arbitrary, as they all list the same questions for the inspector to answer, so I will be looking at one performed on the camp of the 21st Ohio Volunteer Infantry Regiment at Camp Jefferson, KY, on 9 January 1862.[15] [16] Alongside what one might expect to be in such an inspection (cleanliness of the men, number of infirm, assessment of the medical officers, ventilation of the tents, conformity with regulations, etc.), one finds detailed assessments of the "character of the camp site": the situation of the camp (the 21st OH was camped on a plain), the amount of shade

14. Benjamin Howard, *A case of death during the administration of chloroform*, United States Sanitary Commission Records (GPD E621 .U657 1996a).

15. G. M. Beaux, *Camp Inspection Return, 21st. OH Vol. Infantry*, United States Sanitary Commission Records (GPD E621 .U657 1996a), January 9, 1862.

16. The reason for my choosing this specific camp is quite personal: James Keesbury, a distant relative of mine, served as a private in company K of the 21st OH Volunteers.

(their camp was unshaded), the direction of the prevailing wind (S.W.), the character of the soil (loose loam), and of the subsoil (firm loam). There is also discussion of the condition of the troops which is not strictly sanitary or medical; one question even concerns whether or not "they take pride" in their regulation uniform.

All of this is to say that, even as early as by the winter of 1861-'62, a systematic and meticulous medico-military gaze was present at all levels. This gaze, by being both disciplinary and medical, was able to do something much more profound than maintaining order and health in the army: it was able to split the military unity into two distinct spaces, one strictly disciplinary, the other, its negative, strictly medical, in which nothing went unobserved. Moreover, this split was duplicated at each administrative level, from the military district down to the individual regiment.

(2.2) The panoptic hospital At the same time as the restructuring of the hygienic gaze just explored, a much more physical space was undergoing a transformation of a no less drastic nature. In the General Hospital, the class of medical institution at the highest administrative level during the Civil War, are to be found, alongside explicitly medical aspects, a number of features which bear striking resemblance to those found in the prisons of the era. I argue that these similarities are not mere happenstance, but rather are a product of systematic coincidences in the goals of disciplinary institutions and the medical institutions of the Civil War.

These coincidences arise from the very nature of the hospital as a space of observation. Figure 1 serves as a good example of exactly this: the arrangement of wards perpendicular to the tangent of the circle whose circumference is a covered walkway is exactly that which optimizes the ability for a minimal number of staff to observe a maximal number of patients. Along with the overall geometry of the hospital, the individual ward is configured in a way which is "convenient for assigning the different assistants and attendants to their duties".[17]

17. United States Surgeon-General's Office, *The medical and surgical history of the war of the rebellion (1861-65)*, vol. 1, 3 (Washington: G.P.O., 1870), 919, http://resource.nlm.nih.gov/14121350RX3.

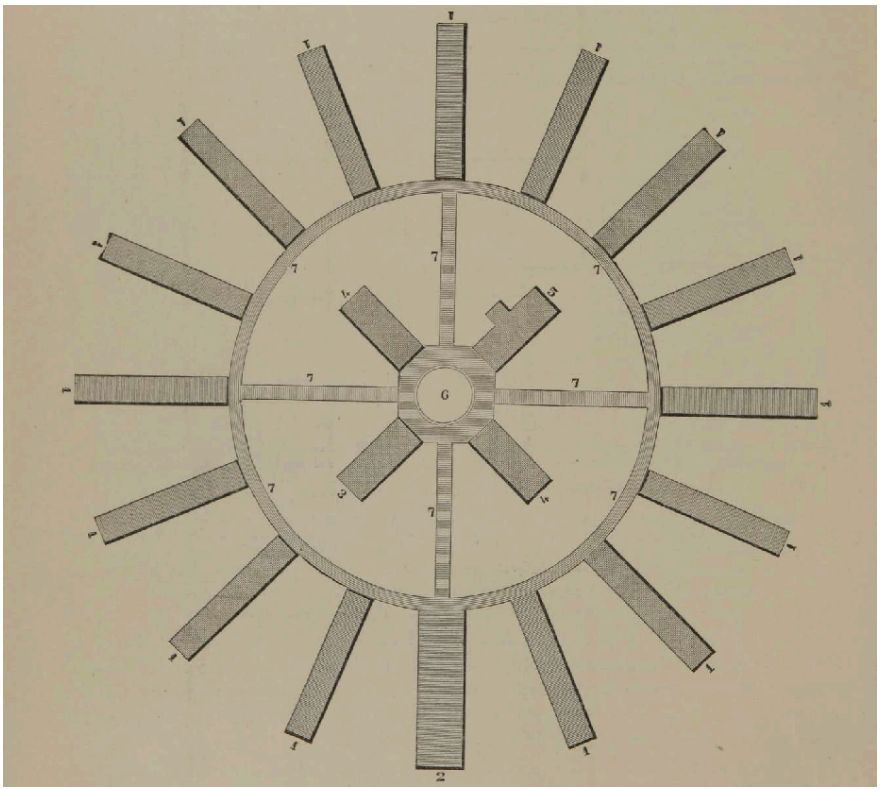

Figure 1: *Sedgwick Hospital, Greenville, LA. – scale 120 feet to the inch: 1, wards; 2, Administration building; 3, Guard-house, knapsack-room, and store-house; 4, Dining-rooms; 5, Kitchen; 6, Cistern; 7, Covered ways through which a hallway runs with hand-cars for carrying food to the wards.* (Image and caption reproduced from *Medical & Surgical History*, 946)

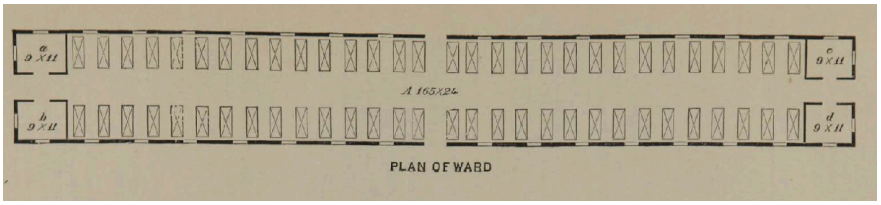

Figure 2: *Plan for a ward at a general hospital, issued by Secretary of War Stanton on 20 July, 1864.* (Image reproduced from U.S.S.G., *Medical & Surgical History*, 944)

3 The creation of the case

The first of the great shifts in American medicine which the Civil War induced was the rearrangement of spaces, namely the disciplinary space of the army and the physical space of the hospital. There was, however, at the same time a much subtler shift, which was born not of grand spaces or militant discipline, but rather formed at the very point of genesis of all medicine: the interaction of the doctor and patient. It was not a revolution in the sense that it moved great bodies of troops, but in that it fundamentally changed the nature of medical perception. This is a history of how, during the Civil War, the once strictly remedial gaze of the surgeon, the doctor, and the pharmacist took on a normative character.

(3.1) A generalized injury A bullet wound is the most easily knowable disease. It has not to do with the mysterious interactions of the body's infinitely complex systems at a level so minute as to be nearly invisible, but with the action of a foreign object with which every person in the army was intimately familiar, the bullet. Furthermore, the list of ways which a soldier is most commonly struck by a bullet is very easily enumerated, and with less discretion required of the surgeon than, say, a list of symptoms for a disease of the lungs. Such injuries do not present themselves so differently as to be nearly unrecognizable from case to case, and it is no great difficulty to classify them according to their nature.

The work of the doctor, then, becomes not to treat according to the multitude of symptoms and the temperament of the patient, but to remove, as far as possible, the patient from consideration. This is a form of the disciplinary method described by Foucault as such: "The examination, surrounded by all its documentary techniques, makes each individual a 'case': a case which at one and the same time constitutes an object for a branch of knowledge and a hold for a branch of power".[18]

18. Michel Foucault, *Discipline and punish: The birth of the prison*, Second Vintage Books edition, ed. Alan Sheridan, Description based on publisher supplied metadata and other sources. (New York, NY: Vintage Books, a division of Random House, Inc., 1995), ISBN: 9780307819291.

In removing as much specificity as possible, the true essence of the affliction is discovered a sort of average of cases – the doctor must recognize the generalized form in order to treat the patient.

Nowhere is a better example of this to be found than in a report by Dr. Ira Russell on various sorts of common injuries experienced by soldiers. Specifically in reference to injury of the knee joint, "the history of one of these cases", he remarks, "is the history of all".[19] Dr. Russell describes the initial state of the patient as being "very comfortable with slight local pain and swelling". The patient would experience no "constitutional disturbances" for as many as two days, however they would appear by the third or fourth day, immediately following an increase in "pain and swelling of the knee". Russell describes how, at the battle of Prairie Grove, amputations were not performed on those whose knee joints were wounded, resulting in "severe" local symptoms and a fever that "greatly reduced the patient". This is used to stress the importance of timely amputation in such cases, as Russell notes that, when the surgeons did finally amputate the patient's leg, they did so "without in any way improving the chance of recovery".

Only after removing the patient, then, may the symptoms be recognized, interpreted, and synthesized into a diagnosis: it is this that is the power of the hospital. By interacting so often with the bodily injury, the doctor is conditioned to think of his work in terms of this generalizing perspective. The disease, once treated as something which depended greatly upon the temperament of the patient, now becomes little more than a generalized form of injury.

There is also something to be said of the documentary process which allowed for this transformation of disease into injury. By the collection of great quantities of data, a whole series of patterns which were formerly obscured by small sample-sizes now came into a sharper focus than was ever possible. This mass of data, however, could not be interpreted unless one concession was made by the doctor: that a disease is fully expressed in its symptoms. Foucault describes this process as follows "To the exhaustive presence of the disease in its symptoms corresponds the unobstructed

19. Ira Russell, *Reports by Dr. Ira Russell*, United States Sanitary Commission Records (GPD E621 .U657 1996a), 34.

transparency of the pathological being with the syntax of a descriptive language:a fundamental isomorphism of the structure of the disease and of the verbal form that circumscribes it”[20]

20. Foucault, *The birth of the clinic*, 95.

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