University of Indiana

Notes on Military-Carceral, and Military-Clinical Spaces of the American Civil War

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Chapter 1

Military-Carceral Spaces

Overview

During the Civil War, we see many instances of the intersection of the carceral and the military: of course in the form of the Prisoner-Of-War (POW) camp, but also in the less obvious forms of the internal disciplinary structures of the military, the observation and documentary knowledge of troops, and, more abstractly, in the panoptic geometries of both POW and military camps. I wish to explore these points of intersection, and in particular I wish to do this with reference to the particular convergences and divergences between the carceral spaces necessitated and developed by military means, and those more classical carceral spaces of the type Foucault investigated in *Discipline and Punish*.[1]

1. 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.

Chapter 2

Military-Clinical Spaces

The approach I am taking to the intersection of the military and the carceral during the Civil War has been studied in some depth by McNutt and several others.[1] McNutt makes frequent reference to Foucault's *Discipline and Punish* as a means of understanding the relations of power in Civil War military prisons, and indeed the Foucaultian analysis of spaces is somewhat commonplace in military-geographic studies on POW camps (see, for instance, Moran and Turner). The same cannot be said of the approach I wish to take in understanding the intersection of the military and the clinical.

Indeed, much of the literature on the medical aspects of the Civil War concerns the techniques of care, or otherwise the more individual aspects (Devine 2016). It is this gap, most of all, that I wish to fill. In order to do this, I want to look at the notes of and correspondences of doctors working with the United States Sanitary Commission (USSC) both during and immediately following the war. In these materials (those which are most prescient to this investigation are included in the bibliography), I have noticed several very interesting patterns, and, since I have been reading these records at the same time as I have been reading Foucault's *The Birth of the Clinic*, I have been able to connect theory to content, and *vice versa*.[2]

These connections and patterns, and their meaning in the history of American medical thought, are as follows:

Epidemic medicine

I believe that much of the medicine of the Civil War constituted an epidemic medicine, in the sense of the 19th century medical understanding of the term. As Foucault describes, around the period we are considering, an epidemic was "more than a particular form of a disease ... it was an autonomous, coherent, and adequate evaluation of disease".[3] The epidemic is thus not described solely in relation to its effect on the patient, but as a sum of circumstances which was at once exactly equal to and much greater than its parts. Indeed, no possible factor, no matter how small or ordinary, was disregarded in the act of classification and negation of the epidemic. What is considered, too, is not merely a set of extrinsic or circumstantial conditions (climate, hygiene, etc.), but also includes intrinsic factors such as time of year, geographical location, and proximity to bodies of water.

1. Ryan K. McNutt, "The Devil's outriders: a LiDAR and KOCOA investigation of the battle of Buckhead Creek, 1864," *Journal of Conflict Archaeology* 19, no. 3 (June 2024): 187–220, ISSN: 1574-0781, https://doi.org/10.1080/15740773.2024.2365175; Ryan K. McNutt, "Panopticonism, Pines and POWs: Applying Conflict Landscape Tools to the Archaeology of Internment," *Journal of Conflict Archaeology* 16, no. 1 (January 2021): 5–27, ISSN: 1574-0781, https://doi.org/10.1080/15740773.2021.1978208; Ryan K. McNutt, "The archaeology of military prisons from the American Civil War: globalization, resistance and masculinity," *World Archaeology* 51, no. 5 (October 20, 2019): 689–708, https://doi.org/10.1080/00438243.2020.1739553; Ryan K. McNutt and Emily Jones, "For want of a nail? Proxies for analysing POW and guard access to supplies at a Confederate prison camp," *Journal of Conflict Archaeology* 14, nos. 2–3 (September 2019): 181–211, ISSN: 1574-0781, https://doi.org/10.1080/15740773.2019.1732062.

2. 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), ISBN: 0679753346.

3. Foucault, pp. 23.

As might be expected, such a phenomenon, understood as an integration of all possible variables over all others, poses a unique challenge in terms of medical response. It is for this reason that a medicine of epidemics demands a constant supervision and documentation, and that, through continuous observation of all factors and their necessary interpretation and re-interpretation, the medicine of epidemics "circumscribes, where gazes meet, the individual, unique nucleus of these collective phenomena".[4] The knowledge of an epidemic, then, requires a complete yet contradictory set of facts, derived from numerous and heterogeneous gazes distributed regularly throughout the social body.

This organizational structure which facilitated the synthesis of a homogeneous picture of an epidemic through the superimposition and cross-checking of 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, and 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 the four parallel, unlimited series which extend the space of medical knowledge infinitely, described by Foucault:[5] the study of topographies (conducted at the top level by doctors like S.B. Hunt[6]), meteorological observations (like those collected by Lyman[7]), monitoring epidemic (see the reports on outbreaks in hospitals[8]), and the description of extraordinary cases (for example Howard's report on a case of death during the administration of chloroform[9]).

4. Foucault, *The birth of the clinic*, pp. 25.
5. Foucault, pp. 28.
6. S. B. Hunt, *Medical Topography of the region west of the Mississippi*, United States Sanitary Commission Records (GPD E621 .U657 1996a).
7. Dr. Lyman, *Weather Record Jan.-Feb. 1863*, United States Sanitary Commission Records (GPD E621 .U657 1996a).
8. *An account of the epidemic of hospital gangrene at Chattanooga, Tenn. 1863-1864*, United States Sanitary Commission Records (GPD E621 .U657 1996a).
9. Benjamin Howard, *A case of death during the administration of chloroform*, United States Sanitary Commission Records (GPD E621 .U657 1996a).

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