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The Evolution of Medical Ethics During American Civil War



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SOUTH ALABAMA

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Introduction

ABSTRACT

This thesis will explore the relationship between medical ethics and the American Civil War through a microhistorical approach. This includes analyzing the ways in which the physician-patient relationship was conducted and which medical practices were deemed ethical and by whom. Changes that occurred in medical ethics during the war will be analyzed and explained.

INTRODUCTION

- The American Civil War, which began on April 12, 1861, and lasted until May 26, 1865, is the deadliest conflict in American history, leaving over 600,000 dead and even more injured. Occurring after the dawn of the Industrial Revolution and the fostering of mass production, the American Civil War was a time of drastic change in military history where technological advances were accompanied by revolutionary military tactics, resulting in catastrophic injuries and loss of life. Due to this quick evolution of military history, the American Civil War saw intense changes in the field of medicine. **Those effects were long-lasting and continue to generate intense debate and scrutiny among historians.**

- The military, social, and cultural forces of the war combined to have monumental effects on the field of medicine and medical ethical beliefs during and after the American Civil War. While much is written about medical practices during the war, there is significantly less research focused on medical ethics during this period. **Therefore, this thesis aims to begin to close the gap in knowledge on the relationship between medical ethics and the American Civil War.**

ORGANIZATION

The organization of this work was constructed with the perspective of a Civil War surgeon in mind. First, a patient-physician relationship is emphasized due to the importance of this relationship in both the 1847 Code of Medical Ethics and the Army Surgeon's Manual. A typical day in the life of a surgeon follows this to place the patient-physician relationship in context and describe typical medical ethics quandaries and allow expansion on them. This is followed with atypical yet relevant interactions with unique patients and fellow surgeons. Due to the nature of medical ethics, each chapter has overlapping themes; however, the thesis is organized in such a way to foreground normal interactions while not ignoring abnormal situations for Civil War surgeons.

Historiography

MEDICAL ETHICS HISTORIOGRAPHY

- The historiography of medical ethics began with what historians commonly refer to as the **traditionalist approach** (1800s to 1940s). Baker and McCullough write that before the 1900s, "the only body of literature that might reasonably be characterized as histories of medical ethics or some presumptively kindred concept was the literature of traditionalist frames."
- The **social history of medical ethics** initially developed in the 1940s, blossomed in the 1960s alongside the broader field of social history, and continues today. It was led by the medical historians Henry Sigerist and Charles Rosenberg who both critiqued the narrow view of the traditionalist approach. The social history of medicine expanded the field of the history of medicine by including views other than that of the physician.
- Baker articulates two critiques held by social historians of medicine about the traditional approach to medical history. The first, Baker asserts, is that traditional histories of medical ethics only focus on what physicians have commented about medical ethics. The second critique by social historians is that traditional histories of medical ethics do not concern themselves with the practice of medical ethics; in other words, they do not explore if and how physicians adhered to the code of medical ethics that they claimed to.
- Another field relevant to the history of medical ethics is **bioethics**, which, as defined by Baker and McCullough in *The Cambridge World History of Medical Ethics*, is a "future-oriented and policy-driven field whose practitioners prefer to think in terms of historical narratives that serve to contextualize problems."

METHODOLOGY

- This thesis will explore the history of medical ethics in the Civil War through a **microhistorical, or case study, approach**. Burt Green Wilder's diary, *Practicing Medicine in a Black Regiment: The Civil War Diary of Burt G. Wilder, 55th Massachusetts*, edited by historian Richard M. Reid, will serve as the most influential primary source for this thesis. It is valuable as a primary source in that it is a comprehensive account of Wilder's daily work for over two years as an assistant surgeon in the 55th Massachusetts Regiment, a regiment made up of African American soldiers. Wilder's comprehensive account touches on many different relevant issues concerning medical ethics. These concerns include medical ethics issues he would face on a daily basis, the patient-physician relationship at this time between Civil War surgeons and soldiers, malingering (such as when soldiers would flee), and interactions with enemy combatants, enemy surgeons, and the public.

Arguments

Overall, Wilder adhered to medical ethics (the norms espoused in codes of the day) and medical morality (the actual norms carried out during this time), with good intentions. The majority of patient-physician relationships conducted by Wilder were moral, ethical, and beneficial for patients. Wilder typically acted ethically, such as when conducting Sick Call and screening soldiers. It is put forth that Wilder also acted ethically in their conduct towards enemy combatants and surgeons, and that the public at large acted ethically towards Wilder in his role as a physician as put forth by the AMA 1847 *Code of Medical Ethics*. Whether aware of it or not, medical ethics were followed as Wilder much more often than not aimed to treat patients with respect.

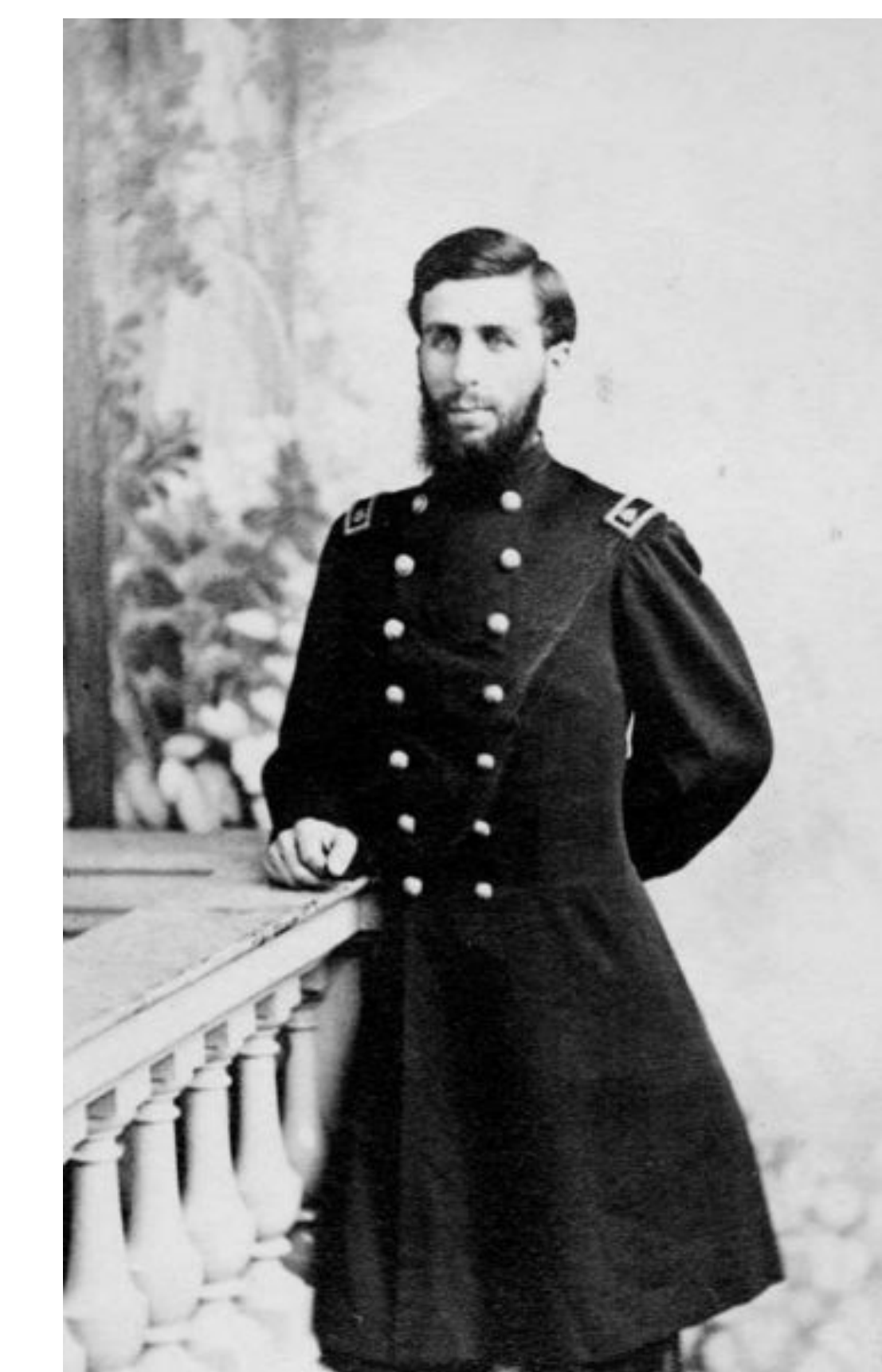
Surgeons likely violated medical ethics in some instances. Two exceptions to when medical ethics were not adhered to by Wilder will be analyzed. First, in one key instance, Wilder, acting in accordance as an officer of the time but not a physician, killed a soldier who was fleeing his regiment. Second, it is shown that malingering forced Civil War surgeons to reevaluate the patient-physician relationship during the war, with patriotism and pressure from superiors skewing the trust physicians had in soldiers. Wilder worked in a context in which medical ethics were being violated by some in order to win the war. Wilder's patriotism did have some effect on medical ethics, but he more often adhered to medical ethics over patriotism.

Wilder is also an exception to the norm of Civil War surgeons due to his service in an African American regiment. On average, African Americans were treated worse than white soldiers due to racism, lower wages, and subpar medical care. It will be shown that Wilder's regiment, in large part due to Wilder's commitment to racial equality, was the exception to the norm and provided above average medical care.

Medical ethics will be shown to be more rigorous than medical morality on the ground in the Civil War at times. Physicians did have to adapt their actions in the context of war, which led them to sometimes operate in ways that diverged from the ethical principles codified in 1847. Medical ethics were also more strict than medical morality in regards to research conducted by Wilder. Wilder, in forming a collection of soldiers' teeth often without patients being comfortable with their teeth being removed, displayed that medical morality was more relaxed than medical ethics required him to be. **Despite the extraordinary context of the Civil War and the vast change in medicine at the time, Wilder's diary suggests that no major changes in medical ethics developed over the course of the Civil War. This is supported by the fact that no major changes were made to the AMA code until the 1870s.**

Conclusions

This work cannot be used to make vast generalizations on medical ethics by all surgeons during the American Civil War though. In addition to this, the Confederate point of view was not examined. To make broader conclusions about medical ethics during the Civil War, more research would be needed in understanding instances in which other surgeons were faced with difficult scenarios such as malingering, desertion, and patriotism. It can be concluded from this work that further research into medical ethics during the American Civil War would be useful to explain how surgeons other than Wilder conducted themselves and therefore make more generalized conclusions about surgeons during the American Civil War. Furthermore, this history of medical ethics could be utilized to lay the groundwork in explaining how the changes to medical codes in the United States in the 1870s and subsequent decades were handled by the AMA and other medical institutions.



Bibliography

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- The Cambridge World History of Medical Ethics*, etc.**