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The Evolution of Medical Ethics During the American Civil War

By

Luke Love

A thesis submitted in partial fulfillment of the requirements of the University of South Alabama Honors Program and the Bachelor of Sciences degree in the History Department

University of South Alabama

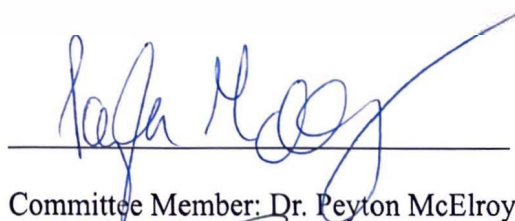
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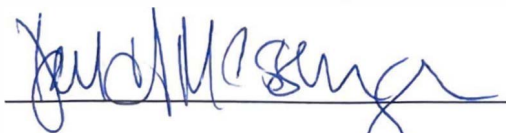
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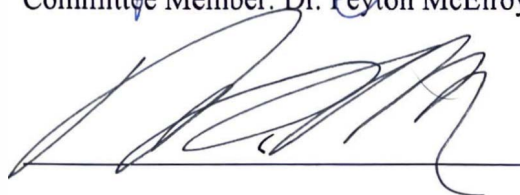
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Honors Dean, Dr. Douglas Marshall

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DEDICATION

To my dad, mom, and brother

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A huge thank you to my mentor, Dr. Kelly Urban, for her endless support, inspiring feedback, and unwavering dedication. Without her, this work would not have been possible.

Thank you to committee members Dr. Peyton McElroy and Dr. David Messenger for their help in crafting this work, and thank you to the USA Honors College and the USA Department of History for allowing me the opportunity to research as an undergraduate student.

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.

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Chapter One: 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. This includes analyzing the ways in which the physician-patient relationship was conducted, which medical practices were deemed ethical and by whom, and how medical practices were applied to African American soldiers in comparison to white soldiers.

Medical Ethics Historiography

The historiography of medical ethics began with what historians commonly refer to as the traditionalist approach (1800s to 1940s). This traditionalist approach is described by the historians Robert Baker and Laurence McCullough in their work *The Cambridge World History of Medical Ethics*. 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.”¹ The first recorded historian of medical ethics is Michael Ryan, whose 1830 history of medical ethics focused on past ethical codes and argued that the traditionalist field of the history of medical ethics was focused on how these codes were “founded on ancient traditions that are continuous and influential to the present day.”² Furthermore, Ryan’s history of medical ethics also focused on the acts conducted by revered past medical figures. In short, the traditionalist framework focused on elite medical figures and their traditions through an analysis of written ethical codes.³

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.⁴ The social history of medicine expanded the field of the history of medicine by including views other than that of the physician.⁵ This evolved approach to the field directly challenged the traditionalist approach.

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.⁶ To just focus on the views of physicians is to ignore the views of all of the other contributors to the field of medicine, such as patients and overarching medical organizations such as the American Medical Association.

¹ Robert B. Baker and Laurence B. McCullough, *The Cambridge World History of Medical Ethics* (New York City: Cambridge University Press, 2009), 3.

² Baker and McCullough, *The Cambridge World History of Medical Ethics*, 6.

³ Baker and McCullough, *The Cambridge World History of Medical Ethics*, 5.

⁴ Baker and McCullough, *The Cambridge World History of Medical Ethics*, 8n(see Sigerist 1940) and Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: University of Chicago Press, 1987).

⁵ Baker and McCullough, *The Cambridge World History of Medical Ethics*, 8.

⁶ Baker, *Before Bioethics*, 10.

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. This second critique, as espoused by Baker, hinges on the delineation of *ethics* and *morality*. Though some may argue the difference is pedantic, the definitions are not the same and therefore serve to highlight the shortcomings of traditionalist approaches to the history of medical ethics. Baker establishes that ethics is the “norms formalized in oaths and codes” while morality is the “norms people actually accept and enforce.”⁷ The difference is important, argue social historians, because sometimes ethics and morality do not coincide, something the traditionalist approach fails to appreciate.

Overall, the social history of medical ethics presents a more expansive view of medical ethics, yet some of the facets of the traditional approach to medical ethics remain. For the purposes of this thesis, research will be viewed through the lens of a social historian while retaining specific parts, such as the influence of Hippocrates, of the traditionalist approach when pertinent.

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.”⁸ In this sense, bioethics aligns more closely with the field of philosophy than the field of history. Nonetheless, the field of bioethics has had a large effect on the development of interest in historical approaches to medical ethics.

The field that is referred to now as bioethics developed during the 1970s due to increased media coverage and interest in the field of medical ethics due to stories about unethical studies

⁷ Baker, *Before Bioethics*, 10.

⁸ Baker and McCullough, *The Cambridge World History of Medical Ethics*, 4.

such as the Tuskegee Syphilis Study.⁹ In 1974, bioethics was made an official category in the Library of Congress, and literature grew on the topic with works such as the 1975 *Bibliography of Bioethics* and the 1978 *Encyclopedia of Bioethics* written by Warren Reich.¹⁰ Baker contends that the field of bioethics relied on the work of previous historians of medical ethics to justify its existence. This growing interest in the field of bioethics, through works by Reich, had a marked effect on the increases of works on the history of bioethics from “centuries of literature in the fields of philosophy, medical ethics, history of medicine and other fields.”¹¹ Baker highlights that the field of history of American medical ethics emerged before the field of bioethics though; therefore, bioethics can only be understood in the context of the history of medical ethics.¹²

For the purposes of my research, bioethics will not be considered as a field of history because the scholars that drive its field are not professional historians. Bioethics, instead, will be highlighted as a forward-looking field that relies on historical narratives for gleaning clues to how to handle modern and future problems. Though not a field of history, bioethics is historiographically related to the history of medical ethics because the increase in interest in the field of bioethics that occurred in the 1970s created interest in the longer history of medical ethics. With the increased interest in bioethics and the history of medical ethics, interdisciplinary scholarship greatly increased with hundreds of new works published in both fields. Bioethics and the history of medical ethics have remained as separate fields but complemented each other in many ways, like working on projects such as the 1990s Advisory Committee on Human Radiation Experiments (ACHRE) where, at the direction of President Bill Clinton, historians and

⁹ Baker, *Before Bioethics*, 3.

¹⁰ Baker, *Before Bioethics*, 3.

¹¹ Baker, *Before Bioethics*, 9-10.

¹² Baker, *Before Bioethics*, 3.

bioethicists analyzed the role of the U.S. government in experiments and research standards through the lessons of history.¹³

American Civil War Medicine Historiography

Historical scholarship on the American Civil War is vast and diverse. There are also many comprehensive overviews of the medical field during the war, including *Civil War Medicine: Challenges and Triumphs* by Alfred J. Bollet and *The Encyclopedia of Civil War Medicine* by Glenna R. Schroeder-Lein. Bollet's work gives one of the most comprehensive overviews of the American Civil War to date that shows how the field of medicine changed during and as a result of the war.¹⁴ Schroeder-Lein's *Encyclopedia of Civil War Medicine* serves to help bridge the gap between perplexing medical practices and researchers who may not be familiar with them.¹⁵ While works such as these are important due to their ability to summarize and analyze large sources of information, many historical articles have been written about a multitude of topics pertaining to the field of medicine during the American Civil War.¹⁶

Scholars note the importance of properly historicizing the state of medicine during the war, specifically in relation to concepts of "modern medicine" and "modernization." Schroeder-Lein argues that, unlike the view held by twentieth century scholars such as George Washington Adams in his article "Confederate Medicine," Civil War medicine was not "primitive" and was instead more advanced than it is typically given credit for.¹⁷ Too often, Schroeder-Lein argues, Civil War medicine is critiqued through the lens of germ theory, which developed after the war ended. She articulates an important criteria for researching this subject,

¹³ Baker, *Before Bioethics*, 13.

¹⁴ Alfred J. Bollet, *Civil War Medicine: Challenges and Triumphs* (Galen Press, 2002).

¹⁵ Glenna R. Schroeder-Lein, *The Encyclopedia of Civil War Medicine* (Armonk, N.Y.: Routledge, 2008).

¹⁶ See, as just one example, Suellen Hoy's work on women's role in medicine during the war. Suellen Hoy, *Chasing Dirt: The American Pursuit of Cleanliness* (New York: Oxford University Press, 1995).

¹⁷ Adams, George Washington. "Confederate Medicine." *Journal of Southern History* 6, no. 2 (1940): 151-166, and Schroeder-Lein, *The Encyclopedia of Civil War Medicine*.

writing that one must have a “humble attitude and a sense of context” to fully grasp the monumental developments in the field of medicine during this time.¹⁸

In a similar vein, Bonnie Blustein applies a new development in Civil War historiography at large to the field of medicine. Blustein writes that “recent Civil War historiography has emphasized the concept of “modernization,” increasingly as a consequence rather than as a cause of the war.”¹⁹ She argues that viewing Civil War medicine and its changes through this lens is vital for understanding its evolution and modernization in general. She supports this, saying that “a reevaluation of Civil War medicine in this context contributes to our understanding of this process of ‘modernization’ as well as to our grasp of this period in American medicine.”²⁰ Modernization of the United States at large, its medical practices, and its views on medical ethics are all key consequences of the American Civil War. An awareness of modernization, researched by historians such as Blustein, is helpful for understanding the evolution of the field of medical ethics due to the American Civil War.

As stated previously, the study of medical ethics during the war remains understudied by historians. One exception is Marc Herwitz’s masters thesis entitled “An Analysis of Medical Ethic Practice by Union and Confederate Medical Departments During the American Civil War,” which focuses on evaluating the medical ethical practices conducted by both the Union and Confederate sides during the American Civil War. This work will focus on similar subject matter to Herwitz but differ in its approach in that the adherence to medical ethics for specific practices, such as the uses of anesthesia and amputation, will not be analyzed. Instead, it follows the practice of social historians and focuses on a broader view of medical ethics through analyzing

¹⁸ Schroeder-Lein, *The Encyclopedia of Civil War Medicine*.

¹⁹ Bonnie E. Blustein, “To Increase the Efficiency of the Medical Department”: ‘A New Approach to U.S. Civil War Medicine,” *Civil War History* no. 33 (1987).

²⁰ Blustein, “To Increase the Efficiency of the Medical Department.”

aspects such as the patient-physician relationship, public acceptance of medical ethics, and the relation between ethics and morality in the field of medicine.

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.²¹ 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. As a surgeon for an African American regiment, Wilder's perspective serves to highlight how medical ethics fared in a regiment whose soldiers received lesser pay.²² 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.

To determine whether medical personnel were medically ethical and moral during the American Civil War, the standard patient-physician relationship will be detailed using the American Medical Association's 1847 *Code of Medical Ethics* along with the *Army Surgeon's*

²¹ Burt G. Wilder and Richard M. Reid, *Practicing Medicine in a Black Regiment. [Electronic Resource] : The Civil War Diary of Burt G. Wilder, 55th Massachusetts*. (UPCC Book Collections on Project MUSE: University of Massachusetts Press, 2010).
<https://search-ebscohost-com.libproxy.usouthal.edu/login.aspx?direct=true&db=cat00562a&AN=uosa.646367&site=eds-live>.

²² Herwitz, Marc. "An Analysis of Medical Ethic Practice by Union and Confederate Medical Departments During the American Civil War." (Master's Thesis, Marine Corps University, 2011).
<https://search.ebscohost.com/login.aspx?direct=true&db=edsoai&AN=edsoai.ocn913586094&site=eds-live>.

Manual. The 1847 AMA *Code of Medical Ethics* will be used to highlight the relationships between a physician and their patient, along with society and the medical field as a whole.²³ The *Army Surgeon's Manual* will be used to assist in translating the 1847 AMA *Code of Medical Ethics* into the context of the American Civil War, with further discussion on if and how the patient-physician relationships differs in the context of war between not only a patient and his physician but a soldier and his surgeon.²⁴

There are strengths and limits to this methodological approach. Strengths include the ability to analyze in great detail specific actions taken by a Civil War surgeon and discuss how these relate to the conception of medical ethics during this time period. Another strength of focusing on a comprehensive primary source is the ability to paint a complete picture of a Civil War surgeon's daily ability to improve lives through adherence to medical ethics. The breadth of Wilder's experiences led to many situations in which concepts of medical ethics can be applied and analyzed to see if he acted correctly by standards of the time. Therefore, Wilder's diary will be used heavily enough for one to consider this thesis as a case study.

Limitations of a microhistorical, case study approach is the inability to make generalizations about Civil War surgeons as a whole. While other primary sources will be used, other Civil War surgeons' accounts will be limited. Due to this, overall conclusions about all Civil War surgeons will be limited; instead, the aim is to understand how a single Civil War surgeon encountered and understood medical ethics of the time will be the overall aim. These limitations, though, will be offset by the usage of secondary sources to fill in the gaps and provide useful context when necessary. Focus on Wilder's background and overall conduct will

²³ American Medical Association, *Code of Medical Ethics of the American Medical Association*, (Chicago: American Medical Association Press, 1847).

²⁴ William Grace, *The Army Surgeon's Manual: for the use of medical officers, cadets, chaplains, and hospital stewards : containing the regulations of the Medical Department, all general orders from the War Department, and circulars from the Surgeon-General's Office from January 1st, 1861, to April 1st, 1865*, 2nd ed. (New York: Baillière Bros., 1865).

be a main focus and therefore serve to highlight ways in which Civil War surgeons not only acted ethically but were put into positions in which it was difficult at times to adhere to medical ethics.

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. Even under difficult circumstances and a rigorous workload, Wilder typically acted ethically, such as when conducting Sick Call and screening soldiers. It is put forth that Wilder also acted ethically in his 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*. It will be argued in this thesis that, whether aware of it or not, medical ethics were followed as Wilder much more often than not aimed to treat patients with respect and do all he could to ensure their health and safety.

Decisions that Civil War surgeons had to make were beset with pitfalls and even with the best of intentions, 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. Wilder committing an act of violence is a violation of medical ethics yet in doing so he was simultaneously adhering to military protocol of the day. Second, it is shown that malingering (when soldiers attempted to avoid fighting by feigning to be sick) forced Civil War surgeons to reevaluate the patient-physician relationship during the war, with patriotism (a strong desire to win for his side) and pressure from superiors skewing the trust physicians had in soldiers. It is important to note that, while Wilder himself was not a key part of

this, he worked in a context in which medical ethics were being violated by some in order to win the war through allowing soldiers into the army that should not have passed a physical exam. It will be argued that while Wilder's patriotism did have some effect on medical ethics, 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. While African American soldiers did receive less pay, were in segregated units, and often received less quality 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 (as espoused by the 1847 code) 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, such as when soldiers who were not physically fit were allowed to join the army anyways. Medical ethics indirectly stipulated that it would be wrong for physicians, when screening soldiers for war, to allow soldiers to fight. Influenced by the combined effects of patriotism and pressure from superiors, physicians' conceptions of medical morality allowed for more soldiers to join the army when soldiers were screened. 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. However, medical morality, the norms actually observed, did shift during the war in some ways. As the war carried on into its latter half, soldiers who were physically unfit were less often allowed to join the army as opposed to the earlier years when more physically unfit soldiers were allowed. In short, while codified medical ethics did not shift across the 1860s, in some instances, the war influenced Wilder to conceive of medical morality differently and shift his behavior as a result.

While it is argued that Wilder did mostly adhere to medical ethics by comparing his conduct to medical ethics standards of the day, it is not argued that Wilder and physicians conducted themselves in this ethical manner due to direct knowledge of and attempt to follow these specific standards. It is argued that the motivations of Civil War physicians to act ethically could have included a range of things, such as the longing to help others, the genuine desire to be a good physician as modeled by long-standing tradition, patriotism, and pressure from superiors. When analyzed holistically, it is most accurate to say that Civil War surgeons such as Wilder were possibly aware of the 1847 *AMA Medical Code of Ethics* though to argue it is probable he was knowledgeable of it would be too unstable an assumption (see text in footnote for context).²⁵

²⁵ It is not argued that Wilder and physicians of the time conducted themselves in the manner they did in an attempt to follow medical ethics because it cannot be conclusively proven that they were aware of the 1847 *AMA Code of Medical Ethics*. Arguments can be made for and against the case that Wilder would have been aware of the code. Arguments against are supported by the lack of medical education on ethics. This is shown by the standard medical education of the day which included classes on "theory and practice of physic (medicine), chemistry, surgery, anatomy, materia medica (pharmacy), institutes of medicine (physiology), and obstetrics and diseases of women and children" but did not include classes on medical ethics (Schroeder-Lein, *The Encyclopedia of Civil War Medicine*, 95). It can therefore be argued that the 1847 *AMA Code of Medical Ethics* was not commonly taught in medical schools. Furthermore, it is unlikely that Wilder would have been knowledgeable of the code because he did not mention it in his diary, and he did not attend a medical school, instead being chosen as a medical cadet because of his studies in anatomy at Harvard (Richard M. Reid, *Practicing Medicine in a Black Regiment*, 9). The code was still relevant though during this time. Historian Robert B. Baker, while not directly discussing public knowledge of the code, states that the 1847 code was "lauded as a major reform in the medical and public press" and printed

Instead, Wilder would have been aware of the medical ethics and morality of the day through his observation of other surgeons in his training and in his regiment who would have acted in the tradition of an ethical mindset espoused in the code. This is not to discredit the 1847 AMA *Code of Medical Ethics* as the standard medical ethics of the day. The code was a consequence of pre-existing medical ethical beliefs, including Hippocratic and Percivalean conceptions of medical ethics, among medical practitioners.²⁶ Furthermore, whether Wilder was aware of it or not, the formal ethical norms of the day were written in the code and as an allopathic surgeon practicing in the Union army, to judge him against these standards is fair as he would be expected to mirror the conduct put forth by the AMA.

Organization

The chapter entitled "Patient-Physician Relationship" begins with relevant information regarding the unique journey Wilder took to become a Civil War surgeon and the uncommon circumstances he served under. This is followed by an introduction to two primary sources which guide the main portion of analysis: the American Medical Association's 1847 *Code of Medical Ethics* and the *Army Surgeon's Manual*. An example of patient-physician relationships of the era is explained followed by specific interactions between Wilder and his patients with analysis of these interactions. Finally, malingering and an act of violence committed by Wilder are discussed in the context of his relationships with patients. The following chapter titled "Daily Life and Ethics of a Civil War Surgeon" presents a typical day for a Civil War surgeon using Wilder's account. Furthermore, this chapter discusses a Civil War surgeon's duty to screen soldiers to

throughout the world (Baker and McCullough, *The Cambridge World History of Medical Ethics*, 453). In 1855, six years before the first shots of the American Civil War rang out, the AMA declared the 1847 code binding on all American medical institutions, from hospitals to medical schools (Baker and McCullough, *The Cambridge World History of Medical Ethics*, 453). American medical institutions implemented the 1847 code by reforming medical education, and medical societies similarly endeavored to fall in line with protocols.

²⁶ Baker and McCullough, *The Cambridge World History of Medical Ethics*, 452.

determine if they were fit to fight in the army. The fourth chapter, called “Treating and Caring for Enemies” focuses on interactions Wilder had with Confederate enemy combatants, Confederate surgeons, and members of the general public. First, a specific interaction Wilder had with an enemy soldier is analyzed and conclusions are drawn from it. Wilder's interactions with Confederate surgeons and members of the public are explained to argue that adherence to the AMA 1847 *Code of Ethics* was followed. The final chapter summarizes and concludes the work.

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.

Chapter Two: Patient-Physician Relationship

Introduction

In order to determine the medically ethical nature of Wilder's actions, it is important to establish exactly how Wilder thought about the patient-physician relationship. In this chapter, the nature of this relationship is explored through an explanation of the guidelines for and the typical patient-physician relationship of the day, as well as specific examples of Wilder adhering to and violating these guidelines including when he dealt with malingering and committed an act of violence. In discussing these situations, key aspects of the relationship between medical ethics and the American Civil War will be shown.

Burt G. Wilder

The daily life of a physician is denoted in Burt Green Wilder's diary *Practicing Medicine in a Black Regiment: The Civil War Diary of Burt G. Wilder, 55th Massachusetts*, which was edited by historian Richard M. Reid.²⁷ Burt Green Wilder, who served as an assistant surgeon in the 55th Massachusetts Volunteer Infantry, kept a diary that displays the role of a Civil War surgeon. Wilder serves as a particularly interesting case study for a multitude of reasons. The first reason would be his service as a white man in an African American regiment. Reid accurately describes Wilder as a physician who believed in the equality of African Americans and whose "commitment, as a scientist and a social activist, to racial justice for African Americans had been fostered by his time spent with the 55th Massachusetts."²⁸ Wilder's time in the 55th Massachusetts was paramount for him further developing and cementing his view that African Americans were equal to white Americans.

²⁷ Wilder and Reid, *Practicing Medicine in a Black Regiment*.

²⁸ Reid, *Practicing Medicine in a Black Regiment*, 14.

Some have argued that inadequate care was provided to African American regiments as compared to white regiments. This is argued by Marc Herwitz in his thesis “An Analysis of Medical Ethic Practice by Union and Confederate Medical Departments During the American Civil War,” writes, “Black troops were not afforded the same care as their white counterparts.”²⁹ Wilder argues that this was because physicians in African American regiments other than the 55th Massachusetts Volunteer Infantry did not care for their patients adequately and the segregation of hospitals resulted in delays in care and overall worse hospitals.³⁰ Wilder differs from this generalization in that, as it will be argued in this thesis, he attempts to provide medically ethical care throughout his time as a Civil War physician.

One could argue that Wilder would not record evidence of him mistreating patients, yet Wilder’s longing to work for an African American regiment coupled with his actions after the war to push back against “scientific racism” points to his genuine efforts to care for African Americans as equals.³¹ Furthermore, Reid highlights that while overall African American soldiers did receive lesser care than white soldiers, “the 55th Massachusetts was a regiment with an unusually competent and complete medical staff while it served in the South.”³² This exception to the norm was in part due to a dedicated surgeon such as Wilder who worked through difficult situations to provide ethical medical care.

Wilder’s path to serving in the Union army as an assistant surgeon was atypical for medical personnel of the time. Herwitz writes that standard medical education of the time included two years of traditional schooling and lectures followed by an apprenticeship lasting a

²⁹ Herwitz, “An Analysis of Medical Ethic Practice by Union and Confederate Medical Departments During the American Civil War,” 23.

³⁰ Herwitz, “An Analysis of Medical Ethic Practice by Union and Confederate Medical Departments During the American Civil War,” 12-13.

³¹ Reid, *Practicing Medicine in a Black Regiment*, 14.

³² Reid, *Practicing Medicine in a Black Regiment*, 14.

few years to meet the criteria for graduation.³³ This is supported by Glenna R. Schroeder-Lein's *The Encyclopedia of Civil War Medicine* in which she writes that all Civil War physicians, serving in both the North and the South, were required, with limited exemptions, to hold a medical degree from an allopathic medical school.³⁴ This degree encapsulated two years of medical classes, none of which were on medical ethics, with an apprenticeship and final examination following these lectures.³⁵

Wilder, though, was one of the few Civil War medical officers who did not have a medical degree from an allopathic, also known as a regular, medical school. Wilder instead obtained a comparative anatomy degree, officially "*anatomia summa cum laude*," from Harvard in 1862, which allowed him to serve as a medical cadet in Washington, D.C., after passing medical exams before becoming an assistant surgeon for the 55th Massachusetts Volunteer Infantry.³⁶ Following the war, Wilder returned to biological sciences instead of pursuing a career in medicine.³⁷ Despite not following the traditional route of medical officers who served during the war, Wilder still had an effective military medical career with intense workloads on a daily basis.

Patient-Physician Relationship Guidelines

One aspect of medical ethics and medical morality that is important to analyze when discussing the history of medical ethics is the patient-physician relationship. The patient-physician relationship has had a multitude of characteristics and definitions that have evolved throughout history to what we experience it as today. Following the establishment of

³³ Herwitz, "An Analysis of Medical Ethic Practice by Union and Confederate Medical Departments During the American Civil War," 8.

³⁴ Schroeder-Lein, *The Encyclopedia of Civil War Medicine*, 95.

³⁵ Schroeder-Lein, *The Encyclopedia of Civil War Medicine*, 95.

³⁶ Reid, *Practicing Medicine in a Black Regiment*, 9.

³⁷ Reid, *Practicing Medicine in a Black Regiment*, 10.

what a medically ethical and moral patient-physician relationship was during the time of the American Civil War, an evaluation will be made Burt G. Wilder to determine whether his conduct adhered to the standards of the time. Trust, surgeon work ethic, and patient consent will all be discussed. Malingering, or the exaggeration of an illness to avoid work and having to fight, will be focused on and used to discuss how Wilder balanced a patient-physician relationship as well as his relationship with lower-ranking privates.

This chapter argues that no significant deviations were made from the 1847 *AMA Code of Medical Ethics* during the American Civil War in how the patient-physician relationship was conducted except for when physicians had to deal with malingering, a topic which is specific to war. It will be argued that malingering forced Civil War physicians to not completely trust their patient when discussing whether or not they were ill enough to not fight, which at times caused them to probably violate medical ethics. Nonetheless, Wilder overall formed a medically ethical and moral relationship with his patients, as outlined in the 1847 *AMA Code of Medical Ethics* and the *Army Surgeon's Manual*, that was beneficial for his patient's health and well-being.

Typical Patient-Physician Relationship of the Day

The typical, ideal patient-physician relationship during the American Civil War is detailed in the American Medical Association's 1847 *Code of Medical Ethics*. Before the 1847 *AMA Code of Medical Ethics* some American medical societies focused mainly on "regulating intrapractitioner conduct but ignored those that dealt with practitioner-patient relations."³⁸ This lack of universal clarity in the United States in regards to the patient-physician relationship lasted until the 1847 *AMA Code of Medical Ethics*. In discussion of this code, Baker writes, "No one conception of medical morality was dominant until the founding of the AMA in 1847."³⁹ This

³⁸ Baker and McCullough, *The Cambridge World History of Medical Ethics*, 452.

³⁹ Baker and McCullough, *The Cambridge World History of Medical Ethics*, 452.

highlights that no clear model guidelines for the patient-physician relationship were evident in America until the establishment of the 1847 *AMA Code of Medical Ethics*.

The code though was odd due to the inclusion of two sections, which Baker argues were “a section stipulating the obligations that patients had to their physicians, and a parallel section stating the obligations that the public had to the medical profession.”⁴⁰ These sections were not common in codes seen in other parts of the world and previous codes in the United States such as the 1806 New York Oath.⁴¹ As a guideline for patients and physicians alike, Baker asserts that the code was unusual in how it guided the relationships for patients with their physicians, but nonetheless the code included the more expected values of treating patients with “attention, steadiness, humanity, delicacy” and “as moral equals irrespective of their social status.”⁴² While Baker further surmises that “the most striking innovation in the 1847 *Code of Medical Ethics* was ‘the Duties of the Profession to the Public’ and the reciprocal ‘Obligations of the Public to the Profession,’” this aspect of the 1847 *Code of Medical Ethics* will not be discussed in great detail due to the low likelihood of soldiers during the Civil War being aware of the specific guidelines laid out for them by the American Medical Association. This is due to the lack of educational campaigns by the AMA to popularize and educate the public of the code. Despite this, the code was innovative for the patient-physician relationship in that it clearly laid out ways in which physicians should aspire to treat their patients.

The *Army Surgeon’s Manual* couples nicely with the 1847 *Code of Medical Ethics* to serve as examples of patient-physician guidelines of the day and how these interactions were intended to be conducted. The *Army Surgeon’s Manual* was published by William Grace, with permission of the surgeon general, and is a collection of the regulations of the Medical

⁴⁰ Baker and McCullough, *The Cambridge World History of Medical Ethics*, 452.

⁴¹ Baker and McCullough, *The Cambridge World History of Medical Ethics*, 452.

⁴² Baker and McCullough, *The Cambridge World History of Medical Ethics*, 452.

Department, general orders from the War Department, and circulars from the Surgeon-General's Office from January 1, 1861 to April 1, 1865. As such, it was not a manual that Union surgeons carried on their person but instead a collection of orders they would have been aware of throughout the war.

Similar to how the AMA code required physicians to be attentive to their patients, the *Army Surgeon's Manual* required Union Civil War surgeons to “visit [patients] himself each day, as frequently as the state of the sick may require.”⁴³ The code mirrors this guideline quite similarly, holding that “[f]requent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease.”⁴⁴ The *Army Surgeon's Manual*, uniquely similar to the 1847 *Code of Medical Ethics*, also included guidelines for patients, such as if they were in the hospital where their weapons should be kept and disallowing them from bringing ammunition into the hospital.⁴⁵ The fact that both the 1847 *Code of Medical Ethics* and the *Army Surgeon's Manual* both included guidelines for patients in addition to physicians suggests that the conception of a patient-physician relationship during the American Civil War was not one-sided. Just as the patient would trust the physician to take care of them in their hour of need, the physician trusted the patient to adhere to norms of the time, even if the physician would have had to educate the patient on said norms.

Both the 1847 *Code of Medical Ethics* and the *Army Surgeon's Manual* emphasize the importance of a patient's family being knowledgeable about the patient's health and allowing their ability to support their relative during times of need. The 1847 *Code of Medical Ethics* refers to the need to “give to the friends of the patient timely notice of danger” and “comforting

⁴³ Grace, *The Army Surgeon's Manual*, 15.

⁴⁴ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 93.

⁴⁵ Grace, *The Army Surgeon's Manual*, 16.

to the relatives around him.”⁴⁶ The *Army Surgeon's Manual* endorses this aspect of medically ethical care with a stipulation that “such regulations will be adopted at all the hospitals as will permit relatives and friends to visit the patients, and furnish them with comforts at such hour.”⁴⁷ It is clear that familial care was another important aspect of medical ethics during this time period, and one that surgeons needed to adhere to following.

Though the *Army Surgeon's Manual* was not specifically a code of medical ethics but instead guidelines and regulations for surgeons serving in the Union Army, it is evident that the similarities between the *Army Surgeon's Manual* and the 1847 *AMA Code of Medical Ethics* in certain rules prove the influence of the code in the construction of the manual. The American Medical Association was the medical group of allopathic physicians (also known as regular physicians), and Civil War surgeons were supposed to be allopathic physicians from medical schools linked to the AMA, which the majority were.⁴⁸ This furthers the link between the two works. Furthermore, a violation of the *Army Surgeon's Manual* in many cases would serve as well as a violation of medical ethics and/or medical morality depending on the context of the specific violation. If a physician were to stray from the established ideals of the patient-physician relationship espoused in the 1847 *Code of Medical Ethics* and the *Army Surgeon's Manual*, it would be a violation of medical ethics. Though neither work explicitly uses the term “patient-physician relationship,” both consistently reference the relationship ideals between a physician and their patient. As such, the patient-physician relationship term will be used to highlight how a surgeon treated the soldiers he was caring for during the difficult and treacherous time of war.

⁴⁶ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 94.

⁴⁷ Grace, *The Army Surgeon's Manual*, 52.

⁴⁸ For more on allopathic physicians and the competing alternative medicines (such as homeopathic medicine), see the chapter “Alternative Medicine” by Glenna R. Schroeder-Lein, *The Encyclopedia of Civil War Medicine*, 7-10 and the “Conclusion” section of Elaine G. Breslaw, *Lotions, Potions, Pills, and Magic: Health Care in Early America*, (New York: NYU Press, 2012), 185-191.

Specific Patient-Physician Relationship Examples

Wilder displayed many times the ideal patient-physician relationship as articulated in his diary. In following the medical ethics denoted in both the 1847 AMA *Code of Medical Ethics* and the *Army Surgeon's Manual*, Wilder formed a relationship built on trust, mutual respect, and work ethic with his patients. The majority of Wilder's patients, as Wilder served in an African American regiment, were young African American men.⁴⁹ These men were volunteers from Northern states such as Massachusetts, Ohio, Indiana, Illinois, and Pennsylvania.⁵⁰

Trust, as discussed in the 1847 *Code of Medical Ethics* as a physician's "zeal, talents, attainments and skill... which he holds in trust for the general good," was vital to a strong patient-physician relationship.⁵¹ Wilder was a surgeon who prioritized trust between himself and the soldiers he served tirelessly every day. This is evidenced by a diary entry recorded on Saturday, August 22, 1863, in which Wilder discussed his immediate superior Dr. Brown, the surgeon of the 55th Massachusetts Volunteer Infantry, whom Wilder studied under before passing medical examinations allowing him to practice as a medical surgeon in the Union Army.⁵² Wilder recounts an instance when Dr. Brown was particularly rude to a hospital cook for how a meal was cooked.⁵³ In summarizing Dr. Brown's conduct during this rude episode, Wilder writes, "Dr. Brown is really quite undignified sometimes in his language and I fear the men do not respect him as they should the surgeon of the regiment."⁵⁴ This characterization of Dr. Brown as a rude, distrustful surgeon continues as Wilder writes of a friend hearing Dr. Brown is called "that old crabbed."⁵⁵ This culminates in Wilder writing that the soldiers in the 55th Massachusetts

⁴⁹ Reid, *Practicing Medicine in a Black Regiment*, 3.

⁵⁰ Reid, *Practicing Medicine in a Black Regiment*, 4.

⁵¹ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 84.

⁵² Wilder and Reid, *Practicing Medicine in a Black Regiment*, 49.

⁵³ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 69.

⁵⁴ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 69.

⁵⁵ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 69.

regiment prefer Wilder over Dr. Brown and therefore come to Wilder more often for medical advice and treatment than they do to Dr. Brown.⁵⁶ This admission, and the comparison between the surgeons Wilder and Brown, serves to pique the interest in how Wilder gained and retained the respect of his men in the regiment. While there is not enough evidence of a specific act to determine that Dr. Brown violated medical ethics and medical morality of the time, one can analyze actions taken by Wilder that would have resulted in the soldiers of the 55th Massachusetts having an inclination towards Wilder. Wilder summarizes this inclination, writing, “Their preference for me, however, gives me more to do, since they seldom apply to him for aid.”⁵⁷ This points to soldiers in Wilder’s regiment having trust in Wilder’s talents, as practicing medicine was viewed not only as a science but also a skill according to the 1847 *Code of Medical Ethics*. This is also suggestive of soldiers having certain expectations of how a physician should behave. While soldiers might not have been aware of the term “medical ethics” or the 1847 medical ethics code, their shared expectation of physician behavior points to the existence of a grassroots conception of medical ethics.

As mentioned in the previous chapter, Wilder was under an intense workload requiring long hours and many unscheduled consultations from soldiers who would come to Wilder to ask for a medical procedure. Wilder being in such high demand is likely due to Wilder’s ability to be attentive and present for the soldiers through a strong work ethic. Wilder’s conduct adheres to the 1847 *Code of Medical Ethics* outlining that physicians should “be ever ready to obey the calls of the sick.”⁵⁸

Wilder’s strong work ethic is another example of his adherence to the medical ethics outlined in the 1847 *Code of Medical Ethics* and *Army Surgeon’s Manual*. On Monday, August

⁵⁶ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 69.

⁵⁷ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 69.

⁵⁸ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 93.

24, 1863, Wilder treated a patient who he believed possibly had malaria.⁵⁹ Wilder records this encounter with a deadly disease, writing, “He sent for me and I remained all night in his tent, keeping cold water on his head till ten and then lying on the floor to rise frequently to do for him.”⁶⁰ Wilder displays trust, respect, and work ethic in caring for this sick soldier all night as outlined by Chapter One, Article One of the 1847 *Code of Medical Ethics*, which states that consistent visits are paramount “to meet promptly every change which may occur, and also tend to preserve the confidence of the patient.”⁶¹ Wilder adheres as well to the *Army Surgeon’s Manual’s* previously mentioned emphasis on supporting patients as long as deemed necessary without sacrificing care for other patients.⁶² Wilder cultivated a reputation built on trust and respect for his patients that was constructed through a tireless work ethic and adherence to medical ethics.

Wilder’s work ethic and medically ethical behavior did not stop, even if his patients and other soldiers wanted it to on occasion. This was shown on Sunday, August 9, 1863, when Wilder encountered a soldier who “has been long subject to epileptic fits and who never should have been accepted, had four the other day and has been ill since; he had four fits last evening and insisted that he should die and that nothing need be done for him.”⁶³ Though the patient said that he did not want anything done for him and that “his comrades and even the nurse had the same feeling,” Wilder did everything he could to ensure his patient’s survival.⁶⁴ Due to Wilder’s efforts the patient survived the ordeal and gave many thanks to Wilder for saving his life despite the difficult circumstances.⁶⁵ One may be concerned with the violation of patient consent

⁵⁹ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 70.

⁶⁰ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 70.

⁶¹ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 94.

⁶² Grace, *The Army Surgeon’s Manual*, 15.

⁶³ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 63.

⁶⁴ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 63.

⁶⁵ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 63.

displayed by Wilder during this instance, yet Wilder actually followed medical ethics of the day when treating this patient. According to the 1847 *Code of Ethics*, physicians were required to serve patients regardless of the difficulty of the case.⁶⁶ Point Five of Article One states, “A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient.”⁶⁷ Wilder adhered to the medical ethics of the time by continuing to care for the patient regardless of the circumstances. In doing so he produced an outcome that benefitted his patient greatly and deepened the trust of not only his relationship with that particular patient but also with the entirety of the regiment he served.

Malingering

One of the most prevalent problems faced by Civil War surgeons was malingering. Malingering, the act of exaggerating an illness to avoid having to fight or work, was encountered often by surgeons. Due to the responsibility of surgeons to hold sick calls, where soldiers would come before the surgeon to present their symptoms for evaluation, surgeons would have to determine whether soldiers were truly too ill to fight or if the soldiers were exaggerating their illness to avoid duty.

Wilder speaks multiple times in his diary to the frustration of having to determine the merits of illness and with soldiers who attempt to deceive him. In reference to this, Wilder writes that at sick call there “are always a few whom I have reason to suspect of malingering; the effort to detect their frauds irritates me and sometimes, probably, renders me unjust to the really ill.”⁶⁸ Occasionally, Wilder would be moved to respond to these actions. In one such instance, Wilder delivered a “short but severe address to them on the folly and wickedness of such deception,

⁶⁶ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 94.

⁶⁷ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 94.

⁶⁸ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 76.

wronging their comrades and me and their country.”⁶⁹ Wilder’s comment on wronging the country they serve is of particular note because it highlights factors that competed with Wilder’s commitment to medical ethics. One of these pressures included patriotism and loyalty to the Union, which is shown by Wilder’s above comment and his belief that he and others joined the Union army for the hope of making a positive change and doing good in the world.⁷⁰ Another of these competing factors included pressures from superiors, such as Brigadier General Israel Vodges, who told Wilder at one point that the sick list was too large, meaning that Wilder was excusing too many men from work. Despite this, Wilder was “determined that none shall go who are unfit.”⁷¹ At another point, though, Wilder noted that excusing soldiers and officers from work “renders the work of the others more severe.”⁷² These competing factors are ones Wilder dealt with often. As shown by these quotes, Wilder was deeply concerned about both excusing men from duty who were deceitfully malingering and refusing to excuse men who were indeed ill.

Wilder’s dual concerns highlight his adherence to medical ethics and longing to win the war as an Army officer, concerns that sometimes conflicted with one another. His concern of being “unjust to the really ill” displays his dedication to treat his patients humanely and honestly as stipulated by the 1847 *Code of Medical Ethics* and *Army Surgeon’s Manual*.⁷³ Wilder’s conduct aligns with the second point of the First Article of the 1847 *Code of Medical Ethics* in which it is stated that the “familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor.”⁷⁴ Wilder did, as the code required, attempt to honor his patient’s wishes, yet he was also faced with ensuring soldiers of the war actually fought. Furthermore, the code

⁶⁹ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 70.

⁷⁰ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 73.

⁷¹ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 67.

⁷² Wilder and Reid, *Practicing Medicine in a Black Regiment*, 155.

⁷³ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 76.

⁷⁴ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 93.

states that “a physician should not be forward to make gloomy prognostications.”⁷⁵ Due to this, it would be a violation of medical ethics to allow someone to mangle by making a disingenuous prognosis.

It is evident by Wilder’s writings that he waged an internal battle daily to find the balance between being humane and just but also honest and dutiful. It is clear in most cases that Wilder did indeed act honestly and do what he thought was best for the patients and country he served, while his admittance that in some cases he could probably have been “unjust” allows the argument that in some rare cases Wilder violated medical ethics by refusing care for sick soldiers. It is important to note that in these rare cases, a combination of patriotism and pressure from superiors would have been contributing factors in Wilder’s violation of medical ethics. Two caveats of this point are apparent. First, it is difficult to determine the extent to which Wilder violated medical ethics. Second, it is not clear if these violations of medical ethics were unintentional or intentional by Wilder. It seems more likely that these violations were unintentional, with the aforementioned pressures being possible reasons Wilder, cognizant of them or not, would have kept someone off of the sick list. It is nonetheless interesting and somewhat ironic that patriotism and loyalty in Civil War surgeons to ensure soldiers fighting for the cause they support could have led to a violation of medical ethics.

Act of Violence

One major instance calls into question whether Wilder truly struck a balance between these ideals. On June 4, 1865, Private Wm. Morris of Company G in the 55th Massachusetts Regiment was shot and killed by Wilder for attempting to flee the regiment. Wilder writes in his diary that he was riding with a Major Wales when they came upon two soldiers who did not have

⁷⁵ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 94.

passes to be beyond camp.⁷⁶ After inquiry by Wilder and Major Wales, one of the soldiers named Private William Morris, a twenty-one-year-old African-American from Fremont, New York, fled into a bush and hid.⁷⁷ Wilder, after warning that he would fire if the soldier did not come out, discharged his weapon into the bush after the soldier did not respond.⁷⁸ Wilder, though he did indeed mean to shoot the hiding soldier, did not realize at the time that the soldier was still in the bush and had not fled like they believed, and they discovered his body the next day.⁷⁹ A full report was made regarding the incident and Wilder's account of the event is corroborated by fellow soldier George T. Garrison's diary entry on June 5, 1863.⁸⁰ Wilder, a surgeon, ended the life of a member of the regiment he served due to the soldier's attempt to flee the army.

Wilder did express sorrow for what happened but did not apologize.⁸¹ Wilder wrote in justification of his actions saying, "Of course I am sorry, but the lesson was sadly needed."⁸² Wilder was never accused of any wrongdoing. He summarized, "Major Nutt, in endorsing the Report, not only upholds my action but thanks me for putting a stop to the increasing evil. The men do not like the idea of the major firing, but have nothing to say against me."⁸³

Wilder violated the medical ethics of a physician by ending the life of another person. The 1847 *Code of Medical Ethics* makes multiple references to the Hippocratic Oath, which requires physicians to do no harm.⁸⁴ The Hippocratic Oath does not specify to do no harm to only patients, and therefore it can be assumed that physicians were to do no harm to all, not just patients. Wilder, as a physician, did violate this and therefore violated medical ethics of the time

⁷⁶ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 249.

⁷⁷ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 249, and Fox, *Record*, 134.

⁷⁸ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 249.

⁷⁹ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 249.

⁸⁰ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 250.

⁸¹ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 249.

⁸² Wilder and Reid, *Practicing Medicine in a Black Regiment*, 249.

⁸³ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 249-250.

⁸⁴ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 83.

and of today. Wilder, as a Civil War officer and surgeon though, does not seem to violate medical morality of the time because the situation was viewed by actors in and surrounding these events as a military matter, not a medical one. He was not only cleared of all wrongdoing but also not even accused of any wrongdoing in the first place. According to Wilder, the soldiers “[had] nothing to say against” him, and while Garrison recorded that the incident “caused considerable feeling among the men of the regiment,” no specifics were given.⁸⁵ This “considerable feeling” points to the possibility of differing ideas about medical morality. It is possible that some lower ranking soldiers were uncomfortable with Wilder’s actions because one of their fellow soldiers fell at the hands of a physician, which would have violated medical morality as viewed by these few low ranking soldiers. While these few soldiers were somewhat concerned, by and large low-ranking soldiers and high-ranking officers did not bat an eye at Wilder acting within the bounds of a higher-ranking Union military officer. In acting to quell fleeing soldiers, Wilder shot a soldier and, due to his rank, did not violate medical morality, or the norms actually enforced and observed at this time.

This interaction reveals both a component of how Wilder would have perceived medical ethics and the limits of medical ethics of the time. In shooting a fleeing soldier of his own regiment, Wilder likely thought that the Hippocratic Oath’s guidelines were not the decisive rules about his conduct. This perception shows the limits of medical ethics in that Wilder, in some circumstances, valued his role as a ranking military officer more than his role as a physician in the medical profession. Wilder therefore likely perceived the Hippocratic Oath and medical ethics as only applying in his role as a physician, or just when he was consulting with a patient, instead of always applying to every action he took. Wilder’s diary reveals that there were times when conceptions of medical morality were more narrow than accepted medical ethics at the

⁸⁵ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 250.

time. Those "times" were not random, but were defined by the duty of a soldier and officer to winning the war. It suggests that in the context of war, Wilder had to grapple with balancing patriotism and their duty to win the war, as well as their identity as a soldier with their identity as a physician, with medical ethics and their duty to treat their patients fairly. These contrasting duties were, like the war itself, made up of daily battles. At times when malingering was a major concern, patriotism was a more potent force. As it will be shown later in chapter four though, patriotism had its limits against medical ethics, which is evidenced by Union surgeons caring for Confederate soldiers. During these mental battles, Civil War surgeons had the arduous task of balancing a myriad of duties and loyalties, and though difficult, it is evident Wilder aimed to achieve this balance ethically and morally, genuinely believing what he was doing was right.

Chapter Three: Daily Life of a Civil War Surgeon

Introduction

In order to assess the extent to which medical ethics codes were followed or not, it is necessary to provide an account of the average day for Wilder, as this expands on the knowledge of the relationship between medical ethics and the American Civil War. This chapter aims to do just that, as a typical day experienced by an American Civil War surgeon is necessary to display possible moral and ethical dilemmas that presented themselves in his daily work. After all, surgeons were not often, if at all, pausing to evaluate whether their medical decisions were ethical. Trusting in their own instincts quickly was crucial for American Civil War surgeons.

This is best highlighted by statistics that were reported concerning how soon after an injury surgery would be done to correct said injury. The sooner that surgery was done, the higher the likelihood that a patient would survive the surgery. Dr. Robert F. Reilly, in his article “Medical and surgical care during the American Civil War, 1861–1865,” writes that “[a]s the war went on, it was noticed that if amputation was done within 24 hours, mortality was lower than if performed after more than 48 hours.”⁸⁶ This is further detailed in a table of statistics entitled “Deaths from amputation for the British Army in the Crimean War and the Confederate Army of Northern Virginia, 1863,” where it is shown that if an amputation was done on a patient’s arm less than forty-eight hours after the injury, the survival rate was roughly two and a half times lower than when surgery was done forty-eight hours after the onset of the injury.⁸⁷ The survival rate of an arm amputation in the British Crimean War (1853-1856) was twenty-six percent, while the mortality rate of Confederate soldiers operated on in less than forty-eight hours after their

⁸⁶ Reilly RF, “Medical and surgical care during the American Civil War, 1861-1865.” (Baylor University Medical Center, 2016).

⁸⁷ Reilly RF, “Medical and surgical care during the American Civil War, 1861-1865,” Table 4.

injury was just fourteen percent.⁸⁸ To be effective and produce the best outcomes for injured soldiers, surgeons had to make medical decisions quickly and often without consultation with other surgeons. This, in combination with an intensive workload, meant physicians were not often reflecting on the bounds of philosophical moral and ethical care. It is therefore paramount that the daily routine of a physician is understood to best quantify which ethical decisions physicians faced often.

While days varied due to the nature of the profession as a physician and as a soldier on an ever-evolving battlefield, one constant of Civil War surgeons, whether assistants or not, was the tireless workload.⁸⁹ From morning sick calls to examining new recruits to afternoon sick calls to hospital rounds, rest was a luxury often not available to surgeons like Wilder. This tireless work will further highlight that when surgeons faced complex medical and moral decisions, they did not have time to weigh these decisions for the time they may have needed. While this certainly does not excuse lapses in moral judgment by physicians during the American Civil War, it does supply context for the stress and difficulty these decisions had to be made under. Nonetheless, immoral decisions are immoral regardless of the time it takes to make them. Overall, though, given the intense workload and pressure faced by Wilder, it is impressive how efficiently he cared for patients, managed his duties, and more often than not made ethical decisions that bettered his regiment.

Daily Life as a Surgeon

A typical day for Wilder and other Civil War surgeons began rather early. One day in particular was chosen to describe the typical day of a Civil War surgeon. This day was chosen because it involved an array of activities a surgeon usually carried out in a day, including Sick

⁸⁸ Reilly, "Medical and surgical care during the American Civil War, 1861-1865," Table 4.

⁸⁹ Reilly, "Medical and surgical care during the American Civil War, 1861-1865."

Call, procedures, and prescribing medications. Wilder notes in his diary that he occasionally rose much earlier than the sun and even did so on Sundays.⁹⁰ This is evidenced by his entry on Sunday, October 4th, 1863, where he states that he woke up at 3:30 AM.⁹¹ After this early arousal, Wilder signed a certificate of illness for a soldier at 4 AM.⁹² At 5:45 AM, Wilder writes that “Sick Call was sounded.”⁹³

Sick Call was a time for soldiers of the regiment to appear before the regiment’s surgeon or assistant surgeon to present his symptoms and appeal for a medical excuse that would relieve the soldier of duty for the day. As Sick Call was a time for soldiers to potentially obtain a pass from labor, some soldiers would lie or present symptoms that were not truly causing an illness. Thus, the first ethical quandary of the day was faced by surgeons. Surgeons would often have to screen hundreds of men, and while certainly there were cases where soldiers genuinely needed a medical excuse, there were some men that would attempt to take advantage of the surgeon’s good will. As one of the most consistent ethical dilemmas Civil War physicians faced, more details and a deeper level of analysis will be discussed about Sick Call later in the thesis. On Sunday, October 4th, Wilder’s Sick Call included two hundred men presenting themselves at the hospital, all of which Wilder deemed “fully... had to be excused from duty today.”⁹⁴ The regiment at this time was undergoing early morning drill practice, which Wilder comments was “very hard on the officers and must be even harder for the men”; therefore, it is reasonable that all two hundred men were excused, yet this was a rarity.

Following Sick Call, Wilder ate breakfast consisting of sardines with coffee and bread after which he was asked by a soldier to extract two teeth that were causing severe pain in his

⁹⁰ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 85.

⁹¹ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 85.

⁹² Wilder and Reid, *Practicing Medicine in a Black Regiment*, 85.

⁹³ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 85.

⁹⁴ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 85.

mouth.⁹⁵ While Wilder originally intended to use this time for training his horse, he did elect to proceed with operating on the soldier's teeth.⁹⁶ Instances of procedures being requested and carried out on the same day was not uncommon and added to the surgeon's already intense workload. These procedures, while not necessarily complicated medically, did involve communication with patients that could prove difficult due to lack of knowledge by patients and consideration of ethical norms by Wilder. For example, Wilder notes that after extracting the teeth from the requesting soldier, the soldier inquired about keeping and subsequently burning the removed teeth due to the common, unfounded superstition that the spot of the extracted tooth would continue to ache until the removed tooth was burned.⁹⁷ Wilder recounts that he endeavors to keep the teeth, writing, "I am getting quite a collection, but sometimes have to use argument or persuasion" to convince the patient to relinquish their teeth.⁹⁸ While patient education is important, it is interesting to note that Wilder would argue with patients if he deemed it necessary to obtain their teeth.

The *Army Surgeon's Manual* helps shed light on this situation. As dictated in *The Army Surgeon's Manual*, there were protocols in place for the collection of surgical specimens and sending them to be analyzed for further research and preservation, yet Wilder seems to indicate that he was keeping his patient's teeth for his own collection.⁹⁹ Wilder, who at the time was interested in research and was writing a thesis in comparative anatomy, may have had good use for keeping his patient's teeth, yet in doing so one could argue robbed the patient of comfortability and acted hostile towards them for Wilder's own personal gain. In taking the patient's teeth for his own gain, Wilder would have been violating the 1847 American Medical

⁹⁵ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 85.

⁹⁶ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 85.

⁹⁷ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 85.

⁹⁸ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 85.

⁹⁹ Grace, *The Army Surgeon's Manual*, 195.

Association *Code of Ethics*, which states physicians should act “without prior stipulation of personal advantages to themselves.”¹⁰⁰ While it is not possible to know with certainty as to how Wilder handled the teeth after removal, Wilder could have, in his stressful and intensive schedule, forgone patient mental comfortability for medicinal research purposes.

It is of note that the field of medicine at this time included many physicians who viewed African Americans as lesser than. While Wilder was a fierce opponent of scientific racism throughout his career after the war, it is possible he had some bias, explicit or implicit, when dealing with some patients.¹⁰¹ This bias is discussed by Christopher Willoughby in his book *Masters of Health: Racial Science and Slavery in U.S. Medical Schools*, where it is discussed that “medical science in antebellum America was organized around a paradox: it presumed African Americans to be less than human yet still human enough to be viable as experimental subjects, as cadavers, and for use in the training of medical students.”¹⁰² This also relates to the cases of J. Marion Sims, a surgeon who operated on enslaved women who had fistulas.¹⁰³

After removing the teeth of his patient, Wilder went to the second Sick Call at the hospital. There, Wilder prescribed medications for those of the two hundred earlier patients who required them, a clerk copied down the names of the soldiers being prescribed medicine, and a steward, a hospital position that is similar to a pharmacist today, administered the medications.¹⁰⁴ Afterwards, in accordance with the guidelines in *The Army Surgeon’s Manual* regarding distributing and recording medications, Wilder denoted next to the patient names the illness diagnosed and medication given to the patient.¹⁰⁵ After completing this second Sick Call, Wilder

¹⁰⁰ American Medical Association, *Code of Medical Ethics of the American Medical Association*.

¹⁰¹ Reid, *Practicing Medicine in a Black Regiment*, 14.

¹⁰² Christopher Willoughby, *Masters of Health: Racial Science and Slavery in U.S. Medical Schools*, (Chapel Hill: UNC Press, 2022).

¹⁰³ For more reading on this case, see L.L. Wall “The Medical Ethics of Dr. J. Marion Sims: A Fresh Look at the Historical Record” (*Journal of Medical Ethics*, 2006).

¹⁰⁴ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 86.

¹⁰⁵ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 86.

had the opportunity to take a bath and due to it being Sunday, “change of raiment in honor of the Sabbath.”¹⁰⁶

Wilder, after this brief intermission, then embarked on another crucial aspect of being a Civil War physician. As requested by another surgeon in the regiment, Wilder went to the Sanitary Commission to obtain supplies.¹⁰⁷ The Sanitary Commission was a key institution for the Union army during the American Civil War. It provided hospital supplies, surgical tools, and medications for Union surgeons. It was therefore common for Union surgeons to journey to supply locations that the Sanitary Commission would have set up to provide important hospital tools. Wilder’s consistent trips to obtain supplies from the Sanitary Commission during incredibly busy days highlights his ethical behavior that prioritized his patients’ health.

Upon returning from garnering supplies, Wilder administered medications to his patients in the afternoon due to his steward being ill, discussed ways in which the hospital he worked at could be improved, and analyzed boils on a soldier's leg and recommended they be opened.¹⁰⁸ Wilder records that in reaction to this, the soldier “naturally shrank and concluded to wait awhile.”¹⁰⁹ It is notable in this instance that Wilder, though he recommended the procedure to the patient, did not force this surgery on him. Surgeons, as higher ranking officials than the vast majority of soldiers in the regiments they served in, had a sense of power over privates. Wilder did not abuse this power though, instead observing the patient’s wishes and understanding his right of refusal. Wilder displays a strong sense of service and morality in this instance as he offers the procedure in the midst of his intensely busy schedule. After this encounter, Wilder spoke with other officers and then retired for the evening, bringing an end to his exhausting day.

¹⁰⁶ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 86.

¹⁰⁷ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 86.

¹⁰⁸ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 86.

¹⁰⁹ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 86.

Through the day, Wilder overall observed high moral character and acted as an ethical surgeon as espoused in the *Army Surgeon's Manual*.¹¹⁰

Wilder's incredibly busy day was typical for Civil War surgeons. This is shown in a letter sent by another Civil War surgeon named Dr. Daniel Holt who served as an assistant surgeon in the 121st New York Volunteers.¹¹¹ In this letter, Holt writes that he prescribed medicine for eighty-six patients before the sun rose, and following that, he worked tirelessly for the rest of the day.¹¹² He went immediately to the hospital after he ate breakfast, there seeing approximately one hundred patients, the vast majority of which he wrote prescriptions for.¹¹³ In doing so Holt missed a meal, writing, "After this, in the rain, I started for Sharpsburg, four miles distant, for medical supplies."¹¹⁴ Holt likely visited the aforementioned Sanitary Commission to obtain needed supplies to continue running the hospital.

The similarity between Holt's and Wilder's often endlessly busy professions as surgeons points to the stressful context in which they aimed to make ethical decisions in healthcare. Both surgeons encountered over one hundred soldiers on a near daily basis, testing their medical expertise and their moral soundness. This high intensity environment of war certainly added to the pressure that they perform their jobs well. In the aforementioned examples of their daily lives, Wilder and Holt both lived up to the moral standards of the day espoused in the 1847 AMA Code, which obligated surgeons to provide "relief of their fellow-creatures from pain and disease, regardless of the privation and danger."¹¹⁵ Their work ethic stands out as unrelentless

¹¹⁰ Grace, *The Army Surgeon's Manual*.

¹¹¹ Richard R. Duncan, "A Surgeon's Civil War: The Letters and Diary of Daniel M. Holt, M.D." *Civil War History* 41, no. 1 (1995): 78.

<https://search.ebscohost.com/login.aspx?direct=true&db=edsggo&AN=edsgcl.16957421&site=eds-live>.

¹¹² Holt, *A Surgeon's Civil War: The Letters and Diary of Daniel M Holt, M.D.* (Kent, OH: Kent State University Press; 1994), 34.

¹¹³ Holt, *A Surgeon's Civil War*, 34.

¹¹⁴ Holt, *A Surgeon's Civil War*, 34.

¹¹⁵ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 83.

and their integrity impeccable. However, it was all the more difficult to maintain this standard when dealing with a multitude of procedures that further challenged surgeons' medical knowledge and ethical soundness.

Screening Soldiers

Wilder performed a multitude of procedures, from amputations to hernia repairs, that were difficult to administer and painful for patients. In a diary entry written on Friday, October 30th, 1863, Wilder discusses an operation that he was nervous and anxious about performing. Wilder writes, "This afternoon I reduced a hernia, the condition of which frightened me at first; so I feel quite proud; of course a man liable to such a condition should not have been accepted." While no other knowledge is detailed in historical records about the soldier that this was performed on, this diary entry, despite its seeming simplicity, leads one to question the circumstances around which the soldier was admitted by a surgeon to serve in the Union Army.

Before a soldier could join the Union army, he would have to pass a physical exam that proved his ability to fight. Wilder's statement that the soldier he operated on should not have been admitted to fight presents the likely possibility of a violation of medical ethics. During the American Civil War, surgeons were the key for recruitment, as those who were in the transition phase from civilian to soldier were examined. The guidelines for this are outlined in the *Army Surgeon's Manual* in which it is stated that recruits must not have a "rupture or chronic cutaneous affection" under which a hernia would fall.¹¹⁶ The guidelines further state that "in passing a recruit the medical officer is to examine him stripped."¹¹⁷ Both guidelines clearly outline ways in which a hernia would be identified on a recruit and said hernia would, as clearly stated in the guidelines, disqualify him from serving in the Union army. Reilly comments on the nature in

¹¹⁶ Grace, *The Army Surgeon's Manual*, 18.

¹¹⁷ Grace, *The Army Surgeon's Manual*, 18.

which recruiting was conducted, writing that it was not uncommon for recruits who were unable to pass the guidelines to be admitted to the army anyway.¹¹⁸ Reilly writes that, “the reality was that many exams early in the war were of poor quality. Governors needed to fill quotas, and examining physicians were paid per recruit.”¹¹⁹ The aforementioned violation of the guidelines could, admittedly, be a missed medicinal diagnosis by a surgeon, yet given the context of how recruits were commonly passed, as argued by Reilly, it was likely a violation of medical ethics by a physician. To ignore the standards set in the *Army Surgeon’s Manual* would not only constitute a violation of the role of a physician in general, it would violate the medical ethics of the time. To willfully ignore standards for financial gain or to fill quotas, as likely occurred in the specific case mentioned by Wilder and certainly occurred beyond it, would violate the 1847 *AMA Code of Medical Ethics*, which emphasizes surgeons must have “a sense of ethical obligations rising superior, in their minds, to considerations of personal advancement.”¹²⁰ Physicians that passed recruits for financial reasons and further personal gain violated medical ethics in place at the time. Wilder’s strong belief that the man he operated on should never have been admitted along with Reilly’s argument that physicians were negligent in withholding recruits leads one to conclude that the recruitment process for Union soldiers was distorted with medical ethics violations as written in the *Army Surgeon’s Manual* and the 1847 *AMA Code of Medical Ethics*.

It is important to note that this violation of medical ethics, which would be defined as “the norms formalized in oaths and codes,” would not necessarily be a violation of medical morality.¹²¹ Medical morality, previously defined as the “norms people actually accept and

¹¹⁸ Reilly, “Medical and surgical care during the American Civil War, 1861-1865.”

¹¹⁹ Reilly, “Medical and surgical care during the American Civil War, 1861-1865.”

¹²⁰ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 83.

¹²¹ Baker, *Before Bioethics*, 10.

enforce,” would not appear to be violated to the extent to which medical ethics were violated.¹²² For the specific hernia instance, the latter can not be quantified because it is not known how many physicians were not adhering to the previously stated standards. In conjunction with this, it is evident that the medical ethics standard was not observed universally, and the norms actually accepted at the time were more focused on amassing the largest fighting force, not necessarily the most medically fit one. This is shown by Reilly’s hyperbolic statement that “if you could walk, carry a gun, and had front teeth and a trigger finger, you could enlist.”¹²³ While Reilly is certainly exaggerating, his sentiment is indicative of the norms of the time. This supports the aforementioned argument that patriotism was occasionally a competing factor with medical ethics. These norms would change over time through the Civil War with the later passage of the Civil War Military Draft Act of 1863, but this change would be only in medical morality, not medical ethics, as the norms shifted to more emphasis on recruiting those who truly passed the standards laid out for recruiting fit and healthy soldiers for the Union.¹²⁴

Civil War surgeons, such as Wilder and Holt, had to grapple with these norms and ethical questions throughout their careers. They would have been required to analyze recruits and allow them to fight or not, conduct Sick Call, and perform procedures all the while being in the midst of the bloodiest war in the history of the United States. It is important to note the context in which these ethical decisions had to be made because, while it is not excusing a violation of medical ethics and/or morality, it leads to the discussion of the precariousness of analyzing medical ethics. Knowingly violating medical ethics by allowing a recruit through, as some Civil War surgeons did as indicated by Wilder and Reilly, is not always comparable to missing a medical diagnosis due to an incredibly high intensive workload, high volume of patients, and

¹²² Baker, *Before Bioethics*.

¹²³ Reilly, “Medical and surgical care during the American Civil War, 1861-1865.”

¹²⁴ Reilly, “Medical and surgical care during the American Civil War, 1861-1865.”

pressure from superiors. Despite these circumstances, Civil War surgeons had clearly defined expectations as put forth in the *Army Surgeon's Manual* and the 1847 AMA *Code of Medical Ethics*, which one could argue trumps the outlook of sympathy given to physicians who unknowingly violate standard medical procedures and ethics. To be impartial judges of physicians is difficult when the context of war permeates every interaction, yet wartime medical healthcare and serving soldiers is what Civil War surgeons were recruited to do and was a journey they agreed to embark on.

Chapter Four: Treating and Caring for Enemies

Interacting with Enemy Soldiers

The vast majority of patients that a typical Civil War surgeon encountered were, as one would expect, soldiers fighting for the same side as said surgeon. Interaction with enemy soldiers was not unheard of though, as prisoner of war camps resulted from the capturing of many soldiers with the respective sides fighting a battle. In these camps and beyond, Civil War surgeons cared for prisoners from their opposing side, inevitably placing them in an ethical medical quandary in which they were performing the same life-saving procedures they performed on their fellow soldiers routinely. Specific interactions occurred where these procedures and other medical treatments were performed by Union surgeon Burt G. Wilder, who adhered to both medical ethics and norms of the time in performing an operation that benefitted a Confederate prisoner of war. In doing so, Wilder displays that while the aforementioned patriotism did have some effect on medical ethics, Wilder more often adhered to medical ethics over patriotism. In analyzing the interactions between Wilder and enemy combatants, an often overlooked aspect of medical ethics is highlighted in the American Civil War. Highlighting this is important to fully appreciate this unique area in the relationship between this war and the field of medical ethics.

Primary and secondary sources abound surrounding prisoner of war camps during the American Civil War. Stories about these camps, including the Andersonville prison in Georgia under the command of eventual war criminal Henry Wirz, continue to live in popular memory to this day. Many sources focus on Henry Wirz and the prison he oversaw in Andersonville because Wirz was charged for war crimes by a Union military court, becoming the only American ever

charged and convicted on war crimes. These early twentieth century works include N.P. Chipman's 1911 *The Tragedy of Andersonville: Trial of Captain Henry Wirz, the Prison Keeper*, which focused exclusively on Wirz's Andersonville camp and argued the North was morally superior to the South. More recent scholarship, such as Benjamin G. Cloyd's 2010 work *Haunted by Atrocity: Civil War Prisons in American Memory* and Marouf Hasian's *In the Name of Necessity: Military Tribunals and the Loss of American Civil Liberties*, focus on comprehensive accounts of Civil War prisoner-of-war camps and discuss the broader social and cultural factors within the context of the war. Historians generally agree that care on both sides of the war was subpar and prisoner-of-war camps were often overcrowded, worrisome places to land.

On Sunday, June 26, 1864, Burt G. Wilder, acting as an assistant surgeon in the Union Army 55th Massachusetts Regiment, recorded in his diary an interaction he had with a captured Confederate soldier who had been injured.¹²⁵ Though a short interaction, this is the first Confederate soldier Wilder writes an entry about. It is likely that this is the only enemy soldier Wilder cared for due to him being a surgeon for a Union regiment instead of being stationed at a Union prisoner-of-war camp, where he would have been in charge of caring for captured Confederate soldiers. Union prisoner-of-war camps housed the vast majority of captured Confederate soldiers. It would not have been unreasonable though for a Civil War surgeon to care for a captured enemy soldier, as regimental surgeons would have been qualified to work in prisoner-of-war camps as well. This interaction also aligns with Civil War prisoner-of-war populations trends which, as previously mentioned, reveals that prisoner-of-war camps were not as common during the first two years of the Civil War, with prisoner exchanges increasing in the final two years of the war. Wilder writes of this, saying, "Then, as the steward was ill, I dressed the stump of the amputated thigh of a rebel who was captured on Johns Island in Feb., and whose

¹²⁵ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 156.

wounded leg had to be amputated.”¹²⁶ Wilder, in dressing the amputation site of a Confederate soldier, adequately cares for an enemy soldier in a humane way in adherence to the medical ethics of the time. An inquisitive look into possible motivations for Wilder caring for an enemy soldier with respect points to his commitment to medical ethics, which norms of the time required him to care for enemies, over his personal desire to win the war.

Humane treatment for prisoners of war included medical care at Union hospitals as stipulated in the *Army Surgeon's Manual*. As noted in this manual, a circular was sent on April 20, 1864 to medical officers in the Union Army stating that “the hospital at depots of prisoners of war will be under the immediate charge of the senior Medical Officer present, who will be held responsible to the Commanding Officer for its good order and the proper treatment of the sick.”¹²⁷ This circular, being sent later in the war, does correlate to the evolving prisoner-of-war situation during the war in which the prisoner-of-war populations in both the Union and the Confederacy skyrocketed in the latter portion of the war due to General Ulysses S. Grant halting prisoner exchanges with the Confederacy beginning in April of 1864, the same month that the circular was ordered.¹²⁸ With this vast increase in enemy combatants came a need for more physicians to care for these enemies, who were oftentimes ill or injured. Due to this, circulars such as the one sent on April 20, 1864 would be sent to remedy this increasingly perilous situation. To do so, the circular identifies Union hospitals as a place where Confederate prisoners of war could be cared for and receive “proper treatment.”¹²⁹ The circular later goes on to detail how funding would be directed for care of Confederate prisoners of war, as well as details on the

¹²⁶ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 156.

¹²⁷ Grace, *The Army Surgeon's Manual*, 192.

¹²⁸ Donald R. Pierce, “Effects of the Cessation of Exchange of Prisoners during the Civil War,” (Fort Leavenworth, Kansas, US Army Command and General Staff College, 1993). Accessed March 28, 2024. <https://search.ebscohost.com/login.aspx?direct=true&db=edsoai&AN=edsoai.ocn465213474&site=eds-live>.

¹²⁹ Grace, *The Army Surgeon's Manual*, 192.

rations they would receive.¹³⁰ It is evident from this circular that the “proper treatment” for prisoners of war as stated in the *Army Surgeon’s Manual* mirrors the medical ethics of the time for all soldiers and the ideals espoused in the 1847 AMA *Code of Medical Ethics*.

It is likely that the Confederate soldier Wilder cared for in this specific instance was wounded in battle and then captured. Upon being captured, the soldier would have received surgery presumably done by a Union surgeon. As previously mentioned in this work, the sooner surgery was done, the higher likelihood of survival for patients.¹³¹ It is therefore likely that the Confederate soldier received surgery from a Union surgeon shortly after his injury and subsequent capture. He then would have been transferred to a Union hospital where he would have received the aforementioned ethical and proper treatment from a surgeon such as Wilder, who conducted a post-operative assessment and administered new wound dressings to ensure continued healing of the Confederate soldier's wounds. While there would have certainly been instances in which medically ethical care was not delivered to enemy soldiers, the stipulations by the *Army Surgeon’s Manual* in conjunction with Wilder’s humane treatment of an enemy soldier renders the impression that medical ethics of the time were followed by Union surgeons such as Wilder.

Interaction with Enemy Surgeons

Not only did Civil War surgeons interact with opposing soldiers, they also occasionally interacted with opposing surgeons who fulfilled the very same role they did for their own regiments. These interactions with opposing surgeons were much more rare than interactions between Civil War surgeons and the average opposing soldiers, such as infantrymen, cavalry soldiers, and artillery men. Despite this, these interactions among those in the same medical

¹³⁰ Grace, *The Army Surgeon's Manual*, 192.

¹³¹ Reilly RF, “Medical and surgical care during the American Civil War, 1861-1865,” Table 4.

profession on differing sides can hold clues as to the breadth of which medical ethics influenced Civil War surgeons as they contributed to bettering their ability to care for opposing soldiers. In this vein, one can glean from interactions between Union Civil War surgeons with their Confederate surgeon adversaries where the loyalty of Civil War surgeons truly laid. Consequently, if their loyalty could be traced more so to care for all soldiers as opposed to taking measures to ensure the health of only their soldiers, it could be argued Civil War surgeons adhered to the principles of medical ethics than the principles of war.

On Tuesday, May 16, 1865, Wilder recorded a diary entry in which he mentioned an encounter he had with a Confederate surgeon from the 3rd South Carolina Cavalry Regiment.¹³² While no other information is known about this physician, Wilder describes how he met the Confederate surgeon in the morning, reporting that they had a “pleasant chat.”¹³³ During this chat in which opposing surgeons cordially respected each other, Wilder notes that the Confederate surgeon informed Wilder that he was going to provide the Union hospital with straw to be filled in the beds.¹³⁴ This support offered by a Confederate surgeon to a Union surgeon is surprising in that it came not only under the shroud of war but also at the end of the bloodiest war in American history.

This was not the only interaction Wilder had with Confederate adversaries in which he gained the respect of those on opposing sides of the war. On May 24, 1865, Wilder recorded an encounter he had with another unnamed Confederate surgeon.¹³⁵ Though this encounter differed from Wilder’s previous one with a Confederate doctor in that supplies were not offered or exchanged, the mutual respect in which the two men had for one another was evident. Wilder

¹³² Wilder and Reid, *Practicing Medicine in a Black Regiment*, 244.

¹³³ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 244.

¹³⁴ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 244.

¹³⁵ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 247.

supports this in his diary entry, where he writes, “I had a pleasant talk with the doctor and the soldier.”¹³⁶ Wilder further details pleasant exchanges between himself and the Confederate surgeon, generating the impression that there was no ill will between the two men though they had previously been supporting opposing sides of a gruesome war.

It is relevant to note that General Robert E. Lee surrendered his Army of Northern Virginia to General Ulysses S. Grant at Appomattox Court House on April 9, 1865, a little over a month before the conferences between Wilder and his Confederate counterparts.¹³⁷ Furthermore, the final battle of the American Civil War took place four days prior to Wilder’s conversation with said Confederate surgeons, as the battle fought at Palmito Ranch, Texas, occurred on May 12, 1865.¹³⁸ One could argue that the offer of supplies from a Confederate surgeon to a Union surgeon is irrelevant after the surrender of Lee’s army to Grant and the last shots of the war had been fired. This, though, would be an oversimplification of the context of war in lieu of the extent to which Civil War surgeons felt a calling to provide soldiers with opportunities to recover, which mirrors the medical ethics of the day. The mutual respect and support that Civil War physicians, even on opposing sides, provided one another is pointed to by this interaction and mirrored in the 1847 AMA *Code of Medical Ethics* in which the ways that surgeons should act towards one another is discussed.

The ethical relationship between physicians is outlined in chapter two of the 1847 AMA *Code of Medical Ethics* entitled “Of the Duties of Physicians to Each Other, and to the Profession at Large.”¹³⁹ In Article I, where the “Duties for the support of professional character” is discussed, the ethical behavior displayed by Wilder and his Confederate counterparts above is

¹³⁶ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 247.

¹³⁷ “Civil War Timeline,” National Parks Service, October 6, 2022, <https://www.nps.gov/gett/learn/historyculture/civil-war-timeline.htm>.

¹³⁸ “Civil War Timeline,” National Parks Service, October 6, 2022, <https://www.nps.gov/gett/learn/historyculture/civil-war-timeline.htm>.

¹³⁹ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 97.

encoded.¹⁴⁰ The particular part of interest in this article states the following: “Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honour, to exalt its standing, and to extend the bounds of its usefulness.”¹⁴¹ The actions of the Confederate surgeons in providing aid in conjunction with the respect Wilder confers to them mirrors the sentiments of this quotation, in particular the idea that a physician should “exert his best abilities” to “extend the bounds of its usefulness.”¹⁴² By lending straw to a Union hospital, the previously discussed Confederate surgeon that Wilder met exerted his best abilities, such as charitableness, to provide a tool for the Union hospital that increased the usefulness of his profession.

Beyond this, Wilder’s refrain from portraying these enemy surgeons in a negative manner in his own personal diary emphasizes his respect for these men due to their profession. Wilder, in editing his diary for summation and printing, did not edit these interactions whatsoever. It is evident then that the loyalty which Civil War surgeons had to the medicinal profession was strong. It cannot be sufficiently argued that the loyalty of all Civil War surgeons to the medical profession outweighed their loyalty to their respective Union and Confederate sides. However, in these two specific cases it is clear that both Wilder and his Confederate counterparts put aside their differences to unite in their loyalty to the medical field to better it, even if only slightly through supplies of straw and cordial conversations. In doing so, these men adhered to the medical ethics of the day as dictated by the 1847 AMA *Code of Medical Ethics* by displaying unwavering loyalty to their fellow physicians.

¹⁴⁰ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 97.

¹⁴¹ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 97.

¹⁴² American Medical Association, *Code of Medical Ethics of the American Medical Association*, 97.

The Medical Profession and the Public

It was briefly mentioned in chapter two of this work that the 1847 AMA *Code of Medical Ethics* differed from other medical codes both of the time and today in that it included a section that detailed the “obligations of the public to the [medical] profession.”¹⁴³ For the sake of this argument using the commonly accepted norms of the time, the “public” will be defined as all peoples outside of the medical profession. Marc Herwitz, in his master thesis “An Analysis of Medical Ethic Practice by Union and Confederate Medical Departments During the American Civil War,” discusses Michael L. Gross’s argument that military ethics involves three separate groups of people.¹⁴⁴ These groups, as quoted from Gross’s “Mapping the Moral Dimensions of Medicine and War,” include “combatants, noncombatants, and the state” instead of the focus bioethics has on “the patient, either as an individual or class of individuals.”¹⁴⁵ While this sophisticated classification by Gross is certainly relevant for a category of analysis, it will not apply for this specific category of practice question regarding how members outside of the medical profession acted ethically towards physicians.

The *Army Surgeon’s Manual*, in context of the unique 1847 AMA *Code of Medical Ethics*, reveals how the medical ethics of the day were respected and followed by members of the public in relation to the medical profession as a whole. On June 6, 1862, the War Department in Washington, D.C., published General Order No. 60 pertaining to prisoners of war that were Confederate surgeons.¹⁴⁶ This order states, “The principle being recognised that medical officers should not be held as prisoners of war, it is hereby directed that all medical officers so held by

¹⁴³ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 105.

¹⁴⁴ Herwitz, “An Analysis of Medical Ethic Practice by Union and Confederate Medical Departments During the American Civil War.”

¹⁴⁵ Michael L. Gross, “Mapping the Moral Dimensions of Medicine and War,” *The Hastings Center Report* 34, no. 6, (2004): 22.

¹⁴⁶ Grace, *The Army Surgeon's Manual*, 44.

the United States shall be immediately and unconditionally discharged.”¹⁴⁷ By ensuring the release of surgeons as prisoners from often ruinous camps, members of the public acted respectfully and ethically to the medical profession. This ethical behavior is outlined in Article II of Chapter III in the 1847 AMA *Code of Medical Ethics*: “The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community.”¹⁴⁸ The act of releasing captured physicians falls into the category of “the utmost consideration and respect from the community” because members of the public community have such respect for physicians and the medical profession that they would allow them to continue their work across enemy lines. If one were to use Gross’s aforementioned categorization though, it could be reasonably argued that the state had an incentive to pass General Order No. 60 to relieve pressure on them in having to care for more prisoners-of-war and therefore expend more resources which could be useful in other areas of the war effort.

Beyond this, Wilder records interactions with members of the public that reflected favorably on public acts towards physicians during the war. One specific instance occurred during the same day in which Wilder spoke with a Confederate surgeon.¹⁴⁹ Wilder records that a woman was kind to him during a conversation in which she “promised to share with us the butter they made.”¹⁵⁰ From general orders by the Union War Department to positive discussions with the public, physicians of the day were treated in a medically ethical way by members of the public. By the standards of the day, whether they were aware of it or not, the public overall

¹⁴⁷ Grace, *The Army Surgeon's Manual*, 44.

¹⁴⁸ American Medical Association, *Code of Medical Ethics of the American Medical Association*, 106.

¹⁴⁹ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 247.

¹⁵⁰ Wilder and Reid, *Practicing Medicine in a Black Regiment*, 247.

fulfilled their obligation to the medical profession through releasing captured physicians and engaging with physicians respectfully.

It is questionable though whether members of the public knew they were abiding by the medical ethics of the time as codified in the 1847 AMA *Code of Medical Ethics*. No public education campaign took place regarding the code, and even if it did, it likely would not have generated much traction among a largely uneducated public, one far away from the compulsory public education of the twentieth century. Even if someone were to obtain a secondary education at this time, it is unlikely medical ethics would have been a subject. Admittedly the section focusing on the relationship between the public and the medical profession is rather short, comprising only one article of which there is only one section. Its length though does not mean that its relevance is any less important, as it still holds a unique place in the history of medical codes and ethics.

It is therefore arguable that on average the public was not aware of the 1847 AMA *Code of Medical Ethics*. This lack of awareness would have meant that when General Order No. 60 was enacted and Wilder was speaking with members of the public, the public was not actively thinking about a code of ethics to guide them towards ethical behavior. Instead, the public could have been motivated by many different things to act as they did. An additional motivation could have included the ranking of the physician as an military officer, which would have likely garnered respect from members of the public. A relevant contradiction of the public trust in the medical profession comes from Historian Elaine G. Breslaw's work *Lotions, Potions, Pills, and Magic: Health Care in Early America*. Breslaw writes, "Historians generally agree that with the exception of technical improvements in surgery, American medicine was a mess by the middle of

the nineteenth century” and was at its “lowest point in authority and respect.”¹⁵¹ While this is certainly a relevant argument, all authority and respect was not lost and some members of the public would have continued to retain respect for Civil War surgeons due to the perceived esteem of the medical profession and military. Regardless of their education and motivations, the public acted ethically per the established medical ethics throughout the United States at the time of the American Civil War. One could argue that it is unfair to judge those against a standard of which they have no knowledge of. While understandable, it is nonetheless important to analyze and understand the relationships between the medical profession and the public within the context of the war during this time period and holding the actions of those in and out of the medical profession against the standard medical ethics of the day accomplishes this goal.

Conclusion

In this work, medical ethics, defined as the formal codes that dictate correct behavior, has been analyzed during the American Civil War to see if these ethics were followed and if any changes occurred due to the war. This work was guided by the social historian model (with respect to traditional histories through the Hippocratic Oath) and tenets from bioethics. Using the microhistorical, case study approach, Burt G. Wilder’s diary was compared to the 1847 *AMA Code of Medical Ethics* and *Army Surgeon’s Manual* to determine whether he adhered to medical ethics. Overall, it was determined the medical ethics were followed by Wilder except for an act of violence and the probable, rare malingering case that resulted in a soldier forced to work or fight when not medically fit. These exceptions were affected by external factors to medical ethics such as patriotism, heavy workload, and pressure from superior officers.

¹⁵¹ Elaine G. Breslaw, *Lotions, Potions, Pills, and Magic : Health Care in Early America*, (New York: NYU Press, 2012). <https://search.ebscohost.com/login.aspx?direct=true&db=e000xna&AN=500252&site=eds-live>.

This thesis is largely about Wilder, and, therefore, cannot be used to make vast generalizations on medical ethics by all surgeons during the American Civil War. 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 other war demands. More research is needed on questions such as if typical Union and Confederate surgeons adhered to medical ethics in the context of their daily lives, in the way they conducted their relationships with their patients, and their interactions with both enemies and the public. These questions could be answered using sources such as letters and diaries written by multiple different Union and Confederate surgeons in comparison to the medical ethics of the day, as codified in the 1847 AMA *Code of Medical Ethics* and the *Army Surgeon's Manual*.

In addition, the Confederate point of view was not examined in this thesis, so research that compares medical ethics among Union versus Confederate soldiers would be fruitful. Finally, while this thesis only considers the years of the war, future research could draw on its findings 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. The American Civil War is at an interesting point in medical and medical ethics history, with anesthesia being used often but before the advent of germ theory and the scientific revolution that would follow and lead us to our current modern, vastly beneficial age of medicine. Though from a different time, it is in the intricacies of Wilder and his adherence to medical ethics that we find that physicians at that time are much more similar to physicians today in their conduct than one may expect. While physicians today are objectively much more knowledgeable, Wilder, using the knowledge he had at the time, had a work ethic that mirrored

many physicians today in that they similarly worked long hours in difficult conditions (and under pressure from superiors - this time from the corporatization of medicine) with an unwavering dedication to their patients. It would be useful for further works in medicinal and medical ethics history at this time to show that while medicine may have been lagging behind, the core mission of medicine often remained strong. This work, like many other historical works, points out that there are often more similarities to our predecessors than divisions. It is useful for scholars of medical ethics, especially ones that may analyze continuity and change, to highlight this aspect of medical ethics, as it could help us relate our current modern medical ethics dilemmas to ones from a previous time.

This microhistorical work was useful for looking in-depth at one Civil War surgeon, who was in a unique situation in that he practiced in an African American regiment. Typical patient-physician relationships were detailed and then examined as well as a day in the life of Wilder, both of which revealed times when medical ethics were possibly violated in cases such as malingering and violence. Overall, this work aimed to provide an understanding of the ethical dilemmas surgeons faced and how they could have responded. It can be concluded that Wilder adhered to medical ethics for the vast majority of time he served, despite the occasional tumultuous balancing act between physician and ranking officer. The context of war served to skew the perspective on medical ethics slightly as medical morality and medical ethics did not always align, but by and large Wilder aimed to do the right thing at the right time for what they viewed as the right reason.

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